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Moral Injury and Radical Hope: Part 2

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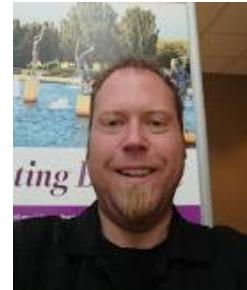
Note: This is part 2 of a 2-part blog, Part 1 can be found [here](#). – Kieran.

One problem with working individually to combat moral injury is that we very often do it on our own and in isolation. Our field is now rife with discussion about self-care (and we note, to some degree, unfortunately, that our blog on self-care was among the most read and shared blogs of 2019). An aspect of our work that we only rarely discuss is hope and how we keep hope alive.

In 1999, the late Rick Snyder produced an excellent chapter on hope in which he broke it down into two components. The first, “agency thinking” refers to the awareness that a goal is possible. The second is “pathways thinking”, which involves an awareness of how to achieve a goal. It can be enormously helpful to break hope down into these components to see where we, as individuals, may best become more helpful to our clients, colleagues, and selves. In our field, there has been only one article and a book chapter, both well over ten years old, published on the topic of hope in treatment. Nothing has been written on how professionals can remain hopeful about their work.

The case example discussed in part 1 calls to mind that hope at the individual level may not be enough. Even if we practice excellent self-care and keep hope alive for ourselves, how do we best work together as teams to remain engaged in improving the systems that often seem to do their best to spread fear, anxiety, and moral injuries?

Another recent article may begin to yield clues about possible ways forward. Della Mosley and her colleagues [recently published](#) on the topic of “radical hope”. Mosley et al’s specific focus is in the direction of community-based hope for marginalized groups, but may yield insights into how professionals in our field might also become more effective (as well as more culturally safe, humble, and competent). Mosley



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SAJRT Bloggers' Profile
We are longtime members of ATSA dedicated to furthering the causes of evidenced-based practice, understanding, and prevention in the field of sexual abuse.

The Association for the Treatment of Sexual Abusers is an international, multi-disciplinary organization dedicated to preventing sexual abuse. Through research, education, and shared learning ATSA promotes evidence based practice, public policy, and community strategies that lead to the effective assessment, treatment, and management of individuals who have sexually abused or are risk to abuse.

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and her colleagues introduce radical hope as:

“A culturally relevant psychological framework of radical hope, which includes the components of collective memory as well as faith and agency. Both components require an orientation to one of four directions including individual orientation, collective orientation, past orientation, and future orientation.”

The authors go on to describe how their framework also “consists of pathways individuals can follow to experience radical hope including (a) understanding the history of oppression along with the actions of resistance taken to transform these conditions, (b) embracing ancestral pride, (c) envisioning equitable possibilities, and (d) creating meaning and purpose in life by adopting an orientation to social justice.” These pathways can inform how professionals think about the hope within the work of treating sexual aggression.

We acknowledge that the focus of Mosley’s article is directed toward marginalized people (in this case, people of color) and not simply those who often work with them. We further acknowledge being the beneficiaries of some forms of privilege, even as our lives have not been without their own significant challenges. Nonetheless, the idea of radical hope provides an approach that may be helpful to us. As a start to how we might consider moving from individual self-care and hope, professionals in our field might wish to ask:

- How can we build mechanisms of best practice that encourages the service-user voice while recognizing the gap between client success and key performance indicators?
- How well do we understand the systems that so often create barriers to helping people build healthier, risk-reduced lives for themselves?
- How well do we understand the history of thinking that resulted in these systems functioning as they do?
- How might we better celebrate the work that we do? After all, working with clients who have abused provides an important function in keeping our communities safe. The work we do matters, and as recent meta-analyses have shown, the work we do can be effective, even as we acknowledge that no efforts in any human endeavor are effective all the time.
- How can we best argue on behalf of equitable outcomes for all of the people who come to our attention? All too often, it seems that there are internecine rivalries between professionals of various beliefs, including those who believe that being empathic with those who have caused harm is somehow disrespectful of those who have been harmed (and despite research showing that those who harm have very often been harmed themselves).
- How can we best remind the world at large that this work matters and is in the public interest? The simple fact is that this work has great meaning and an important purpose.
- And finally, in terms of moral injury, how do we remind others of the need to practice both autonomously and as members of teams? Getting this balance right can be a true challenge. Nobody ever said collaboration was easy.