

This bimonthly newsletter, produced by Pastoral Care Services/Office of Diversity and Inclusion, will highlight some of the spiritual and religious beliefs held by patients and their families, providers and others in the MUSC community. It will offer strategies for staff self-care as well as information to better address the spiritual needs of the diverse patients and families that we serve.

Interfaith Calendar Highlights

- December 8. **Bodhi Day** (Buddhism). Celebration of when Prince Gautama sat under the Bodhi tree and vowed to stay until he attained ultimate enlightenment.
- December 12 or 14. **Mawlid al-Nabi** (Islam). Birthday of the prophet Muhammad. (Different dates for Sunni and Shia Muslims.)
- December 21. **Solstice/Yule** (Wiccan/Christian). The beginning of winter and rebirth of the sun. Some Christians also celebrate it as the light of Christ coming into the world.
- December 25. **Christmas Day** (Christian). Beginning of 12-day celebration of the birth of Jesus Christ.
- December 25-January 1. **Hanukkah** (Jewish). Festival of Lights commemorating the Maccabean rededication of the Jerusalem Temple in 165 BCE.
- January 1. **Gantan-Sai** (Shinto). New Year's festival with prayers for prosperity and happiness.
- January 6. **Epiphany** (Christian). Last day of Christmas, remembering the arrival of the Magi bearing gifts.
- January 15. **World Religion Day** (Baha'i). Dedicated to the unity and oneness of all religions.

Source: <http://www.interfaithcalendar.org>

Spirituality Spotlight: Buddhism

by Chaplain Terry Wilson

Religious traditions are sacred and they carry tremendous meaning and significance to people of those faiths. Specific practices can be elaborate, or in some instances are simple. Faith practices are an important part of a patient's hospitalization. While it is difficult to predict how an individual patient may practice his/her faith during a hospital stay, care team members are encouraged to work with patients and families to develop processes that allow patients to practice their faith, providing that these practices do not pose a safety or health concern to themselves, other patients, families or care team members. This issue introduces care team members to the core principles of Buddhism.

Mindfulness

Buddhists generally want peace and quiet for meditation and may prefer a room on the unit that is at the end of the hall, where noise would be at a minimum. This is one way a Buddhist patient may cope with stress.

Modesty

Some Buddhists may express strong concerns about modesty and may request treatment by a provider of the same gender.

Diet

Many Buddhists are vegetarians and may request that any prescribed medicines be free of animal products.

Mindful Awareness

Mindful awareness refers to a person's self-awareness. Clinicians should be very specific while discussing any drug that may affect awareness. Some patients may prefer "clarity of consciousness" and may refuse drugs that reduce mental alertness. Strings of beads, chanting, pictures of Buddha, incense, and candles are often used by Buddhists as a mechanism to maintain focus and meditation. Requests to burn incense or candles can be handled by suggesting alternatives, such as placing flowers in the room or setting up a small electric light.

End of Life

For Buddhists, death is a time of crucial transition, with karmic implications. Near the time of death, a Buddhist patient's family may appear quite emotionally reserved and may even keep their physical distance from the patient's bed. This is customary and is done to support the patient's desire to concentrate without distraction on the experience of dying.

Death

Buddhism teaches that the body is not immediately devoid of the person's spirit after death, so there may be continued concern about disturbing the body. This belief may be an impediment to any discussion of organ donation. After a patient's death, families may request that the body be made available to them for a number of hours, for the purpose of religious rites.



Health Care Theater

This monthly program provides a forum for MUSC care team members to debrief difficult cases and share strategies to support families, colleagues, and themselves. The following programs are planned for the months of December 2016 and January 2017.

"LISTEN UP - I CAN'T HEAR YOU"

Tuesday, December 13, 2016
1:30 pm - 2:30 pm
300 - Clinical Science Building (CSB)
According to the National Institute on Deafness & Other

Communication Disorders, 30 million people in the U.S. aged 12 years or older have a hearing loss in both ears. Join us to learn how to care for patients who are deaf or Hard of Hearing.

UNCONSCIOUS BIAS

Tuesday, January 10, 2016
1:30 pm—2:30 pm
300 - Clinical Science Building (CSB)

Unconscious biases are social stereotypes about certain groups of people that individuals form outside of their own conscious awareness. It is far more prevalent than conscious prejudice and is often incompatible with one's conscious values. We will explore this subject in greater detail and provide a framework for self exploration.

Participants must register via MyQuest. One hour (1) of Diversity and Inclusion Education Training will be provided.

Recognizing and Coping with Complicated Grief

by Chaplain Terry Wilson

The loss of a loved one by suicide often leaves family members and friends with feelings of guilt and regret. When we are part of a community experiencing profound sadness, anger or guilt, this is often referred to as “complicated grief.” View some important information on complicated grief below:

Risk Factors

- An unexpected or violent death, such as death from a car accident, murder, or suicide;
- Death of a child;
- Close or dependent relationship to the deceased person;
- Lack of support system or friendships;
- Past history of depression or other mental health issues;
- Traumatic childhood experiences, such as abuse or neglect;
- Lack of resilience or adaptability to life changes; and or
- Other major life stressors.

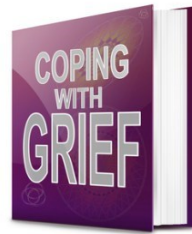
Symptoms

During the first few months following a loss, signs and symptoms of normal grief are the same as those of complicated grief. However, while normal grief symptoms gradually start to fade over time, those of complicated grief linger or may worsen. It is like described as an ongoing, heightened state of mourning that keeps us from healing. Signs and symptoms of complicated grief may include:

- Intense sorrow and pain at the thought of your loved one;
- Focus on little else but your loved one's death;
- Extreme focus on reminders of the loved one or excessive avoidance of reminders;
- Intense and persistent longing or pining for the deceased;
- Problems accepting the death;
- Numbness or detachment;
- Bitterness about your loss;
- Feeling that life holds no meaning or purpose;
- Irritability or agitation;
- Lack of trust in others; and or
- Inability to enjoy life or think back on positive experiences with your loved one.

Coping and Support

While undoubtedly this will be a difficult time for anyone experiencing complicated grief, there are some measures that may be helpful including



adhering to the treatment plan, attending therapy appointments as scheduled, if needed, and taking any prescribed medications as directed. It may also be helpful to exercise regularly. Physical exercise helps to relieve depression, stress and anxiety, and can redirect your mind to the activity at hand and may help with concentration. It is also beneficial to get plenty of rest and to refrain from alcohol or illegal drugs. Reaching out to one's faith community and practicing stress management are also effective strategies.

Plan Ahead

Holidays, anniversaries and other special occasions can trigger painful reminders of your loved one. Find new ways to celebrate and give yourself permission to “dwell in the past” until you are able to move beyond this painful time.

Learn New Skills

If you were highly dependent on your loved one, (i.e. handling cooking, finances, etc.) try to master these tasks yourself. Ask family, friends or professionals for guidance or seek out community classes and resources.

Join a Support Group

You may not be ready to join a support group immediately after your loss, but over time you may find shared experiences comforting and you may form meaningful new relationships.

Thoughts of Suicide?

At times, people with complicated grief may consider suicide. If you're thinking about suicide, talk to someone you trust. If you think you may act on suicidal feelings, call 911 or the National Suicide Prevention Lifeline at **800-273-TALK (800-273-8255)** to reach a trained counselor.

The Survivors of Homicide Support Group Services. Call 843-792-8209, to inquire about group times and locations.

WHAT DID YOU LEARN?

Which of the following would most likely lead to complicated grief?

- Not getting the job you interviewed for
- Losing a grandparent who has had cancer for 5 years
- Death of your sibling in a car crash
- Your child getting a bad grade at school

The first team member to respond with the correct answer will be recognized in a future edition of the newsletter. Send responses to sergents@muscc.edu

Winner

October/November Issue



Diane Annand,
RN II
MUSC Family Medicine

Correct Answer:
October/November Issue
D: Both A and B



Do you have topic ideas for future issues or would like to provide general feedback about the newsletter? If so, send an email to sergents@muscc.edu
Stacy Sergent, Chaplain, Editor

Compliments, complaints, or other acknowledgements about Pastoral Care Services should be directed to:

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Chaplains are available 24/7/365