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SPIRITUAL SURRENDER: A PARADOXICAL PATH TO CONTROL

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It is in the gray area between the possible and the futile that the battle of coping with stress has to be fought. (Breznitz, 1980, p. 265)

In clinical practice therapists typically work with clients to increase personal control. They help clients to "take charge" of the situation and their emotions. There are, however, limits to personal control in any situation. As strange as it may seem, at times the only way to enhance personal control may be to give up control: the paradoxical path of *surrender*. Take, for example, Donna's story.

Donna was adopted when she was only an infant. Separated from her biological sister and brother, Donna grew up regretting the missed opportunity to be a part of a "family." So later in life when her biological sister's five children entered foster care and faced adoption, it was especially important to her that they remain together. It became evident, however, that the siblings would be separated unless she and her husband adopted all five of the children. As difficult as this change would be for their already large family of five children, she and her husband began adoption proceedings. Donna put tremendous effort into the adoption process: (a) providing a loving home for three of the children as an initial foster care parent; (b) working out visitations with her sister, the biological mother, who was hostile to her adoption plans; and (c) working through the bureaucratic

paperwork and legal system. As their temporary foster mother, Donna experienced the joy of seeing the children happy and together in her own home, but her feelings turned to anguish and despair when her efforts to ensure the success of the adoption were threatened by the biological mother and court system. She distinctly recalled a moment of overwhelming helplessness in the midst of this struggle. Try as she might, she knew that the control over her children's future was out of her hands. At that moment she had a realization, "If anyone is going to play King Solomon, it should be God and not me." With this insight she prayed to God, "With your help I'll do all that I can for as long as they're mine." She identified this change as an experience of surrender, an experience through which she shifted her focus from controlling the adoption to fulfilling God's purpose for her in the children's lives. Out of this experience emerged a sense of peace. She was able to continue, more patiently and more calmly, letting go of trying to make the adoption happen through being a "perfect" mother in the eyes of the court, and focusing instead on what she could do to provide loving care for these children.

The paradox of spiritual surrender is evident in Donna's story. Only through the subjective experience of giving up control was she able to enhance her control over her emotions and actions. Once she let go of her search for control, she experienced feelings of relief, the ability to think more clearly, and the ability to work more productively toward her goal of adoption. Paradoxically, however, these benefits were unintended. Donna surrendered the outcome of the adoption into God's hands not to gain relief but to give life to her spiritual values. She surrendered her desire for control for the sake of the sacred. Happily in this case, she became the "official mother" of all five of the children.

In this chapter we explore the relationship between spiritual surrender and control in more detail. The discussion is divided into four sections. In the first section, we discuss the importance of control or mastery in the coping process and the different types of control-oriented coping. We then consider how beliefs about the individual's relationship with God or a higher power can enhance personal control. We also note, however, that the pursuit of personal control to the exclusion of other goals and values can become dysfunctional. There are, after all, limits to what individuals are able to master on their own in virtually every situation. We suggest that spirituality offers an alternative and unique response to human limitations, one in which the ends of coping are transformed from the secular to the sacred. Control is surrendered for the sake of spiritual ends. Yet, in the process, control may be paradoxically increased. In the second section, we consider the qualities that mark this experience of spiritual surrender and the paradoxical ways in which control is simultaneously enhanced through the process of letting go. In the third section, we evaluate the helpfulness of surrender as a coping method. We explore relevant studies

and case reports that suggest spiritual surrender may be beneficial. In the fourth section, we present some ways therapists might facilitate the process of surrender in clinical settings.

THE IMPORTANCE OF CONTROL IN THE COPING PROCESS

Coping involves what Pargament (1997) has described as a "search for significance in times of stress" (p. 90). When faced with a traumatic event, people strive toward what they perceive to be of significance in their lives. The object of significance may vary across people and situations, but control is commonly one overriding concern (e.g., Thompson, Collins, Newcomb, & Hunt, 1996). When stressful situations severely threaten the ability to control the substance and course of life, people strive to reestablish a sense of mastery and self-determination.

Researchers have suggested that there are two types of control that are especially important in the coping process. Lazarus and Folkman (1984) have distinguished between problem-focused and emotion-focused coping efforts. Problem-focused coping involves activities directed externally at controlling aspects of the environment. Emotion-focused coping, on the other hand, is directed at controlling emotional reactions and the ability to adjust to distressing situations. Problem-focused coping and emotion-focused coping correspond, in part, to what others have called "primary control" and "secondary control," respectively (Rothbaum, Weisz, & Snyder, 1982). Primary control involves "attempts to change the world so that it fits the self's needs" (Rothbaum et al., 1982, p. 8), and secondary control involves attempts to change the self to "flow with the current" of life. Although there are some differences between these two models (problem-focused and emotion-focused vs. primary and secondary control), both models note that control can be directed outwardly, inwardly, or both. For the sake of simplicity, we use the constructs of primary and secondary control to capture this distinction.

Researchers have paid considerable attention to the role of primary and secondary control in times of stress (e.g., Band & Weisz, 1988; Lazarus & Folkman, 1984; Rothbaum et al., 1982; Thompson et al., 1996; Thompson, Nanni, & Levine, 1994; Weisz, McCabe, & Dennig, 1994; Weisz, Rothbaum, & Blackburn, 1984; for a critique, see Skinner, 1996). Until recently, however, researchers have given little attention to the ways in which beliefs about the transcendent are involved in the coping process, specifically how these beliefs affect the search for control.

Pargament and colleagues (Pargament et al., 1988; Pargament, Smith, Koenig, & Perez, 1998) have studied how beliefs about the individual's relationship with God are involved in the coping process. They have identified four control-related coping styles: self-directing, collaborative, de-

ferring, and pleading. Each style represents a different approach to the search for primary and secondary control. When using the *self-directing approach*, the individual perceives the self as being the center of control. Although the person may believe in God, the individual sees the self as having free choice, agency, and responsibility to direct the course of life events and to adapt to difficult life situations. In this approach, primary and secondary control are sought through the individual's own efforts. The *collaborative approach* rests on a view of God as a partner in the coping process. The person works with God to find meaning in difficult situations, to generate and implement solutions to problems, and to sustain the self emotionally. Thus, from this perspective, primary and secondary control are achieved through the relationship between the individual and God. The *deferring approach* differs from the above two in that personal responsibility is relinquished. In the search for primary or secondary control, the individual turns over the responsibility for dealing with the entire situation to God. Finally, in the *pleading approach*, the individual seeks control indirectly. Through petitioning and pleading, the person asks God to intervene in the situation to bring about a more favorable outcome, one more in line with personal wishes. This coping approach seems to be directed more at primary than secondary control. Assimilation to the state of the world is rejected in favor of changing the world through God.

How can you tell which coping style best describes clients? Pargament and colleagues (1988, 1997) have developed measures to assess these four styles (see Table 9.1 for illustrative items).

Research on these coping styles suggests that they differ in terms of their helpfulness (Bransfield, Ivy, Rutledge, & Wallston, 1991; Casebolt, 1990; Hathaway & Pargament, 1990; Kaiser, 1991; McIntosh & Spilka, 1990; Schaefer & Gorsuch, 1991; Sears & Greene, 1994; Winger & Hunsberger, 1988). Generally, the collaborative approach has been associated with better outcomes than the deferring (Pargament et al., 1988), self-directing (Pargament et al., 1990), and pleading approaches (Pargament, 1997), especially in low-control situations (Bickel et al., 1998). For example, Bickel et al. found that under high-stress situations (i.e., situations that are less predictable and controllable), the self-directing approach was associated with increases in depression, whereas the collaborative approach was associated with decreases in depression.

What are the practical implications of these findings? Comments by clients that they turn to God for help or guidance in the midst of their most difficult moments may raise concerns among many clinicians about overdependence, passivity, or avoidance (Pargament & Park, 1995). These results, however, suggest that there is no need for alarm. In fact, there is every reason to consider encouraging a client's sense of partnership or collaboration with transcendent dimensions of life in coping.

TABLE 9.1
Illustrative Items From Control-Oriented Coping and Spiritual Surrender Scales

Deferring
1. Didn't do much, just expected God to solve my problems for me.
2. Knew that I couldn't handle the situation, so I just expected God to take control.
3. Didn't try to do much; just assumed God would handle it.

Pleading
1. Pleaded with God to make things turn out okay.
2. Bargained with God to make things better.
3. Prayed for a miracle.

Self-directing
1. Tried to deal with my feelings without God's help.
2. Tried to make sense of the situation without relying on God.
3. Made decisions about what to do without God's help.

Collaborative
1. Tried to put my plans into action together with God.
2. Worked together with God as partners.
3. Tried to make sense of the situation with God.

Spiritual surrender
1. Did my best and then turned the situation over to God.
2. Did what I could and put the rest in God's hands.
3. Took control over what I could and gave the rest up to God.

Note. People respond to the items in terms of the way they cope with either a specific major life stressor or with major life stressors in general. For a copy of the full RCOPE, contact the second author. From Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998, August). *The Many Methods of Religious Coping: Development and Initial Validation of the RCOPE.* Paper presented at the meeting of the American Psychological Association, San Francisco, CA. Adapted with permission of the authors.

THE LIMITS OF CONTROL IN COPING

These four styles of coping reflect the variety of ways one's perceived relationship with the sacred can be involved in the search for primary control, secondary control, or both within the coping process. There is, however, more to coping than control. After all, the amount of personal control that is possible in any situation is always constrained by other forces. Focusing exclusively on the search for added control, then, may become problematic. Consider, for instance, the following case:

> [Mike] does not believe in any power higher than himself, is relatively focused on personal achievement and material possessions (e.g., money accumulation), and he does not pray or meditate (though he exercises regularly and takes generally good care of himself physically); he feels that he must always be in control of himself and nearly every situation, and tends to struggle frequently with his own perfectionism; he believes only in himself and in the competitive marketplace—that he must strive against others to "rise to the top" and achieve all of which he is capable. (Martin & Carlson, 1988, p. 64)

Most clinicians are familiar with someone like Mike and recognize

the potential negative consequences of a preoccupation with personal control. These include negative emotions (e.g., anxiety, anger, sadness); stress-related disorders such as headaches, hypertension, and coronary-prone behavior; and the addictive overconsumption of food, tobacco, and alcohol. Because people are finite, because personal resources are bounded, and because the possibilities in any situation are necessarily limited, a preoccupation with personal control will often lead to frustration and failure.

The religions of the world offer an alternative to efforts to conserve the sense of control. They provide mechanisms to transform significance (i.e., what is taken to be worthy of pursuit) in times of stress (Pargament, 1997). Spiritual surrender represents one such method of transformation particularly relevant to control. Through spiritual surrender, control is abandoned for the sake of the sacred, be it a transcendent purpose, ideal, relationship, or commitment. In the process, however, both primary and secondary control may be inadvertently enhanced. We turn now to a more detailed discussion of the nature of spiritual surrender.

QUALITIES OF SPIRITUAL SURRENDER

It is important to be clear about the meaning of the words *spiritual surrender* and the qualities of this experience within the coping process. Before we begin, however, we must stress that spiritual surrender is not simply a coping mechanism. Religious traditions do not solely teach surrender as part of the survival kit for when things get tough. Surrender is a profound spiritual practice within many different religious traditions that transcends times of crises. Consider these examples:

> *Muslim*: Whosoever surrenders himself to Allah, doing good meanwhile, has taken hold of the surest hand-grip, and towards Allah is the outcome of affairs. (The Qur'an 31:21)

> *Hindu*: O scion of Bharata's clan! Seek refuge in Him, making a total surrender of your being—body, mind and soul. By His grace you shall attain to supreme peace and the everlasting abode. (Srimad-Bhagavad-Gita 18:62)

> *New Age*: When peace comes at last to those who wrestle with temptation and fight against the giving into sin; when the light comes at last into the mind given to contemplation; or when the goal is finally achieved by anyone, it always comes with just one happy realization; "I need do nothing." (A Course in Miracles, 1985, p. 363)

Thus, any consideration of the role of surrender within difficult times should reflect an appreciation for the value of surrender as a general aspect of spiritual life.

If we think back to Donna's determined effort to adopt her five chil-

dren, we can identify some salient aspects of surrender. First, surrender involves a recognition of a higher value or greater good in the seemingly negative situation. In Donna's story, we heard how she became aware of something more important than her own desire to adopt the children. The greater good was broader than her personal concerns and was known only by God. What was most important, she realized, was to trust God and care lovingly for the children in spite of the fact that things might not work out as she thought best. This awareness of a higher value is essential to the process of surrender. It is an awareness that is also evident in 12-step recovery programs for alcoholism (see chap. 6 in this book).

Second, and in many ways related to the recognition of a higher value, surrender involves an experience of self-transcendence. The individual begins to see the self in relationship to a higher purpose or transcendent reality rather than as the center of the world. What motivates this shift, however, is not a search for control, either primary or secondary. Instead, the individual begins to look for a connection with a transcendent reality, a goal that requires relinquishing all forms of control. In a sense, the person stops "playing God" and starts "seeking God." This shift from control to transcendence reflects what Pargament (1997) has referred to as a "transformation of significance." The focal point of the search for significance, a search that organizes and directs one's thoughts and behavior, changes from control to the sacred.

Spiritual surrender is much more than a cognitive shift. It is an experiential shift as well, one that involves changes in motivation, affect, values, perception, thought, and behavior. The individual experiences an enlarged sense of existence, the self as immersed in the divine. In Judeo-Christian religious terms, the person begins to "live, move, and have one's being in God." From a Zen perspective, the individual realizes Buddha nature. In the process, the person's own desires are released or set aside for the sake of a greater good or existence, often framed in terms of spiritual beliefs or commitments. Donna experienced this transformation as she put aside her desire to be the mother of her sister's children and instead focused on God and loving the children for as long as they were with her.

Third, the subjective experience following surrender is characterized by an enhanced state of being. People often describe this state as one of total acceptance resulting in feelings of completeness, serenity, gratitude, and compassion. Donna described greater awareness of her situation, a sense of calm, and the ability to focus more effectively on the things that were under her control.

Even though Donna's experience of surrender reflects a Judeo-Christian religious tradition, other religious traditions also view surrender as an important aspect of life. Dogen Zenji, a Zen master and considered by some to be the major founder of the Zen Buddhist tradition in Japan, said

let go of and forget your body and mind. Throw your life into the abode of the Buddha, living by being moved and led by the Buddha. When you do this without relying on your own physical and mental power, you become released from life and death and become a Buddha. (cited in Beck, 1989, pp. 149–150)

Speaking on the meaning of this passage, Beck (1989), an American Zen teacher, commented that

since Buddha is none other than this absolute moment of life (which is not the past or the present or the future), [Dogen Zenji] is saying that this very moment is the abode of the Buddha, enlightenment, paradise. It is nothing but the life of this very moment. . . . Wisdom is to see that there is nothing to search for. If you live with a difficult person, that's nirvana. Perfect. If you're miserable, that's it. And I'm not saying to be passive, not to take action; then you would be trying to hold nirvana as a fixed state. It's never fixed, but always changing. There is no implication of "doing nothing." But deeds done that are born of this understanding are free of anger and judgment. No expectation, just pure and compassionate action. (pp. 150–151)

Here, too, we can identify the three common themes of surrender, albeit with different metaphors and images. (a) *Recognition of a higher value*: In his own words Dogen Zenji called others to reach for a higher value than what is normally perceived to be worthy of pursuit. Beck referred to this as "enlightenment" or "paradise." (b) *Self-transcendence*: Dogen Zenji affirmed the importance of transcendence in the metaphor "throw your life into the abode of the Buddha." He encouraged students to transcend their normal way of thinking and experiencing life when he says "forget your body and mind." (c) *Enhanced state of being*: Dogen Zenji suggested that through the process of surrendering one's life, the individual realizes the highest state possible, becoming a "Buddha." This state, according to Beck, is marked by a deeper satisfaction in life, "free of anger and judgment" and filled with compassion. Thus, the experience of surrender is not limited to Judeo-Christian traditions. Surrender plays an important role in other religious traditions as well.

What is the relationship between control and surrender? The act of surrender is, by its very nature, an act of relinquishing control as an object of significance. Significance is shifted away from control to one's relationship to sacred realities and the living out of spiritual commitments in light of those relationships. There is an important point that follows here: Surrender cannot be intentionally used as a means of gaining either primary or secondary control; however, a greater sense of control may ensue from the act of surrender to the sacred. In terms of secondary control, the act of surrender may help the individual adapt to reality. The focus on the

sacred puts worldly concerns into a broader perspective and may generate feelings of acceptance. Similarly, spiritual surrender may assist rather than undermine the exercise of primary control. Surrender, Beck (1989) clearly warned the Buddhist disciple, is not a path of avoidance or irresponsibility. She suggested that acceptance that leads to "doing nothing" is as much an error as not accepting life as it is. Similarly, Donna's surrender did not mean ending her efforts to adopt the children. Thus, for people working from both Judeo-Christian and Buddhist traditions, surrender should not be equated with passivity or avoidance. The clarity of mind that often follows spiritual surrender may enhance both the ability to take constructive action and the ability to adapt to life situations.

Note that we are talking specifically about spiritual surrender here. Clearly, it makes a difference to whom the individual surrenders. The surrender to other forces, such as a dictator or abusive spouse, is likely to lead to much different outcomes in terms of primary and secondary control as well as well-being.

HOW HELPFUL IS SPIRITUAL SURRENDER?

Several lines of empirical study suggest that spiritual surrender may be helpful to people not only psychologically but also spiritually. First, there are particular contexts in which surrender is likely to be helpful in the coping process. Surrender is likely to be of particular value when people are faced with situations that have few controllable aspects (e.g., death, chronic illness, accidents). In situations like these, the options for personal control, especially primary control, are severely limited. Moreover, attempts to exert primary control may be not only nonproductive but also counterproductive; misplaced attempts to exert primary control in the pursuit of problem-focused goals may interfere with the pursuit of other, more attainable goals. In this vein, research suggests that people tend to engage in emotion-focused, compared with problem-focused, coping in low-control situations (Folkman & Lazarus, cited in Folkman, 1984; Vitaliano, DeWolfe, Maiuro, Russo, & Katon, 1990) and find the former more helpful under these conditions (e.g., Strentz & Auerbach, 1988). Attempts to exert secondary control also appear to be more helpful than attempts to exert primary control under life-threatening conditions (Weisz et al., 1994, p. 324). As noted earlier, spiritual surrender offers another alternative to the search for primary control. Thus, it, too, is likely to be especially helpful in conditions affording low objective control.

Second, two studies on the helpfulness of prayer offer indirect support for the importance of surrender in coping with distress. The studies examined the effects of different types of prayer on anxiety. The first study focused on the effects of reflective and intercessory prayer in a sample of

members of a Baptist congregation (Elkins, Anchor, & Sandler, 1979). Intercessory prayer was described as praying for "a spiritual intervention in one's personal life or in the lives of others" (Elkins et al., 1979, p. 81). Reflective prayer was described as "communicating private feelings to a supreme being" (Elkins et al., 1971, p. 81). Both types of prayer were oriented toward either primary control, attempting to influence the outcome of events (intercessory prayer), or secondary control, expressing feelings to the sacred as a means of adjusting better to the situation (reflective prayer). Neither type of prayer, however, significantly reduced anxiety or tension when compared with a control group.

Although this study alone does not speak to the effects of surrender, these results are more interpretable when integrated with those found by Carlson, Bacaseta, and Simanton (1988). Carlson et al. also focused on the effects of prayer and devotional meditation on anxiety and tension. Participants were college students from a Christian liberal arts college. In contrast to the Elkins et al. (1971) study, this study examined contemplative prayer, or prayer in which the individual focused on "development of Christian virtues" (Carlson et al., 1988, p. 363). This type of prayer was not oriented toward primary or secondary control; instead, it embodied self-transcendence, the surrender of self-concerns. The objective of this prayer, Carlson et al. (1988) stated, was "to relate to God in a quiet, non-verbal and open manner" (p. 363). Interestingly, participants who used this type of prayer experienced reductions in anxiety and anger more so than did members of a control group or a group using progressive muscle relaxation. Unfortunately, because the participants in this study were also instructed to contemplate scriptures reflecting "God's care and concern," it is unclear whether the results were due solely to the experience of surrender (Carlson et al., 1988, p. 363). Spiritual support, which could have increased secondary control, may also have played a beneficial role. Nevertheless, when these two studies are considered together, they suggest that spiritual surrender may be helpful in reducing distress in some situations and may be more helpful than other spiritual and religious practices or progressive muscle relaxation. Moreover, Carlson et al. (1988) offered a ready means for incorporating spiritual surrender into the therapy process. Contemplative prayer may be an appropriate intervention for spiritually interested clients whose goals include letting go.

Third, studies of the effects of transcendent experiences provide some support for the helpfulness of surrender. Hood, Hall, Watson, and Biderman (1979) found that scores on a mysticism scale were associated with a range of positive psychological variables, such as broad interests, creativity, innovation, tolerance of others, and social adeptness. In their study, mysticism was defined by eight subscales that assessed a sense of oneself as "[absorbed] into something greater than the mere empirical ego"; an experience of all things having an "inner subjectivity" beyond material form (e.g.,

experiencing all things having consciousness); a modification of time and space (e.g., experiencing timelessness); receiving knowledge that is "non-rational, intuitive, insightful," an experience that cannot be communicated through "conventional language"; positive affective quality; and experiences marked by a sacred or holy quality. In other studies, mysticism has been associated with strong ego strength, self-actualization experiences, and ego permissiveness. The latter is said to encourage "regression in service of the ego," or the use of unconscious material for the purposes of ego development or adaptive functioning (for a review, see Hood, Spilka, Hunsberger, & Gorsuch, 1996). In addition, Yates, Chalmer, St. James, Follansbee, and McKegney (1981) found that cancer patients who had recently experienced feelings of closeness to God or nature experienced decreased levels of pain. Self-transcendence measured in less traditionally spiritual terms (i.e., "expanded self-boundaries that help to discover or make meaning," Coward, 1996, p. 117) has also been associated with indexes of well-being: emotional well-being, sense of coherence, hope, self-esteem, and cognitive well-being (Coward, 1996; Reed, 1991).

The results of these studies suggest that the transcendent experiences, so typical of spiritual surrender, have positive associations with psychological and physical well-being and may be particularly helpful in times of crisis. Thus, clinicians may do well to explore transcendence with clients for whom surrender seems to be an appropriate intervention. Ask clients, "Have you ever had transcendent experiences in which you felt connected to something beyond yourself?" "What was that like for you?" "What helped you feel connected?" "When was the last time you felt this connection?" "What would it be like for you to spend a little time each day relating to [God, Allah, a higher power, etc]?"

Fourth, a few researchers have begun to measure spiritual surrender directly and to evaluate its effects. The results of this research have also been promising. Wong-McDonald and Gorsuch (1997) found that spiritual surrender was negatively related to self-directing coping and positively associated with both collaborative and deferring coping approaches. However, when the effects of the other coping approaches were controlled, spiritual surrender predicted increases in intrinsic religiousness, importance of spirituality, belief in control by God, and religious as well as existential well-being. These results suggest that spiritual surrender plays a unique and helpful role in the coping process. The scale used to measure surrender in this study reflected a conservative Christian orientation. Because the participants in this study were conservative Christians, the orientation of this scale was not problematic; however, questions remain about whether a construct of surrender more compatible with diverse religious traditions and administered to a more diverse population would yield similar results. Results of another investigation suggest the answer to both questions may be yes.

Pargament et al. (1998) conducted a validation study of the RCOPE, a comprehensive, theoretically based measure of spiritual coping that assesses, among other methods, several approaches to control (i.e., collaborative, deferring, pleading, self-directing) and spiritual surrender. Spiritual surrender was measured by items such as "Did my best and then turned the situation over to God" and "Did what I could and put the rest in God's hands" (see Table 9.1). Consistent with previous research and theory about the control-oriented constructs, the items of these dimensions loaded on distinct scales in a factor analysis. Moreover, these scales related to adjustment in different ways in a population of hospitalized patients coping with serious medical illnesses (Koenig, Pargament, & Nielsen, in press). Spiritual surrender, in particular, predicted several measures of positive adjustment (e.g., lower depression, better quality of life, stress-related growth, cooperativeness in the interview, and positive religious outcomes) more strongly than did the deferring, pleading, and self-directing scales. Spiritual surrender, like the collaborative approach, was associated with positive adjustment. However, spiritual surrender was more likely to be used than a collaborative approach in more distressing situations as measured by the patient's number of medical diagnoses.

Overall, these findings suggest that spiritual surrender plays a distinctive role in people's lives. Moreover, like the collaborative approach, it is associated with more positive adjustment than the deferring, pleading, and self-directing approaches. Consider, then, assessing a client's spiritually oriented coping style and its implications for psychological and spiritual well-being. To conduct an assessment, consider the RCOPE (see Table 9.1). Help your client weigh the advantages of adopting either a more collaborative approach to control or embracing spiritual surrender.[1] Finally, if it seems desirable, based on discussions with your client, explore ways to increase spiritual surrender or collaborative coping. The items on these respective scales offer a starting point for this discussion.

Although the research findings presented above are encouraging, they are still preliminary. Until additional research is conducted, perhaps the most compelling evidence of the effectiveness of spiritual surrender will have to come from the stories of people who have experienced relief through surrender in times of great personal loss or tragedy. Donna's adoption of her five children is one such story. The benefits of spiritual surrender are also evident in the story told by Janet, a cancer survivor.

Janet grew up with an alcoholic father and a chaotic home situation. She recalled her childhood as a time when, more than anything, she wanted to be loved. Although her mother later remarried, things did not improve for Janet. She was sexually abused by her stepfather. In addition

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[1]Editor's note: For a secular discussion of these clinical issues, see Steven C. Hayes, Neil S. Jacobson, Victoria M. Follette, and Michael J. Dougher (Eds.), *Acceptance and change: Content and context in psychotherapy* (1994). Reno, NV: Context Press.

to these stressors, every woman in Janet's family, including her mother, died from cancer before Janet was an adult. In spite of these life challenges, Janet was anything but bitter, unloving, or dysfunctional. An accomplished businesswoman, loving mother, and woman who had been deeply committed to helping children for most of her life, Janet was a model of how to face adversity with dignity, compassion, and a marvelous sense of humor, all in spite of the fact that she, too, was diagnosed with cancer at the age of 35.

When asked about her response to her diagnosis, Janet described initially feeling devastated. Throughout her life she had learned to cope by being "in control." Now she was faced with the ultimate loss of control, control over her own body. She recalled the frightening recognition, "I could die." Moreover, throughout the treatment process, she remembered feeling at the mercy of others. Medical decisions were made for her by doctors, and she felt helpless to direct her own treatment. When asked how she coped with this loss, Janet described how there gradually came a point when she realized that she had to surrender control over the final outcome of her cancer treatment. In a moment of surrender, she drew on her Catholic tradition and prayed "Thy will be done." As she began to accept the limits of her control, she decided that she would not give up. She would "go out kicking and screaming" but draw on faith that everything was happening for a higher purpose. Janet focused on her belief that "everything that comes into our lives is a training ground for something that happens on a higher level." From that perspective, she began to explore what it was that her cancer had to teach her. In our terms, Janet experienced a transformation of significance. She shifted her primary concerns from controlling and curing her cancer to the sacred, toward living her life in a way that reflected God's purpose. However, her surrender did not prevent her from doing all that she could to influence her health.

Janet did not claim that spiritual surrender erased the pain of dealing with cancer, but she did describe greater peace, more self-acceptance, and a clearer focus on the important things in life. She declared, "I am not what I do anymore. I am who I love." Much of her attention these days is invested in her family. So, for Janet, surrender also involved a transformation of how she saw and valued herself. In addition, her ability to surrender control helped her make important decisions that have enabled her to live more fully. She quit her job working for an abusive employer and eventually opened a store selling items for women with cancer. In reference to this latter change, Janet stated, "Cancer put me in training to learn how to help other cancer patients." Thus, through the experience of spiritual surrender, Janet was able to see her situation and her life differently. Today she can say, "I guess I'm glad I had cancer. It got me off my butt and made me change my life." Stories like those of Janet and Donna offer

powerful testimony to the helpful role of spiritual surrender in the coping process.

SPIRITUAL SURRENDER IN THE CLINICAL SETTING

Given that surrender can play a helpful role in the coping process, how can you help a client for whom surrender seems appropriate? Before attempting such assistance there are some important points to keep in mind. First, some preparatory work is needed to understand the client's orientation to spirituality and whether the client is likely to find the concept of surrender meaningful. Part of this work requires learning about the words and images that the client finds meaningful in reference to the sacred. Second, be careful to avoid framing surrender in terms of utility. Although the goal may be to decrease distress and increase adaptive functioning, that goal runs counter to the ontological nature of spiritual surrender. One cannot surrender control to intentionally gain control. To paraphrase Frankl (1948/1984), control cannot be "pursued" through surrender, but, paradoxically, it may "ensue" from the search for the sacred. Third, acknowledge that spiritual surrender is an appropriate response to human limitations and the exigencies of life. That people are not in fact in total control of their own fates is likely to be realized in the most extreme moments: the death of a loved one, violent assault, sexual abuse, or being stricken with a life-threatening disease. Here and in many other life situations, the ultimate healing response may be one of surrender.

It is also important to be alert to problematic behaviors that are masquerading as spiritual surrender. Deferral, pleading, relinquished control that is more akin to "learned helplessness"—each of these responses to crisis may, at first glance, appear to be spiritual surrender. However, unlike spiritual surrender, these responses are likely to undermine active problem solving. Help the client differentiate spiritual surrender from these other approaches and explore the implications of each for effective coping. Some degree of active problem solving is possible and desirable in most situations. Clients should be helped to find the common ground where spirituality and active problem solving meet.

With these points in mind, there are several ways that you can introduce spiritual surrender into the therapy process. First, help the client consider the appropriateness of spiritual surrender by a well-framed comment or question. Inserting the client's word for the transcendent where people have used the word God below, ask questions like, "Is there something here that you need to surrender to God?" or "You seem to be struggling to let go of this tragedy. What would it be like for you to surrender this to God?" Questions such as these affirm that surrender is an appropriate response for many people, and you initiate a discussion of whether

it is appropriate for a particular client in a particular situation. Second, many religious traditions have their own specific practices or sacred readings oriented toward the theme of spiritual surrender. Explore with the client aspects of his or her own tradition that may be helpful. Consider facilitating this process by working in collaboration with the client's clergy. Third, look into structured activities that facilitate a surrender response. For example, consider the two activities below. The first is directed at helping clients identify uncontrollable aspects of a situation. The second facilitates an experience of surrender.

To help clients differentiate the controllable from the uncontrollable aspects of a situation, you might offer them a piece of paper titled "circles of control." Draw two circles on the page: one labeled "things under my control" and the other labeled "things not under my control." The clients should think of concerns they have and write each concern in the correct circle. This exercise is modeled after one described by Baugh (1988). It is, as he pointed out, a tool for expressing the Serenity Prayer in one's life. We use an exercise like this in our spiritually focused therapy groups for cancer patients titled "re-creating your life." During the session on control, the therapist has the participants fill in the circles and then share these with the group. The therapist then urges group members to challenge each other's decisions if it appears that someone placed a concern in the wrong circle. The therapist also identifies and challenges two possible errors: either aborting primary control when control is possible or attempting to direct the course of uncontrollable aspects of their lives. As part of this process, the therapist helps participants explore the consequences of trying to control the uncontrollable in terms of anxiety and loss of energy to invest in things under their control.

Within this same session, the therapist discusses potential ways to cope with things beyond personal control. The group discusses spiritual surrender as a potentially helpful response. To help participants better identify things they need to surrender and to facilitate the experience of surrender, the therapist leads the participants through a guided imagery. Because the participants to date have all had a theistic perspective of the sacred, the imagery has involved surrendering aspects of their lives to God. The components of the imagery include relaxation instructions, visualizing God's presence, asking God what needs to be surrendered, visualizing placing the surrendered concern in God's hands, and then visualizing oneself bathed in a white light.

Martin and Carlson (1988) provided two case examples of other means of integrating surrender within clinical practice. In one instance, one of the authors was co-conducting a smoking cessation program that was floundering. Many of the participants were noncompliant and disruptive. The clinicians decided to take a different tack. Drawing on the 12-step program of Alcoholics Anonymous, Martin and Carlson (1988) "en-

couraged giving up control to God, praying for deliverance from the habit, and praying for success for each other, while also following the behavioral steps of the program" (p. 98). They reported that this new approach was widely accepted by group members and that it appeared to be instrumental in maintaining a zero dropout rate and successful smoking cessation by a majority of the participants.

In a second case example, Martin and Carlson (1988) worked with a young woman who was overweight and having difficulty beginning an exercise program. Having tried behavioral procedures without success, they decided to integrate a spiritual perspective that included a strong surrender component. They instructed her to

> (a) admit that, on her own at least, she didn't currently have the "power" or motivation to get up and exercise; (b) pray at night for God to help her arise in time and have the desire to go exercise; (c) completely turn the outcome over to God after praying and putting the matter in God's hands; and then (d) follow the previously tried behavioral techniques that had not helped (i.e.. contracting with loved one, posting exercise graph, laying exercise clothes out night before . . .). (Martin & Carlson, 1988, p. 99)

The authors reported that this intervention was successful in modifying her exercise behavior. Additionally, it clearly exemplifies the interplay between surrender and active coping. She was not only instructed to relinquish control over the outcome to God but also to take control over those things that she could do to reach her goal.

The structured activities and case examples above demonstrate ways to integrate surrender within clinical situations. The key ingredient among them is the therapist's affirmation of surrender as a viable option and willingness to explore the appropriateness of spiritual surrender within the client's life.

CONCLUSION

Clinicians generally are masters of the "art of control." Explicitly or implicitly, therapists from diverse theoretical orientations often convey to their clients the value of controlling their internal and external environments and help their clients exert more control in their lives. This is often a desirable goal. However, the search for control can become a problem in itself when it excludes other balancing values and goals. If therapists help the client already overly preoccupied with control, to focus further on control, they may make a bad situation worse. An alternative approach is needed that recognizes the limits of personal powers, the humanly impossible as well as the humanly possible. Spiritual surrender offers one such alternative healing pathway. Through spiritual surrender, the search for

control is transformed into a search for the sacred, but in the process primary and secondary control can be paradoxically enhanced. Practices such as "letting go and letting God" (from a Judeo-Christian perspective) or mindfulness meditation (from the Zen Buddhist tradition; see chap. 4 in this book) free the individual to focus on spiritual commitments, experiences, or ideals and invest energy only in those aspects of life that are amenable to change. Perhaps one of the reasons for the success of programs like the 12-step recovery program for alcoholic individuals is just this blend of spiritual surrender and active problem solving (see chap. 6 in this book). In addition, spiritual surrender may be one of the critical ingredients of other transformational processes, such as conversion (Ullman, 1989; Zinnbauer & Pargament, 1998) and forgiveness (McCullough, Worthington, & Rachal, 1997; see chap. 10 in this book). Certainly, the research and life stories reviewed here suggest that spiritual surrender is a viable path to positive mental health outcomes and greater spiritual well-being.

We hope that this chapter encourages clinicians to further explore the helpful role of surrender in the coping process. Just as important, we hope this chapter stimulates further studies of spiritual surrender as an important response to human limitations and human suffering. There is much to learn about this paradoxical path.

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