

Short Communication

Open Access

Living Fully with Dementia: Maslow's Ladder as a Practical Guide for Care

Lisa Skinner

Behavioral Specialist, Certified Dementia Practitioner and a Certified Dementia Care Trainer through the Alzheimer's Association and Holds a Degree in Human Behavior, USA

*Corresponding author

Lisa Skinner, CDP, CDT, CPD, Behavioral Specialist, Certified Dementia Practitioner and a Certified Dementia Care Trainer through the Alzheimer's Association and Holds a Degree in Human Behavior, USA.

Received: June 17, 2026; **Accepted:** June 25, 2026; **Published:** June 27, 2026

Understand that Dementia significantly reshapes how people experience everyday life, but it does not erase the fundamental needs that guide happiness and well-being. This article reframes Maslow's Hierarchy of Needs specifically for those living with dementia, highlighting how core human needs persist despite cognitive decline. It emphasizes practical implications for care, dignity, connection, and meaning, and reinforces the central idea that, at the end of the day, the ability to thrive in life rests on the same foundational principles for everyone.

Maslow's original framework-the idea that humans are motivated by a nested set of needs, from physiological sustenance to self-actualization-offers a lens into understanding and responding to the lived realities of people who are living with dementia. By mapping the classic hierarchy to the practical, day-to-day experiences of cognitive decline, we can see both continuities and adaptations and ultimately reaffirm a shared human imperative: that every person, regardless of mental status, thrives when their core needs are recognized and upheld with dignity, compassion, and creativity.

Introduction

The Vital Continuity Between Basic Human Needs and Dementia Maslow's Hierarchy of Needs posits a ladder of human motivation: physiological needs form the base, followed by safety, love and belonging, esteem, and self-actualization at the apex. Dementia challenges access to, and expression of, needs across this ladder, often altering how needs are communicated and fulfilled. Yet the fundamental premise remains intact: people thrive when their basic needs are recognized, respected, and actively supported. This summarization draws explicit parallels between each tier of Maslow's model and the lived realities of dementia, illustrating how the same universal principles apply-adapted with empathy, creativity, and person-centered care.

Tier 1

Physiological Needs: Comfort, Hunger, Thirst, Sleep, Toileting
Core idea: Physiological stability is non-negotiable. In dementia, the presentation of these needs may be fragmented or less overt, but their importance does not diminish.

Dementia Realities

- Communication barriers can mask hunger, thirst, or pain.
- Sleep-wake disruptions, restless nights, and daytime fatigue are common.
- Toileting becomes more complex due to memory lapses, mobility changes, and confusion, impacting dignity and hygiene.
- Comfort extends beyond basic temperature and texture to include sensory processing: noise levels, lighting, textures, and the reassurance of familiar routines.

Parallels to Maslow

- In the original hierarchy, physiological needs are the foundation; without meeting them, attention to higher needs is futile.
- Dementia care reframes these needs as ongoing, dynamic states that require proactive, person-centered strategies to prevent distress and maintain engagement.

Practical Implications

- Establish predictable meal and hydration schedules; offer preferred foods and bite-sized, easy-to-swallow options when needed.
- Implement consistent sleep routines and create a tranquil sleep environment (dim lights, familiar objects, minimized noise).
- Ensure accessible bathrooms, timed prompts, and discreet, dignified toileting support.
- Use comfort-enhancing tools: appropriate clothing, temperature regulation, pressure-relieving supports, and familiar textures or objects that reduce agitation.
- Monitor for subtle signs of discomfort or dehydration, and adjust care plans promptly.

Tier 2

Safety: Security, Routines, Predictability, and Freedom from Fear
Core idea: Safety encompasses physical protection and emotional security. In dementia, safety is as much about predictable environments and trusted relationships as about fall-prevention devices.

Dementia Realities

- Risk of wandering, falls, and misinterpretation of the environment can heighten anxiety and cause behavioral changes.
- Predictable routines reduce confusion; abrupt changes can trigger distress and resistance to care.
- The desire to avoid overly clinical or stigmatizing gear highlights the need for a home-like atmosphere that preserves autonomy.

Parallels to Maslow

- Maslow's safety layer emphasizes protection, stability, and structure. Dementia care translates this into a dual focus: physical safety and emotional safety—creating spaces that feel safe, non-threatening, and coherent.

Practical Implications

- Build a stable daily rhythm with clear transitions and cues; use simple visuals or timers to aid pacing.
- Design uncluttered, hazard-reduced spaces; install non-slip surfaces, proper lighting, and clear pathways.
- Balance monitoring with privacy. Involve the person in decisions about monitoring devices and visibility of safety measures.
- Foster autonomy within safety: offer choices (e.g., "Would you like tea or water?") and respect preferences whenever safe.
- Develop a simple "return plan" for wandering, emphasizing familiar routes, contact information, and reassuring routines if someone becomes unsettled.

Tier 3:

Love and Belonging: Connection, Feeling Loved, Not Feeling Alone

Core Idea

If love and belonging are universal needs, they become even more critical when cognitive abilities shift. Belonging is sustained through connection, recognition of personhood, and meaningful relationships.

Dementia Realities

- Communication may be slower or altered, but the need for companionship remains strong.
- Isolation can exacerbate anxiety, apathy, or agitation; meaningful social engagement remains a therapeutic and validating force.
- Relationships—family, friends, caregivers—serve as anchors, providing identity continuity and emotional safety.

Parallels to Maslow

- Love and belonging are central to well-being before esteem and self-actualization. Dementia does not diminish this need; it redefines how we cultivate it—emphasizing present-centered connection, not just past narratives.

Practical Implications

- Incorporate regular, meaningful social interactions: reminiscence activities, shared meals, music, and storytelling that honor current capabilities.
- Involve family and friends in care planning; schedule predictable visits and create low-pressure social environments.
- Use person-centered communication: validate feelings, acknowledge presence, and avoid correcting reality in ways that undermine dignity.

- Integrate community or pet-assisted activities if appropriate, to foster warmth and reduce loneliness.
- Cultivate rooms or spaces that invite conversation and quiet companionship, avoiding overstimulation.

Tier 4: Esteem: Dignity, Competence, Respect, Autonomy
Core idea: Esteem reflects a person's sense of worth, competence, and self-respect. For people with dementia, preserving autonomy and dignity in daily tasks reinforces identity and agency.

Dementia Realities

- Loss of certain abilities can threaten self-esteem, leading to withdrawal or frustration.
- Routine tasks that remain within reach can reinforce a sense of mastery and purpose.
- Respectful care approaches—consent, privacy, and language signal a commitment to personhood.

Parallels to Maslow

- Esteem in the original model includes achievement, autonomy, and respect. In dementia, the focus shifts to enabling small, meaningful acts and acknowledging past roles and strengths.

Practical Implications

- Offer meaningful choices in daily activities (what to wear, what to eat, the order of tasks) to reinforce autonomy.
- Adapt activities to current abilities, celebrating small successes to reinforce competence.
- Maintain privacy and dignity during personal care; use respectful language and explain each step before helping.
- Highlight past roles and strengths, weaving them into present activities (e.g., a former teacher guiding a simple lesson; a gardener assisting with potting).
- Create an environment that visually supports competence—clear layouts, labeled storage, and accessible tools.

Tier 5: Self-Actualization: Meaning, Purpose, Using One's Strength

Core idea: Self-actualization is about meaningful contribution, authenticity, and realizing a sense of purpose. In dementia, purpose persists and can be reframed to fit evolving abilities and interests.

Dementia Realities

- o Some cognitive decline may alter how goals are pursued, but individuals retain the capacity for meaningful engagement.
- o Legacy work, creative expression, spiritual practice, and community involvement can anchor identity and provide a sense of continuity.
- o Purpose is often found in present-centered activities that leverage remaining strengths and align with values.

Parallels to Maslow

- o Self-actualization persists as the apex of the hierarchy, highlighting the universal human drive toward meaning, growth, and authenticity—even in the face of cognitive change.
- o Dementia care reframes self-actualization as dynamic, achievable through adaptive opportunities that honor the person's life story and current capabilities.

Practical Implications

- o Identify residual strengths and translate them into ongoing engagement: music performance, storytelling, teaching a simple skill, or guiding a family activity.

- o Create legacy and memory projects that reflect the person's life, values, and relationships: life books, family trees, recipe compilations, or voice-recorded memoirs.
- o Encourage creative and spiritual expressions that align with beliefs and interests (art, poetry, prayer, rituals).
- o Facilitate opportunities to mentor or contribute to others in ways that respect energy levels and safety.
- o Schedule activities thoughtfully around energy cycles; avoid overloading days with high-demand tasks.
- o Environment as a partner: Design spaces that minimize stress and maximize autonomy. Consider lighting, acoustics, textures, and accessibility as active elements of care.
- o Family and community engagement: Involve loved ones and community resources to reinforce belonging and meaning. Regular communication and shared goals help sustain collective hope.
- o Documentation and responsiveness: Keep brief, accessible records of what works, what doesn't, and how needs evolve. Review and adjust plans in collaboration with the person and family.
- o Caregiver well-being: Recognize that caregiver resilience underpins the ability to meet these needs. Provide resources, respite, and peer support to sustain motivation and compassion.

Intersections and Synthesis: Why These Parallels Matter

- **Shared human core:** Across all five tiers, the same human truths emerge—dignity, belonging, autonomy, meaningful connection, and purposeful engagement are essential for thriving. Dementia reframes the means to meet these needs but not the intrinsic value of meeting them.
- **Adaptation without Diminishment**
The dementia lens calls for flexibility—reading nonverbal cues, designing supportive environments, and substituting past milestones with present-moment opportunities for success. The core intent remains unwavering: support well-being through respectful, person-centered care.
- **Care as a multi-layered practice:** Realizing Maslow's principles in dementia care requires integrating medical understanding with relational, environmental, and cultural considerations. It demands teamwork among families, caregivers, clinicians, and communities to sustain dignity and hope.
- **Enduring bottom line:** The final takeaway is a universal one: thriving is rooted in meeting fundamental needs. Dementia does not erase these needs; it challenges the pathways to satisfy them. The task is to re-map those pathways in ways that honor personhood, agency, and meaning.

Practical Guidelines for Implementing these Parallels

- o **Person-centered planning:** Start with a person's history, preferences, and values. Build a plan that addresses each tier with concrete, achievable actions tailored to current abilities.
- o **One-page care snapshot:** Create a simple summary for caregivers that outlines the five tiers, corresponding needs, and practical strategies. This can guide daily decisions and ensure consistency across caregivers.
- o **Routine with flexibility:** Use routines to provide predictability while leaving room for spontaneity and personal choice. A routine should empower, not constrain, the person with dementia.

A Final Reflection: The Universality of Thriving

Whether or not we have dementia, living well hinges on recognizing and honoring five woven threads: nourishment and comfort, safety and dignity, connection and belonging, esteem and autonomy, and purpose and meaning. Dementia may rearrange the furniture of daily life, but it does not displace the underlying architecture of human thriving. By aligning care practices with Maslow's hierarchy while honoring the unique expressions of needs in dementia, we create a framework that is both timeless and deeply humane.

Copyright: ©2026 Lisa Skinner. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.