


Injured moral souls in 'democratic' South Africa: Towards a practical theological theoretical model of well-being

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This article focused on emerging theoretical insights of moral and/or soul injury. The aim was to build a multidisciplinary practical theological theoretical framework. The evolving topic is introduced, followed by general perspectives on moral injury. Vaknin and Ne' eman-Haviv's theoretical model frames the scope, impact and therapeutic possibilities for moral injury. Limitations of theoretical and empirical frameworks are discussed, followed by theological and biblical perspectives on moral injury. Finally, a practical theological theoretical model for moral and/or soul injury is proposed, followed by the conclusion.

Contribution: Moral and/or soul injury is a novel subject in practical theology or theology; since it has not previously been explored in the sphere of practical theology. This is a multidisciplinary reflection on moral and/or soul injury beyond silo psychological clinical praxes. Insights from multi-disciplines helped to shape a practical theology theoretical framework with fundamental biblical perspectives. The context is contemporary leadership, political, and social challenges in South Africa.

Keywords: trauma; moral and soul injury; psychological fields of study; multidisciplinary; practical theology; pastoral care and counselling.

Introduction

This is one of two related research studies that examine the impact of moral injury. The first study focused on an empirical exploration of moral injury among former activists of liberation (Dames 2026). Here I deal with an emerging theoretical framework of moral or soul injury (hereafter interchangeable MI or SI). This article deals with the establishment of a practical theological theoretical framework for moral-soul injury.

Furthermore, it is prudent to apply a cross-disciplinary approach to consult multidisciplinary perspectives such as the fields of psychoanalytical psychology, clinical psychology, theological ethics, psychotraumatology, criminology-trauma and dissociation, etc., military psychology, theology and mission, psychiatry and behavioural sciences, social sciences, medicine, public health, history, philosophy, biblical research, pastoral theology, political theology, pastoral psychology and social work. Moral injury is a multidimensional (psychology, psychiatry, philosophy and social and human sciences) phenomenon which seeks to redress traumatic moral challenges. Yong (2023), for example, argues that trauma theology is one of the most significant attributes of practical theology in the 21st century. Therefore, practical theology or theology as a whole ought to reapply the wealth of its insights to strengthen and develop a trauma-informed theological application for a mutual construct of trauma theology as an open-and-relational theology – to present a holistic and integrated expression of trauma-informed doctrine.

Life in democratic South Africa can be characterised by pervasive harmful existential anxieties brought on by socio-economic and political factors (LenkaBula 2008; Taylor 1984:229). The devastating impact of these factors on the psychological well-being of a nation cannot be disregarded (MacMaster 2008; MacMaster 2010: 1–10; Taylor 1984:228). South Africa is renowned for pervasive institutional corruption, violence, crime, gender-based violence, violent strike action and protests over service delivery, etc. These factors inflict severe forms of moral or soul injuries onto members of society (Dames 2026). In the South African context, the maleficent, evil and violent system of apartheid exposed the depth of multiple moral transgressions on all levels of

society. South African leaders who fought against the apartheid regime during 1970–1990 may have been inflicted by what scholars regard as soul injury or moral injury – a severe level of trauma (Esau 2023; Isaacs 2010; Koenig et al. 2018; Pedro 2024; Present 2022).

Trauma or moral injury inflicted upon ordinary South African citizens is not only within religious communities but also primarily in political and economic fraternities. The negative impact of some political parties in general, and a dysfunctional government renders to the lives of ordinary citizens a sense of nothingness and meaningless, thus inflicting soul and moral injury at an extremely high level of trauma. Drawing on Graham (2017), both religious leaders and members of society need to redress pervasive moral dissonance in society to transform moral challenges into what he regards as spiritual opportunities to transform leaders and society. More so, South Africans specifically and or civilians across the world, are especially at risk of MI and or SI (Dames 2026:11).

The unfolding structure of this article consists of (1) general perspectives on moral injury, (2) Vaknin and Ne' eman-Haviv's theoretical framework of moral injury, (3) limitations of a theoretical and empirical framework, (4) a theological perspective, (5) biblical perspectives, (6) a practical theology model for MI, and (7) the conclusion.

General perspectives on moral injury

Trauma studies is a relatively new endeavour, and theological engagement thereof prompts awareness of new perspectives in the conversation about suffering (Rambo 2010). The phenomenon of moral injury features across the world, particularly in countries such as South Africa. Despite the potential pathological impact of moral injury, even in Western countries, research on MI in terms of the existential dynamics in civil society is limited (Koenig & Al Zaben 2021:3005). Fortunately, there are signs of growing interest in and research on MI (Molendijk 2025:2).

Moral injury and recovery strategies are yet to be explored from a South African pastoral therapeutic perspective, specifically in terms of existential lived experiences (Botha 2023). The historical liberation struggle in South Africa in relation to the previous and current political culture manifests with ordinary citizens as the phenomenon of extreme levels of trauma, moral or soul injury (Dames 2026). A failure to recognise the paralysing effects of MI could render a nation with permanent moral or soul wounds. Moral injury to the soul necessitates an understanding that the soul is an integrative whole of persons and communities:

The soul is the integrating centre of awareness, meaning, and value of the cumulative pain, joy, pleasure, and sensibilities of the human body and the body politic ... our deepest pain and our most sacred aspirations and values. Moral injury breaks apart its wholeness and stains its purity. Because the soul is also contextually creative, it is the site where healing and transformation may evolve, it is an enduring reality that is also changing for good and ill. (Graham 2017: 79)

Our souls define our being human in relation to our communities (Louw 2005). As embodied beings, we relate to other souls in wholeness and soulfulness (Louw 2005; eds. Moschella & Butler 2020). However, existential societal conditions can inflict personal and community wounds to the soul. It can cripple our sense of worth and 'destabilize one's moral gyroscope ... diminishing the soul' with an enduring woundedness (Graham 2017:79). Traumatic experiences can therefore alter the soul's moral centre and cause soul wounds resulting in moral trauma or moral injury:

... trauma is the disruption of our wholistic sense of life by unwanted, uncontrollable, and intrusive circumstances and events, that damage our integrity and threaten our existence ... Trauma rips apart the fabric of life and raises unavoidable questions of life's meaning and goodness. (Graham 2017:80)

Sources of trauma-induced moral injuries can vary from explosive assaults as a witness, victim or perpetrator; benign, constricted and dangerous environments and a pythonic habitus. Variants of trauma-inducing pythonic habitats are evident in pervasive varieties of trauma-informed environments, that is:

(a) trauma-informed public schools, military sexual assaults [*gender-based violence*], and trauma-sensitive environments (histories of trauma, living out of trauma narratives); (b) trauma generators resulting from failed resources to prevent and heal from trauma-related conditions; (c) wrongful choices; and (d) grievous loss. (Graham 2017:81–82)

Moral injury is the diminishment of, and the moral challenges resulting from an awareness of or failure to uphold individual or communal moral values. It leads to an impairment of acting against our moral centre and a regret for the consequences of our actions. Moral injury can also lead to 'a new obligatory relationship with us and with those we harmed' (Graham 2017:82).

Furthermore, moral injury refers to another form of trauma that causes inner conflict: '[I]t is the erosive diminishment of our souls because our moral actions and the actions of others against us sometimes have harmful outcomes' (Graham 2017:xi). Moral injury does not necessarily show symptoms of psychological disorders, but it presents various forms of suffering:

... from psychological and religious/spiritual symptoms of internal conflicts that result from 'perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs'. (Koenig et al. 2018:659)

The result of moral injury can lead to various complicated emotional states, such as bitterness, unforgiveness, depression, anxiety, relational issues and suicidality among citizens (Koenig et al. 2018). We can either ignore or actively address traumatic experiences in a pastoral therapy context, for: 'We all carry moral wounds deep in our souls' (Graham 2017:xi). How then do we conceptualise MI or SI?

Vaknin and Ne' eman-Haviv' theoretical framework of moral injury

Vaknin and Ne' eman-Haviv (2025:1) offer new and insightful perspectives 'on the role of moral frameworks in understanding trauma and traumatic events, leading to the recognition of "moral injury".' Despite various definitions on moral injury, there is a lacuna on the nature and effects of MI. Vaknin and Ne' eman-Haviv (2025) broaden moral injury based on traumatic events and situations to a conflictual dynamism between moral ideals and moral realities. Moral injury manifests on a continuum and can impact individuals and society on a broader scale beyond military fraternities. Of note, emerging studies found that moral injury among civilians and professionals manifests in events 'where there is no distinct violation of values or betrayal' (Vaknin & Ne' eman-Haviv 2025:1). However, when someone faces a moral challenge in a situation, the onus is to choose what is morally right and reasonable. This is a departure from a narrow clinical perspective by recognising moral dimensions, according to Molendijk as cited by Vaknin and Ne' eman-Haviv (2025:1, 3). Key to this position is the question of whether moral injury can be viewed in a vacuum of trauma or a direct violation as a result of various emotional and cognitive processes. Van Willigenburg (2020:172), from a perpetrator's perspective, supports this view. Vaknin and Ne' eman-Haviv seek an in-depth insight into the manifestation of MI:

By reconceptualising the personal experience of moral distress following violation of a value, [their] model suggests that moral injury exists on a continuum rather than as a fixed, pathological outcome. (Vaknin & Ne' eman-Haviv 2025:1)

Various studies demonstrate that moral injury causes identity and character crises, trust issues and deep emotional stress or despair. The word 'injury' points to the degree of harm, which is different from 'psychopathological damage' or 'a disorder' (Vaknin & Ne' eman-Haviv 2025:2; Shay 2014). Moral injury resonates with physical injury, which ruptures the 'inner character and soul', a person's role in society and conception of humanity (Suitt in Vaknin & Ne' eman-Haviv 2025:2). Litz et al. (2009) broaden the scope of MI beyond failures of authoritative figures to include individual moral transgressions and moral oversight from a disposition of inaction and prevention. Moral injury relates to existential and pervasive psychological suffering resulting from 'personal betrayal by legitimate authority; personal offense (by commission or omission); and witnessing excessive violence, death, or immoral acts' (Vaknin & Ne' eman-Haviv 2025:2). COVID-19 exposed instances of betrayal by various leadership failures, policy stringencies, governmental systems, health professionals and police brutality. The COVID pandemic exposed fractures and ambivalences between economic prosperity, socio-economic impoverishment and health challenges (De Villiers 2020). Those tasked to protect communities are those that threaten communities on the margins. Betrayal is foundational to MI.

Andrews, for example, held that the dominant white culture has abdicated or resisted taking moral responsibility for racism. Racism and the lack of redress betrays core moral beliefs (in Morris 2023:31). Keep in mind that MI requires a cross-disciplinary hermeneutical framework to deal with brokenness in various contexts (Morris 2023:31).

Litz et al. (2009: 696f) base human living on morality in terms of familial, cultural, social, legal and personal codes that shape cognitions and emotions of how persons should engage with and model social behaviour in society:

[M]orally offensive experiences ... can lead to dissonance between actual experiences, cognitions, and agreements regarding what is morally good and true. When this dissonance cannot be reconciled within the existing moral framework, it can lead to significant psychological distress and a threat to one's inner morals. (Vaknin & Ne' eman-Haviv 2025:2)

Furthermore, the essence of moral injury is when someone embraces moral transgressions and jeopardises their moral integrity (Vaknin & Ne' eman-Haviv 2025:2).

An emerging interdisciplinary field of moral injury research deals with wounds inflicted by social suffering and moral distrust, where what is morally right is compromised (Hickman 2018:1). For instance, consider the ethical, social and theological responsibility for the current scenarios of lethargy and complacency among some South African leaders. Consequently, a lacuna of meaningful moral worldviews results in a disabling effect and shattering of moral identity (Hickman 2018:2). Disruption between the self and society arising from conflicting moral centres and challenging moral experiences creates a contestation between value systems and the potential for long-lasting social, psychological, biological, religious and social impairment (Litz et al. 2009:696).

Hence, moral injury is not only a wound but also a social-contributing issue, affecting citizens (Hickman 2018:5).

Moral injury (MI) should be de-clinicalised as a solely cognitive phenomenon. Healing should therefore be reconceptualised as social rehabilitation as opposed to an individualised phenomenon (Hickman 2018:6). As stated already, the complex phenomenon of MI deals with moral agents experiencing the disintegration of previously held moral codes as a result of actions of oversight, directives, betrayal and experiences of unjust and asymmetrical dynamics of power and oppression in a given situation (Hickman 2018:394).

Limitations of a theoretical and empirical framework for moral injury

Juxtaposed with fear-based psychological impairment, moral injury deals with axiological violations or wounds of conscience (Marsh 2021:41). The conventional notion of moral injury as an 'injury' as a clinical dimension, contrasted with the 'moral' dimension, exposed a lacuna in theoretical and empirical

insights about the function of 'values, character, and identity in the development of moral injury and its consequences' (Barr et al. as cited by Vaknin & Ne' eman-Haviv [2025:3]). A further reductionist assumption of the clinical view of post-trauma and moral injury led to the distinction between incidents of moral failure based on an objective notion of a 'prescriptive ethical' moral system, which determines behaviour (Vaknin & Ne' eman-Haviv 2025:30). However, it is prudent to note that values can be inherently complex and contradictory – 'different social circles can have different value expectations' (Suitt in Vaknin & Ne' eman-Haviv 2025:3). This can lead to internal conflict and confrontation between moral identities and narratives within a certain moral dispensation. Cultural diversity in South Africa is a case in point. Vaknin and Ne' eman-Haviv's (2025:3) theoretical framework aims to close the gap between moral injury (as a clinical dimension) and moral injury as moral disorientation as a dimension of moral injury. Hence, recognition of philosophical and sociological perspectives on moral suffering is essential, although the proposed model is based on psychological insights (Vaknin & Ne' eman-Haviv 2025:3). For instance:

Ricoeur's concept of ethical suffering highlights the existential rupture that occurs when individuals can no longer integrate morally troubling experiences into a coherent self-narrative. Moral trials frame moral distress as a consequence of internal or social judgement, where individuals are forced to justify their actions amidst competing value systems. (in Vaknin & Ne' eman-Haviv 2025:3–4)

Moral injury is thus not merely a clinical or traumatic condition but a broader disturbance within one's moral identity and interpretive framework. Moral injury is not just about clinical symptoms but also profound disruptions to one's moral worldview (Vaknin & Ne' eman-Haviv 2025:4). The expansion of reconceptualising moral injury is supported by empirical research on inter alia nurses during the COVID pandemic; women with a history of drug abuse and homelessness; parents and professional caregivers regarding child abuse scenarios; healthcare respondents; journalists; demoralisation, among teachers; the correlation between a scale of MI and a scale of *conscientious tension* – the feeling of not being able to uphold values consistently and continuously. This is an indication of moral injury as a disruption of moral expectations juxtaposed with mere moral violation (Vaknin & Ne' eman-Haviv 2025:5). Thus, moral injury is not an external pathological condition, but it disrupts the core of our perceptions, beliefs and identity. Hence, moral injury could also present in situations where persons act well and make moral decisions but still experience harm arising from their self-perception, conscience and actions. It manifests in various situations and affects a diverse group of people.

Vaknin and Ne' eman-Haviv's (2025) model integrates various concepts, guiding cognitions, post-hoc thinking and re-evaluations and cognitive flexibility – illuminating

the nature and process of moral injury regarding the theoretical and practical attributes of prevention and treatment of moral injury. Future empirical studies are therefore essential to explore the expansion of the theory and intervention and treatment options of moral injury (Vaknin & Ne' eman-Haviv 2025:6).

A theological perspective

Human sciences are crucial for understanding the meaning and significance of moral injury and how to deal with life-threatening challenges (eds. Cohen & McClymond 2024).

I have already pointed out that MI is an intersectional and cross-disciplinary project with meaningful collaboration between psychology, philosophy, medicine, spiritual and/or pastoral care, chaplaincy and theology (Kelle 2021:121). There is also an increasing recognition of incorporating MI into psychological services, spiritual and religious beliefs and practices (Drescher, Nieuwsma & Swales 2013:54). It is for this reason that spirituality is recognised today among various health practitioners based on consensus by the World Health Organization reaffirming religious leaders' role in terms of spiritual intervention, namely:

Spirituality is that aspect of humanity which refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness, to God, to self, to others, to nature, and the significant or sacred. (Carey & Hodgson 2018:1)

Van Willigenburg (2020:172), for instance, poses the question regarding how religion could assist in healing from psychic wounds in the context of post-incarceration syndrome. He posits that religious conversations are a spiritual transformative practice for healing a prisoner's cognitive, attitudinal and conative disposition. Spiritual transformation undergirded by self-narratives of the convert can lead to biographic reconstruction and ultimate self-conception in relation to God as ultimate source of meaning (Van Willigenburg 2020:179).

Furthermore, Koenig and Al Zaben's (2021) research covers both secular and religious and/or spiritual interventions of treatment for MI. They attest that some interventions have been tested in ongoing randomly controlled trials (Koenig & Al Zaben 2021:2999). Their research goes beyond a focus on military personnel and includes refugees, teachers and civilians. They argue that transgressed moral values are conventionally grounded in religious beliefs of individuals of communal cultural contexts. However, spiritual-religious interventions such as the building of spiritual resilience, spiritually integrated cognitive processing therapy and religiously integrated cognitive behavioural therapy to treat MI are currently being tested and explored (Koenig and Al Zaben 2021:3002; Doehring 2015:1–2). Clergy with psychology training and chaplains are therefore ideally positioned to deal with moral transgressions in assisting individuals to overcome symptoms of MI. Various therapy

interventions are utilised such as pastoral narrative disclosure, moral inquiry, reconciliation therapy, moral injury groups and structural pastoral care (Koenig and Al Zaben 2021:3003–3004). Contextual dimensions of MI are quintessential to redressing moral injury and the suffering of individuals: '[M]ental health extends beyond *intra-individual* factors – such as stress, anxiety and trauma – to encompass relational impacts, including conflict, betrayal and social alienation' (Molendijk 2025:2).

Hence, the broadening of the contexts or situations of trauma to include leaders, professionals and civilians (Molendijk 2025:2). Morally injurious leadership and broader socio-political spaces can be both a cause and a symptom of morally harmful systems (Gilhuis et al. as cited by Molendijk (2025:4–5): 'Interdisciplinary research increasingly shows that moral injury encompasses not only psychological and ethical dimensions, but also organisational, political and societal factors' (Molendijk 2025:5). By focusing on contextual dimensions of MI, Molendijk et al. (2022) expand perspectives on MI beyond the psychological clinical fraternity by applying a multidisciplinary approach to include spiritual and existential dimensions of MI for context-sensitive research and interventions (Molendijk et al. 2022:742): 'Literature on moral injury from the fields of psychodynamics, philosophy, and theology generally focuses on spiritual and existential dimensions of MI' (Molendijk 2025:742).

Philosophy and theology emphasise that moral injurious experiences may cause existential moral confusion, self-doubt and disorientation. Moral injurious events violate people's worldviews and religious, spiritual beliefs, causing a loss of self-trust and trust in others, loss of religious and/or spiritual faith and practices and loss of meaning and purpose in work and life (Molendijk et al. 2022:746). A holistic approach is called for to capture the multidimensionality of MI (Molendijk et al. 2022:748; Morris 2023:31). Religious communities are prime locations for healing, restoration and reconciliation (further discussion follows in the last section of this article) (Morris 2023:31). The challenge of MI should reside in society, communities and families, where moral questions should be addressed and posed and not solely in the hands of mental health professions. Communities are central to MI integration. God is in solidarity with suffering – so should the church extrapolate solidarity with the suffering (Morris 2023:32).

Moral injury should be broadened to a wider scope of sufferers in addition to perpetrators and victims by including situations of institutional constraints that hinder moral human action and threaten people's sense of goodness of themselves, others or the institutions themselves. Thus, institutional moral distress could lead to an incapacity to fulfil moral obligations as a consequence of institutional or societal constraints (VanderWeele et al. 2025:4).

Following Louw (2000), it is inevitable to raise the question: What if we choose a suffering God, a God who demonstrates solidarity with human misery and pain? How do we conceive of God's transformational involvement and action in our lives? Because 'suffering is a complex, multi-faceted issue ... [*the core issues is*] the quality of our reaction to threatening and traumatic events' (Louw 2000:9). Trauma or MI and SI are 'theo-logical' issues (Louw 2000:12). Practical theology can support people who seek spirituality during times of traumatic experiences by building spiritual support systems and practices in communities and for individuals. I deal with the role of practical theology in the next two sections.

Biblical perspectives

Moral injury remains in large an untapped vista for biblical scholars. Interdisciplinary collaboration recently resurfaced between trauma theory and biblical studies. Emerging research is applying *trauma hermeneutics* to explore 'the humanness of mental suffering in the Bible' (Marsh 2021:41; cf. Kelle 2021). Various biblical themes of mental anguish are studied to understand MI. Mental scars or wounds of conscience can be detected among central biblical figures in scripture – 'a common human experience transcending time and culture' (Marsh 2021:41). Old and New Testament scholars have recently applied MI as a hermeneutical framework of trauma among figures in high-intensity biblical situations challenged with moral values and/or moral violations. For instance, Israel's first king, Saul, who descended into madness and suicide; Jeremiah's ministry was tainted with violence and war; Jesus and his disciples experienced social tensions, and Peter's betrayal of Jesus could only be resolved by Jesus' re-engagement with him after his resurrection (Marsh 2021:41–42).

Two seminal texts, *Soul Repair: Recovering from Moral Injury After War* by Rita Nakishima et al. and *Spirit and Trauma: A Theology of Remaining* by Shelly Rambo, deal with human suffering and offer spiritual and theological insights into moral injury (in Drescher et al. 2013). Introspection of the souls of those suffering inner anguish and despair is an intervention to provide soul repair from moral injury through communal compassion and solidarity with persons suffering from soul or moral wounds. Moral injury is a framework that unearths moral injurious consequences (soul or moral wounds and trauma) (Drescher et al. 2013:53–54). The Bible offers insightful depth into the soul and meaning of wounded persons, as illustrated by Marsh (2021), Drescher et al. (2013), Graham (2017), Rambo (2010) and Tietje and Morris (2023).

Rambo, for example, frames von Balthasar's interpretation of Holy Saturday – the day between the death and resurrection of Christ, as a middle ground between life and death to illustrate what remains after death and trauma experiences.

[H]er aim is to picture a void – of space, absence, and nothingness’ of that which cannot be named about those who lived through traumatic events to continue living in the presence of death. (Drescher et al. 2013:55–56)

She argues that the Holy Spirit occupies the middle ground of this void, the abyss of suffering giving hope of new life in and through traumatic events (Drescher et al. 2013:56).

Spiritual care and spiritual integration could, therefore, help people to co-create intentional theologies based on values such as goodness, compassion and love – moral emotions that connect them to the web of life. This interdisciplinary approach to moral stress brings together pastoral theology and psychological research on religious coping, spiritual struggles, moral emotions and moral injury, according to Bonnie Miller-McLemore and Valerie Saiving as cited by Doehring (2015:636–637).

However, pastoral theology scholarship on moral injury has not dealt with the liberative trajectory of pastoral theological discourse. The depoliticised nature of clinical care of those who suffer remains absent. Traumatic wounds are personal and political. Pastoral care, therefore, needs to attend to the political dimension (Tietje & Morris 2023:863–864). Graham (2017), for instance, deals with the political dimension of military moral injury. Political care is essential for ‘People come *from* communities and return *to* communities; therefore, an analysis of communities and systems is paramount for pastoral theology’ (Tietje & Morris 2023:865). ‘If moral injury is indeed a political wound, then what is needed is nothing less than political healing’ (Tietje & Morris 2023:878). As such, care should be understood as grassroot resistance in the heat of oppression through participating in the struggle for liberation (Tietje & Morris 2023:878).

The truth is that we live in a world that is profoundly fractured by violence. Individual and collective violence or trauma distorts the capacity to remember, to act and to love. Violence impacts on theological understandings of grace. It impacts how we remember or recount the traumatic experience of Jesus’ suffering and death as the core of the Christian faith. It is for this reason that God through Jesus Christ challenged the root cause of violence and suffering with hope, love and grace. The long-term impact of moral injury on abuse survivors and the marginalised poses an

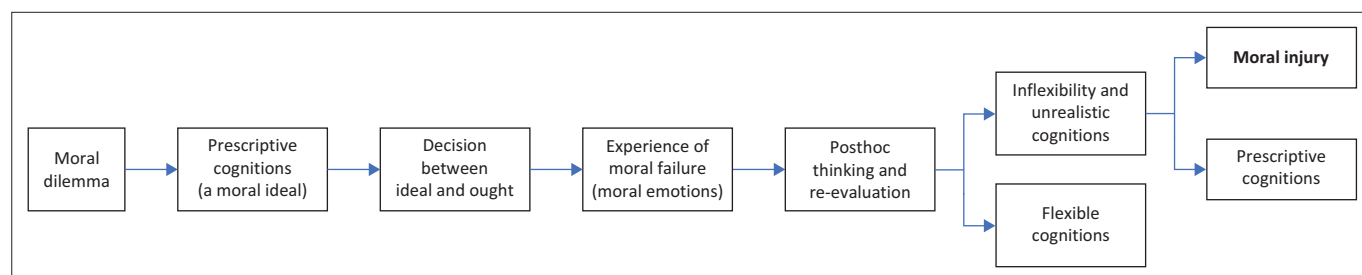
existential pastoral challenge that needs redress (Jones 2019). Drawing from Rambo (2010), trauma in our contemporary society demands a rethinking of the core premise of the Christian faith, namely that ‘new life arises from death’. Life and death are constants – interwoven realities. From the perspective of Jesus’ death and resurrection, we can draw insights of how to live with post-trauma events, episodes, situations or experiences (Rambo 2010).

Towards a theoretical practical theological model for moral injury

Vaknin and Ne’ eman-Haviv’s (2025) model allows for innovative theoretical and practical therapeutic possibilities of moral injury. Designed to reconceptualise moral injury in terms of perceptions, beliefs and identity shaped by episodes, situations and events in which persons may function soundly based on morally informed choices or decisions. However, their actual experience may be clouded by guilt or harm arising from distorted perceptions, consciousness and behaviour. As such, moral injury is not an external pathological phenomenon. Moral injury can thus occur in a variety of conditions or situations affecting numerous other people. For example, in the world of work, civil citizens could be confronted with ethical challenges arising from conflicting positions in aiming to act morally. Furthermore, MI can become unresolved if persons experience cognitive dissonance through persistent contemplation (self-professing), recurring moral self-judgement and difficulties accepting moral complex decisions, despite potential rational solutions. Emotional indications such as guilt without an act of transgression, shame without external judgement, lingering moral confusion are all indicators of unresolved or incomplete post hoc thinking processes. The implication is that MI can resurface decades after the moral event (Litz et al. 2009).

This is an integrative innovative preventative and therapeutic model consisting of concepts such as *guiding cognitions*, *post hoc thinking*, *re-evaluations* and *cognitive flexibility* (Vaknin & Ne’ eman-Haviv 2025:5; Figure 1).

As an inherent moral cognitive process, moral injury can develop throughout the various life stages of a person, within or outside of social and work-related environments that are prone to ethical-moral challenges or moral dilemmas.



Source: Vaknin, O. & Ne’ eman-Haviv, V, 2025, ‘Beyond right and wrong: A new theoretical model for understanding moral injury’, *European Journal of Trauma & Dissociation* 9, 1–8

FIGURE 1: Innovative theoretical and practical therapeutic model of moral injury.

The model purports two innovations for therapy: Firstly, to deal with cognitive dimensions through training, and secondly, to enhance cognitive flexibility to deal effectively with moral dilemmas. Moral injury has, in other words, a unique cognitive dimension in how it functions in moral thinking processes. Therapeutic interventions, therefore, need to support moral injurious cognitions by facilitating compassion, forgiveness and corrective actions in instances of the violation of moral principles, according to Barr, et al. as cited in Vaknin and Ne' eman-Haviv (2025:6). The idea is the restoration of moral values (arising from a lack of moral orientation by integrating experiences of moral suffering) into a flexible moral identity, without compromising the person's descriptive comprehension of the situation and/or event or their ability for making value judgements. Embracing past transgressions and engendering consistent and coherent future behaviour is the ideal outcome. The essence of the model is fostering an ability to redress moral dilemmas. Thus, the model applies specific guiding principles and steps to foster moral flexibility by utilising techniques such as narrative reflection and supporting the identification and re-evaluation of prescriptive cognitions by fostering values clarification through practical exercises. These dialogical meaning-making interventions may reduce the risk of disorientation and strengthen the reintegration of fractured moral frameworks. Cognitive flexibility helps with the reinterpretation of situations tainted with moral dilemmas. Ethical dialogue and the development of moral resilience between personal and contextual conditions or external and internal factors serve as an ideal outcome. The model also offers therapeutic techniques to deal with moral guilt and personal non-compliance in terms of general moral standards (Vaknin & Ne' eman-Haviv 2025:6).

This model can help to alleviate moral tensions in people's insight in their choices instead of the nature of their behaviour. As a result, their context or conditions can change with the development of new values and moral identities or the evolution of the social system changing moral perceptions and new perspectives leading to new therapeutic innovations. This is particularly relevant for a practical theological pastoral care and counselling model.

The theoretical practical theological pastoral model proposed is based on the theological perspectives I discussed above. It builds on aspects of but differs from Vaknin and Ne' eman-Haviv's (2025) innovative model in that it is not a linear but rather a dynamic, diffusion¹ model, apart from the theological attributes.

Intervention in moral and soul injury events in practical theology can be defined as religious spiritual conversations. It is a dynamic dialogical and transformational reconstruction and re-conscientisation of deep bio-psycho-socio-economic and political challenges. Transgressed moral values and soul wounds can be grounded in religious moral beliefs and

healing practices within a communal context. The innovative nature and purpose of practical theology are ideal for building spiritual resilience to support an integrated cognitive, conative and attitudinal or diffusional processing therapy process. It focuses not only on cognitive and behavioural change but deals with the core of humanness, namely spirituality, faith and the soul. Human beings are, in essence, spiritual and soul beings (Louw 2008). Trauma or MI exposes the humanness of mental, physical, behavioural, social and political suffering. Practical theology is, therefore, designed as a critical-correlational hermeneutical discipline to reflect on and act on modern-day crises and their effects on humanity.

Pastoral narrative therapy and/or counselling is an ideal counselling technique to facilitate spiritual-value-based care, guidance and support in trauma scenarios. Religious communities, families and broader social communities form the pastoral home (a safe space) for narrative therapy in facilitating reconciliation, healing, restoration and restitution. Christian faith communities are dynamic hermeneutical spaces for soul repair and moral-self reconstruction. The role of the Holy Spirit is a key therapist in this process to co-create fractured souls and relational ties of well-being. The proposed pastoral model is capable of instilling compassion, unity, love, hope and righteousness in the web of life. It does not only deal with the symptoms of brokenness, scarred souls and moral transgressions. It seeks liberation from the root causes of suffering. This model, therefore, resonates with the liberative dimension to affect political, social and economic transformation and in terms of MI and SI, restoration, restitution and healing. Insights from Browning (1996) and Dreyer (2008) are essential in supporting the principles of the proposed model. Their insights could be integrated here and extended in future research. Browning, for example, holds that our lives are characterised by crises and that our task is to make sense of or create meaningful practices to deal with life's challenges. Key to his theory is his notion of practical reasoning or moral thinking within the ambit of Christian faith communities: 'Religious communities go from moments of consolidated practice to moments of deconstruction to new, tentative reconstructions and consolidations' (Browning 1996:6). Situations, crises and humans are subject to contingencies and ongoing change; therefore, my notion that the proposed model should be viewed as a dynamic transformational hermeneutical process of healing.

Browning's multidimensional model of practical reasoning can, therefore, serve as an avenue for interdisciplinary intersections, as well as a hermeneutical search for meaning-making in human well-being (Dreyer 2008:10). To do so, Dreyer (2008:10) proposes a broadening of Browning's model, from 'a specific category of human-action, namely practical moral thinking, or practical reason, to human action in general.'

He opts for a broader human action theoretical perspective. Browning's (1996:110–111) model of practical moral thinking

¹This refers to an innovation model for cultural transformation by Rogers and Scott (1997). This model consists of clear, complex, and unpredictable patterns in redressing and guiding change in various past and future events.

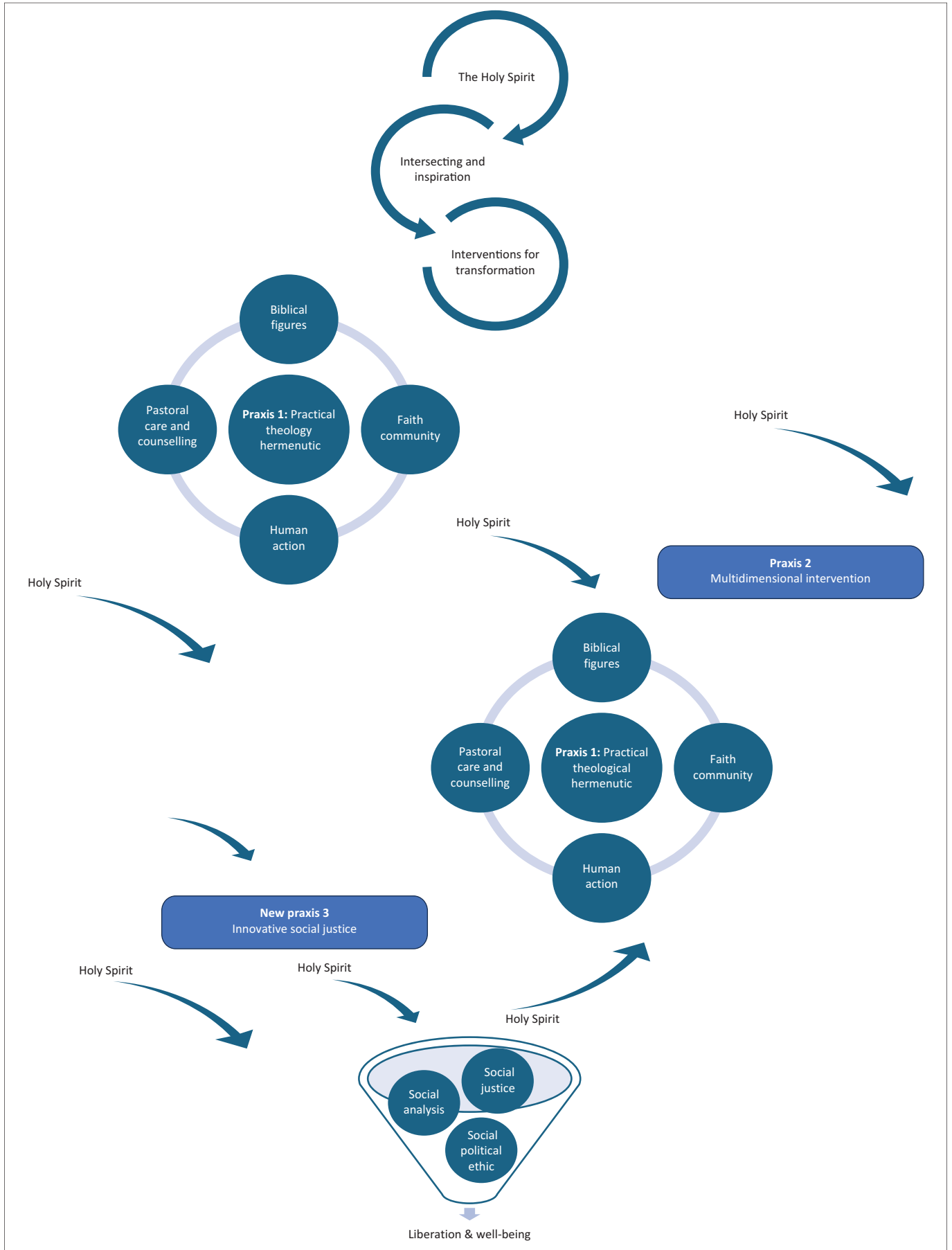


FIGURE 2: Multidisciplinary practical theological theoretical framework.

consists of the visional, obligational, tendency-need, environmental-social and rule-role dimensions; Dreyer reframes the five dimensions of Browning (1996) as implicit and/or explicit dimensions. Dreyer's conceptualisation of Browning's dimensions is more practical and applicable to complex modern-day challenges. He applies his notion of the dimensions to human well-being, namely the *visional dimension*; the implicit and explicit ethical dimensions relate to ideas about ethics, morality and values: 'Discourses of just and democratic societies are always related to notions of well-being and human flourishing' (Dreyer 2008:11).

The *ethical dimension* deals with explicit or implicit ideas about ethics, morality and values. The *ecological dimension* focuses on pervasive social, political, economic and ecological issues. The *motivational dimension* relates to human needs in human well-being as well as a focus on social scientific research on human well-being (Dreyer 2008:12). The *practical or strategic dimension* focuses on institutions, policies and numerous social, scientific processes to seek the well-being of individuals and communities (Dreyer 2008:13). In addition to Browning (1996) and Dreyer's (2008) contributions, the constructive insights of Wolterstorff (2004) are essential in broadening the practical or strategic dimension of Dreyer (2008). Wolterstorff is essential in developing liberating ethical dispositions by integrating a cognitive framework, a structural social analysis and a social ethic to redress soul or moral woundedness. Building a cognitive framework helps to reflect on issues of social justice within wounded contexts and experiences of humanity (Wolterstorff 2004:145–146). Applying a structural analysis of society relates to engagements with structural issues for social justice. Integrating a social ethic with the structural analysis aims to redress social justice issues with a critical consciousness of affirmation and disapproval (Wolterstorff 2004:145–148). The practical theological insights, discussed above, could prove instrumental in innovating new pastoral therapy or counselling practices to deal with soul and moral injury (cf Louw 2005; Shay 2014; Litz & Kerig 2019). Consider the following possibilities in Figure 2 for an integrated multidisciplinary and interdisciplinary model.

Conclusion

Practical theology is poised to make significant contributions in the 21st century. Emerging theoretical insights of moral and/or soul injury are insightful and innovative therapeutic prospects. I developed a multidisciplinary practical theological theoretical framework to deal with contemporary political and social challenges, which are likely the primary source of moral and soul injury among certain leaders and citizens in South Africa. Moral injury is not only a clinical psychological phenomenon. It is also social and political and institutional phenomenon. Moral dilemmas, moral distress and violations of personal or societal values are moral injurious, rupturing the soul, societal role, humanity and worldview of persons.

Appropriate therapeutic interventions are essential, such as Browning's (1996) practical reasoning model, reconceptualised by Dreyer (2008), with the integration of Wolterstorff's (2004) social justice model. South Africans have suffered extreme levels of trauma, which left permanent soul and moral scars. We need to act now if we are to secure a new society for the well-being and human flourishing of future generations.

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CRedit authorship contribution

Gordon E. Dames: Conceptualisation, Funding acquisition, Writing - original draft, Writing - review & editing. The author confirms that this work is entirely their own, has reviewed the article, approved the final version for submission and publication and takes full responsibility for the integrity of its findings.

Ethical considerations

Ethical clearance to conduct this study was obtained from the University of South Africa College of Human Science Research Ethics Review Committee on 21 December 2023 (Ref. No.: 90178963_NOVEMBER_3_CREC_CHS_2023).

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Data availability

The author declares that all data that support this research article and findings are available in the article and its references.

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