# Decolonizing Christian Counselling in Africa: Toward a Faith–Psychology Integration Model of Holistic and Culturally Responsive Care

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**Abstract**

Christian counselling in Africa exists at an important intersection of psychological science, Christian theology, indigenous knowledge, and deeply relational understandings of personhood. Although Western psychological theories have contributed significantly to counselling education and mental-health practice across the continent, their uncritical transplantation can obscure cultural meanings of distress, communal identity, spirituality, family obligation, and religious coping that are central to the lives of many African clients. This conceptual article argues for the decolonization of Christian counselling, not through the rejection of established psychological knowledge, but through its critical contextualization within African theological and cultural realities. Drawing on African psychology, Christian theological anthropology, research on religion and spirituality in psychotherapy, and Ghanaian understandings of mental-health care, the article develops the **Faith–Psychology Integration Model (FPIM)** as a culturally responsive framework for Christian counselling. The model organizes therapeutic work around five interrelated movements: illumination and assessment, honest expression and release, cognitive and spiritual renewal, relational reintegration, and empowerment for meaningful living. Particular emphasis is placed on *ubuntu*, Christian *shalom*, client autonomy, cultural humility, professional competence, ethical use of prayer and Scripture, community resources, and appropriate referral. The article cautions against both cultural romanticism and the over-spiritualization of psychological distress. It concludes that authentically African Christian counselling should neither become a replica of Western therapeutic individualism nor an uncritical form of spiritual intervention. Rather, it should become a disciplined meeting place of psychological science, biblical faith, African relational wisdom, and compassionate pastoral presence.

**Keywords:** African Christian counselling; decolonization; Faith–Psychology Integration Model; ubuntu; pastoral counselling; spirituality and mental health

## Introduction

Every counselling theory carries within it an understanding of what it means to be human.

Sometimes that understanding is stated explicitly. At other times it lies quietly beneath the methods, diagnoses, therapeutic goals, and assumptions of practice. A counselling system that defines health primarily in terms of individual autonomy, for example, begins with a different anthropology from one in which maturity is understood through relationship, communal belonging, moral responsibility, spirituality, and participation in the life of others.

This matters profoundly in Africa.

Psychology as taught and practised across much of the continent has historically drawn heavily from theories, research traditions, diagnostic systems, and therapeutic models developed largely within Europe and North America. The contribution of these traditions should not be dismissed. Cognitive-behavioural approaches, person-centred therapy, psychodynamic insights, family systems, trauma-informed approaches, and other models have brought valuable conceptual and clinical resources to the understanding of human suffering.

The problem is therefore not that psychological knowledge has come from outside Africa.

The deeper problem arises when knowledge developed within particular historical and cultural settings is treated as though it were culturally neutral and universally sufficient.

Nwoye (2015) argues that the institutional study of psychology in African universities has been substantially shaped by mainstream Western psychology and calls for an African psychology capable of recovering indigenous orientations to human experience. Makhubela (2016) similarly challenges the assumption of a false universalism in Westernised psychological theorising and calls for greater recognition of historically marginalised African epistemologies.

Decolonization, in this sense, is not intellectual isolation.

It is not a call to burn psychology textbooks because their authors were Western.

Neither is it a rejection of empirical evidence.

Decolonization is better understood as **the recovery of interpretive agency**: the capacity of African scholars and practitioners to ask whether theories adequately describe African experience, to preserve what is useful, to challenge what is culturally inadequate, and to generate knowledge from African contexts themselves.

For Christian counselling, another question must be added: **How can psychological care take the faith of African Christians seriously without surrendering professional competence or turning every form of psychological suffering into a spiritual problem?**

This article proposes the Faith–Psychology Integration Model (FPIM) as one response.

Its central thesis is that Christian counselling in Africa should become simultaneously **scientifically responsible, theologically grounded, culturally responsive, relationally oriented, and pastorally compassionate**.

**Decolonizing Without Discarding**

It is tempting for decolonization discourse to become oppositional.

Western versus African.

Science versus spirituality.

Individual versus community.

Psychology versus theology.

Such binaries may be rhetorically attractive, but they are not particularly useful for counselling people who are suffering.

The client needs more than an ideological victory.

The client needs help.

Nwoye's later work is instructive here. Rather than envisioning African psychology simply as a rejection of Western knowledge, he proposes an intellectual future in which progressive Western and African approaches can coexist with mutual respect and more equitable participation.

That posture provides an appropriate foundation for Christian counselling.

CBT does not become useless because it was developed outside Africa.

Person-centred counselling does not lose the therapeutic value of empathy because Carl Rogers was American.

Trauma theory should not be rejected because much of its research comes from Western institutions.

The critical question is whether these approaches are **contextualised rather than canonised**.

African counselling should therefore be free to receive, evaluate, adapt, critique, combine, and extend psychological knowledge.

This moves the discussion from rejection to discernment.

**The African Person as a Relational Person**

Perhaps one of the most significant contributions African thought makes to counselling is its emphasis on relational personhood.

The individual is real, but the individual is never merely isolated.

People exist within families, communities, histories, languages, moral systems, spiritual traditions, relationships, and responsibilities.

The concept of *ubuntu* captures an important dimension of this orientation. Although *ubuntu* has multiple formulations and should not be treated as representing every African culture, it highlights humanity expressed through relationship, mutuality, dignity, solidarity, empathy, and community. Van Breda (2019) identifies *ubuntu* as an important framework within movements to indigenise,

Africanise, and decolonize helping professions, particularly because of its emphasis on human relationships, solidarity, dignity, and interconnectedness.

Counselling changes when personhood is viewed this way.

A young adult's anxiety may involve more than distorted cognitions. It may also involve expectations from parents and extended family.

A husband's emotional distress may be intensified by cultural expectations surrounding masculinity and financial provision.

A widow's grief may be psychological, theological, familial, social, and economic at the same time.

A university student's depression may occur within a network of academic pressure, family sacrifice, church expectations, spiritual interpretation, and fear of disappointing significant others.

None of these dimensions negates individual psychology.

They contextualise it.

The question therefore shifts from:

**"What is happening inside this person?"**

to the broader questions:

**"What is happening within this person, around this person, between this person and others, and within the system of meanings by which this person understands life?"**

That is a more African and, arguably, a more humane question.

**Biblical Anthropology and Human Dignity**

Christian counselling adds another foundation: *imago Dei*.

Genesis 1:26–27 locates human dignity not primarily in productivity, intelligence, social position, psychological adjustment, or independence, but in humanity's relationship to the Creator.

This has profound pastoral consequences.

The depressed person remains a bearer of dignity.

The traumatised person is more than what happened to them.

The person struggling with addiction is not reducible to addictive behaviour.

The woman whose marriage has failed is not a failed human being.

The unemployed man is not defined solely by his capacity to provide economically.

The client with psychosis remains worthy of respect.

Christian anthropology therefore creates a moral boundary around counselling: **people must never become problems to be fixed rather than persons to be encountered**.

This conviction also creates an important point of dialogue with person-centred therapy. Rogers' emphasis on empathy, genuineness, and unconditional positive regard has enduring therapeutic value. Christian pastoral counselling can affirm these relational conditions while grounding human worth theologically in creation, grace, and divine love.

The result need not be competition between humanistic psychology and Christian theology.

It can be constructive dialogue.

**Spirituality Is Not an Optional Cultural Detail**

For many African clients, religion is not a separate department of life.

It provides language for suffering, hope, morality, family, illness, death, guilt, forgiveness, success, misfortune, and meaning.

This reality is particularly evident in Ghana.

Kpobi and Swartz's examination of mental-health care in Ghana demonstrates the continuing importance of indigenous and faith-based healing alongside biomedical approaches. Their work illustrates the pluralistic nature of health-seeking and the significance of religious and indigenous explanatory models in understanding psychological distress.

A counsellor who ignores this dimension may misunderstand the client.

Consider a Ghanaian client who says:

**"My spirit is troubled."**

A premature clinician might translate this immediately into a diagnostic category.

An equally premature religious counsellor might immediately diagnose spiritual attack.

Both have stopped listening too soon.

The culturally responsive counsellor becomes curious.

What does *troubled* mean to this person?

When did it begin?

What happens physically?

What happens emotionally?

What is occurring in the family?

Is the client sleeping?

Has appetite changed?

Are there intrusive memories?

Is there hopelessness?

What does the person believe caused the problem?

What has the church taught them?

Has anyone accused them of spiritual wrongdoing?

Are they frightened?

Have they had thoughts of harming themselves?

Has medical or psychiatric assessment been considered?

Cultural sensitivity is not accepting every explanation offered by a culture.

It is understanding before evaluating.

**Spirituality as Resource and as Possible Source of Distress**

The relationship between religion and psychological well-being is complex.

Religion can give people meaning, belonging, rituals of hope, moral direction, social support, forgiveness, resilience, and a sense of divine companionship.

It can also become entangled with shame, religious fear, coercion, stigma, condemnation, or beliefs that intensify suffering.

For this reason, spiritually integrated counselling should never operate on the simplistic formula that more religion automatically produces better mental health.

Research supports a more nuanced approach.

Captari et al. (2018) conducted a comprehensive meta-analysis involving 97 outcome studies and 7,181 participants examining psychotherapies adapted to clients' religious and spiritual beliefs. Their findings support the therapeutic legitimacy of appropriately integrating clients' religion and spirituality rather than assuming that psychotherapy must exclude these dimensions.

The key phrase is **clients' beliefs**.

Spiritually integrated counselling should not mean the counsellor imposing spirituality.

It means taking the person's spirituality seriously when it forms part of the person's values, identity, coping, and understanding of life.

**The Danger of Over-Spiritualization**

Decolonizing counselling must not become an excuse for abandoning clinical discernment.

African worldviews are spiritually receptive, but cultural authenticity does not require the counsellor to accept every spiritual interpretation as clinically sufficient.

A person experiencing major depressive symptoms should not automatically be told that the condition is caused by spiritual weakness.

A trauma survivor should not be told that persistent intrusive memories demonstrate insufficient forgiveness.

A person experiencing psychosis should not be prevented from receiving psychiatric assessment because unusual perceptions have been labelled prophetic experiences.

A suicidal person requires careful risk assessment and urgent intervention.

Prayer may accompany these processes.

It must not replace them.

The distinction is essential because respectful engagement with faith healing in Ghana does not require professional mental-health systems to abandon biomedical or psychological knowledge. Kpobi and Swartz argue instead for more informed understanding and possibilities for constructive collaboration among different systems of care.

The decolonized Christian counsellor should therefore be able to say:

**"We can pray, and we should also assess."**

**"We can trust God, and we can refer."**

**"We can value spiritual meaning without neglecting psychological evidence."**

That is not weakened faith.

It is responsible care.

**From Cultural Adaptation to Cultural Dialogue**

One weakness in conventional approaches to multicultural counselling is the assumption that a dominant therapy simply needs minor cultural modification.

Add a local proverb.

Use a local language.

Mention family.

Then continue essentially unchanged.

True decolonization asks a deeper question: **What if African understandings of personhood themselves have something to teach psychological theory?**

This moves Africa from being merely a setting in which foreign theories are adapted to becoming a source from which theories may emerge.

Recent scholarship continues to make this point. A 2026 scoping review of counselling and psychological interventions in Africa concluded that effective models should be built substantially upon African worldviews rather than merely making superficial modifications to frameworks developed elsewhere.

The challenge, therefore, is epistemological as well as practical.

Africa should not only provide research participants.

It should produce concepts.

It should produce theories.

It should produce counselling methods.

It should define questions worth asking.

And African Christian scholarship should be capable of contributing theological understandings of meaning, hope, community, reconciliation, suffering, and human dignity to the wider conversation about psychological care.

**Reconsidering CBT Through an African Christian Lens**

Cognitive Behavioural Therapy offers a useful example of constructive integration.

CBT recognises that interpretations influence emotional and behavioural responses. A person who repeatedly interprets ordinary setbacks as catastrophic may experience disproportionate fear, hopelessness, or avoidance.

Christian theology also takes thought seriously.

Romans 12:2 speaks of transformation through renewal of the mind.

Philippians 4:8 encourages disciplined attention to what is true and worthy.

These texts should not be presented as though Paul were secretly teaching twentieth-century CBT.

He was not.

The connection is conceptual rather than historical.

A Christian adaptation of CBT may therefore invite a client to examine automatic thoughts using established cognitive methods while also exploring relevant theological meanings when these matter to the client.

Suppose someone says:

**"I failed my examination. God must have rejected me. I am useless."**

A responsible counsellor might explore:

What evidence supports the belief that one failed examination defines the whole person?

Where did this understanding of God originate?

Does the client's theology allow for human limitation?

How does the family respond to failure?

Is academic achievement carrying the burden of the client's entire identity?

Which alternative interpretation is both psychologically credible and consistent with the client's faith?

The goal is not simply positive thinking.

It is truthful thinking.

**Narrative, Story, and the African Counselling Encounter**

Narrative approaches have particular resonance in African contexts because African societies possess rich traditions of storytelling, testimony, proverb, symbol, communal memory, and oral interpretation.

People live through stories.

A client may arrive carrying the story:

**"Nothing good ever happens to our family."**

Another:

**"I am the child who disappointed everybody."**

Another:

**"Once my husband left me, my life ended."**

Another:

**"God punishes people like me."**

Counselling does not erase the past.

It may, however, help the client discover that the past has been telling only one version of the story.

A pastoral counsellor listens for forgotten chapters:

survival;

courage;

relationships that remained;

faith that endured;

wisdom gained;

help received;

choices still possible.

Scripture itself frequently works narratively. Biblical faith is carried through stories of exile and return, failure and restoration, lament and hope, death and resurrection.

For a Christian client, therefore, narrative reconstruction may become both psychological and theological.

The question is not, **"How can I pretend this never happened?"**

It is:

**"How shall I live faithfully now that it has happened?"**

**Ubuntu and Shalom as Counselling Horizons**

Two concepts provide particularly useful horizons for an African Christian counselling model: *ubuntu* and *shalom*.

*Ubuntu* emphasises human interconnectedness.

*Shalom* extends beyond the absence of conflict toward wholeness, right relationship, peace, flourishing, and restored order.

Together they prevent counselling from becoming excessively individualistic.

Therapeutic success cannot always be measured simply by asking whether the client feels better.

We may also ask:

Are important relationships safer?

Has dignity been restored?

Can the person participate meaningfully in community?

Have healthy boundaries been established?

Is the client more able to give and receive care?

Has reconciliation occurred where reconciliation is appropriate?

Has the person learned to live peacefully even where reconciliation is unsafe or impossible?

Is spiritual life producing freedom rather than fear?

Has suffering been integrated into a livable story?

These questions move counselling toward relational wholeness.

**The Faith–Psychology Integration Model**

The **Faith–Psychology Integration Model (FPIM)** emerges from this dialogue among biblical anthropology, psychological knowledge, African relational personhood, cultural meaning, and Christian spirituality.

The model should currently be understood as a **conceptual framework requiring empirical testing**, not as an established evidence-based psychotherapy.

It consists of five interrelated movements.

1. Illumination and Assessment

The first task is understanding.

The counsellor listens carefully to the client's narrative, identifies psychological symptoms, explores relationships and context, assesses safety and functioning, and invites spiritual exploration when relevant to the client's worldview.

Illumination is not the counsellor telling the client what God has revealed.

It is the creation of conditions in which previously hidden patterns can become visible.

The counsellor might ask:

What are you feeling?

What are you telling yourself?

What happened before this began?

What does this experience mean to you?

How has your faith been affected?

What are you afraid might happen?

Who supports you?

What does your family believe?

Such questions honour both clinical assessment and spiritual meaning.

2. Honest Expression and Release

Pain requires language.

Clients may need to speak grief, anger, shame, disappointment, fear, guilt, betrayal, or confusion.

For some Christian clients, confession may be relevant.

But **confession must not become a universal category for suffering**.

The abused child does not need to confess having been abused.

The bereaved mother does not need to repent of grief.

The traumatised woman does not need to apologise for trauma symptoms.

False guilt must be distinguished from moral responsibility.

Where wrongdoing has occurred, pastoral counselling may support confession, accountability, restitution, forgiveness, and behavioural change.

Where injury has occurred, counselling offers safety, compassion, lament, and healing.

3. Cognitive and Spiritual Renewal

The third movement involves reconstruction of meaning.

Clients examine beliefs about themselves, others, the future, suffering, and—in religious clients—God.

Distorted beliefs may be challenged.

New interpretations can be explored.

Narratives may be reconstructed.

Scriptural resources may be introduced collaboratively.

A person may move from:

**"I failed; therefore I am worthless"**

to:

**"I failed at something important, but failure does not define my worth."**

Another may move from:

**"God has abandoned me because I am depressed"**

to:

**"My depression deserves treatment, and my faith can accompany me through it."**

The goal is neither artificial optimism nor spiritual denial.

It is a more truthful and sustaining understanding of reality.

4. Relational Reintegration

Healing in an African framework cannot end entirely within the private self.

Where appropriate and safe, counselling explores family relationships, friendships, church belonging, marital dynamics, social responsibilities, and community support.

Reintegration may involve reconciliation.

It may also require boundaries.

This distinction matters.

Christian counselling should never pressure an abused person to return prematurely to an unsafe relationship in the name of reconciliation.

Forgiveness and restored access are not identical.

Community is therapeutic only when community is safe.

5. Empowerment and Meaningful Living

The final movement concerns agency.

What will change?

What boundary will be implemented?

What new habit will be practised?

Which relationship requires attention?

What support is needed?

What professional referral should continue?

What meaningful work, vocation, service, or responsibility can the person resume?

For some Christian clients, healing may eventually overflow into service to others.

But suffering does not create an obligation to become a public testimony.

The person is permitted simply to heal.

**The Role of Prayer**

Prayer can be a meaningful resource within Christian counselling.

It may facilitate lament, gratitude, hope, emotional expression, moral reflection, surrender, and a sense of divine presence.

However, ethical integration requires consent and therapeutic relevance.

The counsellor should be able to ask:

**"Would you like us to pray about this?"**

That question respects both faith and autonomy.

Prayer becomes problematic when used to avoid psychological work.

"Let us pray" must never mean:

**"Let us stop examining the problem."**

Prayer and counselling need not compete.

Prayer may deepen reflection rather than terminate it.

**Scripture in Pastoral Counselling**

Scripture likewise requires pastoral wisdom.

A verse spoken compassionately at the right moment may give language to hope when a client cannot find words.

The same verse used carelessly may silence grief.

Scripture should therefore not function as a spiritual sedative.

The counsellor should resist simplistic applications such as:

"You should not be anxious because the Bible says, 'Do not worry.'"

"You must forgive immediately."

"You would not be depressed if your faith were strong enough."

"Everything happens for a reason."

These statements may sound religious while remaining pastorally insensitive.

Classic pastoral care knows how to remain beside suffering before attempting to explain it.

Sometimes Job needs companions who can sit quietly before he needs theologians who explain the universe.

**The Counsellor as a Ministry of Presence**

The decolonized Christian counsellor should not become a religious authority who dominates the therapeutic encounter.

The counsellor is first a disciplined presence.

This involves listening without haste.

Asking without interrogating.

Offering truth without humiliation.

Respecting silence.

Recognising suffering without reducing the person to suffering.

Encouraging responsibility without manufacturing shame.

Maintaining hope without promising miracles.

Knowing when to speak.

And knowing when another professional is needed.

This is where classical pastoral counselling remains indispensable.

Counselling is not only what the counsellor does.

It is also **how the counsellor is present**.

Compassion itself becomes part of the therapeutic environment.

**Ethical Safeguards**

A credible African Christian counselling framework must state clearly what it rejects.

It should reject:

- forced prayer or Scripture use;
- humiliating deliverance practices;
- automatic attribution of mental illness to demonic activity;
- discouraging medically indicated treatment;
- breaches of confidentiality justified by religious authority;
- counsellor claims that "God told me" what the client must do;
- coercive reconciliation;
- victim-blaming;
- treatment beyond professional competence; and
- the replacement of suicide or psychiatric assessment with spiritual interventions alone.

Cultural authenticity does not excuse ethical irresponsibility.

Spiritual authority does not eliminate professional accountability.

**Training the African Christian Counsellor**

Decolonization will remain rhetorical unless counsellor education changes.

Students should certainly learn major psychological theories.

But they should also learn to critique the anthropologies beneath them.

Training should include African psychology, Christian theological anthropology, family and communal systems, spirituality and mental health, trauma-informed care, psychopathology, suicide assessment, cultural humility, ethics, counselling research, indigenous explanatory systems, and interdisciplinary referral.

Students should encounter African scholarship as foundational literature, not decorative reading added during the final week of a Western theory course.

Nwoye's work demonstrates the intellectual maturity and conceptual depth of African psychology. Contemporary scholarship likewise continues to call for psychology curricula that seriously address colonial inheritances rather than merely diversifying surface content.

African counsellor education should therefore ask students not only:

**"What did Freud, Rogers, or Beck say?"**

but also:

**"How does this theory understand personhood?"**

**"What does it illuminate in African experience?"**

**"What does it miss?"**

**"What requires adaptation?"**

**"What might Africa contribute in return?"**

**Clinical and Spiritual Supervision**

The FPIM also requires strong supervision.

Clinical supervision should address assessment, counselling skill, treatment planning, documentation, ethics, risk, countertransference, case formulation, boundaries, and referral.

Spiritual supervision or formation may address vocation, humility, prayer, theological interpretation, use of spiritual authority, and the counsellor's inner life.

The distinction is important.

A prayerful counsellor is not necessarily a competent clinician.

A competent clinician is not necessarily mature in the use of spiritual authority.

The African Christian counselling practitioner needs both competence and character.

**Research and the Empirical Future of FPIM**

The FPIM should not presently be described as proven or empirically validated.

Its status is conceptual.

That is not a weakness. Every developing model must distinguish what it proposes from what research has demonstrated.

Future studies could examine the model's acceptability, cultural resonance, therapeutic alliance, psychological outcomes, religious coping, relational functioning, and potential adverse effects.

Comparative studies could investigate whether FPIM-informed interventions add value for Christian clients when compared with standard approaches.

Qualitative studies could explore how Ghanaian clients describe healing, faith, family involvement, spiritual struggle, prayer, Scripture, and counselling.

Research must also investigate possible harms.

Scholarly integrity requires asking not only:

**"Does our model work?"**

but:

**"For whom does it work, under what conditions, compared with what, and where might it cause difficulty?"**

The source manuscript itself appropriately recognises the need for empirical research and institutional evaluation rather than assuming that pastoral experience alone establishes effectiveness.

**Discussion**

Decolonizing Christian counselling involves more than replacing European names with African terminology.

Its deeper concern is epistemological, anthropological, cultural, theological, ethical, and practical.

The aim is not to create a psychology that is closed to the world.

It is to produce one sufficiently grounded in African realities that it can meet the world as an intellectual partner rather than a permanent consumer of theories developed elsewhere.

The concept of *ubuntu* contributes relationality.

African communal traditions contribute an understanding of shared responsibility.

Christian theology contributes the dignity of *imago Dei*, the hope of reconciliation, the moral seriousness of human agency, and the spiritual vocabulary through which millions interpret existence.

Psychological science contributes disciplined observation, research methods, therapeutic theory, assessment, and tested interventions.

None needs to destroy the other.

Indeed, one of the most promising findings in contemporary psychotherapy research is that religious and spiritual beliefs can be integrated meaningfully into treatment when the integration

is responsive to clients themselves. Captari et al.'s (2018) meta-analysis provides substantial support for this possibility.

At the same time, decolonial scholarship warns against assuming that psychological knowledge generated within dominant Western traditions is automatically universal.

The path forward is therefore neither therapeutic colonialism nor cultural isolation.

It is dialogue.

**Implications for Pastoral Counselling**

Several implications arise for pastors and Christian counsellors.

First, **listen before interpreting**.

The client's cultural and spiritual language deserves exploration before it is corrected.

Second, **do not confuse spiritual certainty with counselling competence**.

The more power a counsellor possesses, the greater the need for humility.

Third, **recognise the whole person**.

Symptoms matter, but so do family, culture, faith, socioeconomic realities, community, bodily health, history, and meaning.

Fourth, **know your limits**.

Referral is not failure.

Christian counsellors should cultivate relationships with psychologists, psychiatrists, physicians, social workers, addiction professionals, and other specialists.

Fifth, **protect the wounded person from religious shame**.

Faith should open a pathway toward grace, truth, accountability, meaning, and hope—not become another source of humiliation.

Finally, **remember that counselling is fundamentally relational**.

The client may eventually forget many of the counsellor's words.

They are less likely to forget whether they felt safe enough to tell the truth.

**Limitations**

This article is conceptual rather than empirical. It does not demonstrate the efficacy of FPIM as a treatment protocol, and the model requires systematic evaluation before effectiveness claims can be made.

Furthermore, there is no single homogeneous "African worldview." Africa contains extraordinary cultural, religious, linguistic, ethnic, historical, and socioeconomic diversity. *Ubuntu*, Ghanaian understandings of personhood, and Christian theological categories should therefore be used contextually rather than universalised across the continent.

The framework is explicitly Christian and should not be imposed upon clients who do not share or desire Christian spiritual integration.

Finally, decolonization must remain self-critical. Indigenous beliefs and communal systems can sustain identity and healing, but cultures can also contain harmful practices, oppressive hierarchies, stigma, and exclusion. Cultural recovery must therefore be accompanied by ethical evaluation.

**Conclusion**

The future of Christian counselling in Africa cannot be built by simply changing the names on theories developed elsewhere.

Neither will it be built by rejecting psychological science and retreating into unexamined spiritual explanations.

A more hopeful road lies between these extremes.

It is a road on which Africa thinks for itself without closing itself to the world.

A road on which psychology listens to culture.

A road on which theology listens to suffering.

A road on which the church learns that prayer and professional treatment can inhabit the same healing journey.

A road on which counsellors can appreciate spiritual experience without diagnosing every problem spiritually.

A road on which African relational wisdom reminds increasingly individualised societies that people do not heal entirely alone.

The Faith–Psychology Integration Model represents one attempt to walk that road.

Its movements—from illumination and honest expression through renewed meaning, relational reintegration, and empowerment—seek to place the whole person back at the centre of counselling.

Yet the model's deepest contribution may be simpler than its theoretical architecture.

It is the conviction that the person sitting before the counsellor is more than a diagnosis.

More than a symptom.

More than an isolated mind.

More than a theological problem.

That person carries a history.

A body.

A family.

A culture.

A faith or struggle with faith.

A community.

A story.

A wound.

And still, a dignity that suffering has not erased.

Classic pastoral counselling begins there.

It sits beside the hurting person long enough to understand before attempting to explain. It holds Scripture without turning it into a weapon. It values psychology without making psychology an idol. It honours culture without romanticising culture. It prays without abandoning professional responsibility. And it recognises that genuine healing often involves not only feeling better but recovering the courage to belong, to hope, to love, to choose, and to live meaningfully again.

That is the kind of decolonized Christian counselling Africa can offer itself—and, increasingly, the wider world.

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