

Centering Prayer for Women Receiving Chemotherapy for Recurrent Ovarian Cancer: A Pilot Study

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Ovarian cancer has the highest mortality rate among gynecologic cancers, with a mean survival time of two to three years after diagnosis of stage III or IV disease; more than 21,500 American women are diagnosed with ovarian cancer annually (American Cancer Society, 2009). Despite the low survival rates associated with advanced ovarian cancer, research examining interventions that address the psychosocial or spiritual needs of women in this population has been limited. Studies have supported the investigation of spirituality's positive association with quality of life in patients with cancer (Brady, Peterman, Fitchett, Mo, and Cella, 1999; Johnson et al., 2007) as well as spirituality's clinical value in providing health care to this population (Dose, 2007). Spiritual interventions have demonstrated health benefits in several other populations, such as people with mental illness, immunosuppression, or cardiac issues, particularly during life crisis (Koenig, 2002).

Centering prayer is a structured meditation practice that helps individuals develop an awareness of their spirituality (Mauk, 1998). Pennington, Keating, and Clark (2007) described centering prayer as a method of refining intuitive faculties and opening awareness to the spiritual level of being. The concentration method (Burgealt, 2004) is a similar meditation methodology to centering prayer. Concentration method involves focusing the mind on breathing and certain parts of the body or reciting a mantra. Mantra recital prevents the mind from wandering; therefore, the essence of this type of meditation is the surrender of intruding thoughts (Burgealt). Little research has documented the outcomes of centering prayer. Other forms of meditation have been found to positively influence mood states, spiritual well-being, and quality of life (Cohen-Katz et al., 2005; Pipe et al., 2009; Robinson, Mathews, & Witek-

Purpose/Objectives: To explore the feasibility of implementing centering prayer in chemotherapy treatment and assess its influence on mood, spiritual well-being, and quality of life in women with recurrent ovarian cancer.

Design: Descriptive pilot study.

Setting: Outpatient chemotherapy treatment suite in a large cancer center in the midwestern United States.

Sample: A convenience sample of 10 women receiving outpatient chemotherapy for recurrent ovarian cancer.

Methods: A centering prayer teacher led participants through three one-hour sessions over nine weeks. Data were collected prior to the first session, at the conclusion of the final session, and at three and six months after the final session.

Main Research Variables: Feasibility and influence of centering prayer on mood, spiritual well-being, and quality of life.

Findings: Most participants identified centering prayer as beneficial. Emotional well-being, anxiety, depression, and faith scores showed improvement.

Conclusions: Centering prayer can potentially benefit women with recurrent ovarian cancer. Additional research is needed to assess its feasibility and effectiveness.

Implications for Nursing: Nurses may promote or suggest centering prayer as a feasible intervention for the psychological and spiritual adjustment of patients with recurrent ovarian cancer.

Janusek, 2003). Therefore, the authors hypothesized that centering prayer would produce similar positive outcomes. Although the use of meditation has been studied in patients with cancer, no equivalent data exist on the use of centering prayer in women with recurrent ovarian cancer. As a result, this pilot study sought to explore the feasibility of implementing centering prayer in chemotherapy treatment and gauge its influence on mood states, spiritual well-being, and quality of life in women with recurrent ovarian cancer.