Faith, Emotion, and Reason: Reconstructing the Epistemology of Healing in African Christian Thought

Oheneba-Dornyo, S

Abstract

Healing within African Christian thought is rarely understood as a purely psychological, medical, or spiritual event. Rather, it is experienced as a holistic process involving belief, emotion, cognition, relationship, community, and encounter with God. This conceptual article examines the epistemology of healing—how healing is understood, experienced, interpreted, and known—through the intersecting lenses of biblical theology, African Christian thought, psychology, and pastoral counselling. It argues that faith, emotion, and reason should not be treated as competing sources of knowledge but as mutually enriching dimensions of human experience. Drawing on biblical anthropology, African communal understandings of personhood, theories of emotion and cognition, and spiritually integrated psychotherapy, the article proposes the **Faith–Psychology Integration Model (FPIM)** as a contextual framework for African Christian counselling. The model understands faith as the source of transcendent meaning, emotion as the medium of lived experience, and reason as the interpretive capacity through which experience is evaluated and integrated. Five interconnected movements of healing are proposed: awareness, emotional processing, faith-informed cognitive reframing, behavioural and relational renewal, and spiritual growth. Particular attention is given to Ghanaian pastoral practice, where prayer, worship, communal relationships, Scripture, storytelling, and professional counselling frequently converge. The article concludes that African Christian counselling need not choose between psychological science and spiritual conviction. A mature pastoral psychology can honour scientific knowledge while taking seriously the spiritual and communal realities through which many African Christians interpret distress and restoration. Such an approach offers a culturally responsive and ethically responsible framework for promoting psychological, relational, and spiritual wholeness.

Keywords: African Christian Counselling; Faith–Psychology Integration; Emotional Healing; Pastoral Counselling; African Theology; Spirituality and Mental Health

Introduction

The question of how human beings know that healing has occurred reaches beyond medicine and psychology into philosophy, theology, culture, and lived experience. Healing may be observable in reduced symptoms, improved functioning, renewed relationships, greater emotional stability, or physical recovery. Yet for many African Christians, healing is also known through restored meaning, reconciliation with God, spiritual assurance, renewed hope, relational harmony, and an inner sense of peace.

This broader understanding raises an important epistemological question: **How do people know and experience healing?**

In much of modern psychological practice, knowledge about healing has been strongly influenced by empirical observation, cognitive interpretation, behavioural change, and measurable outcomes. These perspectives have contributed enormously to contemporary mental-health practice. Yet they do not always exhaust the ways in which human beings experience restoration.

Within African Christian contexts, healing is frequently relational, spiritual, communal, emotional, and embodied. A person experiencing psychological distress may seek not only relief from symptoms but also meaning. He or she may ask why suffering has occurred, whether God is present within it, how relationships have been affected, and whether peace with self, family, community, and God can be restored.

The African Christian counselee may therefore come to the counselling room carrying more than a psychological complaint. The individual carries a worldview.

This worldview may include Scripture, prayer, extended-family relationships, communal identity, cultural interpretations of suffering, belief in divine intervention, emotional experiences during worship, expectations of pastoral care, and a strong conviction that spiritual realities cannot be entirely separated from psychological life.

For pastoral counsellors, this presents both an opportunity and a responsibility. Faith must not be used to dismiss psychological suffering. Emotion must not be treated as sufficient evidence of spiritual truth. Reason must not become so dominant that the spiritual worldview of the client is disregarded.

What is required is integration.

This article proposes that **faith, emotion, and reason function best not as rivals but as partners in healing**. From this premise, it develops a contextual conceptual framework—the Faith–Psychology Integration Model—to assist counsellors working within African Christian settings.

Healing as an Epistemological and Pastoral Question

Epistemology concerns the nature and sources of knowledge. Within the healing professions, epistemology asks questions such as: What counts as evidence of recovery? How should emotional experience be interpreted? What role does belief play in psychological change? How do cultural and religious assumptions influence what people regard as wellness?

These are not abstract philosophical concerns alone. They have direct implications for pastoral counselling.

A Christian who has suffered bereavement, for example, may demonstrate psychological improvement by sleeping better, functioning at work, reconnecting socially, and experiencing reduced depressive symptoms. At the same time, the person may describe healing through theological language: “I have found peace with God,” “I have accepted what happened,” or “I now believe God will carry me through.”

Clinical and spiritual descriptions may be addressing different dimensions of the same human experience.

African Christian pastoral care therefore requires an epistemology broad enough to respect empirical psychological knowledge while also recognising how religious meaning influences coping, hope, emotional regulation, identity, and resilience.

Pargament (2007) has demonstrated that spirituality may function as an important dimension of psychological coping. Koenig (2012) has similarly explored significant relationships between religion, spirituality, and health. Such scholarship challenges the assumption that religious belief is peripheral to psychological care.

In many African settings, it is anything but peripheral.

Biblical Anthropology and the Whole Person

A Christian understanding of healing begins with an understanding of the human person.

Biblical anthropology portrays human beings as embodied, relational, moral, emotional, rational, and spiritual. The doctrine of the *imago Dei* in Genesis 1:26–27 establishes human dignity and provides an important theological basis for pastoral care.

The biblical witness does not present reason and emotion as irreconcilable opposites. Scripture contains intellectual reflection, lament, worship, grief, hope, fear, joy, confession, protest, and contemplation.

The Psalms are perhaps one of the clearest demonstrations of this integration. The psalmists do not suppress emotional pain in order to appear faithful. Rather, fear, grief, anger, confusion, and hope are brought consciously into relationship with God.

The New Testament similarly gives significant attention to transformation of the mind. Romans 12:2 connects transformation with the renewing of the mind, suggesting that cognition matters profoundly within Christian formation.

At the same time, Jesus' ministry repeatedly reflects compassion for the whole person. Human suffering is approached not simply as an intellectual problem but as a reality requiring presence, mercy, restoration, truth, and relationship.

Pastoral counselling grounded in biblical anthropology should therefore resist fragmented views of the person.

The client is not merely a mind requiring cognitive restructuring.

Neither is the client merely an emotional being requiring catharsis.

Nor should the person be treated only as a spiritual being whose distress can automatically be resolved through prayer.

The person must be approached as a whole.

African Christian Understandings of Personhood

African approaches to personhood further strengthen this holistic perspective.

Mbiti's (1969) influential work on African religion and philosophy highlighted the deeply relational and communal character of many African worldviews. Personhood is commonly understood within networks of family, ancestry, community, spirituality, responsibility, and belonging.

The widely recognised philosophy of *ubuntu* expresses this relational orientation through the idea that human identity develops in relationship with others.

Comparable communal values are evident within Ghanaian societies. Individual well-being cannot always be understood apart from family, marriage, community, religious belonging, and social responsibility.

This has significant implications for counselling.

Psychological distress may affect not only the individual but the entire relational environment. Likewise, healing may involve more than intrapersonal change. It may require reconciliation, restored community participation, family dialogue, forgiveness, boundary-setting, social support, or renewed spiritual belonging.

African Christian healing is therefore often experienced communally.

Prayer gatherings, pastoral visitation, singing, lamentation, testimony, communal worship, family meetings, and congregational support may all become part of the person's journey towards restoration.

This does not mean every traditional interpretation of illness or spiritual causation should be adopted uncritically. Cultural sensitivity must operate alongside theological discernment, psychological competence, ethical practice, and respect for evidence.

A contextual African Christian counselling model should neither romanticise culture nor reject it wholesale.

It should engage culture critically and compassionately.

Emotion as a Source of Human Meaning

Modern psychology increasingly recognises that emotion is not simply irrational disturbance. Emotional experience carries information about needs, relationships, perceptions, values, threats, and meaning.

Nussbaum (2001), for example, emphasised the evaluative and cognitive dimensions of emotion. Gross (1998, 2015) further demonstrated the central role of emotion regulation in psychological functioning.

Emotion therefore contributes to how human beings interpret reality.

In pastoral counselling, this becomes particularly important.

A grieving person may intellectually understand that bereavement is part of human life while emotionally struggling to accept the loss.

A Christian experiencing guilt may know doctrinal teachings about forgiveness while remaining emotionally imprisoned by shame.

A trauma survivor may rationally recognise that present circumstances are safe while the body continues to respond as though danger remains.

Healing cannot therefore be reduced to information.

People may know something intellectually without having integrated it emotionally.

This distinction helps explain why faith, reason, and emotion must interact.

Faith may provide a theological truth.

Reason may interpret it.

Emotion may determine whether that truth has become experientially meaningful.

Reason and Cognitive Transformation

The contribution of cognitive psychology is particularly significant within an integrative model.

Beck's (1976) cognitive approach demonstrated that emotional distress is often influenced by interpretations, assumptions, beliefs, and patterns of thought. Cognitive-behavioural therapies subsequently developed structured approaches for identifying distorted cognitions and replacing them with more balanced interpretations.

Christian counselling has frequently recognised parallels between cognitive restructuring and the biblical emphasis on renewal of the mind.

This parallel, however, must be handled carefully.

Not every maladaptive thought is necessarily a theological error, and psychological distress should not be reduced to deficient spirituality.

Nevertheless, faith can provide meaningful cognitive resources for believers.

A counselee who believes, “I am worthless because I failed,” may be helped psychologically to recognise overgeneralisation and self-condemnation. Within a Christian framework, the person may additionally explore a theological identity that separates personal worth from achievement.

A traumatised person who believes, “No one can ever be trusted,” may learn through counselling to evaluate this belief more realistically while gradually experiencing safe relationships.

Here, reason does not destroy faith. It helps faith become reflective rather than impulsive.

Likewise, faith does not replace reason. It provides a broader framework within which meaning may be interpreted.

Meaning, Suffering, and Existential Healing

Frankl's existential approach adds another important dimension.

Human beings do not merely seek relief from discomfort; they seek meaning. Frankl's work demonstrated that the capacity to discover meaning can profoundly influence human resilience in circumstances of suffering.

This insight resonates deeply with African Christianity.

Many believers respond to suffering not only by asking, “How can this pain stop?” but also, “What does this mean?”, “Where is God in this?”, “How should I live now?”, and “Can anything redemptive emerge from what I have experienced?”

Pastoral counselling becomes particularly important at this intersection.

The counsellor should not manufacture theological explanations for another person's suffering. Statements such as “God did this to teach you something” may deepen trauma rather than promote healing.

The counsellor can, however, help clients explore meaning, values, hope, purpose, faith, identity, and future possibility.

This is meaning-making without theological coercion.

Christian Counselling and the Integration Tradition

The dialogue between psychology and Christian theology has been developed by scholars including Collins (2007), McMinn (2011), Tan (2011), and Pargament (2007).

These approaches vary significantly in their theology and methodology, but collectively they have helped establish that spirituality can be ethically incorporated into psychological practice when it is consistent with the client's values and professionally appropriate.

Christian counselling at its best does not simply attach biblical quotations to secular techniques.

Integration requires deeper dialogue.

Psychology asks how cognition, behaviour, emotion, attachment, development, trauma, personality, and relationships operate.

Theology asks questions of meaning, ultimate value, human dignity, sin, suffering, forgiveness, hope, grace, reconciliation, and transcendence.

Pastoral counselling brings these worlds into conversation within the lived experience of the counselee.

The African context adds a third dimension: culture.

An adequate model must therefore be psychologically informed, theologically coherent, and culturally responsive.

The Need for an African Christian Integration Model

Western counselling theories have contributed substantially to African mental-health education and practice. Their value should not be dismissed merely because they originated elsewhere.

Nevertheless, theories developed within highly individualistic contexts may not automatically account for communal identity, extended-family involvement, religious authority, spiritual interpretations of suffering, collective rituals, and culturally specific patterns of emotional expression.

African Christian counsellors therefore require more than the uncritical transplantation of existing models.

They need contextualisation.

Contextualisation does not mean abandoning established psychological knowledge. It means asking how reliable psychological knowledge can be applied responsibly within the cultural and spiritual worlds of African clients.

The Faith–Psychology Integration Model proposed in this article seeks to contribute to that task.

The Faith–Psychology Integration Model

The **Faith–Psychology Integration Model (FPIM)** conceptualises healing through three interacting dimensions: **faith, emotion, and reason**.

These dimensions are not hierarchical in the sense that one always overrides the others. Rather, they fulfil different functions within the healing process.

Faith: The Dimension of Transcendent Meaning

Faith provides an interpretive framework through which believers understand identity, suffering, hope, morality, forgiveness, community, purpose, and relationship with God.

Faith asks questions such as:

What ultimately gives my life meaning?

Who am I before God?

What sustains hope when circumstances remain painful?

What values should guide my response?

Within pastoral counselling, faith can provide hope and resilience. It can also become problematic when distorted by fear, shame, spiritual abuse, punitive theology, or unrealistic expectations.

Faith itself therefore sometimes requires examination and healing.

Emotion: The Dimension of Lived Experience

Emotion communicates how life is being experienced.

Fear may signal perceived danger.

Grief acknowledges loss.

Anger may reveal violation, frustration, or injustice.

Shame may expose damaged self-worth.

Joy may indicate connection, meaning, fulfilment, or relief.

Pastoral counselling should neither suppress emotion nor automatically sanctify every emotional impulse.

Emotion requires compassionate listening and interpretation.

Reason: The Dimension of Interpretation

Reason helps the counselee evaluate beliefs, examine evidence, identify cognitive distortions, consider alternatives, make decisions, establish boundaries, and interpret experiences coherently.

Reason protects pastoral counselling from emotional manipulation and uncritical spiritualisation.

It also enables individuals to examine religious interpretations responsibly.

Through reason, faith becomes reflective and emotion becomes interpretable.

The Dynamic Interaction of Faith, Emotion, and Reason

Psychological and spiritual distress may emerge when these dimensions become disconnected.

Faith without careful reasoning can deteriorate into credulity or harmful spiritual interpretation.

Reason without emotional engagement may become intellectually sophisticated but psychologically detached.

Emotion without reflective interpretation may become overwhelming or impulsive.

Integration seeks balance.

For example, a person experiencing betrayal may initially feel intense anger and despair. Emotion reveals the depth of injury. Reason helps distinguish facts from catastrophic assumptions and guides wise decisions. Faith may offer dignity, hope, forgiveness as a future possibility, and a theological framework within which the person can continue living meaningfully.

Healing emerges not because one dimension defeats the others, but because the dimensions begin to communicate.

Five Movements of Healing Within FPIM

The FPIM can be translated into five overlapping therapeutic movements.

1. Awareness and Discernment

Healing begins when previously hidden distress becomes identifiable.

The counsellor helps clients name emotions, identify thoughts, recognise behavioural patterns, explore relationships, examine spiritual interpretations, and consider the historical origins of present distress.

Biblical reflection may be incorporated where appropriate, but it should support exploration rather than prematurely close it.

The prayer of Psalm 139:23—"Search me, O God, and know my heart"—captures the spirit of reflective awareness.

2. Emotional Processing and Acceptance

Clients require safe spaces in which grief, anger, fear, guilt, shame, confusion, and disappointment can be expressed without condemnation.

For Christian clients, prayer, lament, journaling, worship, spiritual reflection, and Scripture may accompany therapeutic emotional processing.

The aim is not uncontrolled catharsis.

It is honest emotional encounter.

Pain that cannot be acknowledged is difficult to transform.

3. Faith-Informed Cognitive Reframing

The third movement examines beliefs and interpretations.

Counselees may hold psychologically damaging assumptions about themselves, others, or God.

Examples include:

"God has abandoned me."

"Because my marriage failed, my life is worthless."

"If I feel depressed, I must have weak faith."

"I must forgive immediately or I am a bad Christian."

"Everything bad that happens must be caused by an evil spirit."

Such beliefs require careful theological and psychological evaluation.

Cognitive restructuring can help clients develop more accurate interpretations, while theology may provide resources for hope, grace, identity, and meaning.

4. Behavioural and Relational Renewal

Healing should eventually influence behaviour and relationships.

The counselee may need to establish boundaries, apologise, forgive, seek medical care, repair relationships, change destructive habits, develop healthier routines, join supportive communities, or learn new communication patterns.

In African settings, relational repair may sometimes appropriately involve family systems, church communities, or trusted community support.

However, confidentiality and client autonomy must remain central.

Community participation should never become coercion.

5. Spiritual Growth and Meaning

The final movement concerns integration.

The person begins to incorporate the experience into a larger story of identity and meaning.

For Christian clients, suffering may eventually become connected with compassion, maturity, ministry, testimony, deeper faith, or renewed purpose.

This should never be forced.

Not every wound immediately becomes a testimony.

Sometimes healing means simply being able to live peacefully again.

Pastoral counsellors must allow meaning to emerge naturally rather than demand spiritual triumphalism.

Application to Pastoral Counselling Practice

The FPIM can be used across a range of counselling concerns including grief, marriage, trauma, guilt, anxiety, depression, burnout, vocational crisis, relational conflict, and spiritual distress.

Consider a Christian woman who discovers marital infidelity.

Her emotional experience may include betrayal, anger, grief, shame, fear, and confusion.

Reason helps her evaluate what occurred, determine appropriate boundaries, distinguish responsibility from self-blame, and consider future options.

Faith may help her explore identity, dignity, forgiveness, hope, prayer, and meaning.

An integrative counsellor does not force immediate reconciliation.

Rather, the counsellor helps her move towards safety, clarity, emotional processing, and wise decision-making.

Consider also a minister experiencing burnout.

The presenting problem may initially be spiritualised as “loss of anointing.”

Further exploration may reveal sleep deprivation, unrealistic expectations, perfectionism, emotional exhaustion, family neglect, and chronic occupational stress.

Faith remains important, but prayer alone should not prevent psychological assessment, rest, behavioural change, medical consultation where appropriate, and healthier ministry boundaries.

This is precisely where integration becomes practical.

African Worship as Affective and Communal Meaning-Making

One distinctive contribution of African Christianity is the embodied nature of worship.

Song, movement, communal prayer, silence, testimony, lament, preaching, and ritual participation can engage cognition, emotion, spirituality, memory, identity, and belonging simultaneously.

These experiences can have considerable pastoral significance.

Music may enable grieving individuals to express what ordinary speech cannot communicate.

Testimony may restore hope.

Communal prayer may reduce isolation.

Scripture may provide language through which suffering can be interpreted.

Yet pastoral counsellors must avoid assuming that intense religious emotion automatically indicates psychological healing.

A person may cry during prayer and remain traumatised.

A worshipper may experience temporary emotional relief while still requiring professional treatment.

Powerful spiritual experiences and clinical recovery can coexist, but they are not synonymous.

Discernment is therefore essential.

The Role of the African Church

The church occupies a significant position within African mental-health care because many people approach clergy before they approach psychologists or psychiatrists.

This gives churches enormous pastoral opportunity.

It also creates responsibility.

Pastors require sufficient mental-health literacy to distinguish spiritual concerns from conditions requiring professional intervention.

Churches should develop clear referral pathways to licensed counsellors, psychologists, psychiatrists, physicians, social workers, and safeguarding professionals.

The church should not become an alternative mental-health system operating without professional accountability.

Rather, it can become a trusted partner within a broader network of care.

The strongest African Christian mental-health model will not be one in which pastors replace psychologists or psychologists dismiss pastors.

It will be one in which competent professionals collaborate while respecting clearly defined roles.

Counsellor Formation and Supervision

A contextual model such as FPIM also has implications for counsellor education.

Training should include biblical and theological anthropology, psychological theories, trauma-informed care, cognitive and behavioural approaches, emotional regulation, ethics, multicultural counselling, spirituality, African family systems, research methods, and supervised clinical practice.

Spiritual maturity cannot substitute for clinical competence.

Neither can academic competence substitute for character and ethical responsibility.

The African Christian counsellor should therefore be formed intellectually, clinically, culturally, emotionally, ethically, and spiritually.

Supervision is particularly important.

Supervisors should help practitioners examine not only intervention strategies but also personal biases, theological assumptions, countertransference, spiritual interpretations, ethical concerns, cultural dynamics, and professional boundaries.

Prayer may appropriately form part of supervision within faith-based institutions, but clinical decision-making should remain accountable to professional standards.

Ethical Boundaries in Faith-Integrated Counselling

Faith integration becomes credible only when it is ethically responsible.

Counsellors should therefore obtain informed consent before incorporating explicitly spiritual interventions.

They should not impose their theology on clients.

They should respect denominational differences and the beliefs of individuals who do not share the counsellor's religious convictions.

Spiritual interpretations should never be used to explain away psychosis, trauma, depression, suicidal risk, intimate partner violence, or other serious concerns without appropriate assessment.

Professional referral should be understood as responsible care rather than lack of faith.

Similarly, forgiveness should never be used to pressure clients to remain in unsafe relationships.

Christian compassion and psychological ethics should work together to protect human dignity.

Implications for African Counselling Education

African universities, seminaries, theological colleges, and professional counselling institutions should encourage scholarship that examines faith integration empirically rather than relying exclusively on theological assertion.

The FPIM should therefore be regarded at this stage as a **conceptual framework requiring further empirical evaluation**.

Future research could examine its usefulness in:

- grief counselling;
- marital therapy;
- trauma recovery;
- pastoral burnout;
- anxiety and depression;
- addiction recovery;
- spiritual distress; and
- community-based mental-health interventions.

Researchers should also investigate which aspects of spiritual integration contribute positively to outcomes and under what conditions religious practices may become harmful.

Such empirical testing will strengthen the model and prevent faith-informed counselling from becoming insulated from scientific evaluation.

Contribution to Global Christian Psychology

African Christianity has much to contribute to global conversations about counselling, spirituality, and psychological well-being.

Its emphasis on community challenges excessively individualistic understandings of health.

Its embodied worship traditions demonstrate that human knowing is not purely cognitive.

Its relational worldview highlights the importance of belonging.

Its theology of hope provides powerful resources for meaning-making.

Its pastoral traditions demonstrate the enduring significance of spiritual care.

Yet Africa's contribution will become most credible when cultural wisdom is combined with rigorous scholarship, ethical practice, psychological science, and theological depth.

The goal should not be to reject Western psychology simply because it is Western.

Nor should African counselling imitate Western models without critical reflection.

The more constructive task is dialogue.

Discussion

The central argument of this article is that healing within African Christian thought is best understood as an integrated process of meaning, emotion, cognition, relationship, faith, and community.

Faith helps individuals locate suffering within an ultimate framework.

Emotion gives suffering experiential form.

Reason enables interpretation.

Community provides relational belonging.

Psychological knowledge offers methods for assessment and intervention.

Pastoral theology provides language for spiritual meaning, hope, reconciliation, dignity, and transcendence.

No single dimension adequately represents the whole person.

The FPIM therefore proposes integration rather than competition.

This framework also helps overcome two problematic extremes.

The first is **spiritual reductionism**, in which psychological problems are interpreted almost exclusively through spiritual categories.

The second is **psychological reductionism**, in which the spiritual worldview of the client is treated as irrelevant or merely symptomatic.

Neither approach adequately respects the complexity of African Christian experience.

A mature pastoral psychology listens to the whole person.

Conclusion

Africa does not have to choose between the counselling room and the prayer room.

Faith and psychology need not exist as adversaries.

Reason need not silence emotion, and emotion need not overthrow reason.

Within an ethically responsible and culturally grounded framework, each can contribute to the work of healing.

The African Christian vision of wholeness reminds counsellors that people suffer not only in their minds but in their relationships, bodies, communities, identities, hopes, and spiritual lives.

They therefore require care capable of listening at several levels.

The Faith–Psychology Integration Model offers one conceptual pathway for such work. It proposes that faith provides transcendent meaning, emotion embodies lived experience, and reason enables critical interpretation.

When these dimensions are held together responsibly, pastoral counselling can move beyond simplistic alternatives of “prayer or psychology” towards a richer vision of psychological and spiritual care.

The future of African Christian counselling should therefore be neither imitation nor isolation.

It should be **integration with discernment**.

It should cultivate counsellors who can listen scientifically without becoming spiritually deaf, respond pastorally without abandoning professional competence, engage emotion without surrendering discernment, and value Scripture without using it to silence human pain.

Such counselling honours both the dignity of the human person and the complexity of healing.

In this vision, counselling becomes neither merely psychological technique nor merely religious exhortation. It becomes a disciplined ministry of compassionate presence, critical understanding, cultural sensitivity, professional wisdom, and hope.

That may be one of African Christianity's most significant contributions to the global conversation on mental health and human wholeness.

References

Aquinas, T. (1947). *Summa theologica* (Fathers of the English Dominican Province, Trans.). Benziger Brothers.

Augustine. (1955). *Confessions* (R. S. Pine-Coffin, Trans.). Penguin Classics.

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

Bediako, K. (1995). *Christianity in Africa: The renewal of a non-Western religion*. Edinburgh University Press.

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

Frankl, V. E. (1946). *Man's search for meaning*. Beacon Press.

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

Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry, 26*(1), 1–26.

Koenig, H. G. (2012). *Religion, spirituality, and health: The research and clinical implications*. Templeton Press.

Lartey, E. Y. (2006). *Pastoral theology in an intercultural world*. Wipf & Stock.

Louw, D. J. (2015). *Wholeness in hope care: On nurturing the beauty of the human soul in spiritual healing*. LIT Verlag.

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

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

Nussbaum, M. C. (2001). *Upheavals of thought: The intelligence of emotions*. Cambridge University Press.

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

Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Houghton Mifflin.

Smith, J. K. A. (2016). *You are what you love: The spiritual power of habit*. Brazos Press.

Solomon, R. C. (1993). *The passions: Emotions and the meaning of life*. Hackett.

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

Tutu, D. (1999). *No future without forgiveness*. Doubleday.

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

Biblical Sources

The Holy Bible, New International Version. (2011). Zondervan.

The Holy Bible, New King James Version. (1982). Thomas Nelson.