Faith-Informed Counseling and Temperament Theory: A Ghanaian Perspective on Integrating Theology, Psychology, and Culture

Oheneba-Dornyo, S.

Abstract

Faith-informed counselling occupies an important place within African Christian communities, where emotional distress, spirituality, family relationships, cultural identity, and community life are often understood as deeply interconnected. This conceptual article examines the integration of Christian theology, psychological insight, temperament theory, and Ghanaian cultural realities within counselling practice. Particular attention is given to the Arno Profile System (APS), which conceptualises temperament across the relational dimensions of Inclusion, Control, and Affection. The paper proposes the **Faith–Temperament Integration Model (FTIM)** as a contextual framework for helping counsellors explore emotional needs, relational patterns, spiritual beliefs, and cultural expectations without reducing psychological distress either to moral failure or to purely clinical categories. Drawing on biblical anthropology, Christian counselling literature, family and cognitive perspectives, African communal understandings of personhood, and pastoral practice, the article argues that responsible faith integration should promote self-understanding, emotional literacy, relational empathy, spiritual formation, and culturally sensitive care. It further emphasises that temperament assessment should function as an interpretive aid rather than a deterministic label and should not replace established psychological assessment, diagnosis, referral, or evidence-based intervention. Implications are discussed for counselling practice, supervision, church-based care, counsellor education, and future research in Ghana and the wider African context. The article concludes that culturally grounded Christian counselling is strongest when theological conviction, psychological competence, professional ethics, and compassionate pastoral presence are held together in the service of human dignity and wholeness.

Keywords: Faith-Informed Counselling; Temperament Theory; Arno Profile System; Pastoral Counselling; Ghana; Christian Psychology

Introduction

Counselling within the Ghanaian context often takes place at the intersection of faith, family, community, culture, and psychological need. People do not always enter the counselling room carrying neatly separated categories of "spiritual," "emotional," or "psychological" distress. They come as whole persons.

A client may speak about anxiety in the language of fear.

Another may interpret persistent sadness spiritually.

A couple may describe marital conflict through expectations inherited from family and culture.

A church leader may experience burnout but understand his exhaustion as spiritual weakness.

A woman carrying years of rejection may pray fervently while continuing to struggle with shame and emotional insecurity.

Such experiences raise an important question for the African Christian counsellor: **How can counselling take faith seriously without neglecting psychology, and how can psychological insight be used without disregarding culture and spiritual meaning?**

This question is particularly significant in Ghana, where the church continues to function as an important source of pastoral care and where individuals frequently seek spiritual support before approaching formal mental-health services.

Faith and psychological care should not therefore be presented as automatic opponents.

Psychology offers systematic ways of understanding cognition, emotion, behaviour, development, relationships, trauma, personality, and mental-health conditions.

Christian theology offers frameworks for understanding human dignity, moral responsibility, suffering, hope, forgiveness, reconciliation, grace, meaning, community, and spiritual identity.

Culture shapes how both are interpreted.

The challenge is not simply to combine these fields. The more difficult task is to integrate them responsibly.

This article explores that task by examining the role of temperament theory, particularly the Arno Profile System (APS), within a faith-informed and culturally grounded counselling framework. It further proposes the **Faith–Temperament Integration Model (FTIM)** as a conceptual approach for counselling in Ghanaian Christian contexts.

The aim is not to claim that temperament theory offers a complete explanation of human behaviour. Rather, temperament is considered one possible interpretive framework through which counsellors and clients may explore emotional needs and relational patterns alongside broader psychological, social, cultural, and spiritual assessment.

Faith-Informed Counselling in the Ghanaian Context

Counselling in Ghana cannot be adequately understood apart from the country's communal and religious environment.

African concepts of personhood have historically placed considerable emphasis on relationship and belonging. Mbiti's (1969) influential articulation of African communal identity underscores the importance of understanding the person within family and community rather than as an entirely autonomous individual.

This has practical implications for counselling.

A young adult's anxiety may be connected with family expectations.

A marital conflict may involve not only two spouses but also extended-family loyalties.

Career choices may carry implications for parents and siblings.

Bereavement may be experienced collectively.

Spiritual beliefs may determine how suffering is interpreted and where help is sought.

In Christian communities, pastors, elders, prayer leaders, family members, and professional counsellors may all become part of the help-seeking process.

This interconnectedness can be a strength.

Community may provide belonging, practical assistance, prayer, social support, and resilience.

Yet communal life can also intensify distress when individuals feel unable to express emotional needs because of expectations concerning respect, gender, authority, obedience, or family reputation.

Faith-informed counselling must therefore recognise both the resources and the pressures present within community life.

The Need to Avoid Spiritual Reductionism

One of the recurring challenges in faith-based counselling is the tendency to interpret complex psychological difficulties exclusively in spiritual terms.

A person experiencing panic attacks may be told to pray more.

Someone suffering depression may be accused of lacking faith.

A traumatised individual may be treated exclusively through deliverance practices.

A spouse experiencing emotional abuse may be encouraged simply to submit, forgive, or remain silent.

Such approaches can deepen distress.

Responsible Christian counselling recognises spiritual realities without using them to replace careful psychological assessment.

Pargament (2007) has shown that religious and spiritual beliefs can be significant resources in psychotherapy. At the same time, spiritual beliefs themselves may become sources of distress when associated with guilt, fear, punitive religious interpretations, or spiritual conflict.

The task of the counsellor is therefore not merely to spiritualise distress but to understand it.

This requires discernment.

Prayer may be appropriate.

So may cognitive restructuring.

Scriptural reflection may provide hope.

So may trauma-informed care.

Pastoral accompaniment may be important.

So may psychiatric referral.

Faith-informed counselling becomes mature when it knows the difference.

Biblical Anthropology and Human Wholeness

Christian counselling is ultimately shaped by its understanding of the human person.

The biblical affirmation that human beings are created in the image of God establishes dignity as a theological foundation for counselling.

This dignity does not depend upon temperament, achievement, emotional stability, social status, or spiritual maturity.

It is inherent.

Biblical anthropology also recognises the complexity of human experience.

Scripture speaks repeatedly of mind, heart, body, spirit, relationships, behaviour, desire, fear, grief, conscience, memory, hope, and community.

This suggests that Christian care should resist simplistic accounts of distress.

A person's difficulty may involve distorted cognition, relational wounds, family systems, trauma history, biological vulnerability, behavioural patterns, spiritual struggle, or several of these simultaneously.

The pastoral counsellor must therefore approach the client not as a spiritual problem to be corrected but as a human person to be understood.

This is where psychology can contribute significantly.

Psychology as a Partner in Understanding

The relationship between Christian theology and psychology has often been contested.

Some Christian traditions have regarded psychology with suspicion, while some psychological traditions have treated religion as marginal or pathological.

Yet contemporary counselling practice increasingly acknowledges that religious belief can be central to identity and should therefore be addressed competently when relevant to the client.

Christian counselling scholars including Collins (2007), McMinn (2011), Tan (2011), and Pargament (2007) have contributed to discussions concerning the integration of psychological practice and spirituality.

Cognitive approaches are particularly relevant to Christian counselling because they emphasise the relationship between interpretation and emotional response.

Beck (1976) demonstrated how maladaptive cognitions may contribute to distress. This can resonate with Christian practices of reflection, examination, and renewal of thinking, although psychological concepts should not be simplistically equated with biblical texts.

Family systems perspectives are equally important within Ghanaian settings because the individual is frequently embedded within complex relational networks (Bowen, 1978).

Theological interpretation and psychological science therefore ask different but potentially complementary questions.

Psychology may ask:

What patterns are maintaining this distress?

Theology may ask:

What gives this person's life meaning and moral direction?

Culture may ask:

How does this person's community understand the problem?

Effective counselling listens to all three.

Temperament Theory as an Interpretive Framework

Temperament theory seeks to describe relatively stable patterns of emotional and behavioural response.

Within the source framework considered in this article, particular attention is given to the **Arno Profile System**, associated with Creation Therapy and the work of Richard and Phyllis Arno.

The APS conceptualises temperament through three broad relational domains:

Inclusion concerns patterns of social interaction, participation, and belonging.

Control concerns decision-making, responsibility, authority, and influence.

Affection concerns emotional closeness, intimacy, love, and interpersonal attachment.

Within this system, five temperament categories are commonly discussed: Sanguine, Choleric, Melancholic, Phlegmatic, and Supine.

The value of such a model in counselling lies primarily in its capacity to generate conversation about emotional needs and relational patterns.

For example, a highly assertive client may experience conflict with a partner who prefers lower levels of interpersonal control.

A person with strong needs for affection may interpret emotional distance as rejection.

A socially reserved client may be misunderstood as unfriendly when the behaviour may reflect a preferred relational style rather than hostility.

When used carefully, temperament language may therefore reduce moral judgement and increase curiosity.

The counsellor may move from asking:

"Why are you behaving badly?"

to asking:

"What emotional need, relational expectation, or interpersonal pattern may be operating here?"

That shift can create room for empathy.

Temperament Should Not Become a Label

The usefulness of temperament theory depends significantly on how it is applied.

Temperament categories should not become rigid identities.

Clients are more complex than a profile.

Human behaviour is also influenced by development, trauma, attachment, learning, family relationships, culture, socioeconomic circumstances, health, spirituality, and life experience.

A person should therefore not be told:

"You behave this way because you are Choleric."

Nor should harmful behaviour be excused on the basis of temperament.

Aggression remains aggression.

Manipulation remains manipulation.

Emotional neglect remains harmful.

Temperament may help explain tendencies, but it does not remove personal responsibility.

The most responsible use of temperament theory is therefore descriptive and exploratory rather than deterministic.

Temperament and Emotional Literacy

One possible contribution of temperament work is the development of emotional literacy.

Many clients know that they are distressed without knowing precisely what they need.

A person may repeatedly feel rejected but struggle to articulate a need for reassurance.

Another may constantly become angry when a deeper issue is loss of control.

A spouse may withdraw emotionally because conflict feels overwhelming.

Temperament language may provide a vocabulary through which clients can explore these patterns.

This can be particularly useful in contexts where emotional expression is culturally constrained.

Some Ghanaian men, for example, may have learned to associate vulnerability with weakness.

Some women may have learned to suppress assertiveness in order to preserve harmony.

Young people may struggle to communicate emotional needs to authority figures.

Counselling can help individuals develop more nuanced emotional language while remaining respectful of cultural context.

Temperament and Marital Counselling

Temperament differences may become particularly visible within marriage.

One spouse may value frequent discussion while the other prefers emotional space.

One may seek strong control over decisions while the other avoids confrontation.

One may express affection verbally while the other communicates love through acts of service.

Without understanding, these differences can become moralised.

The quiet spouse is called uncaring.

The expressive spouse is called demanding.

The assertive spouse is accused of domination.

The accommodating spouse is described as weak.

Temperament-informed counselling can help couples reinterpret some conflicts as differences in relational need rather than evidence of bad intention.

This does not eliminate the need for accountability.

Instead, it provides a framework for empathy.

The counselling goal is not to prove which temperament is correct but to help both partners develop flexibility, communication, mutual respect, and healthier ways of meeting legitimate relational needs.

Temperament and Spiritual Formation

Within Christian counselling, self-understanding should not be regarded as the final goal.

Insight should lead towards maturity.

The language of spiritual formation is therefore important.

From a pastoral perspective, natural tendencies may contain both strengths and vulnerabilities.

Decisiveness may become domination.

Sensitivity may become excessive self-criticism.

Warmth may become impulsivity.

Patience may become passivity.

Service may become self-neglect.

The language of sanctification can help Christians understand that spiritual growth does not require the destruction of personality.

Rather, it calls for the development of character.

A forceful personality may learn gentleness.

A highly sensitive person may learn resilience.

A sociable person may learn discipline.

A quiet individual may develop healthy assertiveness.

In this sense, spiritual formation works with personality rather than against it.

The Faith–Temperament Integration Model

The **Faith–Temperament Integration Model (FTIM)** is proposed here as a conceptual framework for bringing together four domains of counselling:

1. **spiritual meaning and identity;**
2. **temperament and emotional needs;**
3. **psychological understanding and intervention;**
4. **cultural and relational context.**

The model is not presented as a validated clinical treatment.

Rather, it is a contextual framework that requires further empirical study.

Its purpose is to organise counselling conversations in ways that avoid the separation of faith from psychological life.

Dimension One: Spiritual Identity and Meaning

The first dimension explores the client's religious worldview.

Questions may include:

How does the client understand God?

How does faith influence identity?

Does religion provide comfort or guilt?

How does the client interpret suffering?

What spiritual resources are meaningful to the client?

This dimension should be approached respectfully.

The counsellor should not assume that every Christian client wants prayer or Scripture integrated into every session.

Informed consent remains important.

Dimension Two: Temperament and Emotional Needs

Where temperament assessment is appropriate, the counsellor may explore patterns of Inclusion, Control, and Affection.

The emphasis should be on understanding needs, strengths, vulnerabilities, and relational tendencies.

Temperament results should stimulate dialogue rather than dictate conclusions.

The counsellor may ask:

Which parts of this description fit your lived experience?

Which do not?

When do these patterns create difficulty?

How do they influence relationships?

This collaborative approach protects clients from being reduced to a test result.

Dimension Three: Psychological Understanding

Temperament information must be integrated with broader psychological assessment.

The counsellor should consider mood, anxiety, trauma, grief, cognition, behaviour, attachment, family history, interpersonal functioning, health, and risk.

Where clinically indicated, validated psychological tools should be used.

Where a client presents with severe depression, suicidality, psychosis, substance dependence, complex trauma, or other serious conditions, appropriate referral is essential.

Temperament assessment is not a substitute for diagnosis or clinical evaluation.

Dimension Four: Cultural and Relational Context

The fourth dimension considers the social world surrounding the client.

Important questions include:

What role does family play?

What expectations are connected with gender?

How does the church interpret the problem?

What influence do marriage, extended family, authority, age, and community reputation have?

Which cultural values strengthen the client, and which may contribute to distress?

Cultural sensitivity should not become cultural romanticism.

Not every traditional expectation is beneficial.

Counselling must be able to honour culture while also challenging practices that harm dignity or psychological health.

A Proposed FTIM Counselling Process

The FTIM can be organised into six flexible stages.

Stage One: Relationship, Assessment, and Safety

The counselling process begins with rapport, informed consent, confidentiality, psychosocial assessment, spiritual history where relevant, and appropriate risk screening.

The counsellor listens before interpreting.

Safety is always more important than theory.

Stage Two: Temperament Exploration

Where appropriate, temperament information is reviewed collaboratively.

Strengths, vulnerabilities, patterns of interaction, and emotional needs are explored.

The client is encouraged to see temperament as one part of identity rather than the whole of identity.

Stage Three: Psychological Formulation

Presenting concerns are examined through psychological frameworks.

The counsellor considers how cognition, behaviour, relationships, life history, temperament, environment, and emotional patterns interact.

The question becomes:

What is maintaining the distress?

Stage Four: Faith Integration

Where consistent with the client's beliefs and consent, spiritual resources may be integrated.

These may include prayer, Scripture reflection, lament, forgiveness work, spiritual disciplines, meaning-making, or exploration of religious beliefs.

Faith interventions should complement rather than replace competent psychological care.

Stage Five: Relational and Cultural Reframing

Clients explore how culture and relationships influence behaviour.

This may include marriage, family expectations, leadership roles, gender beliefs, church relationships, and community obligations.

Counselling may help the client preserve healthy communal values while developing appropriate boundaries.

Stage Six: Growth, Practice, and Follow-Up

Insight is translated into behavioural change.

Clients may practise communication skills, boundary-setting, emotional regulation, healthier relationships, spiritual disciplines, self-care, or conflict resolution.

Follow-up assesses whether improvement is sustainable.

Illustrative Application: The Overburdened Church Worker

Consider a church worker who repeatedly accepts responsibilities despite exhaustion and resentment.

A simplistic spiritual response might tell the person to serve more faithfully.

A purely individualistic response might encourage immediate withdrawal from commitments without considering the person's faith and communal identity.

An integrated approach would explore several possibilities.

Temperament analysis may reveal difficulty expressing needs.

Psychological assessment may identify burnout and anxiety.

Family or church culture may have taught the individual that saying “no” is disrespectful.

Theological beliefs may equate self-neglect with holiness.

Counselling can then work across these domains.

The client may learn boundaries, examine distorted beliefs about service, communicate needs respectfully, develop rest practices, and preserve a meaningful commitment to ministry without sacrificing psychological health.

The strength of integration lies precisely here: the problem is neither reduced to temperament nor spiritualised into moral failure.

Implications for Pastoral Counsellors

Faith-informed counsellors require more than compassion and biblical knowledge.

They need professional competence.

Training should include:

psychological assessment;

counselling theories;

trauma-informed care;

risk assessment;

ethics;

human development;

family systems;

multicultural counselling;

spirituality;

referral practice;

and supervised clinical experience.

Pastoral counsellors should also understand scope of practice.

The ability to pray with a client does not qualify a counsellor to treat every mental-health condition.

Humility is part of professional competence.

Implications for the Church

The church remains one of Ghana's most important environments for emotional support.

This gives pastors significant influence.

Churches can strengthen mental-health care by moving beyond a model in which every emotional problem is treated only through prayer, deliverance, or moral instruction.

Congregations can establish referral relationships with professional counsellors, psychologists, psychiatrists, social workers, and medical practitioners.

Church leaders can receive mental-health literacy training.

Marriage ministries can incorporate communication and emotional-awareness education.

Young people can be taught that seeking counselling is not evidence of weak faith.

Faith communities can become places where psychological help and spiritual support reinforce one another.

Implications for Counsellor Education

Faith-based counsellor education in Ghana should promote three broad areas of formation:

Knowledge — rigorous understanding of psychology, theology, culture, ethics, and research.

Formation — development of self-awareness, emotional maturity, spiritual integrity, and cultural humility.

Practice — supervised counselling experience in which students learn to integrate theory responsibly.

Temperament theory may be taught as one framework among others rather than as an exclusive explanation of personality.

Students should be encouraged to compare temperament approaches with contemporary personality psychology, attachment theory, cognitive models, family systems, developmental psychology, and empirical assessment.

Such comparison strengthens rather than weakens faith-informed education.

Supervision and the Counsellor's Own Temperament

One valuable use of temperament concepts may be in counsellor self-reflection.

Counsellors bring their own personalities into the therapeutic relationship.

A highly directive counsellor may unintentionally dominate a passive client.

A counsellor who needs approval may avoid appropriate confrontation.

A conflict-avoidant counsellor may fail to challenge harmful behaviour.

A highly emotionally expressive counsellor may overwhelm a reserved client.

Supervision should therefore ask not only:

"What is happening with the client?"

but also:

"What is happening within the counsellor?"

This is an important aspect of countertransference awareness and ethical practice.

Ethical Considerations

Any faith-informed temperament approach must operate within clear ethical boundaries.

Several principles are essential.

First, clients should provide informed consent for explicitly religious interventions.

Second, counsellors should not impose their religious interpretations.

Third, temperament profiles should not be treated as diagnoses.

Fourth, confidentiality should be maintained even where counselling takes place in church settings.

Fifth, prayer and spiritual practices should never be used to delay necessary medical, psychiatric, or psychological care.

Sixth, counsellors should recognise the possibility of spiritual abuse.

Seventh, forgiveness should not be used to pressure clients to return to unsafe relationships.

Eighth, client autonomy and dignity must remain central.

Christian counselling gains credibility not by lowering professional standards but by embodying them with compassion.

Limitations and Research Needs

A major limitation in temperament-based Christian counselling is the need for stronger empirical evaluation.

The theoretical usefulness of a model does not automatically establish its reliability or clinical effectiveness.

Research is therefore needed to examine:

the psychometric properties of temperament measures;

the relationship between APS categories and established personality constructs;

client outcomes following temperament-informed counselling;

applications in marriage and family counselling;

cultural validity within Ghanaian populations;

usefulness within pastoral settings;

and potential risks associated with overclassification.

The FTIM itself should be tested empirically.

Future studies might compare faith-informed temperament counselling with other integrative approaches and assess outcomes relating to emotional distress, marital satisfaction, spiritual well-being, therapeutic alliance, and client functioning.

Qualitative studies could also explore how Ghanaian clients themselves experience temperament language.

This is important because a contextual counselling model should not merely speak about African clients.

It should listen to them.

Discussion

The central contribution of faith-informed counselling is not the claim that theology can replace psychology.

Neither is it the claim that psychological science can fully explain spiritual life.

Its contribution lies in careful integration.

Within Ghanaian Christian contexts, clients often interpret themselves through multiple worlds simultaneously.

They are psychological persons.

They are relational persons.

They are cultural persons.

Many are spiritual persons.

Counselling that recognises only one of these dimensions risks fragmenting the person it seeks to help.

Temperament theory can contribute to this integrative process when used with appropriate humility.

It may provide language for discussing emotional needs and relational differences.

It can foster self-awareness and empathy.

It may assist couples and families in understanding recurring interpersonal patterns.

But temperament theory should remain a tool rather than a total explanation.

Similarly, Christian theology can provide powerful resources for identity, hope, forgiveness, meaning, compassion, and spiritual formation.

Yet theology should not be used to deny mental illness, silence trauma, or replace competent assessment.

Cultural values can strengthen belonging and resilience.

Yet culture should not be allowed to justify coercion, stigma, gender inequality, or emotional suppression.

The mature counsellor therefore holds these domains together critically and compassionately.

Conclusion

The future of faith-informed counselling in Ghana should not be built upon a choice between prayer and psychology.

Nor should African Christian counselling be defined by a rejection of psychological science simply because much of that science developed outside Africa.

The more constructive task is contextual integration.

Theology can provide meaning.

Psychology can provide explanatory and therapeutic tools.

Temperament theory can provide one avenue for self-understanding.

Culture provides the relational world in which all three are experienced.

The Faith–Temperament Integration Model offers a conceptual way of bringing these dimensions into conversation.

Its central pastoral conviction is simple: **people are best helped when they are understood as whole persons rather than reduced to symptoms, labels, spiritual problems, or personality categories.**

For Christian counsellors, this means listening with both competence and compassion.

It means respecting Scripture without weaponising it.

It means valuing psychology without treating it as exhaustive.

It means understanding culture without becoming captive to harmful cultural expectations.

It means using temperament language to illuminate rather than label.

And it means knowing when to pray, when to listen, when to intervene, and when to refer.

The African Christian counselling profession will be strengthened not by choosing between scientific knowledge and pastoral wisdom but by allowing each to correct, deepen, and enrich the other.

When this integration is practised ethically, the counselling room can become a place where understanding replaces condemnation, insight replaces confusion, and faith accompanies rather than obstructs the work of healing.

References

Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. International Universities Press.

Bowen, M. (1978). *Family therapy in clinical practice*. Jason Aronson.

Cloud, H., & Townsend, J. (1992). *Boundaries: When to say yes, how to say no to take control of your life*. Zondervan.

Collins, G. R. (2007). *Christian counseling: A comprehensive guide* (3rd ed.). Thomas Nelson.

Crabb, L. J. (1977). *Effective biblical counseling: A model for helping caring Christians become capable counselors*. Zondervan.

Gross, J. J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology, 2*(3), 271–299.

Mbiti, J. S. (1969). *African religions and philosophy*. Heinemann.

McMinn, M. R. (2011). *Psychology, theology, and spirituality in Christian counseling* (2nd ed.). Tyndale House.

Nouwen, H. J. M. (1979). *The wounded healer: Ministry in contemporary society*. Image Books.

Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. Guilford Press.

Tan, S. Y. (2011). *Counseling and psychotherapy: A Christian perspective*. Baker Academic.

Tournier, P. (1957). *The meaning of persons*. Harper & Brothers.

Worthington, E. L. (2005). *Hope-focused marriage counseling: A guide to brief therapy*. InterVarsity Press.