

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

- Feb. 3 **Setsebun Sai** (Shinto). Celebration of the change of seasons and the coming of spring.
- Feb. 5 **Four Chaplains Day** (Interfaith). Remembrance of World War II military chaplains—one Catholic, two Protestant, and one Jewish—who gave their life jackets to save others as their ship went down.
- Feb. 8 **Nirvana Day** (Buddhist). Remembering the death of the Buddha.
- Feb. 13 **Shrove Tuesday/Mardi Gras** (Christian). Carnival day before the somber season of Lent. Pancakes are a traditional food.
- Feb. 14 **Ash Wednesday** (Christian). Beginning of 40 day season of Lent, before Easter. Ashes are placed on the forehead as a sign of penitence.
- March 1 **Purim** (Jewish). Feast and merriment to celebrate Queen Esther who saved her people from genocide.
- March 3 **Holi** (Hindu). Colorful and boisterous spring festival dedicated to the god of pleasure.
- March 21 **Ostara** (Wicca/Pagan). Celebration of spring equinox and the goddess-as-maiden.
- March 25 **Palm Sunday** (Christian). Remembrance of Jesus's triumphal entrance into Jerusalem. Beginning of Holy Week.
- March 29 **Maunder Thursday** (Christian). Commemoration of Jesus's last supper with his disciples and prayer in the garden.
- March 30 **Good Friday** (Christian). Remembering Jesus's suffering and death on the cross.
- March 31 **The Lord's Evening Meal** (Jehovah's Witnesses). Annual commemoration of Jesus's death, and remembrance of his last meal with his disciples.
- March 31-April 7 **Pesach** (Jewish). Pilgrimage festival remembering the journey from slavery in Egypt to freedom. Also called Passover.

Source: <http://www.interfaith-calendar.org>

Unconscious Bias: Respecting Others' Needs by Chaplain George Rossi

The topic of "Unconscious Bias" is a sensitive issue as it relates to religious beliefs and spirituality. For example, what ideas or stereotypes come to your mind when I use the following words: Baptist, Catholic, Jewish, Atheist, Muslim, Buddhist, Native American? All people have unconscious bias, and chaplains are advocates for helping staff and faculty to become aware of their own bias(es) so that they can honor and respect patients' and families' religious/spiritual (R/S) needs. [Forbes magazine cites](#) three truths of unconscious bias: (1) we all have it; (2) biases come in different forms; and (3) unconscious bias can be recognized and addressed.

Here are some examples of unconscious bias:

- Affinity bias:** The tendency to warm up to people who are like ourselves.
- Halo effect:** The tendency to think everything about a person is good because you like that person.
- Perception bias:** The tendency to form stereotypes and assumptions about certain groups that make it impossible to make an objective judgement about members of those groups.
- Confirmation bias:** The tendency for people to seek information that confirms pre-existing beliefs or assumptions.
- Group think:** This bias occurs when people try too hard to fit into a particular group by mimicking others or holding back thoughts and opinions. This causes them to lose part of their identities and causes organizations to lose out on creativity and innovation ([Price, n.d.](#)).

Self-awareness and conscious awareness of our own biases are ongoing needs for all health care workers. For example, a physician or a nurse who is an evangelical Christian may automatically assume that all patients are religious and would want or benefit from a chaplain visit. While chaplains can meet all patients and provide sensitive and appropriate spiritual care regardless of religious or spiritual perspective or belief/no beliefs on the part of a patient and family, it would be inappropriate to always assume that every family would want prayer when a patient has died. It would be better for the care team member to call the chaplain and allow the chaplain to meet the family and take time to make an initial spiritual assessment of their religious or spiritual needs.

Here are some suggestions for gaining greater awareness of the spiritual or religious needs of patients and families even as we continue to grow in knowledge of our own personal unconscious biases:

- Avoid generalizing. It's never good to assume that people of faith are the same based on the name they use to self-identify (i.e. Hindu).
- Be a lifelong learner. Ask thoughtful and considerate questions of patients to gain greater knowledge of how to help the patient with her religious/spiritual needs.
- Build an even more diverse staff/team and ask team members to provide in-service training on avoiding unconscious bias as it relates to spirituality/religion.
- Honor patients' and families' faith/beliefs/values while honoring your own faith/beliefs/values.



This monthly program provides a forum for MUSC care team members to debrief difficult cases and share strategies to support families, colleagues, and themselves. One (1) hour of Diversity Education training will be provided. Participants must register via MyQuest. The following programs are planned for February and March.

Intimate Partner Violence

February 14, 2018
1:00 pm - 2:00 pm
Main Hospital: 2 West Classroom

February 28, 2018
1:00 pm - 2:00 pm
Ashley River Tower: First Floor Auditorium

Health Literacy: Understanding Cannot Be Overstated

March 28, 2018
1:00 pm - 2:00 pm
Main Hospital: 2 West Classroom

Get to Know a Chaplain

In each issue, we will focus on a different member of MUSC Pastoral Care team.

Rev. Christopher Brown, M.Div., BCC

Came to MUSC in: 2007

Hometown: Simpsonville, SC

Education and training: Bachelor of Arts from Erskine College; Master of Divinity from Reformed Theological Seminary; Clinical Pastoral Education at Roper/St. Francis.

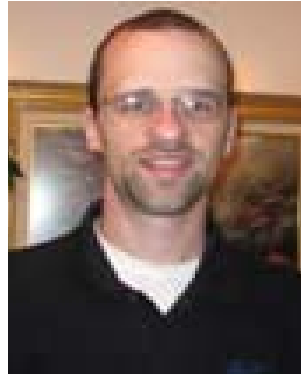
As a chaplain, what do you bring to the MUSC team? "A quiet, calm presence."

What do you do to relax? "Read or watch movies with my wife; also hike and spend time outdoors when the weather is nice."

What is one thing you wish people knew about chaplains that most don't? "We all have Master's degrees and a one-year residency in Clinical Pastoral Education."

Interesting/fun fact about you:

"I was an Army Reserve chaplain from 2008-2016 (including a year-long deployment to SW Asia 2011-2012)."



WHAT DID YOU LEARN?

Examples of abuse by an intimate partner can include:

- Diminishing your accomplishments.
- Keeping tight control of all money and credit cards.
- Constant texts asking where you are.
- All of the above.

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

AND THE WINNER IS!....

No winner from the previous issue.

Correct answer from the [December-January issue](#):

Sikhs do not believe in D. Worshipping many gods.

Abuse at Any Level Is Unacceptable

by Chaplain Sue Krayter

Domestic violence does not discriminate. Anyone of any race, age, sexual orientation, religion, or gender can be a victim. Domestic violence affects people of all socioeconomic backgrounds and education levels. Here are some types of abuse and examples of what an abuser might do:

Physical Abuse

- Present in an intimidating stance.
- Raise his/her hand in a threatening way.
- Slap/hit you.

Emotional Abuse

- Humiliate and/or criticize you.
- Put down your accomplishments or opinions.

Psychological Abuse

- Make you feel as if you can do nothing right.
- Make you wonder if you're the one who's 'crazy,' i.e. gaslighting.
- Blame you for their abusive behavior.

Sexual Abuse

- See you as a sex object, not a person.
- Force you to participate in unwanted, unsafe, or degrading sexual activity.

Financial Abuse

- Rigidly control your finances.
- Withhold money or credit cards.
- Make you account for every cent you spend.

Stalking/Digital Stalking –

- Show up at your home, workplace, or social gathering unannounced and unwelcomed.
- Text you incessantly.
- Check/comment on your social media constantly.

Verbal Abuse

- Threaten you.
- Talk to you so badly that you are embarrassed for your family and friends to hear.

Spiritual Abuse

- Tell you where you have to go to worship.
- Tell you to act happy when you are at your place of worship.
- Tell you how to believe.

An abuser's apology and loving gestures following an episode of abuse can make it difficult for a victim to leave. The abuser may convince the victim that he/she is the only person who can help to rehabilitate them. The abuser may even try to convince the victim that their relationship will be different in the future or that abuse is a form of love. The dangers of staying in an abusive relationship are very real. According to the [Centers for Disease Control](#), nearly 25% of women experience at least one physical assault during adulthood by a partner. The following organizations can provide help to victims of domestic abuse:

[The National Domestic Violence Hotline](#) – Available 24/7. 1-800-799-7233
[My Sister's House](#) 1-800-273-4673 (Charleston area)
 Domestic Violence Charleston: 843-769-8285.

To learn more, please attend the Health Care Theater on February 14. Kathleen Gill-Hopple will lead a discussion about domestic abuse/intimate partner violence. (See page one for more information.)

Sources: National Domestic Violence Hotline; Centers for Disease Control and Prevention webpage online information and CDC statistics (see links above) as well as [Helpguide.org](#) online information.



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@muscd.edu
Chaplain Stacy S. Lawton,
 Editor

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

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Chaplains are available 24/7/365