TRAUMA AND MORAL INJURY

A Guiding Framework for Chaplains

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INTRODUCTION

It is all too much. You may feel this. We certainly do. Perhaps the most undebatable public statement we could offer is this: trauma is everywhere.

There is a lot of literature now available on trauma and a growing body of work on moral injury. Increasingly, programs and educational opportunities to become more trauma-informed are popping up. As we prepare this eBook, healthcare workers continue to provide front-line care for COVID-19.

Moral injury, a term previously used exclusively by clinicians naming the impact of war on veterans, is now being used across healthcare systems to speak about the toll of pandemic response on healthcare staff. We are also in a moment in which anti-black racism and the wounds of racial trauma are surfacing in public. Moral injury newly names the consequences of ethical harm that we experience on a personal and collective level.

This eBook is not a 'how-to-guide' to respond to trauma and moral injury. Instead, it offers a broad framework for you, as spiritual care professionals, to name the realities in which you are doing your work. An important dimension of trauma is the difficulty in naming and acknowledging that our worlds have not only been shaken, but, in fact, shattered. We can meaningfully speak into this moment, but we cannot do so if we see ourselves unaffected by trauma.

Our working assumption is that everyone is touched and impacted by trauma and experiences, to some degree, moral stress. We are mindful, as authors who are personally and professionally grounded in Christian traditions, that our traditions and the chaplaincy informed and practiced within it have both sought to address the real impacts of trauma, but have also contributed to the trauma of others, often in the name of those traditions.

The eBook offers a way of reflecting on trauma, asking you to sit with it before moving too quickly to solutions:

- It provides a *broad framework* for interpreting trauma and moral injury.

- This framework is *interdisciplinary*, meaning that it takes the clinically specific concept of trauma and expands it to reflect contributions across fields of study. Chaplains, particularly in healthcare and the military, will be working alongside mental health professionals who approach trauma and moral injury in very precise clinical terms. The resources that we offer may provide bridges to partnering more effectively with them. Chaplains working in less formal settings, such as movement chaplaincy and street chaplaincy, may find a less clinical framework to be more nimble. Approaching trauma as a layering of conditions in which vulnerable populations are operating offers a lens

for chaplains to approach the work of justice-making. Moral injury has a prophetic dimension that may resonate in particular sectors of chaplaincy.

- It offers some *tools and moments for reflection*. The resources are not intended to be comprehensive. Instead, they can be used as conversation starters for discussions with your colleagues and staff.

Broadening the frame also opens up ways of naming suffering -- the harm that we receive and that we enact -- in ways that draw out the wisdom of religious and spiritual traditions. As such, it places chaplains in familiar territory.

We recognize that you have varying degrees of psychological literacy. While trauma and moral injury are most often associated with psychological frameworks, both are explored across a range of disciplines that bring richness, texture, and even challenge to current psychological definitions. We want to open these terms up for discussion. Spiritual and religious reflection on how we are impacted by suffering and violence is part of the work of chaplaincy.

We place trauma and moral injury together for several reasons:

- *They are studied together.* The definitions of moral injury emerged within veteran care, as an attempt to name distinct aspects of suffering that fell outside the diagnosis of PTSD.

- *The symptoms overlap.* As you can see from the chart below, trauma and moral injury can look very similar. They may show up as anxiety, depression, or sleeplessness. But moral injury may be expressed in terms of regret or guilt for something that someone has done or witnessed. It may bring up fear and anxiety, but there is *something more.* Because moral injury is still in its definitional phases, there are deep debates about what that *something more* is.

- *Treatments differ.* The real impact in distinguishing between them lies in questions about the best routes for healing. If moral injury involves an injury to one's moral compass, then treating it as a stress disorder fails to address the wound. If the wound is moral in nature, it raises questions about whether it can be treated clinically. Moral injury reaches into religious territory.

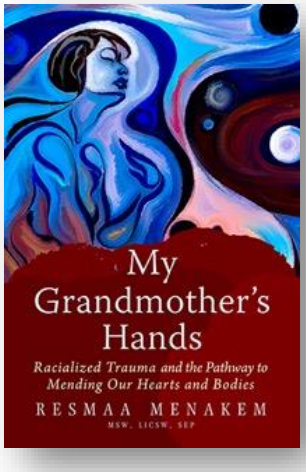
PART ONE: TRAUMA

Overwhelming violence impacts us and alters how we move in the world and how we make meaning of it. Trauma is a way of naming harm that is overwhelming in its impact and that disrupts, even ruptures, our response systems. Clinically, trauma has been associated with overwhelming anxiety. It lodges so deeply within us that everything around us is experienced through the lens of fear and its various postures: fight, flight, and freeze.

Experts in trauma define trauma differently. In her book, *The Unsayable,* Annie Rogers, a psychoanalyst working with adolescents with histories of complex trauma, writes: "Trauma is bigger than expertise of any sort—it's in our midst, in our language, in our wars, even the ways we try to love, repeating, repeating. No one is an expert on trauma" (xiv).

As you read the following definitions, notice the similarities and differences between them:

Judith Herman: "Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. . . Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning. (*Trauma and Recovery,* 33)



Peter Levine: "Trauma is about loss of connection—to ourselves, to our bodies, to our families, to others, and to the world around us." (*Healing Trauma,* 9)

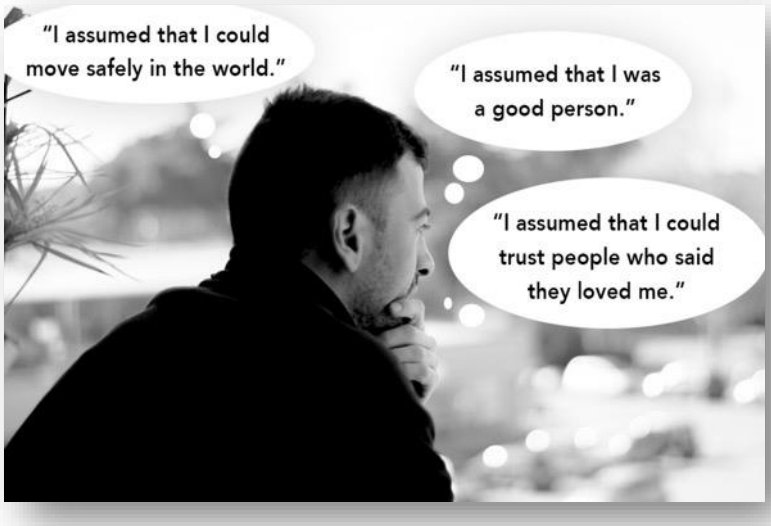
Ressma Menakem: "Trauma is the body's protective response to an event--or a series of events--that it perceives as potentially dangerous." (*My Grandmother's Hands,* 7)

Carrie Doehring: - "Trauma is the bio-psycho-spiritual response to overwhelming life events." https://cct.biola.edu/spiritual-care-violence-growing-trauma-lived-theology/

Bessel van der Kolk: "Trauma is when your biology gets assaulted in such a way that you might not be able to reset yourself." (http://www.traumacenter.org/resources/bvdk_interview.php)

Note that some emphasize the body as the site of impact. Certain words may stand out to you as you read: *connection, overwhelming, power, assault.*

Trauma involves *loss of meaning*. Assumptions that we held about the world are broken or shattered because of experiences of trauma. Ronnie Janoff-Bulman writes that "Psychologically, the shattering of fundamental assumptions produces a state of both loss and disintegration; the known, comforting old assumptive world is gone, and a new one must be constructed." (*Shattered Assumptions,* 71):



Some people rarely, if ever, assume safety as they move through the world. Starting assumptions can reflect levels of privilege. As care providers, it is important to listen carefully to the way someone expresses loss of meaning. One's culture, race, and sexual identity impact how they speak about safety and trust.

Trauma involves *loss of connection*. Wisdom traditions affirm that existence is profoundly relational. *To be alive is to be connected.* Developmental psychologists emphasize the importance of primary attachments. Early bonds with caregivers are essential to well-being. Neurobiologists show that we are wired for connection. [see works by influential authors, Allan Schore, Daniel Siegel, and Babette Rothschild]

Our responses are absolutely normal responses to what is happening to us. Many of us judge these responses in negative terms: "I shouldn't feel this way." "I am responsible for what happened to me. I could have, should have…" These judgments can often be sources of additional pain and suffering. One of the things that distinguishes trauma from other experiences of suffering is that its effects do not simply go away. Trauma is the suffering that remains. It can embed itself in us as individuals, institutions, and as a society.

Further Exploration

Brené Brown is a popular translator of neurobiological insights (On Connection): https://vimeo.com/118258415

Interview with Bonnie Badenoch, author of *The Heart of Trauma: Healing the Embodied Brain in the Context of Relationship,* https://resources.soundstrue.com/podcast/bonnie-badenoch-trauma-and-the-embodied-brain/

We offer a simple frame for approaching trauma. From neurobiology to history, literature, and psychology, trauma researchers attest to three aspects of trauma. As you read, consider how all of these are impacting you and the work that you do.

Trauma lives in our bodies.

Bodies hold trauma. While the resources provide useful information, the core insights of trauma point us, first, to registering the somatic impact of trauma. The most important thing is to pay attention to what is happening in your body. Notice your breathing. Instead of setting aside time to read about trauma's impact, set aside time to practice some simple exercises. Take time to sit with everything that is happening.

If you are holding pain, notice where it is located in the body. Pay attention to your breath. The ability to notice the sensations and to work with them is primary work. Because bodies hold trauma, we cannot think or talk our way out of it. In trauma-informed care, addressing fear is baseline work that we need to come back to again and again.

Tools for Practice

Guide to simple breathing and relaxation exercises: https://psychcentral.com/lib/4-sets-of-somatic-mindfulness-exercises-for-people-who-have-experienced-trauma/

An accessible and easy-to-post guide to identifying traumatic stress and response: https://00eab6b9-eec4-4e3c-b2a9-58093f70b7a4.filesusr.com/ugd/f1c4c0_f39701da3920455d892b3aae972f7d13.pdf

For a brief video description about the centrality of the body in trauma: https://www.youtube.com/watch?v=BrhhWIjEJLY For those of you who have prior histories of trauma, current events may also bring up experiences of prior trauma.

As we move to these other insights, do not forget to come back to what seems so simple: notice sensations. Be gentle with yourself. The systems that are wired to protect you are overwhelmed. This means we often experience our bodies as enemies, because they are in overdrive.

- Calming yourself down may be a challenge. Your limbic system is the 'alarm bell' of the brain. It is on "red alert," even if the circumstances around you do not present as dangerous.
- Sleeping and eating patterns may have changed. https://www.uchicagomedicine.org/forefront/coronavirus-disease-covid-19/advice-for-sleeping-well-during-the-covid-19-outbreak
- Drink lots of water. Make sure to stay hydrated.
- Hug your partner or your pet. In this moment of social distancing, wrap your arms around your chest and reach as far around your body as possible. A self-hug can be soothing.

- Take short walks to keep your body from getting stuck. This may include meditative or mindful walking: https://www.lionsroar.com/how-to-meditate-thich-nhat-hanh-on-walking-meditation/

Because sensations are at the core of traumatic experiences, pay close attention to the various senses in your home and your workplace. What are the familiar sounds and smells? How have these changed? When people are sharing experiences with you, pay particular attention to their body language.

Are they providing any clues about where they are holding pain? Many trauma practitioners note that working with others to regulate bodily sensations involves simultaneously regulating one's own bodily responses. In contexts of trauma, caring for the caregiver is not work that happens *after* you care for someone else. Care involves attunement to one's own response *in the moment, as you are interacting.*

As a care*giver*, you may think that you should not be affected. You may consider yourself somehow outside of the area of impact. This "should" can stand in the way of noticing how deeply you are impacted. Dr. Stephanie Arel says, "The level of what is being expected of everyone right now -- especially in caregiving situations--is so high. It is impossible that people *not* be affected adversely. . . find the way to help yourself be less affected, because it's just the case that you are." Arel provides helpful guidance for caregivers to notice what is happening for them: https://chaplaincyinnovation.org/2020/04/caring-for-the-caregiver-town-hall-april-21-2020

Pay attention to sacred texts. Consider how they might impact us on a somatic level. For example, Psalm 23 is one of the most commonly recited sacred passages used in chaplaincy work. ["The lord is my shepherd, I shall not want."] The passage is filled with rich sensory imagery. It offers comfort through invoking still waters. Thirst is quenched. The same passage also takes you through the valley of death's shadow. If you follow the passage, it offers a guide for how to move through *fear.*

Find Inspiration

Bobby McFerrin dedicated a version of Psalm 23 to his mother. Listen: https://www.youtube.com/watch?v=cn2zKKhhF3I

Trauma lives in our institutions.

It is hard to take a step back, especially during times of high stress, and examine our workspaces. We may consider things that are working for us or not, but we rarely think about the way that the whole system is operating.

In a phrase attributed to Marshall McLuhan, "We don't know who discovered water, but it wasn't the fish." We are, like the fish, simply *in it*. Thinking about the places that we work, in particular, we can get stuck in patterns of harm. The problem is that these habits and patterns persist *over time,* and they become just part of the 'normal' operations. This is just the way things are.

Trauma is not only a way of naming individual experience. It is also a way of naming how violence and harm are embedded in our institutional bodies. As you read, consider how models of spiritual care that ground and guide your work might creatively respond to this dimension of trauma.

Ceremonial healer and psychotherapist Shianne Eagleheart speaks in metaphors about her work with trauma. Violent events, and even cumulative micro-aggressions, are like sharp razors that enter the body, and they can get lodged inside of us.

They can live inside us for a long time. Eventually, our bodies create paths around the razors. We work around them. But over time, they can do real harm. They become *more painful to remove.*

Further Exploration

Note how healing traditions provide routes for interpreting trauma and addressing it in this podcast with Shianne Eagleheart: https://www.youtube.com/watch?v=zTK5rGABTrg

The metaphor of internal razors explains how trauma exists and lives on in our institutions. On the surface of our institutions, all may look well. But the normalization of certain operations makes it difficult to see the internal razors.

Every once in a while, we catch glimpses that something is wrong. Incidents expose the structural problems. For example, on college campuses we know that students of color are less likely to seek support from student services offices across these campuses. The resources are available, but they are not being accessed.

Universities may increase resources. But they may not take the necessary step of asking whether the structures themselves are unwelcoming, or even hostile.

Knowing about trauma invites us to ask about how systems which, while they may seem to be available and ready to serve, often fail to address the root of the problem. Many students live within these institutions with a sense of ongoing vulnerability.

In the case of institutional trauma, it is helpful to think about trauma not as an event, but as ongoing conditions that make certain persons more vulnerable to harm than others. Maria Root, early in her career in multicultural counseling, named this *insidious trauma.* Insidious trauma, she writes, "is usually associated with the social status of an individual being devalued because of a characteristic intrinsic to their identity, example, gender, color, sexual orientation or physical ability. As a result, it is often present throughout a lifetime and may start at birth." (Root, 240)

> "… think about trauma not as an event, but as ongoing conditions that make certain persons more vulnerable to harm than others." Maria S. Root

Black and brown persons in America live with an ongoing sense of their vulnerability within institutions because of the color of their skin. Histories of harm do not simply go away. The 'events' of chattel slavery become embedded in white institutions. While everything looks 'normal' in its operations, an awareness of trauma tells us that the suffering has become systematized. There is a problem with the underlying architecture.

Race is one dimension of insidious trauma. Economic vulnerabilities are often tied to communities who have been disempowered over generations. Disempowerment, when it lives in the body over time, looks a lot like trauma.

Symptoms can include:

- Higher rates of pregnancy complications (e.g. gestational diabetes/hypertension, preeclampsia) and maternal mortality rates among African American and Native American women that span economic and education levels (https://www.cdc.gov/media/release)s/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html)
- Younger African Americans living with and dying from diseases more common at older ages, including hypertension, heart disease, diabetes and stroke (https://www.cdc.gov/vitalsigns/aahealth/index.html
- African Americans, Latinx Americans and Native Americans being disproportionately impacted by the Covid-19 pandemic, including higher rates of severe medical complications and death among those who contract the virus (https://www.aarp.org/health/conditions-treatments/info-2020/minority-communities-covid-19.html)

Further Exploration

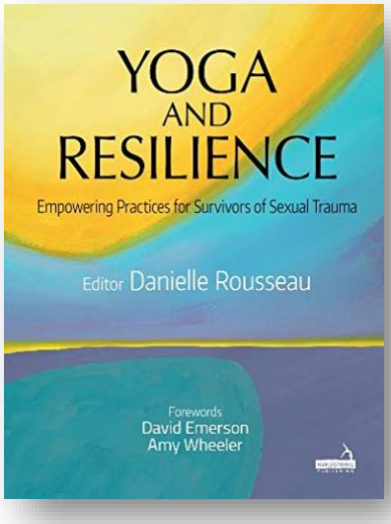
Listen to Resmaa Menakem's interview with Krista Tippett, *On Being* – "Notice the Rage; Notice the Silence:" https://onbeing.org/programs/resmaa-menakem-notice-the-rage-notice-the-silence/

Psychologist Dr. Monnica T. Williams on PTSD and race: https://www.psychologytoday.com/us/blog/culturally-speaking/201901/uncovering-the-trauma-racism-new-tools-clinicians

Watch video of author Sheila Wise Rowe discussing her experience: https://www.youtube.com/watch?v=KsWacConZNw

- https://news.harvard.edu/gazette/story/2020/05/the-impact-of-covid-19-on-native-american-communities/

These symptoms often remain true, even with all other social factors (education, socio-economic status, age) being equal, and even among the most well-educated and highest income earners of racial/ethnic groups.



Internalized racial trauma manifests as debilitating health disparities for people of color across generations. Chaplains, especially those in healthcare and prison contexts, encounter this reality often.

For queer communities, Ann Cvetkovich says, trauma is not necessarily experienced as a major event but, instead, as a traumatic "everydayness." (*An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures).*

Listen to how this everydayness is narrated by members of the trans community: "Trans People Experience a New 'Sense of Isolation' During Social Distancing." https://www.wbur.org/news/2020/03/18/transgender-community-covid-19-coronavirus

Nathan Bakken provides care and support to the trans community: "As a spiritual director and a white, queer, transgender person of faith, it is important for all spiritual caregivers to be aware of our posture, power, and privilege in our encounters. A care provider must be willing, as the first step, sit with their own stakes in the gender conversation and decide for themselves where the limits of their imagination on gender are." https://www.stillharbor.org/about

A lot of early work on trauma did not think in layered and intersectional ways about the impact of trauma. This is changing. Yoga practitioners and theorists, for example, are taking into account what resilience looks like in response to particular types of trauma and calling attention to the social locations of practitioners.

A good example of this is a recent volume edited by Danielle Rousseau, *Yoga and Resilience: Empowering Practices for Survivors of Sexual Trauma.* The sections feature "Contexts of Abuse," ranging from incarceration, military sexual trauma, and religious communities.

Chaplains enact spiritual muscles in response to trauma. We witness images of healthcare chaplains running towards the pain rather than running away from it. What enables them to do this?

They reach for *sacred texts* to make meaning in the midst of trauma. Rabbi Jo Hirshmann says "I work in a secular institution (a hospital), and it is important that my work as a chaplain speaks to all staff and patients. But I am also Jewish, and I am a rabbi, and religious traditions, one of their purposes is to help us to *live on after disruption and discontinuity.*"

She connects the collective story of the Israelites who had experienced exile to the present moment. Connecting sacred stories of the past to present situations provides guidance for considering how to *live on.*

They appeal to spiritual traditions to reclaim the world as sacred in the aftermath of devastation. This is expressed tangibly through repurposing familiar institutional spaces. Chaplains, throughout COVID-19, have been able to recognize the importance of providing spaces for hospital staff to find retreat.

- This article notes the transformation of staff break rooms by chaplaincy staff, featuring notes of encouragement and support: https://www.cnn.com/2020/04/26/us/hospital-chaplains-coronavirus/index.html
- This webinar highlights the role that chaplains are playing in creating memorials during the pandemic: https://chaplaincyinnovation.org/2020/05/memorials-pandemic

Further Exploration

"Hospital Chaplains Try to Keep the Faith During the Coronavirus Pandemic" https://www.nytimes.com/2020/04/11/health/coronavirus-chaplains-hospitals.html

"For Hospital Chaplains, Coronavirus Has Shifted Spiritual Care," https://www.usnews.com/news/healthiest-communities/articles/2020-04-22/coronavirus-shifts-spiritual-care-for-hospital-chaplains

"'You're not alone. I am with you': the chaplains tending to those dying from Covid-19," https://www.theguardian.com/world/2020/may/06/coronavirus-covid-19-chaplains-christian

"Hospital chaplains are bridging the gap between patients and grieving families who can't stay by their bedside during the coronavirus pandemic," https://www.cnn.com/2020/04/26/us/hospital-chaplains-coronavirus/index.html

They draw on *spiritual practices* to sustain them in times of uncertainty. Practices of lament within Jewish and Christian traditions, for example, provide a means to respond to trauma and moral injury.

- Rabbi Goldie Milgram: "Tisha b'Av and the Power of Lament": http://www.reclaimingjudaism.org/teachings/tisha-bav-and-power-lament
- Speaking as a Protestant Christian systematic theologian, J. Todd Billings appeals to lament in response to an incurable cancer diagnosis: https://vimeo.com/117509842

- See examples of how chaplains have tailored these practices in light of COVID-19: https://chaplaincyinnovation.org/resources/ebook-caring-for-those-who-care

They are also empowered by *prophetic spiritual traditions* to speak difficult truths in the face of systemic injustice. Chaplains working within institutions may be able to provide spaces and practices in which trauma can be acknowledged and addressed. Mickey ScottBey Jones, Director of Healing and Resilience Initiatives for Faith Matters Network, calls this providing "brave spaces," knowing that it is not possible to promise safe spaces.

Read her "Invitation to Brave Space": https://www.facinghistory.org/resource-library/invitation-brave-space

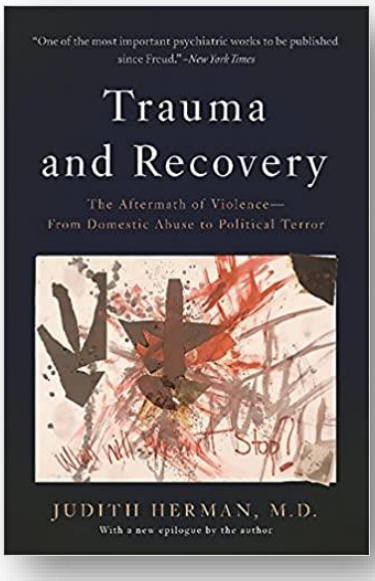
Tools for Practice

What spiritual practices are sustaining you (and your staff/colleagues) during these uncertain times? [question posed on Facebook to the CIL Chaplains' Group) Responses: prayer and meditation, Tai chi, Tonglen practice, daily Bible reading, breathing practices, sabbath practices, being outdoors, long walks, running, the beach, walking my dog, gardening, needlework, floral photography, "grief baking", studying healthy recipes, reading and writing poetry, taking care of family, solidarity work, listening circles with staff, talking with friends, lament with my silence, sitting in Lazy Boy and staring out the window, comedy

Trauma lives in our country.

Trauma disconnects us from ourselves and others. The challenge is to reconnect. In her classic work on trauma, *Trauma and Recovery,* Judith Herman names three stages of a recovery process.

Stage 1: Safety and Stabilization.
Stage 2: Remembrance and Mourning.
Stage 3: Re-connection and Integration.



These stages are often interpreted in terms of individual trauma, but Herman intended for them to have social and political implications. Herman insists that the work of trauma is always political work: "Without the context of a political movement, it has never been possible to advance the study of psychological trauma." (32) Public awareness of trauma must be supported and sustained by political action.

But what do the stages look like on a large scale? While the pandemic can be identified as a national trauma, the impact of suffering is not distributed equally. Read Sandro Galeo, public health expert's short article: "2020: The Great American Trauma."
https://www.bu.edu/articles/2020/2020-the-great-american-trauma-sandro-galea/

> *"when groups endure horrific events that forever change their consciousness and identity"*
> Angela Onwuachi-Willig

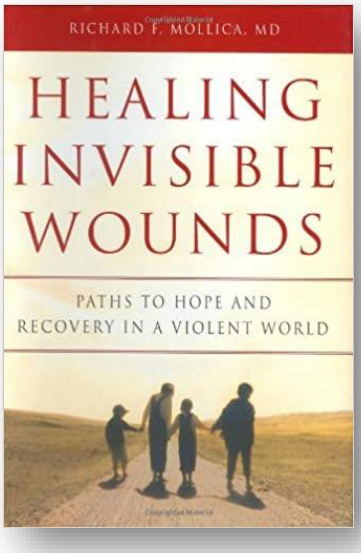
Ethnic groups in this country have experienced cultural trauma through perpetuating cycles of systemic injustice. Building on the work of Kai Erickson and Jeffrey Alexander, Angela Onwuachi-Willig offers the following definition of cultural trauma. She writes: "Cultural traumas are socially mediated processes that occur when groups endure horrific events that forever change their consciousness and identity. According to cultural sociologists, these traumas arise out of shocks to the routine or the taken for granted. Understanding such traumas is critical for developing solutions that can address group suffering." (Onwuachi-Willig, 335)

The recorded murder of George Floyd, an unarmed black man killed in police custody, reignited the cultural trauma experienced by African Americans as a collective, and Black men in particular.

We bore witness to this in the 8 minute 46 second video filmed by a bystander, a white police officer callously placing his knee on the neck of George Floyd, suffocating him to death, while three other police officers accompanied the act, with no regard to the fact that they were actually killing him.

The ensuing actions: protests, uprisings, responses from government at the local and federal levels -- all are part of the African American experience of cultural trauma, as well as the struggle for healing and liberation.

Not everyone identifies the United States as their primary home. Many of us, and our communities, are multiply-identified and located. Richard Mollica's long-standing work with



refugees shows how indigenous views of suffering and healing held by refugee communities do not align with the "Western medical model." These communities may know what they need to heal but are stopped from accessing the resources of "self-healing." Richard Mollica, *Healing Invisible Wounds*]

The Covid-19 pandemic shines a light on the myriad ways trauma lives in our bodies, in our institutions and in our country. While the pandemic itself is a collective trauma, the ripple effects of its implications on health, employment, our economy, and public safety magnify the experience of cultural trauma among racial/ethnic groups.

You, as chaplains, work in this disorienting context, perhaps aware of threats to your own job security and personal experiences of trauma in full view.

Consider these testimonies

Do you notice how the various levels of trauma are present in each?

"When George Floyd's murder at the hands of police officers broke the news, followed by uprisings across the world in response to the injustice, I found myself trying to suppress my grief, not thinking that I had enough emotional strength to deal with another killing of an unarmed black person. This news came following the murders of Ahmaud Aubrey and Breonna Taylor, and it all just felt like too much to process. It took me seeing the protests and uprisings to really feel what was happening on a visceral level.

Once I saw the city where I live in flames, I could finally grieve and weep for all of the injustice that disproportionately impacts my people—black people. That week, I developed intense shoulder pain that radiated from my neck through my whole left side. During a check-in with my boss, I named my physical discomfort. He wisely pointed out that it was no surprise I felt tense and was in physical pain—my body was holding all of the grief and trauma that I was experiencing.

As Spirit would have it, I was reminded of a healing bath concoction from one of my friends. At the week's end, I drew a bath of lavender & bergamot Epsom salts and Jamaican black castor oil. I listened to

energy cleansing music, lit some healing candles, and engaged in some intentional breath work to help my body release the stress.

Following my bath, I massaged the tense area with the Jamaican black castor oil, and ended my self-care ritual with a hot cup of green tea to aid the detoxification process. While my heart was still heavy, and my mind was still processing the overwhelm of the week's events, the physical pain had subsided the next day."

"I am a Latina resident physician. Over 70% of my patients in the Emergency Room are Latino. Only 20% of the staff at the hospital are Latino. 96% of the attending physicians are white. . . . In my emergency department, half of the patients have COVID. The other half are victims of gun violence. In LA, if you are a black or brown person, you are twice as likely to die as a result of COVID. . . My patient population is deeply religious--and culturally religious. Religion and Christianity are a big part of how they experience—and persevere through their suffering.

I am a Christian and a Latina. In the chaos of the ER, you see crazy things. The chaplains are able to check in with me and sometimes pray with me and for me. My job is literally fighting to get people's lungs working. Then I look up at the TV, and I see the news about a black man being asphyxiated by a police officer. And I am literally putting myself in harm's way to give people air. For doctors of color, these stories about police killing black people kicked a lot of us over."

PART TWO: MORAL INJURY

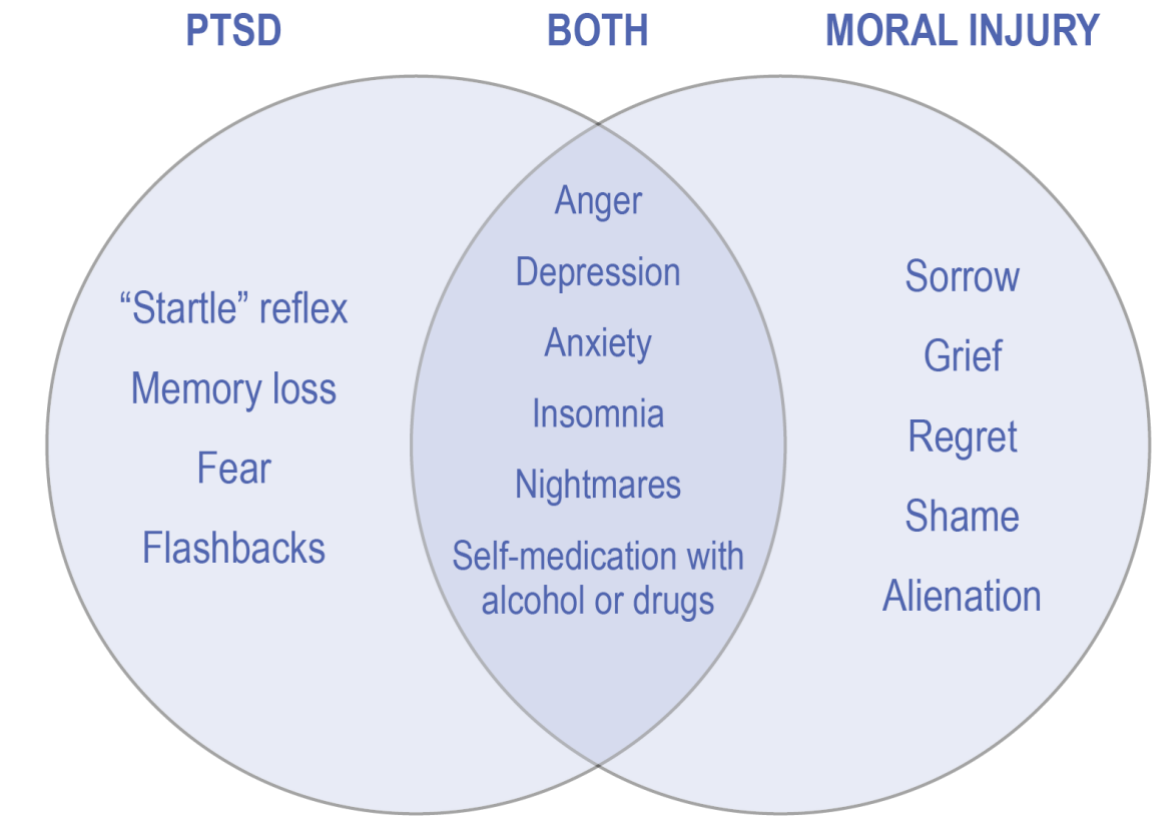


Diagram by William Nash, M.D., USN ret., Greater Los Angeles VA Source: The Huffington Post

As chaplains, you are often called upon to help those when they are most vulnerable. When things go right, you can feel a renewed sense of purpose and hope in the world. When things go wrong, especially due to negligence, carelessness, callousness, or politics, you may start to question that purpose and even your faith in yourself and others.

Moral injury arises in a wide variety of cases: when you feel complicit in some situation or environment that you feel is wrong, when you feel you have not done enough when a situation requires more of you, or even when you simply witness something that stays with you or haunts you. There is a lot of discussion right now concerning how moral injury relates to trauma, and post-traumatic stress disorder in particular, and there is still no accepted understanding about how the two relate.

In these pages, we understand moral injury as something distinct from trauma, yet both forms of suffering can and often do go hand in hand. A helpful way to think of moral injury is that it is something *extra*, some feeling of shame, guilt, betrayal, or hurt that seems to go beyond how trauma and post-traumatic stress disorder are described.

Moral injury is sometimes called a soul wound, and for good reason. It can arise due to what one has done, participated in, witnessed, or failed to do. When your job is to care for people at their most vulnerable, violations of that care, and the trust involved, can leave you feeling transformed. It can make you doubt yourself as someone who tries to do what is right. You can feel alone, betrayed, pushed into a corner. Here, too, experiences of anger, resentment, judgement, and even hatred can become so frequent you may feel that they have come to define you.

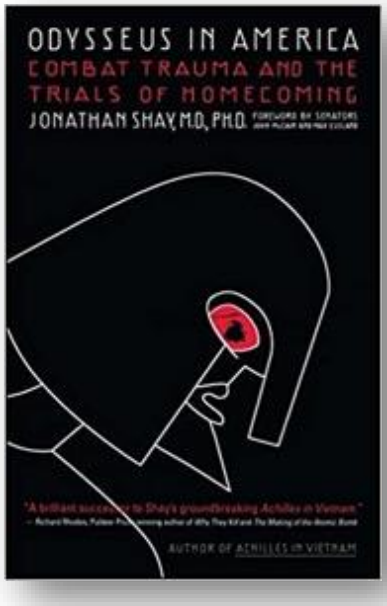
Further Exploration

Nancy Sherman, University Professor of Philosophy at Georgetown University, discusses the difference between moral injury and PTSD, https://www.youtube.com/watch?v=0WrxPRifnKs

Beyond feeling sad, you may begin to doubt your ability to be a good person. You may also doubt the ability of those around you to strive toward goodness. You might question whether you really work in a just and caring organization. And you might start questioning your values, who you should be. Moral injuries, then, can strike at your very sense of self and your sense of the world as a place capable of goodness, of knowing and doing the right thing.

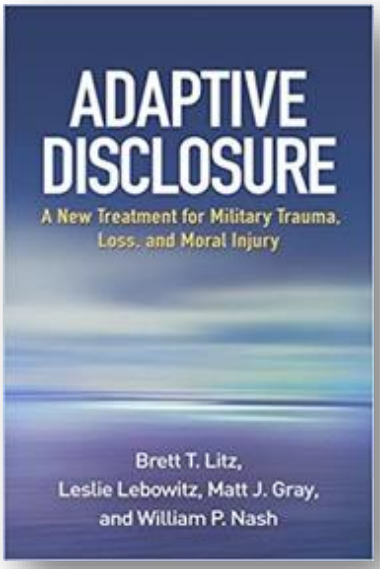
Moral injury was first coined to describe the experience of veterans. But as any chaplain knows, spiritual challenges are found whenever we struggle to understand what care, love, or justice require. Even if you did nothing wrong, being part of a larger group or organization can make you feel morally compromised. For those who take love, care, and justice seriously in their lives and work, they can feel these challenges keenly.

Like trauma, you will find different definitions for moral injury. We invite you to pay close attention to these two seminal definitions:



Jonathan Shay: "...moral injury is present when 1) there has been a betrayal of what's right [in the soldier's eyes] 2) by someone who holds legitimate authority 3) in a high-stakes situation." (Shay, J. 2011." Casualties." *Daedalus* 140(3):179–88, p. 211.

Brett Litz: "Potentially morally injurious events, such as perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations may be deleterious in the long-term, emotionally, psychologically, behaviorally, spiritually, and socially." (Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P.,



Silva, C., & Maguen, S. 2009. Moral injury and moral repair in war Veterans: A preliminary model and intervention strategy. Clinical Psychology Review, 29(8), 695-706, p. 695.)

Both psychologists Shay and Litz are naming the impact of carrying out or witnessing acts of harm. Shay located the injury at the level of military command: the commanding officer is responsible for the injury of military personnel. They give orders, and they are responsible for keeping the action in line with military ethics and values. Litz's definition, however, was developed later, and it is intended for clinical use. Litz's definition does not emphasize the responsibility of superior offers and instead emphasizes the way an individual soldier may feel like they themselves have betrayed their own values or sense of self. (Note here that the development of an individual diagnosis shifts the source of the injury. Shay's analysis identifies the problem and responsibility within military ranks. It is an understanding of the source of moral injury as more collective in nature. The moral injury for Litz and his co-authors, however, originates with the individual who fights, and so, is more individualistic in the way it understands the origins of such injury.)

As with the previous section on trauma, we offer here a simple frame for approaching moral injury and three, overlapping truths about moral harm.

Moral injury lives in our bodies.

Tyler Boudreau wrote about an experience he had as an officer during the U.S. occupation of Iraq. In an essay, "The Morally Injured," he reflects on the pain he experienced during that war and how he learned to see it as a moral injury. He describes a patrol he led to a farmhouse where his soldiers inspected the premises. They went inside, played with the farmer's children, and everyone smiled. It was one of many, many such patrols, but after this particular search, he left feeling a sense of hurt. He later asked himself, "what could I call this hurt?"

> "I felt something inside me begin to hurt. What can I call that hurt?"
> Tyler Boudreau

For Boudreau, he began to see the war as an unjust occupation where he had power to enter into an innocent stranger's house at will. The image of armed soldiers playing with children seemed to him now as a threat to the farmer and his family and not an innocent interaction at all. For Boudreau, participation in actions he came to see as unjust implicated him in that same injustice. It was an injustice, a sense of ethics, that was just that: an embodied sense that one's moral life and actions were in the wrong.

He felt such wrong first *in his body*, and only later could he find the words to articulate that physical, visceral sense of wrong.

The way we often speak about morality can sound prim. Ethics can sound dry. Too often we speak of morality, goodness, and matters of right and wrong in very intellectual ways. But moral injury is called an "injury" on purpose. We feel our moral lives deeply, including injustice and transgression. Right and good, wrong and bad, we feel them in our chests, our guts, and what we call our hearts. You most often feel a moral injury before you can name it.

Our feelings and bodily sensations call us to lovingly attend to our own sufferings and those of others. Oftentimes, though, we do not have the words to express how such soul harms seem to transform the way we feel, see, and imagine. Calling out moral injuries, giving them a name and a location in the body, can begin the process of healing and repair by acknowledging the pain for what it is.

One way of looking at moral injury is that it is distress that stays with you. You may not see this until after the moment or the crisis has passed, when what you have seen or participated in becomes clearer. It is important, then, to pay attention to yourself and others in the weeks and months after conflict or crisis has resolved.

- Who is withdrawn?
- Who seems changed?
- Who seems weighed down by a sense of guilt, shame, or anger?

It is also important to remember that moral distress or pain can be a normal and healthy reaction to situations where you feel your moral world is at stake or where you see people being harmed through negligence, poor management, red tape, or ignorance. We feel goodness and justice, as well as injustice and wrongdoing, in our body and our bones.

As a chaplain, then, it is important to watch for signs of such injury as it arises not only in others but also in yourself as you care for others:

- Lack of resources and the ability to care (resources are missing despite everyone's best efforts)
- No good choices and dirty hands (doing what is necessary even though it still feels wrong
- Powerlessness (taking responsibility for things you have no power over)
- Unintended harm (crises raise the possibility for mistakes, even for the best of us)
- Feeling overwhelmed
- Distance (when potential contagion means patients die alone)
- Public protests (the broader public acts out against the recommendations of medical professionals, making what is already a challenging situation that much harder)
- Negligence (poor planning by administrators, team leaders, even public officials)
- Survivor's guilt (surviving or even doing well while your colleagues and friends are not, which is a common source of guilt, even shame)
- Privilege (for example, having to work remotely when your colleagues are in the heart of a crisis or pandemic)

We should not rush to judge any moral or spiritual pain as abnormal. It can be helpful, however, to attend to our body's moral senses, and those of others, to make sure that such pain does not take up long-term residence within. Moral injury can be a sign that one has been overwhelmed by overwhelming times.

Moral injury lives in our institutions.

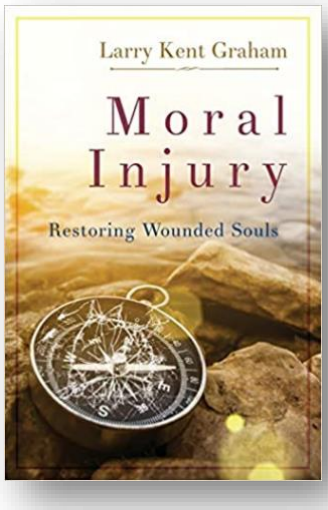
Whether in a healthcare setting, the military, or in the nonprofit world, we all work in institutions. We labor in institutional settings whose missions aspire to high standards of care, concern, and professionalism. Such work can be inspirational, but it can also be morally difficult.

After all, each of us has experienced times where such standards are not met. Our everyday institutional settings enable us to do important work, but such settings inevitably create moral challenges, dilemmas, and distress not only for colleagues and patients but also for chaplains themselves.

For example, members of staff work within policies and procedures they may have no hand in crafting nor any power to change. Administrators will make decisions that some might feel are unnecessary, negligent, ignorant, irresponsible, or even cruel, decisions that staff may then have to implement with their own hands. Further, there may be perceived injustices in terms of race, gender, and other forms of discrimination within the institution.

Many of us understand our mission-driven institutions to have a prophetic call to address these injustices both within and outside of their walls. Indeed, many of us work in the professions we do because of the desire to help forward such missions. If, however, our institutions do not address these injustices, or if we see our institution placing financial needs or expediency ahead of justice or care, staff members may feel that the institution has betrayed its own mission, betrayed those it serves, and even betrayed staff members themselves.

Such scenarios can result in individual staff members feeling complicit in injustices or wrongs. If this happens enough or during especially intense times, individuals may feel morally compromised. Without help, these experiences can turn into more lasting feelings of shame, anger, and even despair that we can call moral injury. Given such experiences, you and others may ask:



- How can I trust myself or my colleagues to do right by others?
- How can my profession or organization be so harmful when it is supposed to do so much good?
- How can the world harbor so much suffering?
- Where is there room for hope?

The nurses in question could certainly identify decisions that they felt were compromised, but moral distress named the climate more generally. The challenging thing is that these compromises are not major conscious actions that we engage in. Instead, they are the unconscious 'normal operations' of our day-to-day jobs.

Moral injury, and its associated terms (moral stress, moral residue, moral dilemmas, moral distress), can be useful in names the longer-term impact of working under conditions that may result in compromised integrity or straying from one's core values. Distress can, over time, become a more long-lasting moral injury. Indeed, if we

consider them on a spectrum of moral living, as pastoral theologian Larry Graham encouraged, then moral injury is the most extreme.

An important question to ask yourself, a question similar to the one that the nurses asked, is this: Where are you located in the hierarchy of decision-making at your organization? And what happens, over time, when your assessment of what is good care is subordinated to the decision-making power of others?

It can also be helpful to reflect on a moment in which you knew the right thing to do and were unable to do it. What, or who, stopped you? What was the outcome? As you reflect or share, notice how your body feels. You may feel sensations in your throat or a heaviness in your chest. These are places where we hold feelings of being stuck, helpless, or filled with regret. These moments can be disempowering. They are more than worker dissatisfaction.

As spiritual care providers, registering this as moral terrain can shift our encounters with people. You are uniquely suited to help, given the questions, practices, and conceptual resources within your spiritual traditions. Sometimes, you may even be in a position to help empower those who feel injured. The group life of organizations can present you with opportunities to bring people together and help them understand that they are not alone with their injuries.

With time, and with resources to reflect morally, spiritually, and collectively on their experiences, such injuries can even become occasions for possible future change. In this way, you may be able to help connect people in your organization. You may be able to help others transform experiences of injury into a sense of solidarity with others, a solidarity that can sometimes create much needed change where we work. You can:

- Facilitate debriefing sessions among staff members after fast-moving and complex decisions are made
- Ask people to talk about everyday work moments. Listen for what matters to them.
- Consider whether there are teachings from your tradition that can provide challenge. In Buddhism, for example, there is a way of naming when things are not right and out of joint (dukkha). Sin and transgression are also terms core to religion. Rabbis Nancy H. Weiner and Jo Hirschmann have developed a way of exploring Hebrew Scriptures that responds to moral injury; see *Maps and Meaning: Levitical Models for Contemporary Care* (2014). Contemporary religion scholars turn to sacred texts to discover that ancient writings speak to moral injury (*Exploring Moral Injury in Sacred Texts,* ed. Joseph McDonald)

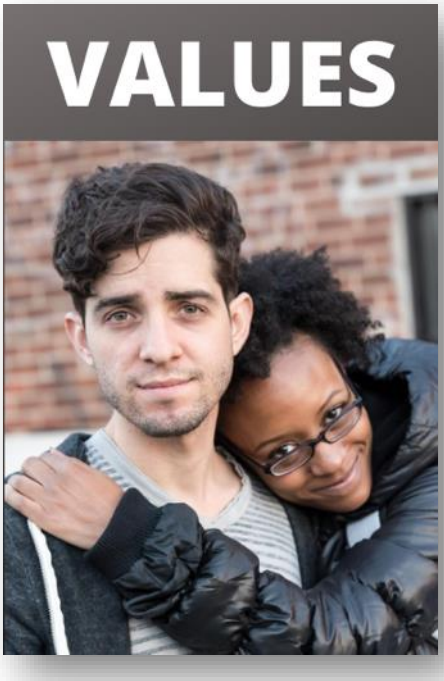
You can also work within your institution to engage in conversations about values. Much of chaplaincy work is framed in terms of care and care provision. Remember that you are an ethicist!

Think of yourself as a guide in pursuing an "ethic of care" in response to moral injury. You have knowledge of traditions and practices to help people and groups midwife hope and to renew their imaginations. As Dean of Religious Life at USC, Varun Soni, notes, even getting students to *rethink how they view success* may be an example of moral guidance.

Further Exploration

See this BU/CIL Webinar on "Meaning-Making and Spiritual Health in Higher Education."
https://chaplaincyinnovation.org/2020/07/meaning-making-and-spiritual-health-in-higher-education

As chaplains, you work within complex organizations. Imagine conversations that you and your staff can have about what you each value and how you reconcile those values with the mission and values of your organization. You can invite colleagues to share about the spaces outside of work that give them meaning, bring joy, and offer support in difficult times.



These simple conversations can be ways of reminding ourselves of what we value and who we want to be. You, as a chaplain, are often situated in the liminal spaces, on the threshold. From this location, you may be uniquely positioned to help people discern when and where they can resist injustices and even respond prophetically to what they have seen or participated in.

Moral stress in the workplace, even at the best of times, requires that you are attentive to your *own* vulnerability. The difficulty of doing right by those placed in your care is woven into the very stuff of your work, yet you do not always have the power to affect such care.

Such feelings of moral injury can arise not only through one's own experience but also when you see the moral injury of others. For example, when you see a colleague struggling with a sense of false hope that has been given to a family in an end-of-life situation, perhaps by an administrator or another healthcare worker who should know better. Or even observing a nonprofit worker blaming herself for substandard care of the homeless, when you can see the failure comes instead from austere city budgets or from a larger culture that has seemed to turn its back on the vulnerable. Witnessing such injury can itself be particularly injurious if you feel you should be able to help but, for any number of reasons, are not empowered to do so.

As spiritual care providers, then, you will both experience moral injury and be called on to help others who are injured. It is important to remember during these times that feeling moral pain is not necessarily bad. It is a sign that something needs to be attended to. It can be a call to attend lovingly, as philosopher and novelist Iris Murdoch has said, to your reality and the needs of those around you.

Further Exploration

"Moral Injury in Healthcare Workers on the Frontlines of the Coronavirus (COVID-19) Outbreak," https://www.theschwartzcenter.org/media/Moral-Injury-Covid-19-Fact-Sheet-040420_JH.pdf

"Coronavirus: Why healthcare workers are at risk of moral injury" https://www.bbc.com/news/world-us-canada-52144859

Remember:

- Being moral is to be vulnerable.
- When you care about being responsible, when you care enough to strive to be a good person, however you define that, you are vulnerable to the pains of the world.
- You are vulnerable to a responsibility for things that may seem without end. This can be overwhelming.
- You may take on responsibility for situations you have little to no power over.
- You may open yourself up to address injustice and feel you have not done enough.

It is important, then, to be intentional, to take time when you can, to feed and not starve your just imagination, and be in community with those you trust. Morality is also social; it is shared. Creating spaces where people can share their stories, and feel that those stories are lovingly received, can be important for the work of repair.

Moral injury lives in our country.

What happens in the streets settles in our hearts. What happens in the world, in state and national capitals, and in the corridors of power affect the moral and spiritual lives of everyone. Who is seen and who is heard is reflected in everything from policy decisions to resource

provision to the way we understand who is in need. Politics affects our spiritual and moral lives.

This means that we may need to acknowledge moral injury's social, even political, causes. During the Covid-19 pandemic, healthcare workers not only had to deal emotionally with the pressures of a major global crisis.

They also had to see protestors arguing against the policies that would reduce the spread of the virus and keep people safe. They witnessed poor political leadership that only seemed to exacerbate the crisis. This had an effect on the standard of care they could provide, perhaps even undercutting their attempts to rise to the challenge.

As a chaplain, you may feel like you are complicit in injustice. Because of the lack of options, you may have had to make decisions that make you question yourself and your ability to do good. You are part of different communities, with different histories, within a state, within a country. Being a part of a larger whole cannot only uplift you but can also make you feel tainted, diminished.

You may also witness how individuals, groups, and businesses seem to be profiting financially or politically from the suffering. U.S. companies, for example, have responded quickly to the national reckoning of racial trauma that was ignited by George Floyd's death.

In major cities, you may see billboards from a company that proclaim support for the "Black Lives Matter" movement.

> "Can a nation suffer moral injury?"
> James Childs

If you turn on your Amazon Firestick, you will find a similar statement. This is on the heels of similar campaigns, where corporations and news programs have presented themselves as battling the Covid-19 pandemic or in solidarity with healthcare workers or the broader society. For those struggling for racial justice over the years, this can be a mixed blessing. Such corporations can provide much desired attention to movement work, and yet their profit motives can raise serious questions about their motives and ultimate goals.

These moral deliberations are simply part of what it means to be human. But they are coming to us with new energy through conversations about moral injury.

We can think of this as a moment in which we are taking our country's moral temperature.

- Moral reckoning with wounds of war, foreign and domestic
- Moral reckoning with histories of perpetration of harm against black and brown persons
- Moral reckoning with human impact on planetary resources
- Moral reckoning with economic greed and structural inequities

As chaplains, you are positioned in difficult spaces in these moments. Elder chaplains are struggling with elders who are hearing their lives discussed as expendable in terms of COVID response. Movement chaplains are in the midst of public protests, providing support to those engaged in social justice movements. Faith Matters Network offers "Daring Compassion Movement Chaplaincy Training."

They emphasize community care and public witness to social and political inequality. Law enforcement chaplains provide care and support for police officers and their families. Rev. Dr. Eric Skidmore, Program Manager for The South Carolina Law Enforcement Assistance Program, trains such chaplains through a public safety chaplaincy certification program. In each of these contexts, what does it require to assist persons and communities in grappling with the moral questions surfacing in this moment?

In addition, compassion fatigue, a familiar term in chaplaincy circles, can set in. Looking through the lens of moral injury, you may also consider moral fatigue. In the course of your work, you may experience the wearing down of your moral imagination. Your ability to hope *with* people may become challenged, because your own moral horizon is diminished. You may experience:

- cynicism
- despair
- hopelessness
- loss of faith
- shame and guilt
- anger, even without a source

Heightened consciousness of dynamics such as implicit bias and insidious trauma may have unacknowledged side-effects. Becoming more aware may be uncomfortable, even painful. Even becoming aware of deep differences in values among your work cohort may lead to a sense of fragmentation when, at some point, you may have experienced group cohesion.

You may notice that you begin to question human goodness. It might help, then, to understand moral injury less as a disorder and more as a response that calls for shared responsibility. Although we may think of ethics and morality as personal, our moral lives are intertwined.

We are communal, spiritual beings. An injury best described as moral cannot be separated from the actions and lives of others. Nor can it be separated from the policies and decisions we take together. Healing, then, may require not only seeking therapy for oneself but healing for society as a whole.

It is important to remember, especially those of us whose lives are not as precarious, the everyday vulnerability that others experience because of who they are. Not only black and brown lives, but indigenous and trans lives, can be doubly morally injured with expectations of being at once disposable and dangerous. There can be the feeling that you cannot win.

For example, trans writer and activist Susan Stryker has written about a trans, bisexual woman of color who died after being refused mental health services and then blamed for not getting the mental health services she needed. She was even denied services by the queer community because she crossed to many lines of identity. We can see here even deeper moral injuries when one is completely denied community as well as humanity.

As Stryker writes, "not only did the angry villagers hound their monster to the edge of town, they reproached her for being vulnerable to the torches." (Stryker, 198.)

Society and communities, then, can make some more susceptible to moral injury through dehumanization and injustice. It is important to remember that not all moral injuries are of a kind, and that for some, moral injury is an eruption into one's life, while for others, it is long-simmering, and may even feel like a culmination or the very air.

Here are four suggestions to guide you in your chaplaincy work in the midst of such complexity:

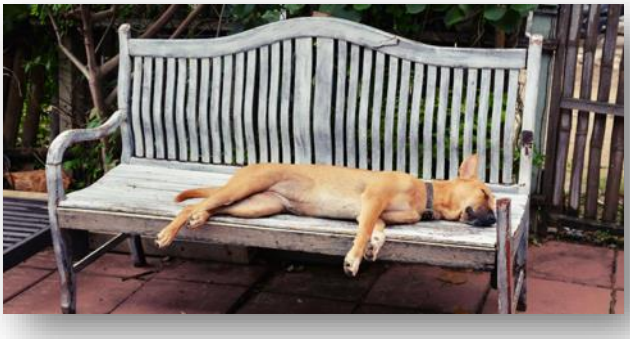
> "they reproached her for being vulnerable"
> Susan Stryker

Be wary of heroism.

For you and some of the staff you support, the bind will be that you are praised as heroes for your front-line work and yet the realities of your job—what they are asked to do—are messy and difficult. Hero-language does not properly name the complex circumstances in which you had to act and make decisions.

As one who seeks to care for the first-responders, be attentive to this language and think about how to counter some of this well-intentioned language with language that may open people up to express the hard, and even ethically ambiguous, aspects of our work. The military context may teach us something about how the "hero's welcome" may be received. (Gabriella Lettini and Rita Nakashima Brock discuss this in *Soul Repair*, chapter 3: "Coming Home is Hell."

Rest is resistance.



One of the gifts from newer generations of social change advocates/activists has been the insight that rest and self-care is a way to resist social and economic pressures to work oneself to the bone. Work can begin with space, with a pause.

Tricia Hersey, founder of *The Nap Ministry*, suggests: "...rest disrupts and pushes back and allows space for healing, for invention, for us to be more human. It'll allow us to imagine this new world that we want, this new world that's liberated, that's full of justice, that's a foundation for us to really, truly live our lives." https://www.npr.org/2020/06/04/869952476/atlanta-based-organization-advocates-for-rest-as-a-form-of-social-justice

Rev. Kari Pellegrino, staff chaplain at Saint Luke's Health System, writes: "My chaplain manager and I are altering our schedule in creative ways to build in a true sabbath for the two of us providing 24- hour coverage. I also move slowly and with tender intention in the work when I can. This is done in balance with our quality standards."

Moral injury can also be reframed as a call:

- To live a different way or to help others find different ways forward.
- To more lovingly attend to your surroundings and the world.
- To attend to the lived reality of others.
- To make yourself uncomfortable.
- To realign your values.
- To see yourself as part of different communities, in solidarity with different people.

Seeing moral injury as part of one's broader world can make it less about something wrong that an individual did and instead as recognition, that there is something wrong with the world or with one's participation in it. Healing may then require addressing our own suffering as connected to the institutions, communities, and worlds we inhabit and help constitute.

Consider this approach

Luckily, there are individuals and groups working across fields and divides to approach moral injury in such holisitic, prophetic ways. One example is that of Rev. Chris J. Antal, DMin, staff chaplain at the Corporal Michael J. Crescenz VA Medical Center in Philadelphia, and Peter D. Yeomans, Ph.D., a clinical psychologist. Together with veterans, they developed a 12-week "Moral Injury Group" to address issues Veterans face following their military service. According to Antal, the aim is to "address moral injury through an interdisciplinary

collaboration between Crescenz VA chaplains and psychologists working with veterans, as well as engaging community partnerships in the process."

One of their goals is to empower veterans to provide public testimony that confronts and changes societal perceptions about war. Veterans, Antal believes, play a critical role in calling society to account for the moral wounds that burden some veterans after their tour of duty. He calls these veterans "Prophetic Veterans."

"The primary objective is post-traumatic growth in terms of increased self- forgiveness, greater moral engagement, compassion, increased social support and connection to others, and the emergence of a new social ethic," Antal said. "The growth sought is both within the Veterans [sic] and in the larger systems and communities of which they are a part." *[This information was taken from a presentation that Antal gave at Boston University in October 2017]*

The program, facilitated by Antal and Yeomans, ends with a community healing ceremony. The involvement of the community is unique to their program as many veteran healing programs are closed to civilian participants. However, community presence is an essential component of their program because moral injury is a *collective injury.* As Antal puts it, "Moral injury is not the Veteran's injury alone; it is the injury that should be borne by the nation that wages warfare."

In the process of running the groups, Antal has revised the definition of moral injury. He writes: "We are now defining moral injury as it pertains to U.S. military Veterans as 'unfair distribution of appropriate moral pain.' The ceremony aims to address the community work avoidance and moral disengagement that leaves Veterans carrying the moral burden, often in isolation, and often an overwhelming task.

Veterans redistribute appropriate moral pain by sharing their testimony and the community relieves the burden of Veterans by bearing witness, accepting their fair share of collective responsibility." [email exchange on June 29, 2020]

Below is the order of service for a community healing ceremony crafted at the VA hospital to help veteran healing by bridging the divide between veterans and civilians.

Order of Service

MUSIC FOR GATHERING Pentecost II

SONG "Imagine" (John Lennon)

CANDLES OF LAMENT Chaplain Antal & Rev. Cannon Smyth

WELCOME & INTRODUCTIONS Veterans & Dr. Yeomans

RESPONSIVE READING Antal & Smyth

CLERGY

VETERANS [standing] : We want to come home. We want to share our wisdom and our pain. We want to teach and lead our people in the ways of peace.

CLERGY

CIVILIANS [standing]: Yes, we are willing. We want you to come home. We want to do better. We want to learn. We want to carry our fair share of the burden. What have we done *with* you? What have we done *to* you?

CLERGY

VETERANS [seated] Yes, this is our story.

CIVILIANS [seated] We honor your story.

CLERGY

VETERANS [seated] Yes, this is our story.

CIVILIANS [seated] We let you down. We are sorry. We will do better. Teach us how. Help us learn. What can we say, what can we do, to make a difference?

VETERAN TESTIMONIES [*please refrain from applause*]

BELL SOUND

RECONCILIATION CIRCLE Antal & Smyth

All who choose to participate should gather at the front of the chapel where civilians will speak these words to our veterans:

We sent you into harm's way. You were willing to go for me, for my family, for our nation.

We put you into situations where atrocities were possible.

We asked you to be willing to do the unthinkable, to commit the unspeakable, to bear the unbearable.

We lament. We grieve. We confess our culpability and our complicity:

For lives lost, resources wasted and misused, pain suffered and inflicted. For the earth scorched and contaminated. For families broken, communities devastated, trust betrayed, and souls wounded.

We share responsibility with you: for all you have seen; for all you have done; for all you have failed to do; for all that has been done to you.

We affirm our duty to care, seek understanding, and change.

We lift up the burden from your shoulders and carry it with you. You are not alone. We are companions on this journey. Welcome home.

INTERLUDE "Down to the River to Pray" (Alison Krauss)

WATER CLEANSING RITUAL Chaplain Service & Veterans

CANDLES OF HOPE Antal & Smyth

SONG "Sing the Song" (Crusaders)

MUSIC FOR DEPARTURE Pentecost II

Please complete the response form and stay for the reception.

PART THREE: QUESTIONS TO CONSIDER

Where is God in the midst of trauma?

All faith traditions provide routes for exploring this question. If God is present and powerful in relationship to what is happening, why does God allow what is happening? Some say that God is working in the situation but God's ways are mysterious. We must trust that God is present without full knowledge of why and how. Other traditions say that God, in giving human beings free will, is not responsible for the suffering. It results from human choices. Some claim that God's presence in trauma is evident through the love and care that human beings provide in the midst of such circumstances.

Note that the question is framed theocentrically. Some traditions pose the question differently. They may not assert a personal God. Suffering is not an exception but is the reality in which we live.

Theologians working in the area of trauma often point to the inadequacy of theodicy frameworks for responding to trauma. The emphasis on "why" is often a cry for help. But the ongoing journey of faith requires a broader set of questions.

Major shifts in religious beliefs--even a loss of faith--are common for those undergoing trauma. People struggle to reconcile what is happening to them with beliefs they once held. Considering that "trauma lives in the body," think of these as beliefs not just located in the mind but lodged in the body. Chaplains do amazing work with people around these various shifts. Chaplains listen for how persons or communities express, through narratives, their embedded--and embodied--assumptions about the nature of God and God's relationship to suffering. Literatures around spiritual struggles and spiritual distress may be helpful.

Can trauma have positive effects?

People who experience trauma may speak about the experience as transformative--even in positive ways. Studies of post-traumatic growth show that struggle may bring about positive effects. https://www.psychologytoday.com/us/blog/surviving-thriving/201904/posttraumatic-growth

Testimonies to increased personal strength, greater intimacy in relationships, and a renewed sense of purpose are powerful. Pay attention to prescriptions around suffering that may have negative effects.

This question is surfacing in relationship to the pandemic. A radical rupture in patterns of living can lead to moments of deep reflection and significant changes in how we approach the world. Yet be careful about claiming positive effects too soon. These claims can stop us from taking a hard look at some of the problems of our pre-existing structures.

Post-Traumatic Growth
Listen to Richard Tedeschi talk about post-traumatic growth.

https://newbooksnetwork.com/richard-g-tedeschi-posttraumatic-growth-theory-research-and-applications-routledge-2018/

Why can't people "just get over it"?

Trauma is experienced as a rupture of time. Because it overwhelms our systems and overrides our processing systems (we are amazing creatures! We can take in A LOT) our ability to register past, present, and future is derailed. The past does not stay in the past. Researchers speak about this as the problem of integrating the past into the present. What does not get integrated, repeats.

The past is relived, not remembered. Triggering refers to the experience of sensations in the body activating in response to danger, even outside of contexts of danger. The body responds to perceived danger.

If we are alert to this, we, as care providers, consider how we might meet someone in these experiences. There is a lot of pressure to heal according to a timeline. But what happens when you understand your role as witnessing a more complicated relationship to the past? Consider how this may impact your approach to anniversaries or memorials.

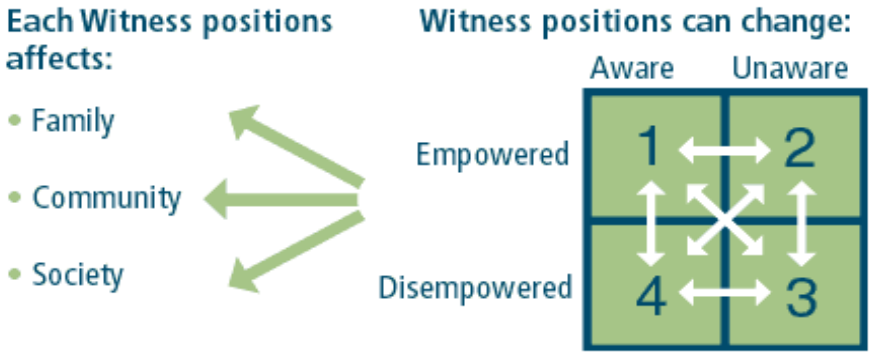
I am not a trained clinician. What is my role in trauma healing?

Chaplaincy work is often framed as a "ministry of presence." While this involves deep listening and other interpersonal skills, a ministry of witness may be a helpful way of thinking of your role in relationship to trauma.

For healthcare chaplains, it may involve being attentive to trauma symptoms in conducting spiritual assessments. Witness is a thick term in trauma and in many faith traditions.

If you are attentive to the interpersonal, institutional, and the societal layers of trauma you are impacted on different levels by what you are experiencing. You are implicated in ways that are challenging to take in. Kaethe Weingarten provides a helpful way of thinking about the power of witnessing in response to trauma.

It is a productive exercise to consider where and how you are positioned in relationship to trauma. You are positioned differently in different spaces. Take some time to reflect on this chart. http://www.witnessingproject.org/archives/the-four-witness-positions



[The chart can be found in Kaethe Weingarten. *Common Shock: Witnessing the Violence in Everyday Life*]

Are you empowered/disempowered/aware/unaware in relationship to trauma? We invite you to consider your level of agency and awareness in particular situations--as work, at home, and in your communities. Consider presenting this chart to your co-workers for discussion.

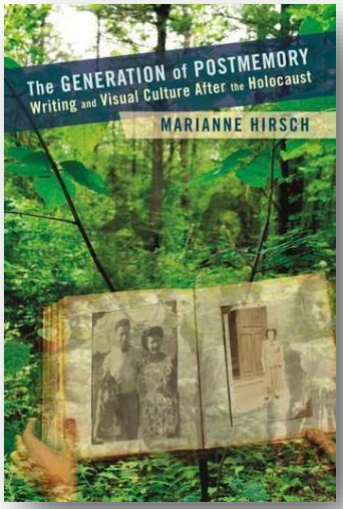
Can you inherit trauma?

The intergenerational transmission of trauma is one of the most intriguing dimensions of trauma studies. Ongoing research involving children of Holocaust survivors (beginning almost four decades ago) revealed that children who did not directly experience, or even know about their parents' experiences, were manifesting symptoms of their parent's trauma.

On an individual level, we think about 'inheriting' trauma from our parents or previous generations. But this can also be approached on a larger scale. Histories of trauma transmit generationally.

Rachel Yehuda is one of the leading scholars on epigenetics. This is known as the "science" behind intergenerational transmission of trauma. Listen to her interview on On Being: https://onbeing.org/programs/rachel-yehuda-how-trauma-and-resilience-cross-generations-nov2017/ Note that Yehuda encourages us to ask a corresponding question: Can we inherit the resilience of those who come before us?

Korean scholars explore how histories of colonization (both Japanese and US, through military force) can not only be transmitted--but potentially transformed--by subsequent generations. View this multi-media exhibit: http://www.stillpresentpasts.org/index.html



Marianne Hirsch coined the concept of **postmemory** to speak about the potential of present generations to heal the trauma of their ancestors.

Hirsch explains: "Postmemory" describes the relationship that the "generation after" bears to the personal, collective, and cultural trauma of those who came before — to experiences they "remember" only by means of the stories, images, and behaviors among which they grew up."

[From an interview about her book, *The Generation of Postmemory* https://cup.columbia.edu/author-interviews/hirsch-generation-postmemory]

Is moral injury a medical diagnosis?

Yes and no. Researchers like William Nash argue that moral injury results from experience that affects one's whole self. To understand such harm in terms of a diagnosis, and so for it to be treated as a disorder, reduces our understanding of such harm to something treatable through clinical means. It may not be just medicine the injured person needs, so it is argued, but soul searching, critical reflection about oneself and the world, engagement with art, writing, and spiritual practices.

At the same time, psychologists have created scales against which individuals can be evaluated to see if they have moral injury. Such scales are already being tested and used. You can see, then, a divide among researchers over our basic understanding of what moral injury really is, what is moral about it, what is injured, and what healing means. This is not just a divide between psychologists and others but within psychological research.

What is "moral" about moral injury?

Jonathan Shay, a psychiatrist, is usually credited with coining the term in the early 1990s. He was motivated by his patients who were U.S. veterans from the wars in Vietnam and Southeast Asia. Not only was the shame, sense of betrayal, and anger that they expressed beyond the scope of traditional psychological diagnoses at the time, or so Shay argued. He also wanted to speak about their suffering in a way that did not stigmatize it as a "disorder."

Mental health was seen in the U.S. military as a potential sign of moral weakness and, to an extent, mental health issues are still not always easily discussed in military culture. Speaking about such suffering as an "injury" signaled that it was on par with physical traumas sustained during war. It might even be seen as a mark of bravery, and at the very least, not the fault of the individual soldier.

"Moral" can refer to different things, if you read the moral injury literature. In its essence, however, the word is a gesture. It gestures toward a form of suffering tied to the experience of

violence, and in particular, feeling that you are complicit in violence, that is not easily reduced to psychological or medical terms of categories. This is why some people speak of a "soul" injury or wound, since "soul" gestures toward an aspect of human experience that affects one's identity and sense of self. It involves the way we see and imagine ourselves and others, as well as what we value and how, and what goodness is even possible in the world. It strikes deep, in other words, and seems to transform those parts of us we speak of almost poetically in terms of "soul," "heart," and "innermost self."

Must you be a soldier to get moral injury?

This is an important question, but it is not easy to answer. For a long time, soldiers and veterans who have experienced mental anguish due to war have struggled to be understood. "Trauma" and now "moral injury" are words meant to relieve them of the stigma that such invisible wounds, as they are sometimes called, have inflicted. For some veterans, calling any other experience outside of a soldier's experience within war might be seen as theft. It can be seen as taking one more thing from someone who has already lost much. It can also be seen as diluting or even trivializing their suffering. If moral injury can be felt in any given workplace on any given day, how then can it be a sign of sacrifice or even bravery, if no great sacrifice is needed?

At the same time, others are turning to this term, moral injury, because life is sadly full of other times, other contexts, that can harrow one's life in a way best described as "moral." The fact of our lives lived together, especially in the institutional arrangements where we work, create tensions between how we think we should live and how we may actually have to behave. We all embody many identities, have many relationships, and are a part of various communities. This brings value to life but can also make negotiation difficult, even at the routine, everyday level.

Whatever the reasons, it seems clear that moral pain and harm are potential throughout the human world, and people will continue to search for ways to express and understand their experience. All of this may actually be more helpful to veterans in the end, as it makes their experience less distant and more connected with the rest of us. It may help bridge the gap in understanding between soldiers and others. It may also be an indication that we are not yet done. As it stands, we might not have at hand the vocabulary and the language to truly articulate the ways in which we can suffer and transform as beings who strive to be good, however that is understood.

We may not be able to fully put into words how difficult it is to try to be responsible and caring in a world that can be very harsh, even unforgiving. "Moral injury" and "trauma" may only be a start in learning how to speak what is a profound but uncharted language of the heart.

RESOURCES ON TRAUMA AND MORAL INJURY

We are aware that bibliographies are not neutral. The more extensive references to Christian theological engagements with trauma in this section reflect the expertise of the authors. We also recognize that an eBook format enables us to expand this bibliography to offer resources that reflect the increasing religious diversity within the fields of chaplaincy and spiritual care.

Trauma

Referenced in this eBook:

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James Childs. "Can a nation suffer moral injury?" *Dialog*. 2019.

Carol Gilligan. "Moral Injury and the Ethic of Care: Reframing the Conversation about Differences." *Journal of Social Philosophy.* 2014.

Judith Herman. *Trauma and Recovery.* 1997.

Ronnie Janoff-Bulman. *Shattered Assumptions.* 2002.

Brett Litz. *Adaptive Disclosure: A New Treatment for Military Trauma, Loss, and Moral Injury.* 2015.

Keith G. Meador and Jason A. Nieuwsma. "Moral Injury: Contextualized Care." *Journal of Medical Humanities.* 2018.

Resmaa Menakem. *My Grandmother's Hands.* 2017.

Richard Mollica. *Healing Invisible Wounds.* 2008.

Angela Onwuachi-Willig. "The Trauma of the Routine: Lessons on Cultural Trauma from the Emmett Till Verdict." *Sociological Theory*. 2016.

Annie Rogers. *The Unsayable: The Hidden Language of Trauma.* 2007.

Maria Root. "Reconstructing the Impact of Trauma on Personality." In *Personality and Psychopathology: Feminist Reappraisals*, 229–65. 1992.

Babette Rothschild. *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment.* 2000

Allan Schore. *Affect Regulation and the Repair of the Self.* 2003.

Jonathan Shay. *Odysseus in America: Combat Trauma and the Trials of Homecoming.* 2003.

Dan Siegel. *Pocket Guide to Interpersonal Neurobiology.* 2012.

Susan Stryker. "My words to Victor Frankenstein above the village of Chamounix: Performing Transgender Rage. *States of Rage: Emotional Eruption, Violence, and Social Change*. 1996.

Kaethe Weingarten. *Common Shock: Witnessing Violence Every Day -- How We Are Harmed, How We Can Heal.* 2003.

Short Accessible Resources for Use with Staff

Carrie Doehring. "Spiritual Care After Violence: Growing from Trauma with Lived-Theology." *The Table.* 2014.

Peter Levine. *Healing Trauma: A Pioneering Program for Restoring the Wisdom of the Body.* 2008. (A clear introduction of trauma and the body that provides exercises.)

Laura van Dernoot Lipsky and Connie Burk. *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. 2009.

Carolyn Yoder. *The Little Book of Trauma Healing: Revised & Updated: When Violence Strikes and Community Security Is Threatened.* 2005. (A short guide that is helpful for use in groups)

Consider using podcasts as starting points for group discussion. Example: The Trauma-Sensitive Mindfulness Podcast, https://davidtreleaven.com/podcast-2/

Buddhist-Informed Resources

Tara Brach. Podcast and resources, https://www.tarabrach.com/resources/

The Center for Trauma and Contemplative Practice. *Trauma & Contemplative Practice: Exploring the Territory Symposium*. http://www.traumaandcontemplativepractice.org/video/.

Victoria M. Follette, et al. *Mindfulness-Oriented Interventions for Trauma: Integrating Contemplative Practices*. 2014.

Joan Halifax. "Exploring Moral Suffering from a Dharma Perspective." https://www.upaya.org/2019/07/halifax-moral-suffering-dharma/

David A. Treleaven and Willoughby Britton. *Trauma-Sensitive Mindfulness: Practices for Safe and Transformative Healing*. 2018.

Christian-Informed Resources

Jennifer Erin Beste. *God and the Victim: Traumatic Intrusions on Grace and Freedom*. 2007.

M. Shawn Copeland. *Enfleshing Freedom: Body, Race, and Being, Second Edition.* 2020. (Christian theology forged through the trauma of African-American experience)

Wendy Farley. *Tragic Vision and Divine Compassion.* 1990. (proposes a rethinking of theodicy in light of radical suffering)

Serene Jones. *Trauma and Grace, Second Edition: Theology in a Ruptured World*. 2019.

Flora A. Keshgegian. *Redeeming Memories: A Theology of Healing and Transformation*. 2000.

Shelly Rambo. *Spirit and Trauma: A Theology of Remaining*. 2010.

Shelly Rambo. "How Christian Theology and Practice Are Shaped by Trauma Studies." *The Christian Century.* 2019.

Storm Swain. *Trauma and Transformation at Ground Zero.* 2011. (provides a model of pastoral theology that features personal interviews with chaplains)

Deanna Thompson. *Glimpsing Resurrection: Cancer, Trauma and Ministry.* 2018. (considers trauma as it relates to life-threatening illness)

Emilie Townes, ed. *A Troubling in my Soul.* 1993.

Debra van Deusen Hunsinger. *Bearing the Unbearable: Trauma, Gospel, and Pastoral Care.* 2015. (trauma-informed pastoral care)

Gordon L. Wilson. *Dealing with Trauma.* Booklet. 2002. (a booklet offering some guidelines for clergy and pastoral workers in trauma response)

Hindu-Informed Resources

Emily T. Hudson. *Disorienting Dharma: The Aesthetics of Suffering in the Mahābhārata.* 2013 (very close textual study of 'trauma' in the Sanskrit epic)

Shaili Jain. *The Unspeakable Mind: Stories of Trauma and Healing from the Frontlines of PTSD* (PTSD researcher that draws on her studies of communal violence in South Asia)

Jewish-Informed Resources

Sara Beth Berman. "What Now?" Podcast, supported by Jewish Theological Seminary, http://www.jtsa.edu/what-now.

Estelle Frankel. *Sacred Therapy: Jewish Spiritual Teaching on Emotional Healing and Inner Wholeness.* 2005. (uses teachings from Jewish mysticism to approach the work of spiritual care)

Jeffrey Jay. "Walls for Wailing," *Common Boundary.* 1994.

Melissa Raphael. *The Female Face of God in Auschwitz: A Jewish Feminist Theology of the Holocaust.* 2003. (theological reflection on the sacred meaning-making of Jewish women during the Holocaust)

Rabbi Jessica Rosenberg. *Introduction to Trauma, Healing & Resilience.* Free E-Book. 2020. (a downloadable resource supported by Reconstructionist Rabbinical College and the Carpenter Foundation) https://www.reconstructingjudaism.org/introduction-trauma-healing-resilience-rabbi-jessica-rosenberg?fbclid=IwAR1Ujt0nrMeZagIIZryl099zPPMOL_9V1_ZpihREhiFxjicHQ_wwu7enkzM

Muslim-Informed Resources

John Fitzgerald, Ashley Moyse and Ryan Nash, eds. *Treating the Person: Jewish, Christian, and Muslim Perspectives on Medicine and the Body.* 2019. (several chapters about Islam and medicine)

Muslim Wellness Foundation, https://www.muslimwellness.com/.

National Black Muslim Coalition, https://www.blackmuslimcoalition.com/.

Carrie York Al-Karam. *Islamically Integrated Psychotherapy: Uniting Faith and Professional Practice.* 2018. (integrates Muslim spirituality and psychotherapy)

Timely for Spiritual Care

"A Discussion Around Chaplaincy, Racial Violence and Healing – A Community Crisis Response," hosted by Hartford Seminary. June 10, 2020. https://www.youtube.com/watch?v=jeZs84j4oc8

Danielle J. Buhuro. "Can You Hear Me Now: Supervising CPE Students in an Age of #BlackLivesMatter." Webinars 2018.

- Session 1, https://www.youtube.com/watch?v=ZzpF3RmheRI&feature=youtu.be
- Session 2, https://www.youtube.com/watch?v=p_14tcASsEQ&feature=youtu.be

Danielle J. Buhuro, ed. *Spiritual Care in an Age of #BlackLivesMatter: Examining the Spiritual and Prophetic Needs of African Americans in a Violent America*. 2019.

Staci Haines. *The Politics of Trauma: Somatics, Healing, and Social Justice.* 2019. (brings social analysis to the study of trauma)

Isabell Noth and Claudia Kohli Reichenbach, eds. *Pastoral and Spiritual Care Across Religions and Cultures: Spiritual Care and Migration*. 2019.

"Trauma Chaplaincy" webinar. https://chaplaincyinnovation.org/2018/12/trauma-chaplaincy

Moral Injury

Books

Rita Nakashima Brock and Gabriella Lettini. *Soul Repair: Recovering from Moral Injury after War*. 2013. (Seminal book that looks at moral injury through the eyes of several veterans.)

Wyatt R. Evans, Robyn D. Walser, Kent D. Drescher, Jacob K. Farnsworth, *The Moral Injury Workbook: Acceptance and Commitment Therapy Skills for Moving Beyond Shame, Anger, and Trauma to Reclaim Your Values.* 2020. (Treatment for moral injury from psychologists addressing military moral injury)

Larry Kent Graham. *Moral Injury: Healing Wounded Souls.* 2017. (Pastoral theology approach to understanding and addressing moral injury)

Brad Kelle. *The Bible and Moral Injury: Reading Scripture Alongside War's Unseen Wounds.* 2020 (Explores Biblical literature as a resource for thinking through and understanding moral injury by a scholar of Hebrew scripture and literature.)

Brett T. Litz, Leslie Lebowitz, Matt J. Gray, and William P. Nash. *Adaptive disclosure: A new treatment for military trauma, loss, and moral injury*. 2015. (A treatment approach for veterans with moral injury in the midst of military service.)

Zachary Moon. *Warriors Between Worlds: Moral Injury and Identities in Crisis.* 2019. (Practical theology and veteran addressing the nature of moral injury)

Brian Powers. *Full Darkness: Original Sin, Moral Injury, and Wartime Violence.* 2019. (Theological account of moral injury from a U.S. veteran, minister, and theologian.)

Nancy Ramsey and Carrie Doehring, eds. *Moral Injury and Spiritual Care: A Resource for Religious Leaders and Professional Caregivers*. 2019. (Collection of essays by pastoral theologians on moral injury and spiritual care)

Joseph Wiinikka-Lydon. *Moral Injury and the Promise of Virtue.* 2019. (An account of moral injury drawing on moral philosophy.)

Articles

Dale P. Andrews. "Raising Awareness of Moral Injury in Worship: Guide for Churches." Soul Repair Center. Brite Divinity School. https://www.brite.edu/wp-content/uploads/2013/07/Moral-Injury-Worship-Guide-Raising-Awareness.pdf

Chris J. Antal, et al. "Transforming Veteran Identity Through Community Engagement: A Chaplain–Psychologist Collaboration to Address Moral Injury." *Journal of Humanistic Psychology*. 2019.

Traci Blackmon. "Where is God? How Enduring Centuries of Racism Leads to Moral Injury." Volunteers of America. 2015.

Joseph Brobow, "Healing Moral Injuries through Beloved Community," Buddhist Peace Fellowship, 2013. http://www.buddhistpeacefellowship.org/healing-moral-injuries-through-beloved-community/

Karis L. Callaway and C. Richard Spates. "Moral Injury in Military Members and Veterans." *Oxfordhandbooks.com.* 2016.

James Childs. "Can a nation suffer moral injury?" *Dialog*. 2019.

Warren Kinghorn. "Combat Trauma and Moral Fragmentation: A Theological Account of Moral Injury." *Journal of the Society of Christian Ethics*. 2012.

Gabriella Lettini. "Engaging the Moral Injuries of War: A Call to Spiritual Leaders." *Spirituality in Formation and Supervision*. 2013.

Elizabeth A. Liebert. "Accessible Spiritual Practices to Aid in Recovery from Moral Injury." *Pastoral Psychology*. 2019.

Shira Maguen and Brett Litz. "Moral Injury in the Context of War."

Keith G Meador and Jason A. Nieuwsma. "Moral Injury: Contextualized Care." *Journal of Medical Humanities*. 2018.

Nancy Ramsay. "Moral Injury as Loss and Grief with Attention to Ritual Resources for Care." *Pastoral Psychology*. 2019.

Joseph Wiinikka-Lydon. "Moral Injury as Inherent Political Critique: The Prophetic Possibilities of a New Term." *Political Theology*. 2017.

Michael Yandell. "Moral Injury and Human Relationship: A Conversation." *Pastoral Psychology.* 2019.

Video/Audio

Dale P. Andrews. "Preaching Anti-Racism Amid the Backlash and Resistance of White Moral Injury." Candler School of Theology. Emory University. September 21, 2016. https://vimeo.com/184406230

Tyler Boudreau, Jonathan Shay, and Rita Brock. "Moral Injury: The Psychological Wounds Of War." *Talk of the Nation*. November 21, 2012. https://www.npr.org/2012/11/21/165663154/moral-injury-the-psychological-wounds-of-war

"Dr. William Nash Talks on Moral Injury." Volunteers of America. October 25, 2018. https://m.youtube.com/watch?v=qJqKM218CsY

"Understanding Moral Injury: What Can We Do?" Volunteers of America. June 26, 2019. https://m.youtube.com/watch?v=tbzphUkhFcU

Further Web-Based Resources

Resources for Faith Communities Providing Sanctuary to and Solidarity with #BlackLivesMatter Protesters. Summer 2020. https://docs.google.com/document/d/1hKRNUyFG-Yg79CLhygGLcgj1AHjx7zQsExad4JBfrss/edit?fbclid=IwAR2RGUcIGhZh_2-2fGKv5yzGXcE-hRdz103Vo1aMcKhmWLNJewjceKRAJ5c

"Spiritual/Moral Dilemmas in COVID-19 Webinar." Chaplaincy Innovation Lab. April 9, 2020. https://chaplaincyinnovation.org/2020/04/spiritual-moral-dilemmas-covid-19?fbclid=IwAR0Xdk6xBD7xQh5ZEoPCIvxbZOEN7d2kfCi7Ydt9WA8ptQh0VSXcAX4NNoM

Some Organizations Providing Resources

"Collective Care in the Face of Violent Trauma: A Guidebook for Gathering." The People's Supper. https://episcopalchurch.org/files/documents/collective_care.pdf

Courage of Care Coalition, http://courageofcare.org/

Faith Matters Network, https://www.faithmattersnetwork.org/ (They partnered in writing the manual "Collective Care in the Face of Violent Trauma")

Institute for Collective Trauma and Growth, https://www.ictg.org/ (Provide resources for communities)

The Schwartz Center for Compassionate Healthcare, https://www.theschwartzcenter.org/ (Helpful videos on the "Impact of Trauma on Caregivers")

Soul Repair Center, https://www.brite.edu/programs/soul-repair/

STAR Program, Eastern Mennonite University, https://emu.edu/cjp/star/toolkit

Theater of War, https://theaterofwar.com

Volunteers of America, The Shay Moral Injury Center, https://www.voa.org/moral-injury-war-inside

Care for Caregivers

We need to look after each other. Remember that taking care of yourself *is* community care.
"Atlanta-Based Organization Advocates For Rest As A Form Of Social Justice." *NPR's Morning Edition.* June 4, 2020. https://www.npr.org/2020/06/04/869952476/atlanta-based-organization-advocates-for-rest-as-a-form-of-social-justice

Don't give up on your spiritual practices! Pema Düddul, "Practicing in Hell," https://tricycle.org/trikedaily/australia-fires/

Resources for Faith Communities Providing Sanctuary to and Solidarity with #BlackLivesMatter Protesters. Summer 2020. https://docs.google.com/document/d/1hKRNUyFG-Yg79CLhygGLcgj1AHjx7zQsExad4JBfrss/edit?fbclid=IwAR2RGUcIGhZh_2-2fGKv5yzGXcE-hRdz103Vo1aMcKhmWLNJewjceKRAJ5c

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Joseph Wiinikka-Lydon is an Education and Research Fellow at Wake Forest University. He is author of *Moral Injury and the Promise of Virtue* (Palgrave MacMillan, 2019).

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