

Name: Molly Chu

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Focusing and Focusing-Oriented Psychotherapy

Instructor: Greg Madison Ph.D.

Sensing Into Spirit: Focusing on Presence in Hospital Chaplaincy

INTRODUCTION

Hospital chaplains are valuable members in the health care system as they are called upon to support the spiritual needs of patients, their families and the hospital staff during times of crisis. They offer pastoral care for patients, to help them work through spiritual issues that arise from their health situations and daily life concerns while they are in the hospital.

Chaplaincy work has been called the “ministry of presence” which describes the work that they do; to be fully present and open to the whole person during a spiritual care visit.

The work that was pioneered by Eugene Gendlin (1996) called “Focusing-Oriented Psychotherapy”, when brought into spiritual care practices, can deepen the effectiveness of the clinical pastoral encounter with people in a hospital environment. Though the chaplain does not practice psychotherapy, they can be present to the patients and their families in a focusing way, which can be therapeutic. Listening to the patient and guiding them to be aware of their

bodily felt sense can help them to open up to the small steps of forward movement that comes. The chaplain can work in a focusing way in spite of the busy and often distracting environment of a hospital unit or emergency ward to allow a kind of a balance to emerge within the pastoral visit.

Focusing in a Spiritual Care Visit

Focusing can be something that the chaplain does for themselves to become aware of their bodily felt sense as it relates to their ministry. It can be a catalyst for growth within their chaplaincy work that will ultimately help the patients. The chaplain can guide a patient to develop an awareness of a healing wisdom that is available to them through a place that is felt in the body and a shift in the bodily felt sense is experienced. When what comes up for them is accepted with open, allowing presence, both from the chaplain and from the patient's own acceptance of their own sensing, a new step emerges. It may be a small step, but it is a forward moving step toward authentic wholeness.

The following is an example of a spiritual care visit that shows this open healing presence between a hospital chaplain and a patient with a focus on the spiritual issue of hopelessness. It demonstrates how, when the patient and the chaplain accept what comes up for the patient in the felt sense, it allows space for forward moving steps to come. It is illustrated here in a visit by a female chaplain who had established a trusting spiritual care relationship with an eighty-six year old male patient who was suffering from a serious heart disease.

The patient was admitted into the hospital to have fluid drained from around his heart and to have his condition assessed. The patient's spirits were up and he was full of hope when the chaplain visited him on the first day. He said that he felt that God was truly answering his prayers and that he was confident that all would go well for him.

The day he was to go home, the man had a major setback and the doctors had to deliver some grim news to him about his condition. The chaplain stopped in to visit half an hour after the patient had received the bad news and she noticed how agitated he was. He was scowling and short with her as he spoke to her in a harsh tone of voice. He complained about the staff and the food and even about the furniture in the room.

As the chaplain sat down in the chair beside the elderly patient's bed she allowed herself a moment to focus on her bodily felt sense about the patient's situation and her part in it. Her first inclination had been to give him some time to process the news in private and then return later to be with him. What came up for the chaplain, as she focused, was that she sensed that the patient needed her presence more than ever and that her calm, open and genuine acceptance of where he was at was where she needed to be with him. In a focused and quiet manner she asked him if he was willing to tell her what he was experiencing within him about his situation. After the man gruffly agreed, the chaplain sat with him in silent companionship as he ranted and raved in a tone of voice that she had not heard from him before. She listened and stayed with him in a sincere and non-judgmental way as he poured out his grievances.

After a while a change came over the man, as something seemed to have shifted inside him. His whole body just let go of all that energy and he literally appeared to deflate as he looked at

the chaplain sadly and said, *“I don’t know if I can keep on believing that I’ll be OK.”* She asked him if he could sense in his body where “all that” was inside him as he thought about his condition. He replied that he felt heaviness in his chest going up into his throat. The patient said it felt like something was stuck in there. He paused a moment as he let that move inside him and then he said that he was afraid of losing the one thing that had held him up through all he had endured and that was his hope. The chaplain reflected it back to him, *“You are afraid of losing your hope.”* The elderly man nodded slowly, and told her that he was afraid and felt a lack of control in the situation and he realized that he was pushing back with his anger. The shift happened when he allowed the space to open up within him, through the nonjudgmental, accepting presence of the chaplain and his own attention to what he felt in his body. He was free to feel his anger at what he saw as a hopeless situation.

Through the open space that was created for all that the patient felt, he began to express what was coming up for him after hearing about his prognosis and the limited choices he had. He spoke about what setbacks meant to him and how hope and faith in something greater than himself had been his strength over the years. He tapped his chest and said, *“All I need to get through this is still in here.”* By the time the chaplain left he told her he felt like a heavy rock had been removed from inside him and there was a sense of lightness that made him feel like he was not alone. The chaplain also felt the lightness within her as she left his bedside. She too had experienced a shift and a change within herself that was valuable to her as she continued to minister to other patients.

Helping patients to open their awareness of a felt sense can free them to be in touch with their spirituality. Chaplains can help by being an allowing presence for patients to sense the all-encompassing presence within themselves, within their situations and within their relationships and beyond. It allows them to more fully touch the truth inside themselves. Personal crisis can often launch people to seek meaning behind it all that they may not understand, but that can be felt in a bodily felt sense. The sense that there is a presence within that space can be felt as something “there” in their middle that both draws them into “there” while at the same time emanates from “there”. To journey with a patient, a spiritual caregiver helps the patient to open up a space to let presence be felt. It creates a sense of connectedness which alleviates feelings of “*I am alone in this.*” Through this, the patient can experience healing of the spirit which may lead to a more systemic healing of the body and mind as balance begins to form within. Small steps of healing rise from the felt sense.

When a focusing attitude is part of the visit it opens the chaplain and the patient to the attentive presence within their relationship. Gendlin (1990) says that when people pay attention to something “it is carried forward”. It can lead to change and growth, to expansion, healing, clarity of issues and situations, acceptance, and fortitude within. It can lead to the realization that there is more beyond the present situation.

The Hospital Environment and its Challenges to Focusing

While a chaplain is working in a hospital with patients, there are many challenges that can hinder the experience of the felt sense. Some of the medications that patients are given have the effect of dulling the senses and making them feel drowsy. The Patient's pain level and general discomfort are factors to consider during a spiritual care visit because a patient may find that short visits are all they can handle. There is the constant noise and the lack of privacy and interruptions that can inhibit the patient's ability to attend to their felt sense and finding the quiet space needed for focusing can be very challenging for both the patient and the chaplain. The chaplain enters into the spiritual care relationship under these conditions.

Hospital units are busy places. Occupational therapists, social workers, bedside nurses, doctors and even cleaning staff, jockey for position around the patient's bed. There is very little privacy and chaplains often work with patients under these "fish bowl" conditions. With only a thin curtain dividing the patients' space from the space of the patient in the next bed, conversations are easily overheard. Time pressures and interruptions can get in the way of being truly present during the visit. These are what chaplains must face when working in a hospital setting, but there are ways to work through these circumstances. Sometimes the spiritual care giver has to find creative ways to overcome obstacles.

The felt sense is always there, even in the presence of chaos and one can learn to enter the awareness into the felt sensing place. A spiritual caregiver can more easily find that privacy and presence within themselves as they enter the patient's busy environment if they practice

focusing regularly. They would do well to practice their focusing during busy times in their day.

When a chaplain understands how it feels to attend to their felt sense under less than ideal circumstances, they will be more understanding and more able to help a patient who is having difficulties focusing in the hospital environment. By being present in this focused way chaplains can be the environment that allows the patients to focus on what is coming up for them.

Small Steps That Come Through Accepting Presence

When a chaplain enters a hospital room the patient they are going to see is already in process about their situation. Their felt sense is already there, though they may not know it. (Gendlin 1991) If a patient is talking about just living with their condition and says with a shrug, *“That’s just the way it is. There’s nothing I can do about it.”*; where is the felt sense? The chaplain can direct the patients’ awareness to the felt sense about their situation by asking questions like, *“Where do you feel that in your body when you think about your situation?”*

During a spiritual care visit with a male patient in his early forties who was suffering from a serious cancer, a chaplain learned that he was worried about the effects that his illness was having on his family and their finances. The chaplain asked him where he could feel it in his body when he spoke about those things. The man was silent for a moment as he got in touch with where he was feeling all “that” and he said that he felt it in his shoulders. (He was being treated for severe shoulder and neck pain along with his cancer.) The chaplain acknowledged

the man's felt sense of the situation by saying, *"You are feeling the worry about all that in your shoulders."* The patient stopped and went quiet for a moment and then he opened his mouth as if he was about to speak, but he could not form his words. It appeared to the chaplain that he was paying attention to something inside, as though he was considering what was being conveyed to him. The chaplain stayed in quiet presence as he was present to his bodily arising sense. He spoke as though he was aware of something new. With his eyes moistening he said, *"I'm carrying a big load, and it's all on my shoulders. I really need to get someone to help me to get my finances straightened out. I need to let go of thinking that I can do it lying in this hospital bed."* This was a new step. He had been feeling constricted inside when the chaplain had first visited him. The problem he was facing seemed on the surface to be quite straightforward, but for this man he was not able to see that he had choices within it. For him he was solely responsible and he could not move forward beyond his worries. The visit continued as he talked about his experiences in the hospital and how the doctors were hopeful about his prognoses, but that he had a long recovery ahead. A week later, when the chaplain went to see the patient, he was no longer having the neck and shoulder pains and he had made arrangements for his brother-in-law to help his wife sort out some of the outstanding bills that had piled up during his illness. He was free then to focus on enjoying his family visits and to work at finding his inner healing strength and the meaning for him in what he was going through.

Small steps can come in a way that is very hard to describe for patients. At the murky edge of the felt sense when a step is about to come, a patient will often have trouble finding words or there may be a momentary silence. (Gendlin 1990) Sometimes the small steps can come with

quite a bit of clarity, other times it seems like there is very little movement at all. A chaplain who is aware that there are steps that come can be more prepared to help a patient to see what has moved forward for them.

The chaplain can use their own felt sense about the patient and the visit to allow the patient's felt sense to emerge so it can move as small shifting steps of change. The chaplain can prepare by focusing on their own felt sense before and during the visit, by accepting what comes up for them and by making a space for it to move. It can give the chaplain insight and a deep sense of knowing of how to best help the patient move forward with their steps. When the chaplain is focusing and welcoming all their feelings that surface from within, even the ones they may deem as negative, and accepts them unconditionally, the patients will also benefit.

There can be steps emerging from within the chaplain that guides them in what they say that can be helpful to the patient. An example may be when the patient's outward attitude is standoffish, and angry or mistrustful and closed; the chaplain can stay with their own felt sense about how they are experiencing it... As they stay with it what may emerge is that they recognize that the patient is feeling afraid and uncertain, but is fighting back with a need to have the upper hand; to be in control in a situation where they feel they have no control. The aversion that the chaplain may have felt to the patient's attitude is accepted, then eases and moves upward. The chaplain senses their own identification with the fear of being trapped that the patient has, and the shift may move in a step to solidarity with the patient and the chaplain sees the patient differently. The felt sense shift may be experienced as a kind of a feeling like landing and connecting. The patient may sense the shift in the chaplain, though it can be very

subtle. Somehow the felt sense in the patient experiences the shifted connection within the chaplain. The patient may feel more eased and the visit can become more authentic. It moves beyond the original attitude of blocked emotions to a more spacious openness of acceptance and recognition that there can be progress made. Both are satisfied with the visit. A space for the felt sense to move and expand and grow has been created and the patient may ask for the chaplain to return to continue that satisfying forward movement again.

The Ministry of Presence and Meaning

Chaplaincy and pastoral care are often referred to as the “ministry of presence”. What does that mean? It is a “being” there in a deeply accepting way with someone else. In spiritual terms there can be a sense of a presence that is always with us and within us. It can be felt in a way that is both known and unknown. There is a sense of something reaching into us, and a sense of a longing to reach toward this presence within and beyond us. Intrinsic in spirituality is a movement toward connectedness and meaning. Throughout history humans have expressed it as something that they feel inwardly compelled to seek and to hold on to with a longing to be complete with that which they seek.

Presence itself is part of focusing on the felt sense. As a spiritual care provider attends to a patient on the unit during a spiritual care visit they are part of that environment and there is a fluid connection between them that holds that connectedness and allows what is held within them, to come forward. The presence of the chaplain is a part of the presence that the patient

gives to their own felt sense. This presence is not static; rather, it creates the most open flow where the felt sense is allowed to come and to “carry forward” in small shifts of awareness and growth steps. How people express or experience their felt sense and the consequent inner movement is their individual truth. This is the base of the spiritual care visit. It is the ministry of presence in focused awareness with a respect for the unique individual perspective of the patient.

Being in presence with a patient or a family member allows an open spaciousness to develop in the situation in spite of the confined space of a busy hospital environment. Often the hospital chaplain has limited time with the patient so the kind of presence that is needed for them to become aware of any sort of a felt sense needs to be established quickly and not always in the best circumstances. The chaplain’s intent to be present “as they are” is most important in order to open up a space of accepting presence for the patient. (Gendlin 1990) When a person is truly “there” for another person, there is congruence between their body gestures, their tone of voice and the attention they show toward the person. The chaplain may lean in a little closer to the patient and may use a quieter, soothing tone of voice as they ask the patient questions and listen to their answers. It shows the patient that this moment with them is important to the chaplain. Presence can be felt in “there”, in the murky center of us where the bodily sense comes to our awareness. Both the spiritual care visitor and the patient can sense this connected presence in “there” when it is established and often it allows the process to flow even when there are distractions in the room.

Once the connected presence is established and the patient and the chaplain are engaged in meaningful expression of the bodily felt sense of the spiritual issues that arise, surprising insights can come in small steps through the felt sense. As Gendlin (1978) has stated, the problems in the patient's circumstance may not have changed, but the patient's outlook on it all has shifted and it "feels" different in the body.

The body implies death and it is intrinsic to all physical life. Healing is implied in the body through the healing systems. By being present to the felt sense, which is deeply aware of our body's healing systems; it can be possible for the shift within the body sense to be a shift toward physical healing. The body knows itself. (Gendlin 1993) There are self-repairing mechanisms at work in the body that would benefit from healing presence.

There is a drive in us that looks for meaning about life and all its situations and a need to reach a place inside us that wants to feel better than we do now and to understand it. Somehow we know it is in there "somewhere" and this "need" feels like a kind of a discomfort that is trying to get our attention. There "is a door" Gendlin (2000) states, where "we can turn our attention to a place that is deeper than the usual bad feelings." This place, he says, feels better just getting our attention. The patient's attention to it and the chaplain's must touch a deep and meaningful place. The deeper place has a true physical feeling and lacks language. When a person gets to this place of no words, being present in silence, and accepting the silence feels right and it helps to move it all forward into a deeper knowing where meaning can come.

Beyond the Felt Sense: The Murky Edges into Infinite Presence and Expansive Growth

One of the felt senses' hallmarks is the murky edge that people can feel in a bodily way, usually somewhere in their center core, but that they cannot fully see. The edges are murky and undefined, shifting and moving and just out of our clear sight on the outer edges of our bodily felt inner peripheral sight. What is beyond that fuzzy edge? There can be a sense that there is "more" somewhere beyond the edges, which seems to go out into that infinite presence that can sometimes be felt. Could it be that it goes off into the murkiest regions; past words, past images, beyond thought to something completely "All Present"?

The more we focus on our felt sense by being unconditionally present to what comes, the more expansive it feels to us. The more room we allow for steps to come by being welcoming and present to the felt sense and accepting the growth and changes that come, the more space we have for continual forward movement. There are many varied situations with patients, but there is a universal need to seek meaning and connectedness and for assurance that there is something more than our situations.

At the end of the final stage of dying, when the patient cannot move or speak or swallow, where is the felt sense? Spiritual caregivers are often present at the death of the physical body. This is a question for people to ponder and to sense: if we believe that the spirit continues after death, could it be that the patient leaves their body through the felt sense? Do we finally get to

the murky edge and go out beyond, into the Ultimate Presence; to the Universe, to God, to the Creator, to Allah, to the “All”?

In our felt sense we can accept all our questions and wonderings and doubts and uncertainties as well as all our beliefs and certainties and knowing and the whole sense of that which is beyond our sight. Ultimately, all people will face those questions in some way and the role of the chaplain who serves the patients, their families and the staff in a hospital setting is to arrive with an open and focused presence that will welcome what comes.

Conclusion: The Ultimate Shift

Chaplaincy consists of the ever-changing, shifting and expanding experiences of the patient and the chaplain. Life and the body are always in a forward implying movement. On the internet there are fascinating videos where people have taken pictures of themselves once a week in the same position for years and then had them placed in a rapid slideshow and posted for all to see. You can witness the body changing, the face shifting appearance in subtle ways, and the hair taking on different styles and lengths. The gaze of the subject in the photos changes in ways that can be astonishing. Who is the “real” person in the picture? Which image captures who they are? The answer is none and all. We cannot be truly captured because everything about us is in transition. Our emotions and our outlook on life reshape and develop as we move forward in the environment. So it is also with our felt sense. We are in constant flux, both outside and within and we are a part of a changing shifting environment.

The ultimate implicit of body-life is death. It must be this way because that is all part of the order of our physical body. Death has been programmed into our whole physical being.

However, even during the dying process, there can be moments of growth and insight that give meaning to the whole experience. Patients have expressed feelings of relief and gratitude during their final days of life and have felt shifts within them that brought them and their family peace during their last hours. Nothing of our experiencing is wasted because it is observed and experienced by the felt sense as well. Spirit has its implicit, and that is to continue to grow and connect, to reach toward its potential.

Both patient and chaplain are united in their common mortality and in their need to make sense of it all. The chaplain cannot interfere with the patient's own moving forward. There can be no preconceived idea on the part of the chaplain of what that implicit moving forward should be for the patient. The spiritual caregiver must be rooted in their own sensing of their unique forward movement.

Change is a part of life, and implicit within our body is aging and decay. Implicit in our mind is developmental tasks and milestones. In our spirit there are also points of growth and a movement toward "something". Even stagnation contains the implicit of needing to move because it holds the tension inherent in the blocks in internal energy in the physical, emotional and spiritual which implies a forward movement. Together, in their separate life experiences, but in their shared humanity, the patient and the chaplain are moving toward the ultimate shift that will take them beyond all that is known.

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