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***"A Vital Christian Presence in Social Work"***

## **COUNSELORS' RELIGIOUS BELIEFS AND EMPATHY**

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### *Introduction*

Surrender is a “profound spiritual practice” (Pargament & Cole, 1999, p. 184) foundational to many faith traditions. It is fundamental to the Christian identity (Albers, 1994; Hardin, 1994; Pargament and Cole, 1999; Rhodes, 1996). While theory has existed for quite some time which suggests a relationship between surrender and empathy, no study has looked at the relationship between social workers’ and counselors’ practice of surrender and their empathic capacity in their casework relationships. Although religion and spirituality have had an important role in the development of social work, the fairly recent resurgence of interest in the subjects (Raines, 2001) is encouraging. Religion and spirituality, as they inform social work’s core functions, hold the possibility of expanding social work philosophy, theory, and practice. A greater continued appreciation of religion and spirituality can help maximize the positive and minimize the negative

influence of religion and spirituality as they relate to social welfare delivery, including casework.

This article examines the experiences of 10 Christian counselors, who value and utilize surrender in and out of their professional lives, who also strive for empathy in the clinical setting. Because theory suggest the potential positive and negative function of religion and the phenomenological method suggests the meaning of phenomena are revealed through the data, in the form of stories, incidents, and participant understanding, this researcher was open to the possibility of both a positive and negative relationship between surrender and empathy. However, it is assumed that, while religion can be used defensively (Cornet, 1998; Jones, 1997; Koenig, 2001; Meissner, 1984; Spero, 1998) and destructively (Bullis, 1996; Canda & Lewondoski, 1995; Ellor et al., 1999; Sermabeikian, 1994), it can also enhance individual and group functioning. Importantly, for the present study, it has been suggested that religion and spirituality can provide hope, faith, and relational power (Ellor, et al., 1999). In addition, religion and spirituality can assist the worker in moral development (Siporin, 1986) and can minimize self-diminishing, or self-destructive behavior (Albers, 1994; Reinert, 1997; Rhodes, 1986; Tiebout, 1950). For example, studies have suggested the efficacy of the Twelve-Step Program in the treatment of addictive behavior (Davis and Jansesn, 1998; Ronel and Libman, 2003).

### *Definitions and Relevant Theory*

This study focused on religion as opposed to spirituality. It is helpful to differentiate the two concepts (Canda & Furman, 1999; Raines, 2001). While religion and spirituality may overlap, or be in tension (Meissner, 1984), generally, spirituality is

highly individualized and personal, and constitutes the purpose and meaning one finds in relationship to God, or a power beyond the self. Religion is, “an institutional pattern of beliefs, behaviors, and experiences oriented toward spiritual concerns, shared by a community and transmitted over time in traditions” (Canda & Furman, 1999, p. 37). Therefore, one’s spiritual beliefs may, or may not, align with the codified beliefs of a particular religion. For this study, all participants belong to various religious sects with concomitant and specific doctrine.

Surrender is a foundational religious practice that can be linked to psychodynamic theory through several theories. For the present study, Winnicott’s concept of the transitional object and transitional space were used to bridge the gap between the religious and the psychological realms. Winnicott suggested that religious functioning occurred in the transitional space between external objects and the developing individual. Significant theory has been developed that augments this seminal Winnicottian idea. In addition, Winnicott, while considered part of the British Object Relations School, specifically conceptualized ego and object relations development as part of his general theory. He suggests that one’s ego and object relations are refined for better or worse in the “transitional space”. In addition, it is commonly accepted that both ego and object relations development are inextricably tied to empathic capacity. Therefore, while phenomenological methods allow the essences of phenomena to emerge, theoretical linkages were established to justify the research.

### *Surrender*

Surrender was defined according to Christian doctrine. The following beliefs are foundational to Christian doctrine, as well as the Christian identity, and define surrender as conceptualized for this study.

- 1) God sent His Son to die so that humankind may, in relationship with Christ, have the means to transcend sin (Albers, 1994; Hardin, 1994; Rhodes, 1986). Sin is defined as a, “destructive way we handle pain” (Hardin, 1994, p. 52).
- 2) God has a will beyond human will that humankind must seek in certain situations (Albers, 1994; Hardin, 1994; Orthberg, 1995; Rhodes, 1986).
- 3) Surrender may include prayer (Carlson, 1988; Orthberg, 1995; Pargament and Cole, 1999).

#### *Winnicott, Object Relations, Ego, and Empathy*

Winnicott (1965) suggests that life for the infant begins “unintegrated” (p. 44) and that she develops into a separate individual through association with her mother. Winnicott emphasized the importance that the mother be “good enough” (Winnicott, 1965, p. 145) in providing soothing and gratification for both the infant’s needs and for the infant’s disillusionment as she accepts the reality of separateness from her mother. The infant moves through a preoccupation with the mother’s breast as the first “not me” (Winnicott, 1951, p. 245) object to the later developmental stage of the preoccupation with the transitional object as a mechanism to use for individual functioning.

The transitional object is a foundational construct to Winnicott’s object relations theory (Winnicott, 1951; Winnicott, 1965; Winnicott, 1971; Winnicott, 1975).

Winnicott believed that, while the age of preoccupation with the object varied, inevitably

the infant chooses a favorite object such as a teddy bear or a blanket to use for self-soothing, as she continues to accept the reality that the mother cannot always be present, and moves toward independence from her mother. The transitional object takes over the function provided by the mother as the infant imbues the object with aggression and love.

If the mother is good enough and the infant negotiates the transitional sphere, the child develops strong ego capacities and moves from the pleasure principle (the desire to have all wishes gratified) to the reality principle (the acceptance that all needs are not met immediately, or, sometimes ever). The mother's initial maternal preoccupation, which allows for almost perfect gratification early on of the child's wishes, with only gradual disillusionment, allows the child to develop a strong sense of self that can be alone, while concurrently close to others (healthy object relations). Failure to provide this perfect soothing early on, or later impingements or failures in soothing, can lead the child to experience distrust and panic. These negatively laden affective experiences of panic and distrust lead to these "bad objects" being turned against the ego, according to Winnicott. The concomitant anxiety leads to the development of ego distortions and defenses that seek to ward off the anxiety. These ego defenses and distortions create a number of problems including the difficulty separating out other's experiences from one's own, an inability to regress to deal with affective material (feelings), problems in creativity and self-activation, and a hyper-attuned and hyper-adaptive stance toward the needs of others. Winnicott (1965) termed this pathological self-development the "false self" (p. 144).

### *Religion and Winnicott's Ego and Object Relations*

Winnicott's theory has led to important theoretical developments around religious and psychodynamic functioning (Jones, 1997; Meissner, 1984; Pruyser, 1985; Randour, 1993; Spero, 1998). These authors have elaborated the dynamic processes outlined by Winnicott as they apply to the formation of religious belief and functioning. While the existing literature heavily emphasizes the influence of psychodynamic development on religious belief, a significant body of knowledge also suggests the reverse, that religious belief can influence psychodynamic development (Jones, 1997; Meissner, 1984; Randour, 1993; Rizzuto, 1979; van Hook, 1997). For example, Jones, using a Winnicottian frame, and, in direct reference to the potential for religion to positively impact object relations development, states, "Through rituals, words, stories, or introspective disciplines, religion evokes these transitional psychological spaces, which continually reverberate with the effects of past object relations and are pregnant with the possibility of future forms of intuition and transformation" (Jones, 1997, p. 120). In other words, these authors suggest that religious experience holds the potential to enhance or repair past object relations and ego development.

### *Empathy, Ego and Object Relations*

Empathy has been integral to social casework (Elson, 1986; Hollis, 1970; Raines, 1990; Richmond, 1922). While not using the term "empathy" Mary Richmond, in her seminal social casework approach, understood the importance of demonstrating warmth, care, and understanding for the client. She termed this ideal social casework attitude "imaginative sympathy" (Richmond, 1922, p. 37). Florence Hollis (1970), who was influenced by Richmond, suggests that, "The worker must accept the client by having a

commitment to his welfare, caring about him, and respecting him. Optimally, this includes feelings of warmth for him" (Hollis, 1970, p. 37) and "the worker attempts to sustain the client through expressions of interest, sympathy, and understanding" (p. 66). Marian Elson, through a self-psychology frame, emphasizes the importance of empathy in the efficacy of social casework. She states that the worker's, "calm, enfolding, understanding provides the conditions for and empathic merger through which the individual can now bear to confront his own part in the events that came to be" (p. 55-56).

Empathy has also been seen as essential to psychoanalysis (Kohut, 1966; Raines, 1990), a discipline that has heavily influenced social casework theory. Sigmund Freud saw empathy as a prerequisite to understanding anything that is foreign to one's own understanding (Raines, 1990). Heinz Kohut, who developed Freud's nascent understanding of empathy, believes that, "Empathy is the mode by which one gathers data about other people and, when they say what they think or feel, imagines their inner experience even though it is not open to direct observation" (Kohut, 1966, p. 77). Empathy allows the analyst to glimpse the hidden world of the patient so that she may better understand the patient's problems and formulate therapeutic interventions.

Object relations are inevitably involved in empathic processes (Basch, 1983; Greenson, 1960; Lammert, 1986; Raines, 1990; Saari, 1994; Schafer, 1968). These authors suggest the importance for the therapist to successfully negotiate the space between themselves and their clients. Mature object relations are essential for healthy empathy and require the therapist to remain separate from the client while feeling into their experience. Lammert (1986) summarizes the task of the empathic therapist to move

between their own and their client's experience. She states, "Empathy depends on being aware of internal states, and on a process that recognizes the importance of the polar rhythm of contact with the external world and withdrawal into internal dialogues" (p. 369). Basch (1983) too, suggests the importance of therapist remaining separate from the client while concurrently understanding the recipient of empathy. He states, "To be empathic an individual must be able to separate himself sufficiently from his feelings and emotions so that instead of simply reacting to them he can establish their genesis and the significance they have in the context in which they are experienced" (p. 119). He continues, "in turn, a capacity for mature empathy implies that one is sufficiently insightful to be neither threatened by the affective needs of another person nor tempted to confuse those needs with their own" (p. 123). The social worker's capacity to attain the ideal empathic state is dependent on the level of initial success, or subsequent success in their object relations development.

The ego is also involved in empathic processes (Buie, 1981; Kohut, 1966). The ego can be seen as, "the executor of empathy" (Buie, 1981, pp. 293-294). Kohut (1966) notes that the ego maintains the possibility of picking up on, "the sensory cues it perceives from the patient" (p. 78). The "autonomous ego" through insight, judgment, and sound reality testing can take the information communicated by the patient, assimilate it with their own internal experience in a way that can lead to greater understanding and, ideally, an empathic response. Within psychoanalysis, the capacity to integrate material includes supplanting primary process (wishes) with reality, through the use of the ego. This has been historically called "regression in the service of the

ego". For the purposes of empathy, it would be appropriate to say that the ego regresses in the service of an empathic response.

For the present study, empathy was conceptualized as follows:

- 1) Warmth and care for the client expressed verbally and non-verbally (Elson, 1986; Hollis, 1970; Raines, 1990; Saari, 1994).
- 2) Understanding the client's feelings, thoughts, behaviors, conflicts, arrests, or fixations, and reflecting this understanding (Basch, 1983; Buie, 1981; Elson, 1986; Kohut, 1977; Raines, 1990).
- 3) Managing both the client and therapist's anxiety and negative feelings (Basch, 1983; Buie, 1981; Greenson, 1960; Lammert, 1986; Raines, 1990).
- 4) Feeling close to the client while remaining separate from the client (Greenson, 1960; Lammert, 1986; Raines, 1990; Saari, 1994).

### *Method*

A qualitative, phenomenological design was chosen to study the relationship between counselor's experiences of surrender and their clinical empathy. Qualitative studies, which include phenomenology, have a special appreciation for the subjective experience of the researcher and the participants (Colaizzi in Valle & Halling, 1978; Giorgi, 1992; Osborne, 1990; Parse et al., 1985; Polkinghorne, 1989). Because of this subjective emphasis, qualitative methods value the imagination, feelings, thoughts, and perspectives. In addition, qualitative studies are appropriate for the study of existentially relevant questions (Polkinghorne, 1989); in addition, they are appropriate for exploring and describing phenomena (Marshall & Rossman, 1995), and, especially, those

phenomena not well understood. Because no research has been done on the phenomena of study for this research, and, because religious experience is highly subjective (Canda & Furman, 1999; Goldberg, 1996; Northcut, 2000; Roof, 1993), a qualitative study was appropriate.

Phenomenology is a particular type of qualitative design with its origins in the work of Franz Brentano and Edmund Husserl, with later contributions by Martin Heidegger, Hans-Georg Gadamer, Maurice Merleau-Ponty, and Paul Ricouer (Colaizzi in Valle & Halling, 1978; Moran, 2000; Osborne, 1990; Parse et al., 1985; Polkinghorne, 1989). Phenomenology is a complex and rich philosophy that has evolved over time; much debate exists over the many steps of the phenomenological approach. Despite this ongoing discussion, support exists for the Husserlian method used for the present study (Le Vassuer, 2003). The Husserlian method, used for the study, followed these general steps: First, the researcher should investigate the particular phenomenon. The second step requires the researcher to investigate general essences. The third step is to apprehend the essential relationships among essences. Next, the phenomenological researcher watches for modes of appearing. Following this step, it is important to watch for the constitution of the phenomena in consciousness. It is important for the researcher to suspend belief and interpret the phenomena of study and eventually reach conclusions about interpretation (in Parse et al., 1985).

### *Sample*

Ten Christian counselors were interviewed for the study. This number has been used in other social work phenomenological studies (Raines, 2001; Rasheed, 1997). This

number was found to be adequate to “illuminate” (Osborne, 1990, p. 82) the phenomena of study. The counselors belonged to some of the Christian denominations identified by Mead & Hill (2005) and met the qualifying standard for a phenomenological study by having experience with the phenomena of study, as well as being able to articulate this experience.

### *Data Analysis*

An integration of various phenomenological data analysis procedures were used for this research study (Colaizzi in Valle and Halling, 1978; Osborne, 1990; Rasheed, 1997) and generally included a “reading and re-reading” of the data to get at “tacit and explicit messages” contained in the data (Parse et al., 1985, p. 19). The specific steps for the data analysis were as follows: Step one included transcribing the protocol. Next the protocols were reviewed continually to get an impression of the whole. Third, meaning units were identified and coded. Next, new codes were assigned and themes were denoted. Fifth, themes were associated to theme clusters. Step six included interrogating theme clusters with the research questions. Finally, the implications of the findings were discussed for social work theory and practice.

### *Validity and Reliability*

For qualitative studies, different terms are used for validity and reliability (Creswell, 1998). The terms trustworthiness, dependability, and confirmability were used as corollary terms (Creswell, 1998, p. 197). Triangulation, or the use of at least three checks, was also used to ensure trustworthiness and confirmability (Tyson, 1995).

Trustworthiness for the sample was achieved through the use of existing theory, through consultation with professionals, and through researcher understanding and self-reflection. Accurate representation of the sample was sacrificed for depth of study. The internal trustworthiness (validity) of the study was strong as the data arose from participant sharing. The trustworthiness of the data analysis was also achieved through the suspension of conclusions, as well as through the consideration of alternative perspectives. The potential for researcher bias or influence was also considered. Any potential to omit or direct interviews or analysis in a particular direction was considered. In addition, upon completion of the data analysis, I checked my findings with the participants. The recommendation that the findings be checked with participants only after the completion of the analysis was concluded was followed (Moustakas, 1994). This was done to preserve the researcher's findings while giving an accurate voice to the participants and to make sure the findings matched participant experience (Osborne, 1990; Pokinghorne, 1989).

### *Findings*

The following general categories, as they relate to the association of surrender and empathy, are presented. A significant positive relationship between surrender and empathy was revealed. While participants did mention the possibility of an unhealthy surrender leading to an inhibition of empathy, or counter-transference responses, they felt that, in its true form, surrender was a positive belief and practice, with a positive impact for their clinical empathic stance. For the sake of brevity, only selected categories and selected segments from each category of the study will be presented.

### *Surrender and Counselors' Insight*

The participants describe surrender leading to greater insight and judgment into their clients' problems. Insight from surrender was gained through prayer, both in and out of session; insight was also gained through a general practice of surrender. Subsequently, insight gained through surrender led to creative responses to the material clients shared in session. In addition, participants reported surrender to help with their general attentiveness. They reported that prayer, the seeking or acceptance of God's will, repentance of sin, led to "flashes" of knowledge in the form of Bible stories or verses, movie references, certain words or phrases, as well as more complicated ideas-insight about transference, insight into relational dynamics, and greater attunement. The following segments of the protocol illustrate the participants' insight gained through surrender, including prayer:

I'll sit in session and ask Him to help. I can't see what's going on and often I'm given the answer pretty quickly...There have been times when I can't see the transference that is being projected on to me and I just ask, "Help me see what's going on. All of a sudden, I begin to see the transference...I get some kind of understanding that I couldn't have gotten on my own."

When I'm here with clients I'd think of things I had never thought before, really magical, maybe a movie I had never thought of before but I had seen, or something, maybe a verse and I am terrible at memorizing.

I have a couple that have been very sort of defensive and belligerent, difficult and fighting me the whole way sort of thing in therapy. I have prayed on many occasions about decisions and often God will bring something to mind that I should say in that situation...I will maybe wrestle with it for awhile because I will think I don't want to say that, I will look like an idiot if I say that, or they are going to get really angry if I say that, but I have gone ahead and I have said it, and, someone started crying or whatever, repented of the their own anger.

(In reference to her increased understanding of a client diagnosed with Borderline Personality Disorder) Just lots of prayer and lots of separating from, since I have

separated from my own story (the counselor's unresolved issues)...which I think happened through prayer and counseling and talking with my supervisor, and I began to see the behaviors as behaviors, they were behaviors just designed to keep people involved with her.

I would hear this, "Well, what about that verse? Oh, weird, it really was because it was so real and I was like "okay", and I would say to this person, well I have got this verse, and it was perfect.

I am rooting myself in the Word made flesh that sustains my being and grounds me, sustains and grounds this person...an ethics of attentiveness, and so when I am inclined to let my mind wander and to not really listen to what this person is trying to tell me I will do that exercise of contemplation.

### *Surrender and Counselors' Difficult Feelings*

The counselors reported surrender relating to their own difficult feelings in the context of clinical practice in two ways. Overwhelmingly, the participants understood surrender to help them accept their own limitations in influencing their clients to change. Similarly, the surrendered mindset allowed the participants to deal with their anxiety related to, and limitations in helping with, the, sometimes, very disturbing behavior and material that clients brought to them. The participants saw their role in their clients' lives as an important role, but not the only important one; they felt that God could work in many ways in their clients' lives. They felt their ability to accept their limitations in their efficacy with the client freed them to be themselves and be creative in their work with clients; in addition, it helped them understand that, while they saw clients as brought to them by God in a sense; they may only be a part of that person's life for a very limited time. The following segments of the protocols reflect the counselors' understandings related to their surrender experiences and their own difficult feelings:

What I started to see was that I was really taking care of myself, that the idea that I couldn't fix them was arousing my own fears, and, maybe, what if I couldn't be fixed...I started to realize that God used this terrible anxiety for good...my ability to tolerate them hurting, to let them suffer...there are some situations that are pretty disturbing, the amount of pain, the amount of abuse...but that trust in God, that having surrendered myself and I trust in Him, enabling me to trust on their behalf, to holding back from trying to fix it...that's been very important.

I'm just a cog in that great big machine God is using in their lives...I'll be here for a particular period of time in their lives in a particular way. God has got a whole lot of other things He's doing in that person's life...that takes a big burden off me.

Participant: The first couple of years was really hard, but finally, over time...coming to realize this is an hour a week of someone's life. It's one component in their lives and it can be powerful...so just kind of coming to be more comfortable with what can really be done...You are a piece of this puzzle and you don't' control the whole puzzle.

Interviewer: Accepting your limits? Our powerlessness?

Participant: Yeah...it still has to be revisited.

The participants describe surrender helping them with their own difficult feelings in another way. Surrender helped the counselors be more patient with their clients; in addition, they reported the practice to help them with potential counter-transference reactions. The following segments of the protocol relate to counter-transference reactions:

I have some great interventions. I help people with problems. If I get a charge out of that, well that's okay. If that is my only reason for doing good in this world it isn't going to work, because it doesn't work all the time. You can't always fix everything and then you end up being pissed off at people, or hurt, or something like that if they don't get with the program. God is operant in their lives. They are being cared for anyway. I think I have become more tolerant of people, especially if they are not getting better the way I think they ought to get better, that's okay, kind of let go of that outcome.

I had a woman who was being very dramatic and was going on and on. Sometimes it's hard not to go, "Oh shut up"...I ask the Lord, "Help me not just be disgusted by what looks like immaturity and self-centeredness and care that she's hurting.

There's a couple I have been seeing for a year now and I had been trying to get the woman in this couple treatment for depression...Finally, she's willing to get

treatment...and I think she's getting somewhat better...So rather than take a defensive posture...What the hell do you expect? I tried to take an approach of well let me try to listen now...what do you need me to hear...I was reaching out for a grace bigger than me...I was trying to let go of the false self of defensiveness and trying to reach out and ask God to give me grace to respond to my truest self...to neurotically hold on to my fight with that client, that's not what I am called to do.

### *Surrender and Client's Difficult Feelings*

When asked about how their practice of surrender relates to their ability to manage their clients' anxiety and negative feelings, the participants shared how they pray for their clients' feelings and struggles. The focus of this study on counselors and not the counseling dyad precludes any inferences from being drawn about efficacy of the counselors' prayers for their clients. This important facet of the research question should be relegated to future research. Participants reported praying for clients during, before, and after sessions. The following segments of the protocol reflect this participants sharing:

Sometimes praying for a client if they are really wanting to say something big, just really having a hard time with it. That I do silently ...that God would help them do that.

They had just had a big blow-up and we talked through a little bit of it and there was just a lot of tension a lot of anger in the room...there was one point where there was just a lot of tension and it was silent for a few minutes and I was praying, "God, help us to work through this. Help these people open up."

For the participants, surrender, as it relates to their clients difficult feelings, involves their belief in the efficacy of their prayers to God to intervene in their client's lives, including their difficult feelings and circumstances. The participants reported believing that their prayers for clients helped their clients with feelings such as anger, anxiety, shame, and temptation.

The counselors' instruction of their clients is another aspect of surrender as it relates to their clients' difficult feelings. The participants shared that if their clients were believers that they may share ideas and practices related to surrender through use of the Bible, stories, movies, prayers, and Christian writings. The following are examples of this type of instruction:

If the person is a believer and we come to why should I bow (to my spouse) it leads us to a place of talking about God where I say, "Are you going to bow to Him?" "Well, what do you mean?" So, we talk about, in a non-legalistic way, trying to move the person toward their own exploration of God...and doing things that are uncomfortable that the Holy Spirit is prodding them to do. I can open Scripture for them, or point them to really good authors.

Another thing that is not unheard of for me to do is to teach someone a form of Christian mediation to bring into his life.

Finally, the participants stated that there was a direct correlation between their ability to surrender and their ability to tolerate their clients' difficult feelings. To the degree that the participants were able to bring their own feelings to God and to others in their own struggle to practice surrender, they could allow their clients to do the same, to provide what one participant called in Winnicottian language a "holding environment". The following segments of the protocol reflect the participants' view that greater tolerance of their clients' feelings was a direct result of expressing their own feelings to God.

I started to realize that you know what, God used this terrible anxiety in my life for my good. My ability to tolerate them hurting, not in a cold way, but in a confident way, the willingness to let them suffer and not rush in and fix that, to hold the world together for them, and certainly some bits of hope in there but definitely not a need to go in and comfort and you know don't worry, God is going to do this, the way some evangelist, televangelist...Being able to tolerate being in the midst of all that and letting them

continue to doubt and suffer and be angry at God, or be afraid and scream out, “Why isn’t He helping me!”

My sort of favorite way to deal with pain when I am not coming before the Lord is just to avoid it...and when I am doing that I can’t be present with clients in their pain because that would require me to be present in my own pain to...When I am close to where I am supposed to be in my relationship with Him, in that humble, secure place that He has for me, it is a lot easier for me to enter into the confusion with a client of how hard it is when God doesn’t fit into this box. When I am trying to be higher than I am, know more than I do, more power than I do, then I am where they are, “this doesn’t make sense, this is terrible, How are we going to live with this?”...But when I am in that humble, secure place it is safe for me to go there with them because I don’t have to worry about getting lost there.

### *Discussion*

While the findings from this study add an important understanding to the surrender literature, they also illuminate aspects of the relationship between surrender and clinical empathy. The findings suggest that surrender, a fundamental practice for Christians that occurs within and outside the clinical milieu, may positively impact clinical empathy, as surrender and empathy were conceptualized for the study. The participants shared that surrender led to greater insights into their clients’ problems; in addition, they reported surrender to be a practice that helped them manage their own, and their clients’, feelings.

Many ‘variables’, or aspects, of the relationship between surrender and empathy were not explored within this study. Constructs such as gender, ethnicity, childhood antecedents, as well as other potential influences, were presently not considered. As true representation of the sample was sacrificed for depth of study, similarly, control of variables was sacrificed in order to gain thick description of the phenomena of study. Despite the limitations of representation and scope, the study did illuminate, with

trustworthiness and confirmability, important aspects of everyday Christian counselor religious functioning that impacts their clinical work.

The study has important implications for social work philosophy, theory, and practice. Social work has been heavily influenced by logical positivism (Tyson, 1995). Both logical positivism and psychodynamic theory, a theory that has also heavily influenced social casework theory, have marginalized religion and spirituality (Tyson, 1995). While there are benefits to the secularization of the social work profession (Canda, 1988), the potential contributions to social work from religious or spiritual perspectives have not been fully integrated into the core functions of the profession. Findings from this study can be viewed as contributing to the movement toward counter-balancing the devaluation of religious and spiritual understanding as it can augment social work philosophy, theory, and practice. In addition, the concept of surrender and its relationship to casework practice behaviors should be sensitively integrated into social work curriculum that incorporates religious and spiritual content. This integration would not only lead to a better understanding by social workers of some clients' worldview, but would also present students with an understanding of casework practice behavior that is used by some social workers.

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