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Call to Compassionate Self-Care: Introducing Self-Compassion Into the Workplace Treatment Process

PETER DEVENISH-MEARES

School of Theology, Charles Sturt University, Barton, Australia

In the context of workplace burnout and suffering, this article advances an interdisciplinary approach to self-care and resilience. In particular, it extends workplace spirituality research and praxis by considering self-compassion. This approach seeks to reframe experience, reduce self-criticism, and increase self-acceptance and self-kindness.

The author proposes that self-compassion psychology with its focus on mindfulness, common humanity, and personal well-being could augment existing treatments. Finally, a number of action outcomes and further research directions are offered to stimulate discussions in communities of research, pastoral care praxis, and management to assist those charged with recovery and treatment and those enabling resilience building.

KEYWORDS *workplace, suffering, spirituality, self-compassion, humility, mental health, moral injury, burnout, post-traumatic stress disorder (PTSD)*

INTRODUCTION

At work, anxiety, suffering, disaffection, and sometimes emotional exhaustion or even burnout can be precipitated by an event or arise from incremental or longer term but no less adverse experiences or be as a result of progressive mental injury or maladaptation over time. These conditions are related to yet in addition to the chronic symptoms occasioned by acute mental health and post-traumatic stress disorder (PTSD) related traumas.

Address correspondence to Peter Devenish-Meares, School of Theology, Charles Sturt University, 15 Blackall Street, Barton ACT 2600, Australia. E-mail: devenip@hotmail.com

This latter category is associated with experienced from warlike conditions and which are receiving increased treatment attention (Health and Safety Commission, 2007).

This is the first in a series of discussion articles that seeks to advance a self-care and meaning-oriented interdisciplinary approach to the treatment of workplace mental health issues, disaffection, and suffering. The article respects the many who are adversely affected by mental health issues actively seek support and courageously co-operate in their own return to wellness. Others require different forms of interventions to activate healing. The aim is to advance spiritual, virtue-based, and psychological themes such as self-compassion in conjunction with well-established mental health therapeutic and medical treatment models.

Some traumatic experiences may, at times, be related to physical, spiritual, and psychological harm. Other emotional experiences for some are no less adverse or painful and these are often located in every modern workplace. This article sees transferable value in the work done in the acute traumatic area in the use of such terms as *moral injury* and PTSD to every workplace. Moral injury relates to, as Litz et al. (2009, p. 695) noted:

Potentially morally injurious events (in an armed conflict context) 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 (what we label as moral injury).

Such terms keep spiritual and moral themes at the forefront of treatment considerations, and can ensure that meaning and psycho-spiritual responses are offered and enacted by chaplains as and when necessary.

THE WORKPLACE

At work, performance demands and the seemingly never-ending call to do more work while often falling short of expectations can give rise to disaffection, pain, and emotional turmoil. Symptoms and issues include burnout, emotional pain, and pressure to perform; they also include being worn down and disaffected over the longer term during a career, or if an (recurrent) injury becomes exacerbated due to prolonged effort or effect (Devenish-Meares, 2003).

It is such contexts that my literature review across the nonmilitary research environment shows a notable absence of morality and spirituality themes as related to workplace-related trauma and suffering. I seek to contribute to the necessary research and praxis conversation amongst mental health professionals, chaplains, and healing practitioners. I extend this to

include the emotional and spiritual experiences not only caused by work but also experienced at or in conjunction with work that may be of a non-work derivation. However, it is not causes, important these are, so much as the personal experiences and choices of the individual that interest and motivate me most (Lilius, Kanov, Dutton, Worline, & Maitlis, 2011).

Sometimes anxiety and trauma at work are exacerbated by a sudden event, or it may be incremental in that they occur over time. There are those who experience redundancy or dramatic workplace change as examples of the first aspect and for the second, progressive performance anxiety and stress at work which can lead to accumulated frustration, burnout, trauma, suffering, emotional, stress and other psycho-spiritual effects. We could call this workplace or meaning-related trauma or suffering and perhaps, for some, even some form of injury results; not physical injury like a broken hand but injuries affecting or wounding the soul or the meaning center of the disaffected. The following example highlights the significant, personal consequences of failure and suffering at work that I am interested in: "Denied a promotion, Maria was crestfallen. Dejected, she let her attendance and performance dwindle, (then) worsen. Two days later, Maria suffered a serious mental breakdown" (Lubin, 2008). Was this workplace event traumatic? Absolutely! Even if we cannot or must not apportion blame nor responsibility without being more fully informed by all the facts. Workplace suffering will affect us all at some point in our lives. Whilst the experience is different for everyone, for many, the emotional toll or pain can be debilitating. Into such settings, alongside mental health practitioners, chaplaincy can contribute its skills, experience, and training to treatment (plans).

According to the U.S. Department of Veteran Affairs, such plans seek to address failure, sadness, shame (e.g., "I did something that makes me a terrible person; I am unforgivable"), guilt, anxiety about possible consequences, and the anger about betrayal-based moral injuries. However, I would argue that non-warlike work-related events, such as dismissal, retrenchment, transfer, or sudden un-negotiated work changes, can cause trauma, dismay, feelings of betrayal, or a breakdown in the "moral" contract of work, or be related to other psycho-spiritual consequences of an emotional, moral, or spiritual nature. Put another way, an individual offers themselves to do work in exchange for remuneration, career, or work success. I would go further and say that experience and emerging research shows the efficacy of using chaplaincy to work alongside medical practitioners (Steenkamp et al., 2011).

Rightfully, there has been an urgent and necessary focus on acute and PTSD-related trauma, yet there is also need for further psycho-spiritual praxis for use in the nonacute mental health treatment space. This article hopes to further the conversation for self-care and meaning-oriented approaches in the acute and non-acute mental health settings. It is proposed that chaplaincy approaches regarding forgiveness, compassion, and self-care

could be beneficial to both the acute PTSD and nonacute workplace suffering and injury settings where anxiety often presents as a factor, because these are, as Neff (2003, p. 224) stated, effective “in instances of perceived inadequacy or suffering rather than harsh judgment and self-criticism.”

Paul Tillich (1952) presented anxiety as the primary modern psychological epidemic resulting from a loss of meaning in life. He advanced courage as the antidote, or as Wildman (2014) put it:

Courage is the strength to affirm one's own life in spite of the fact that life will inevitably end, that it may seem to have no purpose, and that people are destined to carry great burdens of guilt for not considering themselves perfect or good enough.

This relates not only to the injuries of war, but also non-warlike workplaces and day-to-day life where meaning, purpose, and survival can be challenged by significant and less notable events.

Chaplaincy practitioners are also called upon to contribute their skills to others not experiencing operationally related or PTSD symptoms yet who are anxious, disaffected, and/or ill. For Christian ministers this is a clear response to the imperative in St. Matthew's Gospel, “to love our neighbor as ourselves.” Christians have been exploring love and compassion in this context for over two millennia. Yet there are times in both PTSD-related and in other circumstances when, because the medical system has overall carriage of treatment, that spiritual and meaning-related issues are perhaps less considered or even ignored. So chaplains certainly have their work cut out for them, although if their recent professional development plans, innovative pastoral policy planning, and sound pastoral care activities are anything to go by it seems that they are up for it. In this context, Nydam (2014) wrote, “The challenges ahead for chaplains will include the demand for effective pastoral care in a society and world that are in increasing pain.”

Medical conditions, such as PTSD, occur as a result of exposure to extreme and unprecedented traumatic experiences most often associated with the most adverse conditions. In acute settings, military chaplains have rightfully identified that traumatic and PTSD-related phenomena can be “considered morally injurious if they “transgress deeply held moral beliefs and expectations.” This introduces issues of forgiveness, self-acceptance, compassion, and, according to the U.S. Department of Veteran Affairs, “identification of meaning elements and cognitive attributions” into the treatment mix. As a crucial medical diagnosis PTSD helps activate necessary treatment responses and can enable compensation and juridical considerations. However, what of non-warlike circumstances in military and civilian work settings of a less extreme, sudden, or progressive nature that could be related to mental illness, suffering, and/or emotional damage? Where is the room for considerations to do with spirituality at work?

SPIRITUALITY AT WORK

In troubled and anxiety-ridden circumstances, expressed in and by disconnection, depression, rumination, loneliness, and the struggle to come to terms with failure, people turn to medical practitioners and psychologists as a key step towards recovery (Bee, 1996; Kriger & Hanson, 1999). Others also seek comfort in belief and faith, which is also all to the good. It is in these deeply personal contexts that I locate this introductory article examining where self-compassion and awareness intersect with spirituality and standard treatment models. In later articles, humility (as advanced as a key virtue by Christian writers, such as St. Bernard of Clairvaux) and learning to live with incompleteness (however countercultural that seems) will be considered as self-awareness and healing themes.

While respecting current treatment modalities it is not always clear that spiritually oriented pastoral care approaches and those to do with belief, meaning (or loss thereof), self-kindness, and self-care are used to best advantage where indicated. This is despite the fact that recent empirical research indicates that spirituality and positive psychology may be useful; in fact, research about the relationship between spirituality and such psychology is embryonic to say the least and is the primary focus of my PhD studies. In particular, it has been found by Yarnell and Neff (2012, p. 2) that “higher levels of self-compassion (which could also be deemed a meaning-oriented or spiritual value) have been associated with lower levels of depression, anxiety, maladaptive perfectionism, thought suppression, fear of failure, and egocentrism.” While this article’s focus is on non-warlike, workplace-related treatment it is possible that self-care and learning to live with incompleteness could be useful alongside other psycho-spiritual approaches in PTSD-related and other mental health patients. This will be the focus of later articles.

There are some considering spirituality and values in the workplace culture and mental health care research mix (Kriger & Hanson, 1999). In particular, Duchon and Plowman (2005, p. 209) defined workplace spirituality as one “that recognises employees have an inner life that nourishes and is nourished by meaningful work that takes place in the context of community.” One wonders how far such research positing the value of spirituality alongside therapy has penetrated into workplace mental health support work, particularly when achieving goals at work is so crucial to many.

At work we are faced with being many things, not the least of which is to be successful. There is also a tension between those who argue for spirituality for performance sake and those who see it in spiritual or religious terms alone (Duchon & Plowman, 2005). In terms of content theories—Herzberg and Maslow, in particular—higher-order, self-actualization needs continue to be a notable feature of workplace motivation texts. Organizational psychology theory, while mentioning burnout and workplace stress, does not examine mindfulness, compassion, and humility. Again, neither speaks of Christian

spirituality, compassion, or humility, although Maslow's work resonates with self-compassion theory.

Some research suggests that attending to spirituality at work increases workplace success (Fry, Hannah, Noel, & Walumbwa, 2012). Alternatively, it is contended in this article that self-reflection lies at the heart of our choices to be compassionate towards ourselves and others. Both settings can have mental health (treatment) implications. To assist us, Marques and King (2007) proposed a list of themes that typify spirituality in the workplace. These include "enhancement of personal fulfilment and creativity through spirituality and enlightenment" and "personal fulfilment." Virtues even come into play as some researchers say that the virtue of "humility may mitigate conflicts and organizational problems" but again, no practically oriented detail is offered (Owens, Rowatt, & Wilkins, 2010).

INTERDISCIPLINARY APPROACHES?

There are a plethora of treatments available for the disaffected and suffering at work. These include therapy and pharmacological interventions which are all for the good, yet do they necessarily consider the whole person—body, mind, and spirit? Table 1 summarizes some of the interconnected themes, current treatments, and existing solutions. It places these alongside spiritual considerations and potential personal and workplace outcomes. In this context and from a literature review of pastoral care developments related to the over the last 40 years it seems that little progress has been made in the development of comparative psycho-spiritual praxis at work. This includes potentially practical themes to with meaning, forgiveness, brokenness, humility, and self-compassion. Of course this is by no means limited to the workplace, although I have sought to locate spiritual issues, meaning-related needs, and suffering in terms of work (Table 1).

Despite the interdisciplinary intent of the table, to date workplace spirituality research is most often organizationally derived and focused on the self-determining, success-driven individual or what Fotiou (2001, p. 512) called the "secular hope for self-sufficiency." Self-compassion and personal spiritual approaches offer an opportunity to shift the focus to the level of suffering, the individual. Even in employee support programs, as Lilius et al. (2011, p. 24) says, "compassion is organized and routinized through the implementation of various practices intended to maintain standards in the ways that compassion is delivered." Overall, most workplace spirituality research focuses on the return of the person to productive work, if that is possible, and achievement of well-being to some extent, which Bates and Bowles (2011) described as "either a variant or combination of two factors: positive affect, more commonly referred to as 'happiness,' and satisfaction with life." In my literature review I see little evidence of research

TABLE 1 Relating Workplace Issues to Spirituality and Meaning

Workplace-related issues	Current work-related solutions (and programs)	Spiritual and meaning-oriented practices	Potential outcomes of interdisciplinary approaches
Burnout and disaffection	Mental health interventions including therapies and healthier ways of thinking	Compassion for self and for others	Healing
Change (sudden and incremental)	Pharmacological treatments	Nontherapeutic mentorship	Re-engagement with work and/or others
Retrenchment and redeployment	Separation/resignation	Self-awareness and mindfulness praxis	Finding peace and hope
Relational breakdown and team disconnection	Performance and return to work support/counseling	Prayer and faith-based approaches	Learning to live with failure and incompleteness
Performance pressures and anxiety (including harsh self-judgment and self-criticism)	Employee assistance programs and schemes	Participation in spiritually oriented reflective practices and groups	Improved relationships and seeing oneself as part of humanity which suffers
Physical changes and illness/symptoms	Chaplaincy and spiritual accompaniment	Referrals to self-help groups such as Alcoholics Anonymous; volunteer work	Improved sense of self and improved coping

as to how people truly see, love, and accept ourselves in our workplace suffering, failures, and incompleteness.

Such research tends to overlook spirituality, compassion, and the possibility, as Baumesieter, Campbell, Krueger, and Vohs (2003, p. 3) suggested: “modesty and humility are virtues conducive to spiritual growth all of which could have positive implications for the disaffected or suffering worker.” Notably too, Baumesieter et al. indicated, “in (the Judeo-Christian tradition) high self-esteem is suspect because it opens the door to sentiments of self-importance.” Such self-aggrandizement is arguably the antithesis of compassion and yet it may be giving humility unnecessarily bad press.

In pastoral care research, as Stephen Pattison (1993, pp. 151, 153) indicated, personal failure has been “little considered, despite its prevalence in praxis.” Use of words like anxiety, meaning, and failure and terms like moral injury increasingly mean that chaplaincy can deal on an equal footing with those who may seek to exclude them even unintentionally. Workplace redundancies, work pressure, and performance anxiety have definitive effects, and psychological and rehabilitation efforts, however good, did not always address the meaning issues. Perhaps “injury” is too strong a word, yet

at work, a person's beliefs or self-worth can be significantly challenged. Perhaps another term is "workplace malaise and response impairment," by which I mean the ability to continue to respond to the performance demand around us become impaired by the sudden or cumulative effect of what we experience. This includes the anxiety arising from unresolved demands, pressures, and the pace of work.

SELF-COMPASSION: IN SOME DETAIL AS A TEASER TO FURTHER RESEARCH

Self-compassion psychology, proposed by Kristin Neff in 2003, has the key themes of self-kindness, common humanity, and mindfulness. These relate strongly to virtues advanced by Eastern and Western spirituality. For example, some positive psychology researchers, such as Kristin Neff and Richard Bollinger (2010), who advances humility as a key virtue, do not seem to adequately consider spirituality and Christian spirituality, in particular. Despite this, such published research is not located as yet in a comprehensive spiritual body of work however related it would seem to be. This is an area of further exploration and is the subject of my well-advanced doctoral studies.

Self-compassion is defined by Yarnell and Neff (2012) as how "one is emotionally supportive toward both the self and others when hardship or human imperfection is confronted." This approach certainly relates to trauma and illness is not unlike the "self-forgiveness" aspect that research aligns to current cognitive therapy. Overall, this theory offers empirical, psychological research on self-care "in instances of perceived inadequacy, failure, or suffering." It comprises three key factors (Neff, 2003, p. 226): (a) self-kindness, "extending kindness and understanding to oneself in instances of perceived inadequacy or suffering rather than harsh judgment and self-criticism"; (b) common humanity, "seeing one's experiences as part of the larger human experience rather than seeing them as separating and isolating"; and (c) mindfulness, "holding one's painful thoughts and feelings in balanced awareness rather than over-identifying with them in an exaggerated manner."

While not yet forming an explicit part of many therapy-related approaches, it is worth noting that self-compassion is clearly related to adaptive psychological functioning. Moreover, it is useful in assisting people to understand and work through unhelpful thinking patterns, which again connects it to current military-related therapy settings. Neff, Hsieh, and DeJitterat (2005, p. 264) stated that this is because "self-compassion was found to have a significant negative association with self-criticism, depression, anxiety, rumination and thought suppression, as well as a significant positive association with connectedness, emotional intelligence, self-determination, and subjective well-being." Such findings have significant

relevance to military and nonmilitary workplace environments. Here by way of example, and in a relevant outcome related to commonly presenting issues—anger, it was found that:

People who invest their self-worth in feeling superior and infallible tend to get angry and defensive when their status is threatened. People who compassionately accept their imperfection, however, no longer need to engage in such unhealthy behaviours to protect their egos. (Neff, 2011)

Neff et al. (2005) proposed self-compassion as a panacea for self-pity. This is where people are overwhelmed by their own problems and who “forget that others in the world are experiencing similar (or perhaps worse) difficulties” (2005, p. 224). It is also worth noting that Barnard and Curry (2012) examined self-compassion and found a correlation to clergy burnout. I wonder how this research could be extended into the areas of moral injury and workplace suffering more generally.

Despite this article indicating that there are readily identifiable uses for self-compassion by chaplains and mental health practitioners, this is an area worthy of more research. It is proposed that therapy interventions could be contextualized in self-compassion theory as a way to develop treatment for trauma and other forms workplace suffering and injury. The one that comes to mind immediately is the context of cognitive processing therapy (CPT), which is used in military and emergency settings to address suffering and PTSD.

Self-compassion choices activate ways to attend to and reframe experiences in meaningful ways, and to consider how some actions, judgments, loneliness, and isolation can have damaging consequences. In view of lack of space herein, just two examples may help point the way to more detailed research between self-compassion and CPT. First, the self-compassion themes of common humanity, that is “seeing one’s experiences as part of the larger human experience rather than seeing them as separating and isolating,” could assist people to begin to challenge maladaptive thoughts about trauma. Second, the CPT focus on “helping patients learn new, healthier ways of thinking” could be assisted by Neff’s (2003, p. 224) self-compassion approach, which seeks to “extend kindness and understanding to oneself in instances of perceived inadequacy or suffering rather than harsh judgment and self-criticism.”

SOME FUTURE RESEARCH DIRECTIONS

Arising from this brief article a number of action outcomes and research directions come to mind. They are meant to encourage people to take as much self-responsibility for wellness as is possible. Each is briefly offered

next to stimulate discussions in communities of care and interest including the workplace, those charged with recovery and treatment work, and those enabling resilience building. Explanatory comments, where applicable, as to practical possibilities or recent example from the author's experiences, are noted in parentheses.

Systematic

- Strengthen the interdisciplinary approaches, both formal and informal, that are established in each unit, recovery center, and health care setting that actively considered issues of meaning, morality, and belief (e.g., recently a medical practitioner, rehabilitation case work, line manager, and chaplain attended a productive interdisciplinary case conference).

Personal

- Honor and encourage self-care, spirituality, and self-kindness choices as ways to stimulate recovery courage and lessen self-criticism and anxiety (e.g., note, celebrate, and strengthen the times when the patient took steps, such as to come to an appointment or enact a treatment).
- Assist the person to reconcile (and forgive) times when personal stances and actions affronted beliefs or values (e.g., also develop use of self-kindness).
- Create meaning-oriented ways to explore experiences and take self-responsibility or pay attention to issues in a nonjudgmental way.
- Challenge unreasonable and unhelpful thinking patterns.
- Activate the person's hopes and desires for the future (e.g., recently a PTSD-related person actively responded to the suggestion that they could contribute positively as a community volunteer; this can create a postmilitary support environment).

Research-Oriented

- Try to replicate and extend the existing empirical research of self-compassion and its relationships to adaptive psychological functioning and self-criticism, depression, anxiety, rumination, and thought suppression—yet in a military resilience and recovery context.

CONCLUSION

This article proposes that self-compassion and being emotionally and spiritually aware and supportive of oneself sits alongside existing treatment plans

for acute, traumatic, and seemingly nontraumatic workplace and nonworkplace issues (Yarnell & Neff, 2012). It supports the integration and extended use of such psycho-spiritual modalities for recovery and wellness at work. It also suggests that such a combination of approaches can assist individuals in learning how the sufferer can become aware of and respond to the sensory and spiritual aspects of traumatic events and how they can enhance personal resilience and posttraumatic growth. Much more research is needed to co-locate the spiritual dimensions of personal care in the context of current mental health treatment plans.

In the context of the patient being encouraged to take as much self-responsibility for well-ness as possible, this article suggests that self-compassion research, which to date is seldom used in workplace practice but could add a much-needed dimension to existing treatment regimens of both an acute and nonacute nature. In particular, approaches to self-compassion that address failure, anxiety, perceived inadequacy, and suffering could, where appropriate, be used by military treatment practitioners, such as social workers, mental health therapists, and chaplains.

The reality at times is that chaplains are overlooked in the continuum of mental health care; that is, the psycho-spiritual aspects can be overlooked when the focus is on the presenting symptoms and pathology. However, terms like moral injury and workplace or meaning-related trauma or suffering as presented herein in their appropriate settings may enable the engagement of practical spiritual practices and self-compassion actions. As such, they offer an opportunity for meaningful dialogue between various professional caregivers and encourage an interdisciplinary approach to recovery and healing.

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