

1-1-2016

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Recommended Citation

Floyd, Anna H.. "Holding Space: A Reflection About Teaching a Class on Forgiveness." *Jesuit Higher Education: A Journal* 5, 2 (2016). doi:-.

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Holding Space: A Reflection About Teaching a Class on Forgiveness^{1 2}

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Abstract

“Forgiving Others, Forgiving Ourselves” is a course offered at Regis University in the College of Contemporary Liberal Studies. The course covers content related to the nature of forgiveness, different theoretical lenses through which to view forgiveness, health and forgiveness, barriers to forgiveness, interpersonal boundaries, steps and phases of forgiveness, and communication skills around apology and reconciliation. The nature of forgiveness itself and the fact that students arrive to class with their own histories of both harming others and being harmed themselves necessitate that professors facilitating a class on forgiveness move flexibly to *hold space* for students. This article defines the activity of “holding space,” describes its use in the field of spiritual care, offers suggestions for its application in the classroom, and offers a reflection of one professor’s experience about the value of holding space in the college classroom.

Last year I found myself in the midst of two separate but related circumstances: I embarked on a four-month program of Clinical Pastoral Education (CPE) as a hospital chaplain, and I started teaching a course on forgiveness at my university. Both circumstances were intense and held together by a common thread: they both necessitated, challenged, and nurtured my capacity and skill for holding space.

In this article, I want to explore the concept of “holding space.” I will share some of my experiences in CPE, intertwining them with my experience as a professor in the forgiveness class. A description of the course content itself is outside the scope of this paper, but readers interested in learning more about the course content can refer to a 2013 article by Spangle and Samaras about the nature of forgiveness.³ To begin my exploration in this article, I offer the question I asked myself when I began to teach “Forgiving Others, Forgiving Ourselves”: how do we, as professors, approach teaching a course on forgiveness?

Forgiving Others, Forgiving Ourselves: A Course on Forgiveness at Regis University

The forgiveness class at Regis University was originally developed by a communication professor with expertise in mediation and conflict resolution, Dr. Michael (Mike) Spangle, shortly

before he retired. His book, *Forgiving Others, Forgiving Ourselves: Understanding and Healing Our Emotional Wounds*, written by Spangle and his co-author Myra Isenhardt,⁴ forms the foundation of the class. The key points of that book are highlighted in an article by Spangle and his colleague April Samaras.⁵ Their article describes elements of forgiveness and illustrates that forgiveness is, in many ways, a perfect topic for a course at a Jesuit university. Forgiveness embraces our Jesuit values. We desire to be forgiving, and yet it is something with which most of us struggle.

Laying the Groundwork to Teach Forgiveness

Around the time that Mike retired, I spoke with him about my upcoming chaplain program. Mike had worked as a Navy chaplain for years, and we shared this common interest in spiritual care. A few weeks later, as he was considering the future of the forgiveness class he had developed, he encouraged me to take over the graduate version of the course and join the collection of faculty teaching the undergraduate course. He thought that my upcoming chaplain experience would be foundational to my leading this new forgiveness course. His perspective got my attention. Were these two fields so connected? I was curious.

I spent the summer before my first term reading books about forgiveness. I read theoretical books, self-help books, and journal articles by leading

forgiveness researchers and theorists (considering how frequently forgiveness touches our lives, there are surprisingly few researchers who study it). The research was intoxicating. I learned about the relationships among forgiveness and stress and health: holding onto resentment was considered a chronic stress,⁶ and through the mechanisms of the natural stress response, letting go of resentment and grudges through forgiveness was linked to improved health for illnesses like cardiovascular disease.⁷ I also learned about different perspectives through which we could explore the topic of forgiveness: the philosophical, the psychological, the religious or spiritual, and the interpersonal.⁸ I read about forgiveness projects and workshops that helped people who had experienced terrible harms find peace. I listened to interviews of people like Bud Welch who, despite losing a family member to a terrorist attack, advocated against the death penalty.⁹ I learned about some of the most respected researchers in the field. I became fascinated with Dr. Fred Luskin's idea that in unforgiveness we "rent too much mental space" to the tenants of resentment and anger. I was impressed with his forgiveness program at Stanford University that has helped many people forgive others (and themselves) for past harms, including murder and acts of terrorism. I became fond of Dr. Everett Worthington's research connecting unforgiveness and illness. I became more inspired by him as a human being upon reading an article in *The Atlantic*¹⁰ about his own experience in forgiving his mother's murderer.

The work I read that summer clearly pointed in the same direction: acts of forgiveness positively impact one's health, as well as current and future relationships. Yet, time and time again, research also uncovered the fact that forgiveness, for many people, is difficult. We hold guilt and resentment over the past, causing us psychological and physical grief, and creating a persistent, nagging distraction from our current interpersonal relationships. As a health psychology professor interested in stress and coping, I felt like I had struck gold. Here was a topic that affected everyone, was in its infancy in terms of academic study, was quite clearly tied to our health and well-being, and was so misunderstood that many people found it impossible to practice. What might I be able to do, as a professor at a Jesuit

university, to help students in my class develop a different perspective on forgiveness? Could I help them develop a perspective that might make forgiveness seem possible? Could I even help them learn how to forgive? I looked forward to the fall term, when I would teach my first forgiveness course.

Clinical Pastoral Education (CPE)

Five weeks before the first forgiveness class began, I stepped into the hospital to start my CPE unit. CPE is a supervised educational program for individuals interested in different types of community ministry.¹¹ The reasons that individuals apply for CPE may vary, but it is a requirement for some professions, including hospital chaplaincy. CPE program accreditation comes through the Association for Clinical Pastoral Education.

As I stepped into the hospital, I was excited about my opportunity to experience forgiveness — albeit second hand — in the real world. I naïvely fantasized about an interaction in which a dewy-eyed, older, dying patient would ask me, the generous chaplain, to reach her long-estranged son on the bedside phone so they could work through their decades-long battle before she peacefully expired. Of course that did not happen. It was much more common, I would learn, for long-standing resentments to be hidden from clear view, somewhere in the undercurrents, visible only in the ripples of glances, gestures, sometimes surfacing as frustration with hospital staff as patients struggled in the uncontrollable and inevitable decline, decay, and death that each and every one of us experiences. As a chaplain, I would soon find, I would work in intense situations and complicated family dynamics that would never be spelled out clearly. Early on in our training, my supervisor told us inexperienced and eager students that we would most often be working in the midst of *knowing nothing*. We would know nothing about patients' past, their family dynamics, the full complexity of their spiritual beliefs, or even their diagnosis or prognosis. How, I wondered, could I help someone if I did not know anything about him or her? I would soon learn that this was the wrong question.

Working in a context of “not-knowing” resonates in the world of Zen Buddhism where we practice, to quote the lineage, “don’t know mind.” As chaplains we would be thrown into a profound moment of a patient’s life, knowing little about them other than what we saw unfold at the hospital itself. There was the sweet young couple in room 210, quietly saying goodbye. He had broken his neck from slipping on some icy snow on their front stoop, which she had forgotten to shovel. There was the middle-aged man woefully questioning the value of his life. He had broken both arms and one leg after he tried to kill his younger brother but missed, falling over the balcony himself. There was the transient young man who had been estranged from everyone in his family and was lying, terrified, bleeding all over the bed in the emergency room, not able to remember where he was or that a car had struck him. As large or pivotal as these moments were, they were still just moments. The entire history and unknown future of the people we worked with would never be known to us. We would know little about what their lives were like before they were admitted, we would never know what happened to them after they left the hospital, and we would never know what would happen to the family members of patients who died. A hospital chaplain works intimately and skillfully in the middle of “not knowing,” in a way that helps patients and their family members integrate their trauma into the larger fabric of their lives.

Halfway through my CPE program, I came to my supervisor with my proudest patient interaction to date. I announced that I had successfully deescalated an angry patient in room 324. The patient was now calm and, I ventured, ready for her surgery. My supervisor stopped what she was doing and tilted her head, looking at me inquisitively. “Why,” she asked, “can’t she be angry?” The realization of my misunderstanding hit hard. My proudest moment became my most shameful moment and my biggest lesson. In deescalating my patient, I had pushed my own agenda (my fear of conflict) to the forefront and robbed her of a safe space to be angry about what was happening to her. I had prioritized making her an agreeable patient over providing her with a space to integrate her hospital experience into the bigger fabric of her life. I was learning that being a hospital chaplain was not about calming patients

down or even helping them feel better. It was about giving them a safe space to be themselves in a place where — between the testing, probing, measuring, and cutting of the body — the *whole person* is so easily forgotten. My question about how could I help someone if I knew nothing about them shifted. Now I asked myself, could I *hold space* for someone in the raw and tender moments that our lives intertwined, and put faith in the process and trust in the profound courage and resilience that rests inside every human being?

What is “Holding Space”?

Holding space is also referred to in chaplaincy as “pastoral presence”¹² or, in counseling, “therapeutic presence.”¹³ It is one of the main intervention tools used by hospital chaplains.¹⁴ The value in holding space is that this intervention is likely to help a person integrate a difficult or traumatic experience into the larger fabric of his or her life. Holding space contrasts sharply with providing advice, redirecting emotions, and shying away from the patient’s experience (i.e., what I had done with my patient in room 324). Those actions deny the authenticity of a person’s experience and lessen the likelihood that a patient will make their own meaning or sense out of his or her injury or illness.

According to Geller and Greenberg, holding space or therapeutic presence is about “a *being* with the client rather than a *doing* to the client. It is a state of being open and receiving the client’s experience in a gentle, non-judgmental and compassionate way, rather than observing and looking at or even into the client.”¹⁵ Chaplain Mark LaRocca-Pitts defines “presence” somewhat differently: as a combination of doing and being. According to him, presence is “when and where the *state of doing* intersects with the *act of being*.”¹⁶

The idea of “being present” in a care encounter is based on the theoretical foundation of humanistic psychologist Carl Rogers.¹⁷ In the 1950s and 1960s Rogers developed an approach to therapeutic care in the context of counseling psychology that emphasized being congruent, being positive and accepting, and being empathic. Toward the end of his career, Rogers began to develop into his work an understanding of

presence, but he was not able to complete his views on the topic before his death.¹⁸

When we hold space for others, we choose to stay with them on their journey through trauma and grief in a way that passes no judgement, allows room for everything, and helps a person come to their own insights. Holding space is not about fixing problems or giving advice, both of which disempower a person. It is not about avoiding or looking away from a patient's truth, which invalidates their experience. Holding space is the opposite of what I had done with my patient in room 324.

Suffering in the Classroom

As I began to investigate this new question of holding space in my CPE program, the first forgiveness class started. I walked into this first class excited about what knowledge I could impart to the students. *Forgiveness does not mean condoning what happened! Holding resentment for years and years can give you health problems! Forgiving does not mean you must reconcile!* In class we talked about these different perspectives, read quotes by famous researchers, watched online talks by famous writers, and had class discussions about our own experiences with forgiveness, resentment, apology, and reconciliation.

Like all classes, some students were more talkative, some were fairly quiet. Some turned in expertly crafted essays, some turned in work that simply provided evidence that they had not read the book. Like the patients in the hospital, I knew almost nothing of the long and complicated fabric of their lives, but as the weeks of class went on, bits and pieces of their lives came forward. The snapshots of life that emerge in a forgiveness course look a lot like the snapshots that unfold in real time in the hospital. Like my patients' stories in the hospital, some of the students' stories ached with the rawness of anger, shame, guilt, and fear. Sometimes they would share these pieces in class. There was the young woman who spoke through clenched teeth as she voiced a *non sequitur* to a classmate: "Of course I get your frustration with the babysitter who lied to you. My father killed himself when I was ten." Or the man with the Jerry Garcia beard who, while wiping away tears, shared the story of visiting his ex-wife's grave after

the funeral because the family wouldn't let him attend the service. There was also the wide-eyed young woman who, through a tragic accident, killed her four-year-old niece at home on a sunny and otherwise unremarkable morning in May.

In talking with my students, I learned more about the context they were coming from. So integral to good Jesuit education, context was imperative to a course on forgiveness. I learned that some students were terrified to take the class. They knew they would be reliving some parts of their past that they did not want to think about or that — more tender to the heart — haunted them. As I settled into the class, the needs of my students looked more and more like the needs of my patients. I began to feel that my excitement over imparting knowledge to the students was naïve. With increasing frequency, I heard one of my chaplain mentors speaking through me as I gave my students some of the only advice I would actually offer: Be gentle with yourself. Forgiveness is the slow work of the heart. Now may not be the right time.

As class went on, two things were becoming clear to me. First, the initial stages of the forgiveness process models by professors like Robert Enright and Everett Worthington were right: the first step in the process is to be in touch with our own hurt, our grief, our anger. Second, responding to students in this class necessitated something different than my other classes did. It necessitated what I was learning about in my chaplain program about the powerful role of presence.

Inner Work

How do we develop a sense of presence to work with the suffering that may emerge in a classroom? In his book *The Handbook for Companioning the Mourner: Eleven Essential Principles*, Alan Wolfelt notes that "When we as caregivers experience the pain and suffering of a fellow human being, we instinctively want to take the pain away."¹⁹ Indeed, this had been my experience with my patient in room 324. Anger (I believed) was uncomfortable for my patient, the hospital staff, and me. I wanted to take it away. Wolfelt continues by saying, "to truly companion another human being requires that we sit with the pain as we overcome the instinct to want to 'fix'."²⁰

In the context of counseling or spiritual care, we might shy away from suffering by offering advice to a patient or directing them away from their emotions. In the classroom, professors may shy away from students' suffering by providing an abundance of content. Research on forgiveness, however, clearly shows that sweeping one's anger and hurt to the side results in getting "stuck." Our students demonstrate that they are ready to inwardly or outwardly voice their anger and hurt by signing up for this class. It is important for us as their professors to be ready to provide a safe space for them to do so.

How do we, then, overcome the instinct to "fix"? How do we overcome the instinct to turn away from suffering? Geller and Greenberg address this in their qualitative review of therapeutic presence among practicing therapists. They find that therapists who practice presence regularly with their clients describe their work falling into three domains: preparing the ground for presence, the process of presence, and experiencing presence.²¹ The first of these, preparing the ground for presence, happens primarily *outside* the care encounter. It involves daily, intentional, contemplative work to develop a philosophical commitment to presence, practicing presence, meditation, and attention to self-care.²² LaRocca-Pitts agrees and writes, "holding space begins with one's own inner work" because held space must be "empty of the person that holds the space."²³ If we are uncomfortable, distracted, or trying to fix things, we fill the space we intend to hold for another person with our own selves.

Wolfelt explains this fully: "The capacity to acknowledge our own discomfort when confronted with suffering is usually less overwhelming when it is no longer minimized or denied. To give our attention to our helplessness can free us to open more fully to another as well as to our own pain and suffering. We no longer find ourselves wanting to run away. We can slow down, be still, and open to the presence of pain. We can witness what *is* without feeling the need to fix it."²⁴

Conclusion

By its very nature, a class on forgiveness is a community of people with snapshots of their own

stories, some recent, some long past. In the process of learning about forgiveness, most of us come face-to-face with our own anger and hurt. Whether we share that anger and hurt aloud with others or hold it up to our own inner light, forgiveness researchers and theorists agree that facing our anger and hurt is the place to start. As professors teaching classes about forgiveness, we must honor our students as the authorities of their own lives and not shy away from the authenticity of their experiences. As their professors, we can give them a safe space in which to explore their feelings without denying them or trying to change them. We can choose to hold space. 

Notes

¹ This article is dedicated to the patients and students who have given me the most intimate honor of sharing in their lives. Details of patient and student stories included here have been changed to honor their privacy.

² The author would like to kindly thank Dr. Michael Spangle for reviewing portions of this manuscript.

³ Michael Lee Spangle and April Samaras, "Forgiveness: Healing Old Wounds," *Jesuit Higher Education: A Journal* 2, no. 2 (2013): 20-27.

⁴ Myra Isenhardt and Michael Lee Spangle, *Forgiving Others, Forgiving Ourselves: Understanding and Healing Our Emotional Wounds* (Woodstock, Vt.: SkyLight Paths, 2015).

⁵ Spangle and Samaras, "Forgiveness: Healing Old Wounds."

⁶ Everett L. Worthington and Michael Scherer, "Forgiveness Is an Emotion-focused Coping Strategy That Can Reduce Health Risks and Promote Health Resilience: Theory, Review, and Hypotheses," *Psychology & Health* 19, no. 3 (2004): 385-405.

⁷ Britta A. Larsen, Ryan S. Darby, Christine R. Harris, Dana Kay Nelkin, Per-Erik Milam, and Nicholas J. S. Christenfeld, "The Immediate and Delayed Cardiovascular Benefits of Forgiving," *Psychosomatic Medicine* 74, no. 7 (2012): 745-750.

⁸ Isenhardt and Spangle, *Forgiving Others, Forgiving Ourselves*.

⁹ Bud Welch, "The Death Penalty is Revenge, Not Healing: Father of OKC Victim on Dzhokhar Tsarnaev's Sentencing," interviewed by Amy Goodman, *Democracy Now!*, aired June 25, 2015.

¹⁰ Olga Khazan, "The Forgiveness Boost," *The Atlantic*, January 28, 2015, <http://www.theatlantic.com/health/archive/2015/01/the-forgiveness-boost/384796/>

¹¹ Association for Clinical Pastoral Education, "Information for Prospective Students: Frequently Asked Questions," accessed September 8, 2016, https://www.acpe.edu/ACPE/Students/FAQ_S.aspx

¹² Mark LaRocca-Pitts, "Holding Space: Pastoral Presence for a New Age," *PlainViews* 6, no. 15 (September 2, 2009).

¹³ Shari M. Geller and Leslie S. Greenberg, "Therapeutic Presence: Therapists' Experience of Presence in the Psychotherapy Encounter," *Person-Centered & Experiential Psychotherapies* 1, no. 1-2 (2002): 71.

¹⁴ Brittany M. Lee, Farr A. Curlin, and Philip J. Choi, "Documenting Presence: A Descriptive Study of Chaplain Notes in the Intensive Care Unit," *Palliative and Supportive Care* (2016): 1-7.

¹⁵ Geller and Greenberg, "Therapeutic Presence," 85; italics in original.

¹⁶ Mark LaRocca-Pitts, "Pastoral Presence: Navigating the Flow," *PlainViews* 2, no. 14 (August 17, 2005), 1; italics in original.

¹⁷ HealthCare Chaplaincy, "Literature Review-Testing the Efficacy of Chaplaincy Care," (New York: HealthCare Chaplaincy, 2011); Pamela Cooper-White, *Shared Wisdom: Use of the Self in Pastoral Care and Counseling* (Minneapolis, Minn.: Fortress Press, 2004).

¹⁸ Geller and Greenberg, "Therapeutic Presence."

¹⁹ Alan D. Wolfelt, *The Handbook for Companioning the Mourner: Eleven Essential Principles* (Fort Collins, Colo.: Companion Press, 2009).

²⁰ Wolfelt, *The Handbook for Companioning the Mourner*, 16.

²¹ Geller and Greenberg, "Therapeutic Presence."

²² Geller and Greenberg, "Therapeutic Presence," 76.

²³ LaRocca-Pitts, "Holding Space," 1.

²⁴ Wolfelt, *The Handbook for Companioning the Mourner*, 20.