SCT® Centering into a Ministry of Presence: A Unifying Scientific Path from Brain and Mind to Heart and Soul

Richard M. O’Neill • William B. Reynolds • Terry Ruth Culbertson BCC

The Theory of Living Human Systems (TLHS) aims to explain individual and interpersonal experience and behavior. Systems-Centered Training® (SCT) translates TLHS into methods for practice. TLHS and SCT have been informed and enhanced by emerging neuroscience. They hypothesize two sources of psychological knowledge, comprehensive and apprehensive, which roughly translate neuropsychologically to cognition and emotion. This psychological model posits that when we have both our comprehensive and apprehensive knowledge attuned to reality, we have emotional intelligence, common sense, existential awareness/knowledge, attunement to and empathy with others. The authors propose that this TLHS/SCT scientific understanding illuminates the psychological and interpersonal processes inherent in the personal experience and practice of acting with pastoral presence, that is, as an empathizing chaplain. This paper briefly reviews spiritual literature relevant to "presence,” introduces TLHS and SCT especially in relation to the SCT’s centering technique and provides preliminary links to interpersonal neurobiology to deepen the understanding and practice of pastoral presence. Reflections from SCT-experienced chaplains using centering to generate pastoral presence in their practice with themselves and others are included.

The heart has reasons which reason does not know.
Blaise Pascal
Pensées

Be still and know that I am God.
Psalm 46

In 1984, Howard Clinebell deemed “presence” the essence of pastoral care.¹ Surprisingly, there is little in the modern pastoral literature related to defining and understanding presence in terms of thinking, feeling and behavior or to attaining greater pastoral presence. What literature does exist makes connections to Eastern and Western thinking, both ancient and modern. To clarify the concept of presence and to expand its usefulness, the following reviews some of this work and relates it to recent scientific theory and research.

Basil Pennington notes that a common thread in the human search for greater spiritual wisdom is the desire for an integrated approach, one which brings together thinking and feeling, the verbal and nonverbal, to connect to “a God who speaks not just in the books of the divinely inspired Scriptures but in the whole of creation and in the depths of one’s own being.”² He reviews the history of Westerners, including his own patron, Basil the Great, who left the study of the written word in spiritual texts to seek ancient wisdom directly from the mystical and meditative practices of wise Easterners.
Pennington compares these traditions semantically and more substantially in a way that speaks to the interplay of thinking and feeling, the verbal and the nonverbal:

In our recent Western tradition, when we have spoken of “meditation,” we have been understood to refer to a discursive type of prayer in which we consciously reflected on some facet of life, particularly some point of the Scriptures, and sought by this means to arouse in ourselves affective responses and resolutions to guide our conduct. ... For our brothers and sisters in the Hindu tradition, the terms have almost the exact inverse meaning: contemplation is a discursive exercise, and meditation usually means a non-conceptual approach.²

Importantly, for our purposes of understanding and developing the concept of presence, he highlights the integration of thought and experience in the Western spiritual tradition as follows: “contemplation’ has signifies for us that moment when our response to the revealed truth or reality was simply being present to it, having passed beyond thinking to simple presence.”⁴

Pennington also presents a brief history of how people of Eastern and Western cultures have used various practices to enhance spiritual awareness and experience, including meditation and prayer. He reports that the ancient Christian writer St. John Cassian (ca. 360–435), in his book The Conferences, “recounted the practices of the monks of Egypt and adapted them for use in the colder, Western regions,” including Abba Isaac’s integrative prayer practice.⁵ From Cassian’s Conferences, Chapter 10, “Second Conference of Abba Isaac on Prayer,” Pennington quotes Abba Isaac: “Everyone who seeks for continual recollection of God uses this formula for meditation, intent upon driving every other sort of thought from his heart.”⁶⁶

Pennington—and his colleague Thomas Keating—went on to popularize Abba Isaac’s integrative practice as “centering prayer.” He also refers to it as “Christian meditation” or the “prayer of the heart.”⁷ From Pennington’s description, this practice opens a pathway from thoughts and words to a deeper spiritual feeling and awareness, that is, to greater presence. For example, he states the following:

When the received word passes from the lips into the mind and then down into the heart through constant repetition, it produces in the one praying a loving, faith-filled response .... What this meditatio does is to change a notional assent into a real assent. As we receive the words of revelation into our mind, they are just so many notions or ideas, which we accept in faith. We do believe. But as we assimilate them through meditation, our whole being comes to respond to them. We move to a real assent. Our whole being, above all our heart, says: “Yes, this is so. This is the reality.... And it bursts out more and more constantly as the reality of our assent deepens and we more fully perceive the revelation of Creator and creative Love in all that we encounter.⁸

Pennington also notes the great similarity of Abba Isaac’s method to a multitude of other contemplative/meditative methods such as the Jesus prayer as taught by Nesophoros of Jerusalem in the fourteenth century, the Sufi dhikr method of the thirteenth century and the Buddhist’s nembutsu method of meditation of the twelfth century.

From words to mind to heart to presence

Mark Larocca-Pitts, a contemporary chaplain, explores the concept of presence and its relationship to ancient and contemporary approaches to spiritual practice. Like Clinebell, he also conceives of presence as applying both to the internal experience of the chaplain and to interpersonal work with another. He describes using meditation himself “as a foundational tool for inner spiritual work. Meditation both centers and grounds the practitioner and enables the practitioner to be nonanxiously present in the here and now” and equates presence with the contemporary “healing touch” concept and the practice of “holding space.” (italics added)⁹
Interpersonally, he defines pastoral presence as "more than being a nonanxious presence with another: it is an act of will that invites the divine to be present in the space surrounding another in the hope that this person may allow the divine to work in them providing healing, meaning, and purpose." He also states that developing one’s own internal presence prepares one to create the containing relationship context—the holding space—for another; however, translating this concept of presence into being and/or doing is complex and challenging:

[P]astoral presence involves a combination of being and doing. This combination, however, involves more than a sequential movement from being to doing, or vice versa; instead, presence means being alertly and agilely poised in the dynamic crossroads where being and doing intersect or overlap. Leaving this dynamic point of intersection to enter the unilateral mode of either being or doing means leaving presence behind. Presence is when and where the state of doing intersects with the act of being.\(^\text{11}\)

In a further attempt to define this intersection in the context of pastoral care, Larocca-Pitts, like many before him, turns to the East, quoting from a poem of the thirteenth century Sufi mystic Jalaluddin Rumi to illustrate:

There is a way between voice and presence
where information flows.\(^\text{12}\)

Both Rumi and Larocca-Pitts seem to use the term presence to allude to an internal nonverbal experience, which, when integrated with the speakable, allows for information flow within oneself as well as between oneself and others. Larocca-Pitts quotes the next two lines of Rumi’s poem to specify conditions affecting this information flow:

In disciplined silence it opens.
With wandering talk it closes.\(^\text{13}\)

Poetry, with its emotionally evocative imagery and rhythmic resonance, may connect human experience and emotion to words. As a result, it may serve as intermediary connecting a difficult to define existential human experience, such as presence, to the more specifically verbal and practical.

Accordingly, Larocca-Pitts subsequently defines pastoral presence as "the alert and agile resting in and response to the dynamic shifting in the relationship between being and doing caused by contextual changes in the pastoral encounter that balances a disciplined silence with an intentional use of talking for the purpose of allowing the other self to open and unfold through story. Pastoral presence is more than ‘going with the flow’: it is navigating the flow."\(^\text{14}\)

The work of these authors to define presence serves as the springboard to applying Yvonne M. Agazarian’s Theory of Living Human Systems and Systems-Centered Training\(^\text{®}\) to further clarify this essential pastoral concept.\(^\text{15}\)

**Theory of Living Human Systems (TLHS) and Systems-Centered Training (SCT)**

Like Clinebell, Pennington, Isaac, Larocca-Pitts and Rumi, Agazarian is concerned with improving the flow of information and energy both within an individual and between the individual and others. Although not working from the spiritual tradition, she proposes a scientific theory (the Theory of Living Human Systems) and method (Systems-Centered Training) for developing a more useful flow. Her scientific theory and method may be a way for understanding, entering and deepening presence.

In TLHS/SCT, Agazarian hypothesizes two sources of psychological knowledge—comprehensive and apprehensive, which roughly translate neuropsychologically to cognition and emotion. TLHS/SCT holds that when we attend primarily to our comprehensive knowledge, we have words first and
experience second. This may be similar to the Western spiritual approach to developing wisdom through the study of scriptures. When we attend primarily to our apprehensive knowledge, we have experience first and words second, which may be similar to the Eastern spiritual approach to developing wisdom through meditative practice.

When both comprehensive and apprehensive knowledge are present and attuned to reality, TLHS/SCT maintain that we have emotional intelligence, common sense and the moment-to-moment existential awareness/information necessary to attune and to empathize with another person. This resonates with Clinebell’s definition of presence as the ability to be “...with the burdened person.”

Agazarian addresses the issue of regulating the flow of information using the concept and method of “boundarying”: “Boundaries are the containers of the energy that gives every system life. ... Boundaries determine system survival and development. ... The permeability of its boundaries determines how energy can be used...” Specific SCT methods are employed to enhance the permeability of boundaries within and between individuals to obtain an appropriate flow of information and energy related to the context of the here-and-now. Basically, these methods reduce the amount of noise in a message to maximize information transfer.

This boundarying process begins within the individual by shifting the undisciplined brain into a disciplined awareness of the current comprehensive/thinking and apprehensive/feeling states. Any non-goal-related intrapersonal communication is boundaried out.

For example, if self-awareness brings knowledge of an anxious feeling, attention would be directed to discovering the source of the anxiety. Anxiety-arousing thoughts are tested, and if not found to be realistic responses to dangerous realities, they are removed. Attention is then shifted to the facts of the present reality and to related realistic thoughts and feelings. When this process is successful, appropriate permeability of boundaries to information with a reciprocal flow between the person’s comprehensive/thinking and apprehensive/feelings and reality, is said to have been achieved.

In TLHS/SCT, this is referred to as the state of being “centered” in the person as well as in reality. This process is similar to the statement of Larocca-Pitts that “Meditation [which] both centers and grounds ... enables the practitioner to be nonanxiously present in the here and now” and to Pennington’s “real assent. Our whole being, above all our heart, says: ‘Yes, this is so. This is the reality....’” This appropriate permeability of boundaries thus seems akin to attaining intrapersonal presence.

In TLHS/SCT, a boundarying process also takes place between individuals to maximize information transfer interpersonally. This results in a positive communication system and supportive interpersonal containing context that supports the functioning of individuals as members of a system, be that a dyad, family, group or organization.

**SCT concept of centering**

Centering is the SCT technique for vectoring attention to the mind and body, generating an appropriate flow of energy and information between thinking and feeling, bringing one’s information/energy into the role appropriate to one’s context and attuning to the other(s) mind(s) and behavior(s) in the present context. (See Attachment A.) Agazarian describes this as follows:

SCT containing and centering are both similar to and different from the discipline of meditation. In both the SCT and the meditation experience the boundaries of space and time are transcended. However, the SCT centering experience both transcends the boundaries of space and time and locates experience in the context of here-and-now by bringing awareness of the self-centered system into the systems-centered context. Centering accesses both the apprehensive and comprehensive levels of knowing. The
hierarchy of living human systems is apprehended; the implications of context are comprehended.  

SCT’s centering is a multistep process. One becomes more present in oneself and then brings that present self into the pastoral role in order to relate to the other with that presence. Once centered and after moving into the chaplain role, one must begin to take in information from the other and communicate in a way which centers the other back into to his/her personal presence, i.e., common sense, emotional intelligence, existential awareness, spiritual awareness and experience of the “other self.” In Clinebell’s terms, the centered chaplain would have presence and then be “concentrating on listening and responding with caring empathy.”

TLHS/SCT defines listening to another’s words as part of comprehensive system knowledge, and attuning to another’s emotion as related to apprehensive knowledge. Translating Clinebell’s “presence” and “responding with caring empathy” into TLHS terms means attuning one’s own emotional system to the other’s and then finding a way to communicate with the other in tune—empathically or with interpersonal presence. SCT’s centering technique aims to make the connection between comprehensive and apprehensive appropriately permeable to information flow and in tune with present reality. Thus, centering may be “a way between voice and presence where information flows.”

In an article linking TLHS/SCT methods to neuroscience theory and research, Susan Gantt and Agazarian note Daniel Siegel’s definition of “mind as an embodied and relational process that regulates the flow of energy and information” and “develops at the interface of neurophysiological processes and interpersonal relationships.” This definition resonates with those definitions and understandings of presence discussed above. Gantt and Agazarian add that Siegel “has highlighted the role of the middle prefrontal region … in integrating information from the body, limbic [emotional] region and cortex [thinking region] and has emphasized how crucial this integrative processing is in interpersonal relationships ….”

There are striking parallels to Pennington’s reference to Abba Isaac’s thinking/feeling integrative prayer and how “other spiritual fathers developed other variations in passing on the tradition, coupling the use of the Name with the breathing or the heartbeat, adopting certain postures and otherwise seeking to bring the mind down into the heart.” Even more striking perhaps, Gantt and Agazarian state

[Research on the middle prefrontal area … has identified nine functions that emerge as these circuits integrate with the limbic region: regulation of the body, attuned communications, regulation of emotion, response flexibility, empathy, insight, fear extinction, intuition and morality.”

Other research using functional magnetic resonance imaging (MRI) of the brain shows that meditation enhances the capacity for compassion and empathy as evidenced by greater activation in related brain regions. Thus, presence appears to have a neurophysiological basis that meditation develops and which SCT’s centering is designed to activate.

Following are reflections from SCT-experienced chaplains using centering to generate presence in their practice with themselves and others.

**SCT centering in chaplaincy practice**

**Chaplain 1**

I was called by a social worker to provide support to a family whose loved one had died after being hit by a car. Before walking to the “quiet room” I took deep breaths and connected with my inner self. As I entered, I was aware of the high energy level of this large family and the confusion they were struggling with as they had just attended a wedding with this person.
As a result of centering myself, I was able to provide a calm presence and to listen as they recounted what happened. When they began to question how they, or even I, deal with why these things happen, I gave them a heartfelt response: “There is no answer that will justify why you are sitting here missing someone you love.”

I believe that if I had responded in any other way, i.e., given a head answer, the family would have become more agitated. There was a shift in the energy of the room as if to acknowledge this, and then they began to talk about who this woman was and the conversations they had with her before she died.

Knowing that you are walking into a death situation can be unnerving. I have approached other families grieving their loved ones without centering myself, and I have struggled to provide a cathartic energy level and to have enough emotional space to hold the grief of the family. My pastoral care is brought to a higher level by centering because it allows me to enter into a painful situation without absorbing the gut wrenching emotions. Being in touch with my affective self allows me to hold deep emotions for patients, to reflect compassion to them and to care for myself so I can continue to care for others.

Chaplain 2

Practicing centering and eye contact in connecting with group members strengthens one’s ability to hold the pastoral presence and to observe the interaction at the same time. I had one family interaction where this was particularly powerful. The family member said some things that were personally offensive to me, but I was able to name those feelings inside myself and to undo them, while remaining present with the person, who later affirmed the value of my presence.

Chaplain 3

One evening, I was paged by an Emergency Department nurse and asked to visit a patient who had experienced the death of a loved one a few days previous. As I entered the room, the patient immediately stated that he was an atheist and “not to come with all this Jesus stuff.” Despite that, he had a tremendous amount to share, and I made space for all the feelings of anxiety, frustration and anger that he expressed during our conversation. I sat attentively with both feet flat on the floor so that I could stay centered.

The patient verbalized his feelings for about forty-five minutes. Feelings of compassion and sorrow rose up in me as he shared his grief and pain. I was able to empathize due to the loss of my mother two years ago. As I continued to sit in silence with a reflective ear, he began to tear up as I made eye contact with him. I then extended my hand, and he accepted my solace as he wept uncontrollably.

Chaplain 4

One student listed “to claim my pastoral space and authority; to grow in personal power” as learning goals. Working within a CPE group that used centering, she discovered a “BIG feeling [that I know is] inside me at all times.” She concluded that this really came into play when she practiced/remembered and returned to that space. She also expressed appreciation for the way the experiential process group using SCT’s functional sub-grouping helped her to assess her feelings. “I have noticed that the better I get at it in group, the better I am in the pastoral encounter.”

In her next unit of CPE, she named “centering and making space” as two of her strengths: “I am learning to see that space as strong and to bring myself in courageously. I have had a few humbling experiences that remind me not to think I know what’s going to happen in the room before I go in.”
Chaplain 5

When I am truly centered, I am a vessel, with room enough to hold the emotions of the person I’m with. When I am centered, I am free of the cares and concerns of the past and future and focused on the now. This allows me to be truly present with the patient.

Responding to a page one early Sunday morning, the Buddhist chant, “Om mani padme hum,” went through my head, over and over. I encountered three people crouched on the floor, clearly one mourner and two comforters. A woman, who looked to be in her fifties, sobbed uncontrollably, and my heart went out to her. Another woman was on her right, with a hands-wrangling aura about her. A man had his arms around her and was kissing her head and shoulder off and on.

A doctor leaned against one of the nearby chairs, telling them how the mourning woman’s husband had died. "His heart wasn’t strong enough to make it through the operation; I’m very sorry.” I took this all in and squatted down in front of the wailing woman.

As she sobbed, her friends continued with their comfort, and I sat across from her, all of us still on the floor. As I looked at her, inside me I was saying over and over, “I love you, I love you, I love you.” I breathed deeply, held the breath and then did it again. Her sobs convulsed and for a moment, she was calm. Then her questions began all over again.

My experience of being centered and holding her emotions includes realizing that I can’t stop them from coming, but that I can provide a calming presence. When my breathing seemed to calm her, and she looked around, she seemed to be in a space of just the moment. Periodically, her circumstances would overwhelm her, and the cycle would repeat itself, continuing until she left the hospital.

Chaplain 6

I’ve found centering to be most useful when I am with people in severe pain, whether physical or emotional. For me, centering tends to be about how I position my body; however, when I am in an anxious system, I find that focusing on my breath helps me to center.

Recently, I was with a family whose son had committed suicide. Off and on for several hours, the young man’s mother would begin sobbing, breathing rapidly and complaining of nausea. My flight response would quicken each time one of these “attacks” occurred. The only way that I could continue to stay in the room, much less be an attuned presence, was to concentrate on my breathing. I would slow my breathing, even pursing my lips to emphasize the sound of my breath. In these moments, my whole body became aware that the only thing I could do for this woman was to sit by her side. I could not change the situation. I could not bring her son back to life. I only could sit with her, a physical representation of the love of Christ, and breathe.

Conclusion

Agazarian’s scientifically grounded TLHS/SCT technique of centering is designed to increase intrapersonal awareness of thinking/feeling and to improve emotional regulation as well as attunement and empathy with others. Practicing this type of centering may be especially important when one is personally distressed and needs to adjust the permeability of the boundary between personal comprehensive/thinking and apprehensive/feeling systems.

This centering technique also may be useful when one becomes distressed or uncentered by a burdened person’s communications—verbal and/or emotional. It is designed to change the experience of being in the direction of greater knowledge within the being self, thereby increasing the capacity for doing empathically. Neuropsychologically, this may occur via the brain’s mirror neuron system, which registers the thinking/feeling/intentional state of another, and via the integrative resonance pathways of the brain’s middle prefrontal region. Additional study of
TLHS/SCT, along with interpersonal neurobiology, may further advance and deepen the chaplain’s understanding of pastoral presence.

**Attachment A – Transcript of the SCT centering technique**

The goal of centering is to make a good foundation to live from. Feel your weight in the chair, your feet on the ground, and the support of the earth. Balancing on your sit bones, rock slightly to feel your freedom and choice. Let your body breathe itself. Feel the flow of your breath lighten your upper body, expand your spine and float your head to the sky. As you breathe out, let go of any distracting thoughts, let go of any tension, and let your energy and attention drop into the middle of your belly, into your center.

Take a few breaths to deepen your experience of your feeling self, and drop further into your center with each breath out, down into the place that knows without words. When you feel ready, bring your centered energy into your role here, where we have the goal of you learning something to have a better life. Then, again when you are ready, bring yourself in your member role into relationship with the other members by making eye contact. And bring in whatever is important for you to explore together now.

Notes: The person leading the centering works along with the other members. This leader watches the members for nonverbal signals of becoming centered and alters the instructions and the pace in attuned, empathic response. The leader pauses as all members make eye contact with each other until it is clear that the members have come together as a system.


1 Howard J. Clinebell, Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth, revised and enlarged. (Nashville: Abingdon Press, 1984), 75.
3 Ibid., 13.
4 Ibid.
5 Ibid.
6 Ibid., 11.
8 Ibid., 15.
10 Ibid.
13 Ibid.
14 LaRocca-Pitts, “Pastoral presence.”
15 Systems-Centered® and SCT® are registered trademarks of Dr. Yvonne M. Agazarian and the Systems-Centered Training & Research Institute.
16 Clinebell, Basic Types of Pastoral Care and Counseling, 75.

18 Ibid., 64.

19 Pennington, Centering Prayer, 15.


22 LaRocca-Pitts, “Pastoral presence.”

23 Clinebell, Basic Types of Pastoral Care and Counseling, 75.

24 Rumi, Essential Rumi, 32.


28 Gantt and Agazarian, “Developing the group mind,” 520.
