

AGING AND RESILIENCE IN INDIA RELIGIOUS COMMUNITIES

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The article examines the role of religious and cultural communities in India in fostering resilience and ensuring dignified aging. It analyzes how collective practices—from group physical activity and ritual movements to shared dietary norms and spiritual beliefs—create an integrated support system that promotes the physical, psychological, and social well-being of older adults. Particular attention is paid to the functions of the community as a mutual aid network and its role in providing palliative care and dignity at the end of life.

Keywords: aging, resilience, religious communities, collective practices, social support, spiritual wellbeing.

СТАРЕНИЕ И ЖИЗНЕСТОЙКОСТЬ РЕЛИГИОЗНЫХ ОБЩИН ИНДИИ

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В статье исследуется роль религиозных и культурных сообществ Индии в формировании устойчивости и обеспечении достойного старения. Анализируется, как коллективные практики — от групповой физической активности и ритуальных движений до общих норм питания и духовных верований — создают интегрированную систему поддержки, способствующую физическому, психологическому и социальному благополучию пожилых людей. Особое внимание уделяется функциям сообщества как сети взаимопомощи и его роли в обеспечении паллиативной помощи и достоинства на терминальных стадиях жизни.

Ключевые слова: старение, устойчивость, религиозные сообщества, коллективные практики, социальная поддержка, духовное благополучие.

Introduction. Aging, while a universal biological process, has a profound social and cultural dimension. An individual's experience of the later stages of life is largely determined by whether they are embedded in supportive social structures that offer not only practical assistance but also a sense of meaning and belonging [1]. In the context of India, where traditional family support systems are under pressure from urbanization and migration, local religious communities (in Hindu temples, Muslim communities, Sikh gurdwaras, Christian parishes) often take on a key role in ensuring the well-being of older adults. This study aims to analyze how these communities, through a complex of collective practices, spiritual beliefs, and institutionalized forms of mutual aid, contribute to the formation of resilience—the ability to adapt, maintain dignity, and sustain quality of life during the aging process.

Collective physical practices as a foundation for prevention. One of the cornerstones of healthy aging is maintaining physical activity and cognitive function. Religious communities in India organically integrate these aspects into daily life through structured group activities [2]. **Ritualized Movement:** Many temple and mosque rituals require physical participation: ritual circumambulation (pradakshina) of a temple, prostrations (sashtang), multiple bows during prayer (namaz). These repetitive, low-intensity movements provide regular physical exercise that improves mobility, balance, and muscle tone in elderly congregants, transforming spiritual practice into a tool for maintaining physical health. **Group Activity:** Outside of rituals, communities often organize group yoga, tai chi, or health walking classes. The social nature of such activity lowers barriers to participation, increases motivation through mutual support, and directly contributes to improved cardiovascular health, cognitive function, and reduced risk of falls [2]. The social bonds formed in the process are themselves a protective factor.

Dietary discipline as a community norm and health factor. Dietary patterns, often with religious roots (e.g., periodic fasting (vrata), vegetarianism on certain days of the week or during fasts), are easier to adhere to within a collective. The group norm creates an atmosphere of mutual responsibility and support. Adherence to such practices can have direct positive consequences for the health of the elderly: regulation of metabolism, reduction of systemic inflammation, activation of cellular repair mechanisms (autophagy) [3]. Communal meals (langar in Sikhism, prasad in Hinduism) not only provide nutrition but also serve as a powerful antidote to social isolation and irregular eating, common problems in old age.

The spiritual dimension. The religious and philosophical systems prevalent in India (Hinduism, Buddhism, Sikhism) offer specific frameworks for making sense of aging, illness, and death. Concepts of reincarnation, karma, and the cyclical nature of existence (samsara) can mitigate existential anxiety associated with the finitude of life and physical decline [4]. Practices of prayer, meditation, and contemplation (dhyana) serve as effective tools for managing stress, chronic pain, anxiety, and depressive symptoms. They promote the development of emotional stability, cognitive clarity, and internal resilience, allowing older adults to find peace and acceptance amidst the limitations of age [4].

Community as a mutual support network. A key function of the religious community is to provide a comprehensive support system that operates on the principle of "not abandoning one's own." **Practical Support:** This includes organizing meal deliveries (meal trains) for immobile or ill community members, assistance with transportation to events, and

help with household matters. Such actions address basic problems of survival and safety. Emotional and Social Support: The community creates spaces for sharing life experiences, storytelling, and simple communication. Regular participation in community life actively combats loneliness—one of the main risk factors for mental and physical health in old age [1]. The awareness that one is not alone in one's struggles is itself a powerful psychological buffer.

Community infrastructure for the infirm and the terminal stage. Religious communities often develop specialized infrastructure to support their most vulnerable members. This includes organizing visits by clergy or volunteers to the homes of the bedridden, ensuring the accessibility of temple services (ramps, hearing aids), and establishing or supporting hospices where palliative care is provided in accordance with the patient's spiritual needs [5]. At the terminal stage, the community plays a critically important role in shifting the focus from aggressive life extension to ensuring dignified care. Collective discussions (e.g., on the advisability of certain medical interventions) and moral support for the family help make decisions that align with the dying person's values. The main resource at this stage becomes not medical technology, but human presence—a compassionate, supportive environment that ensures the person passes away without pain, in spiritual peace, and with a sense of belonging to their circle [5].

Conclusion. The presented analysis allows for the synthesis of an integrated model through which religious communities in India contribute to resilient aging. This model rests on three interconnected pillars: physical well-being, supported through ritualized and group practices; spiritual nourishment, granted by doctrines and meditative practices that provide meaning and mental resilience; and social connectedness, realized through dense networks of mutual aid that offer both practical and emotional support. In a context where formal state systems of elderly care in India remain underdeveloped, these traditional, culturally rooted community structures serve as a vital buffer, allowing millions of people to age with dignity, preserved identity, and a sense of belonging. Their study and potential collaboration with formal social services appears to be a promising direction for public health and social policy.

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