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Surrender and Contemporary Social Work Theory

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Abstract

Surrender is an important and foundational spiritual/religious belief and practice found within many faith traditions. However, despite this important practice, valued by many clients who see social workers, little has been done to integrate this concept into social work theory and practice.

This paper examines the fundamental beliefs of psychodynamic theory and practice, as well as several recent social work practice models, as they relate to spiritual surrender. It is suggested that areas of cooperation and conflict exist between the fundamental tenets of these models and the practice of surrender. These areas of difference and commonality have important practice implications for religious/spiritual clients. A danger exists within social work theory and practice to overemphasize time limits and control for some religious/spiritual clients.

Introduction

Strengths, Solution-focused and Brief Treatment models have become key theoretical perspectives in social work education and clinical treatment. Social work textbooks generally support these ideologies and encourage the fledgling social work student to incorporate the basic tenets of these models into their social work practice. Within these models, client deficits take a back seat or, as in application of the Strengths Perspective within some models, deficits are not conceptualized at all. Both the Brief and Solution-Focused models, which are often used in tandem, suggest that the worker and client quickly define the problem(s) and encourage the client toward self-efficacy to solve said problems. The role of the worker is to help clients recognize internal and/or external resources and take initiative toward solutions to their problems. While all three models suggest that many client problems can be resolved through proper application of methods of the model, each model, while acknowledging its application limits with certain client problems, poorly defines those specific disorders or problems for which the model is not appropriate.

Psychodynamic theory and practice often requires longer treatment and always emphasizes client deficits. These deficits are seen as arising from fixations, conflicts, or arrests along specifically prescribed developmental lines. While short-term psychodynamic treatment is used, longer-term treatment is often necessary for client deficits to emerge and be resolved in the context of the therapeutic relationship. Unlike the strengths, solution-focused, or brief models which emphasize client capacity to garner internal and external resources to change their environment with the help of the therapist, psychodynamic theory presupposes the necessity for the client to resolve something through the relationship with the social worker before moving on to master intra-psychic, interpersonal, as well as problems in the environment. In other words, the strengths perspective as well as solution-focused and brief models, view the worker's role as one in which she, like a coach, helps the client recognize internal and external resources and quickly mobilizes these resources toward a solution. Psychodynamic theory places the emphasis on the therapeutic relationship for the resolution of client problems.

Surrender is a general spiritual practice conceptualized and utilized by many major and minor religious and spiritual systems. Social work has increasingly understood the importance of religion and spirituality for its clients, its workers, as well as its theory and practice. Surrender suggests limitations in the human capacity to resolve certain problems. Instead, this practice suggests that these specific problems are only resolved through one's surrender to some power beyond the self. The 'god' representation of this higher power is defined according to the specific religious or spiritual system that proposes the practice.

Very little work has been done to incorporate the practice of surrender with social work theory. What little work that has been done in this area is in the area of psychodynamic theory and surrender. More broadly, psychodynamic theory has been used in an attempt to explain the inextricable tie between one's religious and spiritual functioning and their psychological functioning. Often, this theory has been used to suggest specific theoretical and treatment approaches to mitigate the defensive and non-productive aspects of one's religious and/or spiritual functioning, while developing or enhancing the positive aspects of these functions.

The purpose of this article is to explore the question, "What social work theory (or theories) best accommodate(s) the religious/spiritual practice of surrender?" It is the goal of this paper to raise awareness of those areas of cooperation and conflict between old (psychodynamic) and new (strengths perspective, brief and solution-focused) social work models, and a foundational religious/spiritual practice adhered to by many of the clients seen by social workers. While attempting to answer this question, the authors acknowledge the postmodern view that all theory evolves and arises within a specific cultural and historical context. Strengths, Solution-Focused, and Brief Models arose within a context responsive to existing weaknesses in theory, as well as to a lack of worker accountability and a concern for economic savings and profits. Also consistent with a postmodern view, the authors acknowledge their heuristic choice in the discussion. Heuristics understands that practitioners necessarily make certain choices in perspective (Tyson, 1994). Surrender can be compared and contrasted to a myriad of theories used in clinical social work. However, we assume that the models presently explored are prominent ideologies in clinical social work. It is also our goal to explore innovations in social work theory, while concurrently recognizing those theoretical ideas that have historically been part of social work's core identity and essential to the amelioration of the problems the

profession has addressed as they relate to a foundational religious/spiritual practice. Important distinctions exist between religion and spirituality (Canda & Furman, 1999). Religion frequently is seen to denote a more formal set of beliefs and practices. Spirituality, on the other hand, is often understood to represent personal beliefs and experiences as they do, or do not, relate to religion. For the purposes of this article, the constructs will be used interchangeably.

Strengths Perspective and Solution-Focused Brief Therapy

A current model being largely promoted to combat suffering with client groups in the social work profession is the strengths perspective (Gleason, 2007; Taylor, Austin & Mulroy, 2004; Wilson, 2006; Yip, 2006). According to Saleebey (1996), the U.S. has historically long been focused on the negative aspects of social work clients, emphasizing deficits and problems as the guiding point for work with individuals. This perspective led to an unprecedented rise in pathology in society. Therefore, Saleebey (1996) notes that the strengths perspective was created as “an attempt to correct this overwrought and, in some instances, destructive emphasis on what is wrong, what is missing, and what is abnormal” (p. 297). The strengths perspective promotes an alternate way to approach social work with clients which does not focus on individual deficits. As the name suggests, this method involves focusing on strong positive factors that a person or community possesses. In addition, resources, abilities and experiences are often drawn on as the foundations for intervention work under this model.

Concurrently, the strengths model promotes empowerment, which is defined as assisting clients with “discovering and using the resources and tools within and around them” (Saleebey, 1996, p. 298). The author posits that empowerment hinges on recognition of issues that cause powerlessness or oppression, and the need for clients to move past these hindrances. Resilience is another concept vital to the strengths perspective, which provides for the possibility of moving past these barriers. This concept refers to a person’s inherent ability to gather self-knowledge and cultivate skills that will assist the client with overcoming trials she may face throughout her lifetime. Possessing this trait is generally considered very beneficial for clients.

Saleebey (1996) concludes his discussion of the strengths perspective by stating “the strengths perspective honors two things: the power of the self to heal and right itself with the help of the environment, and the need for an alliance with hope that life might be otherwise” (p. 303). This attitude is shared by Hepworth, R.H. Rooney, G. Rooney, Strom-Gottfried, & Larson (2006), who share the belief that people, through their own volition and with the help of internal and external resources, can change and through collaboration “are capable of solving their own problems” (p. 363). Thus, in the strengths perspective, the role of the social worker is to assist the individual in quickly calling on strengths and resources to optimally adapt to the environment; in addition, the development of a long-term working relationship between the social worker and client is often discouraged within this model. While this appears to contradict previous models for intervention, the strengths perspective has gained a following among researchers and practitioners that has critically influenced social work practice.

In fact, the social work profession has introduced the strengths perspective into several intervention methods used within the profession (Hepworth et al., 2006). One intervention method that has received considerable attention is Solution-Focused Brief Therapy (SFBT).

Solution-Focused and Brief Therapy models are often used in conjunction with each other (DeShazer, 1988; Hepworth et al., 2006; Koob, 2006; Nichols & Schwartz, 2004). According to Koob (2006), this therapy technique de-emphasizes the role of the therapist in forming solutions as the power is given to the client. This intervention posits that “families have the knowledge, resources, and strengths to find their own solution” (p. 146). The author also asserts that SFBT decrees that the problem does not affect the solution, and therefore the therapy involves working toward a solution with little or no reflection on the problem and the underlying causal factors. This work toward solutions is accomplished with help from the therapist to make problems surmountable. According to this model, changing the “whole” of the individual should not be the therapeutic goal. Instead, the social worker / therapist should help the client break down person-in-environment problems into manageable problems and goals. Successful completion of the tasks, as the individual works toward these goals, creates incremental changes that lead to greater client efficacy as they interact with their environment. Indeed, Hepworth et al. (2006) advise social workers to avoid “setting goals that seek to transform clients. Likewise, they should avoid establishing goals that are vague or that might unreasonably subject clients to an unproductive experience that might erode their confidence in their own capacities” (p. 313).

Koob (2006) discusses the aspect of solution focused brief therapy termed the miracle question. The premise of this question is to help the client start to adopt a positive viewpoint of their life. This positive attitude is thought by the author to influence the success of the client, in large part by helping the client envision a bright and meaningful future. Language is a large part of this positive attitude, according to Koob (2006). He discusses the impact of language on clients and how rephrasing dialogue between the worker and client to emphasize strengths and positives, is effective in SFBT.

Indeed, discussion between the worker and the client is a vital way to discover and examine strengths and resources available in the client. Koob (2006) asserts that SFBT sessions often assign the clients the task of evaluating positive factors in their lives and discussing them within the session. The clients are urged to accept that progress is based on developing these strengths and resources from session to session. In fact, SFBT practitioners often encourage the patient to move forward as quickly as possible. The focus is on what can be rather than what is. The therapy works to reveal choices and options for each family or client to determine their path to the positive solution (Koob, 2006). The Strengths-Perspective, as well as Brief and Solution-Focused Models, hold to common fundamental underlying assumptions, that individuals, couples, and families possess, or may gain, internal and external resources to solve their problems. The use or acquisition of these resources is understood by these models to be within the individual’s volition and quickly applied.

Psychodynamic Theory

From very early, social work theory has been heavily influenced by psychodynamic theory (Deal, 2007; Goldstein, 1995). The earliest models of formalized casework were infused with aspects of Freudian and Ego psychology. For example, both the Psychosocial and Functional Schools of social work were influenced by the seminal ideas of Freud and his prodigy, Otto Rank. These two schools of thought became formalized and taught through academic social work programs. Subsequent to the contributions of Freud’s drive theory and ego psychology to social

work theory was the contribution of object relations and self-psychology. Even more recent social work models maintain an allegiance to foundational psychoanalytic models. For example, Germain's Life model was influenced by ideas from ego psychology (Germain, 1983). This person-in-environment perspective maintains an allegiance to ego psychology by recognizing the importance of one's adaptation to the environment. Within both ego psychology and the Life model, problems are seen as a misfit between the individual and the environment. While social work theory and practice have been built by many hands, Freud and his followers, from early on to present, have left a huge thumbprint on the systems of thought and techniques used by social workers in their efforts to ameliorate mental health issues.

Psychodynamic theory is comprised of a belief that individuals experience failure and success along delineated stages (Deal, 2007; Mitchell & Greenberg, 1983). From the traditional Freudian model, mental health issues are understood to occur as a result of fixations and conflicts derived from problems along the psychosexual stages. Object relations theory, while often maintaining loyalty to this Freudian lens, also understands optimal or pathological functioning to relate to arrests and deficits along pre-oedipal stages. Therefore, a primary concept of psychodynamic theory, seen as essential to the amelioration of mental health problems, is an understanding and conceptualization of the deficits. In other words, within the psychodynamic model an awareness of problems is essential to and inextricable from diagnosis, assessment, and treatment.

Perhaps equally important within this model is the psychodynamic appreciation of relational dependency. While fundamental to psychodynamic theory, increasingly, the theory is moving toward a relational focus (Deal, 2007). Whether the social worker adheres to the Freudian concept of the analyst as the "blank screen," Heinz Kohut's concept of the empathic analyst, or the more contemporary interpersonal psychoanalytic suggestion that the therapeutic dyad involves two unique people with their own subjectivity, psychoanalytic theory recognizes the ongoing need for the social worker to be available for relationship for healing to occur. Deal (2007) succinctly underscores the psychodynamic preoccupation of relationship in its conceptualization of development and treatment when she states psychodynamic theory "has a long history of emphasizing the importance of interpersonal relationships, including the client-worker relationship, in understanding how individuals develop and change." (p. 192). Unlike brief or strengths models that emphasize the agency of the client, psychodynamic theory underscores the therapeutic alliance as the catalyst for change.

Finally, psychodynamic theory recognizes the therapy relationship as essential to the working through of deficits/problems. The client's problems are understood to take the form of transference, as they are brought to therapy. The client's unresolved and problematic past is brought into the therapy dyad, consciously or unconsciously, through the feelings, thoughts, and behaviors they exhibit in and out of therapy. Competent handling of the transference allows a proper regression by the client to earlier stages of development for a resolution and enhanced functioning in the present. The client's struggle to transfer, regress, and progress through what was and is problematic in their lives only occurs through a compassionate, knowing, and facilitative partnership, developed over time. According to this model the client's trust in something beyond their own agency (the relational dyad) allows them to resolve what is fundamentally problematic and beyond their own control to repair

While still used in social work education (Deal, 2007; Saltman & Greene, 1993) the popularity of psychodynamic theory has diminished since the 1960's (Deal, 2007). Multiple criticisms have been leveled at psychodynamic theory including accusations of not only relegating individuals to play out early formed patterns, but also for putting too much emphasis on the individual for his/her problems (Deal, 2007; Goldstein, 1995). Closely related to the latter, it has been suggested that psychodynamic theory has not adequately addressed the broader cultural context of human functioning (Deal, 2007; Robbins, Chatterjee, & Canda, 2006). In other words, psychodynamic theory has not adequately conceptualized the facilitative, as well as the diminishing and oppressive, aspects of the broader environment on human development. It is well understood that individual problems are often a result of power imbalances and prejudice (Hamilton & Sharma, 1997; Young, 1990). Finally, psychodynamic theory has been criticized for its under-appreciation of human strengths and capacity (Robbins, et al., 2006).

Surrender

The concept of surrender has been minimally integrated with social work theory, practice, and research (Davis & Jansen, 1998; Ellor, Netting & Thibault, 1999); most theory and research on the construct have been developed in the fields of psychology and theology (Albers, 1994; Baugh, 1988; Holley, 2007; Pargament & Cole, 1999; Spezzano, 1997; Tiebout, 1958). While social work has acknowledged the concept of surrender as important to the conceptualization and treatment of addictions, one of the author's foundational research projects was the first attempt in social work at exploring the concept as it relates to clinical social work theory. Outside of social work, much of the literature on the construct conceptualizes surrender from a Twelve-Step or Christian perspective; a paucity of literature recognizes its application in other religions and spiritualities. While important, the nuanced understanding of surrender within all faith traditions is beyond the scope of this paper. Surrender will be explained in general terms applicable to all faith traditions.

Surrender is not an easy construct to understand. Baugh (1988) recognizes the potential confusion with the concept of surrender when he states, "It sounds like double-talk to speak of strength through accepting powerlessness, or of controlling certain aspects of one's life by giving up control" (pp. 125-126). Tiebout (1958) adds to the idea that the concept of surrender can be confusing; he believes that the concept can sound defeatist. Davis & Jansen (1998) suggest that the concept of surrender goes against the Western ideological emphasis on control and autonomy and should not be understood as a construct simply denoting oppression and victimization. According to these authors, from the perspective of the West, surrender might be seen as counter-intuitive.

Pargament & Cole (1999) suggest that surrender is "a profound spiritual practice within many different religious traditions that transcends times of crisis" (p. 184). The authors suggest that surrender can be used, as well as during times of crisis, as a general coping mechanism. According to the literature, surrender can be defined through several fundamental tenets. First, the surrender mindset includes an acceptance of one's human limitations. According to Pargament & Cole (1999), one stops "playing God" (p. 195) by trying to control things that are humanly impossible to control. A primary belief of those who adhere to the practice of surrender is that certain life problems and character deficits are beyond human control. To illustrate the

point about certain life problems being beyond human control, Pargament and Cole (1999), cite the example of a woman trying to control the outcome of an adoption. Her attempts to manipulate a decision that is clearly beyond her control cause her undue stress. The authors cite her acceptance of her limits as an integral part of the surrender sequelae that led to her well-being. A research participant in a study by one of the authors, who understood his panic attacks to be related to a character problem of dependency, reported his experience of surrendering to these panic experiences as leading to his psychological well-being. The Twelve-Step notion that one cannot control their addiction (a deficit) and must surrender it to a higher power is another example of human limits to control an internal deficit.

Surrender also includes the belief in some power beyond the self to manage areas beyond human control. The nature of this higher power, or god representation, and the doctrine that supports surrender to this higher power varies according to the religious/spiritual tradition. Surrender not only includes a decision to trust this higher power with situations and problems that cannot be controlled, but also includes a belief that this higher power has a will that may, or may not, align with the individuals will in any given situation. However, whether this higher power's will aligns with the surrendered individual's will, surrender theory supports the belief that this higher power and higher will is ultimately operating for one's good. For example, one participant in a research project of one of the authors suggested that his own struggle with panic attacks (something he reported not being able to control and requiring surrender) uniquely allows him to have greater empathy and competence working with those clients he sees who are in emotional distress (a higher will or purpose).

Locus of Control

Indeed, issues surrounding control are inherent to the concept of surrender. At first glance, the concept of surrender seems to run contrary to foundational research on control, and emotional and physical health. Significant research has been done that suggests that personal control can enhance emotional and physical health (Folkman & Lazarus, 1988; Giannetti, 1987; Lazarus & Folkman 1984; Taylor & Aspinwall, 1996). Taylor & Aspinwall (1996) states, "across a wide range of investigations, belief that one can control the stressful event's in one's life has been related to emotional well-being, successful coping with a stressful event, good health, behavior change that may promote good health, and improved performance on cognitive tasks" (p. 78). Giannetti (1987) concurs with this analysis, emphasizing that, "in the general literature on the relationship between locus of control and mental health, external locus of control has been found to be associated with psychopathology, while internal locus of control has been related to adaptive behavior" (p. 192). According to the research, control and mastery of the environment are essential to one's well being.

The concepts of primary and secondary control are integral to the literature that supports control of the environment as prognostic for emotional and physical health (Folkman & Lazarus, 1984). Primary control is the process whereby one plans and problem solves to control the external environment to meet needs. Secondary control involves controlling emotional reactions and dealing with distressing situations. Primary control is best used in situations in which one has a high possibility to control while secondary control is best used in low control situations,

according to this research. Therefore, we can predict that the more one believes that they are in control of their environment and their emotions the better their emotional and physical health.

The concept of surrender, while appearing to contrast sharply with the prior research on locus of control, is in actuality a practice that augments the existing theory and research. Research supports the contention that surrender, in addition to primary and secondary control, can be an effective coping strategy (Duckham, 2007; Pargament & Cole, 1999; Reinert, 1993; 1997). Surrender can be viewed as an additional coping mechanism and it has implications for primary and secondary control. In consideration of defensive religious functioning that abdicates one's responsibility or, conversely, a coping position of attempting to take on too much responsibility for change, Pargament & Cole (1999) suggests that the belief in, and practice of, surrender understands the importance of human control, but sees limitations in its capacity to enact change. Surrender theory suggests that the practice can be especially useful in situations where persons have little primary control and are struggling to exert secondary control. In other words, when those who adhere to the practice cannot control a particular situation and are struggling emotionally, surrender is most appropriate as a coping strategy. Pargament & Cole (1999) emphasize that the act of surrendering places responsibility for primary control in situations where one does not have it in the hands of the higher power. The surrendered individual now trusts outcomes in the hands of a higher power, as they understand that a higher value or good is operating in the surrendered situation; this byproduct of this process includes a positive impact on secondary control in the form of "completeness, serenity, gratitude and compassion" (Pargament & Cole, 1999, p. 185).

In addition to assisting in the area of primary and secondary control, the surrendered stance may lead to imaginative solutions to problems. Religious practices have been connected to the religious imagination in and out of social work (Green, 1989; Keane, 1984; Niebuhr, 1932). Religious experiences, including the religious imaginative function, can have a positive individual and social impact (Bullis, 1996; Guare, 2001). Guare (2001), in reference to the ideas of the theologian Abraham Heschel, suggests that the prophet can gain social vision and commitment through the imagination by holding "God and the human person in one thought" (p.80), Martin Luther King Jr.'s religious beliefs and practices, as they informed his commitment to civil rights, can be seen as this type of imaginary social vision and commitment. The research participant mentioned earlier who shared his belief that his own emotional struggles help him with others who struggle emotionally is an example of the individual insight that may be gained through surrender. Surrender, therefore, may assist in both individual and social functioning.

In summary, according to surrender theory, in situations beyond one's control and in which the surrendered individual is struggling emotionally it may be helpful to recognize the need for a higher power with its own will and intent. This shift in focus and surrender to this higher power and will can lead to positive changes in feelings and thinking; in addition, through surrender the individual may gain unique insight into individual and/or social problems.

Surrender, Religion, and Theory

As illustrated, a fundamental aspect of the surrendered mindset is the belief that a higher power, with benevolent intent, is accessible for help in certain situations beyond the surrendering

individual's control. Surrender includes a fundamental trust and dependence on some higher power. The potentially surrendering individual's capacity to depend on, and trust, this higher power and higher good, is inextricably tied to their overall religious/spiritual functioning. The capacity for one to surrender and be successful, or experience difficulties, in their religious functioning has not been considered within the Strengths Perspective or Brief and Solution-Focused Models. However, surrender has been conceptualized within psychodynamic theory (Fatuex as cited in Spezzano, 1997; Tiebout, 1950, 1958). For example, in direct reference to surrender as it relates to the Freudian idea of regression in service of growth, Fatuex (1997) states, "surrendering control rewinds the fabric of the self" (p. 13) and may lead to a "divine illumination" (p. 13). Tiebout (1950), through his psychoanalytic work and association with Alcoholics Anonymous, came to believe that surrender could be a healthy movement backwards to resolve past problems related to unhealthy aspects of the ego and profound transformations of narcissism. Surrender, therefore, as a religious practice, may lead to a backward movement towards healing and greater religious/religious awareness.

Importantly, it has been well established in social work (Cornet, 1998; Northcut, 2000) and outside the profession (Holliman, 2002; Jones, 1997; Meissner, 1984; Pruyser, 1985; Spero, 1998; Ulanov, 2001) that an individual's religious functioning, which includes the practice of surrender, is dependent upon their negotiation of stages related to their psychodynamic development. In fact, elaborate, intricate, and rich schemas have been developed which seek to explain the relative health and/or pathology of religious and psychodynamic functioning. These schemas seek to explain specific successes and failures in negotiating psychodynamic development as they relate to the development of human relations and a person's god representation. Success or failure at a particular psychodynamic stage is understood as contributing to one's ability to use human relations or a god representation in a self-enhancing or self-diminishing way (Cornet, 1998; Holliman, 2002; Jones, 1997; Northcutt, 2000; Spero, 1998).

While work has been done to integrate all psychodynamic schools with religious functioning, extensive work has been done to integrate the object relations theory of D.W. Winnicott with religious functioning (Jones, 1997; Pruyser, 1985; Ulanov, 2001). Winnicott (1965) suggested that the infant begins its life "unintegrated" (p. 44) and develops into an individual through its association with the mother. According to the author, the mother from the first is preoccupied with the infant's needs. She is to gratify and soothe the infant without significant failure during the child's infancy. This gratification allows the child to create the illusion that she is creating the object that is gratifying her. The mother's initial gratification eventually gives way to the child's ability to soothe itself.

Winnicott suggests a preliminary developmental stage to the one that relates to religious/spiritual development (the transitional object). According to Winnicott (1951), the breast is the first "not me" (p. 256) object that is used for soothing and gratification. Following the infant's use of the breast for traversing the poles of independence and closeness, she uses the transitional object for essentially the same function. That is, at some point the infant uses an object such as a teddy bear or blanket to soothe itself as it deals with inevitable maternal limitations as it continues to develop an independent self. A "good enough" (Winnicott, 1965, p. 145) maternal experience will leave the infant functioning in the broader environment (what Winnicott saw as the broader

cultural field) while remaining close to others. Significant failures or impingements may leave the infant to panic and distrust. Negative affect-laden experiences can lead to overwhelming ego distortions with primitive defenses to ward off the anxiety.

Winnicott (1965) believed that these negative experiences create a “false self” (p. 144) that would lead to a “poverty of cultural living” (p. 150); the individual will be left to interact with others and her/his world in a persecutory and dead manner. Winnicott (1965) included religion in this process. Therefore, significant failures in development, according to Winnicottian theory, may lead one to interact with a god representation in a dead or persecutory manner. In fact, Paul Pruyser (1985) suggests this direct link by asserting that the transitional object prefigures the transcendent figure. Whether through Winnicott’s object relations theory, or other psychodynamic theories, it has been cogently argued that early trauma/failure by caregivers can lead individuals to use religion and spirituality in a problematic manner (Cornet, 1998; Jones, 1997; Spero, 1998; Holliman, 2002). This can have a dire effect on a person’s ability to surrender and therefore affect that person’s ability to use this coping mechanism to resolve significant issues within his or her life.

The importance of the therapy relationship to repair fixations, conflicts, and arrests, as they relate to religious functioning is an important preoccupation with all theory that relates religious functioning to psychodynamic development. Without exception, those who incorporate psychodynamic development with religious functioning understand that it is essential that the therapist be available for the working through of the transference as clients’ conflicts, arrests, and fixations present in the therapy relationship (Cornet, 1998; Holliman, 2002; Jones, 1997; Northcut, 2000; Spero, 1998). These authors suggest that an awareness of deficits and regressive moves to unresolved psychodynamic developmental stages with concomitant resolution is necessary for improvements in human relations, as well as one’s relationship to a god representation.

Discussion

Brief, solution-focused, strength’s, and psychodynamic social work theory models, as they relate to religion/spirituality, hold both promise and concern. These models may not only uniquely facilitate religious/spiritual functioning, including surrender, but may also delimit growth in these important areas of human functioning. An over-emphasis on the therapy relationship and deficits may miss important aspects of clients’ lives, including important experiences, as well as internal and external resources available to the client. In addition, this kind of micro-focus, in its attribution of client problems to individual functioning, may miss the oppressive cultural forces that contribute to client problems, including oppressive religious systems (Canda & Lewondoski, 1995). However, an over-emphasis on control and independence, as well as broader forces, may overlook the potential for the therapy relationship to facilitate spiritual/religious growth toward the enhancement of the individual and the broader culture.

The Strengths Perspective, due to its emphasis on human agency, and the human capacity to rely on strengths to right itself in relation to the environment, may appreciate the role of spiritual rituals, traditions, and community in the individual’s life and outside the therapeutic alliance toward this goal. Similarly, this model may also value aspects of religion, including codified

religious beliefs (doctrine), religious imagery and icons, community, and charity, as well as other aspects of religious functioning, and encourage clients to rely on these resources. An under-emphasis on therapeutic dependence may also appreciate those spiritual experiences one may have with others, as well as those direct experiences with one's god representation.

Brief and Solution-Focused Models, while also emphasizing the capacity for people to use their own agency to solve problems, also hold the potential to appreciate and facilitate religious/spiritual growth in clients much like the Strengths Perspective. They too may appreciate, or encourage, religious/spiritual experiences and the use of religious and spiritual resources outside of therapy. Importantly, like the Strengths Perspective, these models emphasize client problems in a broader context (person-in-environment). While acknowledging the intra-psychic or interpersonal realm, Brief, Solution-Focused, and Strength Models conceptualize problems in a broad context, including the oppressive systems that influence client functioning. Therefore, these models hold the potential to understand the fuller context of clients' lives and help them mobilize resources (internal or external), including religious/spiritual resources, to change their environment or themselves in relation to the environment.

For some clients, however, severe time limits and too much emphasis on strengths and independence will prevent or inhibit the healthy relational dependence necessary to resolve deficits and past issues. As mentioned, this relational dependence and working through the past via the presentation of transference in the therapy relationship is often inextricably tied to the development of a healthier and more functional god representation. Extended time in therapy, which can facilitate trust and openness, as understood by psychodynamic theory, may be the only way some clients, especially those with severe distortions in their relationship to a god representation, may improve their spiritual/religious functioning. These clients must have the time to work out the way their early experiences colored their attitudes and behavior toward their god representation. Some clients, therefore, will only be able to engage in the healthy practice of surrender as they relate to a healthier god representation through this type of corrective emotional and spiritual experience.

Furthermore, certain religious systems understand the acceptance and surrender of problems, as well as deficits, beyond one's control as essential to the construction of meaning for their lives. For example, Alcoholics Anonymous suggests that one's experience with addiction can uniquely help other alcoholics. Christianity suggests that one's problems can lead them to be comforted by God and others in a way that uniquely allows them to comfort others. In addition to the story shared by a research participant about his panic attacks, a participant in a research project told the story of a woman whose toddler was killed. In making the point about the potential meaning in problems and suffering, he shared the perspective of the mother of the child; she shared her belief that those who were most comforting to her in her grief were those who had lost a child. A profound aspect of many religious traditions is the potential for deficits, problems, and sufferings to be embraced and transformed for some good. While the Strength's Perspective, Brief, and Solution-Focused models may appreciate the role of resilience in clients' lives, by de-emphasizing or ignoring problems they may miss the belief found in surrender that meaning can arise through the transformation of problems and deficits. While psychodynamic theory does not necessarily adhere to this foundational religious belief, its appreciation of the importance of relational dependency and the limitations of independence, as well as the transformational

potential in the resolution of deficits, may be a better fit for religious/spiritual clients who adhere to the belief and practice of surrender.

Finally, the criticism that psychodynamic therapy may over-emphasize client responsibility for broader oppressive social structures should not be taken lightly. Thus, any treatment should always consider how the worker and client may work together to advocate for social justice and influence the broader environment for individual and collective betterment. Efforts have been made within psychodynamic theory to correct its myopic interpersonal and intra-psychic focus (Deal, 2007). However, it also should not be overlooked that the imaginative capacity may be enhanced as a result of this type of therapy. Psychodynamic treatment, with its potential to create a positive alteration of one's god representation, may influence a client's ability to use this imaginative capacity to mitigate oppressive social structures. Profound social impact has been made through surrender and the imagination. In fact, many of the pioneers of the early social work movements toward social justice were conceived or furthered through religious beliefs and practices (Canda & Furman, 1999). As clinicians, we must appreciate the potential in our clients to create social change as they improve their religious functioning through movements toward the acceptance and resolution of their problems, as well as through trust and relational dependence. However, as this process improves aspects of religious/spiritual functioning, we must concurrently recognize the need to act on the broader environment.

In conclusion, it may be essential for clinical social workers to understand and utilize certain core principles from psychodynamic theory and practice to improve their client's religious functioning, including their capacity to practice an important aspect of their religious/spiritual lives, surrender. Clinicians who value this theory and practice should not, however, lose sight of their client's internal and external resources, as well as the influence of the broader environment on client functioning. In addition, social workers have a responsibility to work toward the amelioration of harmful environmental influences, while at the same time helping their clients do the same. Too much emphasis on strengths, time limits, and individual will, may not only short cut the potential to improve client religious functioning, but may also short cut the potential for religious experience to transform the broader culture. It is suggested that clinicians accept the challenge to walk the tightrope between seemingly competing theories of practice. The implications of this work suggest the need for continued efforts to research areas of co-operation and conflict between religion/spirituality and social work theory and practice.

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