

Spirituality and Religion: An Ally for the Caregiver
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Professionals in long-term care instinctively know the importance of religion in the lives of the people whom they serve. Professionals understand that there must be a role for religion in long term care because it expresses what we have always known: that religion and spirituality are essential to providing quality care for and with older persons.

A person's spirituality, and probably their religious practices, exposes what is essential in that person's life. It exposes the attitudes and the insights that drive behavior, evoke emotions, and produce values. Thus spirituality and religion are essential elements in assessing a person's 'needs' and 'resources.' At the same time, spirituality and religion can become an ally in an older person's ability to cope with change and address the numerous losses that come with the latter years of life.

This insight is probably 'old hat' to many. Many persons have a desire to incorporate spirituality into clinical practice and have discovered what I continually discover: that the essential nature of spirituality and its role in caregiving has to be continually re-interpreted to a healthcare community that is often skeptical of that perspective. In the healthcare community's attempt to be 'value free' in their caregiving, to be inclusive and to not offend, and to not impose their personal beliefs on the client/resident, they sometimes 'throw the baby out with the bath water' and limit the effectiveness of any intervention that they might use to being clarity, support and care to the life of an older adult.

If a person is a practicing Buddhist, providing quiet time and space for meditation could be a helpful intervention in dealing with the fear of dying.

If the person is a practicing Roman Catholic Christian, experiencing the Sacraments might be essential to providing strength in the face of loss.

If the person is a fundamental Christian, prayer and Bible quotations might speak to their soul.

If the person has no religion and is agnostic, or even atheist, discovering what is the central guiding principle for their life can be crucial in providing quality care.

If the person is Jewish, providing foods that are appropriate to their religious world-view would perhaps give as much support as a half-hour of talk-therapy.

The question is not, "How do health care professionals avoid the mine-field of spirituality and religion that only seems to exclude and is filled with potential for misunderstanding and offense?" Rather, the question is, "How can I use what is central in the life of this specific client/resident to assist him, support her, give him guidance 'amidst life's storms'?" As a health care professional, I don't have to agree with what is of value to the client/resident. The important thing is that a specific principle, reading, practice or perspective is important and life-giving to the resident, no matter what are my personal thoughts and beliefs.

Thus we need to be multi-religious in our clinical practice (even if the religion in question is atheism or agnostic). There is no such thing as a person who is not spiritual. It is only a matter of what spirituality, what life-perspective, what self-transcendent resources make sense to the person receiving our care, and creatively and humbly using that perspective to bring healing and hope.