

**Josh Mangelson 00:17**

Welcome to the Project Zion Podcast. This podcast explores the unique spiritual and theological gifts Community of Christ offers for today's world.

**Carla Long 00:33**

Hello, and welcome to the *Project Zion Podcast*. I'm your host, Carla Long, and today you're listening to "What's Brewing", which is a series all about how ministry and mission can happen in all aspects of our lives. And I'm really excited about my guest today. Her name is Emily Salisbury. Hi, Emily.

**Emily Salisbury 00:50**

Hello. I'm excited to be here, Carla. Thanks for having me on.

**Carla Long 00:54**

I'm so excited to have you here. So, Emily and I were chatting a couple weeks ago and she was telling me about her job, and I was thinking about what an incredible ministry she provides in her job. And I really, I asked her if she would want to be on the podcast, and she said, "Yes", and I'm super excited for you to hear about it. So, Emily, before we jump into your job, why don't you tell us just a little bit about yourself?

**Emily Salisbury 01:18**

Yeah, so. So, I grew up in Utah, in the United States, and I grew up, LDS is my religion of origin, you could say, and experienced a faith transition within the last couple of years, around 2020 is, kind of, when it all fell apart. And that's the year that I started engaging with Community of Christ, and just, kind of, getting to know the church and realized that a lot of the things that Community of Christ stands for are things that really resonate with my soul. And so, here I am. And we are trying to figure out the spiritual journey one step at a time, but as for my other parts of my background, I've always been very musical. And I started at taking piano lessons, probably, when I was about four or five, six years old, somewhere in there. And it's just always been a really important part of my life to the point that when I started thinking about career options, and, like, okay, what am I gonna do with my life, I really, like, didn't have anything in mind besides music. That was just, like, I'm gonna do something music, because that's just always been my life, and I felt good about that. And so, I went up to Utah State, that's where I studied is at Utah State, and I went to, there to study piano. So, I was in the piano program there, and it was fine. It was really, it was difficult for me. You know, there were really great things about the program, but it was hard for me at the same time. The competitive aspect of it was really difficult for me and I was starting to lose that spark, that love for music. And so, I started looking at some other options and landed on the music therapy program that they have up there, and just fell in love. And I'll explain a little bit more about what that is and my work in music therapy as we go on in the interview. But yeah, that's, kind of, where I landed. And that was a choice that really changed the trajectory of my entire life. And now, I'm highly focused on using music for healing and for expression, for connection with people who have a hard time with those things, for whatever reason that might be.

**Carla Long** 04:20

Yeah, I mean, when you were talking about music therapy, I mean, I knew that music therapy existed, but I actually have never really experienced music therapy in my life and saw what it's like. So, could you talk a little bit about what music therapy is? And, you know, what are the benefits of it?

**Emily Salisbury** 04:40

Right, yeah. So, music therapy, on a broad level is, basically, you're using music in a therapeutic context for a non-musical goal, and that may be a goal related to someone's emotional health. That may be a goal related to somebody's physical health. But it's a non-musical goal. So that's what distinguishes it between, like, for example, you know, taking piano lessons, or being in an orchestra or a band or, you know, something where you are engaging musical and the main goal is the music, right? Whereas in music therapy, it's a mental health profession where we're utilizing the elements of music and the music making process to benefit us in other ways, in other areas of our life. And a lot of that is also embedded in the therapist/client relationship, right? And so, there's a good amount of various skills that you have to have as a music therapist, and part of it is the understanding of music and why and how, and getting that musical training. And then the other, another part of it is the understanding of what it means to be a therapist and how to be a therapist, and why you're being a therapist and what that looks like. And then you also have to have an understanding of the, you know, physiological impact and the emotional impact that you're having, that the music is having on the client or the patient. So, it's, kind of, like, just a bunch of random skills packed into your bag as a music therapist that you, kind of, have to develop over time. And, yeah, so that's, kind of, from a broad perspective, what music therapy is. And what it looks like, is very dependent on what situation you're applying it to, right? So, in my experience, I've worked everything, basically, from addiction recovery, to children with developmental disabilities, and everywhere in between. And obviously, the work that you're doing is based off of what is the need for this person, this individual, where addiction recovery, you know, you're very focused on supporting that person in developing their sense of self, first of all, in reconstructing their sense of self. What is, what do I look like when I am not addicted, right? And how do I develop better coping skills as a person who is not addicted? And so, these are the type of things that we're working on addiction recovery. Whereas, when you're working with, you know, children with disabilities, for example, you're focused on, okay, how do I help? How do I support this person in engaging socially, in the best way possible for them? Or how do I help them to maximize their capacity in, like, in movement or in, you know, other areas of their life? How do I help them maximize their strengths? And how do I help them develop in areas that are difficult for them?

**Carla Long** 08:29

Oh, my gosh, that's just fascinating to me. And the very fact that you have to have so many different skills. Like, I know you play the guitar, and I know you play piano. I don't know if you play any other musical instruments. Do you?

**Emily Salisbury** 08:42

I do. Yeah. I played cello for most of, like, through high school. That was my instrument, was cello. I experimented with some other string instruments as well, but, you know, yeah, so even, like, as a music therapist, you have to be pretty proficient in, like, percussion instruments, and, you know, just, like,

random stuff, because there are lots of different directions that you could go. And so, yeah, anyway, but, yeah.

**Carla Long** 09:14

So, you had that music part and obviously you're very musical. And Emily has sung a couple of times, and played a couple times for the congregation in Salt Lake City, and it has just been stunningly beautiful. Like, people have been stopped in their tracks listening to you. Like, it's just been beautiful. So, you have that incredible talent and then you have to have that therapy piece. You have to be empathetic. You have to try and understand where they're coming from, like you're talking about, like, it takes a lot of skills to be a music therapist, and I'm pretty impressed, Emily. I must admit, I'm very impressed. So, can we, can you talk to us about, maybe, like, what a session would look like? Do you have sessions with groups? Do you have sessions with just one person? How does it look and what do you do? Like, how does it start and all that stuff?

**Emily Salisbury** 09:59

Right, yeah. So, right now I'm mainly working in senior care and end-of-life care. And so, I am currently working towards a certification specifically in hospice and palliative care, and most of my clients are seniors. So, yes, I run individual sessions. I run group sessions. My individual sessions, most of all of the work that I do in hospice is one on one with our hospice patients. So, in those sessions, we're focused on supporting their end-of-life process and helping them through their preparatory grief, in preparation of their, towards, you know, their own dying, in communicating with their family, concerning their needs, their desires. Specifically, if I were to give an example of a scenario, there was a lady I was working with, we'll call her Pat. So, Pat was experiencing some difficulties in communication due to dementia and a stroke that she had experienced and so, a lot of her ability to speak was gone at this point. It wasn't entirely gone, but it was very hard for her to speak. And it took a lot of time for her to communicate. And so, because of this, her family began to speak for her and in behalf of her, and would not give her the patience or the space to express herself because it took her a long time, and she, people tended to talk over her anyway. And so, she would, kind of, just throw in the towel and give up, you know? So, I came in for a session with this, with Pat, and we, I presented, you know, some different songs to her, specifically surrounding end of life. And if you'll, if you know the song, "I'll fly Away", it's a traditional Christian song. We sang that one. It's all about, at the end of this life, I'll fly away and I'll be with God. There was another song that we sang, "Somewhere Over the Rainbow". That's a very frequently requested song in my work in hospice, and one that I'll throw out a lot to my patients because it's surrounding that longing for, to move on, basically, right? And so, we're, I'm throwing these songs out to her and, kind of, providing some musical space for her to react to these songs. And through this process, she was able to communicate some of what she was feeling to me. And some, and a lot of it was prompted by, yes/no questions that I would ask her, close ended questions, where I would just ask her, "Are you feeling \_\_\_\_ (blank)? Are you feeling frustrated? Are you feeling sad? Do you need something from your family?" you know? And she would kind of answer, "Yes/no." And then through that process, I was able to get more from her because I was giving her the space where she would say, she said, basically, to me, she's, like, "I just worry that they won't be okay after I'm gone. I worry that, I worry about them because I know I'm dying, and I know that I'm going to be gone soon, and I worry that they're going to be okay." And so, it was through providing that musical space and that emotional space for her that she was able to communicate that to me and that I was able to help her

communicate that to her family and help them understand this is what she's feeling. And her daughter just fell apart. And just, like, just having that realization that her mom could still tell her what she needed was huge. And the end, dear Pat, she died pretty quickly after that. She was ready to go and she just needed to know that her family would be okay, and she was gone with, within about a week she was gone.

**Carla Long** 14:29

What a beautiful gift you've given her and you've made me cry a little bit. But, and I actually have another question. How do you keep it together all the time, Emily? How do you keep it together?

**Emily Salisbury** 14:38

Oh, I don't. I don't, let me tell you, like, I was bawling through that session, and I've bawled through a lot of sessions. And, yeah, I, yeah. It's just, you don't, you know, like, especially when you're just entering into such a vulnerable space with them, it's very touching. And it's, um, yeah. You, kind of, that's why I only work three days a week, Carla, is because you need some self-care after something like that. You need some time to process, you know. But anyway, so that's, kind of, what a session might look like in end-of-life care. And, like I said, with, those are generally one on one individual sessions because that's what's going to be most beneficial for those patients. I also work in assisted living, so seniors living in assisted care facilities, and my work in those situations is generally group work. It's generally focused on the losses that they've experienced. As far as number one, they're not living in their house anymore, and that's hard. That's a hard thing to deal with for most of those people, you know. A lot of them have lost people that are really dear to them and they're, kind of, sitting in their grief. And the generation specifically that I'm working with, you know, a lot of them just have been, have never really had permission to express those negative feelings. And so, when we're working in groups, I see a lot of this, like, tension between, like, let's just talk about what's going on. And I see this tug of war between, like, oh, can I really talk about that, you know, and because that's just not something that they're used to, and that they've ever really been given permission to do for a lot of my patients, a lot of my clients, So, group work, if I were to walk you through, kind of, the structure of the groups that I run, it, some of them are more, I run, like, open groups where, like, anyone's invited, and I run closed groups. So, in a closed group situation, basically, we are going around, we're checking in with everybody, and just checking in with the group as far as, okay, what are the things that have brought you joy recently? What are the frustrations that you've experienced? Let's talk openly about where we're at? And what do we need from the music today? What do we need from group? Do we need music for helping us to feel optimistic? Do we need music for connection with the group? Do we need music for venting about our frustrations, or to sit in our grief for a minute in order to process and in order to find a way to deal with that a little bit better, right? What is it that we need? You know, and so, I totally walk in as a blank slate, you know. That's the goal, at least. Sometimes I bring my own stuff in and that's, you know, and that's just life, you know. That's hard. And as a therapist, you have to recognize whenever you're bringing in your own stuff and really try not to. But, yeah, as much as I can, I'm walking in as a blank slate, and just asking them, "What do you need?" you know. And the responses that I get are just wildly different, you know, depending on what day it is, what time of year. If it's Christmas time, we've got some serious grief that a lot of people are dealing with, right, 'cause they're thinking about previous years, previous Christmases and comparing that to now, you know, things like that. So, we're, so, oftentimes, so we'll check in with each other, and then figure out what is it that we need and we'll engage in some sort of

music experience that supports that goal. That may look like bringing in familiar songs. That may look like writing our own song. That may look like musical improv, singing, dancing sometimes, you know, or instrument playing, you know, things like that.

**Carla Long 19:35**

And I think you told me earlier that in one of the group sessions, there are some people, like, music just lights people up in a way that a lot, not a lot of things do, is what you said, and I believe you. And that there are some people in the session, the staff came up to you later and said, "These people have never asked to stay in some sort of, like, presenter thing and they stayed for you 'cause they, the music just lit them up so, so much. And I just think, what a gift you are giving these people. What a gift so they can be real. They can say what's really on their hearts, and they can feel, hopefully, uplifted by your talent and by your music.

**Emily Salisbury 20:16**

Yeah, I've had that reaction a lot. And I don't say that as, like, a way to, like, you know, toot my own horn, so to say, but just as an example of, like, when you stop and listen, for real, and you allow space for that person to tell you what it is that they're feeling, man, like, that does wonders. And that's something that so many of these people, of my people, of my clients, they just don't get a lot of, you know, especially my clients that are dealing with and experiencing dementia, or other health or mental complications, where people have just, like, their staff, their family, whoever it is, oftentimes just, kind of, gave up in communicating with them. And, yeah, it's hard, and, yeah, it's different, but it doesn't mean it's impossible.

**Carla Long 21:20**

Well, in a Community of Christ sense, we would say that you are helping people know that they have worth because we believe in the worth of all persons. So, you are listening. And one way that you can show that someone has worth is by sitting and taking time and listening with them, and that is something that you do. I can already tell, I am not one of your clients, but I can already tell, you do a wonderful job of that sitting and listening with them, and that you're making a huge difference in these people's lives. Like, I didn't even realize, before you told me, that I didn't really think about how when people have to leave their homes, how big of a deal that is, what a big grieving process that is, because, but of course it is. And I've never thought about that. I've had aunts and grandparents who have left their homes and who have had to go into assisted living, and I never sat down and asked them how they were feeling about it or anything like that. So, I think what a gift that you're giving these people, and I'm just so thrilled that you get to be a minister in their lives.

**Emily Salisbury 22:17**

I am too, honestly. Like, I, I'm so happy to be in a position where I am to dedicate that time to just sitting with them and to validating their frustrations and to helping them develop some coping mechanisms to help them move forward, and to take advantage of the goodness that is still in their life and help them to recognize that, right?

**Carla Long** 22:49

So, you also said you worked with children? I don't know what a session with a child would look like. Is it usually a group session with a child, or is it also one on one? How does that, what does that look like? And what kind of songs do they request or do they like to sing?

**Emily Salisbury** 23:02

That's an excellent question. So, I don't currently work with children, but I did as part of my internship. And so, and these children, specifically, were children that have intellectual or developmental disabilities of various sorts. And the model that I was working under, when I was working with children, was, you know, quite a bit different than what I am, than my approach now, and it was a little bit more focused on the educational aspect and the behavioral aspect, and that was due to the fact that we were in an educational setting. We were in a special needs school. And so, we had to be doing work that was aligning with their IEPs, right? And so, the work that we were generally doing in that situation was, we, like, I would have specific children who reacted really well to the music therapy experience, and chart specifically on them. I would select an IEP goal that I felt like I could support through musical experience. For example, there was one child that I was trying to help understand the concept of numbers and what does that, what is, it's such an abstract concept, at times, if you think about it. Like, what is the number two? I don't know, right? And what does that feel like on a drum? Bam, bam, done, right? So, we're working on the concept of two, and we're also working on impulse control, right, because, oh, it's so much fun to play that drum. I just want to hit it, hit it, hit it, hit it, hit it so many times, right? So, things like that where we're helping not only, like, you know, we're working on a educational goal, but we're also helping in some regulation, some internal regulation and responding to the things that are being asked of you, things like that. So, if I were to go back and work with children now, it would definitely be more of a focus on their educational health, or sorry, not their educational health, their emotional health, and their attachment, as far as attach-, healthy attachment to their caregivers, to their family, to the people around them, and supporting them in those areas of development.

**Carla Long** 25:36

Gosh, I mean, I feel like a lot of what you do, and correct me if I'm wrong, you have to think on your feet a lot.

**Emily Salisbury** 25:42

Oh, yeah, yeah, exactly, very much so.

**Carla Long** 25:48

Every night when I'm putting my daughter, who's almost four, to bed, I tell her a story. And then she usually wants a lullaby about the story I just told. So, I have to make up a song as I'm singing it. And it is hard, and usually they sound terrible. She loves them all, because, you know, she's not that discerning right now, but she loves them all. But it is hard to come up with a song off the cuff. It's hard to, like, get there. And I don't know if that's what you do on a regular basis, but man, I'm very impressed if that's what you do.

**Emily Salisbury 26:16**

That's what we do. That's a lot of what we do. And yes, it's still hard for me. There's some days where I'm, like, oh, yeah, I'm on top of my game, and we are just jammin', and I can throw out some lyrics, and I can incorporate somebody else's lyrics, and we can write a song. And there are other days where I'm, like, wow, what am I doing? I just, like, do not know where this is supposed to be going, so, yeah.

**Carla Long 26:45**

Yes, I'm already, kind of, dreading the day when my daughter's, like, Mommy, that doesn't rhyme, or, Mommy, that doesn't make any sense, or, Mommy, I don't know what you're doing, but it's not great.

**Emily Salisbury 26:57**

Yup.

**Carla Long 26:58**

It's pretty tough. And that's, I just find that super impressive. Well, Emily, I've really enjoyed hearing about what you do, like, how you minister in your everyday life, and is there anything else that you wanted to say that I didn't ask about or another, anything else about music therapy that you definitely, just, didn't want to miss?

**Emily Salisbury 27:16**

Well, there's one story that I wanted to share related to, it was working with another hospice patient, and the reason I want to share this is because it, kind of, highlights my work as a spiritual guide in end-of-life care. And so, my patient, well, we'll call her Susan, so, Susan was, I, she was living in an assisted living facility and I just had, I had a strong feeling that I needed to go see her, you know, at various points. When she came on our census, you know, there was just something about her name that stood out to me, and I'm like, okay, I need to go. And I tried a few times, and she was sleeping, and she was just, like, you know, not quite in the space. And I'm, like, okay, it's fine. I'll keep trying. And so, I walked in one day and she was in a lot of pain. She was experiencing cirrhosis of the liver, had a ton of inflammation going on, and she was basically just doubled over in pain. She was on lots of pain medication, and still, like, was not, like, it was not under control. She, it was just very, that's, kind of, demonstrates how much pain she was in, right? She was on morphine and she was still in pain. And so, I walk in there and she is just having a hard time even communicating with me because she's just so focused on her pain. So, I pull out my guitar, and we start singing. I ask her, you know, as far as musical preferences, what she likes and she told me Christian music. So, we started in with the song "Peace, Like a River", and she immediately responded and started singing along as best as she could. And as we went along, here's the think on your feet moment, right, that has to happen. We started adapting the lyrics to more specifically what she was dealing with. So, as we went along, it started, "I've got peace like a river. I've got peace like a river...", and we go through this and then I start adapting the lyrics slowly. "I've got peace in my body. I've got peace in my body", and we're ramping on that and then I'm trying to support the fact that she is having a hard time with her body right now, right, but helping her to feel that she is more powerful than the pain that she's experiencing, right? And so, we're singing, "I am one with my body. I am one with my body", trying to reinforce the completeness of her experience, right, and trying to say, "Yes" to the pain, yes, let it in, let it in, because guess what? You're, you, you got this. You got this. You can do this. And yes, this is part of your experience right

now and that is okay, you know, because you are more powerful than your pain. And pretty soon I watched her come down and down and down until she was at peace. And it's not that anything really changed as far as what was going on with her liver or her body and, as a whole, but she was in control through that experience. So, I came back the next day because she, I got a report that she was having some spiritual turmoil surrounding end-of-life and she was having a lot of anxiety. And so, I come back the very next day and I start asking her questions. "Okay, so what's going on? I heard that this is, that you're dealing with some anxiety." And, "Can you tell me a little bit more about that?" And she basically just told me, she's, like, "I, I don't know if I've done good enough for God. I just, I don't know, I don't know if I've done good enough," and, kind of, explained a little bit more about what specifically that meant to her and I told her, you know, I gave her some reassurance as far as, like, her connection to God, you know, and asking her more questions about, what does it mean? What does it mean for you, to be good with God? you know, questions like this, to help her to start thinking through it, and supporting this by some familiar Christian songs that, kind of, reinforced her connection with God, right. And she jumped right in. She was singing along and she had, just, tears streaming down her face. And she, by the end of that, she, I looked at her and I'm, like, God knows you and God loves you. Do you know that? Do you feel that? And she's, like, yes, I finally, I finally feel that. I finally do. And the next day, she was transitioning, and within a week, she was gone. It just, it really demonstrates to me the spiritual nature of the end of life, right, and how once she was ready, and once she felt her body was ready, her mind was ready, her soul was ready, then she was able to let go, and she was able to feel good, feel at peace, I should say, right, with the end of her life. And I, just, am very grateful, I'm just very grateful that I've been able to take that role of helping people to heal and to become more integrated in mind and soul and body through a musical experience. And I just, I'm just very grateful.

**Carla Long 34:30**

Well, I am one billion per cent sure that there are many people who are grateful for you. Of the two stories you told, both of which made me cry, I'm sure the families of those wonderful people and those wonderful people are so grateful that you were there to help them through some very difficult moments. It, like, probably the most difficult moments they ever had. So, I'm so grateful that, for you and grateful for your ministry through your work and that we have gotten to know you better in the Salt Lake congregation. I'm certainly grateful for that as well. So, thank you so much for being on the podcast with us, with me...

**Emily Salisbury 35:08**

Yeah. Yeah, of course.

**Carla Long 35:09**

...and for telling us about what it means to be a music therapist. And, I mean, I, I'm not going to look into it necessarily, but I'm gonna remember this when people in my life need that kind of stuff, and I'm sure that that will happen, and I'm going to remember to ask for, hey, we need a music therapist here.

**Emily Salisbury 35:28**

Yes, we are constantly advocating. That is, like, half of the work of a music therapist is advocating, because it's not something that's really well known, you know? And, but, like, when you see it, and



when you experience it, you realize what an essential part of the treatment team it is for, in so many different scenarios, you know?

**Carla Long** 35:54

Yes, absolutely. It's treating the whole self rather...

**Emily Salisbury** 35:58

It is.

**Carla Long** 35:59

...than just the body.

**Emily Salisbury** 35:60

It is, yeah.

**Carla Long** 36:01

Consider me an advocate as well now, 'cause I am definitely on the side of music therapists too.

**Emily Salisbury** 36:05

Oh, good. Oh good.

**Carla Long** 36:07

Thank you so much, Emily, for being with me today. I really appreciate it a lot.

**Emily Salisbury** 36:09

Thank you. Oh, thank you. I'm so glad to be here and grateful to be connected to the Community of Christ and the congregation of Salt Lake. It's just, it's made a huge impact on my life. And it's been a huge turning point in my life. So, thank you. Thank you for all you do.

**Carla Long** 36:28

That's so wonderful to hear. I really appreciate it. Thanks, Emily.

**Emily Salisbury** 36:31

Thank you, bye.

**Josh Mangelson** 36:41

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