

Exploring courage and compassion in social work

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ABSTRACT

INTRODUCTION: Both courage and compassion can contribute to the process of managing adverse situations in social work, particularly where there are high levels of distress or confronting behaviour. Courage can enable social workers to enter and remain engaged in these situations, while compassion can be considered essential to support the relational work required to increase safety and contribute to sustained change. These concepts can also support social worker safety and wellbeing, helping mitigate the emotional impacts of the work.

APPROACH: This article defines and explores the potential application of both courage and compassion to social work practice. The potential contribution of both concepts to sustaining social worker wellbeing, safe practice and personal growth are also identified. The intention of the article is to invite further discussion and articulation of these concepts in social work practice.

CONCLUSIONS: Courage and compassion can offer ways to support social workers to be steadfast in their practice, while developing relationships that can contribute to increased wellbeing and safety for both themselves and others. This, in turn, can bring profound rewards through the experiences of vicarious resilience, compassion satisfaction, and even post-traumatic growth. Further application and discussion of these concepts within social work is warranted.

Keywords: Courage, compassion, social work

Social work is a profession recognised as being inherently stressful, emotionally challenging, draining, and with high consequences for error (WorkSafe New Zealand, 2003, p.13). Social workers enter people's worlds during times of adversity, distress, and challenge. They must develop a relationship to assist with restoring and strengthening wellbeing, increasing safety and sustaining change. This is especially difficult in situations of complexity and crisis, and when confronted by hostile resistance or harmful behaviour. Ferguson et al. (2020) noted hostility is especially evident in child protection settings, where

there is largely involuntary involvement. The need to remain steadfast when managing situations of high complexity and risk, while also providing a relationship that is supportive and can assist with change, can be enabled through the concepts of courage and compassion.

Halifax (2008), in her work in the palliative care space, noted the importance of having a "soft front" and a "strong back" which invites an image of remaining strong yet flexible, open, anchored, and engaged (Weld, 2023, p. 106). A strong back can be conceived as having courage, while a soft

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front speaks to relational skills enabled through compassion. Collins (2023) noted that “kindness and warmth should be allied with courage, with an ability to tolerate distress, so that compassionate tolerance can become a focus” (p. 37). To do this, courage is required to help social workers engage in complex, adverse, and challenging situations.

The concepts of courage and compassion provide an ideal combination in social work practice, especially when confronting and adverse situations. They also support safe practice and social worker wellbeing, enabling more sustainable and satisfying work. The article will explore definitions of both courage and compassion, their potential application in social work practice, and how they can also support social worker professional development and wellbeing.

Defining and applying courage and compassion.

Although it is a concept that has been around for hundreds of years and firstly positioned as a virtue, courage remains an elusive concept to universally define. Walton (1986) noted that courage is about “keeping one’s head and doing a creditable job of deliberately acting sensibly and appropriately despite dangerous, painful, or very adverse situations” (p. 100). Finfgeld (1995) suggested that courage results in a sense of mastery, competence, accomplishment, self-respect, self-worth, and dignity, noting further investigation into the process of courage could assist both professionals and clients. While different types of courage have been defined, such as physical and moral courage, the process of response remains similar.

Weld (2019), in her doctoral research into the concept of courage undertaken with older adults who experienced the Canterbury earthquakes and also a focus group of social workers, developed the following definition of courage:

Courage is a way of responding to situations that generate fear, vulnerability, doubt and uncertainty. It involves a conscious and intentional undertaking of perceived meaningful and important action. The decision to undertake this action is motivated by values, beliefs, morals, duty, and responsibility. Courage is characterised through a number of traits, attributes and behaviours, such as logical thinking, calmness, determination, acceptance, endurance and perseverance. (Weld, 2019, p. 139)

Within this definition, the following process steps were observed:

1. Recognising adversity.
2. Making a conscious decision to act.
3. Connecting to motivational sources.
4. Managing emotions.
5. Taking action.

(Weld, 2019)

Recognising adversity is assisted by identifying the presence of fear, doubt uncertainty, and vulnerability. Without the presence of these emotions, which indicate a physical and/or psychological threat to safety, courage is unlikely to be required. These emotions were identified by the older adults in Weld’s 2019 research, through a range of adverse experiences, including the Canterbury earthquakes, and in the focus group of health social workers who also contributed. In relation to the February 2011 earthquake, one health social worker shared her thoughts as she stood across the road from the hospital at the traffic lights, aware that there had been mass fatalities in the city. She commented that:

... I’m standing there on my own and I’m just looking across to the hospital and I’m saying to myself, “OK, you did all those years of training and you were lucky”, and I was saying to myself, “What am I going to find over there?” and “Will

"I be good enough?" was the question that I asked of myself and I guess that is the thing for us professionals—there's no book written on it really. You can do training about things and then you get confronted by things, and it is that deep fear of "Will I be good enough? Will I do the right thing? Will I cope?" because you are the professional. (Heather) (Weld, 2019, p. 165)

In this quote, fear, uncertainty, doubt, and ultimately vulnerability are expressed which are indicative of facing adversity. What generates these emotions for one person may not be the same for another, so the perception of physical or psychological threat is subjective to the individual. It should also be noted in disasters such as the Canterbury earthquakes, the health social workers interviewed were also personally affected by the experience, therefore experiencing a dual exposure, so their own lived experience and exposure to the trauma of others. This equates to a "shared traumatic reality" (Tosone et al., 2012, p. 233), a term developed after the World Trade Centre bombings in 2001 where the professionals have also experienced the collective trauma. Tosone et al. (2012) noted that "personal and peer support, supervision, and additional training are critical components to mitigate the negative effects of shared trauma" (p. 238). This reminder of also looking after practitioners must be actioned by the organisations social workers practise in (Sewell et al., 2023).

The next step to apply courage can be seen as *making a conscious decision to act*, so to turn, face and engage with adversity. Even in the quickest of courageous acts, a conscious decision to respond to the situation has occurred. In making this conscious decision, people *connect to motivation sources* such as beliefs, values, commitment to another, morals, love, integrity, upbringing in, duty and responsibility. These motivate a person to face what is happening and to keep going in situations of prolonged adversity. Along

with personal sources of motivation, there are also professional ones which include professional integrity, ethics, codes of conduct, and a desire to uphold professional standards. Usually personal and professional motivations are intertwined, an example being, for social work, that a personal value such as fairness would combine with the commitment to the professional value of social justice.

Managing one's own emotions is a key aspect of enabling courage. Adamson et al. (2014) note that, when faced with an adverse event that is not easily changed, such as a natural disaster or serious health diagnosis, that "coping that focused on primarily managing feelings or emotional distress may be more useful in the context of supporting resilience than coping that emphasises problem solving which focuses on the source of the stress" (p. 527). Managing emotions recognises the intrinsic link between thoughts and feelings, with deliberate cognitive processes engaged to help be focused, calm, and logical. In social work practice, the management of emotion in highly stressful situations can require temporary suppression of one's own feelings to assist another. These might be in response to witnessing another person's distress, observing the impacts of harm or experiencing harm ourselves through threatening or violent behaviour.

This also highlights the importance of safe reflective spaces such as professional supervision, where the social worker can discharge, reflect on, and process their emotional response. This can help reduce the possibility of indirect trauma responses such as secondary traumatic stress, and vicarious trauma. Sewell et al. (2023) noted that supervision is observed to have beneficial impacts such as enhancing worker wellbeing, job satisfaction, job retention, and increased morale. Professional supervision is also essential for social workers experiencing moral distress from work expectations, inadequate resources (Mänttari-van der Kuip, 2026) or requirements that may go

against their own personal and professional values and moral code (Palma Contreras & Pardo Adriasola, 2024). Moral distress typically arises from persistent ethically compromising issues that often indicate a struggle with organisational direction and expectations generating an internal dilemma (Palma Contreras & Pardo Adriasola, 2024). A lack of organisational recognition and support worsens these feelings, adding isolation, and a sense of personal failure. Fantus et al. (2017) identified moral distress to involve a “integrity compromising experience” (p. 2274). The opportunity to name, critically reflect and explore emotions connected to situations which may generate moral distress, can help a social worker find a way forward.

Without the opportunity to critically reflect, moral distress can lead to the risk of moral injury which Halifax (2018) defined as a “psychological wound resulting from witnessing or participating in a morally transgressive act” (p. 101). Currier et al. (2021) identified moral injury as a “violation of one’s basic sense of humanity and morality” (p. 6), noting an inability to prevent suffering is a key factor, and that moral injury is often evidenced by intense feelings of shame, guilt, grief, spiritual suffering or self-blame. Currier et al. (2021) also observed that moral injury can show through similar symptoms to post traumatic stress disorder, with intrusion, avoidance, numbing or high levels of arousal. With both moral distress and moral injury, a supervisor can support the application of courage to help the social worker to be empowered to examine, challenge or speak up in such situations, or to “put their ethics into practice” (Tupou, 2019, p. 95).

Recognising adversity, making a conscious decision to face it, connecting to motivational sources, and managing emotions, all support *taking action* and remaining in the situation. When people show courage, they step in and act despite fear, uncertainty and doubt about how they will manage. This includes

the choice of attitude especially when all control has been taken from a person noted by Frankl (1946/2006), as well as possibly ascribing some type of meaning to the situation. Social workers frequently experience a range of situations characterised by trauma, loss, and violence, indicating the need for courage. This is aptly described by this social worker from Weld’s 2019 doctoral research:

We do walk into the unknown, don’t we? ... we walk into all the emotion and everything and expectation and stuff like that. It is quite huge, really, and is leading to the courage thing. So I think just walking in that door, even a couple of times a week if you got something really horrendous, that is courage. (Heather) (Weld, 2019, p. 167)

In her review of the United Kingdom Child protection system, Eileen Munro commented that, “[s]ocial workers need skills in adopting an authoritative yet compassionate style of working” (Munro, 2011, p. 96). Authoritative practice (which could be reframed as courageous practice) requires anchoring to purpose, having role clarity, and holding clear expectations around safety and wellbeing that are grounded in human development theory.

When working with danger and harm in families, social workers need to respectfully question and, at times, challenge behaviour, and confidently apply evidence-based practice and practice-based evidence in their assessments and analysis. This begins with clear identification of danger and harm factors, and the required actions that will evidence increased safety. Measurable evidence of change for the most vulnerable person must then be sought and gathered, all the while maintaining a relational connection with those who have perpetrated the harmful behaviour. It can take courage to do this, especially when faced with understandable, distressed and defensive, reactive behaviour from parents (Ferguson et al., 2020).

The requirement of courage is also evident within the Aotearoa New Zealand Association of Social Work's Ngā Tikanga Matatika Pou ("Code of Ethics Values"). While we note that the concepts of courage and compassion as defined in this article tend to draw mainly on Western understandings, we feel there is a strong resonance with te Ao Māori concepts. Māori concepts of wellbeing challenge narrow Western accounts (see for example, Mark & Lyons, 2010; McLachlan et al., 2021) emphasising that te Ao Māori concepts of wellbeing are embedded holistically within the natural world, culture and spirituality. In Aotearoa New Zealand social work, the core values of Mātātoa (applying moral courage to bring about change and uphold integrity), Rangatiratanga (striving for social justice and self-determination), Kotahitanga (challenging oppression and promoting solidarity to support social change). The richness of these concepts is best understood through the lens from Mātauranga Māori (Māori knowledge and teaching), but they invite a commitment for social workers to stand up to oppression, to speak up and out, and to continuously seek to address underlying causes of social injustice on a more macro level.

Courage is, ideally, partnered with compassion, where themes of genuine concern about the suffering of another person, and the taking of action, where possible, that contributes to the alleviation or transformation of that suffering are evident. Nickson et al. (2019) commented that "compassion is a concept, feeling, action, philosophy, belief and motivation known to humans throughout history" (p. 175). Collins (2023) noted that compassion has been relatively unexplored in social work contexts and is often confused with other concepts such as care, and empathy.

Compassion differs from empathy which requires an emotional sensing into the response of another, which may inadvertently engage personal memories, leading to possible transference or counter-transference. Tanner (2020) noted that

empathy is affective, including sensing and potentially experiencing the emotions of others, whereas compassion, while sensitive to the suffering of others, also has a strong behavioral altruistic component of wanting to take action to alleviate suffering that is observed to be happening. Singer and Klimecki (2014) succinctly summarised the difference with compassion noted as "feeling for, not feeling with" (p. 75).

It is now understood that compassion and empathy can generate different psychological and neurological responses. Singer and Klimecki (2014) commented:

Accordingly, exposure to the distress and suffering of others can lead to two different emotional reactions. Empathic distress, on the one hand, results in negative feelings and is associated with withdrawal. When experienced chronically, empathic distress most likely gives rise to negative health outcomes. On the other hand, compassionate responses are based on positive, other-oriented feelings and the activation of prosocial motivation and behaviour. (p. 78)

The neurological pathway of compassion tends toward reward pathways in the brain, whilst empathy can potentially connect to fear pathway, especially if there is joining in the distress of another. As Singer and Klimecki (2014) noted, fear may evoke a self-protective emotional response, which could cause a social worker to pull away from interaction with a client when they are experiencing distress. Compassion assists workers to build understanding and demonstrate acceptance, both of which assist in remaining in connection with a person, and therefore, wider humanity.

Key components of compassion were identified by Strauss et al. (2016), namely: "recognising suffering in others, understanding the common humanity of this suffering, feeling emotionally connected with the person who is suffering, tolerating

difficult feelings that may arise; and acting or being motivated to act to help the person” (p. 26). Buddhist teacher, Joan Halifax, identifies four capacities that are required for compassion:

1. The capacity to attend to the experience of others.
2. To feel concern for others.
3. To sense into what will serve others.
4. To act in order to enhance the wellbeing of others (or at least wanting the best for the person, while not being attached to the outcome). (Halifax, 2018, p. 238)

Courage plays a role in responding with compassion, through remaining with uncomfortable or difficult situations, and like courage, a process can be observed to support the application of compassion. This involves self-awareness, emotional regulation, anchoring to motivation, consciously engaging, developing understanding, and demonstrating acceptance to support connection.

The first step of *self-awareness* begins with noticing what strong reactions, emotions and beliefs are being generated. This includes applying foresight, intentionality, self-reactiveness, and self-reflectiveness which contribute to self-regulation (Lester et al., 2010). Self-awareness requires presence, and attunement to our inner world, requiring attention to prejudice, fear, the desire to pull away and “othering”. Othering is a very young developmental task of determining what is good and bad, but when applied in adulthood, this can contribute to people and groups being excluded and discriminated against. Jacob et al. (2021) noted that othering marginalises people through a process of differentiating and stigma, and can occur both in individual interactions, and in institutions, often supported by wider societal views. Self-awareness requires analysing personal cultural lens, including privilege, bias, assumptions and fears that may contribute to processes such as othering. Being self-aware supports the ability to be more socially aware.

Similar to the process step within courage, *emotionally regulating* requires the management of strong emotions such as fear, distaste, revulsion, anger, and sadness that may cause withdrawal from a situation or person. Emotions can be acknowledged and explored for key information and regulated through the use of breath and cognition. This helps a social worker to be with what is happening right here, right now, and so remain present and attuned. Ferguson et al. (2021) noted the importance of not emotionally retaliating when hostility is directed at the social worker, or personalising this, and to instead develop the capacity to consider why the person is acting in this way. Strong emotions such as anger can be changed to sadness by imagining the daily life of a person, the possible rejection and ostracizing they might experience, and the trauma story they may hold. Emotional regulation can then move to emotional knowledge to build insight and understanding of the daily experiences of a person and the struggles they may face. To manage emotions, the social worker can connect to their role clarity and professional intent for being there, uphold their professionalism, identify and examine their anxiety responses, and apply empathy and compassion to help stay in relationship (Ferguson, et al., 2021).

Within the International Federation of Social Work’s definition of social work (2014), social work is recognised to be:

... a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. (IFSW, 2014)

Therefore, social work is underpinned and driven by the motivation of social justice, which commits to upholding the humanity and dignity of all. Social work requires the strengths-based belief that everybody is

capable of growth and change. *Anchoring to motivation* such as these professional values, contributes to compassion and supports the notion that harm experienced through relationship is best healed through relationship. Social work is relational work and requires a willingness to reflect on experiences and commit to a process of lifelong learning, which must be supported in social work employing organisations (Beddoe, 2009). Social work as a profession aspires to alleviate and transform suffering and requires upholding of professionalism. These motivational sources support the enactment of compassion.

Compassion is demonstrated through *consciously engaging* with a person. This requires the expression of tolerance toward a person even if their behaviour is challenging or difficult. The strengths-based practice principle of the problem is the problem, not the person (St Luke's Centre Bendigo, 2001), supports the separating of a person from their behaviour while examining their relationship to it. This requires striving to see the person through a trauma-informed lens of "what happened to you?" and remember that abuse teaches cruelty and violence. This is a commitment to the Māori concept of *tēnā koe*, which embodies the intention to truly see another person. Consciously engaging with a person requires leaning in rather than pulling back, through sensitive eye contact and careful choice of language. Social workers need to wonder and be curious about the needs behind the behaviour, and gently enquire into this. They can also observe and emphasise strengths that can be further developed to help contribute to safety.

To *develop understanding* requires a non-judgmental attitude while still holding an authoritative position around harmful and dangerous behaviour. *Demonstrating acceptance* is then expressed through the expression of what is seen, recognised, shared, and appreciated. Through this,

belonging and *connection* can occur, which reduce isolation and suffering.

As with courage, the concept of compassion is evident in the Aotearoa New Zealand Association of Social Work's Ngā Tikanga Matatika Pou ("Code of Ethics Values") through the Te O Māori concepts of Whanaungatanga (supporting belonging, relationships, and connections), Aroha (identifying strengths, bringing acceptance and understanding), Manaakitanga (treating people with kindness, dignity and respect), and Wairuatanga (supporting a person's holistic and spiritual wellbeing and that of the wider context they live in). Again, the depth of these concepts is best understood through the application of Mātauranga Māori wisdom and teaching rather than a limited English interpretation but signals a deep commitment to developing and sustaining relationship and seeing this a powerful vehicle for change.

Courage and compassion as responses to emotional impacts

The emotional impacts of human service work, such as social work, can be summarised as stress, distress, emotional labour, trauma and indirect trauma (Weld, 2023). While not inevitable, situations of suffering, and the unpredictable nature of human behaviour can contribute to these impacts for social workers. Winter et al. (2019) also noted organisational expectations on workers, recognising covert and overt work cultures that induce workers to overly contain or suppress their emotions, including denying feelings such as being frightened. Ferguson et al. (2021) commented on the need for "reflective, emotionally supportive supervision" (p. 29), that is not compromised by organisational performance indicators and targets and kept separate to line management supervision. Without space to express and examine emotions as a critical source of information and learning, social workers are left to potentially carry these

into their next client interaction and may become caught in a self-protective mindset.

Compassion can reduce the effort of producing an emotional state for another person, as captured in the concept of emotional labour (Hochschild, 1983) and contribute to professional fulfilment and rewarding connection. Miller and Sprang (2017) suggested that generating “radical compassion” can reduce emotional labour, and hence reduce the risk of compassion fatigue. Remaining a relationship with someone who has experienced trauma and adversity can also support compassion satisfaction where there is a sense of professional achievement and positive contribution.

The application of compassion includes emotional awareness which recognises when too much of a social worker’s own experience, thoughts or emotions are being applied to the situation. Halifax (2018) commented that “[c]ompassion is the path out of pathological altruism, empathic distress, moral suffering, disrespect, and burnout” (p. 206). Instead, the social worker remains in a position of wondering about the person’s potential suffering, but not joining in this. Differentiating between empathy and compassion reduces the likelihood of over-empathetically identifying with what is happening and maintaining a focus on the person. Responding with compassion can activate the reward pathway in the brain, giving the worker a sense of satisfaction and pleasure from their work—which supports wellbeing.

Professional supervision is a key place where these emotions and impacts can be expressed, integrated and enabled to contribute to learning and practice wisdom. Without reflective opportunities such as professional supervision, these impacts can accumulate and impact work satisfaction, wellbeing for social workers, and contribute to poor decision making, practice mistakes, and professional dangerousness (Morrison, 1993). Supervision can provide safe space

for the reflection that is needed but can be performative and compliance focused, leaving little room for the relational (Beddoe et al., 2021). Professional reflective supervision needs to be prioritised by organisations and can be indicative of an organisational learning and development culture (Hawkins & McMahon, 2020). A learning and development culture priorities reflection and learning and promotes opportunities for professional development and building of critical reflection skills.

Places for critical reflection, such as professional supervision, support the analysis of own thinking, beliefs, values, reactions, and unconscious biases, also support the development of compassion and self-awareness (Beddoe et al., 2021; Weld, 2023). Collins (2023) also notes the importance of role models for social work students, such as educators and supervisors, who demonstrate compassion through their actions and ways of being. Experiential practices such as meditations on loving kindness can help workers to better access compassion in their work. Critical reflection also supports the harnessing and articulation of courage which is especially important if a social worker is facing a situation which is generating feelings of uncertainty, fear, doubt and vulnerability.

To support social workers to draw on their existing courage, grit, and resilience, the following questions are helpful for supervisors to apply:

Reflective questions for supervisors:

1. Is there an experience you can think of where you felt coped with something frightening or uncertain?
2. In this experience, did you find yourself experiencing uncertainty, vulnerability or fear? Can you describe what your top three worries were?
3. It sounds like you made a conscious decision to act despite these feelings. Can you tell me what has motivated that for you?

4. When you talk about the motivating factors for deciding to act, how do these connect to your personal beliefs and values?
5. Tell me what you then did?
6. If someone else had been watching you, what attributes or behaviours would they have seen you enacting? (Weld, 2019, 2023).

These questions contribute to an anchoring to strengths, resilience, and self-belief, reminding workers of their skills and capability, while also following the process model of courage.

Courage and compassion can also contribute to the concepts of vicarious resilience and compassion satisfaction which support wellbeing. Through applying courage to work with trauma survivors, and compassion to remain in relationship with them, the exposure to their resilience can assist in professionals developing vicarious resilience (Hernandez-Wolfe et al., 2015). Vicarious resilience can assist the professional in their own learning about how to overcome adversity, by hearing how a client has achieved this, and supporting them through their recovery. This highlights a reciprocity of learning that occurs in relationship with another person, where new perspectives can be developed on one's own life situation or challenges through hearing of the experiences of other people.

Another potential benefit from facing into and managing adversity is the concept of post traumatic growth which also evidences increased resilience, meaning making, and personal and spiritual growth. Tedeschi (2023), who coined the term post traumatic growth, define five domains within it: "... improved relationships with others, new possibilities for the life path, a greater appreciation for life, a greater sense of personal strength, and new perspectives on spiritual and existential issues" (Tedeschi, p. 328). Tedeschi observes that traumatic events can disrupt assumptions and beliefs

about safety and security, causing anxiety and a need to reconstruct core beliefs (Tedeschi, 2023). Key to this is believing that difficult experiences contain potential meaning and learning, and therefore have a purpose; however Tedeschi notes:

The traumatic events that they have experienced do not provide this meaning, but represent an opportunity to reconstruct a system of core beliefs that yields a life of purpose, where the trauma survivors see their value and are more devoted to a mission they find meaningful, as it benefits others as well as themselves. (Tedeschi, 2023, p. 328)

The transformation of difficult life events into a meaning that may lead to being of better service to others will likely resonate with social workers who may have their own personal experiences of adversity. It is important though that these events have been well processed and that the work of healing oneself is not done at the expense of vulnerable population groups. Courage and compassion are important companions on our own journeys of self-discovery and healing, to face into, and to bring kindness and acceptance to ourselves.

Conclusion

Social work is a challenging field of practice, where workers are often exposed to situations of complexity, vulnerability, trauma, and suffering. When faced with adversity, social workers can respond with both courage and compassion. The process of applying these concepts draw on mutual themes of connecting to motivation, managing emotion, and enabling engagement and connection. By stepping forward with courage into engagement, the social worker can invite and bear witness to a trauma story that may never have been told, or is yet to be heard. The social worker can use courage to stay present and anchored, and compassion to lean in relationally and listen deeply. Compassion

assists a social worker to imagine the daily world of a person and commit to giving them a voice. They can apply understanding of experiences such as historical trauma, violence and abuse, and how these can contribute to perpetuating behaviours of cruelty and violence. The social worker can commit to upholding the worth of the person and strive to see them as they were before the hurt and harm. Courage and compassion can support social workers to be steadfast in their responsibility for those who are the most vulnerable in our societies, and to stand relationally alongside them in partnership. This in turn can bring profound rewards through the experiences of vicarious resilience and compassion satisfaction for social workers.

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References

- Adamson, C., Beddoe, L., & Davys, A. (2014). Building resilient practitioners: Definitions and practitioner understandings. *British Journal of Social Work, 44*, 522–541.
- Aotearoa New Zealand Association of Social Workers. (2019). *Ngā Tikanga Matatika Pou (Code of ethics values)*. Ngā Tikanga Matatika
Code of Ethics (anzasw.nz).
- Beddoe, L. (2009). Creating continuous conversation: Social workers and learning organizations. *Social Work Education: The International Journal, 28*(7), 722–736 <https://doi.org/10.1080/02615470802570828>
- Beddoe, L., Ferguson, H., Warwick, L., Disney, T., Leigh, J., & Cooner, T. S. (2021). Supervision in child protection: A space and place for reflection or an excruciating marathon of compliance? *European Journal of Social Work, 25*(3), 525–537. <https://doi.org/10.1080/13691457.2021.1964443>
- Collins, S. (2023). *Social workers and compassion*. Routledge.
- Currier, J. M., Drescher, K. D., & Nieuwsma, J. A. (Eds.). (2021). *Addressing moral injury in clinical practice*. American Psychological Association.
- Fantus, S., Greenberg, R. A., Muskat, B., & Katz, D. (2017). Exploring moral distress for hospital social workers. *The British Journal of Social Work, 47*(8), 2273–2290. <https://doi.org/10.1093/bjsw/bcw113>
- Ferguson, H., Disney, T., Warwick, L., Leigh, J., Cooner, T. S., & Beddoe, L. (2020). Hostile relationships in social work practice: Anxiety, hate and conflict in long-term work with involuntary service users. *Journal of Social Work Practice, 35*(1), 19–37. <https://doi.org/10.1080/02650533.2020.1834371>
- Fingfeld, D. L. (1995). Becoming and being courageous in the chronically ill elderly. *Mental Health Nursing, 16*(1), 1–11.
- Frankl, V. E. (2006). *Man's search for meaning*. Beacon Press. Originally published 1946.
- Halifax, J. (2008). *Being with the dying: Cultivating compassion and fearlessness in the presence of death*. Shambhala Publications.
- Halifax, J. (2018). *Standing at the edge. Finding freedom where fear and courage meet*. Flatiron Books.
- Hernandez-Wolfe, P., Killian, K., Engstrom, D., & Gangsei, D. (2015). Vicarious resilience, vicarious trauma, and awareness of equity in trauma work. *The Journal of Humanistic Psychology, 55*(2), 153–172. <https://doi.org/10.1177/0022167814534322>
- Hochschild, A. R. (1983). *The managed heart*. University of California Press.
- Jacob, J. D., Gagnon, M., Perron, A., & Canales, M. K. (2021). Revisiting the concept of othering: A structural analysis. *Advances in Nursing Science, 44*(4), 280–290. <https://doi.org/10.1097/ANS.0000000000000353>
- Lester, P. B., Vogelgesang, G. R., Hannah, S. T., & Kimmey, T. (2010). Developing courage in followers: Theoretical and applied perspectives. In C. L. S. Pury & S. J. Lopez (Eds.), *The psychology of courage: Modern research on an ancient virtue* (pp. 187–207). American Psychological Association.
- Mänttari-van der Kuip, M. (2016). Moral distress among social workers: The role of insufficient resources. *International Journal of Social Welfare, 25*(1), 86–97. <https://doi.org/10.1111/ijsw.12163>
- Mark, G. T., & Lyons, A. C. (2010). Māori healers' views on wellbeing: The importance of mind, body, spirit, family and land. *Social Science & Medicine, 70*(11), 1756–1764. <https://doi.org/https://doi.org/10.1016/j.socscimed.2010.02.001>
- McLachlan, A. D., Waitoki, W., Harris, P., & Jones, H. (2021). Whiti te rā: A guide to connecting Māori to traditional wellbeing pathways. *Journal of Indigenous Wellbeing, 6*(1), 78–97.
- Morrison, T. (1993). The emotional effects of child protection work on the worker. *Practice: Social Work in Action, 4*(4), 253 - 271. <http://www.informaworld.com/10.1080/09503159008416902>
- Munro, E. (2011). *The Munro Report on Child Protection: A child centred system*. London School of Economics and Political Science.
- Nickson, A. M., Carter, M.-A., & Francis, A. P. (2020). *Supervision and professional development in social work practice*. Sage Publications.
- Palma Contreras, A. M., & Pardo Adriasola, M. A. (2024). Moral distress in social work: A systematic literature review. *The British Journal of Social Work, 54*(7), 3053–3072. <https://doi.org/10.1093/bjsw/bcae078>
- Sewell, K. M., McMenemy, C., van Rensburg, M. J., & MacDonald, H. (2024). Organizational outcomes of supervision within human services: A scoping review. *Human Service Organizations: Management, Leadership & Governance, 48*(1), 19–42. <https://doi.org/10.1080/23303131.2023.2226197>

- Singer, T., & Klimecki, O. M. (2014). Empathy and compassion. *Current Biology*, *24*(18), R875–R878. <https://doi.org/10.1016/j.cub.2014.06.054>
- St Luke's Innovative Resources. (2001). *Strength to strength course materials*. St Luke's Centre.
- Strauss, C., Lever Taylor, B., Gu, J., Kuyken, W., Baer, R., Jones, F., & Cavanagh, K. (2016). What is compassion and how can we measure it? A review of definitions and measures. *Clinical Psychology Review*, *47*, 15–27. <https://doi.org/10.1016/j.cpr.2016.05.004>
- Tanner, D. (2020). "The love that dare not speak its name": The role of compassion in social work practice. *The British Journal of Social Work*, *50*(6), 1688–1705. <https://doi.org/10.1093/bjsw/bcz127>
- Tedeschi, R. G. (2023). The post-traumatic growth approach to psychological trauma. *World Psychiatry*, *22*(2), 328–329. <https://doi.org/10.1002/wps.21093>
- Tosone, C., Nuttman-Shwartz, O., & Stephens, T. (2012). Shared trauma: When the professional is personal. *Clinical Social Work Journal*, *40*(2), 231–239. <https://doi.org/10.1007/s10615-012-0395-0>
- Tupou, A. E. L. (2019). Social workers' experiences of ethical challenge and moral courage: To act or not to act? [Unpublished MSW thesis, University of Auckland]. <https://researchspace.auckland.ac.nz/handle/2292/47108>
- Walton, D. N. (1986). *Courage: A philosophical investigation*. University of California Press.
- Weld, N. (2019). Facing being on shaky ground: Exploring the concept of courage through older adults' experiences of the Canterbury earthquakes. A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy in Social Work, the University of Auckland. <https://researchspace.auckland.ac.nz/handle/2292/47502>
- Weld, N. (2023). *Applying the therapeutic function of professional supervision. Attending to the emotional impacts of human service work*. Routledge.
- WorkSafe NZ. (2003). *Healthy work. Managing stress and fatigue in the workplace*. Occupational Safety and Health Service, Department of Labour, Wellington, New Zealand.
- Winter, K., Morrison, F., Cree, V., Ruch, G., Hadfield, M., & Hallet, S. (2019). Emotional labour in social workers' encounters with children and their families. *British Journal of Social Work*, *49*(1), 217–233.