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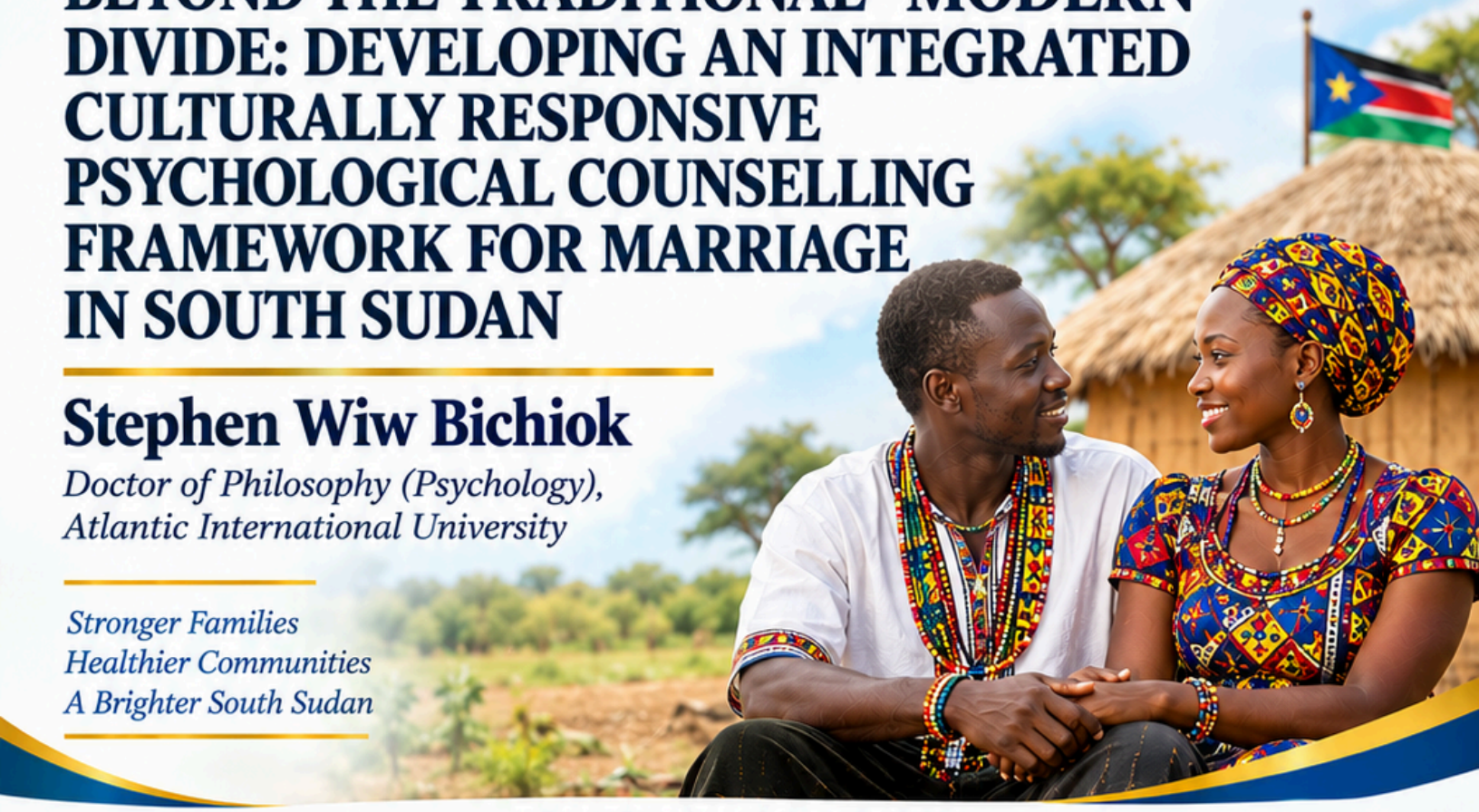
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BEYOND THE TRADITIONAL–MODERN DIVIDE: DEVELOPING AN INTEGRATED CULTURALLY RESPONSIVE PSYCHOLOGICAL COUNSELLING FRAMEWORK FOR MARRIAGE IN SOUTH SUDAN



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Doctor of Philosophy (Psychology), Atlantic International University

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Abstract

Marriage counselling in South Sudan sits at the intersection of indigenous authority, family systems, cultural continuity and an emerging professional mental-health sector. This article moves beyond a traditional-versus-modern binary by examining how the two counselling systems can be compared, bounded and selectively integrated into a culturally responsive framework for marital support. The analysis is drawn principally from Objectives 4 and 6 of a mixed-methods doctoral study on traditional marriage counselling and marital stability in South Sudan. A descriptive cross-sectional questionnaire was completed by 242 respondents from 250 distributed instruments, giving a 96.8% response rate. The instrument included six items on traditional marriage counselling, five contextual items on marital stability and four items on psychological counselling and integration, supplemented by open-ended questions. Quantitative analysis used descriptive statistics, Cronbach's alpha, Spearman correlation, exploratory group comparisons and regression, while open-ended responses were analysed thematically.

Respondents expressed strong support for both traditional counselling (M=4.30, SD=0.79, alpha=0.849) and psychological counselling/integration (M=4.09, SD=0.85, alpha=0.765). Support for traditional counselling was positively associated with support for psychological counselling and integration (Spearman's rho=0.440, p<.001). In open-ended responses, 62.0% of respondents were coded as explicitly favouring a combination of traditional and professional counselling. The findings indicate that traditional counselling contributes cultural legitimacy, accessibility, family linkage and reconciliation, while contemporary counselling contributes structured assessment, confidentiality, evidence-informed relationship skills, safeguarding and specialist referral. The resulting framework therefore rejects both uncritical preservation and wholesale replacement. It proposes a seven-stage pathway comprising cultural and relational intake, safety screening, appropriate support selection, collaborative counselling, relationship-skills intervention, consent-based family/community linkage, and follow-up/referral. The framework is intentionally selective, voluntary, culturally adaptive and safety-sensitive. Its central contribution is to recast integration as a governed clinical-community interface rather than a simple blending of two counselling traditions.

Keywords: *Traditional marriage counselling; culturally responsive counselling; psychological counselling; marital stability; indigenous knowledge; family counselling; South Sudan; counselling integration.*

1. Introduction

Marriage in South Sudan is simultaneously an intimate relationship, a family institution and a community-recognised social bond, reflecting the wider social functions long attributed to marriage in sociological and anthropological literature (Murdock, 1949; Cherlin, 2004). In many communities, marriage connects spouses to extended families, elders, lineages, customary obligations and religious or communal authorities. This wider social embedding helps explain why guidance about marriage has historically been delivered not only through private conversations between partners but also through parents, respected elders, clan authorities, religious leaders and other community figures. Traditional marriage counselling is therefore more than informal advice: it is an indigenous system of relationship preparation, socialisation, conflict mediation, reconciliation and accountability. Such systems are consistent with broader descriptions of African marriage as an institution that connects the couple to family and community networks rather than locating all authority within the two spouses alone (Mbiti, 1969; Gyekye, 1996).

At the same time, contemporary South Sudanese marriages are formed and sustained in a social environment marked by urbanisation, displacement, formal education, changing gender expectations, economic pressure, migration, technological change and exposure to multiple cultural models. These shifts alter both the problems couples face and the forms of help they consider legitimate. Professional psychological counselling has gradually become more visible through health facilities, faith-based organisations, humanitarian services, schools and private practice. Contemporary couple counselling commonly emphasises communication, emotional regulation, conflict management, cognitive and behavioural change, relationship satisfaction, confidentiality and the assessment of risk or psychological distress (Gurman et al., 2015; Nichols & Davis, 2020). Yet access to qualified practitioners remains uneven, particularly outside urban centres, while many couples continue to rely first on family, religious or customary networks.

These parallel systems are frequently presented as if one must displace the other. Such a framing is analytically convenient but practically weak. Traditional counselling can possess strong cultural legitimacy and immediate accessibility, yet it may also be limited by inconsistent confidentiality, unequal authority, limited specialist training or pressure to preserve relationships even when safety is compromised. Professional counselling can provide structured assessment, ethical standards and empirically informed techniques, but it may be less available, more expensive, stigmatised, or culturally distant when imported without adaptation. The important question is therefore not whether “traditional” or “modern” counselling is superior in the abstract. The more useful question is how the strengths of each can be retained while their limitations are actively governed.

This article develops that argument from the empirical and conceptual material of a doctoral study on traditional marriage counselling and marital stability in South Sudan. It focuses especially on two objectives: comparing traditional marriage counselling with contemporary psychological counselling, and developing an integrated culturally responsive psychological counselling framework. The article therefore treats comparison as a means to framework design rather than an end in itself. Similarities identify possible zones of collaboration; differences identify boundaries; strengths identify resources to preserve; and weaknesses identify risks that must be mitigated before integration can be ethically defensible.

The analysis is grounded in a dataset of 242 completed questionnaires. Respondents strongly endorsed the importance of traditional leaders, elders, family involvement, cultural values and reconciliation, but they also endorsed professional counselling and culturally adapted integration. The key empirical pattern is that the two orientations were not negatively related. Respondents who valued traditional counselling more strongly also tended to support psychological counselling and integration. This finding matters because it undermines a substitution model in which greater attachment to indigenous systems necessarily predicts resistance to professional services. Instead, the data support a complementarity model in which culturally legitimate resources and professional competencies can coexist when integration is voluntary, bounded and safety-sensitive.

The article makes three related contributions. First, it provides an empirically grounded comparison of traditional and contemporary counselling across authority, method, confidentiality, cultural fit, accessibility, scope, and risk management. Second, it uses the study findings to specify an integrated service pathway rather than leaving "integration" as a broad aspiration. Third, it introduces safeguarding as a structural boundary within culturally responsive practice. Cultural responsiveness is not treated as simple deference to custom. Rather, it requires respectful engagement with cultural meanings while protecting consent, dignity, privacy, equality and safety. This position is consistent with the study's core conclusion that traditional knowledge should neither be romanticised nor discarded.

The argument also draws on five theoretical perspectives used in the original study. Family Systems Theory highlights the importance of relational networks beyond the couple (Bowen, 1978). Attachment Theory directs attention to trust, emotional security and responsiveness within intimate relationships (Bowlby, 1969, 1988). Social Learning Theory helps explain the intergenerational transmission of marital expectations and behavioural models (Bandura, 1977). Cognitive behavioural perspectives illuminate the relationship between interpretations, emotional reactions and interaction patterns (Beck, 1976). Ecological Systems Theory places marriage within nested economic, social, cultural and institutional environments (Bronfenbrenner, 1979). No single theory captures the full complexity of South Sudanese marriage counselling, but together they make it possible to see why indigenous and professional resources may address different levels of the same relational system.

The rest of the article first reviews the conceptual and theoretical basis for comparing the two counselling traditions. It then describes the study design and the subset of evidence relevant to comparison and framework development. The results section presents respondents' views on psychological counselling, integration and the relationship between traditional counselling attitudes and integration. The discussion then interprets these findings and develops the Integrated Culturally Responsive Psychological Counselling Framework as a seven-stage pathway. The final sections consider implementation, monitoring, limitations and directions for research.

2. Conceptual and Theoretical Foundations

2.1 Traditional marriage counselling as an indigenous psychosocial institution

Traditional marriage counselling refers to culturally established guidance, education, mediation and advice offered by parents, elders, clan leaders, respected relatives, religious actors or other recognised community members before, during and after marriage. Its authority is generally derived from social experience, cultural knowledge, customary legitimacy and community recognition rather than formal psychological accreditation. In many African settings, such counselling is embedded in premarital preparation, family negotiations, moral instruction, ritual, storytelling, proverbs, conflict mediation and reconciliation (Mbiti, 1969; Goody, 1976). These practices are not identical across communities, and South Sudan's cultural diversity makes it inappropriate to treat them as a uniform national model. Comparative African family scholarship likewise stresses variation alongside the continuing importance of kinship and household networks (Amoateng & Heaton, 2015; Adegoke, 2010). Their common feature, however, is that marriage is usually interpreted in relation to wider family and community systems.

The communal orientation of traditional counselling can be understood through Family Systems Theory. Bowen (1978) argues that individuals are embedded in emotional systems in which patterns of closeness, conflict, expectation and differentiation are shaped by relationships beyond the immediate dyad. South Sudanese marriage counselling often reflects this logic without using its clinical terminology. A marital dispute may involve the couple, parents, in-laws, elders and other socially significant actors because the relationship itself is embedded in a wider system of obligations. Family participation can offer support, accountability and continuity, especially when the couple's problems are entangled with family expectations. Yet the same involvement can become intrusive if it weakens the spouses' autonomy, exposes private information or magnifies existing power imbalances.

Traditional counselling also functions as a form of social learning. Young people observe marriages, listen to instruction, internalise norms and receive reinforcement for culturally valued behaviours. Elders may model

patience, reconciliation, respect or responsibility, while family practices communicate expectations about roles, obligations and conflict management. Bandura's (1977, 1986) account of observational learning is therefore useful for analysing how relationship behaviours and beliefs can be transmitted across generations. This does not imply that indigenous counsellors consciously practise Social Learning Theory; rather, it provides a psychological vocabulary for understanding mechanisms already present in community practice.

A further strength of traditional counselling is its orientation towards relationship restoration. Indigenous conflict-resolution traditions in Africa frequently emphasise dialogue, apology, restitution, reconciliation and the restoration of social harmony (Murithi, 2008). This can be valuable in ordinary marital disagreements where both spouses are safe and willing to participate. It also explains why elders and family representatives remain influential in communities where professional services are limited. However, restoration cannot be the only objective in cases involving violence, coercion or serious rights violations. A framework that assumes preservation of marriage at all costs can reproduce harm. Integration therefore requires a clear distinction between restorative mediation and safeguarding.

2.2 Contemporary psychological marriage counselling

Contemporary marriage counselling is generally structured around professional training, psychological theory, ethical codes and evidence-informed intervention. Couple and family therapies differ in theory and technique, but many focus on interaction patterns, communication, emotional responsiveness, cognitive interpretations, conflict cycles and relationship skills (Gurman et al., 2015; Snyder et al., 2006). Professional counselling may also include assessment of depression, trauma, substance misuse, violence risk or other issues that cannot safely be reduced to an interpersonal disagreement.

A central contribution of modern couple counselling is the deliberate structuring of communication. Gottman and Silver (1999), for example, emphasise patterns of interaction, emotional connection and constructive conflict management. Cognitive behavioural approaches examine how assumptions, interpretations and learned responses can intensify distress within relationships (Beck, 1976). Attachment-informed approaches highlight emotional security, responsiveness and trust (Bowlby, 1988; Thompson, 2008). Contemporary family therapy further recognises that relational problems cannot always be understood by treating partners as isolated individuals (Nichols & Davis, 2020). These approaches overlap with several functions of traditional counselling even though their language, setting and epistemology differ.

Professional counselling also places greater formal emphasis on confidentiality, informed consent, professional boundaries, supervision and referral. These features are especially important when clients disclose violence, self-harm risk, severe psychological distress, child-protection concerns or other high-risk issues. In such situations, a

counsellor must know the limits of mediation and the circumstances in which specialised services or legal protections are necessary. The original study therefore treated safeguarding as a non-negotiable boundary around any culturally responsive model.

The limitation of professional counselling is not theoretical weakness but contextual transfer. Models developed in different social settings may assume individual privacy, dyadic decision-making or particular constructions of autonomy that do not map neatly onto communities where extended families remain active in marriage. Hofstede (2001) provides a broad account of cultural variation in values and social organisation, while African scholarship has long challenged the assumption that personhood and decision-making should always be understood in strongly individualist terms (Gyekye, 1996). A professionally competent intervention may therefore be clinically structured yet culturally ineffective if it dismisses the social actors whom clients themselves regard as meaningful.

2.3 Areas of convergence

Traditional and contemporary counselling share more common ground than the language of "traditional versus modern" suggests. Both seek to reduce destructive conflict, improve communication, strengthen commitment, foster understanding and promote relationship stability. Both can encourage behaviour change. Both can locate problems within relational systems rather than treating every difficulty as an individual pathology. Both can use guided dialogue, reflection and problem solving. Both may draw on trusted authority: traditional systems use socially recognised elders or leaders, while professional systems use trained practitioners whose authority derives from competence and professional standards.

Communication is a particularly strong point of convergence. In traditional settings, elders may encourage spouses to speak, listen, apologise and restore respect. In professional counselling, similar aims may be pursued through structured listening, emotional labelling, reframing, problem-solving exercises or communication-skills training. The techniques differ, but the relational target is comparable. The study's findings reinforce this convergence because poor communication was the strongest contextual factor in Section C and communication appeared repeatedly in the open-ended responses.

Trust and emotional security form another bridge. Traditional counselling often promotes loyalty, mutual responsibility, patience and family support. Attachment theory provides one way of understanding why these relational qualities matter for emotional security (Bowlby, 1969, 1988). Professional counselling may work more explicitly with attachment injuries, emotional responsiveness or fear of abandonment, yet the importance of trust is not foreign to indigenous marriage advice. Integration can therefore begin with shared relational goals while allowing different explanatory languages to coexist.

2.4 Areas of divergence and ethical tension

The most important differences concern authority, privacy, unit of intervention and risk management. Traditional counselling authority usually arises from age, status, kinship, cultural knowledge or community recognition. Professional authority is linked to education, training, licensing where applicable, ethical obligations and supervision. Traditional counselling may include extended family members as legitimate participants, whereas professional counselling generally assumes stronger boundaries around the client relationship. Traditional processes may be public or semi-public in ways that strengthen accountability but weaken confidentiality. Professional counselling typically protects private disclosure but can become socially disconnected if it excludes meaningful support networks without discussion.

There is also a difference in how difficult cases are classified. A family dispute may be understood traditionally as a breakdown in respect or obligation and professionally as involving trauma, coercive control, substance misuse, depression or maladaptive interaction patterns. Neither vocabulary should automatically erase the other. Yet certain concerns demand professional or protection responses regardless of cultural framing. Domestic violence, forced marriage, child marriage, severe mental-health conditions and coercive control cannot be ethically managed through reconciliation alone. The study's literature review similarly emphasises the need to preserve culturally grounded strengths while critically examining practices that conflict with individual well-being and equality.

The tension is therefore not culture versus science. It is how to organise decision-making across systems with different forms of knowledge and authority. The framework developed in this article treats cultural legitimacy as a resource, not an absolute. It also treats professional psychology as a resource, not a culturally neutral universal that can simply be transplanted. Integration requires agreed boundaries, consent rules, referral pathways and role clarity.

2.5 Theoretical synthesis for an integrated model

The five theoretical perspectives used in the study offer a multi-level synthesis. Family Systems Theory explains why spouses cannot always be understood apart from families and intergenerational relationships (Bowen, 1978). Attachment Theory explains the importance of emotional security and trust (Bowlby, 1988). Social Learning Theory explains how relationship behaviours are modelled and transmitted (Bandura, 1977). Cognitive behavioural theory explains how beliefs and interpretations shape emotion and behaviour (Beck, 1976). Ecological Systems Theory explains how marriage is influenced by economic pressure, community structures, institutions and culture (Bronfenbrenner, 1979).

Together, these theories suggest that an integrated counselling model should operate across several levels. At the intrapersonal level, it should address beliefs, emotional regulation and psychological distress. At the dyadic level, it should address communication, trust, problem solving and conflict patterns. At the family level, it should recognise the influence of parents, in-laws and elders where the couple considers them relevant. At the community level, it should engage cultural and religious support systems. At the institutional level, it should connect couples to professional health, psychosocial, protection or legal services when necessary. This layered model is especially appropriate in a context where economic stress, social expectations and limited service access affect marital life.

A culturally responsive framework is therefore not created by adding a few local examples to a standard counselling manual. It requires a different architecture of care. The couple's cultural context must be assessed; participation of family or elders must be consented to; professional boundaries must be preserved; risk must be screened before reconciliation; and the intensity of intervention must match the problem. The empirical analysis that follows tests whether respondents' attitudes support such an architecture.

Table 1. Functional comparison of traditional and contemporary marriage counselling

Dimension	**Traditional counselling**	**Contemporary psychological counselling**	**Integration implication**
Authority	Elders, family, clan/community or religious legitimacy	Training, psychological competence, ethics and supervision	Maintain role clarity; neither authority substitutes automatically for the other
Primary setting	Family/community and culturally familiar spaces	Private professional or institutional settings	Use culturally acceptable access points plus confidential professional space
Core methods	Advice, dialogue, mediation, moral instruction, reconciliation	Assessment, structured communication work, behavioural/cognitive and relational interventions	Combine functions selectively according to need
Unit of concern	Couple plus wider family/community	Couple/individual, with systemic involvement as clinically indicated	Family involvement should be consented and clinically appropriate
Confidentiality	May be variable where family/community participates	Formal professional expectation of privacy and ethical boundaries	Create explicit confidentiality rules and controlled information sharing
High-risk cases	May have limited specialist capacity	Can assess, document and refer complex/high-risk concerns	Safety screen first; refer violence, coercion and severe distress
Accessibility	Often locally available and culturally accepted	May be limited by cost, distance, workforce and stigma	Use community linkage to extend reach without diluting competence

The comparison synthesises the dissertation's Objective 4 literature review and empirical interpretation.

3. Methods

3.1 Design and study context

The underlying study used a descriptive cross-sectional mixed-methods design, consistent with mixed-methods principles that combine numerical patterns with contextual interpretation (Creswell, 2014; Creswell & Plano Clark, 2018). The cross-sectional component was intended to describe respondents' perceptions at a defined period and to examine associations among measured variables rather than establish causal effects. The research concerned selected South Sudanese communities in which traditional marriage institutions, family networks, elders and community structures remain relevant. Because South Sudan is culturally heterogeneous, the findings are interpreted as evidence from the study sample rather than as a claim that all ethnic, geographic or religious communities share identical counselling practices.

A total of 250 questionnaires were distributed and 242 completed questionnaires were available for analysis, producing a response rate of 96.8%. The questionnaire contained demographic items, six statements on traditional marriage counselling (B1-B6), five contextual statements on factors affecting marital stability (C1-C5), four statements on psychological counselling and integration (D1-D4), and four open-ended questions (E1-E4). Closed items used a five-point Likert response format ranging from 1=Strongly Disagree to 5=Strongly Agree.

The present article focuses principally on Objective 4, which compared traditional and contemporary psychological counselling, and Objective 6, which developed an integrated culturally responsive framework. Accordingly, the most relevant quantitative evidence is the B and D scale results, the association between B_mean and D_mean, and the exploratory regression predicting support for psychological counselling/integration. The most relevant qualitative evidence is E3, which asked about combining traditional and modern counselling, together with E4 recommendations and selected E1-E2 themes that clarify relationship needs and risk conditions.

3.2 Data processing and quantitative analysis

Questionnaire responses were organised at respondent level and Likert responses were coded numerically from 1 to 5. Missing values were retained as missing rather than replaced. Two responses were missing on B6, and two records were missing on each D item. Scale means therefore used available complete information in accordance with the study dataset.

The mean score for a multi-item scale can be represented as:

$$M_s = (1/k) \Sigma(i=1 \text{ to } k) x_i \quad (1)$$

where M_s is the respondent's scale mean, k is the number of items and x_i is the score on item i. This formulation preserves the original 1-5 metric and facilitates interpretation relative to the neutral midpoint of 3.

Internal consistency was assessed with Cronbach's alpha:

$$\alpha = [k/(k-1)] [1 - (\Sigma \sigma_i^2 / \sigma_T^2)] \quad (2)$$

where k is the number of items, σ_i^2 is the variance of each item and σ_T^2 is the variance of the summed scale. The traditional counselling scale produced alpha=0.849 and the psychological counselling/integration scale produced alpha=0.765, indicating satisfactory internal consistency for the purposes of this study.

Spearman rank correlation was used to examine ordinal association:

$$\rho = 1 - [6\Sigma d_i^2 / n(n^2-1)] \quad (3)$$

where d_i represents the rank difference for each paired observation and n is the number of paired cases. The main association of interest in this article is B_mean versus D_mean. Exploratory group comparisons and regression were also conducted. The regression predicted D_mean from B_mean and selected demographic variables. These analyses are interpreted as associations in counselling attitudes, not as causal models of marital stability.

3.3 Qualitative content analysis

Open-ended responses were preserved as text and coded into recurring themes using a qualitative content-analysis logic in which interpretation remains tied to the textual material (Patton, 2015). Coding was non-exclusive, so one response could contribute to several themes. For that reason, percentages represent the proportion of the 242 questionnaire records in which a theme was identified and do not sum to 100%. E3 generated themes relating directly to integration, including combining traditional and professional counselling, culturally responsive professional counselling, psychological techniques such as CBT, training of traditional leaders and community/referral approaches.

The wider dissertation also contains interview, focus-group and observation materials. However, its concluding limitation statement notes that the formal empirical version is centred on the 242 questionnaire records and their open-ended responses, with fuller triangulation to be incorporated subsequently. To preserve analytical caution, this article therefore treats the questionnaire and open-ended dataset as the primary empirical evidence. Interview and focus-group material is used only as contextual corroboration where it aligns with themes already present in the questionnaire data, not as an independently weighted qualitative sample.

3.4 Ethics and safeguarding orientation

The study was guided by informed consent, voluntary participation, confidentiality, anonymity, respect for cultural values and avoidance of harm. These principles are directly relevant to framework design. Traditional mediation was not assumed to be appropriate for every marital concern. Violence, coercion, severe psychological distress and serious rights violations were identified as conditions requiring safeguarding and professional, medical, protection or legal referral. Consequently, the framework emerging from the study incorporates safety screening before mediation or collaborative counselling.

4. Results

4.1 Overall support for traditional and psychological counselling

The six-item traditional counselling scale produced a mean of 4.30 (SD=0.79), demonstrating strong endorsement of traditional counselling resources. The highest individual item was the role of traditional leaders in resolving marital conflicts (M=4.48), while the lowest was the statement that traditional counselling promotes communication between spouses (M=4.18). Even the lowest item remained well above the neutral midpoint. Across the six items, at least 84% of respondents selected Agree or Strongly Agree.

Support for professional psychological counselling and culturally adapted integration was also high. The four-item D scale produced a mean of 4.09 (SD=0.85; n=240). The strongest item was “Professional counselling can improve marital relationships” (M=4.26; 87.6% Agree/Strongly Agree). The statement that counsellors should work respectfully with traditional or community leaders had a mean of 4.15, while the direct statement supporting combination of traditional and professional counselling had a mean of 4.02. The item that psychological counselling should consider South Sudanese cultural values had a mean of 3.93. These findings indicate that respondents did not merely endorse professional counselling in abstract terms; they also endorsed its cultural adaptation and respectful relationship with community systems.

Figure 1 shows the overall scale means. The difference between the traditional counselling mean and the integration mean is modest relative to the strong endorsement of both. This pattern is important because the article's framework depends on the presence of dual legitimacy: traditional systems must remain meaningful enough to warrant engagement, while professional counselling must also be sufficiently acceptable to support integration.

4.2 Item-level support for integration

Table 2. Psychological counselling and integration items (D1-D4)

Item	Statement	Mean	SD	Agree/Strongly Agree (%)
D1	Professional counselling can improve marital rel ationships.	4.26	1.05	87.6
D2	Psychological counselling should consider South Sudanese cultural values.	3.93	1.19	77.7
D3	Traditional and professional counselling approaches should be combined where appropriate.	4.02	1.19	73.6
D4	Counsellors should work respectfully with traditional/community leaders.	4.15	1.02	79.3

Questionnaire data (n=240 complete cases for the D scale).

The item-level pattern suggests a practical ordering of priorities. Respondents were most confident that professional counselling can improve marital relationships. Respectful work with traditional/community leaders followed. Explicit combination of the two approaches was also strongly endorsed, while cultural adaptation of professional counselling remained positive but slightly lower. One interpretation is that respondents recognise the potential usefulness of professional support but want it positioned in relation to culturally meaningful systems rather than as an external replacement.

The results also suggest that "integration" should not be defined only as joint sessions between elders and psychologists. The D items capture several distinct dimensions: perceived professional usefulness, cultural adaptation, selective combination, and respectful inter-system collaboration. A framework capable of operationalising these dimensions must therefore allow multiple forms of integration. In some cases, integration may mean a professional counsellor incorporating culturally meaningful values into a private session. In others, it may mean a consent-based referral from an elder to a psychologist. In still others, it may involve collaborative premarital education or supervised community counselling.

4.3 Association between traditional counselling attitudes and integration

Table 3. Association between traditional counselling perceptions and support for integration

Statistic	Value	Interpretation
Spearman rho (B_mean vs D_mean)	0.440, p<.001	Positive association; attitudes are complementary rather than oppositional
Regression R^2 / adjusted R^2	0.553 / 0.532	Exploratory model explained 55.3% of D_mean variance
Regression coefficient for B_mean	B=0.751, p<.001	Traditional counselling perceptions remained a positive predictor of integration attitudes
Complete cases	n=240	Model concerns counselling attitudes, not causal marital outcomes

The regression is exploratory and should not be interpreted causally.

Traditional counselling perceptions were positively and significantly associated with support for psychological counselling and integration (Spearman's rho=0.440, p<.001; n=240). The direction of this relationship is substantively important. If traditional and professional counselling were perceived as mutually exclusive, one might expect a negative association: the stronger the preference for traditional approaches, the weaker the support for professional approaches. Instead, the observed association is positive and of moderate magnitude. Respondents who more strongly valued traditional counselling also tended to express stronger support for psychological counselling and integration.

The exploratory regression strengthens this interpretation while remaining non-causal. Using 240 complete cases, the model predicting D_mean explained 55.3% of variance (R^2=0.553; adjusted R^2=0.532) and was statistically significant overall (F=25.66, p<.001). B_mean remained a positive significant predictor (B=0.751, p<.001) after inclusion of selected demographic variables. The model does not demonstrate that traditional counselling attitudes cause support for integration. It does, however, show that the positive relationship persists within the exploratory multivariable specification used in the study.

4.4 Open-ended evidence on integration

Table 4. Open-ended E3 themes on combining traditional and modern counselling

Theme	Respondents coded	Percentage (%)
Combine traditional and professional counselling	150	62.0
Psychological techniques/CBT	32	13.2
Culturally responsive professional counselling	26	10.7
Train traditional leaders/counsellors	18	7.4
Community/referral/program approaches	7	2.9

Coding was non-exclusive; percentages therefore do not sum to 100%.

The E3 responses provide a direct qualitative indication of how respondents understood integration. The most frequent theme was “Combine traditional and professional counselling”, coded in 150 of 242 records (62.0%). This was considerably more frequent than the other E3 themes. Psychological techniques/CBT appeared in 32 records (13.2%), culturally responsive professional counselling in 26 (10.7%), training traditional leaders/counsellors in 18 (7.4%), and community/referral/program approaches in 7 (2.9%).

These open-ended responses reinforce the quantitative results in two ways. First, they show that explicit support for combination was not simply an artefact of Likert wording. Respondents independently described a preference for cooperation between the two systems. Second, they suggest that respondents imagine integration in several forms: direct combination, professional techniques, cultural adaptation, training and referral networks. The framework developed below reflects this plurality.

4.5 Relationship needs and risk conditions relevant to framework design

Integration must also respond to the problems couples actually identify. In the Section C results, poor communication was the strongest contextual factor (M=4.27), followed by social support (M=4.20), economic difficulties (M=4.06), lack of counselling services (M=3.90) and cultural expectations (M=3.86). The open-ended material similarly identified respect, communication and trust as the most frequent E1 theme (118 records; 48.8%). Elders, family and community support appeared in 67 records (27.7%), and traditional/cultural or religious values in 64 (26.4%).

The E2 conflict themes show why an integrated model must extend beyond communication training alone. Economic hardship, poverty or unemployment appeared in 90 records (37.2%); poor communication, misunderstanding or disrespect in 72 (29.8%); and infidelity, jealousy or lack of trust in 53 (21.9%). Other themes included family interference or social pressure (11.6%), polygamy/dowry/forced or child marriage (9.5%), substance use/violence/trauma (9.9%), and land/property/resource disputes (5.0%). Counselling can address relational responses to these pressures, but it cannot independently solve structural poverty, legal disputes or serious violence. The framework therefore needs both psychosocial intervention and referral capacity.

4.6 Recommendations from open-ended responses

The E4 recommendations further clarify desired programme content. Communication, respect, trust and relationship skills were coded in 83 records (34.3%), counselling and premarital preparation in 70 (28.9%), and protection of rights/end harmful marriage practices in 41 (16.9%). Respondents also referred to elder/family/community/religious involvement, economic support, dowry or marriage-custom reform, and

education/awareness. These findings support a model in which relational skills, cultural participation and rights-sensitive safeguarding are not separate agendas but linked components of effective marriage support.

5. Comparing Traditional and Contemporary Counselling

5.1 Comparison by source of authority

The clearest difference between traditional and professional counselling lies in how counsellors become legitimate. Traditional counsellors are usually recognised because of age, experience, kinship status, cultural knowledge, moral standing or community authority. Their credibility is relational and social. Professional counsellors derive legitimacy from education, specialised training, ethical obligations and demonstrated competence. These sources of authority can conflict, but they can also be complementary. A culturally respected elder may have access and trust that a psychologist initially lacks; a psychologist may have assessment and safeguarding skills that an elder has never been trained to provide.

The framework should therefore avoid converting one form of legitimacy into the other. Training an elder in active listening does not make that person a clinical psychologist. Equally, obtaining a counselling qualification does not automatically confer cultural authority within a community. Collaboration works best when roles remain transparent. Traditional leaders can provide cultural interpretation, premarital education, low-risk mediation and community linkage, while professional practitioners provide structured counselling, psychological assessment, ethical documentation, supervision and specialist referral.

5.2 Comparison by unit of intervention

Traditional marriage counselling often treats the family or extended kinship network as part of the problem and part of the solution. This can be highly congruent with Family Systems Theory, which rejects the assumption that individual behaviour is independent of relational systems (Bowen, 1978). Professional counselling, however, usually places greater emphasis on the couple's consent and on controlling who participates in sessions. This is not necessarily an individualist rejection of family; it is a boundary around the therapeutic relationship.

An integrated model should therefore use "consented family involvement" rather than either compulsory family participation or categorical exclusion. Couples should be able to identify which relatives, elders or religious figures are supportive and whether their involvement would help. The counsellor should also assess whether a proposed family participant is part of the conflict or exerts coercive pressure. Family involvement is thus a clinical and ethical decision, not an automatic cultural requirement.

5.3 Comparison by communication and conflict-resolution method

Traditional processes often rely on dialogue, storytelling, moral instruction, apology, negotiation and reconciliation. Professional counselling may use reflective listening, emotion-focused exploration, cognitive restructuring, behavioural rehearsal, problem solving and other structured techniques. The study's findings suggest that communication is an especially suitable zone for integration because it was central to both traditional counselling beliefs and marital challenges.

A combined intervention can retain culturally meaningful forms of dialogue while adding skills that help spouses speak and listen more effectively. For example, an elder may frame mutual respect in culturally resonant language, while a professional counsellor structures turn-taking, identifies escalation patterns, and teaches emotional regulation. Such collaboration is most defensible when both participants understand their roles and the couple consents to the arrangement.

5.4 Comparison by confidentiality

Confidentiality is one of the strongest reasons not to romanticise community-based counselling. In small or tightly connected communities, information shared with a family member or elder may travel beyond the original counselling setting. Community involvement can create accountability, but it can also inhibit disclosure of sensitive issues such as violence, sexual concerns, infidelity, trauma or psychological distress. The original study identified lack of confidentiality as a weakness of traditional counselling and privacy as a strength of professional counselling.

Integration therefore requires what this article terms a "confidentiality architecture": explicit rules about what is private, what may be shared, with whom, for what purpose and with whose consent. A couple may agree that an elder participates in discussions about family obligations but choose to discuss trauma or sexual concerns privately with a professional counsellor. Confidentiality should not be assumed to mean isolation from family; it should mean controlled and informed disclosure.

5.5 Comparison by cultural relevance

Traditional counselling is culturally embedded by definition. It uses local concepts, social roles and expectations that clients already recognise. This can increase acceptability and reduce the sense that help-seeking is foreign. Professional counselling can be less culturally resonant if it assumes that all clients prioritise individual autonomy, private decision-making or Western relationship norms. Yet cultural familiarity does not guarantee fairness or effectiveness. Cultural practices can also embody power imbalances or expectations that place unequal burdens on women, younger spouses or other less powerful family members.

Culturally responsive professional practice therefore requires a double movement: counsellors must learn from clients' cultural worldviews while maintaining ethical scrutiny of practices that threaten safety, dignity or consent. This is not cultural rejection. It is selective integration. The same principle applies to traditional systems: strengths such as family support, social accountability and reconciliation can be preserved while harmful practices are challenged.

5.6 Comparison by accessibility

Traditional counsellors are often locally available and may be approached without formal appointments or fees. This accessibility is especially important where professional counselling services are scarce. The study's literature review also noted that professional services may be unavailable or unaffordable in rural and low-income settings. Integration can therefore improve reach by using community actors as entry points, educators and referral partners.

However, accessibility should not be confused with adequacy. A locally available counsellor may be unable to assess severe depression, trauma, substance dependence or violence risk. Conversely, a highly trained professional located far away may be practically irrelevant to a couple who cannot reach the service. An integrated system must therefore address both availability and competence. Community actors extend the front door; professional networks extend the depth of care.

5.7 Comparison by handling high-risk cases

The decisive boundary between ordinary mediation and professional safeguarding is risk. Traditional reconciliation is suitable only where participation is voluntary and both spouses are safe. Where violence, coercion, forced marriage, child marriage, severe psychological distress or serious rights violations are present, "saving the marriage" cannot be treated as the primary objective. Safety must take priority.

Professional counselling does not automatically solve this problem either. A poorly trained practitioner may also mishandle violence by encouraging joint counselling when coercive control makes open disclosure unsafe. The framework therefore does not merely assign risk to professionals; it requires explicit safety screening, referral knowledge and supervision. Traditional and professional actors alike need to recognise when mediation should stop.

5.8 From comparison to complementarity

The comparison indicates that traditional and professional systems differ most strongly in authority, confidentiality, specialist competence and risk management, but they converge in relationship education, communication support, conflict resolution and the pursuit of marital stability. This pattern supports a complementarity model. Traditional counselling contributes cultural legitimacy, social support and local accessibility. Professional counselling contributes structured assessment, privacy, evidence-informed intervention, ethics and referral. The objective is not to mix every element with every other element. It is to create a pathway in which the appropriate resource is used for the appropriate problem.

6. Integrated Culturally Responsive Psychological Counselling Framework

6.1 Design principle: selective integration

The proposed framework is built on selective integration rather than indiscriminate merging. “Integration” is sometimes used as if combining two practices automatically produces a better intervention. That assumption is unsafe. The framework begins instead by asking what each system contributes, where it is appropriate, what risks it carries and under what conditions collaboration should occur. Traditional knowledge is retained where it supports communication, mutual respect, family support, cultural meaning, reconciliation and access. Professional counselling is used where structured assessment, confidential treatment, specialised psychological skills, ethical documentation or referral are required.

This principle is consistent with the empirical pattern: respondents supported both systems, and 62.0% of open-ended responses to E3 were coded as favouring combination. Yet the study also identified violence, coercion, lack of confidentiality, unequal authority and complex psychological problems as reasons for caution. The framework therefore treats “combine where appropriate” as a decision rule, not merely a favourable attitude.

6.2 Core principles

Table 5. Operational stages of the integrated counselling framework

Stage	Function	Operational description
1	Cultural and relational intake	Understand the couple's cultural context, goals, family structure and preferred sources of support.
2	Safety screening	Identify violence, coercion, severe distress and other high-risk concerns before mediation.
3	Appropriate support	Use culturally familiar guidance for suitable low-risk concerns; refer complex cases.
4	Collaborative counselling	Where consented, combine traditional guidance with professional counselling.
5	Relationship skills	Address communication, listening, emotional regulation, trust and problem solving.
6	Family/community linkage	Engage selected support persons within agreed confidentiality boundaries.
7	Follow-up	Review progress, safety and relationship goals; refer as needed.

Integrated framework developed from the dissertation findings.

Eight principles organise the model: cultural legitimacy and respect; voluntary participation and informed choice; selective integration; professional competence and supervision; confidentiality and privacy; safety and safeguarding; accessibility and community linkage; and monitoring and evaluation. These principles apply across all stages.

Cultural legitimacy and respect require counsellors to understand the couple's community, language, family structures, marriage expectations, faith commitments and preferred sources of help. Culturally responsive care starts with curiosity rather than assumption. The counsellor should ask who matters in the couple's support network and what cultural meanings are attached to the conflict. At the same time, cultural respect does not require acceptance of every practice.

Voluntary participation and informed choice mean that couples should understand the available forms of support and decide, within ethical and legal limits, whether they want traditional, professional or combined involvement. Family or elder participation should normally occur with informed consent. The framework rejects compelled reconciliation.

Professional competence and supervision are essential because relationship problems may coexist with trauma, depression, substance misuse or violence. Traditional and religious leaders can receive basic counselling and safeguarding training but should not be expected to diagnose or treat conditions beyond their competence. Professional counsellors should also seek supervision and develop cultural competence.

Confidentiality and privacy protect the ability to disclose sensitive concerns. The framework separates cultural participation from unrestricted information sharing. A client may choose family involvement in one part of the process while retaining private professional sessions for another.

Safety and safeguarding are non-negotiable. Screening should precede mediation. When high-risk concerns are identified, the pathway shifts towards protection, specialist treatment or legal support. Reconciliation is not the default response to abuse.

Accessibility and community linkage recognise the practical reality that traditional and faith-based systems may be the first or only available source of help. Rather than attempting to replace these systems, the framework connects them to professional services through clear referral routes.

Monitoring and evaluation turn the framework from a conceptual model into an accountable programme. Access, cultural responsiveness, confidentiality, safety, referral completion, relationship functioning and client-defined goals should be reviewed.

6.3 Stage 1: cultural and relational intake

The first stage is an intake that maps both the marital concern and its social context. A conventional clinical intake may collect demographic, psychological and relationship information. The culturally responsive intake adds questions about family structure, clan or community involvement, religious influences, expectations around marriage, language, living arrangements, bride-wealth or marriage obligations where relevant, migration or displacement, and the couple's preferred help-seeking network.

The purpose is not to catalogue culture as a static checklist. Culture is lived differently by individuals within the same group. The counsellor therefore asks how the couple themselves interpret relevant norms. One spouse may welcome elder involvement while the other fears loss of privacy. One may view a family obligation as a source of belonging while the other experiences it as financial pressure. These differences are clinically important.

The intake also clarifies goals. Some couples may seek reconciliation after a specific conflict; others may need premarital preparation, communication support, help negotiating family boundaries, support after infidelity or referral for severe distress. The desired role of traditional and professional actors should be discussed early so that integration remains transparent.

6.4 Stage 2: safety screening

Safety screening occurs before mediation or joint problem solving. The counsellor or trained community practitioner assesses for physical violence, coercive control, forced sexual activity, threats, severe psychological

distress, suicide risk, child-protection concerns and other serious rights violations. Where risk is high, ordinary mediation is inappropriate because the more powerful partner may use the process to pressure the other into silence or reconciliation.

This stage operationalises the study's conclusion that integration must be selective. It also protects traditional leaders from being placed in roles beyond their training. Community practitioners can be taught simple red-flag identification and referral procedures. They do not need to become diagnosticians to know when a situation requires specialist attention.

The safety screen should be repeated, not treated as a one-time formality. Risk can emerge after initial disclosure. Confidential individual contact may be necessary when joint sessions make honest disclosure difficult. Referral pathways should be locally realistic and should include professional counselling, health services, protection services and legal support where available.

6.5 Stage 3: selection of appropriate support

After cultural intake and risk screening, the type of support is selected. Low-risk concerns involving communication, family expectations, premarital education or ordinary disagreement may be suitable for traditional guidance, professional counselling, or a combination. Complex psychological concerns may require professional care. Cases dominated by structural economic problems may need social or livelihood referral in addition to counselling. High-risk cases require safeguarding rather than reconciliation.

This stage prevents the common mistake of treating all marital problems as one category. The study's E2 themes illustrate the diversity of presenting issues: economic hardship, communication difficulties, infidelity, family pressure, polygamy or dowry disputes, substance use, violence, trauma and property conflicts. These concerns require different responses. A culturally responsive system must therefore have triage capacity.

Selection is also based on client preference. Some couples may initially prefer an elder and later accept professional referral after trust is established. Others may seek a professional counsellor but want cultural or religious values incorporated into sessions. Integration is therefore flexible and can occur sequentially rather than simultaneously.

6.6 Stage 4: collaborative counselling

Where collaboration is appropriate and consented to, traditional and professional actors can work in complementary roles. Collaboration may involve co-designed premarital programmes, referral relationships, case consultation that protects confidentiality, or selected joint sessions. It need not mean that every session contains an elder and a psychologist.

Role clarity is essential. Traditional leaders can contribute cultural interpretation, relationship expectations, community resources and reconciliation practices. Professional counsellors can structure assessment, facilitate communication, address maladaptive thought or behaviour patterns, manage confidentiality, assess psychological distress and coordinate referral. Each actor should know what information can be shared and when.

Collaboration also requires mutual respect. Professional counsellors should avoid framing indigenous practices as inherently primitive, while traditional leaders should not dismiss psychological concerns as merely moral weakness or family disobedience. The positive association between B_mean and D_mean suggests that respondents may be receptive to such mutual recognition.

6.7 Stage 5: relationship-skills intervention

The study identified communication, respect and trust as central to successful marriage and poor communication as a leading contributor to conflict. The framework therefore includes explicit relationship-skills work. Depending on the case, this may include active listening, turn-taking, emotion identification, de-escalation, problem solving, repair after conflict, realistic expectations, financial communication and boundary setting with extended family.

Traditional values can provide culturally meaningful language for these skills. Respect, patience, cooperation, honesty, responsibility and reconciliation are already familiar relational concepts. Professional counselling can convert them into observable behaviours and practice exercises. For example, “respect” can be operationalised as non-interruption, non-insulting language, acknowledgement of the partner’s viewpoint and agreed procedures for difficult conversations.

Cognitive behavioural principles can be used to identify interpretations that intensify conflict. A spouse who interprets a delayed response as deliberate disrespect may react with anger, provoking a cycle of defensiveness. Counselling can help the couple test alternative interpretations and practise different responses. Again, the purpose is not to label traditional values as CBT, but to use professional tools alongside culturally meaningful goals.

6.8 Stage 6: consent-based family and community linkage

Where family or community involvement is supportive, the framework enables structured linkage. This may include a trusted elder, parent, relative, faith leader or community counsellor. Their role should be agreed with the couple and limited to the issue for which involvement is useful. The goal is to mobilise social support without sacrificing privacy.

This stage is especially important in cases where marital conflict is affected by wider family expectations, bride-wealth obligations, caregiving responsibilities or social pressure. A purely dyadic intervention may fail if the

main sources of stress remain outside the room. Ecological Systems Theory supports this wider perspective (Bronfenbrenner, 1979).

However, consent is not a formality. If a family member contributes to coercion or conflict, inclusion may be harmful. Professional judgement should therefore distinguish supportive networks from pressure networks. Clients should be able to revise consent as circumstances change.

6.9 Stage 7: follow-up, review and referral

Traditional counselling often has the advantage of continuity because elders and relatives remain embedded in everyday community life. Professional counselling can be more episodic. The integrated framework combines these strengths through planned follow-up. Couples review goals, communication changes, recurrence of conflict, satisfaction with counselling, confidentiality and safety. Where agreed, trusted community supports can reinforce progress between professional contacts.

Follow-up also provides an opportunity to reassess whether the original form of care remains appropriate. A low-risk conflict may reveal trauma or substance misuse that requires referral. A couple who initially resisted professional care may later accept it. Conversely, a couple who completes professional sessions may benefit from ongoing community support.

Referral is therefore not a one-way transfer out of traditional care. It is part of a network. Community actors should know how to connect couples to professional services, while professionals should know how to connect couples back to appropriate community support when clinically suitable and consented to.

6.10 Roles within the framework

Traditional leaders and elders can provide culturally legitimate guidance, premarital education, suitable low-risk mediation, community mobilisation and social support. Their training should include active listening, counselling boundaries, confidentiality, informed consent, domestic-violence awareness, child protection, gender-sensitive practice and referral. Their role does not include diagnosing severe mental-health conditions or independently managing high-risk violence.

Professional counsellors and psychologists provide assessment, confidential counselling, evidence-informed relationship interventions, documentation, referral and supervision. Their responsibility also includes cultural competence. They should not assume that professional knowledge automatically overrides clients' cultural meanings. Instead, they should distinguish between culturally different but safe practices and practices that conflict with safety, dignity or consent.

Religious leaders may serve as additional cultural and moral resources, particularly because faith can be interwoven with marriage and family meaning (Dollahite et al., 2018). Their involvement should follow the same boundaries: voluntary participation, confidentiality, role clarity and referral when problems exceed their competence.

Health, psychosocial, protection and legal services form the specialist referral layer. The framework is therefore best understood as a network rather than a single counselling room.

6.11 Premarital application

Premarital counselling is one of the strongest opportunities for integration because it is preventive rather than crisis-driven. Traditional elders can transmit culturally meaningful knowledge about family obligations, marriage expectations, respect and social responsibility. Professional counsellors can add structured discussion of communication, financial planning, decision-making, conflict management, parenting expectations, sexual health, consent, emotional needs and help-seeking.

The premarital stage can also normalise counselling before problems become severe. Respondents' E4 recommendations strongly supported counselling and premarital preparation. Community and faith-based premarital programmes may therefore reduce stigma around professional support by presenting it as relationship education rather than as evidence of failure.

6.12 Conflict mediation application

For low-risk conflict, an integrated mediation process can begin with private screening, proceed to consented dialogue, and use culturally familiar reconciliation practices alongside structured communication techniques. Each spouse should have equal opportunity to speak. The mediator should not assume that age, gender or family status determines whose account is more legitimate.

Agreement should focus on concrete behaviour and follow-up. Vague instructions to "respect each other" can be translated into specific commitments: how financial decisions will be discussed, how in-law boundaries will be managed, how insults or threats will be handled, and when professional follow-up will occur. This makes traditional moral language operational while preserving its cultural meaning.

6.13 Confidentiality architecture

The framework's confidentiality architecture has three layers. The first is private professional space, where sensitive psychological, sexual, trauma-related or safety information can be discussed. The second is consented shared space, where selected family or community participants may contribute to agreed relationship issues. The

third is referral communication, where only necessary information is shared with service providers and, where possible, with the client's knowledge.

This layered model responds directly to one of the traditional system's identified weaknesses without abandoning community participation. It also recognises that confidentiality in collectivist settings may need explanation. Couples should understand not only that information is private but also what exceptions apply where safety or legal duties require action.

6.14 Training and capacity building

Traditional and religious leaders are not expected to become therapists, but targeted training can significantly improve safety and referral. A basic curriculum should include active listening, non-judgemental questioning, informed consent, confidentiality, gender sensitivity, violence red flags, child protection, psychological first-line support, referral protocols and record minimisation. Training should use local scenarios and languages rather than imported case studies alone.

Professional counsellors require complementary training in cultural formulation, local marriage practices, family structures, customary authority, religious influences, conflict-sensitive communication and the ethics of working with community partners. The goal is reciprocal competence: community actors learn boundaries and safeguarding; professionals learn cultural responsiveness.

6.15 Community delivery and referral networks

The framework can be delivered through networks linking traditional authorities, religious institutions, counsellors, health facilities, psychosocial services and community organisations. The precise configuration should vary by locality because service availability and cultural structures differ. A national model should therefore specify principles and minimum safeguards while allowing community-level adaptation.

A practical referral map should identify who can provide premarital education, low-risk mediation, professional couple counselling, trauma support, substance-use treatment, health care, child protection and legal assistance. Contact points should be updated regularly. Community actors need clear guidance on how to refer without exposing clients to unnecessary disclosure.

6.16 Monitoring and evaluation

Monitoring should assess both implementation quality and client outcomes. Accessibility can be measured by the number or proportion of couples reaching counselling or referral. Cultural responsiveness can be measured through client-reported respect for values, language and preferred support. Relationship functioning can include

communication, conflict management and mutual respect. Safety indicators should document whether risk was screened and whether appropriate referrals were made. Confidentiality indicators should assess clients' understanding and satisfaction with privacy. Integration indicators can track appropriately coordinated traditional-professional cases, while outcome indicators can include client-defined goal attainment, satisfaction and follow-up status.

Evaluation should not equate marital continuation with success. A marriage that remains intact under coercion is not a positive outcome. Success must include safety, dignity, voluntary participation and improved functioning. In some cases, a safe separation or referral may represent a more ethical outcome than reconciliation.

7. Discussion

7.1 Beyond the replacement model

The central empirical finding is not simply that respondents value traditional counselling or that they approve of professional counselling. It is that these orientations coexist and are positively associated. Traditional counselling had a high mean of 4.30, psychological counselling/integration had a mean of 4.09, and B_mean correlated positively with D_mean (rho=0.440, p<.001). The exploratory regression also retained B_mean as a significant positive predictor of integration attitudes. These findings challenge a replacement model in which increasing professionalisation necessarily requires declining confidence in indigenous resources.

The open-ended data make the same point in respondents' own thematic priorities: 62.0% of records were coded as favouring a combination of traditional and professional counselling. This is not evidence that every form of combination is acceptable or effective. It is evidence that respondents perceive room for cooperation. The framework therefore translates a social preference into an ethically structured service design.

This finding has wider relevance to culturally responsive psychology. Professional interventions often face a false choice between fidelity to psychological evidence and responsiveness to culture. Yet evidence-informed practice is not limited to technique selection; it also depends on context, acceptability and client values. A theoretically strong intervention that clients distrust or cannot access may have little practical value. Conversely, a culturally legitimate intervention that lacks safety boundaries may be unacceptable. Integration is therefore a problem of fit and governance, not simply of theoretical synthesis.

7.2 Communication as a bridge domain

Communication emerges as one of the strongest bridge domains between systems. Respondents identified poor communication as the strongest Section C factor, while respect, communication and trust were the most frequent

E1 theme. Traditional counselling already contains communication practices through dialogue, advice, apology and reconciliation. Professional counselling adds structured skills, emotional regulation and cognitive or behavioural techniques. Because the desired outcome is shared, communication provides a practical starting point for collaborative programmes.

This also illustrates why comparison should be functional rather than rhetorical. Asking whether an intervention is “traditional” or “modern” tells less than asking what function it performs. A proverb may be used to reframe a conflict; a cognitive intervention may also reframe a conflict. An elder may slow down an argument and require each spouse to listen; a professional counsellor may use structured turn-taking. The forms differ, but both may target interaction patterns. Functional analysis makes it possible to preserve culturally meaningful methods while introducing additional skills.

7.3 Cultural legitimacy and therapeutic alliance

Traditional counsellors often possess pre-existing trust because they are known to families and communities. Professional counsellors may need to build credibility, especially where mental-health services are unfamiliar or associated with severe illness. Collaboration with trusted community figures can therefore improve engagement. However, therapeutic alliance cannot be outsourced to authority. A respected elder may also be feared, biased or connected to one family. The framework requires clients to choose who participates and to retain access to private professional support.

The same caution applies to professional status. A degree or title does not guarantee cultural sensitivity. Practitioners who dismiss clients’ values can weaken trust and create the impression that counselling requires abandonment of cultural identity. Cultural responsiveness therefore involves humility, contextual inquiry and negotiation of meaning.

7.4 Family systems and the limits of dyadic counselling

The findings on family and community support are particularly compatible with Family Systems Theory. In the E1 responses, elders, family and community support were prominent resources. Family interference and social pressure also appeared among E2 conflict themes. The same system can therefore function as support or stressor. This duality is important. It prevents the framework from idealising family involvement.

A dyadic counselling model may miss the social forces that shape a couple’s decisions, especially where financial obligations, bride-wealth expectations, in-law conflict or caregiving responsibilities are important. Yet automatic family participation may expose private concerns or intensify pressure. Consent-based family linkage offers a middle path: the wider system is recognised without allowing it to dominate the couple’s agency.

7.5 Economic stress and ecological limits of counselling

Economic hardship, poverty and unemployment were the most frequent E2 conflict theme. This finding aligns with Ecological Systems Theory by locating marital distress within broader social and material environments (Bronfenbrenner, 1979). Counselling can help couples communicate about limited resources, negotiate expectations and reduce blame, but it cannot create employment or eliminate structural scarcity. An integrated counselling service should therefore develop referral relationships with social, livelihood or humanitarian support where available.

This is an important limit to psychological framing. If economic strain is treated solely as a communication problem, the intervention risks individualising a structural condition. Culturally responsive counselling should recognise environmental constraints and avoid implying that relationship skills alone can resolve them.

7.6 Safeguarding as a criterion of cultural responsiveness

One of the strongest conceptual contributions of the framework is the placement of safeguarding inside, rather than outside, cultural responsiveness. It is sometimes assumed that respect for culture requires deference to customary authority. That is incomplete. A counselling practice cannot be culturally responsive if it ignores the safety or autonomy of the people who live within that culture. Respect must extend to persons as well as traditions.

The open-ended themes included forced or child marriage, violence, trauma and rights concerns. These issues establish clear limits to ordinary mediation. Reconciliation may be valuable when conflict is reciprocal and non-coercive, but it can be dangerous when one spouse is threatened. The framework therefore places safety screening before support selection. This sequence is not a Western add-on; it is an ethical safeguard necessary for any counselling system that claims to support well-being.

7.7 Confidentiality as negotiated boundary

Confidentiality is often described as a contrast between “private modern counselling” and “communal traditional counselling”. The framework offers a more flexible solution. Clients may want both privacy and community support. The question is not whether family members know anything, but what they know, why they know it and whether the couple consented.

A negotiated confidentiality architecture allows different issues to be handled at different levels. Family obligations may be discussed with elders; trauma may remain private; referral information may be limited to what a specialist needs. This layered approach is more compatible with culturally embedded relationships than an all-or-nothing rule.

7.8 What the framework adds to the literature

The framework contributes an operational model rather than a general call for cultural adaptation. Previous literature has established the communal character of many African marriage systems, the role of elders and family networks, and the importance of psychological relationship skills (Mbiti, 1969; Gurman et al., 2015). The present study adds a South Sudan-focused empirical basis for organising these insights into a service pathway.

Its distinctive elements are sequencing and boundaries. Cultural intake occurs before intervention. Safety screening occurs before mediation. Integration is selected rather than presumed. Family involvement is consented rather than automatic. Traditional actors are trained without being recast as clinicians. Professionals are expected to become culturally competent rather than merely expecting clients to adapt to professional norms. Monitoring includes safety and confidentiality, not only marital continuation.

7.9 Implications for policy and service design

For policy-makers, the framework suggests that family counselling development in South Sudan should not begin exclusively with building clinic-based services. Professional capacity is essential, but community systems already function as an informal first line of support. Training, referral protocols and supervision can connect these systems rather than forcing clients to navigate them independently.

For universities and counsellor-training programmes, cultural competence should include practical engagement with South Sudanese family structures, marriage practices, customary authorities and faith communities. Students should learn how to ask about cultural context without stereotyping and how to negotiate family involvement ethically.

For traditional and religious institutions, the framework supports continued involvement while defining boundaries. Community legitimacy can be strengthened by basic training in confidentiality, consent, gender sensitivity, violence recognition and referral. Clear boundaries protect both clients and community leaders.

For non-governmental and humanitarian organisations, the framework offers a structure for psychosocial programmes in settings where professional staffing is limited. Community counsellors or leaders can serve as access points if they are linked to supervision and referral. Programmes should avoid presenting a short training course as equivalent to professional qualification.

7.10 Implications for future research

The framework remains a proposed model and requires prospective evaluation. Longitudinal studies should examine whether integrated counselling improves communication, conflict management, safety and client-

defined relationship outcomes over time. Comparative studies could examine traditional-only, professional-only and integrated pathways, provided ethical allocation is possible. Community-specific research is also necessary because South Sudan's cultural diversity makes a single detailed script inappropriate.

Measurement development is another priority. The original questionnaire measured perceptions of traditional counselling and integration rather than clinically validated marital outcomes. A South Sudanese marital-stability or relationship-functioning measure could improve future evaluation. Qualitative research should also examine the experiences of women, men, younger couples, rural couples and people from different communities separately, because the acceptability and risks of family involvement may vary.

The role of trained traditional leaders should be evaluated directly. Key questions include whether safeguarding training improves referral, whether confidentiality practices change, how clients experience combined counselling, and whether community-based delivery reduces stigma or increases access. These are empirical questions and should not be assumed from the conceptual appeal of integration.

8. Limitations

The study has several limitations relevant to this article. First, its cross-sectional design permits description and association but not causal inference. The positive relationship between traditional counselling perceptions and support for integration does not show that valuing traditional counselling causes support for professional counselling. Second, the measures are perception-based rather than independent clinical assessments of marital functioning or treatment outcomes. High endorsement therefore reflects attitudes and perceived relevance, not demonstrated therapeutic effectiveness.

Third, the sample is uneven across demographic categories and cannot represent every ethnic, religious or geographic community in South Sudan. The majority of respondents were urban and the dataset contained more men than women, factors that should be considered when interpreting generalisability. Fourth, open-ended responses varied in detail and were coded non-exclusively. Theme frequencies indicate how often an idea appeared in respondent records, not the intensity of a belief.

Fifth, the underlying dissertation contains interview, focus-group and observation materials, but its final limitation statement indicates that the present empirical analysis centres on the 242 questionnaire records and open-ended responses pending fuller triangulation. This article therefore avoids treating those additional materials as equivalent independent datasets. Finally, the integrated framework has been developed from empirical attitudes, theory and contextual analysis but has not yet been tested as a clinical or community intervention. Its effectiveness, safety and feasibility must be evaluated prospectively.

9. Conclusion

The evidence from this South Sudanese study does not support a simple choice between traditional marriage counselling and contemporary psychological counselling. Respondents strongly valued traditional counselling and also supported professional counselling, cultural adaptation and respectful collaboration. The positive association between traditional counselling perceptions and support for integration, together with the strong open-ended preference for combining the two systems, indicates that cultural legitimacy and professionalisation need not be opposing forces.

The comparison shows why integration must nevertheless be governed carefully. Traditional counselling offers cultural legitimacy, accessibility, family linkage, social accountability and reconciliation. Professional counselling offers structured assessment, confidentiality, evidence-informed relationship skills, ethical boundaries, safeguarding and specialist referral. Each system also has limitations. Traditional processes can expose clients to privacy problems, unequal authority or inappropriate pressure to reconcile; professional services can be inaccessible, culturally distant or overly individualised when applied without adaptation.

The Integrated Culturally Responsive Psychological Counselling Framework therefore adopts a seven-stage pathway: cultural and relational intake; safety screening; selection of appropriate support; collaborative counselling where consented; relationship-skills intervention; family/community linkage within agreed confidentiality boundaries; and follow-up/referral. It is selective rather than indiscriminate, voluntary rather than coercive, and safety-sensitive rather than preservationist.

The broader implication is that culturally responsive counselling should move beyond the symbolic inclusion of indigenous practices. It requires a service architecture in which cultural knowledge, professional competence, consent, confidentiality and safeguarding are all structurally represented. For South Sudan, such an approach offers a practical direction for strengthening marriage counselling without forcing communities to choose between cultural continuity and psychological care.

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