

Workshop: Being a Chaplain – Who am I?

Workshop with sharing knowledge and experience

Theme of the contribution

Being a Chaplain – Who am I?

Title: A shared resource - “singing” as an example of a pastoral intervention

Based on the accompaniment of a severely burned woman and mother of young children, who had to stay for more than a year in the intensive care unit and in the nursing department for burn injuries.

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Background in chaplaincy

Pastor and counsellor, active in chaplaincy for 10 years, in nursing home, home for the disabled, rehabilitation clinic and now since 2018 in the university hospital in the departments of burns and neurology.

Aim of contribution

The participants of this workshop realize that there is a correlation between the awareness of one’s own resources and those of the patients. When they match, encouragement occurs and grace can be felt.

Content of workshop

Example of intensive support for a patient about 1 year. Importance of the shared resource "singing" for the patient's experience of resilience.

Reflecting ones own resources that can be shared with patients.

Course or working method of workshop

Narration

I will narrate a situation from my practice with a focus on finding and working with resources shared by the chaplain and the patient.

Video clip

A video clip from an interview with a patient will illustrate the topic

Depending on the size of the group, we will apply what we have heard to our own experiences in different settings and develop our own scenarios.

Questions for discussion in groups

Can this experience be transferred to another situation?

Have I experienced a similar situation? How did I notice this?

How can my biographical experiences, talents or knowledge become a resource for my patients?

Which of my resources can I focus on in conversations with the patients in the next few months?

A. The story of a patient and me, sharing the same resource: singing

I will tell you now the story of **Dunja**, a 48-year-old woman and mother of 4 children. The accident happened two years ago. The youngest child was then 6 years old. Dunja suffered severe burns when she came in contact with a high voltage power line. 60% (percent) of the skin surface was severely affected.

I visited her in the intensive care unit after extubation. She was still trachiotomised but could speak with pauses. At the beginning she was very sceptical. She was afraid that her pastor of a free church would no longer be able to come if I came as a hospital chaplain. Because of Corona only one person was allowed to visit.

I realized that Dunja needed a faith boost in her weakened condition. I asked her if she knew the song "O dio crea in me" from psalm 51. We talked about the psalm and then I sang the song to her. She tried to sing along as best she could. That's when I became aware that we had something in common: singing.

My experience with singing: You can't be afraid when you sing. This statement encouraged me to use my talent and love for singing more consciously in the hospital. As soon as I realize that a person likes to sing, I take my ukulele and offer to sing. Songs that the patients know and like. Even without the ukulele, I can trust my voice, which is not trained.

Unlike words, when you sing you leave the pure intellectual level. You enter a space together that allows a new expanse and vitality for body and soul. Because I feel safe and comfortable when I sing, it opens doors that cannot be opened by just speaking. Singing is a source of energy for me that I like to use - in coordination with the patients' resources.

Back to Dunja in the burns center (intensive care unit):

Dunja was so badly scarred (gezeichnet) by the injuries that she had to have many operations. When she was transferred to the rehab clinic after six months, her wounds became so inflamed that she had to come back. During this time she lay weak and helpless in the intensive care unit, I continued to visit her. And since we had already learned some songs together - she always wanted to learn songs from me and showed an impressive ear for music - I asked her if I could sing for her now. As she lacked the

strength to sing and her throat was also injured from the intubation, I invited her to sing along inside.

Later she told me that this song - it was psalm 51 again - had been with her throughout the day. The song continued to sound like an encouraging energy within her.

The intensity of the singing varied according to the circumstances. Sometimes it was important to sing out loud. Sometimes it was better to sing or hum very softly. Sometimes we sang in canon and sometimes we simply sang together. The ukulele gave a supporting background.

Video clip: Interview (second part till song). Link: <https://youtu.be/Wgx7LZ3mDMc>

Translation of the short sequence from the clip:

Maria (chaplain):

We sang a lot together. We started in the intensive care unit. I can remember, when you were still trachiotomised, and yet you sang and had such a wonderful ear for music. And then we went on and on, and at some point we were able to sing out here in the park without a mask. Would you like to tell us a bit what singing means to you?

Dunja (Patient):

Basically, I was inspired by you, by your ukulele. That's an instrument I like to listen to very much. It also shows how to sing along. It was so natural for you to walk through the intensive care unit with the ukulele, so that I thought: Ok, whether the tube is in the nose or not, I'll just try. That was good for me. Because during the time when I was only allowed to get up, and I wasn't allowed to walk yet, everything was blocked, even the lungs, everything was constrained. The instrument simply inspired me, I just sang. Afterwards I was amazed that it was the best breathing therapy for me. I was much more relaxed, everything was much freer, and sometimes I could hardly wait for you to come back.

Maria:

The meaning of these songs also did something to you.

Dunja:

Yes, that's true. I'm a believer, I'm a Christian. And when I can praise God, when I can sing that he is here, then it touches me deeply, also in my heart. It gives me hope, it strengthens my faith.

Maria:

The song, you especially liked to sing, is called: "Praise the Lord my Soul". That wasn't always easy for you. Sometimes there was nothing to praise. Often there was much to complain about. I remember that we talked about that: What is there to praise? Is there anything?

Dunja:

Yes, you're right. There were moments when I couldn't even sing along, it was so difficult. There were also so many little things to praise through the conversations with you. There were the moments with the family and the sunshine in my room. Or I watched from the balcony how the birds fed their little ones. I've never watched that before. It was unbelievable to observe how busy the birds were: they searched, collected and brought food to the little ones without pausing. And to hear the little ones, that was so beautiful.

Maria:

You agreed to sing this song now. And as we have often made the experience, a space opens: not to sing alone, but to sing together!

B. Reflection and Discussion

We human beings have many different sources of energy.

For example:

love for the mountains, for hiking

love for the sea

love for poetry or literature

love for nature, for the forest

love for art or craft

and, of course, music.

We chaplains can share the resources with the patients.

It is important to consciously look for common resources, which are a source of strength. Once the resource is found, it helps to go beyond the scope of the hospital room. The atmosphere has a positive effect on the further course of the hospital stay.

Now the question is:

How can we align our resources with those of the patients so that a space of safety opens? - This requires attention as to where and why the patient becomes inwardly activated. And what resonates in me? - This often happens intuitively. But we can also recognize an interactive pattern (Muster).

This pattern consists of 4 points

1. Focus on the patient

How does the patient speak? How does he look at me? How is he lying in bed or sitting at the table? - In conversation: Which topic activates him? When does he show increased attention?

2. Attentive to one's own reactions. What creates a strong resonance in me as the chaplain?

Like searching with a metal detector for a hidden treasure, I react to vibrations that arise in me during the patient's narrative. I pick up the topic where a common energy can be discovered. And I explore this topic together with the patient.

3. Sharing resources: entering the common space

The shared resource is like a cosy living room where I can spend time together with the patient. A certain familiarity arises. Something begins to shine and can radiate into the gloomy present.

4. Outcome

In the silence after talking, the patient can feel a new strength, a sigh of relief. He can also feel for sure: I'm not sinking. I'm here, with my illness. Life goes on. And often the sentence: "That was good."

Questions to discuss:

Can this experience be transferred to another situation?

What have I experienced a similar situation?

How did I notice this?

How can my biographical experiences, talents or knowledge become a resource for my clients?

Which of my resources could I use more in the pastoral contacts in the coming months?