A wholistic model of care for older adults requires that not only the body and the mind are tended to in a health care setting, but the spirit as well. How does a health care professional provide spiritual care in a multi-religious or even a setting devoid of religion? The answer is to become aware of spiritual needs instead of focusing on religious requirements. What is the difference? While not everyone may have a religion, every person still has a spirit. It is in that spirit that we can concentrate on how to provide care.

In an article titled “Spiritual Needs of Patients: Are They Recognized?” author C. Highfield (1983) suggests four spiritual needs that are not specifically religious. While many persons will express or meet these needs through religious practice, many will not. Truth be told, every person, religious or not, will have these same basic needs:

1. The need for meaning and purpose
2. The need to give love
3. The need to receive love
4. The need for forgiveness, creativity and hope.

Every person has a need for a purpose to get out of bed in the morning. For example, many of the best dementia care units provide “chores” that residents are responsible for (like watering the flowers or feeding the cat) as a method of providing meaning and purpose. Residents who have no meaning and purpose often become listless, depressed, angry or withdrawn. “Why can’t I die? I am no good for anyone anymore!” are familiar laments by people who have lost their sense of meaning and purpose.

A person also has a need to give love, not just to receive it. In fact, many depressions come not because the resident has no one to love them, but because they can’t love others. Instead of having a focus outside of themselves, the focus of these persons is pointed inward, perhaps recounting their latest ache or pain. Everyone has a need to be concerned and involved in something beyond his or her own self.

Also, all people have a need to be loved. Many studies suggest that if infants are not cuddled they do not thrive. The same might be true for older adults as well. Sometimes love is hard for a person to receive out of fear of becoming dependent or indebted to someone else. Yet, the need to be loved remains essential.
Finally, there is the need for forgiveness, creativity and hope. Every person needs to feel as though their future is open and has possibilities. People need to be able to release, or forgive, the past so they can “move on.” Every person needs to feel as though they are a player in the shaping and creativity of their future. Every person needs hope that tomorrow will be livable if not better.

These four spiritual needs are essential to the human experience. Every human being is trying, in some way, to fulfill these needs through what they do, how they feel, and how they respond to life’s twists and turns. If any one or more of these spiritual needs are threatened or broken, spiritual distress arises, a distress that is beyond the purview of physicians or psychologists, but makes perfect sense to the spiritual caregiver. Within every encounter with clients, every health professional has the opportunity to become aware of and attentive to the spiritual needs that are the underpinning of the psycho-social-physiological needs of the client.

The next time an assessment is being made by a physician, nurse, social worker, activity director or anyone else within long-term care, look at the spirit as well as the body and the mind. It is called “Caring for the Whole Person.”

Donald Koepke was the founding director of the CLH Center for Spirituality and Aging and now serves as director emeritus.