

Senior Research Project Report:
The Effects of Centering Prayer on Undergraduate Everyday Stress

Erin Producers

140102

MB: 589

In fulfillment of PSYC495

Dr. Christopher Peet

April 23, 2018

ABSTRACT

This study investigated the effects of centering prayer on undergraduate students' everyday stress. Our hypothesis was that regular practice of centering prayer would decrease everyday stress. This hypothesis was tested using 26 students at The King's University. The centering prayer practice was undertaken twice daily for twenty minutes per session for seven weeks. Everyday stress was measured prior to and after the centering prayer practice using the Perceived Stress Scale (Cohen & Williamson, 2011) and the State-Trait Anxiety Inventory for Adults (Spielberger, 1983). Pre-test qualitative data was also obtained to ascertain the subjects' prior degree of knowledge and experience with centering prayer, while at post-test their experiences and perceptions of undertaking centering prayer practice were gathered. Our results supported the hypothesis that centering prayer practice reduces everyday stress in undergraduate students.

Introduction

This study measured the effects of centering prayer on undergraduates' everyday stress. The project was conceptualized to contribute to the small body of research on centering prayer. It also contributes to the researcher fields of spirituality, health, and anxiety reducing practices. As well as adding to research conducted on the undergraduate student population. Universities should consider contemplative practice for the purposes of positive effects on mental health for students. The hypothesis of this study was that the practice of centering prayer would reduce everyday stress in undergraduates.

Literature Review

Centering Prayer. First and foremost, centering prayer is a Christian contemplative practice (Keating, 2006) which is used to “rest in God” (p.127). This type of prayer is believed to have been practiced in the 4th century (Asbill, 2015; Contemplative Outreach, 2014). Though practiced in ancient times (Bourgeault, 2004; Keating, 2006) centering prayer and other contemplative methods of prayer are largely unknown in the present day especially in contrast to more discursive forms of prayer (Blankton, 2011; Fredrickson et al., 2008). Works like Saudrea's 1896 *The Degrees of the Spiritual Life* began a trend of renewed interest in traditional prayer-types (Keating, 2006, p.150). The history rediscovered through the writings of John of the Cross and St. Teresa of Avila, and *the anonymous Cloud of Unknowing* (Keating, 2006) helped to guide those who promoted centering prayer. Following the spiritual revolution of the 60s there was a need Christianity to review its history to answer to the unrest of its believers. The forerunners of the contemplative revival were Thomas Merton, Thomas Keating, and John Main (Asbill, 2015; Ferguson et al., 2010; Wachholtz & Austin, 2013; Wachholtz & Shapiro, 2006). Thomas Merton, Thomas Keating, and the late Benedictine monk John Main, also traveled to the East. As a result, the rich history of contemplative prayer was further explored (Asbill, 2015).

Practicing centering prayer. The rediscovery of centering prayer has been spearheaded by Contemplative Outreach, a Christian organization founded in 1984 to promote and disseminate centering prayer (Contemplative Outreach, 2014; Ferguson et al, 2010, p.62). In 1989 they began teaching people how to practice this type of prayer following guidance from Keating. The material on centering prayer (Asbill, 2015; Ferguson, 2010; Keating, 2006) described the main concepts to a session: choosing a sacred word to symbolize “intention to

consent to God" (Contemplative Outreach, 2014); retreat away from world; settling oneself briefly with the sacred word; then engaged with a thought return "ever so gently" (Contemplative Outreach, 2014) to focus by mentally introducing the sacred word; at the end of a session remain seated with eyes closed for a few moments. It is these many concepts that Keating (2006) describes as the predecessor to contemplation. It is the space where the sacred word is not needed that one is "resting in God" (Bourgeault, 2004; Keating, 2006).

The concepts require knowledge that the sacred word does not have sacredness in itself. It is the fact that the word is intended to draw you away from an ego-centered mode into a God-centered mode, meaning that the word draws one toward sacredness (Bourgeault, 2004; Keating, 2006). Retreating requires withdrawing somewhere dark and quiet, and then positioning oneself comfortably, but alert. In some cases, areas of repeated distraction give a practitioner insight into their lives and relationship to God (Ferguson et al., 2010).

Previous research. The previous research on centering prayer has been limited (Asbill, 2015). The research on centering prayer is particularly under-researched in comparison to the growing interest in mindfulness and meditation (Waelde & Thompson, 2016; West, 2016). There is described to be a "a revolution in interest in meditation has taken place over the course of the last 15 years" (West, 2016, p. 15). Studies like this have measured many aspects of how meditation interacts with the person (Ospina et al., 2007; Ospina et al., 2008) in a wide variety of hypothesis focus. Waelde and Thompson (2016, p119) explain the "explosive growth in the rate of published mindfulness research, expanding from less than a dozen articles a year prior to 1998 to almost 500 per year" which has not extended to the research body on centering prayer (Wachholz & Austin, 2013).

The research that has been done on centering prayer often combines the practice with health benefits (Bingamann, 2011; Burns et al., 2011; Johnson et al., 2009; Solberg et al. 2004). Reduction of stress and anxiety appears as the most consistent finding in studies of "spiritual meditation" (Wachholtz & Austin, 2013). Keating himself calls the calming and self-reflective elements of centering prayer "strictly a side effect" (2006, p.133). Right now, centering prayer is being promoted to Christians as a contemplative or meditative practice which does not compromise Christian faith (Majaesic & Peet).

Everyday Stress. In this study everyday stress was defined as the scores of the *Perceived Stress Scale* or PSS (Cohen & Williamson, 2011) and the *State-Trait Anxiety Inventory* or STAI (Spielberger, 1983). These tests

are commonly used in other anxiety testing studies (Burns et al., 2011; Ferguson et al., 2010; Ladd & Spilka, 2013). Stress is a response to negative stimuli (Seyle, 1974). These negative stimuli could be anything from short-term hassles to life changing events. In recent years, the negative effects of stress have been made known to professionals as well as the general public (Cohen & Williamson, 1988). Stress can cause problems with individuals health (Solberg et al. 2004), family relations (Young and Cunningham, 2011), and self-esteem (Tshuma et al., 2018). Ferguson et al. (2010) tells us that:

“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” (p.307).

Thus, the everyday stress of individuals becomes an even more important area of anxiety to study. As a result, the consequences of an inability to cope with everyday stress (Seyle, 1974) appear to be more detrimental the stressors themselves (Ferguson et al., 2010).

The reduction, avoidance, and coping of stress is important to undergraduates because student mental health concerns are on the rise (Tshuma et al., 2018). In this way the present study is able to connect together the anxiety vulnerable population of undergraduate students (Asbill, 2015) with the anxiety reducing practice of centering prayer (Ferguson et al., 2010).

The hypothesis. The hypothesis that the centering prayer practice would reduce the everyday stress of undergraduates is in line with the literature. This study loosely replicated themes and methods from Ferguson et al.'s 2010 study as well as Asbill's 2015 study. Ferguson et al. had 15 congregation members volunteer to participate in a 7-week introduction to contemplation workshop. The participants practiced centering prayer for 20 minutes, twice daily. The workshop included a once a week grounding session with a trained facilitator. Participants were also required to make a daily entry into a journal. The researchers then analysed the pre- and post-test measures of STAI and 'ways of relating to God'. The study was able to prove a positive change in the participants' way of relating to God. They were unable to find statistically viable evidence of anxiety reduction (p.318). The study done by Ferguson et al. “noted that the qualitative results demonstrated that the practice of

centering had a positive impact on health outcomes including perceived levels of stress and anxiety” (Asbill, 2015, p.10) indicating that participants linked centering prayer to anxiety and stress reduction in their lives but lacked quantitative and statistical evidence.

The 2015 Asbill study compared mindfulness and centering prayer. This study had 87 participants, 45 of whom were assigned to the centering prayer group. These participants were to engage in 20-minute centering prayer sessions 3 times a week, over 6 weeks. Prior to engaging in centering prayer, the participants had their anxiety measured through a variation of the STAI (State-Trait Inventory of Cognitive and Somatic Anxiety). Following the study period participants once again had their anxiety measured. The results from this study indicated that mindfulness and centering prayer equally reduce anxiety. These findings are “consistent with previous research, which suggests that centering prayer is effective for reducing symptoms of state anxiety” (Asbill, 2015, p.77). Centering prayer should be receiving as much attention as mindfulness and meditation in the literature.

Method

Participants

This study had 26 participants. These participants were gathered through flyers on campus, petitioning classes, and word-of-mouth. An incentive for participants in the study was that participation would substitute for a mandatory paper. The mandatory paper is regarding an interdisciplinary conference all students must attend 6 times in order to graduate. All participants were enrolled in The King’s University and registered for the following term. There were 24 females (92.31%) and 2 males (7.69%). The mean age was 21 years (21.31) ranging from 18 to 42. Information of ethnicity was not collected. All participants were enrolled in The King’s University, the average year of study was 2.06 (ranging from 1 to 3.5). There were 3 participants who reported psychological diagnoses (2 type-2 bipolar (07.69%), 1 anxiety disorder (03.85%)). These participants were permitted to continue the study. Participants were asked to rank “how important” religion was to them from 1 (least important) to 4 (most important) with a Likert scale; the mean score was 3.62. Their faith alignments are shown in figure 1. *Religious alignments of participants.* The chart distinguishes the non-Protestant alignments. 1 participant was Buddhist (3.85%) and another was Catholic (3.85%).

Of the study’s 26 participants, 24 were Protestant Christians. The King’s University is a Christian institution, leading the researchers to anticipate that the sample would be primarily composed of Christians. Only 17 participants (65.38%) reported having heard of centering prayer prior to enrolling in the study, the average knowledge of centering prayer was 1.04 on a 5-point Likert scale ranging from. In the case of the Buddhist participant, the fact that prayer would be directed towards a higher power and the informed knowledge that centering prayer is a Christian prayer-type derived from the monastic and mystic traditions permitted ethical and valid participation in this study.

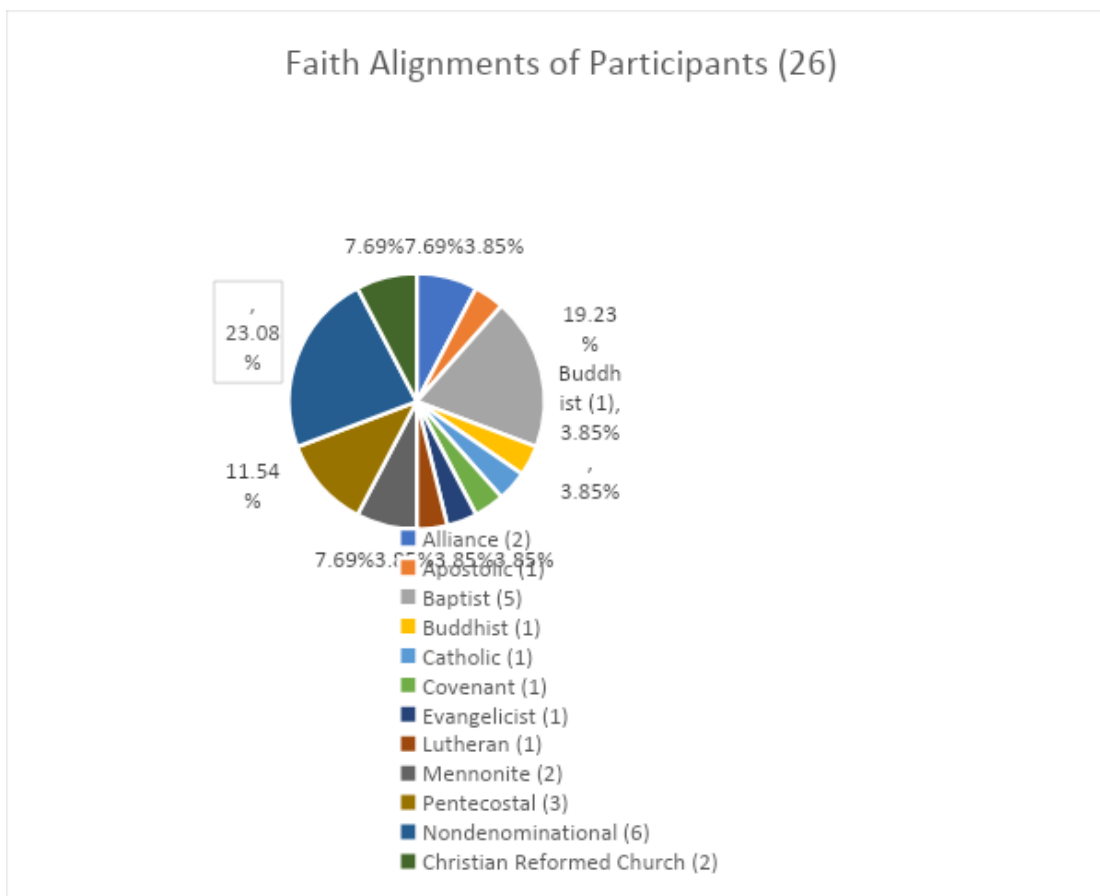


Figure 1. *Religious alignments of participants*

Attrition. This study had a high rate of attrition. Of the 42 participants who completed the pre-test, 16 participants withdrew before the study’s completion. The participants were undergraduate students at The King’s University who agreed to participate in a study that required almost 5 hours of commitment each week. Because morbidity was expected, the initial 42 participants were not separated into groups. The initial participants

composed 1 group for a pre-test/post-test design. Participants knew that they were free to withdraw from the study at any time without penalty. By the post-test 16 participants had withdrawn.

There was no discernable pattern as to the differences between participants who withdrew and those who completed the study. Age, year of study, sex, religiosity, denomination, and pre-test everyday stress scores were tested; but, there was no significant evidence to indicate any difference between the 2 groups. There was no requirement to have or give a reason for withdrawal, participants were only asked to notify the researchers. However, several participants shared their reasons for withdrawal. One participant revealed, “I feel too busy to commit to this study” which encompassed most reasons that were shared with the researchers. This indicates a paradox of individuals having too much everyday stress to enact a stress-reducing practice.

Design

The aim of this study was to assess the effects of centering prayer on the everyday stress of undergraduates. This study loosely replicated *Centering Prayer as a Healing Response to Everyday Stress: A Psychological and Spiritual Process* (Ferguson et al., 2010) and *Spiritually Oriented Interventions: Comparing Mindfulness and Centering Prayer as Interventions for Anxiety Reduction* (Asbill, 2015), as many methodological decisions were paralleled to attempt to re-test Centering Prayer as an independent variable on the dependant variable of everyday stress.

The study was conducted by means of a 1 sample pre-test/post-test quasi-experiment. It was deemed inappropriate to separate the initial participants into a conditioned group or a control group. The commitment required in this study deterred individuals from becoming participants, limiting the participants available. Though the pre-test/post-test design does not require a control group, control groups provide reliability to results. As mentioned above, the expectancy of attrition motivated the researchers’ decision to have 1 group instead of randomly assigning participants into an experimental group or a control group.

Procedure

Pre-test. This study began n November 2017. Following approval from the ethics board, participants were gathered through flyers, petitioning classes, and word-of-mouth. Individuals who expressed interest were

contacted via the university's email about briefing. Briefing was conducted on November 28 and 29, 2017. Two briefing sessions were necessary as to not interfere with class schedules.

The briefing began with participants being presented with the study. They were told, that in order for the researchers to study the effects of centering prayer, they were to do a centering prayer practice; and that, the researchers would have them fill out a questionnaire before they began and following the practice, to find the effects. In doing so the practice of centering prayer was operationally defined as performing centering prayer for 20 minutes twice daily for 7 weeks, meeting once a week for a grounding session. The 20-minute sessions (Asbill, 2015; Ferguson et al., 2010) are present within the history of contemplative practice of centering prayer (Shapiro, 1982; Wachholtz & Austin, 2013; Wachholtz & Pargament, 2005) as well as for meditation (Gutierrez ET AL., 2015; Kemery et al., 2012; Ospina et al., 2007). Seven weeks was decided upon because it is the length prescribed by Contemplative Outreach (2014) under the influence of Keating (2006). The grounding sessions were facilitated by experienced practitioners ((Asbill, 2015; Ferguson et al., 2010) throughout the week and would mark participants' attendance. In special circumstances (i.e. travel or sickness) and over Christmas break the participants were to do a session of centering prayer in a group. Grounding sessions were used to motivate participants and keep them accountable (Majaesic & Peet, 2015). Participants were to mark any missed sessions on the study's confidential Moodle page once a week. Anyone who missed more than 2 sessions in a week were to contact a researcher in order to evaluate if any adjustments to their participation needed to be made. Participants who missed more than 15 sessions total were to be removed from the results; though all participants who met removal criteria withdrew from the study on their own.

After participants understood what the 7-week practice of centering prayer entailed the briefing continued. Next, they were educated on informed consent and provided with a consent form (see Appendix A). Following the completion of a consent form the participant were given a commitment statement (see Appendix B) to read and sign. Then participants were given the questionnaire for demographic questions and pre-test data. Pre-test data included qualitative and quantitative means of gathering information. Within the questionnaire was the PSS (Perceived Stress Scale; see Appendix C), SAI (State Anxiety Inventory; see Appendix D), and TAI (Trait

Anxiety Inventory; see Appendix E). After all participants handed in their blind questionnaires the concept of centering prayer was elaborated on.

The final portion of instructions given to the participants was a description of what Centering Prayer is. The general historical background of Centering Prayer being from the Christian Contemplative Tradition (Contemplative Outreach, 2014; Keating, 2001) and the rediscovery of Centering Prayer following the spiritual revolutions of the 60s (Bourgeault, 2004; Keating, 2006). This Participants were given a brochure about Centering prayer (see Appendix F). This brochure (Contemplative Outreach, 2014) contained another set of layman's instructions for practicing centering prayer:

“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” (p. 2).

In essence, participants were told to “choose a sacred word; retreat away from world; settle themselves briefly with the sacred word; return to focus by mentally introducing the sacred word; and then, at the end of a session remain seated with eyes closed for a few moments” (p.3). The elaboration of centering prayer was rehearsed by the researchers. Participants were then given the times of facilitated sessions to attend and dismissed

Post-test. This study concluded on January 17, 2018. The participants gathered for their second meeting the day after the 7-week active participant period concluded. The end of November and January were selected as the times for the study as the most equal points in the academic year to execute this study. Both of these points in the semester(s) do not contain high intensity external stressors (i.e. a condensed schedule of midterms, papers, or finals), nor do they contain low intensity external stressors (i.e. syllabus week or breaks) making them comparable times of the year (The King's University, 2017). The participants gathered for the post-test and debriefing during 1 of 2 different time slots, as to not interfere with their academics. Two groups were still used, but they were able to conduct on the same day. During these meetings participants were given a second questionnaire with qualitative and quantitative post-test questions (PSS, SAI, and TAI embedded within).

Following the completion of the questionnaire participants were debriefed in layman's terms. Participants were told that the hypothesis of the study was that their everyday stress would be lower following the 7-week prayer period. They were informed that knowing a study's hypothesis before the completion of data collection can cause various demand characteristics. When the participants were told the hypothesis of the study they voiced that the hypothesis appeared to align with their experiences. They were provided with an opportunity to voice any questions, concerns, or give general feedback. There was little discussion involving the participants following the study despite there being an opportunity built into the design of the study. Completion of the study was recorded for the purposes of ensuring participants received their incentive (exemption from a school-wide mandatory reflection paper).

Measures

The hypothesis of this study was that practicing Centering Prayer would lower Undergraduates' everyday stress. There were 3 measures of everyday stress that were used in this study: The Perceived Stress Scale (PSS), State Anxiety Inventory (SAI), and Trait Anxiety Index (TAI). All three are valid and reliable self-report quantitative measures of everyday stress. These measures of everyday stress were completed by participants prior to an introduction to Centering Prayer and following the 7 weeks of Centering Prayer practice as well as following the 7-week active participant period. The PSS, SAI, and TAI were all tested in both the pre-and post-tests.

Perceived Stress Scale. The Perceived Stress Scale is a scale-design measure of degree to which participants perceive their own stress (Cohen & Williamson, 1988). It is a 5-point Likert scale where 0 is never and 5 is very often. Mind Garden, the developer of the PSS maintain that the PSS is a valid and reliable measure of the "degree to which situations of one's life are appraised as stressful" (Cohen & Williamson, 1988, p.4). This measure proved that that self-report of participants during debrief, where they said the hypothesis aligned with their experiences, was, in fact, scientifically accurate.

State-Trait Anxiety Inventory. The State and Trait Anxiety measures were both developed by Spielberger et al. (1983) to collect data about anxiousness. These tests are recognized as being valid and reliable for research use (Spielberger et al., 1983, p.30-42). The STAI and its variations (Asbill, 2015) are commonly used with the literature on anxiety (Burns, 2011). The study by Ferguson et al. (2010) that is being loosely replicated

also used this measure for anxiety. However, they (Ferguson et al., 2010) scored these tests as STAI, not SAI and TAI. In some circumstances researchers and professionals combine the SAI and TAI to achieve STAI Score, however in this study this was deemed inappropriate. The state and trait aspects of this test are different. The SAI measures the “temporal cross-sections in the stream-of-life of a person” as well as “emotional reactions” (Spielberger et al., 1983, p.4); whereas, the TAI measures the “tendency to perceive stressful situations as dangerous or threatening and to respond to such situations with elevations in the intensity of their state-anxiety reactions” (Spielberger et al., 1983, p.5). This study determined that measuring the SAI and TAI separately would provide a clearer analysis of the effects on everyday stress. Lowered scores in SAI have different implications than in TAI (Spielberger et al., 1983), and, as such, it was imperative to analyze the two separately. Spielberger et al., (1983) describes the difference between SAI and TAI as how one reacts and the options available to determine one’s reactions.

Results

Participants self-report data indicated that they experiential effects of centering prayer made participants feel less stressed. Feelings of closeness to God and calmness were positively acknowledged in the qualitative measures. The data from participants indicated a decrease in everyday stress for the undergraduates who completed this study. The measures that supported this view were the PSS, SAI, TAI, and qualitative subjective responses from the participants. The results are very indicative that Centering Prayer has a negative effect on anxiety and stress, thereby reducing the anxiety and stress. Figures 2,3, and 4 show the pre- and post-test score changes (note: the figures are scaled differently).

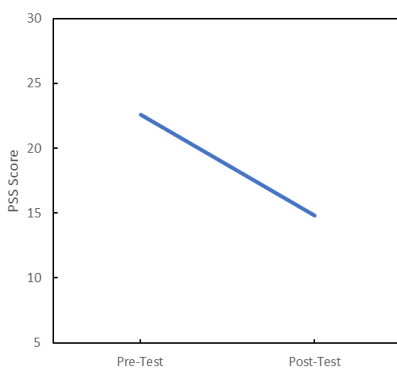


Figure 2. Perceived Stress Score Difference

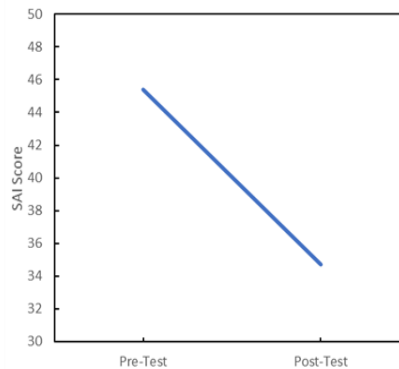


Figure 3. State Anxiety Inventory Score Difference



Figure 3. Trait Anxiety Inventory Score

Figure 4. Trait Anxiety Inventory Score Difference

The Data

Quantitative. The quantitative data collected from the PSS, SAI, and TAI is displayed in Figure 5. *Chart of Everyday Stress Measures*. This data was then analysed primarily by a paired t-test. The t-test was used to show the difference between the pre- and post-test scores. The data was analyzed through a one sample-test where statistical significance was verified. As Figure 6. *Chart of T-Test Values* indicates the *t* values all are below -2, indicating significance in the expected direction. The lowered anxiety measures are further supported because all *p* values are less than 0.05. In the PSS measure $p \leq 0.00$, in SAI $p \leq 0.01$, and in TAI $p \leq 0.01$. For PSS the size-effect was very large (Cohen’s $d=1.02$). SAI measures also showed a significant difference ($t(df)=3.97, p < 0.00$). The size-effect for the SAI was medium (Cohen’s $d=0.74$). TAI measures showed a significant difference as well ($t(df)=4.36, p < 0.00$), with a large size-effect (Cohen’s $d=0.85$).

| | Pre-Test Perceived Stress Scale | Pre-Test State Anxiety Inventory | Pre-Test Trait Anxiety Inventory | Post-Test Perceived Stress Scale | Post-Test State Anxiety Inventory | Post-Test Trait Anxiety Inventory |
|--------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| N of Cases | 26 | 26 | 26 | 26 | 26 | 26 |
| Minimum | 14.000 | 28.000 | 35.000 | 8.000 | 22.000 | 25.000 |
| Maximum | 36.000 | 73.000 | 68.000 | 29.000 | 58.000 | 57.000 |
| Median | 24.000 | 47.000 | 46.500 | 14.000 | 33.500 | 37.500 |
| Arithmetic Mean | 22.577 | 45.385 | 48.462 | 14.808 | 34.731 | 38.923 |
| Mode | 27.000 | 48.000 | 53.00 | 15.000 | 30.000 | 35.000 |
| Standard Deviation | 5.412 | 12.057 | 9.446 | 5.269 | 9.293 | 8.499 |
| Skewness (G1) | 0.258 | 0.355 | 0.383 | 1.331 | 0.632 | 0.436 |

Figure 5. *Chart of Everyday Stress Measures*

| Variable | Mean Difference | 95.00% Confidence Interval | | Standard Deviation of Difference | T | df | p-Value |
|-----------------------------------|-----------------|----------------------------|-------------|----------------------------------|--------|--------|---------|
| | | Lower Limit | Upper Limit | | | | |
| Post-Test Perceived Stress Scale | -7.769 | -10.842 | -4.697 | 7.607 | -5.208 | 25.000 | 0.000 |
| Pre-Test Perceived Stress Scale | | | | | | | |
| Post-Test State Anxiety Inventory | -10.654 | -16.439 | -4.869 | 14.322 | -3.793 | 25.000 | 0.001 |
| Pre-Test State Anxiety Inventory | | | | | | | |
| Post-Test Trait Anxiety Inventory | -9.538 | -13.874 | -5.203 | 10.734 | -4.531 | 25.000 | 0.000 |
| Pre-Test Trait Anxiety Inventory | | | | | | | |

Figure 6. *Chart of T-Test Values*

Qualitative data. The qualitative data obtained from the participants also interesting patterns. Only 17 participants (65.38%) reported having heard of centering prayer prior to enrolling in the study. The average knowledge about centering prayer was 1.04 on a 5-point Likert scale. All participants were then educated on the history and method of centering prayer, further increasing their knowledge. 24 participants (92.31%) indicated that they had learned more about centering prayer through the experience of completing the prayer-type.

Participants had a positive experience of centering prayer, 18 (69.23%) participants said they wished to continue *practicing* centering prayer following the study. There were 3 participants (11.54%) who did not find it difficult to incorporate centering prayer into their routine, and 2 (7.69%) who only found a portion of it difficult. The 21 (80.69%) of participants found it difficult to incorporate centering prayer into their schedules, beyond this 15 (57.69%) of participants found the action of centering prayer to be difficult. The perceived effects of centering prayer were meaningful enough for 18 (69.23%) to wish to continue centering prayer despite this difficulty.

Though many participants indicated that if they continue they would only be regularly do 1 session a day, instead of the 2 that this study required.

| Areas of Qualitative Self-Report | Number of Participants Who Directly Reported This | Number of Participants Reports that Implied This |
|---|---|--|
| Growth of Interest in Contemplative Practices | 10 | 5 |
| Prioritizing Spirituality | 10 | 1 |
| Feeling “Closer” to God | 16 | 10 |
| Improvement in Relationships (family, friendship, romantic) | 4 | 2 |
| Being More Patient | 3 | 1 |
| Aware of Busyness | 9 | 6 |
| More Aware of One’s Health | 8 | 0 |
| Sleeping Better | 4 | 0 |
| Feeling “Calmer” | 14 | 3 |
| Feeling Less Stressed | 10 | 5 |
| Feeling Less Anxious | 5 | 2 |

A single participant (3.85%) reported that their wellness was not impacted. However, all participants said their mindfulness of their own attention was impacted during the study. The self-reported results of the participants’ experiences of centering prayer can be found in Figure 7. *Chart of Qualitative Responses* where the frequency of key themes of self-report are displayed. Within the qualitative section 12 participants (46.15%) reported that the people around them noticed changes in the participant during the study period.

Conclusions

Discussion

The data shows that practicing entering prayer for 20 minutes twice daily, for 7 weeks significantly reduced the everyday stress of undergraduates at The King's University. Difficulty arose while training the participants in centering prayer. As mentioned above, many participants felt that doing centering prayer was difficult. All 3 participants (11.54%) indicated that learned more about centering prayer from practicing the prayer-type than they could have from merely being educated on it. A participant reported that after a few sessions "it now makes much more sense." The participants themselves indicated that they noticed the reduction change in everyday stress, one said that they "feel less stressed." The hypothesis of this study was achieved.

Participants also indicated that being a part of this study is what motivated their continued participation. A participant noted seeking out the study because they "wanted an element of forced rest in [their] day" and they knew they would do it if a senior research project depended on them fulfilling the experiment. Another participant commented that they were curious about if there was a difference between centering prayer done individually or done in a group. This indicates participants felt there could potentially be a difference to praying in the facilitated sessions required by this study, giving them empirical importance rather than just historic/traditional importance.

Negative effects. There were 6 participants (23.08%) who reported negative effects of some kind. The first negative effect was that 2 participants (7.69%) reported feeling stressed or anxious when they missed a session because o their participation in the study. One of the participants expressed this negative effect during the study and the researchers reminded the participant that participation was voluntary and that the participant was "not missing too many sessions" that it was a threat to validity. The second participant who reported anxiousness as a result of missed sessions was contacted following the study where it was discovered that they were not upset regarding to the study, rather it was because they felt as if they were breaking a promise to themselves and to God. There were 2 participants who reported a loss of sleep; but, they credited their own time management, not the prayer or the study to this effect. The final two negative effects were unpleasant body experiences due to increased awareness. One participant noticed their myoclonic jerks more during centering prayer. A participant with chronic

pain who also happened to fall ill over the course of the study was overwhelmed with pain at times. The possibility of negative effects was explained in the consent form; but, regardless, all participants with negative effects were contacted to ensure their wellbeing.

Suggested improvements. This study acknowledges that it was unable to incorporate as many areas of interest as possible. The lack of control group is an area where stronger evidence could have been acquired; however, it was inappropriate to have a control group with the initial 42 participants. The loosely replicated studies by Asbill (2015) and Ferguson et al. (2010) were also unable to have control groups. Asbill (2015) has this to say:

“One notable limitation of this study is the lack of a control group. There were significant barriers for developing a control group in this study. The implications of this are most notable for the state measures during the pre- and post-treatment assessments. Given that there was no control group it is not possible to determine whether or not practicing mindfulness or centering prayer was the reason for the decrease in state anxiety during the intervention or whether any neutral activity would have resulted in the same decrease. This limitation is less prevalent for the variables studied across assessments given that there is no reason to think that levels of trait anxiety or capacity for mindfulness would increase or decrease without cause” (p.85).

The above quote illustrates the importance of a control group in a study regardless of the fact that one is not deemed necessary in a pre-test/post-test design.

There are also needs to be more research done to ensure November and January were not confounds of this study impacted the everyday stress of undergraduate students in an unforeseen way. Participant education about centering prayer was also something to be improved upon as many participants had questions following briefing that were theological in nature. A common question was whether a sacred word was idolatry or was similar to a “mindless mantra?” Researchers assured participants that the sacred word was used to symbolize consent to God’s presence (Asbill 2015; Ferguson et al., 2010; Keating, 2001); giving access to the sacred, rather than being sacred (Bourgeault, 2004). The log of participation was viewed as reliable along with facilitator group

sessions being recorded, but more constancy of the prescribed centering prayer practice should be pursued by future research

Impact on the Literature. This study provides new information to the body of research on centering prayer. As Asbill (2015) explains:

“The previous research on centering prayer is limited and not all studies recruited participants with clinically significant distress [...] That being said, as previously noted, the results do suggest that centering prayer is an effective practice for reducing anxiety for individuals with varying levels of anxiety” (p.87).

This study deemed it appropriate to allow the participation of 3 participants (11.54%) with clinical psychological diagnoses. There were 2 participants (7.69%) who reported health problems at post-test. These participants were not removed from the research body as they provide a sample which more wholly represents the undergraduate population. The undergraduate population consists of mentally and physically unwell individuals (Tshuma et al., 2018) and need to be included in spirituality-oriented anxiety reduction methods.

More research needs to be conducted on spiritually oriented anxiety reduction methods. Asbill (2015) “demonstrated that practicing centering prayer can produce mental health benefits including reducing state and trait anxiety,” (p.88) which indicates that prior to the present study there was less evidence suggesting centering prayer should be studied alongside meditation and mindfulness in anxiety reduction studies. Centering prayer aligns with the acts and practice of other spiritual interventions (Asbill, 2015, p.89). The research on meditation and the circulatory system (Solberg et al., 2004; Solberg et al., 2004) and other investigation of meditation (Burns et al., 2011; Fredrickson et al., 2008; Gutierrez et al., 2015; Ospina,2008) should also consider that centering prayer has the potential to find similar effects. The abundance of research on mindfulness needs to incorporate and test centering prayer as well; like Knabb (2012) and Blanton (2011) who purposed centering prayer as alternatives if mindfulness-based practices are found to be ineffective for patients.

More research needs to be done on centering prayer. The primary function of centering prayer is to serve as a tool to draw one close to God (Keating, 2006). As such, research must honor the spiritual process of prayer while studying it. Regardless of scientific consequences, the prayer-type of centering prayer (Contemplative

Outreach, 2004; Keating, 2001) must not be strayed from the intentions of St. John of the Cross, Teresa of Avila, or *the anonymous Cloud of Unknowing* (Keating, 2006). This study upheld the values of centering prayer as a primarily spiritual phenomenon, while scientifically investigating the secondary effects of everyday stress reduction (Keating, 2006, p.133).

References

- Asbill, L. M. (2015). Spiritually oriented interventions: Comparing mindfulness and centering prayer as interventions for anxiety reduction. ProQuest: Ann Arbor, MI. UMI Number: 3709409.
- Bingamann, K. (2011). The Art of Contemplative and Mindfulness Practice: Incorporating the Findings of Neuroscience into Pastoral Care and Counseling. *Pastoral Psychology, 60*, 477–489.
- Blanton, K. (2011). The Other Mindful Practice: Centering Prayer & Psychotherapy. *Pastoral Psychology, 60*, 133–147.
- Bourgeault, C. (2004). *Centering prayer and inner awakening*. Cambridge, MA: Cowley Publications.
- Burns, J. L., Lee, R. M., & Brown, L. J. (2011). The effect of meditation on self-reported measures of stress, anxiety, depression, and perfectionism in a college population. *Journal of College Student Psychotherapy, 25*, 132–144
- Cohen, S., & Williamson, G. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of health: Claremont Symposium on applied social psychology*. Newbury Park, CA: Sage.
- Contemplative Outreach (2014). The Christian Contemplative Tradition. Retrieved from <http://www.contemplativeoutreach.org/node/18/>
- Ferguson, J. K., Willemsen, E., & Castañeto, M. V. (2010). Centering prayer as a healing response to everyday stress: a psychological and spiritual process. *Pastoral Psychology, 59*(3), 305–329
- Fox, J., Gutierrez, D., Haas, J., Braganza, D., & Berger, C. (2015). A phenomenological investigation of centering prayer using conventional content analysis. *Pastoral Psychology, 64*, 803–825.
- Fredrickson, B. L., Cohn, M. A., Coffey, K. A., Pek, J., & Finkel, S. M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology, 95*, 1045–1062
- Geschwind, N., Peeters, F., Drukker, M., van Os, J., & Wichers, M. (2011). Mindfulness training increases momentary positive emotions and reward experience in adults vulnerable to depression: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 79*, 618–628.

- Gutierrez, D., Fox, J., & Wood, A. (2015). Center, Light, and Sound: The Psychological Benefits of Three Distinct Meditative Practices. *Counseling and Values, 60*, 234-247.
- Johnson, M., Dose, A., Pipe, T., Petersen, W., Huschka, M., Gallenberg, M., & Frost, M. (2009). Centering prayer for women receiving chemotherapy for recurrent ovarian cancer: a pilot study. *Oncology Nursing Forum, 36*(4), 421–428.
- Keating, T. (2001). *The divine indwelling: Centering prayer and its development*. New York: Lantern Books.
- Keating, T. (2006). *Open mind, open heart: The contemplative dimension of the Gospel*. London: Bloomsbury.
- Kemeny, M. E., Foltz, C., Cavanagh, J. F., Cullen, M., Giese-Davis, J., Jennings, P., Ekman, P. (2012). Contemplative/emotion training reduces negative emotional behavior and promotes prosocial responses. *Emotion, 12*, 338–350.
- Knabb, J. (2012). Centering Prayer as an Alternative to Mindfulness-Based Cognitive Therapy for Depression Relapse Prevention. *Journal of Religious Health 51*:908–924
- Ladd, K. L., & Spilka, B. (2013). Prayer: A review of the empirical literature. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of The Psychology of Religion and Spirituality* (pp. 311–327). New York: Guilford Press.
- Majaesic, M., & Peet, C. (2018). The inner transformation: Interviewing centering prayer practitioners. Paper presented at the 31st Annual Psychology Undergraduate Research Conference at the University of Saskatchewan.
- Newberg, A., Pourdehnad, M., Alavi, A., & D'Aquili, E. G. (2003). Cerebral blood flow during meditative prayer: preliminary findings and methodological issues. *Perceptual and Motor Skills, 97*(2), 625–630.
- Oman, D., Thoresen, C., & Hedberg, J. (2010). Does passage meditation foster compassionate love among health professionals? A randomized trial. *Mental Health, Religion and Culture, 13*(2), 129–154.
- Ospina, M., Bond, K., Karkhaneh, M., Buscemi, N., Dryden, D., Barnes, V., Carlson, L., Dusek, J., & Shannahoff-Khalsa, D. (2008). Clinical Trials of Meditation Practices in Health Care: Characteristics and Quality. *The Journal of Alternative and Complementary Medicine, 14* (10), 1199–1213.

- Sedlmeier, P., Eberth, J., Schwarz, M., Zimmermann, D., Haarig, F., Jaeger, S., & Krunze, S. (2012). The psychological effects of meditation: a meta-analysis. *Psychological Bulletin, 138*(6), 1139–1171.
- Seyle, H. (1974). *Stress without distress*. New York: A Signet Book.
- Shapiro, D. H. (1982). Overview: Clinical and physiological comparison of meditation with other self-control strategies. *The American Journal of Psychiatry, 139*, 267–274.
- Solberg, E. E., Ekeberg, O., Holen, A., Ingjer, F., Sandvik, L., Standal, P. A., & Vikman, A. (2004). Hemodynamic changes during long meditation. *Applied Psychophysiology and Biofeedback, 29*, 213–221.
- Solberg, E. E., Holen, A., Ekeberg, O., Osterud, B., Halvorsen, R., & Sandvik, L. (2004). The effects of long meditation on plasma melatonin and blood serotonin. *Medical Science Monitor, 10*, CR96–CR101.
- Spielberger, C. D., Gorsuch, R. L., Lushene, R., Vagg, P. R., & Jacobs, G. A. (1983). *Manual for the State-Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologists Press.
- The King's University. (2017). Dates and Deadlines. *The King's University Website*. Retrieved February 2, 2018, from <http://registry.kingsu.ca/DatesandDeadlines.html>
- Tshuma, S., Good, M., Cornies, K., Wikkerink, S., Ferber, M., & Brosseau, D. C. (2018). *A descriptive analysis of student mental health and well-being in faith-based institutions in Canada*. Poster presented at The King's University Social Sciences Fair, Edmonton, AB.
- Wachholtz, A. B., & Austin, E. T. (2013). Contemporary spiritual meditation: Practices and outcomes. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 311–327). New York: Guilford Press.
- Wachholtz, A. B., & Pargament, K. I. (2005). Is spirituality a critical ingredient of meditation? Comparing the effects of spiritual meditation, secular meditation, and relaxation on spiritual, psychological, cardiac, and pain outcomes. *Journal of Behavioral Medicine, 28*(4), 369–384.
- Wachholtz, A. B., & Pargament, K. I. (2008). Migraines and meditation: does spirituality matter? *Journal of Behavioral Medicine, 31*(4), 351–366.
- Walsh, R., & Shapiro, S. L. (2006). The meeting of meditative disciplines and Western psychology: A mutually enriching dialogue. *American Psychologist, 61*, 227–239.

Young, M. E., de Armas DeLorenzi, L., & Cunningham, L. (2011). Using meditation in addictions counseling. *Journal of Addictions & Offender Counseling*, 32, 58–71.

Appendix

CONSENT FORM

Research Participants:

A: Consent Form:

B: Commitment Statement:

PARTICIPANT COMMITMENT STATEMENT

Study Title: Effects of Centering Prayer

Participant:

| | |
|---|--|
| I hereby agree to participate in this study NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| For the entirety of time I am participating in this study, I agree to practice (within reason) Centering Prayer for 20 minutes twice a day for 7 weeks <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I will practice Centering Prayer as closely to the outlined procedure to the best of my ability NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| I understand what Centering Prayer is, and will discuss with the prayer facilitator or the investigator if I have any questions or concerns about the practice | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I agree to report how many times I have practiced Centering Prayer each week for the duration of the data collection period | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| | |
|--|------------------------------|
| I understand that I have the freedom and the right to withdrawal from this study at any point NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| Name (please print): _____ | Signature: _____ |
| Date: _____ | Witness Signature: _____ |

C: The Perceived Stress Scale

SELF-EVALUATION QUESTIONNAIRE

STAI Form Y-2

Name _____ Date _____

DIRECTIONS

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you *generally* feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

ALMOST NEVER
SOMETIMES
OFTEN
ALMOST ALWAYS

- 21. I feel pleasant 1 2 3 4
- 22. I feel nervous and restless 1 2 3 4
- 23. I feel satisfied with myself 1 2 3 4
- 24. I wish I could be as happy as others seem to be 1 2 3 4
- 25. I feel like a failure..... 1 2 3 4
- 26. I feel rested..... 1 2 3 4
- 27. I am "calm, cool, and collected" 1 2 3 4
- 28. I feel that difficulties are piling up so that I cannot overcome them 1 2 3 4
- 29. I worry too much over something that really doesn't matter 1 2 3 4
- 30. I am happy..... 1 2 3 4
- 31. I have disturbing thoughts..... 1 2 3 4
- 32. I lack self-confidence 1 2 3 4
- 33. I feel secure 1 2 3 4
- 34. I make decisions easily..... 1 2 3 4
- 35. I feel inadequate 1 2 3 4
- 36. I am content..... 1 2 3 4
- 37. Some unimportant thought runs through my mind and bothers me..... 1 2 3 4
- 38. I take disappointments so keenly that I can't put them out of my mind 1 2 3 4
- 39. I am a steady person 1 2 3 4
- 40. I get in a state of tension or turmoil as I think over my recent concerns and interests 1 2 3 4

C: The *State Anxiety Inventory*

mind garden

SELF-EVALUATION QUESTIONNAIRE

STAI Form Y-1

Please provide the following information:

Name _____ Date _____ S _____

Age _____ Gender (Circle) M F T _____

DIRECTIONS:

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel *right now*, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

VERY MUCH SO
MODERATELY SO
SOMEWHAT
NOT AT ALL

- 1. I feel calm 1 2 3 4
- 2. I feel secure 1 2 3 4
- 3. I am tense 1 2 3 4
- 4. I feel strained 1 2 3 4
- 5. I feel at ease 1 2 3 4
- 6. I feel upset 1 2 3 4
- 7. I am presently worrying over possible misfortunes 1 2 3 4
- 8. I feel satisfied 1 2 3 4
- 9. I feel frightened 1 2 3 4
- 10. I feel comfortable 1 2 3 4
- 11. I feel self-confident 1 2 3 4
- 12. I feel nervous 1 2 3 4
- 13. I am jittery 1 2 3 4
- 14. I feel indecisive 1 2 3 4
- 15. I am relaxed 1 2 3 4
- 16. I feel content 1 2 3 4
- 17. I am worried 1 2 3 4
- 18. I feel confused 1 2 3 4
- 19. I feel steady 1 2 3 4
- 20. I feel pleasant 1 2 3 4

SELF-EVALUATION QUESTIONNAIRE
STAI Form Y-2

Name _____ Date _____

DIRECTIONS

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you *generally* feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

ALMOST NEVER
SOMETIMES
OFTEN
ALMOST ALWAYS

- | | | | | |
|---|---|---|---|---|
| 21. I feel pleasant | 1 | 2 | 3 | 4 |
| 22. I feel nervous and restless | 1 | 2 | 3 | 4 |
| 23. I feel satisfied with myself | 1 | 2 | 3 | 4 |
| 24. I wish I could be as happy as others seem to be | 1 | 2 | 3 | 4 |
| 25. I feel like a failure | 1 | 2 | 3 | 4 |
| 26. I feel rested | 1 | 2 | 3 | 4 |
| 27. I am "calm, cool, and collected" | 1 | 2 | 3 | 4 |
| 28. I feel that difficulties are piling up so that I cannot overcome them | 1 | 2 | 3 | 4 |
| 29. I worry too much over something that really doesn't matter | 1 | 2 | 3 | 4 |
| 30. I am happy | 1 | 2 | 3 | 4 |
| 31. I have disturbing thoughts | 1 | 2 | 3 | 4 |
| 32. I lack self-confidence | 1 | 2 | 3 | 4 |
| 33. I feel secure | 1 | 2 | 3 | 4 |
| 34. I make decisions easily | 1 | 2 | 3 | 4 |
| 35. I feel inadequate | 1 | 2 | 3 | 4 |
| 36. I am content | 1 | 2 | 3 | 4 |
| 37. Some unimportant thought runs through my mind and bothers me | 1 | 2 | 3 | 4 |
| 38. I take disappointments so keenly that I can't put them out of my mind | 1 | 2 | 3 | 4 |
| 39. I am a steady person | 1 | 2 | 3 | 4 |
| 40. I get in a state of tension or turmoil as I think over my recent concerns and interests | 1 | 2 | 3 | 4 |

F: The Contemplative Outreach brochure given to participants

Be still and know that I am God.
PSALM 46:10

Contemplative Prayer
We may think of prayer as thoughts or feelings expressed in words. But this is only one expression. In the Christian tradition contemplative prayer is considered to be the pure gift of God. It is the opening of mind and heart – our whole being – to God, the Ultimate Mystery, beyond thoughts, words, and emotions. Through grace we open our awareness to God whom we know by faith is within us, closer than breathing, closer than thinking, closer than choosing, closer than consciousness itself.

Centering Prayer
Centering Prayer is a method designed to facilitate the development of contemplative prayer by preparing our faculties to receive this gift. It presents ancient Christian wisdom teachings in an updated form. Centering Prayer is not meant to replace other kinds of prayer; rather it casts a new light and depth of meaning on them. It is at the same time a relationship with God and a discipline to foster that relationship. This method of prayer is a movement beyond conversation with Christ to communion with him.

Theological Background
The source of Centering Prayer, as in all methods leading to contemplative prayer, is the indwelling Trinity: Father, Son, and Holy Spirit. The focus of Centering Prayer is the deepening of our relationship with the living Christ. It tends to build communities of faith and bond the members together in mutual friendship and love.

The Root of Centering Prayer
Listening to the word of God in Scripture (*Lectio Divina*) is a traditional way of cultivating friendship with Christ. It is a way of listening to the texts of Scripture as if we were in conversation with Christ and he were suggesting the topics of conversation. The daily encounter with Christ and reflection on his word leads beyond mere acquaintanceship to an attitude of friendship, trust, and love. Conversation simplifies and gives way to communing. Gregory the Great (6th century) in summarizing the Christian contemplative tradition expressed it as "resting in God." This was the classical meaning of contemplative prayer in the Christian tradition for the first sixteen centuries.

Wisdom Saying of Jesus
Centering Prayer is based on the wisdom saying of Jesus in the Sermon on the Mount: "When you pray, go to your inner room, close the door and pray to your Father in secret. And your Father, who sees in secret, will reward you" (MT 6:6). It is also inspired by writings of major contributors to the Christian contemplative heritage including John Cassian, the anonymous author of *The Cloud of Unknowing*, Francis de Sales, Teresa of Avila, John of the Cross, Thérèse of Lisieux, and Thomas Merton.

The Guidelines

1. Choose a sacred word as the symbol of your intention to 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 your 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.

*thoughts include body sensations, feelings, images, and reflections

Centering Prayer Guidelines

I. Choose a sacred word as the symbol of your consent to God's presence and action within. We close our eyes as a symbol of letting go of what is going on around and within us. We introduce the sacred word inwardly.

- The sacred word expresses our intention as gently as laying a feather on a piece of absorbent cotton.
- The sacred word is chosen during a brief period or two syllables, such as: God, Jesus, Abba, Father, Mother, Mary, Amen. Other possibilities include: Love, Listen, Peace, Mercy, Let Go.
- Instead of a sacred word, a simple inward glance perception, including body sensations, sense toward the Divine Presence, or noticing one's perceptions, feelings, images, memories, plans, breath may be more suitable for some persons. reflections, concepts, commentaries, and The same guidelines apply to these symbols as to spiritual experiences.
- The sacred word is sacred not because of its inherent meaning, but because of the meaning we give it as part of Centering Prayer.
- Having chosen a sacred word, we do not change the word a minimum of effort is indicated. This is the only activity we initiate during the prayer period because that would be engaging thoughts.
- During the course of Centering Prayer, the sacred word may become vague or disappear. settle briefly and silently introduce the sacred

word as the symbol of your consent to God's IV. At the end of the prayer period, remain in silence presence and action within. with eyes closed for a couple of minutes.

- "Sitting comfortably" means relatively the additional two minutes enables us to bring during the atmosphere of silence into everyday life.
- If this prayer is done in a group, the leader may
- Whatever sitting position we choose, slowly recite a prayer, such as the Lord's Prayer, we keep the back straight. while the others listen.

Some Practical Points

1. The minimum time for this prayer is 20 minutes. Two periods are recommended each day, one first thing in the morning and the other in the afternoon or early evening. With practice the time may be extended to 30 minutes or longer.
2. The end of the prayer period can be indicated by a timer which does not have an audible tick or loud sound when it goes off. There is a free Centering Prayer mobile app timer available.
3. Possible physical symptoms during the prayer:
 - We may notice slight pains, itches, or twitches in various parts of the body or a generalized sense of restlessness. These are usually due to the untying of emotional knots in the body.
 - We may notice heaviness or lightness in our extremities. This is usually due to a deep level of spiritual attentiveness.
 - In all cases we pay no attention and ever-so-gently return to the sacred word.

4. The principal fruits of Centering Prayer are experienced in daily life and not during the prayer period.

5. Centering Prayer familiarizes us with God's first language which is SILENCE.

Points for Further Development

1. During the prayer period, various kinds of thoughts may arise:
 - Ordinary wanderings of the imagination or memory.
 - Thoughts and feelings that give rise to attractions or aversions.
 - Insights and psychological breakthroughs.
 - Self-reflections such as, "How am I doing?" or, "This peace is just great!"
 - Thoughts and feelings that arise from the unloading of the unconscious.
2. When engaged with any of these thoughts return ever-so-gently to the sacred word.
2. During this prayer we avoid analyzing our experience, harboring expectations, or aiming at some specific goal such as:
 - Repeating the sacred word continuously.
 - Having no thoughts.
 - Making the mind a blank.
 - Feeling peaceful or consoled.
 - Achieving a spiritual experience.

Ways to Deepen Our Relationship with God

1. Practice two 20-30 minute periods of Centering Prayer daily.
2. Listen to the Word of God in Scripture and study *Open Mind, Open Heart*.
3. Visit our website to access various online resources, practices, courses and groups.

CONTEMPLATIVE OUTREACH
SILENCE SOLITUDE SOLIDARITY SERVICE

THE METHOD OF CENTERING PRAYER THE PRAYER OF CONSENT
Thomas Keating

© 2006, 2016 Contemplative Outreach, Ltd.