

# Centering Prayer as a Healing Response to Everyday Stress: A Psychological and Spiritual Process

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**Abstract** Eastern forms of meditation have been widely studied for their effectiveness in stress management (Walsh and Shapiro *American Psychologist* 61:227–239, 2006). Yet few empirical studies have been conducted on the health effects of Judeo-Christian contemplative prayer practices. This study contributes to research in this underdeveloped area by exploring the outcome of a contemporary form of Christian meditation called Centering Prayer (Keating 1986) on everyday stress and on Christians' approach to communicating with God. The impact of 10 weekly 2-hour group sessions and individual practice of Centering Prayer 2-times daily by 15 Roman Catholic congregants was hypothesized to decrease participants' stress and increase their collaborative relationship with God (Pargament et al. *Journal for the Scientific Study of Religion* 27:90–104, 1988). Pre-post quantitative and qualitative data on Centering Prayer versus comparison groups supported the hypothesis.

**Keywords** Centering prayer · Contemplative prayer · Meditation · Stress · Unconscious

## Introduction

This study seeks to contribute to the field of spirituality and health by proposing Centering Prayer as a healing response to an identified problem of everyday stress among congregants in a worshipping community in Silicon Valley. The hypothesis is that a regular practice of resting in the arms of a loving God may inspire an unburdening of emotional wounds from the past, which in turn may lower a person's susceptibility to stress. The study explores the connection between health, stress and the unconscious using Trappist monk Thomas Keating's paradigm of Centering Prayer as a purification of the unconscious (Keating 1994), and psychologist Richard Lazarus' theory of stress, which emphasizes the unique

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characteristics of individuals and their often unconscious appraisal of the environment (Lazarus 1999).

Studies that focus on meditation and stress frequently draw on an Eastern understanding of meditation. When they refer to a quieting of the person, this is closely related to what is happening in contemplative prayer, but a principal difference is that contemplative prayer is built around a relationship with God. This contrasts with Buddhist approaches to meditation that involve a concentration technique or an observation of the present moment (Driskill 1989). Bearing this difference in mind, the terms contemplative prayer and meditation are used interchangeably in this study to convey contemplative prayer's similarity as a quieting practice to the popular cultural understanding of meditation.

The opportunity to study the impact of Centering Prayer on everyday stress arose in the context of the principal investigator's work as a pastoral associate at St. Mary's Parish, a busy, 2,000-member Roman Catholic congregation in the town of Los Gatos, an affluent enclave of Silicon Valley in Northern California with its fast pace and leadership in technology. More than one-third of the 32,000 residents in Los Gatos identified "dealing with stress" as their top spiritual and personal concern (Percept 2004, p. 16). The concern about stress among local residents was corroborated by 800 of St. Mary's parishioners who also recognized stress as their primary health concern in a survey they answered at the end of a Sunday worship service (Ferguson 2006). It appeared that beneath their bright exteriors, many parishioners were suffering from the stress of the sheer pace of their busy lives. "First, I have to get rid of my stress before I can be open to spirituality," explained one participant in this study.

Like hundreds of St. Mary's parishioners, congregants in the pews of many churches face different kinds of chronic stress in their daily lives for a variety of reasons. Work and family generate the two greatest sources of stress in contemporary life since stress mainly arises from one's close relationships (Kabat-Zinn 1990; Lazarus 1999). The stress can be debilitating to marriages and to the ability to worship and participate in one's faith community, which ironically have been identified as important support systems that can help reduce stress (Koenig et al. 2001; Rabin 2002; Smith 2001).

Stress is identified as one of the top contributors to serious health problems in North America, particularly in its effects on the cardiovascular and immune systems (Koenig et al. 2001; Rabin 2002). It also has been linked to the addictive process in that individuals may form addictions in an attempt to ease stress (Schaefer 1987). Psychologists recognize that excessive increases in smoking, eating disorders, consumption of alcohol, and other forms of substance abuse are a consequence of stress (Schneiderman et al. 2005).

This study intends to help parishioners integrate their faith with their health by offering an alternative to secular stress management programs, which focus primarily on establishing priorities, maintaining leisure and exercise activities, and learning effective communication techniques. While these are valuable coping strategies (see Martin and Brantley 2004) our intent is to formulate a program that addresses stress through a Christian contemplative prayer practice. Our focus on Centering Prayer stems from the principal investigator's familiarity with the prayer through her own personal prayer practice and her credentials as a commissioned presenter of Centering Prayer by Contemplative Outreach Ltd., the nonprofit organization established by Keating in 1984 to support the practice of Centering Prayer. The teaching model of this study was based on resources available from Contemplative Outreach such as videotapes and formation guidebooks. Additionally, Keating's theological and psychological framework of Centering Prayer as the "divine therapy" in which one enters into a "medicinal relationship" (Keating 1994, p. 74) with Jesus the physician (Mt 9:12; Mk 2:17; Lk 5:31) contributes to this study's focus on the health aspect of contemplative prayer.

## Definition of stress

The modern theory of stress as a physiological response to negative environmental stimuli was promoted by Hungarian endocrinologist Hans Selye in the 1930s as “the general adaptation syndrome” (Selye 1974, p. 26). While Selye emphasized the stress response, the Western psychological community began to focus on the stimulus, or impinging event (Lazarus and Folkman 1984). A scale of 41 stressful life events was popularized in the late 1960s and early 1970s by psychiatrists Thomas Holmes and Richard Rahe. Topping their social readjustment scale of major life stressors was death of a spouse, divorce, incarceration, severe illness, being fired, and even included positive events like getting married, vacations, and retirement (Holmes and Rahe 1967).

Rather than viewing stress merely as a stimulus or as a response, psychologist Richard Lazarus saw stress as a dynamic relationship between the person and the environment based on a person’s appraisal and perceived coping skills, a process he called cognitive mediation (Lazarus and Folkman 1984; Lazarus 1999). People do not react to similar situations with the same degree of distress, dysfunction, or illness, Lazarus found from his three decades of research into the 1990s at the University of California at Berkeley. To his surprise, Lazarus discovered that the daily hassles of ordinary living may be even more harmful to health than major life events. “The seemingly little things that irritate and upset people, such as one’s dog throwing up on the living room rug, delays in the commute to work, having too many responsibilities, being lonely, having an argument with one’s spouse, may get out of hand” (Lazarus 1999, pp. 56–57). Particularly as one moves away from the major life stressors that result in stress for everyone, to the more ordinary hassles of daily life, individual differences in response are even greater. “What now is stressful for some is not for others” (Lazarus and Folkman 1984, p. 19). Thus, stress cannot be objectively measured without accounting for the unique characteristics of the person.

Both a stressful condition and a vulnerable person are needed to produce a stress reaction because people respond to daily hassles differently, depending on their personal history. If someone typically responds in many encounters with the same emotion, for example, anger, envy, or depression, one discovers an underlying trait that indicates a more deeply seated source of stress, or special vulnerability (Lazarus 1999). These vulnerable areas tell a story about a person’s unique relationship to the world.

Emotions are an important feature of Lazarus’ relational theory of stress in that they suggest how a person has appraised a situation and has perceived his or her coping skills. “Where there is stress, emotions are also present” (Lazarus 1999, p. 35). Stress can thus be defined as “a particular relationship between the person and environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being,” thereby eliciting an emotional reaction (Lazarus and Folkman 1984, p. 19).

Lazarus’ stress theory rests on the appraisal process in which people make automatic, often unconscious, assessments of what is happening and what it may mean for them. Appraisals in daily activities typically are unconscious because they are rapid and instantaneous, and built on established patterns: “If we have had previous experience with the same kind of relational problem, a minimal cue can provoke the stress reaction and its associated coping process without the need for reflection or new learning” (Lazarus 1999, p. 83). Particularly when daily hassles touch on one’s often unconscious, vulnerable areas, they can be very stressful for some people and very important for their subjective well-being and physical health.

## Integration of spiritual practices and wellness promotion

Eastern religions have successfully been offering meditation as an antidote to the hectic pace of modern society. For example, in the Vedic tradition, Maharishi Mahesh Yogi, founder of the Transcendental Meditation (TM) movement, realized during his first visit to America in 1959 that he needed to speak of TM in terms of its physiological benefits in order to appeal to “practically-minded Westerners” (Joyce 1991, p. 320; see also Bloomfield et al. 1975). He was influential in the 1960s and 1970s in spawning subsequent research by social scientists studying the positive effects of different forms of Eastern meditation on the body’s ability to release stress (Griffiths 2002; Reibel et al. 2001; Benson 1975; Bloomfield et al. 1975). TM and Buddhist-based Mindfulness Meditation have been the most researched practices over the past four decades, while the most studied clinical populations have been those with stress disorders (Walsh and Shapiro 2006). The research indicates that meditation may have an impact on stress reactivity through several pathways including feelings of spiritual support, peace, rest, calm, and reduced anxiety (Alexander et al. 1991), which may moderate mood and in turn strengthen impulse control and contribute to a greater internal sense of control (Tice and Bratslavsky 2000).

Significantly, spiritual meditation has been shown to create greater physical, psychological, and spiritual benefits than secular forms of meditation or relaxation techniques (Wachholtz and Pargament 2005). A meta-analysis of TM and secular meditation practices (Ferguson 1980) covering 50 experimental studies of more than 9,700 participants and 400 psychological outcomes, ranging from creativity and self-concept to anxiety and depression, suggests that TM (which involves repetition of a sound-based mantra) offers two times as great the treatment effect as secular meditation methods that use a TM substitute technique (such as simply sitting with eyes closed without repeating a mantra). A comparative analysis of the physiological and psychological effects of Progressive Relaxation (PR) and Devotional Meditation (DM), involving active concentration on biblical material, among 36 undergraduates at Wheaton College, showed participants in the DM group reporting less anxiety and anger, and less muscle tension, than participants in the PR and control groups (Carlson et al. 1988). In more recent research, participants using a form of spiritual meditation in which they chose a focusing phrase from among four choices, “God is peace,” “God is joy,” “God is good,” or “God is love,” reported a higher pain tolerance and greater reduction in migraine headaches than those using a muscle relaxation technique or a secular form of mediation with a focusing phrase such as “I am joyful,” or “sand is soft” (Wachholtz 2006; Wachholtz and Pargament 2008). The positive effects of spiritual meditation appear to extend beyond physical and mental health into the spiritual realm in that meditators may view the world “through more of a spiritual lens and experience a greater sense of connectedness with the sacred on a daily basis” (Wachholtz and Pargament 2008, p. 363).

## Literature review

While extensive research exists on the health benefits of Eastern religious practices as an alternative medical therapy, a tellingly small number of studies analyze the physical and emotional correlates of Judeo-Christian religious practices. “That small number does show that religiosity/spirituality is associated with lower blood pressure and less hypertension; better lipid profiles and immune function” (Seeman et al. 2003, p. 54). Most of these studies ask general questions like, “Does religion cause better health?” by correlating such religious behavior as church attendance with health factors (Thoresen et al. 2001; Tartaro et

al. 2005). A number of social scientists are shifting their emphasis from these general questions to more experiential aspects of spirituality. They see the need for more studies on meditation practices conducted within a religious rather than a secular framework (Thoresen et al. 2001). Moreover, some psychological researchers consider it crucial in spiritual interventions for healing, that individuals be addressed from within their belief system (Tan and Dong 2001).

A thin body of research addresses the health effects of Christian contemplative prayer. One of the earliest quantitative accounts was published in 1977 (Mallory 1985) on the outcome of meditating on the teachings of St. John of the Cross by 44 nuns and 9 friars of the Discalced Carmelite Order in Holland and Belgium; followed by the effects of the Jesus Prayer on essential hypertension using biofeedback training with 20 seminary students, family, and faculty at Southwestern Baptist Theological Seminary (Bynum 1980); and the use of Christian Meditation, as taught by Dom John Main, as an adjunct to psychotherapy with nine adult outpatients who identified themselves as Christians (Finney and Maloney 1985). Five theoretical analyses of the health aspects of Christian contemplative prayer include: A review of social scientific literature showing that meditation and contemplative prayer have implications for the emotional and physical well-being of congregants (Driskill 1989); an examination of silence and emptiness in the service of healing, comparing the differences in the meditation practices of John Main and Bede Griffiths (Del Monte 1995); an exploration of the ancient practice of holy name repetition as a therapeutic adjunct for people dealing with the hectic pace of contemporary culture (Oman and Driskill 2003); a dissertation on the origins of contemplative prayer and its implications for health (Eaken 2003); and an analysis of how the Jesus Prayer can help people living in a modern city cultivate inner stillness as an antidote to a busy life (Wong 2005).

Very little, if any, research has been published specifically on Centering Prayer and wellness promotion. What currently exists are four narrative accounts that speak positively of the prayer's health effects: A seasoned Army chaplain talks about how Centering Prayer helped him find peace amidst the stress of active duty at an Army post (Kleffman 1987); a doctor offers insight on how Centering Prayer increased his effectiveness in working with cancer patients in the operating room and in follow-up visits (Gray 2004); a clinical psychiatrist gives a case study about his use of Centering Prayer, and other spiritual interventions, in treating a 45-year-old woman with chronic depression and an eating disorder (Sperry 2004); and an Episcopal priest analyzes how Centering Prayer is compatible with systems theory in reducing anxiety in troubled congregations (Lawson 2004).

### The development of centering prayer

Keating and his fellow monks William Menninger and Basil Pennington co-founded the Centering Prayer movement in the 1970s at St. Joseph's Abbey in Spencer, Massachusetts, where Keating was abbot. Their effort was in continuity with the earlier work in the 1960s of fellow Trappist, Thomas Merton, to revive the contemplative tradition of the Church in the everyday world outside of monasteries. The Centering Prayer ecumenical community now numbers an estimated 40,000 practitioners in 39 countries (Contemplative Outreach 2009, About Us section, para. 2).

The theological basis of Centering Prayer is Jesus' intimate experience of God as *Abba* (Mk 14:36), his teaching of the prayer in secret (Mt 6:6), and the final discourse of the Gospel of John, describing the divine indwelling (Jn 17:21–23a). Centering Prayer also is rooted in the spirituality expressed in the third and fourth centuries by the Desert Fathers

and Mothers in Egypt, Palestine, and Syria, which informed mainstream Christianity (Burton-Christie 1993). The essence of desert spirituality is expressed by the term *hesychia*, the Greek word for rest, as well as stillness or silence in prayer (Nowen 1981; Ware 2000).

*The four guidelines* Keating and his associates saw the need to distill the ancient Christian monastic practice into a practical and accessible method that could be easily taught to contemporary seekers. They developed four simple guidelines that were inspired, among other sources, by the spiritual classic, *The Cloud of Unknowing*, published in the fourteenth century as a guidebook for medieval Christians to “center” all of their attention and desire on God (Johnston, ed. 1973):

1. Choose a sacred word as the symbol of your intention to open and consent to God’s presence and action within.
2. Sitting comfortably and with eyes closed, settle briefly, and silently introduce the sacred word as the symbol of your consent to God’s presence and action within.
3. When engaged with thoughts, return ever so gently to the sacred word.
4. At the end of the prayer period, remain in silence with eyes closed for a couple of minutes.

#### Centering prayer as purification of the unconscious: The divine therapy

Unlike other meditation practices that employ mental focusing techniques such as those described by Herbert Benson in *The Relaxation Response* (1975), Centering Prayer is a receptive method of surrender to God’s loving presence and healing action within. A number of transpersonal psychologists have confirmed that “the more receptive the meditation method, the greater and more immediate the involvement of the unconscious” (Bourgeault 2004, p. 92; see also Kaspro and Scotton 1999). This phenomenon was evident during the first intensive Centering Prayer retreat that Keating led in 1983 at the Lama Foundation in San Cristobal, New Mexico for 12 participants who practiced the prayer 5 h a day for 2 weeks. Keating observed among them a “volume and vibrancy of emotional outpouring. Tears, repressed memories, deep intuitions all jumbled to the surface—along with a sense of catharsis and bonding” (Bourgeault 2004, pp. 91–92; see also Keating 1994). Keating realized the significance of his observation was the unloading of the unconscious precisely as a purification process (Bourgeault 2004).

Based on his observation of the effects of Centering Prayer, Keating developed a conceptual framework of the divine therapy as both a devotional and a psychological method. “Rather than seeing meditation as a tool for ... relaxing stress, or accessing higher states of consciousness, [Keating] sees it primarily as a catalyst for the purification and healing of the unconscious. This purification is itself prayer—not a preparation for the relationship, but the relationship itself” (Bourgeault 2004, p. 94).

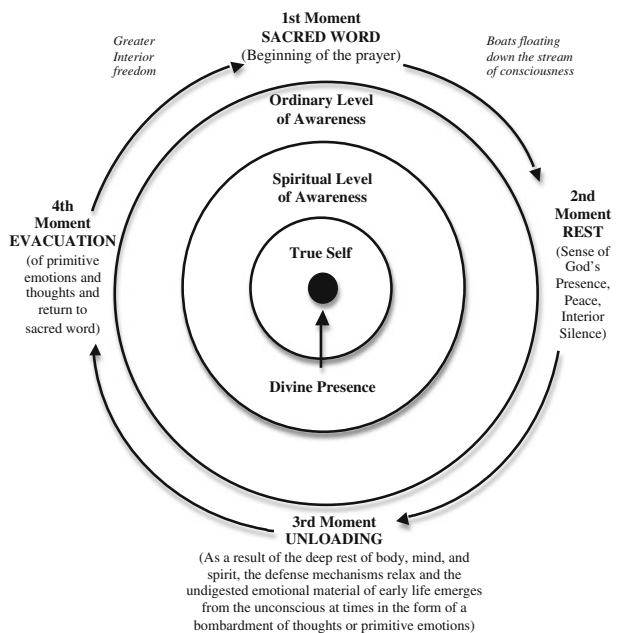
To develop an understanding of the spiritual path of purification that is accessible to today’s laity, Keating uses the jargon of popular psychology within a spiritual framework to describe the divine healing. He blends the natural theology of Thomas Aquinas and the mysticism of Teresa of Avila and John of the Cross, with the Jungian theory of the unconscious and the various insights of developmental psychologist Jean Piaget, transpersonal psychologist Michael Washburn, and popular psychologist John Bradshaw (Keating 1994; see also Bourgeault 2004). Keating’s strength is his eclectic use of contemporary psychological language to describe the Christian journey of personal transformation.

*The four moments of centering prayer* The four moments of Centering Prayer describe the dynamic, spiral-like movement of the purification of the unconscious in which emotional pain is released in the form of thoughts (Fig. 1). This dynamic may occur over several years of regular practice and may also unfold during a single, 20-minute prayer period, leading one closer to one’s true self in Christ. The true self is an expression of one’s basic core of goodness in God and one’s participation in the divine life (Keating 1987). To describe the ordinary level of awareness in daily life, Keating uses the metaphor of the surface of a river on which a fleet of “boats,” or thoughts, drift by (Keating 1994). Centering Prayer cultivates a deeper, spiritual level of awareness (Keating 2000) through a practice that encourages individuals to detach from thoughts by returning to the sacred word. It is at this spiritual level that one intuitively becomes aware of God’s abiding presence beyond thoughts, words, and feelings (Bourgeault 2004).

*The first moment: Sacred word* The sacred word is the symbol of one’s intention specifically to surrender one’s will to God. It is a one-to-two syllable word such as “Jesus,” “Peace,” “Yes,” or some other word that is meaningful but does not generate thought. The will, or more precisely, willingness, is cultivated in Centering Prayer as one silently introduces the sacred word when one becomes aware of engaging in thoughts. “There is an interaction in which sometimes one’s own gentle activity predominates and at other times the Spirit’s activity predominates” (Keating 1993, p. 1). This is the beginning of the healing process, “returning to the sacred word, and then being silent; then experiencing thoughts and yet being still free from following them or being interested in them” (Keating 2002, p. 42). Sometimes one is aware of God’s action. At other times one becomes so intimately absorbed in the relationship that the human faculties cannot interpret what is happening.

*The second moment: Rest* As one lets go of one’s ordinary awareness of thoughts by introducing the sacred word, one begins to enter into a deep rest. In the profound rest of

**Fig. 1** “The four moments of centering prayer.” Source: *Intimacy with God* (Keating 1994, p. 77). (Used with permission from the publisher)



interior silence, emotional blocks from early traumatic experiences begin to “soften up” (Keating 1986, p. 93). The deeper the interior silence, “the greater the physical rest the body experiences” (Keating 2005, p. 83). An important aspect of the divine therapy is the Spirit’s “anointing of calmness...the kind of well-being that comes from a good massage, only a spiritual one, in which all one’s muscles and one’s nervous system and one’s senses kind of relax and are sometimes bathed with a sort of peace that is like ointment” (Keating 2005, pp. 59–60). God’s first healing action is to affirm our goodness. One experiences contentment, a sense of coming home, of well-being (Keating 1994, p. 76). “We begin to know (*gnosis*) that we are good, deeply loved, and made in the image of the Divine” (Martus-Casey 2004). At this spiritual level of awareness one senses God’s abiding presence in the inner sanctuary of one’s being.

*The third moment: Unloading* Keating uses the term *unloading* to describe the experience of “a bombardment of thoughts and feelings that surge into our awareness without any relationship to the immediate past” (Keating 1994, p. 79). The disjointed nature of these thoughts suggests that they may be coming from the unconscious. The purpose of Centering Prayer “is not to experience peace” but to release “the unconscious obstacles to the permanent abiding sense of union with God—where we will find true peace” (Keating 1986, p. 98). Deep-rooted tension is released in the form of emotionally charged thoughts that present themselves with a kind of urgency: “One may feel intense anger, sorrow, or fear without any relation to the recent past” (Keating 1986, p. 113). It is not uncommon to feel a physical itch or twitch, suddenly start crying or have a fit of laughter during the prayer. “This is a sign that inner healing is going on” (Bourgeault 2004, p. 39).

*The fourth moment: Evacuation* Evacuation describes the release of emotionally charged thoughts as they come into consciousness. Previously repressed feelings are integrated into one’s psyche as they float by one’s awareness. Contemplative prayer gives an individual the opportunity to complete the unfinished business of life by offering the emotions a way to vent. This does not require one to analyze the childhood source or meaning of these thoughts (although psychotherapy and spiritual direction can be very supportive to an individual on the spiritual journey). Nor does the healing aspect of the prayer involve “replacing negative emotions with positive emotions” (Bourgeault 2004, p. 131). Rather, it allows one to experience the continuous presence of God regardless of what one is feeling. One simply remains in God’s presence, allowing thoughts to spontaneously emerge, willing to return to the sacred word if needed.

#### Compatibility of centering prayer and psychological requirements for stress management

A successful stress management program (1) addresses the unique personal history of individuals and (2) “stimulates the person to appraise situations and cope with demands in new ways” (Lazarus and Folkman 1984, p. 375).

Centering Prayer addresses the first psychological requirement by offering individuals a way to release their unconscious, repressed emotions, which are a source of stress (Lazarus 1999, p. 83; Keating 1986, p. 481). The prayer practice encourages individuals to detach from thoughts by returning to the sacred word again and again. When one’s mind is less preoccupied by external events and the accompanying internal commentaries that go with them, one begins to appreciate one’s spiritual nature, or *attentiveness* (depicted in Fig. 1 by the second concentric circle). “Spiritual awareness is actually a way of perceiving, just as ordinary awareness is a way of perceiving” (Bourgeault 2004, p. 12). One begins to



“perceive, relate and respond with increasing sensitivity to the divine presence in, through, and beyond everything that exists” (Keating 1986, p. 4). This transformation of consciousness, grounded in the holy, addresses the second psychological requirement for stress management by encouraging an individual to appraise situations and cope with them in new ways (Lazarus and Folkman 1984, p. 375).

How individuals appraise an event will determine their degree of stress, according to Lazarus. Appraisals in daily life typically occur at the unconscious level—not uncommonly, as defense mechanisms. Centering Prayer opens a person to a process of healing through the purification of the unconscious in which the emotional source of one’s stress is released by one’s awareness of thoughts as they emerge into consciousness.

For Lazarus, emotion-based coping, or cognitive reappraisal, is a way to reduce stress by changing the meaning of a relationship between a person and the environment. In Keating’s construct, a person’s deepening relationship with God through a Centering Prayer practice effects a change in one’s relationship with the world that is anchored in the holy. This spiritual level of awareness offers an individual a sense of peace and a new way of perceiving situations based on one’s experience of the divine indwelling rather than on unconscious fears and cravings. The implication is that one will be able to let go of stress more quickly when it arises, rather than ruminating on it to one’s continued distress. The ongoing act of surrender to God ultimately releases one from inner turmoil as one becomes continuously aware of the divine presence. As a result, stress is reduced even though one may be working energetically for God in the world.

The goal of Centering Prayer is not to reduce stress but to be in relationship with God. In consenting to the healing presence and action of God within, however, stress is released as a side effect both in prayer and in daily life. This is due to the lessening of one’s emotional pain and increasing trust in God, which brings healing. A person’s interactions with other individuals and events become less stressful through a growing detachment from expectations and demands of others and the world. One begins to accept situations as they are, rather than what one thinks they should be. Stress may periodically intensify during the process of purification as one relates to the world in new ways. But one’s growing awareness of God’s loving presence in the midst of this anxiety provides inner resources to endure the transformation to one’s true self in God. As St. Paul describes: “It is no longer I who live, but it is Christ who lives in me” (Gal. 2:30). The result of this transformational process may not be what one expects. “On the contrary, the very capacity to love without self-interest is going to increase our capacity for suffering” (Keating 1994, p. 90).

### Research questions and hypotheses

Two basic exploratory research questions were developed to study the impact of Centering Prayer on stress and on Christians’ approach to communicating with God:

Exploratory question 1 Since the primary purpose of Centering Prayer is to deepen one’s relationship with God, will the nature of participants’ relationship with God change over the course of the study?

To help answer this first question, the Religious Problem-Solving Scales (Pargament et al. 1988) measure three different styles of solving problems in life, based on one’s approach to relating to God. This 36-item, self-evaluation questionnaire provided the ability to quantitatively measure change in participants’ relationship with God before and after the

study, as well as its outcome on stress since the ability to solve problems is a significant factor in stress management (Lazarus and Folkman 1984).

Locus of responsibility and level of activity shape all the styles

In the Collaborative Style, responsibility is held jointly by the individual and God as active partners, as this statement exemplifies: “When I feel nervous or anxious about a problem, I work together with God to find a way to relieve my worries” (Pargament et al. 1988, p. 96). The connection between the Collaborative Style and reduced stress is measured by competence on the problem-solving scale, “the degree to which an individual views herself and others positively, and a person’s ability to solve problems in an active, playful manner” (Pargament et al. 1988, p. 94). The Collaborative Style appears to be the most promising of the three styles in helping individuals manage their problems. Furthermore, the Collaborative Style describes an intrinsic orientation to religion (Allport and Ross 1967) that has been found to “decrease one’s level of anxiety and personal distress on a daily basis” (Griffiths 2002, p. 259). The intrinsic orientation is part of an internalized, committed form of religiousness founded on an intimate, interactive relationship with God (Pargament et al. 1988). This is theologically consistent with the internal, dynamic process in Centering Prayer. Since the aim of Centering Prayer is to deepen one’s relationship with God, and since in an intimate relationship there is a growing level of trust and a willingness to share one’s deepest emotions and thoughts, it seems that the gift of resting in the Spirit would further open one to God’s presence in an ever-growing relationship. Keating suggests the relationship moves from acquaintance to friendship, intimacy, and ultimately, divine union (Keating 1992). The trust and sharing of a Collaborative Style most closely resembles the relationship fostered by Centering Prayer.

By contrast, in the Deferring Style, the individual is passive, and God has full responsibility, as indicated by this statement: “Rather than trying to come up with the right solution to a problem myself, I let God decide how to deal with it” (Pargament et al. 1988, p. 97). This is considered a “dysfunctional” problem-solving style, “part of a passively oriented life style in which individuals rely on external structures and authority to deal with problems which they are less able to resolve” (Pargament et al. 1988, p. 101). The Deferring Style is associated with an extrinsic religious orientation in which individuals view God as an authority figure and use religion as a utilitarian means to an end to provide security, status, or self-justification (Pargament et al. 1988; Allport and Ross 1967). The extrinsic orientation has been found to increase everyday anxiety whereas the intrinsic orientation has been found to reduce anxiety and personal distress (Griffiths 2002).

In the Self-Directing Style, the individual assumes full responsibility without seeking assistance from God, as portrayed by this statement: “When I have difficulty, I decide what it means by myself without help from God” (Pargament et al. 1988, p. 96). This approach is considered to be helpful in dealing with personally controllable situations, such as mastering one’s environment, but less effective in coping with irremediable conditions, such as illness and death (Pargament et al. 1988).

Exploratory question 2 Will the effects of an ongoing practice of Centering Prayer reform a person’s predisposition to stress and calm one’s anxiety?

To help address this question, the Trait-Anxiety Inventory (Spielberger et al. 1970) indicates one’s underlying trait, or predisposition, to react to stressful situations as a result of acquired behavior from past experiences. Those who score high in Trait-Anxiety are

likely to react to situational stress more frequently than low trait-anxiety individuals because they tend to react to a wider range of situations perceived as dangerous or threatening based on their personal biography (Spielberger et al. 1970). The 20-item, self-evaluation inventory is important because one can infer from it the degree to which an individual is prone to stress. Trait-Anxiety evokes Lazarus' notion of "special areas of vulnerability" (Lazarus 1999, p. 57) where a situation is perceived as harmful by one person, triggering a stress reaction, whereas another person might not be so affected. Trait-Anxiety, then, offers a measurement of whether a person's underlying predisposition to stress has increased or decreased.

**Hypothesis 1** The effects of a Centering Prayer practice will increase the Collaborative Style, which is associated with reduced stress, and will decrease the Self-Directing and Deferring Styles.

**Hypothesis 2** The effects of a Centering Prayer practice will decrease Trait-Anxiety.

## Method

### Participants

The study was limited to 15 adult parishioners who had never practiced Centering Prayer and did not currently practice another form of meditation or contemplative prayer. The size was large enough to provide significant answers to the questions the study was asking but small enough for meaningful sharing and manageability by one facilitator. All but 1 of the 15 participants were married with children. There were three married couples in the group. Twelve out of the 15 members were raised Roman Catholic; 2 were Presbyterian converts to Catholicism, and one was a nondenominational Protestant who asked to be part of the study to "connect with God at a deeper level." All of the participants were college graduates, four holding post-graduate degrees. Nine were mothers raising young children or teenagers at home (about one-half of these women also worked part-time away from home) while their husbands worked full-time outside of the home. Occupations varied from chief executive officer to insurance agent, manager of computer information systems, and English professor. Three individuals were retired from their former professions as a medical doctor, an office assistant, and a psychotherapist. Tables 1 and 2 depict how the group compares demographically to the rest of the parish by phase of life, sex, and ethnicity. Table 3 compares participants' level of Trait-Anxiety with that of other populations.

A comparison group was formed after the closing retreat as a response to the unanticipated, scientifically valid statistical results from participants' responses to the study's quantitative measures. This group was comprised of 15 St. Mary's parishioners who

**Table 1** Population by phase of life

Generation	Study participants	St. Mary Parish area
	(By percentage)	
Families, empty nesters (35–54)	60.00	34.00
Enrichment years: singles/couples (55–64)	20.00	14.00
Retirement opportunities (65+)	20.00	16.00

**Table 2** Diversity by sex/race/ethnicity

Sex/Race/Ethnicity	Study participants	St. Mary Parish area
	(By percentage)	
Women	80.00	52.00
Men	20.00	48.00
Caucasian	80.00	84.00
Asian	13.33	11.00
Latino	07.00	05.00

had not practiced Centering Prayer and were not currently practicing any form of meditation or involved in a weekly spiritual support group. They took the same pre-and post-test measures over the same 11-week interval as the Centering Prayer group.

### Measures

These multiple measures were used:

*Trait-Anxiety Inventory* (Spielberger et al. 1970) This inventory measures an individual's underlying predisposition to stress. See description above, in the Research Questions and Hypotheses section.

*The religious problem-solving scales* (Pargament et al. 1988) These scales measure religion and the problem-solving process using three different styles of relating to God: Collaborative, Self-Directing, Deferring. See description above in the Research Questions and Hypotheses section.

*Personality profile* (Harary et al. 1994) The Berkeley Personality Profile was used to evaluate whether personality might be a predictor of participants' responses to the other measures. A modified version limited the profile to 36 items that involved the participant's view of themselves.

*Open-ended questionnaire prior to introductory workshop* This 20-item questionnaire asked for assorted demographic information, including religious background, as well as questions about the participant's experience with meditation, their stress level, their relationship with God, and their feelings about participating in the study. They also were

**Table 3** A-trait population comparisons

	St. Mary's Parishioners	College undergrads	Medical and surgical patients	Neuropsychiatric patients	Prison inmates
A-Trait Anxiety					
Mean	Before prayer: 34.20	37.96	41.91	46.62	44.64
	After Prayer: 29.20				

Source: Adapted from Table 3 and Table 4 of STAI Manual for the State-Trait Anxiety Inventory (Spielberger et al. 1970, p. 8)

asked to provide written answers to their two primary reasons for participating in this study, and what they hoped to gain, among other questions.

*Open-ended questionnaire at the close of the study* These 12 open-ended questions asked participants to consider, for example, whether they felt their pace of life had slowed since they began Centering Prayer, and whether their relationship with God had changed. Pedagogical questions asked for feedback about the training design. Pastoral questions explored whether participants had experienced anything of concern during the course of the study so that follow-up could be provided, if needed.

*Journaling* Participants were encouraged but not required to keep a journal over the course of the study to gain insight into their day-to-day experience both within and outside the prayer period. The journal was primarily meant as a support to participants, and they chose whether or not to share it with the principal investigator. The format was informal and flexible.

*Interdisciplinary team* An Interdisciplinary Team of four professionals in health-related fields was created to help evaluate Centering Prayer's effects on participants. The team was comprised of the pastor of St. Mary's Parish, a physician, a psychotherapist, and a nurse, who each practiced a form of Christian contemplative prayer. They observed participants at the beginning and at the end of the study during the opening and the closing retreats, and offered feedback based on standardized questions developed by the principal investigator.

## Design

The design involved an introductory workshop, opening and closing retreats, and 10 weekly sessions from January 15 to April 2, 2005. The weekly sessions on Wednesday evenings were 2 h in length and consisted of an opening chant of a psalm, scripture reading, Centering Prayer period, meditative walk, and 30-minute segment of a videotape series depicting Keating teaching the essentials of the prayer. Video viewing was followed by facilitated sharing in small and large groups. Sessions concluded with chant of a psalm.

The overall 11-week time frame would offer participants enough engagement with the prayer to experience its effects, and yet was short enough that busy, working adults with children and a variety of other responsibilities, could participate. Contemplative Outreach offers a 7-week introductory Centering Prayer program to beginners. The Stress Reduction and Relaxation Program at the University of Massachusetts Medical Center offers an 8-week course that has produced scientifically valid clinical data on the benefits of Mindfulness Meditation in managing stress. Our time frame would hence provide participants with a solid foundation in the method of Centering Prayer and also offer meaningful information about the prayer's potential health effects.

## Procedure

*Recruitment* Advertisements ran in the church bulletin and in the weekly parish school letter to parents. A two-page handout describing the nature of the study and the need for participants was given to seven parish groups. Personal invitations were extended by e-mail or phone to a number of moderately to active parishioners, based on their attendance at Sunday mass and involvement in church programs. Personal invitation proved to be the

most successful recruitment method. From roughly 100 contacts, 25 candidates expressed interest.

*Interviews* Interviews were conducted with candidates to discern their willingness and ability to commit to a 2-times daily practice of Centering Prayer for 11 weeks, and to work effectively in a group. Candidates were asked to sign a letter of commitment to practice the prayer daily and attend the retreats and weekly sessions; and an informed consent that their comments during the course of the study could be used anonymously for publication. A nominal \$20 fee was charged to encourage personal investment in the study but not inhibit participation. Although all the candidates expressed interest, some saw they would have to miss too many weekly sessions and so declined. Three candidates were discouraged from joining the study because their stress levels and needs did not appear to be congruent with the training. They were given resources for other support.

*Study sequence* Ten days before the study started, participants received the quantitative and qualitative questionnaires in the mail with a cover letter asking them to complete and return them before or at the introductory workshop. At the last weekly session, participants received the same questionnaires and were asked to complete and return them at the closing retreat. Those who had kept a journal, and wished to share it, were asked to also deliver it at the closing retreat.

As a follow-up after the study ended, the Personality Profile was sent to participants to determine if personality factors might correlate with potentially significant results that were emerging from the Trait Anxiety and Religious Problem-Solving Scales.

## Results

It is clear from the statistical results that participants in the Centering Prayer group demonstrated changes in their Relationship-with-God Styles of Coping. Consistent with our expectations, this study indicates that a Centering Prayer practice increases the Collaborative Style and decreases the Deferring and Self-Directing Styles. These are the changes predicted by Centering Prayers' theological grounding where those praying establish an experiential, interactive, and increasingly intimate relationship with the divine. While Trait-Anxiety decreased, it was not statistically significant. However, qualitative findings show that Centering Prayer had a positive impact on health outcomes. A number of participants reported decreased stress and anxiety within the context of a deepened relationship with God. This is consistent with the Collaborative Style. The connection between the Collaborative Style and reduced stress involves competence in the problem-solving process, defined by one's positive outlook on others and oneself, and one's ability to actively solve problems in a lighthearted manner. Participants attested to their increased ability to manage difficult situations that previously had perplexed them. As well, they reported more positive interpersonal relationships with family members and greater self-esteem, which have also been associated with stress reduction.

### Statistical results

The means and standard deviations for pre-test and post-test scores on the four quantitative measures (Collaborative Style, Self-Directing Style, Deferring Style, Trait-Anxiety) are displayed in Table 4. As noted above in the section on Research Questions and Hypotheses,

**Table 4** Values of planned comparisons for four measures of the study

Quantitative measures:	Pre-test			Post-test		
	M	SD	M	SD	<i>t</i>	<i>d</i>
Centering prayer group ( <i>n</i> =15)						
Collaborative Style	27.60	9.94	31.73	10.52	3.19**	1.15***
Deferring style	14.73	5.53	12.93	8.35	1.96*	0.50***
Self-directing style	21.53	10.95	17.27	11.48	3.78**	0.86***
Trait anxiety	34.20	9.99	29.20	5.94	5.41**	1.40***
Comparison group ( <i>n</i> =15)						
Collaborative style	26.87	10.38	27.33	10.10	—	—
Deferring style	14.07	8.34	13.13	7.63	—	—
Self-directing style	22.93	11.07	22.07	11.91	—	—
Trait anxiety	35.53	7.49	32.80	7.02	2.94**	0.76***

\*  $p < 0.05$  means the probability of obtaining this statistic by random chance is less than 5 in 100, which is the standard criterion for statistical reliability

\*\*  $p < 0.01$  means the probability of obtaining this statistic by random chance is less than 1 in 100

\*\*\* *d* is a measure of the size of the effect observed in a statistic. It is a way of measuring the practical significance of a statistic by reducing the impact of sample size. The effect size for the Centering Prayer group was large, which means the changes evaluated were both significant and important for the Collaborative and Self-Directing Styles and for the Trait Anxiety. The effect size was moderate for the Deferring Style. See Urdan, *Statistics In Plain English*, pp. 66, 72–3

these are the specific statistical hypotheses: The Centering Prayer group, but not the comparison group, will show an increase in Collaborative Style, a decrease in Deferring Style and Self-Directing Style, as well as a decrease in Trait Anxiety. For each of these four measures, planned comparisons were used to compare pre-and-post-outcomes for the Centering Prayer and comparison groups separately using the Bonferroni corrected *t* as discussed in Howell (2007, p. 460). The Bonferroni-adjusted *t*-statistics are also given in Table 4.

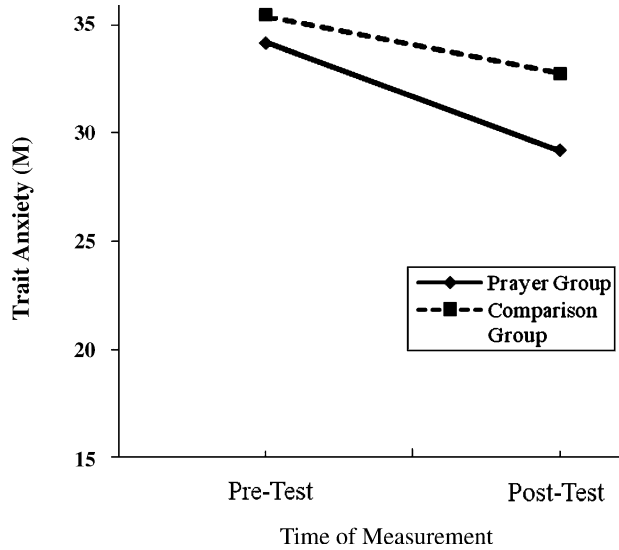
In summary pre-post-test differences for the Centering Prayer group are significant in the expected direction for 3 of the 4 *t* values, whereas only 1 of the 4 *t* values for the comparison group is significant. This latter finding of a decline in Trait Anxiety for both groups is an anomaly. A later analysis using the Personality Profile revealed no relationship between personality characteristics and these measurements.

#### Further analyses of quantitative measures

*Trait-Anxiety* Data from the Trait-Anxiety Inventory (Fig. 2) indicates that while the Centering Prayer group's average decline over the 11 weeks was larger than that of the comparison group, this difference in decline between the groups did not reach the 5% criterion for statistical reliability. Seasonal differences could account for the decrease because the comparison group was tested during the spring and summer months as opposed to the Centering Prayer group's winter-to-spring cycle. One might also hypothesize that the prayer had a placebo effect on the comparison group, prompting the decline in anxiety.

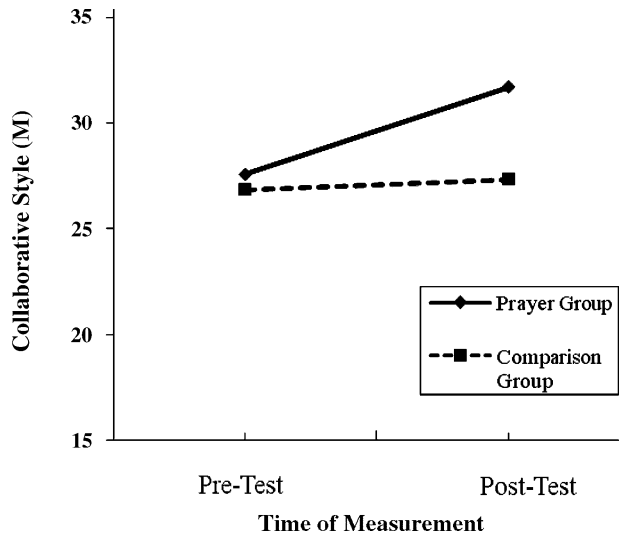
Table 3 compares the Trait-Anxiety level of St. Mary's Centering Prayer group to normative data that exists for the Trait-Anxiety Inventory for large samples of other populations. Before beginning a Centering Prayer practice, study participants experienced,

**Fig. 2** Trait anxiety before and after centering prayer experience



on average, a level of anxiety lower than, but closest in comparison to, moderately stressed college undergraduates in the classroom. The table provides the average scores, but individually, some of the participants scored as high as 40, 46, 51, and 56, putting them in the same range as reference groups under acute stress—such as surgical patients—and providing an important statement about the nature of everyday psychological stress for some congregants in suburban America. Researchers found that high Trait-Anxiety scores in college students “are associated with reports of a larger number of problems in almost every area of adjustment” including health, finances, employment, home and family life, other personal relationships, morals and religion (Spielberger et al. 1970, p. 13). After a regular practice of Centering Prayer, the lower average Trait-Anxiety level of parishioners (29.20) was less than that of any of the comparison populations.

**Fig. 3** Collaborative style before and after centering prayer experience





*Collaborative relationship-with-God style of coping* The data shows a statistically significant increase among participants in their Collaborative Relationship-with-God Style (Fig. 3). The Collaborative Style is associated with the greatest overall sense of well-being when compared with the relationship styles. This conforms to participants’ reports of greater calm and more peace as a result of the effects of their Centering Prayer practice. As one group member described it: “I feel much more—relaxed is not the word—but less burdened.” As responsibility for the problem-solving process is held jointly by the individual and God in the Collaborative Style, so maintaining one’s relationship with God is a shared responsibility in practices that lead to contemplative prayer. The practitioner’s active part is to consent to the relationship.

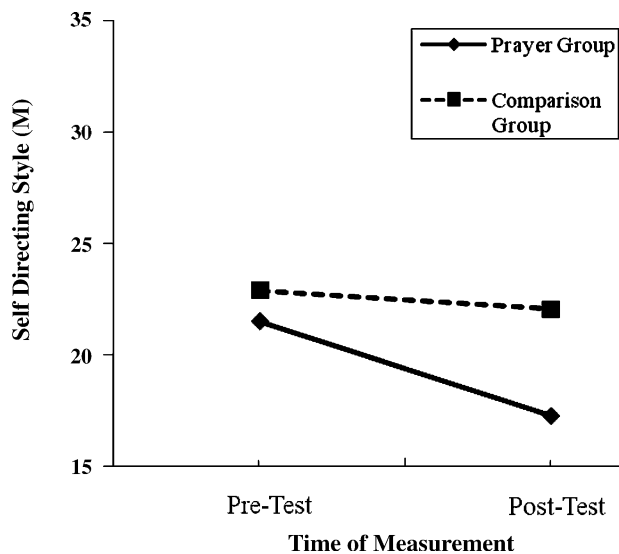
*Self-directing relationship-with-God style of coping* The data indicates a significant decrease in the Self-Directing Style (Fig. 4). Whereas 6 of the 15 participants demonstrated a Self-Directing Style at the beginning of the study, only two individuals showed a preference for this style by the end of the study. For example, one participant, who moved from the Self-Directing to the Collaborative Relationship Style over the course of the study, initially stated, “I want to be more efficient in my life and still do it all,” as the reason for undertaking a Centering Prayer practice. By the end of the study, this participant spoke of finding God within: “I don’t simply have faith God is with me, I know He is with me. I know he is guiding my family and me. I am not afraid, but at peace with whatever may come.”

*Deferring relationship-with-God style of coping* A decrease in the Deferring Relationship Style (Fig. 5) over the course of the study is consistent with participants’ lack of statements that support a passive relationship with the divine.

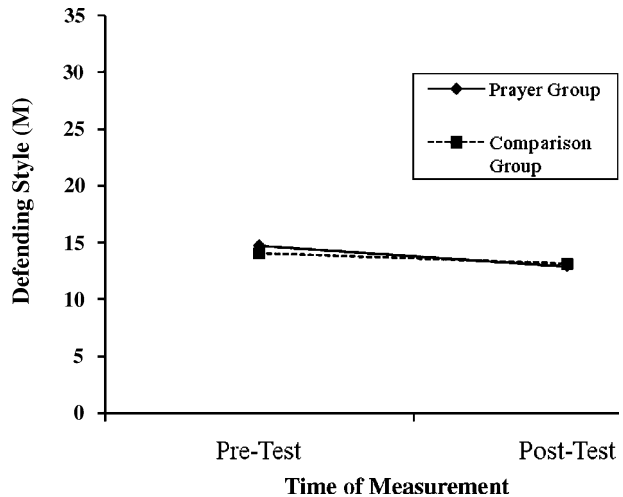
Data from qualitative measures

The qualitative data corroborated the statistical results. A number of participants reported decreased stress and anxiety within the context of a deepened, experiential relationship with God. As one participant remarked: “I am drawn to Centering Prayer even more now, when I

**Fig. 4** Self-directing style before and after centering prayer experience



**Fig. 5** Deferring style before and after centering prayer experience



have so much to do, and am up against deadlines. It is what is keeping me going and keeping me from acting like I am overwhelmed.” The demands had not been lightened for this individual: she was as busy as ever, even more pressed for time than usual with deadlines. Her decision of whether or not to “act” overwhelmed had changed, based, it would appear, on her willingness to let go of her own agenda and spend time with God. “God is with me constantly,” explained this participant at the closing retreat, “not in a beautiful garden with a rainbow, waiting for me to go there. The place I have found is within me.” Her discovery of the spiritual center of her being offered her an interior stability, despite her externally demanding environment, inviting her to look at things differently.

More than half of the participants also reported a felt presence of God within as opposed, in some cases, to their former, dualistic impression of God as an objective reality outside of themselves:

“I feel a pull to do Centering Prayer at times in a peaceful way. Is God asking to be with me?”

“The peace of the experience that Christ dwells within me has an awesome effect on my well-being.”

“I feel that the silent presence of God is in me. It stays with me always and helps me stay calm and reassured when I manage situations with my children, my husband, and others whom I love. I totally got that. God is in me—and has been all along.”

“God is a friend now and not an authority figure. I feel closer to God.”

By week six of the study, participants were able to release their expectations for an outcome in the prayer and tolerate extraneous thoughts as a necessary part of the prayer process. One mother described examples of her passing thoughts as “to-do lists floating by...fourth-grade project, visiting my sister, behind in my journaling...all floating by.” The internal dynamic of releasing thoughts and expectations in the prayer also became a habit outside of the prayer period, as this participant attested: “Of course, I still get angry, but I am able to let go of issues quickly. I don’t harbor ill will like I did in the past. I am beginning to understand why I react to different things in ways I don’t like. I am also understanding how a simple alteration in perspective can change those reactions.”

As they detached from situations rather than reacting to them automatically, their emotional response moderated, and this in turn increased their ability to cope effectively: “I’m noticing my days are more fulfilling. I am accomplishing much more with less anxiousness.” Their relationships with others improved, and this in turn contributed to their increasing self-esteem. In one case: “My mother said something to me that a year ago would have sent me into an angry spiral. I responded to her respectfully. I did not back down, but held my position and voiced it without getting upset. After the conversation, I was elated. I knew God was speaking to me and encouraging me—I was on the right path.” Moving beyond thinking by returning to the sacred word *ever so gently* in the prayer had the physical effect of prompting one participant’s body to be “inclined to be gentle.” Normally, observed a member of the Interdisciplinary Team, “we are so identified with our thoughts that when we detach from them, we are able to stay cognitively flexible and we move with greater fluidity, which reduces stress because we are ‘in the flow’ rather than attached to ego constructions and expectations, which create greater stress.”

Evidence of purification of the unconscious surfaced in a number of ways:

Unexpected tears emerged “all of a sudden” for one participant, “I just needed to let go and let it flow.”

The movement between the rest and turmoil of thoughts characteristic of the purification process, was described by one participant as feeling “warm and fuzzy” in some prayer periods, and like “hitting a brick wall of thoughts” at other times.

Several participants said thoughts “came up, and were let go,” of childhood “flashbacks” and of people and events that they had not entertained in years. “I’m occasionally startled by the thoughts that come from nowhere,” said one of the older participants. “They pop up from 40 or 50 years ago. Sometimes I can let them go and sometimes I get hooked.”

A member shared that she had had a “recurring” thought “over and over again” during several prayer periods. After one prayer period, she said she “wrote a letter to resolve the issue.”

The unloading manifested itself physically, at times, as in the case of a woman who said she had difficulty staying seated during a few of her prayer periods: her knees bounced and her face contorted, and “it was almost painful to sit still.”

The memory of a frightening experience emerged during a prayer period for another participant, who said she was able to feel and then let go of the “dread” she had never spoken to anyone about since the event had occurred 13 years previously. “I released it and gave it to God as something not to fear again.”

At times, participants noted that joy overwhelmed them during the prayer as they experienced inwardly the love of God.

Many of the participants reported less conflict and greater intimacy especially in their relationships with family members and in their work environments as a result of the effects of Centering Prayer. For example, one participant remarked on the “calming” effect of the prayer in his daily life: “When family or work issues arise, I have noticed that I listen first. Before, I would jump in and respond immediately. This was not helpful with my relationships.” Some members said that the peace they experienced in the prayer also continued in their interactions with others throughout the day, most often expressed in

being more receptive to people and situations. This manifested for one participant in her interactions with her children and her spouse:

“I don’t sweat the small stuff anymore. I notice I have much more patience with my daughter; I can let some of the little irritating things like whining roll off me easier.” This same parent remarked of her younger son, “I think he can sense that I’m less anxious, because he’s responding in a calmer fashion to me.”

Later, she talked about the argument she had had with her husband: “I realized I needed a second ‘sit.’ It helped calm me down. I apologized in the car and I talked calmly about how to handle the situation in the future. In the past, both of us would have stayed angry at each other the entire evening. We were pleased and relieved to not have that happen again.”

In the beginning of the study, several participants wanted to be free of stress and have a “wonderful life” that is controllable and problem free, observed a member of the Interdisciplinary Team. As one mother complained after her child had had a temper tantrum in front of guests: “Damn, I did Centering Prayer, why isn’t it working?” By the end of the study, this Interdisciplinary Team member perceived a greater maturity in the group overall. The participants embraced an attitude of, “‘life will happen but I can handle whatever happens because I have the tools to handle it.’ Before it was: ‘I have to do this to be in control—to do everything on my list’—and they realized this was unhealthy. The inner turmoil of fighting themselves to accomplish all these things gave way to surrendering to who they really are. I heard a lot of ‘letting go,’ of ‘being,’ rather than ‘doing.’ Spirituality seemed to be the foundation for all this.”

## Discussion

Parishioners in the first 11 weeks of their introduction to a twice-daily Centering Prayer practice experienced: (1) a change in their relationship to the divine, and (2) a healing of stress through the effects of this relationship, substantiated by signs of purification of the unconscious and positive coping behavior. Furthermore, (3) the study offered an effective program to integrate spirituality and wellness while preserving the integrity of Centering Prayer as a way to deepen one’s relationship with God without reducing it to a relaxation technique. As one participant explained, “I feel less stressed but it’s not the main thing anymore—it’s the relationship with God.” Others conveyed that their commitment to a twice-daily practice of Centering Prayer was primarily due to their experiential relationship with the divine.

Participants in the Centering Prayer group demonstrated statistically significant changes in three different Styles of Relationship with God: Collaborative, Deferring, and Self-Directing. This study indicates that the effects of a Centering Prayer practice increase the Collaborative Style, and decrease the Deferring and the Self-Directing Styles. The Collaborative Style is consistent with Centering Prayers’ theological grounding where those praying establish an experiential, interactive, and increasingly intimate relationship with God. This style reveals how parishioners use their faith in daily life through an active sense of shared responsibility with the divine when faced with difficult circumstances. It is associated with reduced stress and the greatest overall sense of well-being among the three styles (Pargament et al. 1988). This finding is compatible with several participants’ reports of greater calm and more peace as a result of the effects of their Centering Prayer practice.

Although data from the Trait-Anxiety measure is not statistically significant, it suggests that participants experienced a decrease in their underlying disposition to stress. This is

supported by the study's qualitative findings of decreased anxiety and tension among participants. "I don't feel anxiety as greatly as before, physically, in my chest," said one member. Another reported freedom from "stored tension" in her neck and shoulder muscles.

The goal of Centering Prayer is not to reduce stress but to be in relationship with God. Choosing to be in this relationship, however, releases stress as a side effect. This study compared Lazarus' scientific, emotion-based understanding of stress and Keating's psycho-spiritual understanding of the divine therapy to show how the effects of a regular Centering Prayer practice contribute to healing the underlying emotional roots of stress. For Lazarus, stress can be reduced by emotion-based coping, or cognitive reappraisal, which changes the meaning of a relationship between a person and the environment. In Keating's construct, a person's deepening relationship with God through a Centering Prayer practice also cultivates a change in meaning that is anchored in the holy. This spiritual level of awareness offers an individual a new way of appraising situations based on one's experience of the divine indwelling rather than on unconscious fears and cravings. These fears and cravings begin to dissipate over time as one reintegrates "the unfinished business of a lifetime" by releasing repressed emotions during the deep rest of contemplative prayer (Keating 1986, pp. 97–98). As one rests in God, the first healing action by God is to affirm one's goodness. Several participants indicated that they experienced God's love. For instance, one member remarked, "Centering Prayer lets you know God loves you and is always listening." The affirming nature of the prayer manifested in increased self-esteem for several participants. "I am actually liking myself much more and being more compassionate toward myself," noted one of them. Self-esteem is associated with reduced stress (Pargament et al. 1988).

Centering Prayer opens a person to a process of healing through the purification of the unconscious in which the source of one's repressed stress, often in the form of grief, is released by one's fluid awareness of thoughts as they emerge into consciousness. It is through one's awareness of these thoughts as they drift by that old wounds can be transformed and integrated into one's psyche instead of being repressed. Keating calls this process the unloading and evacuation of thoughts, which participants experienced as an aspect of the prayer. The movement between the rest and turmoil of thoughts characteristic of the purification process was described by one participant as feeling "warm and fuzzy" in some prayer periods, and like "hitting a brick wall of thoughts" in other periods. One member said she "was filled with great peace" when she experienced the flow of "a few soft tears" at the edges of her eyes. These evoke the spiritual tears described by the ancient Desert Fathers as "an aspect of the total transfiguration of the human person by deifying grace" (Ware 2000, p. 57).

The purification process encouraged by contemplative prayer leads one to begin to perceive the world from the spiritual level of one's being, prompting a kind of "double awareness" in which one is aware of thoughts at one level but is experiencing a peaceful detachment and rest in God at another level (Keating 1994) both inside and outside the prayer period. This supports what the study defines as *positive coping behavior* in which one relates to the environment with a degree of awareness and acceptance of what one is experiencing through detachment from expectations that it be other than what it is. For example, participants reported an increased willingness to listen instead of giving unwanted advice to family members; a greater experience of patience from "not sweating the small stuff"; and an increased self-knowledge about the reasons behind one's problematic behavior. They relayed that their detachment from thoughts during the prayer period also became a habit in daily life as they disengaged from reactive patterns of behavior with their children, co-workers, and spouses. This resulted in less conflict and greater intimacy in

their interactions with others, which indicates an overall reduction in stress since interpersonal relationships are a prime source of stress, as cited earlier in the Introduction. For example, one participant reported the experience of a double awareness of her outward behavior on the one hand, and her inward, observing self, on the other: “I’m not as ‘engaged’ in my children’s dramas like I used to be. I can step back more, and if I do start arguing unproductively with my kids, I can catch myself sooner, and stop.” The effects of Centering Prayer allowed this participant to relate to her children with greater flexibility and freedom to choose how she responded to them, instead of being driven by old behavior patterns. In another instance, as one member became less reactive emotionally, she noticed that her physical health also improved. “My reactive airways didn’t respond with my getting bronchitis, which usually happens when my allergies flare up.” The implication is that one is able to let go of stress more quickly when it arises rather than ruminating on thoughts to one’s continued distress both emotionally and physically. As one participant remarked, Centering Prayer stopped her “downward spirals of self-negativity,” and helped her feel better about herself. “I’m more aware of my thoughts and able to see them as just thoughts. It stopped negative self-talk and time ruminating over decisions [and] issues.”

The ability to detach more quickly from reactive patterns was reported by another participant: “Of course, I still get angry, but I am able to let go of issues quickly. I don’t harbor ill will like I did in the past. I am also understanding how a simple alteration in perspective can change those reactions.” This latter point supports Lazarus’ theory that stress can be reduced when one reappraises one’s relationship with the environment. In Keating’s paradigm, this ability to see things differently arises from a purification of the unconscious, which reduces the obstacles to one’s awareness of the divine indwelling. Stress is reduced because one is more inclined to God’s purpose and less driven by one’s own will. The ongoing act of surrender to God during the prayer period establishes an interior silence in daily life that ultimately releases one from inner turmoil because one is continuously aware of the divine presence. “The only time we have to take action to change what we are doing is when we notice a loss of peace. That means we are off course. As long as that peace is in place, we are in deep prayer all the time, whether we are praying formally or not” (Keating 2000, p. 71). Keating believes this continuous awareness of God in the midst of one’s activity constitutes human health.

Many of the participants found that in letting go of their expectations for stress relief or other goals, they were better able to relax by surrendering to God, which brought them rewards beyond their expectations. This included a desire for a relationship with God in and of itself. The paradox of this study is that stress itself proved to be a gift from God, leading many of the participants to the source of their longing in an experiential relationship with the divine, where they found rest and healing.

**Author note** This study was excerpted from a Doctor of Ministry dissertation on *Centering Prayer as a Healing Response to Everyday Stress at a Roman Catholic Parish in Silicon Valley* (2006) completed by the first author and principal investigator, Jane Ferguson, at Pacific School of Religion, Graduate Theological Union, Berkeley, CA. The statistical analysis was done in collaboration with Eleanor Willemsen, Ph.D., professor of psychology and advanced statistics at Santa Clara University, and May Lynn Castañeto, a Ph.D. candidate in psychology at Pacific Graduate School of Psychology. The authors wish to thank the parishioners of St. Mary’s Parish in Los Gatos for their commitment and participation in this study.

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