Integrating Biblical Anthropology and Psychological Theory: Toward an African Theology of the Human Person

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Abstract

The understanding of the human person lies at the heart of both theology and psychology. Although psychology provides valuable insights into cognition, emotion, behaviour, personality, motivation, and human development, many dominant psychological traditions have historically approached personhood primarily through individualistic and secular frameworks. Biblical anthropology, by contrast, understands humanity in relation to God, moral responsibility, embodiment, spirituality, and community. African perspectives on personhood contribute an additional relational dimension by locating identity within family, community, culture, spirituality, and social obligation. This article develops an integrative African Christian understanding of the human person by bringing biblical anthropology into dialogue with selected psychological theories and African communal philosophy. Particular attention is given to the *imago Dei*, the relationship between body, soul, and spirit, cognitive-behavioural theory, psychodynamic thought, humanistic and existential perspectives, developmental psychology, and African relational understandings of personhood. Building upon this synthesis, the article presents the Faith–Temperament Integration Model (FTIM) as a contextual framework for Christian counselling, pastoral care, counsellor education, and spiritual formation in African settings. The model integrates faith, temperament, cognitive renewal, emotional healing, communal reconnection, and discipleship. It is argued that psychologically informed Christian care in Africa should be biblically grounded, culturally responsive, professionally responsible, relationally oriented, and attentive to the whole person. Such integration offers a framework for counselling that neither rejects psychological science nor marginalises spirituality but draws both into critical dialogue in service of human dignity, relational healing, and holistic transformation.

Keywords: Biblical anthropology; African personhood; Faith-informed counselling; Psychology and theology integration; Faith–Temperament Integration Model; Christian counselling

Introduction

Human beings have always wrestled with fundamental questions concerning identity, meaning, morality, suffering, relationships, and purpose. Theology and psychology approach these questions from different but potentially complementary perspectives. Theology asks who the human person is in relation to God, creation, sin, redemption, and ultimate purpose. Psychology investigates how people think, feel, behave, develop, relate, adapt, and experience distress.

The relationship between these disciplines has not always been comfortable. Some Christian traditions have regarded psychology with suspicion because of philosophical assumptions within particular psychological theories. Conversely, some psychological approaches have considered

theological explanations unnecessary or unsuitable for scientific investigation. Yet both disciplines address the same human person.

The challenge is therefore not simply whether theology and psychology should speak to one another, but how this dialogue can occur without reducing theology to psychology or turning psychology into theology.

This question is particularly important within African Christian contexts. African understandings of humanity have traditionally emphasised relationality, spirituality, communal responsibility, family belonging, and moral interconnectedness. Personhood is seldom conceived purely as autonomous individuality. Rather, identity develops and finds expression within a network of relationships.

Biblical anthropology similarly resists the reduction of humanity to biology, cognition, emotion, or social behaviour alone. Genesis presents human beings as created in the image of God (*imago Dei*) and intended for relationship with God, one another, and creation. Christian theology therefore regards human beings as persons possessing inherent dignity, moral responsibility, relational capacity, and spiritual purpose.

This article argues for an African Christian anthropology that brings three intellectual traditions into conversation: **biblical revelation, psychological understanding, and African relational wisdom**.

The objective is not to force superficial agreement among them. Rather, it is to identify areas of meaningful dialogue and develop a framework capable of informing Christian counselling, pastoral care, theological education, and professional counsellor formation within Africa.

Biblical Anthropology and the Human Person

The Imago Dei and Human Dignity

The biblical understanding of humanity begins with divine intention. Genesis 1:26–27 declares that human beings were created in the image and likeness of God.

The doctrine of the *imago Dei* provides one of Christianity's most important foundations for human dignity. Human worth is not ultimately determined by intelligence, productivity, economic status, ethnicity, gender, disability, professional achievement, or social position. It derives from humanity's relationship to the Creator.

Historically, theologians have interpreted the image of God in several ways. Some have emphasised rationality and moral capacity; others have emphasised human vocation, relationality, or representation. Contemporary theological anthropology increasingly recognises that the *imago Dei* cannot be restricted to one human faculty.

A relational interpretation has particular significance for African contexts. If human beings reflect a relational God, then personhood cannot be adequately understood in isolation.

Christian anthropology therefore affirms both **individual dignity and relational responsibility**.

The person is unique but not autonomous.

The individual possesses worth but belongs within communities of relationship.

This understanding creates an important bridge between Christian theology and African philosophies of communal personhood.

Body, Soul, and Spirit

Christian traditions have interpreted biblical descriptions of human constitution differently. Some favour a dichotomous understanding of body and soul/spirit, while others distinguish among body, soul, and spirit.

First Thessalonians 5:23 employs the language of spirit, soul, and body, while Genesis 2:7 portrays the human being as formed from the earth and enlivened through the breath of God.

For the purposes of pastoral care, the significance of these passages lies in their holistic anthropology.

Human beings are embodied.

They think.

They feel.

They choose.

They relate.

They experience spirituality.

They belong to communities.

Consequently, human suffering rarely occurs in only one domain.

Physical illness can affect emotional wellbeing. Psychological trauma can influence relationships and spiritual life. Religious beliefs can contribute to resilience but may also become sources of guilt, conflict, fear, or spiritual struggle. Social exclusion can affect both mental health and spiritual identity.

Christian counselling therefore requires an approach that recognises interconnected dimensions of human experience.

Brokenness and Restoration

Biblical anthropology does not idealise humanity. The biblical narrative moves from creation to brokenness and ultimately toward redemption.

Genesis 3 portrays alienation within multiple relationships: human beings become estranged from God, from one another, from themselves, and from their environment.

This relational fragmentation provides a theological framework through which psychological distress may be considered without reducing every difficulty to individual moral failure.

Human suffering can emerge through many pathways: trauma, biological vulnerability, developmental experience, relational injury, social injustice, bereavement, distorted beliefs, harmful behaviour, spiritual conflict, and combinations of these factors.

A responsible Christian counselling framework must therefore distinguish between moral responsibility and psychological suffering while recognising that the two can sometimes interact.

The aim of care is not merely symptom reduction but movement toward greater wholeness in relationship with **God, self, others, and community**.

Psychological Perspectives on the Human Person

Psychology offers multiple theories rather than one unified anthropology. Each theoretical tradition highlights particular dimensions of human experience.

Psychodynamic Perspectives

Psychodynamic theory drew attention to unconscious processes, childhood experience, internal conflict, defence mechanisms, and the continuing influence of relationships upon adult functioning.

Freud's philosophical assumptions differ significantly from Christian theology. Nevertheless, psychodynamic thought contributed an enduring insight: people are not always fully aware of the forces influencing their behaviour.

Individuals may carry unresolved grief, shame, fear, anger, attachment wounds, and relational patterns that continue to shape later behaviour.

Christian counselling can acknowledge such psychological depth without adopting Freud's entire philosophical framework.

Psalmic traditions of self-examination, confession, lament, and reflection similarly acknowledge that the human interior is complex and requires honest exploration.

Theologically informed counselling can therefore engage unconscious or partially recognised emotional processes while situating healing within broader themes of truth, grace, responsibility, forgiveness, and reconciliation.

Humanistic Psychology

Humanistic psychologists such as Carl Rogers emphasised empathy, authenticity, personal growth, and unconditional positive regard.

These contributions transformed counselling by reminding practitioners that healing occurs not only through technique but within relationship.

Christian anthropology shares the affirmation of human dignity but locates that dignity ultimately within the *imago Dei* rather than autonomous self-definition.

The Christian counsellor can therefore value empathic presence while recognising that therapeutic acceptance does not require moral indifference.

People can be deeply valued while beliefs and behaviours are responsibly examined.

Existential Psychology and Meaning

Existential approaches direct attention toward freedom, responsibility, mortality, anxiety, suffering, and meaning.

Frankl's emphasis upon humanity's search for meaning has particular significance for pastoral counselling. Many clients do not enter counselling merely because they want symptoms removed. They are asking deeper questions:

Why has this happened to me?

Who am I now?

Does my life still have meaning?

Where is God in my suffering?

How do I continue after loss?

Psychology can assist clients in exploring meaning, while Christian theology provides theological resources concerning hope, suffering, vocation, redemption, and ultimate purpose.

In this respect, existential psychology and pastoral theology can enter a fruitful dialogue.

Cognitive-Behavioural Theory

Cognitive-behavioural approaches propose that thoughts, beliefs, interpretations, emotions, and behaviours influence one another.

Beck's cognitive model has been especially influential in helping clients identify distorted or unhelpful patterns of thought.

Christian counsellors have frequently observed parallels between cognitive restructuring and biblical themes such as the renewal of the mind in Romans 12:2.

These similarities should nevertheless be handled carefully.

CBT is a psychological intervention rather than a theological doctrine. Biblical transformation extends beyond changing thoughts and includes moral, relational, spiritual, and communal dimensions.

The value of integration lies in allowing CBT to provide tested strategies for examining beliefs while theological reflection addresses deeper questions of identity, truth, hope, responsibility, and purpose.

Developmental Psychology

Developmental theories highlight how psychological needs and challenges change throughout the lifespan.

Erikson's psychosocial framework, for example, describes developmental tensions surrounding trust, identity, intimacy, generativity, and integrity.

Such theories can enrich pastoral care because spiritual development does not occur outside human development.

A young adult struggling with identity requires a different pastoral approach from an older adult facing bereavement, retirement, illness, or questions concerning legacy.

The integration of developmental psychology and pastoral theology therefore encourages contextual care rather than one-size-fits-all spiritual responses.

African Personhood and Relational Anthropology

Personhood Through Belonging

African philosophical traditions offer an important contribution to psychological and theological understandings of humanity.

Mbiti's account of African religion and philosophy emphasised the deeply communal character of African identity. Personhood is experienced through belonging and participation within community.

Ubuntu similarly communicates the conviction that one's humanity is realised in relationship with others.

This does not imply that African societies lack individuality. Rather, individuality is interpreted relationally.

The question is not merely:

“Who am I?”

It is also:

“To whom do I belong?”

“Who belongs to me?”

“What responsibilities arise from these relationships?”

This relational anthropology resonates strongly with Christian understandings of the Church as the body of Christ and with biblical teachings concerning mutual responsibility.

Relational Healing

If personhood is relational, healing must also possess a relational dimension.

Many psychological interventions have historically focused upon the individual client. Such interventions remain valuable, but African contexts frequently require attention to family systems, marriage, community expectations, religious belonging, leadership structures, and intergenerational relationships.

A person's distress may involve not only internal emotions but family obligation, communal shame, financial expectations, spiritual interpretation, or relational conflict.

Effective counselling therefore requires cultural humility.

Therapeutic goals that emphasise independence may not always be appropriate in contexts where interdependence is highly valued.

The objective may instead be **healthy interdependence**: preserving personal boundaries and wellbeing while maintaining meaningful relational belonging.

Integrating Theology, Psychology, and African Culture

The integration of theology and psychology should neither romanticise psychology nor reject it.

Psychological theories must be critically examined for their assumptions about human nature, morality, autonomy, spirituality, and human flourishing.

Similarly, theological practices must be examined to determine whether pastoral interpretations promote healing or inadvertently contribute to shame and psychological harm.

Four principles can guide responsible integration.

First, **theology provides an overarching account of human dignity, moral meaning, spiritual identity, and ultimate purpose**.

Second, **psychology provides empirically informed knowledge concerning cognition, emotion, development, relationships, personality, behaviour, and therapeutic processes**.

Third, **culture shapes how both psychological distress and theological beliefs are experienced and expressed**.

Fourth, **professional ethics must govern the practical application of integration**.

Faith integration should never become coercion. Prayer, Scripture, or explicitly spiritual interventions should be used with sensitivity to the client's beliefs, preferences, presenting concerns, and informed consent.

The Christian counsellor therefore requires not only theological conviction but professional competence and cultural wisdom.

Toward an African Theology of the Human Person

An African Christian understanding of personhood may be summarised through several interconnected affirmations.

The Person as Created

Human identity begins with God's creative intention rather than personal achievement.

The Person as Embodied

The body matters. Physical health, neurobiology, sleep, nutrition, illness, medication, and physiological processes influence psychological functioning and should not be ignored.

The Person as Psychological

Thoughts, emotions, memories, motivations, personality patterns, attachment experiences, and behaviour are legitimate dimensions of human life worthy of serious study.

The Person as Spiritual

Human beings search for transcendence, meaning, morality, hope, worship, and ultimate belonging.

The Person as Relational

Human beings develop and flourish within relationships.

The Person as Cultural

People interpret experience through language, tradition, worldview, family patterns, religious communities, and social expectations.

The Person as Moral

Human actions possess consequences, and human flourishing involves responsibility alongside compassion.

The Person as Capable of Transformation

Neither theology nor psychology should imprison people within deterministic descriptions.

Change is possible.

From a Christian perspective, transformation involves grace, truth, relationship, spiritual formation, personal responsibility, and community.

These dimensions provide the anthropological foundation for the Faith–Temperament Integration Model.

The Faith–Temperament Integration Model

The **Faith–Temperament Integration Model (FTIM)** is proposed as a contextual framework for bringing theological anthropology, psychological insight, temperament understanding, and African relationality into counselling practice.

The model rests upon three organising concepts: **faith, temperament, and transformation**.

Faith

Faith provides the theological framework through which identity, suffering, morality, hope, meaning, and transformation are interpreted.

Within Christian counselling, faith is not simply one therapeutic technique among others. It represents a worldview informing the client's understanding of life and, where shared and therapeutically appropriate, the counsellor's conceptualisation of the person.

Temperament

Temperament refers to relatively enduring patterns of emotional and interpersonal functioning.

Within the FTIM framework, temperament assessment may assist clients in understanding recurring patterns involving social engagement, decision-making, emotional intimacy, personal needs, strengths, and vulnerabilities.

The model draws particularly upon the Arno Profile System (APS), developed within Christian counselling settings by Richard and Phyllis Arno. The APS describes temperament across three relational areas:

Inclusion concerns social interaction and interpersonal engagement.

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

Affection concerns emotional intimacy, closeness, and expressions of love.

Within FTIM, temperament should not be treated deterministically. An assessment does not define the whole person, excuse harmful behaviour, or replace clinical evaluation.

Its purpose is to assist self-understanding and relational insight.

Transformation

Transformation refers to movement toward greater psychological health, relational maturity, spiritual growth, responsible behaviour, and meaningful participation in community.

Transformation therefore extends beyond symptom reduction.

The person is invited to become increasingly integrated in thought, emotion, relationship, spirituality, and vocation.

The Six Phases of the FTIM

Phase One: Spiritual Grounding and Theological Orientation

The first phase establishes identity, dignity, meaning, and spiritual orientation.

For clients who explicitly desire Christian counselling, appropriate practices may include prayer, Scripture reflection, exploration of spiritual beliefs, theological meaning-making, and discussion of the client's relationship with God.

The counsellor should first understand the client's spiritual worldview rather than impose assumptions upon it.

The guiding question is:

Who does the client understand himself or herself to be before God?

Phase Two: Temperament Discovery and Psychological Assessment

The second phase involves structured assessment of psychological and relational functioning.

Where appropriate, temperament assessment can help clients understand patterns in Inclusion, Control, and Affection.

However, responsible practice requires broader assessment.

Counsellors should also consider presenting problems, developmental history, relationships, risk, trauma exposure, mental-health symptoms, physical health, cultural context, spiritual history, strengths, and available support.

Temperament therefore supplements rather than substitutes comprehensive counselling assessment.

Phase Three: Faith–Cognitive Integration

The third phase examines beliefs and internal narratives that contribute to distress.

Common examples include:

“I am worthless.”

“No one can be trusted.”

“God has abandoned me.”

“My past determines my future.”

“If I fail, I am nothing.”

“I must always please everyone.”

CBT strategies can assist clients in evaluating these beliefs.

When Christian integration is appropriate, biblical themes concerning grace, identity, forgiveness, responsibility, hope, and renewal can enter the therapeutic conversation.

The aim is not simply to attach Bible verses to cognitive techniques but to facilitate genuine transformation in the client's interpretation of self, others, circumstances, and God.

Phase Four: Emotional Healing and Relational Rebuilding

The fourth phase addresses emotional wounds and relational injury.

This may involve grief work, trauma-informed counselling, forgiveness processes, emotional regulation, communication training, narrative work, couple counselling, or family intervention.

Christian clients may also find spiritual practices such as prayer, lament, confession, worship, gratitude, and Scripture meditation meaningful.

Faith should support emotional processing rather than suppress it.

Biblical lament demonstrates that spiritual maturity includes the freedom to express grief, confusion, fear, and disappointment before God.

Phase Five: Communal Reconnection

African personhood gives particular importance to restored belonging.

Where therapeutically appropriate and ethically safe, counselling may therefore include attention to family relationships, marriage, church communities, peer support, mentoring, and social reintegration.

Not every relationship should be restored without boundaries. Reconciliation must not require returning people to abusive or unsafe environments.

Communal reconnection refers instead to rebuilding healthy belonging and support.

Phase Six: Discipleship and Lifelong Formation

The final phase recognises that counselling is often one part of a longer developmental journey.

Clients may need ongoing spiritual disciplines, emotional self-awareness, healthy boundaries, relational accountability, mentoring, community engagement, and intentional personal development.

The counsellor's formal therapeutic role should remain distinct from pastoral or mentoring roles where professional boundaries require such separation.

Nevertheless, the broader objective is sustained growth beyond the counselling room.

Illustrative Applications of the FTIM

The following examples illustrate how the model may function in practice. They should be understood as conceptual illustrations rather than empirical evidence for therapeutic effectiveness.

The Overburdened Minister

A middle-aged pastor experiencing burnout and emotional numbness may initially interpret exhaustion as spiritual failure.

Assessment may reveal perfectionistic thinking, difficulty delegating responsibility, high internal expectations, and limited restorative relationships.

The FTIM would address theological identity, cognitive assumptions concerning indispensability, relational boundaries, emotional exhaustion, personal temperament, and spiritual practices surrounding rest.

The therapeutic movement is from:

“I must carry everything”

toward:

“I can faithfully serve without becoming indispensable.”

The Conflict-Prone Couple

A Christian couple experiencing recurrent conflict may discover significant differences in needs for closeness, social interaction, autonomy, emotional expression, and decision-making.

Temperament education can help each spouse distinguish difference from wrongdoing.

CBT and communication skills can address unhelpful assumptions, while theological reflection may support mutual respect, forgiveness, and covenant responsibility.

The goal is not to make both partners alike but to help them understand and respond constructively to difference.

The Bereaved Client

A grieving Christian may maintain theological belief while simultaneously experiencing anger, emotional numbness, confusion, or despair.

The FTIM permits grief education, emotional processing, biblical lament, spiritual questioning, social support, and meaning reconstruction to coexist.

Rather than pressuring the grieving person toward premature spiritual triumph, counselling allows sorrow to be acknowledged while hope gradually develops.

Implications for Christian Counsellor Education in Africa

The integration proposed in this article cannot remain theoretical. It has implications for curriculum, supervision, practicum, research, and professional formation.

Curriculum Development

Faith-based counselling programmes should train practitioners across three interdependent dimensions:

Theological formation should include biblical anthropology, theology of counselling, Christian ethics, pastoral theology, and spirituality.

Psychological competence should include counselling theories, assessment, psychopathology, developmental psychology, ethics, trauma-informed care, family systems, research methods, and evidence-informed interventions.

Personal and spiritual formation should cultivate emotional intelligence, self-awareness, reflective practice, humility, ethical integrity, and appropriate self-care.

The objective is neither to produce therapists who happen to be Christian nor ministers with limited psychological training.

The objective is to prepare practitioners capable of thinking theologically, counselling professionally, and responding culturally.

Practicum and Supervision

Professional competence develops through supervised practice.

Faith-integrated supervision should therefore address at least three domains.

Clinical supervision evaluates case conceptualisation, counselling skills, assessment, documentation, treatment planning, ethical practice, referrals, and outcomes.

Spiritual reflection considers how the counsellor's beliefs, spiritual life, values, and theological assumptions influence the therapeutic relationship.

Cultural supervision examines how family, language, gender expectations, religious practices, social hierarchy, communal values, and Ghanaian or broader African cultural realities shape counselling.

Supervision should also guard against the inappropriate spiritualisation of clinical problems.

A counsellor must know when a client's needs exceed pastoral intervention and require psychiatric, medical, psychological, safeguarding, legal, or other specialised referral.

Implications for Churches and Pastoral Care

Churches remain major sources of emotional and social support across Africa. Consequently, pastors and ministry leaders frequently encounter people experiencing depression, trauma, marital conflict, addiction, grief, suicidal thoughts, anxiety, family breakdown, abuse, and other serious difficulties.

Spiritual care can be invaluable.

However, pastoral care should not be confused with competence in every area of mental-health practice.

Faith communities need referral partnerships with trained counsellors, psychologists, psychiatrists, physicians, social workers, and safeguarding professionals.

Pastoral training should therefore include basic mental-health literacy and referral competence.

The mature pastoral question is not merely:

“What spiritual intervention can I provide?”

It is also:

“What form of help does this person actually need?”

Implications for Health and Community Services

The FTIM may also inform multidisciplinary settings where clients explicitly identify faith as central to their lives.

Christian hospitals, counselling clinics, chaplaincy programmes, schools, universities, NGOs, prisons, and community services can incorporate appropriate spiritual assessment alongside psychological and social care.

Such integration requires collaboration rather than professional competition.

Physicians address medical needs.

Psychologists and counsellors address psychological functioning.

Pastors and chaplains attend to spiritual concerns.

Social workers address environmental and social needs.

Family and community provide relational support.

Holistic care becomes strongest when these contributions complement rather than replace one another.

Research Implications

The FTIM should be regarded as a conceptual model requiring continuing empirical investigation rather than as an established evidence-based treatment solely on the strength of theoretical coherence.

Future studies may examine:

- the psychometric properties and cultural applicability of temperament measures used in African counselling;
- relationships between temperament patterns and counselling outcomes;
- client experiences of faith-integrated psychotherapy;
- the effectiveness of spiritually integrated CBT among African Christian populations;
- the role of communal support in trauma and bereavement recovery;
- ethical challenges involved in integrating spirituality into counselling;
- comparative outcomes of faith-integrated and non-faith-integrated approaches;
- counsellor competence and training in spiritual assessment; and
- the applicability of the FTIM across denominations and African cultures.

Such research would strengthen the model, identify its limitations, and prevent theological conviction from being mistaken for empirical validation.

Discussion

The dialogue developed in this article suggests that no single perspective fully captures the complexity of the human person.

Psychology is strongest when describing psychological processes through careful observation and empirical investigation.

Theology addresses questions psychology cannot empirically settle: ultimate identity, divine purpose, moral accountability, redemption, and relationship with God.

African philosophy reminds both disciplines that individuals cannot be separated from their relational and cultural worlds.

The resulting anthropology is therefore neither merely Western nor simply traditional African, neither exclusively psychological nor solely doctrinal.

It may instead be described as **biblically rooted, psychologically informed, culturally contextualised, relationally grounded, and ethically practised**.

This approach also challenges two extremes.

The first is **psychological reductionism**, where human suffering is understood entirely through cognition, biology, behaviour, or individual experience without attention to spiritual meaning.

The second is **spiritual reductionism**, where depression becomes prayerlessness, trauma becomes lack of faith, relational dysfunction becomes demonic attack, and psychological suffering is treated exclusively through spiritual intervention.

Neither approach adequately serves the whole person.

A genuinely integrative model requires discernment.

Sometimes prayer is appropriate.

Sometimes cognitive restructuring is appropriate.

Sometimes grief needs time and companionship.

Sometimes family intervention is necessary.

Sometimes medication or psychiatric treatment is indicated.

Sometimes abuse requires safeguarding and legal intervention rather than reconciliation counselling.

Sometimes spiritual struggles need pastoral accompaniment.

Professional wisdom lies partly in knowing the difference.

Toward an African Christian Anthropology of Healing

Several principles emerge from the proposed synthesis.

First, **healing involves restoration of dignity**.

Every person entering counselling should encounter a therapeutic environment that communicates worth regardless of shame, failure, illness, social position, or suffering.

Second, **healing involves truth**.

Compassion does not require pretending that destructive behaviour is harmless. Therapeutic and pastoral care can combine acceptance of the person with responsible examination of beliefs and behaviours.

Third, **healing is relational**.

Many wounds occur through relationships, and many forms of recovery also occur through safe relationships.

Fourth, **healing is culturally situated**.

Counselling cannot be separated from language, family structures, spirituality, economic realities, gender expectations, community relationships, and cultural understandings of suffering.

Fifth, **healing is not always cure**.

Some experiences cannot be undone. Bereavement, disability, chronic illness, trauma, and irreversible loss may require adaptation, meaning-making, acceptance, and hope rather than restoration to a previous state.

Finally, **Christian healing points toward transformation rather than mere performance**.

The aim is not to create people who appear spiritually successful but individuals who increasingly demonstrate maturity, responsibility, emotional honesty, relational health, compassion, wisdom, and faith.

Conclusion

The integration of biblical anthropology and psychological theory represents an important task for Christian counselling in contemporary Africa.

The human person cannot be adequately understood as merely biological, psychological, spiritual, social, or cultural. These dimensions interact continuously.

Biblical anthropology contributes a vision of humanity created in the image of God, possessing dignity, relational purpose, moral responsibility, and spiritual significance.

Psychology contributes disciplined knowledge concerning cognition, emotion, personality, development, behaviour, relationships, mental health, and therapeutic change.

African philosophy contributes the indispensable recognition that personhood is profoundly relational and communal.

Together, these perspectives support an African Christian anthropology that regards the human person as **created, embodied, psychological, spiritual, relational, cultural, moral, and capable of transformation**.

The Faith–Temperament Integration Model represents one attempt to translate this anthropology into counselling practice. By bringing faith, temperament awareness, cognitive renewal, emotional healing, communal reconnection, and continuing formation into dialogue, FTIM offers a framework for contextual Christian counselling.

Its future contribution, however, will depend upon rigorous research, ethical practice, clinical accountability, cultural responsiveness, and openness to refinement.

The future of Christian counselling in Africa need not consist of simply importing Western psychological models or rejecting psychological science in favour of exclusively spiritual explanations.

A more constructive path is possible.

African Christian counselling can critically engage psychological science, remain rooted in Scripture, draw wisdom from African relational traditions, and develop contextual models appropriate to the realities of African people.

Such an approach offers more than a theory of counselling.

It offers a vision of the human person in which science and faith can converse, culture can be respected without being romanticised, professional competence can coexist with spiritual sensitivity, and healing can be understood as the restoration of dignity, relationship, meaning, responsibility, and hope.

In this sense, an African theology of the human person does not merely ask, **"What is a human being?"**

It also asks:

"What does it mean for a person created in the image of God to become whole within relationship with God, self, others, and community?"

That question deserves a central place in the future of African Christian counselling, pastoral care, theological education, and psychological scholarship.

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