Spiritual Dimension in the Life of a Senior with Dementia

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Abstract

Dementia is a progressive psychiatric disorder characterized by significant cognitive and non-cognitive impairments. This article explores the spiritual needs of seniors with dementia, emphasizing the anthropological constants of spirituality and religiosity. Despite the challenges posed by dementia, maintaining spiritual identity, integrating religious or spiritual rituals, fostering community support, and open communication with caregivers are identified as crucial aspects of spiritual care. The article highlights the diverse spiritual needs of seniors with dementia and stresses the importance of individualized, sensitive approaches to support their overall well-being. The article concludes by emphasizing the importance of spiritual care as an integral component of the bio-psycho-social model of palliative care for seniors with dementia.

Keywords: Anthropological Constants, Community Support, Dementia, Religiosity, Religious Rituals, Spiritual Identity, Spiritual Needs, Well-Being

INTRODUCTION

Dementia is one of the major psychiatric disorders. It is a progressive disease accompanied by significant impairment of not only cognitive (memory, thinking, orientation, speech, learning and judgment) but also non-cognitive functions (activities of daily living and behavioural-psychological symptoms of dementia, which include behavioural, emotional and sleep disturbances), while consciousness is not impaired (Fertaľová, Ondriová, 2020, Jirák, 2013).

Dementia, like schizophrenia, is a procedural illness, i.e. evolving over time, leading to a gradual deterioration. Kreipelin referred to schizophrenia as "dementia praecox", meaning "premature dementia", due to the similarity of shared features (Kučerová, 2013).

Despite the fact that dementia is one of the most feared diseases of the elderly, in which a person loses self-sufficiency, the ability to understand his or her surroundings and is dependent on the help of others it should not be forgotten what people with dementia can do and achieve under appropriately set conditions (Frank, 2017, Kitwood, 2023).

Social aspects and dementia. According to Venglářová (2007) there three main pillars physical aspects, psychological aspects and personality, and social aspects.

From mentioned aspects, the social aspects are part of the questionnaire about quality of life done by WHO. The questionnaires are usual tool to measure the quality of life. The social relationships can be seen as prevention tool against the mental health diseases in senior age. Also, the social relationships are kind of help and support for elderly people suffering with mental health diseases.

The social relationships with elderly people with mental health diseases comes with many obstacles. The obstacles are mainly in building new relationships, or renewing the relationships, whether it is partners’ relationships, or social relationships. The social communication and interaction stimulate and motivates the

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elderly people, stimulates the orientation, and keeps or develops their abilities and skill. Furthermore, the social communication keeps the communication channel between them and their environment. It is crucial that the person accepts the illness because that is the only way to minimalize and remove the social isolation. This acceptance could be problematic for people with dementia. The support is positive home environment, which should be offered in residential health services or social services. Another form of support is building and keeping a daily routine.

Nevertheless, there must be remembered that these are people in elderly age, thus there are specific which could be still kept. Primarily, the need of relaxation and rest needs to be followed. Thus, the senior can be relaxed and ready for another activity. However, the initiative for social interaction does not need to be optimistic. However, this can be a positive sign of balance, when the senior due to their passivity is taking needed rest (Stárek, 2021).

An important role has leisure time activities, which can be influenced by previous active life, or new activities can be chosen, which could be interesting for a person with mental health disease. The ideal status is reflection of a person biography, so the social workers know something about them and their life. Therefore, there can be built the routine similar to the routine which they had before they started to need help, so they can be satisfied. Helpful is regular meeting with close people. Particular differences can be seen with meeting friends, partners and families. Some sort of irresolution, coldness is visible in relationships where before was kindness. Of course, it is hard to be with someone who is suffering from depression. The depression steals interest about life and people does not like to be with some is careless and does not react (Thornicroft, 2011). With regards to behaviour the emotions are not displayed much, and states of emotional lability are frequent. These states are related to unfastening of health conditions or with quick progression of the illness.

All the psychological changes in senior age does not lead to degradation of person’s state. Often there is visible growth in perseverance during routine physical and mental work. Also, the improvements in patience and understanding to others motivation are noticeable. Elderly people without any mental health disease do not lost their judgement and their discretion improves. They are also more constant in their opinions and relations (Pacovský, 1994).

**Significance of Spirituality in Aging**

Every person, regardless of their differences, regardless of their diagnosis, has characteristics, opinions, attitudes and needs. Although in old age, especially with dementia, there is a change in functional potential and also in social status, it is possible to perceive the importance of these needs differently, but their structure and relevance are essentially no different. Spirituality and religiosity are anthropological constants, which means that they naturally belong to the genetic makeup of the individual. They involve the search for what is most important, most essential, most valuable for man, what is rooted in the depth and in the very core of the human being and brings it meaning. It is in the aging of the elderly that we observe a greater inclination towards the spiritual world and towards religiosity. Religiosity and spirituality are similar concepts, but not identical. Religiosity is seen as something more institutional, ritualistic, more structured or traditional, and is associated with organized faiths. It is about specific religious beliefs and their reflection in a person' everyday life. Spirituality, on the other hand, refers to something intangible, untouchable, intangible, and not tied to any group or organization. It can refer to feelings, thoughts, experiences and behaviors related to the soul or to the search for something sacred, the holy.

According to Wong (in Ondrušová, 2011), factors that contribute to a more meaningful life for seniors with dementia include engagement in activities, values, maintaining optimism, cultivating the spiritual component of life, religiosity, creativity, relationships with others, enjoyment of life, and hope for the future. The ability to maintain value goals and to give meaning to life even when circumstances related to ageing change also supports successful coping with the burdens of ageing. This is all the more difficult today because values such as success, efficiency and effectiveness are preferred and are gradually disappearing among seniors.

The spiritual needs of seniors with dementia are very diverse, but their fulfillment always leads to the personal growth of the individual. The knowledge gained through spiritual efforts helps people to solve existential
questions, find new value systems, a new philosophy of life and increase their social activity. The willingness to participate in spiritual activities also depends on endogenous conditions, such as readiness and openness for spiritual activities, motivation, cognitive ability, learning ability, current health or current level of knowledge, but also on exogenous factors, such as access to spiritual activities, external motivation, etc. When offering spiritual activities, the spiritual, psychological, age or individual characteristics of the elderly with dementia for whom the activities are intended should be kept in mind (Bussing, 2021).

We are talking about the spiritual needs of seniors with dementia, so it is necessary to mention that this is one of the topics that have been discussed not only among the professional public in recent years. However, the idea is to realize the professional readiness of students, especially those in the helping professions, in matters of spiritual needs. Stárek, Klugerová, Víšek, (2023) draw attention to the importance of professional competences in the preparation of especially social workers or special pedagogues, who point to the influence of the importance of professional practice, where theoretical knowledge is applied, in order to increase the professional competences of future workers. At the same time, we can support the idea of Daňek and Klugerová (2023), who draw attention to the aspect of social exclusion that can be prevented precisely through inclusion. In the context of our target group – seniors with dementia, this is not about inclusive education, but rather about social interaction, which is essential for every human being.

A Paradigm Shift in Care: Recognizing Spiritual Needs

Until recently, spiritual needs were more or less a taboo subject and only biological, psychological or social needs were discussed. It is also a misconception that only religious people have spiritual needs. Everyone has them, because it is actually a need for meaning in life, and it is the person in the last stage of his earthly journey who needs to know that his life has had and will have meaning until the last moment. Not fulfilling this need for meaningfulness is tantamount to a real state of mental distress (Svatošová, 2012, Přibyl, 2015).

Spirituality plays a significant role in the care of seniors with dementia, even though communication and expression of the needs of these individuals may be limited. Considering spiritual needs can contribute to the overall well-being and quality of life for seniors with dementia. Below are some key aspects of this issue:

**Preservation of Spiritual Identity:** Seniors with dementia can maintain a connection with their spiritual identity, rooted in religion, personal values, or life experiences. Care should take into account these specific aspects of identity.

**Religious or Spiritual Rituals:** Integrating religious or spiritual rituals can provide a sense of continuity and security. Prayers, rituals, or specific ceremonies can be adapted to meet the needs of seniors with dementia.

**Community Support:** Seniors with dementia may experience a sense of isolation and misunderstanding. Involvement in spiritual communities can provide social support and an opportunity to share common values and beliefs with others.

**Open Communication with Family and Caregivers:** Caregivers and family members should actively communicate with seniors about their spiritual needs. Open dialogue enables a better understanding of individual beliefs and ensures that care respects this dimension of life.

**Artistic and Creative Activities:** Spiritual experiences do not always have to occur through traditional religious practices. Artistic and creative activities, such as painting, music, or crafting, can provide seniors with a means to express their spirituality without the need for words.

**Adaptation of Rituals and Traditions:** Due to memory limitations and cognitive functions, it may be necessary to adapt traditional rituals to be accessible to seniors with dementia. Simple, repetitive rituals can provide comfort and assurance.

Considering the spiritual needs of seniors with dementia is an important step in providing care that is comprehensive, sensitive, and respects the individuality of each person. Dementia can significantly affect an individual's spiritual life for several reasons. It is important to take these aspects into account and to focus on...
the specific needs of individuals with dementia in the sphere of spiritual life:

**Loss of cognitive abilities**: Dementia often affects cognitive function, which can make it difficult or impossible for individuals with dementia to engage in religious or spiritual activities that require memory and cognitive abilities.

**Changes in communication skills**: As dementia progresses, communication skills may decline. Individuals may have difficulty expressing their spiritual needs and sharing their thoughts and feelings in this area.

**Maintaining spiritual identity**: Despite the impact of dementia, individuals may feel the need to maintain their spiritual identity. Supporting and adapting spiritual practices can help to maintain this connection to one's spiritual self.

**Providing support through spiritual communities**: Feeling connected to spiritual communities can provide individuals with dementia with a sense of belonging and support. Spiritual communities can play a key role in providing emotional and spiritual support.

**Using space for reflection and quiet**: Providing space for quiet and reflection can be important for individuals with dementia. A safe and calm environment can support their ability to connect with the spiritual aspects of life.

**Family involvement and care consistent with values**: Family support and care that respects the individual's spiritual values can be key. It is important to discuss with the family and provide care consistent with the values and beliefs of the individual with dementia.

Providing spiritual care and support for individuals with dementia requires a sensitive and individualized approach, respecting changes in their abilities and needs.

**RESEARCHES OF SPIRITUAL NEEDS AND BENEFITS FOR SENIOROS WITH DEMENTIA**

Research conducted across a range of studies (Britt et al., 2023) has highlighted the importance and delineated the spiritual needs of older people with early stage dementia living in the community. These studies revealed that the spiritual needs of this population predominantly revolved around desires to cope with memory impairment and loss of independence. Balqis et al.'s research involved ten older adults with mild to moderate dementia living in long-term care facilities. They received various forms of spiritual support, including help in approaching God or engaging in worship, as well as support in the end-of-life phase. Toivonen et al. (2023) highlighted the importance of tailoring spiritual care to include the four identified elements of spirituality: religion, meaningful relationships, nature and the arts.

People with dementia have social and emotional needs, and some of these needs can be more accurately characterised as spiritual. Spiritual needs can manifest on an individual basis or in a community context. People with dementia may need reminders and resources to help them maintain their established spiritual and religious rituals and activities, either independently or as part of a community. As dementia progresses to a more severe stage, not all seniors with dementia will respond to conventional religious and spiritual resources, but a significant number will continue to do so. In several studies, it was observed and reported in interviews that the faith of people with dementia seemed to persist even as their cognitive abilities declined. Care providers and family members noted instances of lucidity in advanced dementia when exposed to familiar hymns, as they sang the words and enjoyed the music, even in cases where communication appeared to be limited. This is consistent with other evidence supporting the use of religious and spiritual activities with an emotional and procedural aspect for people with advanced dementia.

Religious needs are also related to spiritual needs, which are associated with everyday moments. Holistic patient care practiced by health care providers includes compassionate presence and reflective listening that promotes well-being and reconciliation. In published studies, participants responded to spiritual and religious rituals and activities with a calming effect. Participants reported that for seniors with dementia, the activities provided a sense of security through hope and calmness, inspiring confidence amidst loss of control. Other benefits of spiritual care in advanced illness include reducing depressive symptoms and anxiety and maintaining social
relationships. Holistic care, through daily client engagement, honors each individual's unique values and promotes their identity and personhood, which is much needed when caring for seniors with dementia throughout the course of the disease (Britt et al., 2023).

Spiritual needs can be expressed through verbal and nonverbal behaviors, are related to past experiences with meaning, and encourage connection through meaningful relationships with other people, nature, the arts, and the significant. Spiritual and religious expressions and rituals reported in the studies included Sabbath candlelight, prayer at meals, bedtime prayer, religious texts (e.g., Bible, Torah, and Qur'an), prayer books, religious symbols (e.g., rosary, cross, crucifix), individual and group prayer, music, art, nature, holiday celebrations, favorite hobbies, Eucharist, and participation in religious ceremonies. Engaging in these activities helps to instill some sense of control over their current lives—experience a loss of independence and functional decline (Britt et al., 2023).

CONCLUSION

Spirituality plays a vital role in the lives of older adults and is an important factor in health, well-being, and preserved cognitive function in older age. Despite its importance, research on the spiritual needs of seniors with dementia and ways to address them is limited. As a dimension of palliative care, spiritual care aimed at addressing spiritual needs is an important component of the bio-psycho-social model of care.

The need for awareness of one's own value and dignity is also emphasized in connection with life balancing and reshaping the life story. The main point of these considerations is the awareness of the recognition that comes to a person during he received and receives his life history, especially from people with whom he shares a common life history, or from those who influence his current experiences. They are family members, neighbors, roommates in a home for the elderly, but also medical or care staff. Positive answers support the personal integrity and self-worth of an older person, negative answers attack their dignity. A person's dignity and sense of autonomy are most threatened by feelings of uselessness and needlessness when there is no one to listen to a person and take an interest in his life story. In old age, a person needs to experience the awareness that his present life takes place in connection with his past. With the arrival of life changes, such as a change in social status, social isolation, deterioration of health, long-term hospitalization, moving to a home for the elderly or the loss of loved ones and acquaintances brings the need to rely on experiences from the past and meaningfully connect them with the present. An important task of old age is to come to terms with the past. The basis is the knowledge that a person lived meaningfully, and now it is necessary to concentrate on finding and realizing this meaning in the concrete conditions of life. Life has meaning in all circumstances, which can be fulfilled by realizing experiential, creative or attitudinal values. Meaningfulness plays an important role in human life. It affects his decision-making, both on a daily basis and in critical periods. The perception of the meaningfulness of life affects whether a person is well (being), whether he has a quality life or vice versa. The life changes that have occurred are an incentive for the elderly to take stock of their life story. The basis for taking stock are memories, acceptance of what failed and acceptance of oneself with all negative and successful experiences. Not only when working with seniors with dementia and their spiritual needs, the importance of feeling that they are not overlooked, that the care worker gives them personal attention and interest. An empathic approach allows the senior to feel his worth and self-awareness.

Through various concepts/approaches (for example: The concept of sensory activation according to Lore Wehner; Psychobiographical model of care according to Professor Böhm; Concept of basal stimulation; The Naomi Feil Validation Method ... ), the own dignity and values of the senior/senior with dementia are supported when they feel that the caregiver accepts them as they are, does not judge them and values them as a person with a lived past and a concrete life story. Supporting the senior's activation, self-confidence, they support him in believing in his abilities, in believing that he is not alone in his problems, and in the fact that he can freely express himself, express his negative feelings, anger and still feel that he is receiving support and love. Fulfilling your need for love a senior is strongly aware if he feels that he is accepted as a person, that he is recognized and respected.
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