

Song of the Soul: The Use of Live Music in Professional Chaplaincy

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The intentional use of live music in chaplaincy care may help to provide access to the core faith of religious patients and families and also serves as a vehicle for building trust and rapport in nonreligious spiritual care. This specific use of music by chaplains differs from other forms of therapeutic music and may open a healing path when nothing else succeeds. Professional standards, ethics and awareness of institutional protocols remain the responsibility of chaplains.

A NEW PASTORAL CARE SPECIALIZATION is emerging in chaplaincy. The professional chaplain's use of live music in modern health care systems may signal the rebirth of an ancient component of spiritual care. Seemingly rooted in the DNA of our shared humanity, music is a resource as powerful as it is gentle.

Like all specializations, the use of live music incorporates the foundations of professional standards, principles and values that chaplains pledge to uphold. This article introduces chaplains to the mindful use of live music in the delivery of chaplaincy care. Our hope is to inspire, support and better equip those who wish to integrate this art into their ministries.

Access to core faith

Music provides a powerful point of access to a patient's core faith. When a patient is overwhelmed by the tidal wave of a medical crisis, music functions as an anchor, providing a direct lifeline to spiritual resources. Like a blood transfusion, live music may deliver the essence of faith to patients, family and staff alike. In the following vignettes, all names have been changed to protect the confidentiality of the spiritual care relationship.

Sheila, an experienced hospital chaplain, first discovered the vital role music may play in pastoral care when she and her family, all people of faith, were gathered at the bedside of her dying sister. The hospital environment, with its strange machines and rigid protocols, was foreign to many of them. They were fragmented in their grief and withdrawn from one another, overwhelmed by a sense of helplessness. Then one of her brothers began to hum their sister's favorite hymn.

Sheila later told colleagues that it was as if this song had broken a spell, transforming the hospital room from a sterile wilderness into holy ground. Raising their voices together in song renewed their sense of dignity as a family of faith. Through music, they found the strength they so desperately needed to accompany their sister-and each other-through this sacred passage.

When someone is faced with acute physical or emotional vulnerability, music may help to reconfigure the atmosphere, gently shifting the focus away from technical interventions to the heart and soul as trauma is absorbed and the spirit buoyed. An ICU nurse once asked Zia to check in on Arthur, an African American patient who was enduring a lengthy hospitalization, barely speaking a word to anyone. He responded to her initial greeting with only a minimal nod, but,

observing that she carried a musical instrument with her, he asked what it was. Zia showed him the tamboura and asked if he would like her to sing something. "Okay," he replied. "What about 'Amazing Grace?'" As she began to sing, he looked away from her. Gradually his gaze softened. Within moments he closed his eyes and took a deep, deep breath.

With his permission, Zia continued to visit. Their time together included little conversation, lasting just long enough to sing the hymn and sit quietly together for a few moments. One day Zia received a call to come immediately. It was Arthur's discharge day. Looking straight at her with a smile on his face, he told her that hearing this beloved hymn each week had carried him through the ordeal of his hospital stay: "I will always remember this."

Zia's broad musical repertoire enables her to deliver similar experiences to those coming from many faith traditions, but even when she does not know tunes familiar to the patient, her improvised "songs without words" provide patient-centered emotional and spiritual support.

A vehicle for building trust and rapport

The remarkable flexibility that music offers often enhances the provision of chaplaincy care in simple, palpable and profound ways, helping the chaplain to create inroads with less receptive patients.

When eight-year-old Daniel was first diagnosed with acute myelocytic leukemia, his parents were told that he would most likely need a bone marrow transplant. When Jesse arrived, Daniel's father, Joel, made it crystal clear that the family was not interested in a visit from the chaplain. However, Daniel's eyes lit up with curiosity when Jesse held up his guitar and asked, "May I come in to sing just one song? If Daniel doesn't like it, I'll leave."

*Oh I wanna be a dog (pant, pant, pant, pant, with tongue wagging)
Wanna wag my tail (pant, pant, pant, pant)
Chase cars and knock over garbage cans
Bite the lady who brings the mail
Oh I wanna have dog breath
I wanna learn to growl (Grrrrrrrrrr!!!!)
Scratch fleas and ticks and run after sticks
I want the moon to make me howl (ahhhhhhoooooooooohhhh!!)¹*

By the second verse Daniel was laughing and wagging his tongue right along with Jesse as his younger sister Liz cackled with glee. By the end of the song, both Daniel and Liz were howling at the moon, and there was even the hint of a smile on their parents' faces.

Daniel's acceptance of Jesse opened the way for a relationship with his whole family. Jesse visited daily during Daniel's initial round of treatment, offering songs when Daniel was physically up for it or just sitting quietly in the isolation room with Dale as Daniel's small body struggled with the effects of the high-dose chemotherapy.

Many weeks into Daniel's treatment regimen, on the night before his next round of chemotherapy, Jesse dropped by for a song session. At the close, Joel turned to Jesse and asked, "Can I speak to you for a moment outside?" They headed down the hall for a cup of coffee in the parents' lounge. As they sat together, Joel blurted out, "My mother and my brother say that Daniel has cancer because we don't go to church," and a poignant pastoral conversation began.

Music had helped to establish rapport on the family's terms. The deepening of the dialogue was skillfully allowed to follow their lead. Over the next year, Joel and Jesse developed a strong relationship. After Daniel was released from the hospital, Joel decided that he wanted to lend support to others facing this type of crisis. Joel and Jesse decided to start a fathers' group on the oncology unit. A core group of fathers—men who under other circumstances would not even

consider joining a support group attend regularly to listen to stories of their brothers in the trenches and to offer their own. None of this would have been possible without a silly little song offered in a moment of crisis.

This illustration also shows how any music may become spiritual. Classical, popular, overtly religious, secular or silly—any song may open the door to a healing pastoral care relationship if it succeeds in speaking to the heart of the one receiving it.

A vehicle for providing nonreligious chaplaincy services

The reverberation of music-based pastoral care extends well beyond the circle of patients and their families. Live music may be used to minister effectively to anyone involved with a patient's care, fostering positive communal experiences for staff—including other chaplains—and to strengthen the cohesiveness of the entire care team.

A nurse experienced moral distress at having to administer an invasive and painful procedure to a baby with a terminal illness on the NICU unit. Aware that Zia did regular rounds on the unit, he asked her to hold and soothe the baby during the procedure. When Zia sang a simple folk tune during the procedure the nurse responded, "This is helping me too. I can feel my blood pressure dropping. I can even breathe!"

A hospital social worker once called Zia to the bedside of a patient who had a long-term chronic illness and had been treated at the hospital for many years. Eventually the progress of his disease encroached upon his quality of life to the degree that he chose to stop all treatment, which would result in his certain death. Withdrawing into himself, he requested that family and friends refrain from attending the removal of his life support. The staff was deeply unsettled by this decision and grieved the imminent loss of this man whom they had come to know and love over their long years of association.

Jonathan was still conscious when Zia arrived on the unit. She asked him if she might offer some live music and singing. He locked eyes with her and unexpectedly mouthed, "Yes." As he had no religious affiliation, rather than a hymn, she simply offered instrumentals and intuitive improvisation of a wordless song. While tearfully removing the ventilator, the respiratory therapist acknowledged the support the music provided. Zia continued singing until Jonathan died.

Upon leaving she realized that the staff had gathered nearby, bearing witness to, and drawing comfort from, the music. In addition, a palpable sense of community and poignancy hung in the air. The chaplain's use of live music in this delicate situation solidified the staff's confidence in chaplain services. Word of the musical offering later made its way to a close friend of Jonathan's, who called Zia to communicate his gratitude: "You may not have known this, but music was Jonathan's 'religion.' We are so thankful!"

Music and healing: Emerging findings from neuroscience

The recognition of the role of music as a healing modality has blossomed in the last few decades. Our knowledge of the power of music to heal has deepened significantly through advances in neuroscience that allow mapping of activity in the brain. Increasingly music is understood to be a powerful tool in helping those with a wide variety of ailments, e.g., calming the tics of sufferers of Tourette's syndrome, arousing movement in paralyzed Parkinson's patients, evoking the memories of those with dementia, helping children with ADHD to focus. "There is not a cognitive function that does not somehow relate to music."²

Studies suggest that there is a region in the medial prefrontal cortex that serves as a hub where music, memory and emotions all meet. This area is among the last to be affected by dementia.³ Neuroscientists believe that it is this interaction between the processing of music and the

processing of both memory and emotion that accounts for much of the power of music to touch us at the deepest levels.

When Arizona Congresswoman Gabrielle Giffords was shot in the left temple, she lost her ability to speak, because speech is controlled by the left hemisphere of the brain. "She was able to sing a word before she could speak a word, and the damaged areas of her brain were circumvented through music," says Concetta Tomaino, executive director of the Institute for Music and Neurologic Function at Beth Abraham Hospital in New York.⁴ This "melodic intonation therapy" actually repatterned Giffords's brain so that her right hemisphere, not normally associated with speech, was able to learn functions normally performed by the left hemisphere. According to Oliver Sacks, professor of neurology at Columbia University and author of *Musicophilia*, "Nothing activates the brain so extensively as music."⁵

Differentiating the chaplain's use of music from other healing musical modalities

There is a veritable cornucopia of opportunities in the realm of music and healing. In addition to the well-established field of music therapy, training programs such as the music for healing and transition program (MHTP) and music thanatology discipline have emerged. Groups such as the Threshold Choir and Hallowell Choir gather to sing at the bedsides of hospice patients. In Europe, the International Network for the Promotion of Singing in Healthcare Settings—the "Singing Hospitals" movement—is harnessing the energy of music for healing through specialized training programs in hospitals and nursing homes, the establishment of choirs for aphasics and cancer patients as well as rigorous clinical studies on the effects of music on the healing process. As chaplains, it behooves us to be aware of this larger movement around us.

As we walk the high tech halls of the modern hospital, the untrained eye may mistake us for "entertainers." Many do not fully grasp the difference between the music therapist, the MHTP practitioner and the chaplain who specializes in music. The professional chaplain's use of music is placed strategically within the overall spiritual care services we provide. The nature of our relationship with patients and families as the chaplain is essentially different from that of other practitioners of music. Where live music opens the door with a family, it may continue to be utilized as an important vehicle for connection. The conversations that arise after our sharing of music are filtered through a different prism than those of the music therapist, et al. The professional chaplain's use of music is secondary to the overall spiritual care of the patient and family, which typically includes spiritual assessment, intentional listening, life review, counsel, silent pastoral presence, ethical concerns and prayer.

The impact of live music

As professional chaplains, we work within the dynamic systems of our employing organizations. We collaborate within the context of a patient care team and an institutional milieu with its own culture and norms. Music chaplaincy likewise is not done in a vacuum.

Further, we apply specialized knowledge of our respective institutions' protocols and procedures and demonstrate our fluency in speaking "hospitalese." In the black and white and gray hospital system, music is like a bright color. A small dose goes a long way and has a large impact. It is our professional responsibility to be conscious of this impact. Our understanding and appreciation of how live music impacts the systems within which we work is a mark of our professional skill and competency.

Applying professional ethics and standards at the bedside

The core of professional chaplaincy ethics applies to the use of music in pastoral care, and in this arena, the stakes are higher. As professional chaplains, we are guardians of the patients' right to receive spiritual support on *their* terms. With this comes the responsibility to refrain from using

music when it is not, or may not be, in the *their* best interest. Patients who cannot communicate, who cannot say “no,” are more vulnerable.

Music is penetrating; it has the potential to offend and violate a patient’s sense of emotional safety. When in doubt, music should not be used. In cases in which the patient and family adhere to different religious and spiritual beliefs from those of the chaplain, we must act as guardians and protectors of the patient’s beliefs.

“Don’t just do something, be there!” articulates that the relational foundation of our ministry is presence. Our code of ethics challenges us to be exquisitely aware of our personal needs and biases when serving in a professional role. We model professional competency when we assess the benefits to the patient and refrain from offering music as a way to lessen our own helplessness.

Music’s capacity to heal

In some cases, live music has the capacity to open a way for healing through spiritual care when nothing else has been accepted.

Joan, a 44-year-old African American attorney and the mother of three young children, was a fitness buff with no prior history of serious illness. Out of the blue, she received a diagnosis of advanced breast cancer. Told that her cancer was untreatable, she was given only a week to live and admitted into the hospice unit at Holy Cross Hospital.

The family was in a state of shock and unable to comprehend the prognosis. They fired the hospice nurse, the social worker and their minister, saying, “That preacher has given up on Joan—what’s wrong with him? He’s saying Joan’s funeral at her bedside!” At a loss to find inroads for support, the hospice social worker asked Jesse to try to connect with this heartbroken family.

Realizing that he wouldn’t get a second chance, he entered the room: “Hello, I am Chaplain Jesse. May I come in for a minute?” The emotional pain was palpable. Drawing courage from the countless occasions when music had provided a bridge into a deeper sense of the Spirit’s sustaining and healing presence, Jesse took out his guitar.

Joan was listed as Baptist on the admission form. In other circumstances, he might have chosen a hymn or a spiritual to share, but religion had already proven to be controversial. Instead he sang:

*Sometimes in our lives
We all have pain
We all have sorrow...
Lean on me
When you’re not strong
I’ll be your friend
I’ll help you carry on...*

(Joan has not spoken in the last two days, but now one big teardrop rolls down her cheek.)

*You just call on me, sister
When you need a hand
We all need somebody to lean on.⁶*

The ice was broken. Joan’s mother came back into the room from where she had been standing, her ear up against the closed door. The pushing away energy was gone, and her shining eyes befriended Jesse: “That’s one of my favorite songs.”

Eventually, the family stood together, holding hands with each other and with Joan. They lifted up, as with the Psalmist’s laments, their honest sighs and moans of the Spirit, including those deepest

struggles with God in the moment. Jesse offered words that did not take away the family's hope yet finally turned everything over to the loving God who wept with them.

Joan died two days later. Despite the absence of a physical cure, healing had occurred. It was as if the one tear that trickled down Joan's cheek—on the wings of a song—gave her family permission to enter more fully into the mystery of the present moment.

Conclusion

Professional chaplains have a unique opportunity to incorporate music into their spiritual care. Both professional experiences and advances in neuroscience indicate that music has a profound healing effect on patients. In addition, music provides calm and release to staff members and families. Skilled practitioners may use live music and music-based spiritual assessment to support patients who have not responded to other forms of intervention. While there is still much to learn about exactly how music touches the heart, there is no doubt that live music is an important tool for delivering care to the human spirit.🔥

Author note

Chaplains Paledofsky and Shapiro regularly present workshops and professional development intensives at APC conferences. This article was adapted from their 2012 APC conference workshop, "Song of the Soul: The Mindful Use of Live Music in Professional Chaplaincy." A recording of this session may be obtained via the APC website (www.professionalchaplains.org). Select Annual Conference/Past Conference Recordings/APC1249.

¹ Barry Louis Polisar, "I Wanna be a Dog," *Songs For Well-Behaved Children* (Burtonville, MD: Rainbow Morning Music, BMI, 1979).

² Robert Zattore, PhD neuroscientist, McGill University, in PBS documentary, "The Music Instinct: Science and Song," produced by Elena Mannes, 2009.

³ Petr Janata, "The neural architecture of music-evoked autobiographical memories," *Cerebral Cortex* 19, no. 11 (November 2009): 2579-94.

⁴ Institute For Music and Neurologic Function/CenterLight Health System website, "[Oliver] Sacks and [Concetta] Tomaino Speak About Music Therapy and ADHD in ADDitude Magazine," <http://musictherapy.imnf.org/news/readmore/sacks-and-tomaino-speak-about-music-therapy-and-adhd-in-additude-magazine/in-the-news> (accessed August 28, 2012).

⁵ Ibid.

⁶ Bill Withers, "Lean On Me," *Still Bill* (Los Angeles: Interior Music Corp, BMI, 1972).