



Identifying the Needs of Elderly Pilgrims in Holy and Religious Places (Case Study: Holy Shrine of Imam al-Rida)*

Morteza Rojuee¹ , Amir Abbas Momeni²

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Abstract

This study investigates the needs of elderly pilgrims in sacred spaces, with the shrine of Imam Al-Rida (PBUH) in Mashhad as the case study. Amid Iran's rapid demographic shift toward an aging society, pilgrimage—central to its religious and cultural life—poses distinct physical, psychological, and social challenges for the seniors. The research aims to identify and classify these needs to guide inclusive and dignified shrine management. Using a qualitative grounded theory method, data were gathered through semi-structured interviews with nine experts experienced in pilgrimage services. Analysis with MAXQDA, conducted through open, axial, and selective coding, yielded 567 initial codes, refined into 43 concepts, and grouped into 12 categories. Findings present a model of elderly needs framed by Glasser's choice theory. Addressing these multifaceted needs—from safety and healthcare to respect, spiritual engagement, and social inclusion—requires deliberate planning rather than ad hoc measures. The resulting conceptual model offers a framework for pilgrimage environments that safeguard dignity, accessibility, and well-being for elderly pilgrims.

Keywords: elderly, pilgrim, Holy Shrine of Imam al-Rida, sacred and religious sites, choice theory

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1. Associate Professor, Department of Management, Imam Reza International University. Mashhad, Iran. (Corresponding Author) (mortezarojui@imamreza.ac.ir)
2. M.A. Graduate in Management of Holy and Religious Places, Imam Reza International University, Mashhad, Iran. (abbasmomeni1350@gmail.com)

1. Introduction and Significance of the Study

God is He Who created you from weakness, then ordained strength after weakness, then ordained weakness and old age after strength. He creates whatsoever He will, and He is the Knowing, the Powerful. (Qur'an 30:54)

Longevity—particularly long life coupled with health and well-being—has long been a human aspiration. In the early twentieth century, only a small portion of the global population experienced extended life expectancy. Today, however, advances in medicine, public health, and socioeconomic development have significantly reduced child mortality and prolonged the lives of older adults, including in developing societies. At the same time, declining fertility rates have increased the proportion of elderly populations relative to children.

Iran is undergoing this demographic transition rapidly. Whereas the elderly comprised about 7.5 percent of the population in 2001, projections estimate 12.7 percent by 2025 and nearly 18 percent by 2050 (Saeedi 2009, 63). This transformation has direct implications for pilgrimage, since religious devotion remains a defining characteristic of Iranian society.

The scale of sacred visitation in Iran underscores the urgency of this issue. According to Fakhr al-Din Sabiri, secretary of the Special Headquarters for Sacred Shrines and Religious Sites, there are approximately 11,000 shrines across the country, including 1,570 registered as national heritage sites (IQNA, July 8, 2013). Annual visits to such sites are estimated at 170 million (ISNA, May 22, 2016). Astan Quds Razavi's twenty-year vision projects the shrine of Imam al-Rida alone to host 40 million pilgrims annually (Astan News, February 9, 2010). During peak occasions such as Nowruz, millions of pilgrims—many of them elderly, frail, or disabled—enter Mashhad. In 2014, over 4.8 million pilgrims were transported within the shrine by special vehicles and more than 1.2 million by wheelchair services, supported by 2,000 attendants (Astan News, March 20, 2014; August 10, 2015).

Religious texts emphasize the connection between faith and life satisfaction, including tranquility, optimism, and resilience (Hadjizadeh Meimandi et al. 2013, 193). Yet for elderly pilgrims, participation in religious rituals often entails acute physical and psychological challenges: the need for accessible sanitation, proper ventilation, medical and emergency services, reduced mobility and sensory capacities, neurological disorders, memory impairment, and emotional vulnerabilities such as anxiety or hypochondria. Failure to address these vulnerabilities in crowded sacred spaces can escalate into secondary crises, generated not by major disasters but by neglect of seemingly minor needs.

Recognizing these risks, administrators of sacred sites must prioritize elderly pilgrims as a vulnerable group requiring special provision. Serving pilgrims—especially the weak and needy—should be a central priority of shrine management. Astan Quds Razavi has adopted this principle as part of its organizational mission.

Most previous studies of human needs have applied Maslow's hierarchy, but few, if any, have specifically examined the requirements of elderly pilgrims in sacred spaces. To fill this gap, the present study applies Glasser's model to develop a conceptual model of elderly needs at the shrine of Imam Al-Rida. This study seeks to clarify how elderly pilgrims' spiritual, social, and physiological needs can be systematically addressed within the unique context of religious pilgrimage.

2. Theoretical Framework and Literature Review

2.1 Foundations and Theoretical Approaches

2.1.1 Pilgrimage in Islam

In Islamic thought, pilgrimage is the presence before and encounter with a sacred place or reality, motivated by love and reverence. The pilgrim moves toward the visited to receive spiritual grace and divine effusion. The Prophet Muḥammad (PBUH) and the Imams of his Household (PBUH) strongly emphasized pilgrimage, encouraging Muslims to maintain this practice across generations. Companions, successors, scholars, and the pious preserved and endured considerable hardship to attain the blessing of visiting God's friends (Rafieipour 2005, 21).

2.1.2 The Role of Religious Pilgrimage in Mental Health

Religion has always been a constitutive element of human life, shaping identity and social cohesion. As a system of belief and practice, it provides frameworks of meaning and collective solidarity that can be mobilized in both the prevention and treatment of psychological disorders and the promotion of mental health (Davidian 1997). Religion is a set of beliefs and behaviors prescribing distinctive modes of conduct (Robert 1992). Behavioral scientists and psychotherapists have argued that such beliefs and practices are essential in physical and psychological healing (Neelman and Prasad 1995). Some have even considered the absence of religious faith a cause of psychological illness, recommending religious instruction as a therapeutic method.

Empirical studies confirm the positive association between religious beliefs and mental and physical health. Wiltz and Kreider (1992, cited in Koenig et al. 1992) documented these correlations, while Cohen et al. (1995) found a significant negative

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relationship between religiosity and depression: religious individuals exhibited fewer symptoms such as loss of motivation, social withdrawal, despair, restlessness, and hopelessness (Aboul-Ghasemi 1997). Levin and Vander (1998) demonstrated a positive correlation between religious attitudes and psychological adjustment.

Religion provides meaning and purpose, fosters social networks, offers rituals that enable emotional release, and cultivates belonging (Tix and Frazier 1998). Within Islam, pilgrimage is one of the most significant religious rituals. As a deeply personal experience of proximity to God, it strengthens reliance upon divine aid, inspires hope, and generates inner tranquility. The pilgrim undergoes a catharsis that enhances self-confidence and emotional stability, promoting mental health (Kroll and Sheehan 1989). Pargament and Maton (1992) reported that such practices reduce anger and anxiety, while Morris (1983), in a longitudinal study of 124 patients, found that pilgrimage visits significantly alleviated symptoms of depression and anxiety, with effects persisting up to ten months post-visit (Dolatshahi Pahlevani 2005, 358–60). Through the emotional release and heightened sense of divine nearness attained in pilgrimage, pilgrims experience greater tranquility, resilience in the face of stress, and ultimately improved psychological well-being (Dolatshahi Pahlevani 2005, 368).

2.1.3 Demographics of Aging

The global process of population aging, often termed the “age transition,” refers to the structural shift from predominantly young to predominantly elderly populations across four stages: childhood, youth, middle age, and old age (Moshfegh and Mirzaei 2010, 2–5). Demographers consider a society “aged” when individuals aged 65 and over constitute at least 8 percent of the population or those aged 60 and over comprise at least 12 percent (Dehestani 2008, 12). Iran is rapidly approaching this demographic threshold. By 2031, old age will dominate the country’s age structure: approximately 25 percent of the population will be between 55 and 74 years old, and more than 5 percent will be over 75 (Moshfegh and Mirzaei 2010, 9).

2.1.4 Aging and Its Challenges

Aging affects individuals and the broader fabric of social values, norms, and institutions. Confronting its challenges is therefore of urgent importance (Rezvani et al. 2013, 302). Successful aging is closely tied to religious orientation, as gerontologists and physicians have increasingly recognized religion’s beneficial role in physical and psychological health. Religion serves as a social institution and a source of meaning, functions that are particularly vital for the elderly (Motamedi et al. 2005, 43).

At the same time, rapid urbanization, industrialization, and the erosion of extended families have diminished the social standing of the elderly. While their numbers are historically unprecedented, their authority and status are often at their lowest (Ahmadi 2000, 244). The “active aging” principles emphasize recognizing elderly individuals’ needs, rights, preferences, and capacities, especially in health, participation, and security (Moshfegh and Mirzaei 2010, 18).

Research into the needs and problems of the elderly is therefore indispensable. It equips younger generations to prepare for their old age and cultivates respect for the elderly in contemporary society (Gholizadeh and Shirani 2010, 73). Although aging is an inevitable outcome of development, neglecting its social, psychological, cultural, and economic dimensions risks undermining that very development. A society where a growing elderly population lacks the means for a dignified human life cannot sustain meaningful progress, since human capital remains the most crucial factor of development (Ahmadi and Beheshti 2007, 36).

2.1.5 Psychological Problems of Aging

Older adults face unique psychosocial and psychological challenges compared to younger groups. According to a report by the National Academies of Sciences, Engineering, and Medicine, approximately one-quarter (24 percent) of adults over age 65 in the United States experience some degree of social isolation, a condition linked to adverse physical and mental health outcomes (National Academies of Sciences, Engineering, and Medicine 2020, 2–3). Since frequency of social interaction is strongly correlated with life satisfaction, this statistic highlights the significant proportion of elderly persons who endure acute social deprivation, with profound effects on mental health.

It is important to distinguish isolation from loneliness. Isolation is an external condition, whereas loneliness is an internal, subjective response that may occur even amid crowds. Loneliness often involves shame or hesitation, inhibiting the elderly from initiating new social contacts after life changes. Scholars describe loneliness in three dimensions: (1) the past, in which present life is negatively evaluated compared to earlier times, leading to nostalgia and regret; (2) the present, characterized by feelings of emptiness and inadequacy; and (3) the future, marked by fear of worsening solitude (Mishara & Riedel 2003, 171–73).

Beyond social problems, aging is associated with a spectrum of psychological disorders. Emotional disturbances include unipolar and bipolar depression, suicidal tendencies, melancholia, paranoia, anxiety disorders, and schizophrenia (Mishara & Riedel 2003, 175–86). Organic brain syndromes, often referred to colloquially as

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“senile dementia,” encompass memory loss, decline of intellectual function, impaired judgment, disorientation in time and space, and shallow or unstable affect. These may appear reversible or chronic cerebral syndromes (Mishara & Riedel 2003, 186–96).

2.1.6 *Choice Theory*

Glasser’s choice theory, rooted in the psychology of internal control, posits that although the past powerfully shapes us, it does not determine our present behavior. Instead, our current actions are defined by the degree of responsibility we assume, our recognition of reality, and the strategies we adopt to meet our needs. Unlike Maslow’s hierarchy—which proposed that needs follow a fixed sequence—Glasser contends that priorities differ across individuals (Glasser 1998, 93–94).

2.1.7 *Human Needs According to Choice Theory*

Glasser (1998) identifies five fundamental human needs: survival, love and belonging, power, freedom, and fun.

Survival. This encompasses essential physiological requirements—food, water, air, shelter, and clothing—as well as the security necessary for continued existence. All living beings are genetically programmed to struggle for survival. In early human history, survival was the primary need, just as it remains for animals. Nevertheless, as humans accumulate knowledge and experience, other needs emerge distinct, supplementing survival and shaping uniquely human life forms (Glasser 1998, 31–33).

Love and Belonging. This refers to the need for emotional attachment and close social, familial, and professional relationships. While beginning such relationships is often straightforward, their preservation requires continuous friendship and reciprocity. Unlike romantic or familial bonds, friendships may last a lifetime precisely because they avoid possessiveness. The human “genes for love and belonging” thus drive us to seek and sustain emotional connection throughout life (Glasser 1998, 79–85).

Power. The need for power includes success, self-worth, influence, and recognition. It manifests in striving for achievement, wealth, mastery, competition, self-confidence, and prestige. Unlike other creatures, humans uniquely pursue “power for the sake of power,” making this need central to life choices from early childhood onward. While some satisfy this drive destructively—hoarding resources at others’ expense—others channel it into altruistic action and service. The moral quality of power depends on how it is defined, pursued, and exercised. In a society grounded in choice theory, emphasis falls on cooperation rather than domination, and individuals seek to resolve conflicts through dialogue rather than coercion (Glasser 1998, 86–89).

Freedom. The need for freedom and self-determination enables choice. It includes outward expressions—such as moving or migrating to live authentically—and inward autonomy. Even under severe external constraints, individuals can preserve inner freedom by choosing how to respond to circumstances. We seek freedom to live by choice, express ourselves without unnecessary external control, and be free of coercion. Evolutionarily, this need balances others' impulses to compel us to live as they prefer, with our need to be free of such compulsion. The ethical core—treat others as you wish to be treated—sustains that balance. When freedom is lost, constructive creativity diminishes; when freedom is protected and pursued without impeding others' needs, creativity flourishes and benefits both self and community (Glasser 1998, 90–91).

Fun. Fun is not mere leisure; it is a basic need tied to learning. Evolutionarily, enjoyment is a genetic reward for acquiring knowledge and skills that satisfy our needs. Humans are unique in playing—and therefore learning—throughout life; when play ceases, learning stalls. Laughter is the clearest sign of fun. Love likewise catalyzes learning, so people in love often laugh together. Long-term, successful relationships are built on shared opportunities for enjoyable learning; laughter and learning are their foundation. In practice, there are many avenues for fun, and few durable obstacles to pursuing it (Glasser 1998, 92–93).

2.2 Literature Review

Peymanfar, Akbari Dehkordi, and Mohtashami (2012) examine differences in loneliness and meaning in life among elderly groups with varying levels of religious attitude. Stronger religious attitudes correlate with greater perceived meaning, suggesting that targeted programming to strengthen religious beliefs and facilitate participation in religious activities can improve elderly psychological well-being.

Hosseini, Rezaei, and Keykhosravi Beigzadeh (2011) compare social support, life satisfaction, depression, and happiness among elderly women and men. They report significant associations between social support and higher life satisfaction/happiness and lower depression, underscoring the salience of supportive networks for aging populations.

Zabetian and Taghvaei (2009) use a participatory approach to identify “age-friendly” urban design indicators to ensure civic justice and usability for vulnerable groups, including older adults. Because today's large urban youth cohorts will soon age, the authors argue that cities must be redesigned to support mobility, interaction, and enjoyment for the elderly; doing so also benefits other groups.

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Norazizan, Dadgari, Ahmad, and Dadvar (2007) assess home safety and ergonomics for Malaysian elderly households within a human–environment–fit framework. Frequent hazards include cramped space, uneven floors, and inadequate lighting. Practical modifications—non-slip flooring, grab bars in bathrooms and corridors, and removal of surface irregularities—enhance independence, safety, and satisfaction.

Motamedi, Ejeei, Azadfallah, and Kiamanesh (2005) identify components of “successful aging” and test the role of religious orientation. Elderly participants with stronger religious orientation are significantly more likely to exhibit markers of successful aging.

Krause and Hayward (2014) explore religion, life interests, and self-esteem changes in later years. They find that (1) frequent church attendance and reliance on God for problem-solving and goal pursuit predict greater perceived success; (2) belief in divine attention/presence predicts higher hope; and (3) hopeful elders report greater enjoyment of life.

Krause (2004) analyzes links between religious participation and health among older adults, focusing on church-based social support, belief, repentance, and worship. Since about 80% of those above 65 have at least one chronic condition and 50% have two or more, identifying protective factors is critical. The study finds that religious belief is positively associated with mental and physical health and hope; religious older adults fare better than peers lacking such beliefs.

Jianbin and Mehta (2003) compare Buddhist and Christian elders in Singapore, showing that religion can facilitate adjustment to physical and social aspects of aging; they also note possible negatives and debate points regarding “successful aging.”

Krause (1998) shows that religious coping reduces death-related stress; educational interventions further diminish death anxiety among older adults.

3. Research Method

Because this study seeks to identify older pilgrims' components and needs and formulate a model based on them, its orientation is foundational. Methodologically, it is qualitative, investigating phenomena in their natural settings and interpreting them through participants' meanings. Among qualitative strategies (case study, ethnography, phenomenology, grounded theory), grounded theory was selected to build a theory and a conceptual model from experts' tacit knowledge.

Given limited textual sources, semi-structured expert interviews served as the primary data source. Experts were selected purposively and theoretically, with the criterion of at least ten years of service to pilgrims in sacred sites. Interviewing

proceeded iteratively to expand categories and properties both quantitatively and qualitatively. Grounded theory analysis employed three coding phases:

- **Open coding:** identifying concepts and their properties/dimensions from raw data via constant comparison of initial codes.
- **Axial coding:** linking subcategories to categories and integrating concepts with data to reveal principal and subsidiary categories.
- **Selective coding:** integrating and refining categories into a coherent explanatory model.

Data volume after in-depth interviewing (and/or discourse-focused analysis) exceeds unaided human pattern detection; therefore, MAXQDA was used to organize, classify, and relate data segments, improving the reliability of the analytic process. Software support was concentrated in the qualitative data analysis stage.

4. Analysis and Findings

Data for this study were obtained through interviews with nine experts active at Astan Quds Razavi. From the raw material, 567 initial codes were extracted. These were refined into 43 concepts, which, after further comparison and integration, were organized into twelve overarching categories representing the needs of elderly pilgrims in sacred and religious settings. Each concept was placed under the appropriate category.

Table 4-1. Emergence of Core Categories

• Enhancing Security for Elderly Life
○ Arrangements for elderly marriage
○ Financial assistance
○ Attendants and companions
○ Management of spaces designated for the elderly
○ Expansion and distribution of facilities and buildings
○ Personal equipment and amenities
○ Security, protection, and crisis management
○ Cloakroom and footwear services
○ Training staff to provide elderly-appropriate services
• Physical and Spiritual Needs of the Elderly
○ Environmental cleanliness and waste collection
○ Mental health
○ Quenching thirst
○ Environmental adaptation
○ Hygiene and medical care

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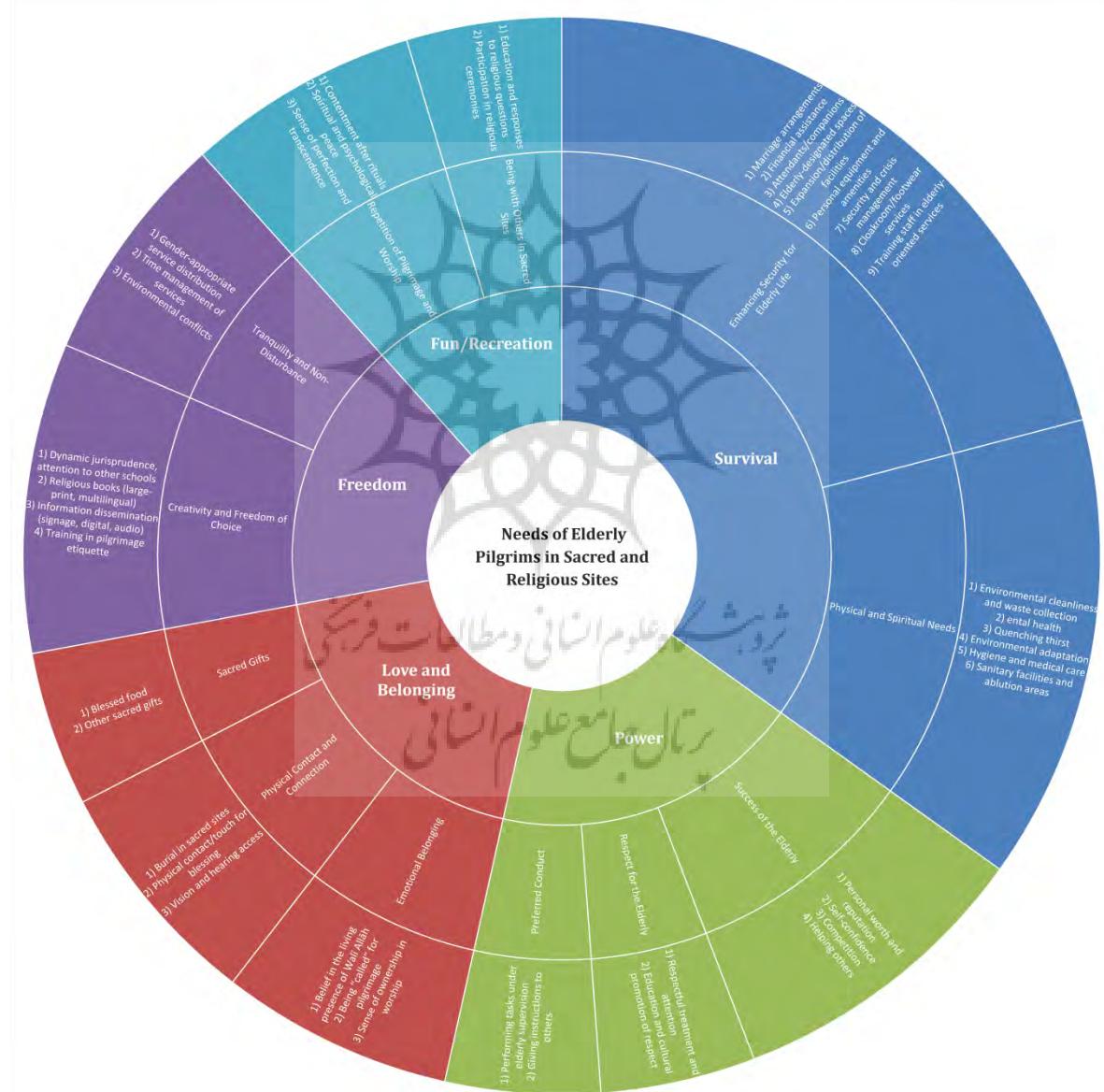
○ Sanitary facilities and ablution areas
● Physical Contact and Connection for the Elderly
○ Burial in sacred sites
○ Physical contact and touch
○ Vision and hearing
● Sense of Belonging and Emotional Attachment
○ Belief in the living presence of the <i>Wali Allah</i> (Saint of God) and divine approval
○ Being summoned for pilgrimage
○ Sense of ownership in pilgrimage and worship
● Sacred Gifts for the Elderly
○ Blessed food
○ Other sacred gifts
● Success of the Elderly
○ Personal worth and reputation
○ Self-confidence
○ Competition
○ Helping others
● Preferred Conduct of Elderly Pilgrims
○ Performing tasks under the control and supervision of the elderly
○ Giving instructions to others
● Respect for the Elderly
○ Respectful treatment and attention
○ Training and cultural promotion of respect for the elderly
● Tranquility and Non-Disturbance for the Elderly Pilgrim
○ Gender-appropriate distribution of services
○ Time management of service delivery in pilgrimage sites
○ Environmental conflicts
● Creativity and Freedom of Choice for the Elderly
○ Dynamic jurisprudence and attention to other Islamic schools
○ Religious books
○ Information dissemination
○ Training in pilgrimage etiquette
● Repetition of Pilgrimage and Worship
○ Contentment after worship and pilgrimage
○ Spiritual and psychological peace
○ Sense of perfection and transcendence
● Being with Others in Sacred Sites

○ Education and response to religious and legal questions
○ Participation in rituals and religious ceremonies

5. Conclusion and Recommendations

5.1. Conceptual Model

Based on the grounded theory method, the present study developed a comprehensive model structured around choice theory's five basic human needs (Glasser 1998).



5.2. Recommendations

The present study examines the needs of elderly pilgrims visiting the shrine of Imam Al-Rida, one of the most significant sites in the Shi'i world. Given the physical, psychological, and social vulnerabilities of the elderly, pilgrimage can only fulfill its spiritual and communal functions when infrastructures and services are intentionally adapted to this group. The argument advanced here is that religious authorities and urban managers must reconfigure pilgrimage environments so that pilgrimage becomes a space of dignity, security, and accessibility for aging populations.

First, socio-emotional needs require particular attention. Financial vulnerability during travel—caused by theft, forgetfulness, or poor planning—necessitates institutionalized support. The elderly pilgrims' safe return to their home communities is a collective obligation. Mechanisms of emergency financial assistance thus fulfill both a religious and humanitarian duty.

Second, the physical limitations of elderly pilgrims demand a comprehensive redesign of shrine infrastructures. Essential measures include accessible mobility systems (elevators, escalators, moving platforms), expanded sanitary facilities, dedicated resting areas, and the provision of assistive devices such as wheelchairs, foldable chairs, canes, and magnifying glasses. Medical services must also be available on site, including first-aid teams prepared for geriatric emergencies. Without such investments, the physical burden of pilgrimage undermines the very act of worship it is meant to facilitate.

Third, the management of shrine space must prioritize safety, order, and dignity. Special services—such as attendants trained to assist the elderly, shoe-deposit systems to reduce confusion, and crowd-management strategies at entrances and exits—help mitigate the stress of participation in mass rituals. Security and crisis-management protocols are particularly urgent, since elderly pilgrims are disproportionately vulnerable in accidents, overcrowding, or natural disasters. Training shrine personnel in elder-sensitive communication and service delivery reduces anxiety and reinforces a sense of respect and belonging.

Fourth, cultural and spiritual participation should be structured with inclusivity in mind. Many elderly pilgrims strongly desire physical proximity to sacred objects, auditory and visual access to Quranic recitation and ritual prayers, and the reception of blessed gifts (*tabarruk*). Technological solutions such as screens, sound systems, and remote participation zones should be provided when mobility or sensory limitations prevent direct access. These arrangements extend the spiritual efficacy of

pilgrimage and affirm the agency of elderly pilgrims in shaping their devotional experience.

Finally, preserving dignity and social recognition constitutes a core need. Elderly pilgrims should be protected from discriminatory attitudes and ensured equal access to shrine services. Opportunities for them to contribute spiritually to the community—such as offering prayers on behalf of others—transform their limitations into forms of active participation. Education campaigns that cultivate respect for elders within shrine culture reinforce Islamic ethical imperatives and counter contemporary social deficits in honoring the aged.

These measures reveal that elderly pilgrims experience pilgrimage not merely as individual devotion but as an integrated field of spiritual, social, and physical needs. Addressing these needs requires systematic planning, not ad hoc charity. A pilgrimage environment that preserves dignity, ensures safety, and enables participation affirms the shrine's sanctity and the ethical commitments of the broader Shi'i community.

Further reforms must address the cultural and educational dimensions of pilgrimage for elderly pilgrims. Gender-sensitive service provision is one such necessity. Since physical needs of women and men differ, and gender segregation remains a feature of shrine culture, management must ensure that facilities—especially ablution spaces—are expanded for women. Elderly pilgrims also require attendants of the same gender to accompany them for modesty and security. Clear information systems that respect gender boundaries reduce the risk of elderly individuals becoming disoriented or lost in crowded environments.

Equally important is access to religious texts. Because declining vision is one of the most common limitations of aging, Qurans and prayer books should be produced in large print and varied formats. Considering the international character of pilgrimage at major Shi'i shrines, these texts must also be available in accessible translations, at a minimum in English and Urdu. Providing such resources affirms both inclusivity and the universality of the sacred message.

Information and guidance systems also require urgent attention. Uncertainty about procedures or spaces can generate anxiety for elderly pilgrims, detracting them from the spiritual focus of pilgrimage. Therefore, information should be delivered through multiple channels—visual signage, electronic displays, printed materials, and audio announcements—both within shrine precincts and at earlier travel stages. Such communication, tailored to the perceptual and cognitive needs of the elderly, ensures their autonomy and sense of security.

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Educational initiatives must further cultivate proper devotional practices. Training in the etiquette of pilgrimage, grounded in Islamic teachings, prevents the persistence of superstitions or culturally contingent rituals that may dilute the integrity of worship. Since elderly pilgrims often exhibit greater conscientiousness in performing rituals, providing them with clear, respectful instruction enhances their agency while reducing friction with others.

Doctrinal guidance is also essential. Elderly pilgrims frequently encounter religious doubts or nuanced questions of ritual law. Their strong commitment to worship and heightened concern for correctness create demand for direct access to qualified religious scholars. Establishing designated spaces for responding to theological and legal questions not only supports the elderly but also strengthens the shrine's role as a center of knowledge.

Finally, the social dimension of pilgrimage should not be neglected. Elderly pilgrims often value religious gatherings as opportunities for interaction and community belonging. Organizing cultural and devotional programs for them transforms pilgrimage into a holistic experience combining worship with social support. Such activities reinforce faith and enhance psychological well-being.

5.3. Future Research Directions

The present study points toward several areas for further inquiry:

1. Prioritization of elderly pilgrims' needs within shrine and pilgrimage planning.
2. Identification of structural and managerial factors that generate environmental conflicts for the elderly based on this study.
3. Formation of interdisciplinary research groups to anticipate and design for the needs of future generations of elderly pilgrims.
4. Extension of similar studies to other vulnerable groups, such as children, within religious spaces.

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