

numa

caring for the spirit at nrgh



What's *numa*?

In many cultures the word for breath is the same as the word for spirit. (The Greek word for breath is pronounced *numa*.)

The connection between breath and spirit is evident when we think of how we respond to great joy or deep sorrow.

When we hear that a loved one has been diagnosed with cancer the bad news *'takes our breath away'*. Hearing good lab results are a *'breath of fresh air'*. Breath and spirit are connected.

This link between breath and spirit helps us understand that spiritual care is about helping people *'breathe easier'*. It is about helping them navigate spiritual issues connected with personal identity, meaning and purpose.

Spiritual Care Providers (a.k.a. Chaplains) seek to care for the spirit in a variety of ways. For many people the language and activities of their particular faith tradition are what help them "breathe easier" in difficult times. Other people, not connected to any particular faith tradition, are helped to regain spiritual strength through conversations and activities focusing on spiritual issues.

The goal of *numa* is to highlight spiritual care issues for staff at NRGH.

When to call Spiritual Care

Spiritual needs include religious needs, but they go beyond this in a society where more and more people describe themselves as being of *'no faith'*.

The following gives you a sense of the kinds of issues and words people might use, that indicate a spiritual concern.

1. Feelings of Alienation and "God Talk"

The person is feeling alienated from God, their self, others, their faith community, and/or asking questions such as: 'Why is God punishing me?' 'Has God forgotten me?' 'This just isn't me.'

2. Issues of Suffering and Meaning

'I just can't handle this.' 'No one really cares.' 'Why is this happening to me?' 'What did I do to deserve this?' 'What do I do while my father is dying?'

3. Anxiously Awaiting Diagnosis

The person or family expresses anxiety while awaiting a diagnosis, especially if a life threatening disease is being confirmed (or ruled out).

4. Potentially Life-Threatening Diagnosis

The patient is newly diagnosed with a potentially life threatening disease or condition, and is trying to make sense of it all, or tell a family member.

5. Major or Repeated Set-backs

There have been a series of setbacks, complications, or other unexpected events. This applies especially if the patient's discharge keeps being delayed or the prognosis for recovery worsens.

6. Issues of Death and Dying

Person or family desires to talk about issues around death and dying.

7. Bereavement

The patient mentions bereavement during the last year, or an anniversary of bereavement, or ANY loss that is mentioned by the patient (e.g. job loss, death of a friend etc...).

8. Persistent Negative Feelings

If someone expresses persistent feelings of hopelessness, sadness, guilt, anxiety, fear remorse or homesickness.

9. Pain

When someone still complains of feeling pain in spite of all appropriate pharmacological measures being taken, and you sense it is about something deeper.

10. Family Member Making Decisions

Family members are needing support, feeling anxious, confused or guilty over decisions being made on behalf of their family member (e.g. DNR, withdrawing life support, long-term care placement).

11. Wishing for Some Ritual of Their Faith

Such as: a blessing of a stillborn baby, baptism of a sick baby, sacrament of the sick, communion, smudging, prayer, or scripture readings.

12. Beliefs that Don't Support Healing

The person or family needs to discuss and sort through what they really believe in the light of the present situation.

*People are often unreasonable, illogical and self centered;
Forgive them anyway.*

*If you are kind, people may accuse you of selfish ulterior motives;
Be kind anyway.*

*If you are successful you will win some false friends and some true enemies;
Succeed anyway.*

*If you are honest and frank, people may cheat you;
Be honest and frank anyway.*

*What you spend years building someone could destroy overnight;
Build anyway.*

*If you find serenity and happiness they may be jealous;
Be happy anyway.*

*The good you do today, people will often forget tomorrow;
Do good anyway.*

*Give the world the best you have and it may never be enough;
Give the world the best you have anyway.*

*You see, in the final analysis, it is between you and God;
It was never between you and them anyway.*

Mother Teresa

Sacred Space at NRGH

The NRGH chapel is a quiet place for reflection and is open to all. It is located on the basement floor close to the pain clinic. You can access the chapel by going down the stairs across from the cafeteria and turning right. Alternately, you can go down the elevator near the cafeteria and turn left.

Accessing Spiritual Care

The NRGH Chaplain is on site Monday, Tuesday and Thursday from 8:30am – 5pm, and Wednesday from 4 – 8pm. To contact by phone call 250-755-7691 (ext. 4022) or 250-713-3883.

Outside of the above hours contact the hospital switchboard for an available on-call chaplain. If anyone requires assistance from clergy from a particular faith tradition consult the Faith Organization Directory available on each unit.



numa is the quarterly newsletter of Spiritual Care Services at the Nanaimo Regional General Hospital. To contact the NRGH chaplain call 250-755-7691 (ext. 4022) or email Darren.colyn@viha.ca