

GUIDE TO HIV / AIDS PASTORAL COUNSELLING

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PRESENTATION

Counselling may seem to be just another North-Western product. However, it has always been part of the fabric of all cultures, present in the very midst of peoples and communities all over the world. Traditionally, it took place within the kinship system, or the family, or was undertaken by the local authorities and the spiritual and religious leaders.

In the Judeo-Christian tradition, counselling - the care and cure of souls - has been an important part of our history for more than 3,000 years. In modern times, counselling has achieved the status of a scientific discipline and highly skilled art. Counselling with HIV/AIDS-affected people is a brand new branch of counselling. It evolved in the 1980's under the pressure of this emerging pandemic. Innovative efforts are being made in this field by the World Health Organization, non-governmental organizations, hospitals, care centres and churches, to name just a few.

In general, churches are unaware that they also have a major contribution to make in this area. People living and dying with AIDS have spiritual and emotional as well as medical needs. They ask questions related to God and the soul, life and death, condemnation and forgiveness, eternity and transcendence, forgiveness and salvation. They are already looking for pastoral counselling, consolation and acceptance. In some places, pastors and the churches are the nearest or only resources available in times of crisis and need. Increasingly, pastors and churches in response to the cry of their people, whether in villages or cities, are looking for resources, guidelines and tools to help them cope with this new ministry.

The World Council of Churches, being aware of the impact of AIDS, called its first consultation on the issue in June 1986. A report was prepared, entitled "AIDS and the Church as a Healing Community". This report was endorsed by the Central Committee, in January 1987, and sent

to the the member churches for consideration and action. It stated:

“in the mysteries of life and death we encounter God; this encounter calls forth trust, hope and awe rather than paralysis and immobilization... The AIDS crisis challenges us profoundly to be the Church in deed and in truth: to be the Church as a healing community. AIDS is heartbreaking, and challenges the churches to break their own hearts, to repent of inactivity and of rigid moralisms”.

In 1988 three major regional consultations were held: in North America, in Brazil and in Tanzania. The third one focused on "AIDS and Pastoral Care", and recommended:

“Where possible, support and counselling services should be established by pastors and church members as part of a broad-based community outreach programme. Such a programme would identify practical ways in which HIV-infected people and their families could be assisted with physical, emotional, psychosocial and spiritual needs. HIV-infected persons should be involved in the definition of their needs and participate in their implementation... Where there is need, churches should develop and support counselling services for their members... This can be achieved either by providing a professional counsellor or by drawing on the gifts of the Christian community to create a team of trained volunteers...”

Following this recommendation a group of counsellors from the five continents met in Barbados in October 1989, to produce this guidebook with the assistance of WHO material and personnel. In October 1990 a smaller group of experts in the field met in Geneva, Switzerland, to work on the final manuscript. They worked, united by the same concern and the same urgency, to provide the churches, especially in developing countries, with a Guidebook for Pastoral Counselling with people living and dying with HIV/AIDS.

GLOSSARY

In this guide book a special effort has been made to avoid specialized terminology or technical words. However, in your work as a counsellor or with reference to materials and discussions, it might be helpful to have the following terms clearly and precisely defined.

Affected

Refers to the family, friends and those associated with someone living with HIV/AIDS.

AIDS (stands for Acquired Immune Deficiency Syndrome)

A combination of diseases caused by a virus which impairs the body's ability to fight infection, making the body especially susceptible to opportunistic infections. The most common of these include Pneumocystis carinii pneumonia, and certain cancers, such as Kaposi's sarcoma - a skin cancer.

ARC (stands for AIDS Related Complex)

By the time that the HIV virus has severely damaged the natural immune system, the person may be suffering from diarrhoea, excessive loss of weight, skin rashes, etc. At this stage the sufferer can sometimes be more ill than the 'fullblown AIDS' sufferer and may be in need of a great deal of care and support. These symptoms may persist for many years.

Counselee

The person who looks for counselling or who is referred to counselling services.

Counselling

A temporary helping relationship established between a counsellor and the person(s) looking for counselling or referred by friends, religious persons, health professionals, etc.

Counsellor

A person trained to provide counselling services.

Empathy

A conscious attitude of the counsellor by which s/he attempts to perceive events in a non-judgmental way, from the perspective of the counsellee.

Full-blown AIDS (sometimes known as 'Frank AIDS')

Is the ultimate indication that the immune system is collapsing. By this time the body has been attacked by at least one life-threatening opportunistic infection or tumour. A great deal of comfort and palliative support will definitely be needed in this stage of the disease.

Haemophilia

An inherited condition that affects the normal clotting of blood, thus leaving the individual at risk of severe bleeding. Therapeutic blood products can control the disease. Current HIV blood screening tests have greatly reduced the risk of contaminated blood.

Infected

Refers to the person who has the virus within his/her body.

Immune System

The body's defense system which protects it from infection by recognizing bacteria, viruses and diseases in general. It consists of cells which, among other things, produce antibodies. Antibodies can recognize materials as foreign to the body, and then attempt to neutralise them without injury to the person's cells.

HIV (stands for Human Immunodeficiency Virus)

HIV is the virus that can eventually cause AIDS. People infected with HIV may look and feel well for a number of years before any opportunistic infections develop. Many people infected with the HIV virus are completely unaware of the fact, unless they decide to have a medical blood test. However, they can be carriers of the virus, transmitting it to other people.

HIV antibody test

A laboratory test made on a small sample of blood to detect whether the body has reacted to the presence of HIV. The body will have tried to protect itself against the virus by producing antibodies. After infection this reaction takes an average of three months to show up in the blood. If the test is positive, the infected person will have been able to pass on the virus from the moment of infection. It is not possible to tell from this test when or how the person tested will proceed to AIDS.

HIV-positive (also called 'seropositive')

Describes a person whose blood shows the presence of antibodies to the infection. Antibodies to the virus generally develop about three months after being infected.

IVDU (Intravenous Drug Using)

One of four main high risk behavioural patterns resulting in HIV infection. Drug use can entail using and often sharing unsterilized needles and syringes that serve to transmit HIV.

Lay people

Members of Christian churches who are not ordained.

Pastoral Care

A term used in Christian churches to describe the attention given to all human basic needs, including spiritual ones, and extended to all people in the community.

Pastoral counselling

A helping and supportive service offered by the Church (through ordained pastors or trained lay persons) to accompany people in difficult situations in the process of finding better alternatives and making their own best decisions.

Referred

A person sent from one health service to another for specialized help or specific advice.

Risk

Used in terms such as 'risk activity', 'risk group' or 'risk behaviour' implies that there is a likelihood of infection in the activity, group or behaviour.

Safer Sex

Those sexual practices which reduce the risk of transmitting HIV during sexual activity. Sex with only one faithful partner is the most reliable. It is applicable also to the use of condom which gives good protection against infections and pregnancy, but they are not 100% reliable.

INTRODUCTION

This section is designed to inform you about:

- 1. the commitment of churches to counselling people affected by HIV/AIDS**
- 2. a definition of pastoral counselling as a part of the churches' overall ministry to HIV/AIDS-affected people**
- 3. the specific goals and limitations of this book.**

WHY ANOTHER BOOK ON HIV/AIDS?

BECAUSE HIV/AIDS is one of the most serious health crises of modern times. It is affecting an increasing number of people all over the world. Women, men and children of all ages, irrespective of their education, social strata or religion are becoming infected and affected. But it is not only a health problem; it represents also an economic, social, moral and spiritual problem of great magnitude.

BECAUSE it has been difficult for churches to initiate or develop a pastoral counselling ministry to those infected and affected by HIV/AIDS, due to a variety of reasons, including: fear of contamination, gross ignorance about the virus, regarding it as a punishment from God, a lack of a specific understanding of sexuality, or simply not knowing how to undertake such a ministry.

BECAUSE churches around the world are not well prepared to make a compassionate and relevant response to this crisis. Some Christians have reacted moralistically, while others have reacted with silence. Such silence can kill as quickly as the virus itself. Others, fortunately, have responded in solidarity with those who suffer and against all forms of discrimination, but they may not know how to provide adequate and efficient pastoral counselling.

BECAUSE the Church is called to be a healing community in the midst of pain and suffering, whatever its nature or source. The Church has a mandate to console (II Cor. 1:3-5); to reconcile. (II Cor. 5:19), to love (I.Cor. 13), and to minister (Matt. 25:35-37). Throughout history, women and men of God have committed themselves to serve the "afflicted, the sick, the lonely, and the poor. Examples abound alongside such well-known figures as Saint Francis of Assisi and Mother Teresa.

BECAUSE Christians today are called to embrace all people in love and compassion. This means to 'sorrow for the sufferings of others', to minister to them in unconditional acceptance, and to challenge the world to follow the example of Christ, our Lord.

BECAUSE the Gospel is for all people and our example is Jesus Christ; we are called to love and serve all those who are hurt. We are called to be involved in the pain of each particular situation in ways that empower the wounded to attain a better quality of life.

BECAUSE the Church is called to assist those who suffer, it is challenged to help people to cope with the possibility or reality of HIV infection, to support them and those close to them as the disease progresses, to integrate them into the wider community, to protest against discriminatory policies and practices, to celebrate the life and death of persons with HIV/AIDS, to deal with moral and ethical questions, and to provide spiritual support and consolation to those who survive them.

BECAUSE... "The people of God can be the family that embraces and sustains those who are sick with AIDS-related conditions, caring for the brother, sister or child without barriers, exclusion, hostility or rejection" (WCC, 1986).

BECAUSE.. "In the mysteries of life and death we encounter God; this encounter calls forth trust, hope and awe rather than paralysis and immobilization. Those we cannot cure we can support and sustain in solidarity" (WCC, 1986).

BECAUSE... "Death is a mystery. We are angry and helpless when faced by its reality. We need to acknowledge our helplessness and not deny it. This has particular significance as we share the experience of ministry with persons with AIDS and as we are ministered to by them, as we grow with them in our Christian understanding of death in the light of Christ's death and resurrection" (WCC, 1986).

WHAT WILL YOU FIND IN THIS BOOK?

This guidebook is about PASTORAL counselling. It means that the Christian perspective permeates its content. Even though pastoral counselling also uses the resources from the medical, social and behavioural sciences, it is the pastoral dimension that distinguishes it from other kinds of counselling. A person, family or group that looks for (or accepts) pastoral counselling is willing - sometimes even anxious - to discuss their concerns in the light of a transcendent, spiritual perspective. People look for pastoral counselling because they want a word of acceptance, a theological understanding, a word of consolation and intercession. Issues of life and death, guilt and pardon, sin and salvation are part of the daily experience of pastoral counselling.

The fact that pastoral counsellors have access to homes and families in the most crucial moments of people's lives, adds a feature that is peculiar to pastoral counselling, and may be regarded as a privilege.



Churches which have shown a compassionate response to the AIDS crisis have realized the urgent need to have a practical book with relevant guidelines and information to enable them to improve their pastoral counselling with HIV/AIDS – affected (not only infected) people. This guidebook tries to fill that demand in clear and simple language so that most people can understand and use it.

Yet, this is not, by any means, the final word on this subject. Much is still to be investigated and understood. Research on AIDS is constantly being updated and this requires pastoral counsellors to be familiar with new facts and ongoing research in order to be of better help to those who seek pastoral counselling. There is still much to learn both about AIDS and about pastoral counselling.

If you are already counselling, we hope that this guidebook will help you to gain new insights with regard to the AIDS ministry. If you are not a counsellor, it should give you an idea of the basic pastoral counselling skills which can be useful when counselling people with HIV/AIDS, their families, friends and others important in their lives.

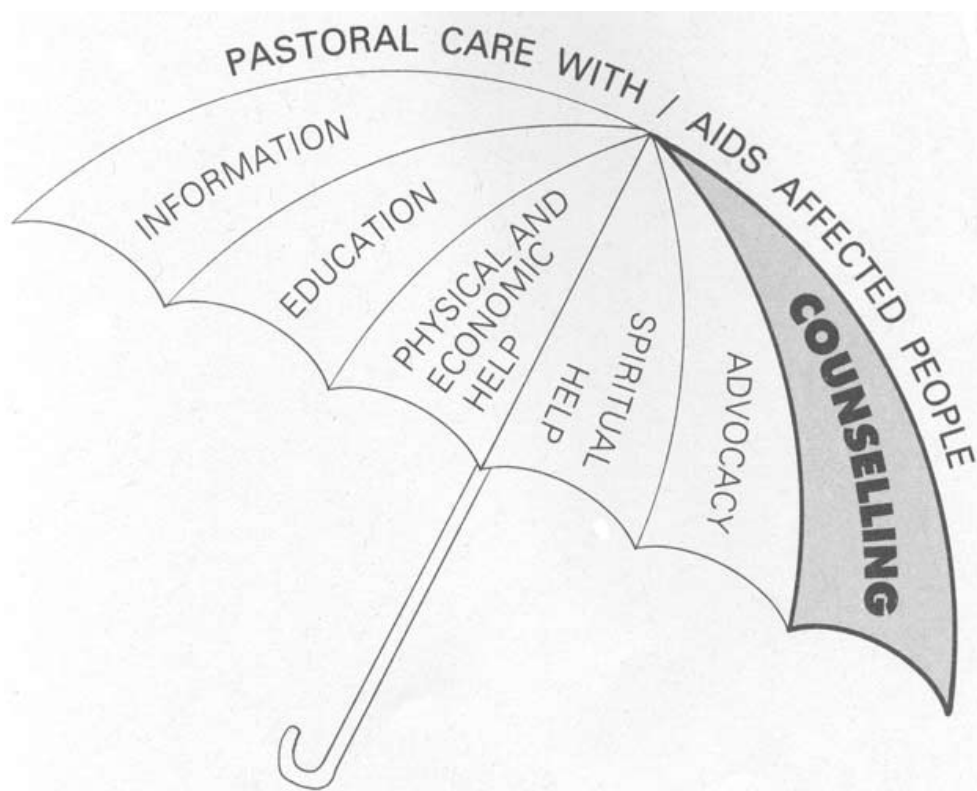
We do not expect it to make you become either a specialist on HIV/AIDS or an accomplished pastoral counsellor. Counselling pastorally HIV/AIDS-affected people involves a complex relationship between people in specific and difficult circumstances. Limitations of time, space, and the impossibility of producing tools for cross-cultural use, restrict this guidebook to the more humble role of providing a resource to those who are doing or want to do pastoral counselling. If you want to deepen your knowledge and efficiency in counselling HIV/AIDS-affected people, we suggest that you look for additional training. (See Appendix D)

It will be of great use to you to reflect on why you are or might become involved in this type of ministry. Be ruthlessly honest with yourself and ask yourself:

what motivates you to reach out to others through this ministry of pastoral counselling? An equally positive step might be for you to recognize that, for various reasons, this may not be your calling.

Finally, you should clearly distinguish between pastoral CARE with HIV/AIDS-affected people and pastoral COUNSELLING with the same group.

Pastoral CARE is like a bigger umbrella that encompasses all the actions that the Church is called to undertake in relation to the physical, spiritual, economic, social and even political needs of those who are affected by the virus. Pastoral COUNSELLING, being part of the same umbrella, is a kind of specialized type of action. It is a temporary helping relationship established between a pastoral counsellor and another person(s) looking for such counselling, referred by a friend, a religious person, a health professional, etc.



1. WHO ARE INVOLVED IN PASTORAL COUNSELLING?

This section is designed to enable you:

1. to clarify the nature of pastoral counselling with HIV/AIDS-affected people
2. to evaluate and improve your own personal resources as a counsellor
3. to re-affirm your commitment to pastoral counselling, and
4. to consider the various categories of people who are most likely to come for counselling

1. WHO ARE INVOLVED IN PASTORAL COUNSELLING ?

Pastoral counselling with HIV/AIDS-affected-people is an inter-active helping relationship between a person or persons (called here the counsellee) affected by the virus and a person (called the counsellor) who represents the Church in its concern for those who suffer from the epidemic.

We believe that pastoral counselling in general, and with HIV/AIDS-affected people in particular, is not only offered by professional pastors, ordained ministers or the clergy. The whole Church - the pastoral community of lay people and clergy - is called to perform this ministry to its best ability.

In the following pages you will find general descriptions of both the pastoral counsellor and the counsellee(s) as the main participants of this encounter called pastoral counselling.



1.1 THE PASTORAL COUNSELLOR

Not all those who wish to be counsellors for HIV/AIDS are equipped for the task. Pastoral counsellors working with HIV/AIDS-affected people should have certain characteristics. Some of these are part of the person, others are the fruit of their formal or non-formal education, still others are acquired by specific training.

Counsellor's Personal Resources

The prospective counsellor is invited to reflect on his/her personal resources: opinions, feelings, attitudes, strengths and weaknesses before entering training or doing counselling.

The following questions should be considered :

- What might be painful for me in my work with HIV-infected people?
- Have I thought about my own death?
- Have I thought about my own risk of HIV infection?
- What is it about people with HIV infection which might be upsetting for me?
- What are my personal, limitations in working with people with HIV/AIDS?
- What are my strengths and qualities for working with people with HIV/AIDS?
- What views might I have, for example, on homosexuality, infidelity, prostitution, polygamy, etc.?
- How would I handle objections to this work from my own family, neighbourhood or congregation?
- How would I handle aggression, anger, hostility?
- What is my interest in committing myself to this work?
- How would I handle someone with very rigid views?
- What other questions should I ask myself?

Consulting with others

Pastoral counsellors might also consult with other people within and outside the church network in order to clarify their own views about these issues. Your own views and beliefs will inevitably influence how you counsel. Self-awareness of this kind may help you to become aware of your own constraints, strengths and biases.



Some useful questions to consider prior to entering into training, or doing counselling, may be:

- Is there someone I know and whom I respect, to whom I could go for a personal conversation when I may feel stuck, depressed, angry or upset?
- If I cannot think of such a person right now, where could I go to try to find someone?
- What would be an appropriate way to approach this person?
- What would be some of the hindrances in approaching him/her, and how could I overcome them?

Some people, may find, after reflection on their own personal resources and beliefs, that they are better suited to work in other areas of Christian care rather than in counselling those affected by HIV/AIDS. It is better to find out that counselling is not exactly what you expected than to become involved in something that is too stressful or too much to bear.

For those who, after examining themselves, still believe that this is the kind of service they are equipped for and are willing to learn more about, it is helpful to recognize that there are many ways to counsel. Therefore, those who choose to do counselling should be encouraged to develop their own style consistent with their own personality, cultural context, Christian tradition and physical setting.

Some advice for the counsellor

Pastoral counsellors working with HIV/AIDS-affected people need to be continually open to taking these considerations into account in the course of their work:¹

- **Be informed about AIDS, ARC and the transmission and prevention of AIDS.** There is an abundance of materials available on these topics. Be informed about how the virus is transmitted (and how it is not transmitted), and what care should be taken regarding yourself and the other person. (The chances are that you will find yourself more likely to transmit disease or infections to HIV-positive people than they will to you).
- **Be non-judgmental.** This means that if you have any reluctance, bias, discrimination or prejudices about HIV-infected people, you should not be ministering to them. AIDS is not a punishment from God. What a person in this condition needs is assurance of acceptance, as a person who is always acceptable to God. Pastoral counselling is not a place for deathbed sermonizing and proselitizing. It is a place to serve those who suffer and need consolation, love and respect.

¹ Adapted from Workbook on HIV/AIDS, Esly Regina Carvalho & Eduardo Campana, CLAI, (Quito, Ecuador) 1990.

- **Be sensitive and merciful. Don't ask questions just out of curiosity. Questions are to clear up what is happening, to help the person to express what s/he is feeling, or to encourage him/her to face the future. Respect their right to privacy. Ask the person how you can help.**

- **Listen. When you think you have finished listening, listen some more. You do not have to have the answers. As a rule, there are no easy answers for existential questions. Each person has to find his/her own way. This includes their relationship with God. Do not impose your own ideas. There is nothing against sharing something from your own experience if it is relevant, but make sure they understand that this is your experience.**

- **Create an environment for people to express themselves and show feelings without embarrassment. Be ready to give them permission to express their anger or disbelief. You don't have to agree with everything that is said, but you do need to accept that this is how the other person feels. Acceptance does not necessarily imply approval, yet is essential in this kind of work.**

- **Give yourself permission to withdraw, pray or consult with someone, or to stop work altogether. Self-preservation is important.**

- **Finally, remember that any ministry of consolation is hard work. It requires a lot of effort. It is not an easy task. As Christians, we are called to walk the second mile. Sometimes, we may have to walk more than that.**

The required skills

In addition to the inherent personal characteristics of the counsellor s/he needs also to identify particular skills to enhance the counselling process. Among others these include the following:

- The capacity to keep information confidential.
- The ability to handle sensitive and emotionally charged problems.
- The ability to physically touch others in a culturally acceptable manner and to talk comfortably about sexual practices in the language of the counsellee.
- The ability to initiate and guide a conversation.
- The ability to help people define their own problems. –
- The ability to provide clear and simple information about HIV/AIDS.
- The ability to help counsellees to rank their most serious problems and to discuss options for resolving them.
- The capacity to allow people emotional space and time to make their own decisions.
- The capacity to develop a relationship over time with HIV/AIDS-affected people which enables them to grow and develop during the course of their illness.
- The ability to recognize personal needs and to devise strategies to deal with them through supervision, support groups, personal counselling, etc.
- The ability to share responsibility within a health team, pastoral group, or with outside agencies who can provide support and other services.
- If visiting the people at home, the willingness to accept their personal setting and circumstances.

1.2 THE COUNSELLEE(S):

Counselees are those who are looking for help or those who are referred to the counsellor. Some of them may belong to the Christian community, while many others may never even have put a foot inside a church. Some are HIV-positive, some may not know if they are negative or positive, and some are their family members, friends, dependents, or others who are close to someone who is suffering from HIV/AIDS.

People come in different states of health. Some who have just found out may still be in shock. Others may be angry, depressed, guilty or afraid. Yet others may already be sick. Different people come with different feelings. People who look for help may be very anxious, withdrawn or distressed. Often they are in a bad mood, or depressed, and they may take it out on the counsellor, or go into long crying spells. This is normal.

Many have to accept the fact that people they love and care deeply about are soon going to die of AIDS. They are wondering how to relate and what to say. Often they may be additionally struggling with other emerging facts, such as a relative's sexual practices, homosexuality, or drug use. Even when they are not infected, they may be affected, and eventually face the possibility of shame, discrimination, and rejection as well.

The counsellor should be aware of the fact that the person with HIV/AIDS is likely to be :

- a young person,
- a person, in many cases, cast off by family and friends,
- a person who had not expected life to be so short, and
- a person who is fearful of the judgment of God, society and, very frequently, his/her own family and relatives.

People affected indirectly are :

- friends,
- family, and
- other close contacts.

They may have been facing matters of:

- social acceptance, discrimination and rejection
- economic problems (job loss, financial dependency, etc.)
- emotional loss and changes in close relationships
- the need for information. They will ask such questions as : "Can we still live together? Under what circumstances? What measures must be taken?"

The Socio-Cultural Context

Pastoral counselling will vary according to different social realities, cultural values, Christian and other religious traditions. What is applicable or acceptable in one place may be neither applicable nor acceptable in another.

Medical care systems are also different. In some developed countries, advanced medical attention is available for the person infected by the virus. In most poor countries, where public hospitals have low or non-existent budget at all for people with AIDS, the family or the kinship system carries the greatest responsibility for the patient. Some people die without any sort of care or treatment from anybody.

Different cultures have their own values, traditions and taboos about life, health, sickness, sex and death. Christian traditions also differ in the way they perceive these matters. Their pastoral counsellor should be fully aware of the surrounding cultural environment in order to provide the best possible service.

Special groups

Although AIDS was originally thought of as a disease that affected homosexual men, that is certainly not the situation nowadays. In some places it is considered a "family disease", since it is certainly affecting whole families.

A few considerations about specific problems that some groups face in special circumstances may be useful for the task of counselling.

Infants. Increasingly, parents are having to confront the issues that arise from having an HIV-infected son or daughter. In most of these cases, the mothers themselves were initially infected, and are frequently in declining health.

Youth/Adolescents are in an especially vulnerable stage of their lives. This is an age where young people seek new experiences - try out drugs, try to discover what sex and alcohol are about, etc. Peer pressure to conform is tremendous.

Drug users. Drug use is on the rise and has become a major cause of HIV infection through intravenous transmission, especially among those who often share needles. Others who practise "safe methods" of drug use (i.e. that do not transmit the AIDS virus) continue to put themselves at risk because of reduced capacity to make decisions under the influence of drugs and/or alcohol. Risky kinds of behaviour include sexual experimentation without proper protection against virus transmission.

Street Children are perhaps the most vulnerable of all since they are exposed to both sexual exploitation and intra-venous drug use. These children have usually been abandoned, or lack a stable family environment or protection. In some countries they are easily imprisoned, and the risk of HIV-transmission is compounded by sexual exploitation while in prison.

Others at high risk. Aside from high risk forms of behaviour, such as unprotected anal or vaginal intercourse with an HIV-infected partner, there are other activities that could pose some risk. These include exposure to infected body fluids - blood, urine, vomit - in a domestic or hospital situation. In addition, there are others who, through circumstances, such as a prison sentence, may be equally at risk because of rape.

Women. In many countries HIV/AIDS was initially thought of as a male disease because that is how it first became known. However, in some places this was never the case. Women have always been at equal risk. They have often been infected, unknowingly, by their sexual partners, and even passed it unknowingly to their children through pregnancy. The effect of HIV on women and men is much more than just a medical issue. It includes the threat to their roles as wage earners, care providers, health workers, educators and parents, since HIV/AIDS is affecting a whole generation of wage earners which leave the elderly and very young without support.

Health Workers. Health workers may fear that they are at particular risk of infection from their patients, and they are also subject to the emotional stress of patients eventually dying.

Blood transfusion recipients and haemophiliacs have sometimes contracted HIV through contaminated blood and blood products. Screening blood products has reduced the source of risk in many countries.



2. HOW TO COUNSEL PASTORALLY

This section is designed to help you:

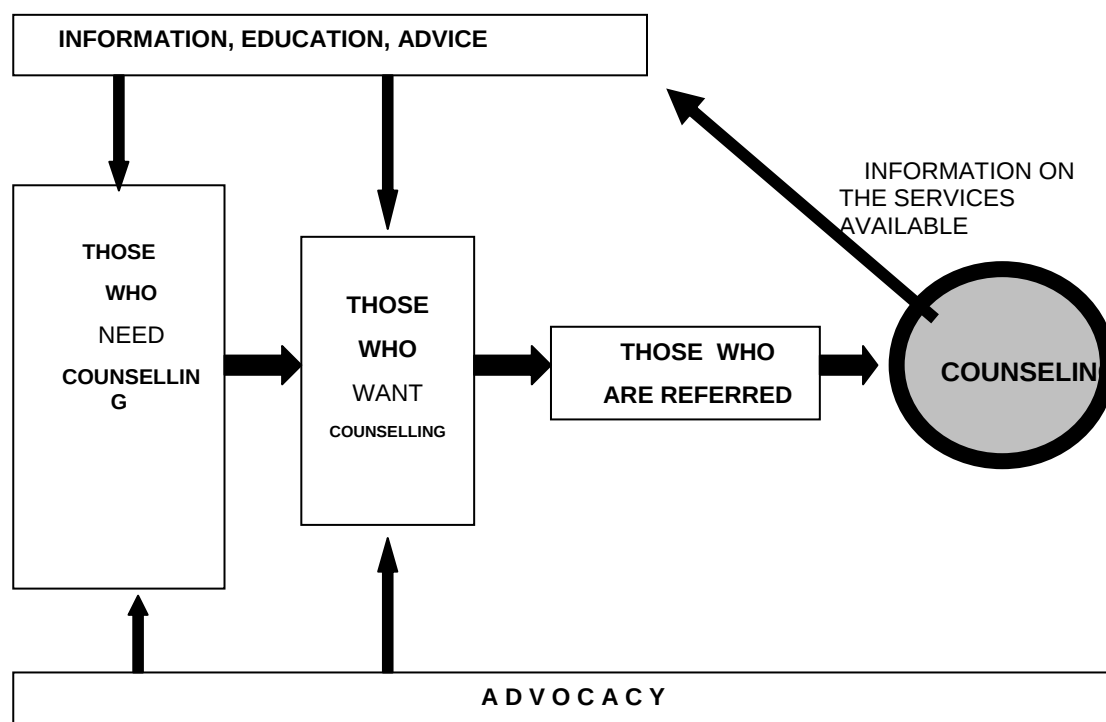
1. clarify the goals and purposes of pastoral counselling
2. become aware of different stages of counselling
3. commence, maintain and conclude a counselling session, and
4. practise counselling, using case studies.

2. HOW TO COUNSEL PASTORALLY

2.1. THE PROCESS OF PASTORAL COUNSELLING

Pastoral counselling is mainly a conversation which permits those who suffer to release their soul, expressing their pain, anger, guilt, despair, hope, etc., in the presence of a pastoral counsellor. The counsellor listens, guides the dialogue, confronts people with reality, with life and death, with pardon and reconciliation, with the matter of quality of life, and with hope. The purpose of those conversations is to assist people living with AIDS to make better adjustments and decisions concerning their environment, their relationships and their present and future. This section focuses on this task.

Not everybody affected by HIV/AIDS needs help or looks for pastoral counselling. However, those who come for counselling are either referred or come as a result of their own decision. Thus, counselling is a specific kind of service and should be differentiated from other useful and necessary services such as providing information, education, advice and advocacy. Yet it is not isolated from them.



The GOALS of pastoral counselling are :

- console people in pain and distress
- to help people grow and develop, so that they will be able to decide what is right for them
- to provide information about HIV/AIDS relevant to their needs and future, and
- to anticipate problems and help find ways to face them:

In order for pastoral counselling to function efficiently there needs to be a STRUCTURE which permits:

- people to receive emotional and spiritual support;
- counsellors- to guide the process,
 - to define their role,
 - to use their skills, and
 - to recognize their limits;
- the counselling process to move towards these goals.

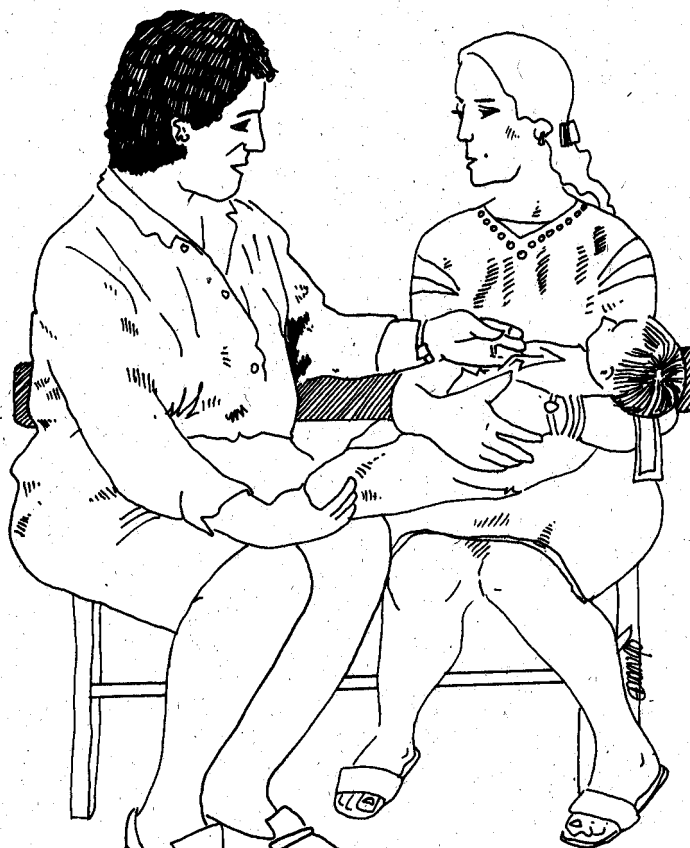
The counsellor is responsible for providing and maintaining the structure, which may include the physical setting (a place in the church, hospital, home or office) and some basic rules (about confidentiality, time available, the purpose of the conversation, etc.).

Pastoral counsellors are a kind of bridge-builder between counselees, their loved ones, their families, health care professionals, the Church, etc. Since people infected by HIV/AIDS do not live in isolation but in relationship with others, family, friends and other important people in their lives are affected directly or indirectly. Not always, and not exclusively, they become involved in the caring for a person living with AIDS. Pastoral counselling quite often becomes a meeting place for different groups and services: health care system, the community, the church, etc.

2.1.1 How to Start a Conversation

There are many ways to start a conversation in pastoral counselling: These will depend on the cultural background of both the counsellor and the person seeking counselling, the relationship between them, the physical setting, the time available, and many other factors. Here you will find some general guidelines which have proved to be effective.

- Some suggestions on starting a conversation in pastoral counselling, at the first interview:
- introducing yourself, if necessary, in a culturally appropriate manner (shaking hands, embracing, bowing, etc.)
- establishing a set of rules that will provide the structure in which the pastoral counselling takes place (confidentiality, time available, purpose of the meeting, etc.)
- socializing for a while, if appropriate. This may depend on where the counselling takes place.
- asking one of the following questions or similar ones:
 - "What brings you here?"



- "What would you like to talk about?"
- "Is there anything special that you would like to talk about?"

Note that all of these questions are invitations to talk; they are not biased towards any particular problem, and are relatively neutral. They leave the counsellor free to determine the direction that the conversation will take.

2.1.2 How to Identify a Problem

Trying to identify the problem may seem a very simple and obvious task. Do not be misled. It can sometimes be more difficult than it seems.

First of all, the counsellor must find out whether or not there really IS a problem for the person seeking counselling. What the counsellor may consider a very difficult situation and an obvious "problem", may not be one at all for the other person. It depends on how the person seeking counselling sees the situation and on the steps being taken to confront it. Cultural considerations also have to be taken into account. Something that may constitute a problem in one place may not be one in another place, e.g. polygamy.

So, right from the start, you must find out:

- a. Whether or not there is a particular problem for the person seeking counselling.
- b. If the person seeking counselling thinks there is, why is it a problem to him/her? (Let the person define it in his/her own terms).
- c. Once that is established, you may move on to find out if the person seeking counselling thinks the problem defined is a problem for him/her or for somebody else. For example, a man who is HIV-positive may think that his condition is not only a problem for himself, but it may also be one for his wife, who will not only have to face the problem of his infectious state, but also of his infidelity.

Another thing that you, as a pastoral counsellor should take into account, is whether or not the problem presented is the only one. At times, people are so overwhelmed by a diagnosis that they do not see the full extent of their problems. So it is important to ask, specifically, if the person seeking counselling sees other problems, and to find out how s/he defines them. This also helps to put things in their proper perspective. A thorough discussion of the situation can also help to alleviate unfounded fears. Once the problems have been defined and possible solutions discussed, the person seeking counselling can recover - to some measure - a sense of control over his/her life. This is encouraging, and makes most people feel better.

If the person seeking counselling defines more than one problem, help him/her put them in an order of importance or priority. That way, they can be handled one at a time.

2.1.3 How to Look for Alternatives

It is much easier to try to find alternatives to a difficult situation which has been properly and clearly defined. This is a point where counselling can make a real difference. By raising pertinent questions the counsellor may help the person seeking counselling discover new ways of managing the problem that she/he had not thought of before. This is actually more difficult than it first appears. The counsellor must keep a balance between being helpful and not being intrusive or imposing. Creative solutions are not out of place in the counselling setting, but they must be in harmony with the counsellee's abilities and resources.

It cannot be stressed enough that the person seeking counselling must make his/her own choices. The counsellor could ask such questions as :

- "What do you see as options?"
- "Do you need help to see these options through?"
- "Can you do it by yourself? If not, who can help you? How would you ask for help?"

Sometimes, counselees do not see any alternatives.

The counsellor can help them think things through by referring to past experiences. Questions can be posed, such as:

- "Have you been in a similar situation before? What did you do then?"
- "Is there anything in this past experience that can help you now? What? How?"

When dealing with a counsellee's fears, a possible track to follow may be to enquire about future consequences of a possible decision. Questions to be asked may include

- "What do you imagine would happen if....?"
- "How do you think you would react/feel if...?"
- "How could you handle it if....?"

Many of these situations could also be simulated in role-play fashion:

- "Pretend I am your wife and say to me what you imagine you would have to say to her I will try to put myself in her, place, and we can discuss this together afterwards."

2.1.4 How to Handle Difficult Conversations

The counsellor should be very well informed about HIV-transmission and precautionary measures to be taken. The counsellor should also be able to talk comfortably about sexuality, since s/he may have to ask some sensitive questions about the person's sexual behaviour, when necessary. Questions might include:

- "Are you having unprotected sexual intercourse?"
- "Do you use a condom more than once?"
- "Do you think there is any risk of HIV with oral sex?"

If the counsellor does not feel comfortable or sufficiently experienced talking about these issues, s/he should consider referring the person to someone else. It is important to stress that at some stage these questions will need to be asked.

The counsellor should also be aware of agencies in the community that the person seeking counselling can be referred to, as well as being familiar with resources about AIDS such as pamphlets, books, literature, etc. that may be useful (see bibliography and information about networks, in Appendices).



2.1.5 How to Maintain the Role of Counsellor

This is a good place to mention the fact that the counsellor's role is not to try to solve all the problems. The counsellor's role is limited to:

- listening empathetically,
- helping the counsellee to describe and define his/her problem(s),
- exploring possible solutions and alternatives (NOT imposing his/her own ideas, beliefs and advice on counsellees, nor telling them what to do),
- serving as a resource for the implementation of decisions taken by the person seeking counselling, where this is possible.

Counsellors should realize that they are not God, and do not have to have all the answers. Every person is responsible for his/her own actions. Counsellors need not burden themselves with responsibility for the counsellee's decisions and/ or actions.

2.1.6 How to Conduct a Counselling Session

Managing a counselling session with HIV/AIDS-affected people is not altogether different from other kinds of counselling. Most of the same guidelines are taken into account, such as:

1. Keep the conversation going. A silence here and there to let the counsellor ponder information is fine, but conversation is the basis of supportive counselling. It should be encouraged.
2. The counsellor is to listen attentively to what is being said. The person seeking counselling who feels that s/he is really being 'listened to' is in a better position to make progress. This can be accomplished in several ways:
 - a. By reflecting thoughts, ideas, phrases, words back to the counsellor. Repeating or paraphrasing what the counsellor has been saying conveys the idea that one understands. Questions that the counsellor raises for his/her clarification make it plain that the counsellor is really paying attention and trying to make sense out of what is being presented.

Example:

- "What you're telling me is that you are feeling really depressed now. Is that right?"

- b. The art of asking leading questions is an underestimated art. It looks quite easy when it is properly done, but is not always an easy skill to acquire. However, it is absolutely essential to good counselling. One must learn to think about what the next question should be without losing track of what is being said at the moment.

Example:

- "You've been telling me about all of these problems with your health. Is it AIDS or some other illness that is worrying you?"

- c. **Body language will convey your interest (or lack of it!). The counsellor must take into account cultural differences concerning what is acceptable as far as touching, greeting, keeping physical distance between counsellor and counsellee. Usually, leaning towards the person seeking counselling and maintaining eye contact will convey interest and help the counsellee to keep going. It tends to inspire trust. It may also bring the two closer together.**

On other occasions, it may be desirable at a certain moment to create more space between the two. You can do that, for example, by breaking eye contact, or moving your chair back a little bit.

3. **Dealing with feelings is another aspect that the counsellor must learn to handle. Feelings need to be accepted, and understood for what they are. However, they should not be allowed to deflect or cover up the real issues. The experienced counsellor eventually learns how to distinguish between feelings that are justified as a result of what the person is going through and those feelings that are a kind of defense.**

In any case, the counsellor cannot simply ignore such feelings when they occur. The counsellee usually needs to have his/her feelings recognized and confirmed. The manifestation of such feelings may also be a way for the counsellee to introduce other difficult matters s/he wishes to discuss but does not really know where to begin.

Example:

- "What hurts the most/more today?"

4. **Sometimes the counsellee directs anger, aggression, hostility towards the counsellor. Other times s/he exhibits comfort-seeking behaviour. The counsellor should not take such behaviour personally**

and should be careful to keep those reactions within the boundaries of the counselling session.

Example:

- "It seems to me that you are feeling angry. What is happening?"

Counselees are frequently dissatisfied with the feelings they have to handle. You can ask them what changes they would like to see come about in their lives and how these changes might be effected. Do they need help to do this? What kind of help and from whom?

5. A counsellor can also help counselees get another perspective, by asking them if they recognize any positive aspects that have come out of this difficult situation. They may respond affirmatively by saying that they have found new strengths, new meanings to their lives, that they are now living each day to the full, and taking one day at a time. Some have tapped into creative activities, such as painting or reading poetry, others may claim a greater awareness of spiritual dimensions in their lives, and for some, this will have given a meaning to their dying.



6. You can help the person seeking counselling to recognize the painful aspects of what s/he is going through; the social stigma attached to this disease, possible rejection or isolation by friends and/or family. Some may experience a sense of guilt, and it is always healthy to talk over these things.
7. Planning for the future is also a topic that should be discussed while the person can still make rational decisions. Discussion of matters such as who will care for the family or children or dependants after one's death, can alleviate some of the possible anguish that one is facing. Legal issues can be tended to. Medical treatment, questions regarding the prolonging: of life, and religious questions related to dying and the hereafter can all be discussed. Funeral arrangements can also be considered.

2.1.7 How to Conclude a Session

When concluding the session, it is helpful if the counsellor can summarize the issues that were discussed and have them confirmed by the counsellee. They can review the actions that were agreed upon during the session and determine how to fulfil them in an acceptable time frame:

What makes pastoral counselling different from other kinds of secular counselling is the fact that religious beliefs can be introduced and discussed. One can pray with counsellees if they so desire. Biblical insights can be sought regarding the experiences s/he is going through. Readings can be suggested from spiritual materials (books, the Bible, prayers, etc.). Religious requests should be considered and attended to, such as requests for baptism, confirmation, laying on of hands, anointing, and Holy Communion/Eucharist.

You may leave the counsellee with something to grow on, when appropriate, such as a new idea to think through; new activities that are within his/her ability, some decision to be reached before the next session;

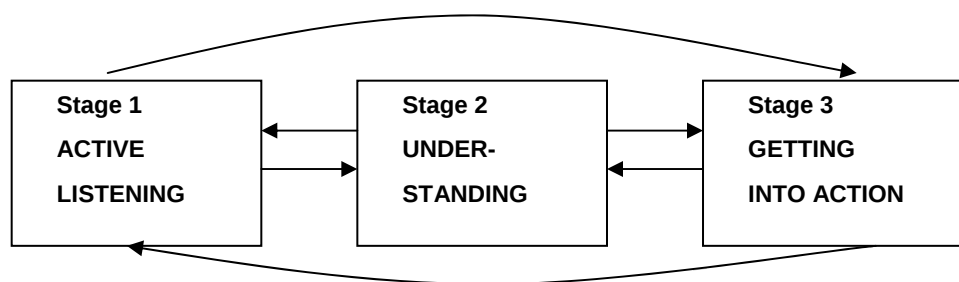
You should also check the counsellee's desire for another session. The counsellor should feel free to make another appointment should s/he deem this necessary. Also to be discussed is the availability of the counsellor between sessions.

2.1.8 How to Recognize Stages in Effective Counselling

The pastoral counsellor accompanies a person, a family or a group in the process of finding new alternatives. To reach that point, the counsellor must guide the conversation in a way that the persons being counselled are able to:

- freely express themselves,
- gain a better understanding of their situation, and
- decide to take concrete steps towards following the chosen alternatives.

So it is possible to identify three basic stages in the counselling process:



Persons being counselled should have the opportunity of:

In stage 1, **EXPRESSING THEMSELVES FREELY,**

In stage 2, **GAINING A BETTER OR NEW UNDERSTANDING OF THEIR DIFFICULTIES AND OF ALTERNATIVES, and**

In stage 3, **SETTING GOALS AND ACTING ACCORDING TO THE BEST ALTERNATIVES.**

These stages are not to be taken as rigid instructions on how to proceed in counselling. Rather, they are a kind of map to help the counsellor. In each of these stages there may be specific skills to be used and concrete issues to be considered (see chart next page).

Pastoral counsellors will find that many HIV/AIDS-affected people by **EXPRESSING THEMSELVES** will find a new perception of their situation and will make the necessary changes. With others, the counsellor will need to go onto the step of working out an alternative view or **UNDERSTANDING**, which is frequently a turning point. With others, the counsellor needs to continue to the third stage, providing support and guidelines for **CHANGING BEHAVIOUR** or attitudes, or restoring relationships, etc.

Quite frequently counsellors find themselves moving, from one stage to another in a seemingly random sequence, according to the need of the counsellee. Knowing that at each stage there are issues to be discussed, and "tools" to make progress, provides counsellors with a sense of relief and confidence.

Skills to be used in different stages ²		
Stage 1 ACTIVE LISTENING	Stage 2 UNDERSTANDING	Stage 3 GETTING INTO ACTION
- Paraphrasing - Reflecting feelings - Using leading questions - Summarizing - Coping with emotions	- Deeper - Sharing information & experience - Challenging attitudes assumptions - Looking at options - Referral	- Setting goals understanding - Establishing timetables - Evaluating progress

See case studies (Section 2.2.) to illustrate some of the skills listed here.

² Adapted from Preventing a Crisis, International Planned Parenthood Federation (London MacMillan Publishers, 1989), p.99.

2.1.9 How to Know What Issues to Explore

Since not all who come for pastoral counselling are in the same situation, it is wise to anticipate the issues that may be explored, depending on the situation of the person being counselled. Here are some guidelines*.

COUNSELLEE'S SITUATION:	ISSUES TO BE EXPLORED:
PREVENTIVE ADVICE	- How HIV is transmitted and is not transmitted - Counsellor's risk - Safer sex - Contraceptives - General sexual well-being - Referral facilities
CONCERNED AS TO WHETHER OR NOT THEY ARE INFECTED	- Reasons for concern, risk assessment - If test is available, meaning of test and implications for the future - Safer sex
FOUND TO BE INFECTED	- Progress of HIV and AIDS - Living with uncertainty about the future - Safer sex - Coping with feeling of loss, and fears of future dependency, disability, disfigurement and death - Who to tell dealing with discrimination and/or rejection - How to maintain good health
SYMPTOMS OF HIV INFECTIONS AND AIDS	- Coping with loss, fear, pain, disability, death - Practical problems - Nursing care - Counselling relatives, family and friends

* Adapted, from Preventing a Crisis; International Planned Parenthood Federation (London, U.K. ; MacMillan Publishers, 1989), p.99.

2.1.10 How to Respond to Different Reactions

Pastoral counsellors need to have some awareness of the different reactions of a person with a terminal illness. Not all people infected by the virus experience the process in identical ways. Each person and his/her circumstances are different. However, it has been possible to identify a sequence³ very frequent in those facing a catastrophe.

Grieving seems to permeate the whole process. Grief begins as soon as the person becomes aware of the possibility of being HIV-positive. S/he begins to mourn the forthcoming loss of life and all the other physical, mental, social, economic and spiritual losses. The most frequent reactions are described in the following chart with the suggested counselling responses. It is good to keep in mind that a person very rarely has all the reactions described below and not always in the same order (grieving and bereavement are usually present from the beginning).

Unless the pastoral counsellor has honestly come to terms with his or her own dying there may be considerable difficulty in accompanying the person who is dying. With the understanding that death is a mystery as well as a fact of life, the pastoral counsellor may grow with the dying person into the fullness of life, in the light of Christ's death and resurrection. Pastoral counsellors may play a very special and meaningful role in these moments.

³ Adapted for the pastoral setting from Training Manual on Psychosocial Counselling for Persons with HIV infection, AIDS and Related Diseases, WHO, Geneva, 1989.

REACTIONS	CHARACTERISTICS: FEELINGS & ISSUES	SUGGESTED COUNSELLING RESPONSES:
SHOCK	Disbelief Fear Agitation	- Provide practical and emotional support - Seek regular and effective communication
ADAPTATION	- Anger, depression, guilt, anxiety - Social disruption - Withdrawal from: - work - family - home, etc.	- Encourage involvement of family and friends - Consider appropriate referrals - Help with restructuring social relationships - Motivate constructive perspectives, coping with styles and strategies
ACCEPTANCE	- acceptance of limitations - Cultivation of new sense of self-worth - Constructive participation in HIV-related activities - Adapting to the new situation	- Encourage and reinforce as appropriate - Further intervention, as above - Review of life-style - Bible reading and prayers
PREPARATION FOR DEATH	- Fear of dependence, abandonment, isolation, pain	- Encourage completion of unfinished business & constructive approach to family and legal issues - Discuss pain control - Refer to doctors - Lay on hands, when appropriate - Provide extreme unction, if requested, or prayers
DEATH	- Survivors' hurt	- Encourage grieving
BEREAVEMENT		- Provide religious ceremonies - Consolation

2.2 THE PRACTICE OF PASTORAL COUNSELLING

Several case studies of situations commonly faced by those who are working in pastoral counselling with HIV/AIDS-affected people are included in this section. These will help you to acquaint yourself with many of the ethical, moral, social, cultural and religious aspects that you may face in this ministry.

Some suggestions on how to use these case studies, individually or in groups, are also included to the best advantage.

2.2.1 Individually:

If you are working through this material by yourself, we suggest the following

- a. Buy yourself a notebook and work in it. Read over the scenarios, think about the different issues that each raises, and then answer the questions posed at the end of each one. Finally, make some comments of your own at the end.
- b. Try to find someone with whom you can discuss your workbook. Take your notebook along with you and talk over the delicate aspects or the questions that really disturb you and cause you to think hard. Take special care with the difficult parts. Make sure that, when you talk about these with someone else, they understand that these are hypothetical cases and do not refer to anyone both of you know.



2.2.2 In groups:

Another option is to work on these scenarios together in a group with other people who share the same interest in this ministry. In this case,

- c. Read through the guidebook together, and then use these cases as exercises. These are situations that you may come across when working with people infected and affected with HIV/AIDS.
- d. The group can also consider the use of role-play. Each one in the group can take turns being the counsellor and the counsellee. Go through the session without interruption, as if it were in fact happening. The other members of the group can take notes, and you can all discuss the role-play afterwards. Take into consideration both what was discussed, as far as content of the session is concerned, as well as how the session was handled. Don't get worried about inexperience or making mistakes. A role-playing situation is precisely the place where one can afford to make mistakes and where one can acquire experience.



2.2.3 Case Studies:

Case Study No. 1

Pat is quite a talented young man who plays regularly in jazz bands. After experiencing poor health and fatigue for some months he decided to have a medical check-up. The test results indicated that he was HIV-positive. Since that time he has been feeling very depressed. His friends suggested that he should come and speak to you. When Pat arrived he sat down and began to cry.

For thought and discussion:

1. How can you distinguish whether the crying is a genuine emotional expression, or is away of avoiding having to face and discuss the situation?
2. What is your most common reaction to someone crying?
3. How might you handle the situation?
4. How might you begin to open the session?
5. How far can you proceed if Pat continues to cry or resumes crying?



Case Study No. 2

Janice is a successful professional woman and has two young children. Suspecting a third pregnancy, she went to the local clinic for a check-up, where her blood was tested for HIV as part of a routine procedure. She was asked to return two weeks later for the results. On her way home from work, Janice stopped by the clinic and discovered that not only was her pregnancy confirmed, but she was also found to be HIV-positive.

Janice was shocked. She realized immediately that she must have been infected by her husband who must, therefore, also be infected. She realized that she would sooner or later develop AIDS, and that in all probability her husband would probably die before she did. What would happen to the children? Is her husband infecting other women? What are the chances of her child being born with AIDS? Should she think about having an abortion? If so, where should she go, and with whom can she speak? What will happen if they find out at the children's school? Will she lose her job? How can they live?

For thought and discussion:

1. How can you provide the space and time to enable Janice to think through the full implications of the situation facing her?
2. How can you help her to speak to her husband when she fears that he may assault her or throw her out of the home?
3. How can you be both supportive yet neutral in helping Janice to reach her own decision as to whether or not to terminate her pregnancy?
4. How would you assist Janice in deciding which are, for her, the most urgent issues and in assessing her choices and options?
5. If she is a Christian, could her faith be of help in this crisis? If so, should the counsellor wait until Janice herself leads into questions of the meaning of life and death and asks, for example, "Why did God let this happen?" Or should the counsellor initiate these questions from the beginning?

Case Study No. 3

Maria is a widow; she is 55 and lives in a poor neighbourhood with her only daughter, Susana, a single mother, and her three little children. Susana provides the only source of income for this family and she works as a waitress in a bar. She has not been feeling well for several months; she has become weak has lost weight and has diarrhoea. She went to the local hospital and the doctors told her that these are symptoms of AIDS. Tests and investigations confirmed the diagnosis.

Maria is troubled. She asks herself, what sickness, is this? Is it true that her daughter will die? What is she going to do with the three little children, especially with the baby, if Susana dies? Who is going to bring money to the house, since she has never had a paid job? Besides, who is going to take care of the children?

Maria remembers that in the Evangelical church of their neighbourhood they believe in miracles. Could it be they could do something? Could her daughter be healed?

For thought and discussion:

1. How would you begin to help Maria?
2. Would you see Maria alone or with Susana?
3. What practical help could be offered to support the children and Maria?
4. How would you respond to her questions about miracles?
5. If Maria died, who might bring up the children? What could be said to the children about the circumstances surrounding their mother's death, when they are older?
6. How would you explain what 'AIDS' is to Maria, who does not have much understanding of medical terms?

Case Study No. 4

Harry and Sally, parents of four children, have just learned that their 5 year-old son is HIV-positive. They are shocked. The pastor who is also a close friend, was the first person with whom they wanted to talk. They started the conversation by saying :

- "How could this happen to us?"
- "what will happen to our family? Does everyone have to be tested?"
- "We will keep this secret. We do not want to have our son discriminated against at school, at the church, anywhere. He will keep the same friends, the same relationships, the same habits, the same life nothing will change! Is this possible?"
- "Would it be better if we move to another town?"

For thought and discussion:

1. How would you respond to someone who asks these questions?
2. What answer would you offer?
3. Would you be able to reassure them that the family, and, in particular the children, would not face discrimination ?
4. Do you think that others in the family need to be tested for HIV?
5. If the family were cast out of the community because other people did find out about HIV, (a) would you continue to visit them, (b) what biblical lessons and medical facts could you offer to members of the community to help change their views?
6. How might their conversation with you affect your personal relationship with the family?

Case Study No. 5

You have been seeing David, an HIV-infected man, at his home on a weekly basis over the last three months. He was tested for HIV without consent in a hospital after doctors became suspicious when an infection he had would not respond to the usual treatments. At the time, he denied any risk for HIV, but later David told the doctors that he had slept with several women while he was a student overseas. Now he is in better health and has been offered a job in a catering company. Recently, he has told you that he is reluctant to start work because "if I'm going to die soon, there is no point in doing anything". He also says that he has lost his faith in God and the Church. "Why should I believe or trust in Him; look what He has done to me - He has let me have AIDS. Anyway, what can you do to help me?" he says angrily at the end of your last meeting.

For thought and discussion:

1. How do David's ideas about work, God and the Church make you feel?
2. How do you handle someone else's anger?
3. What can you say to David? How to help him?
4. Should you continue to meet with him?
5. What do you understand to be the problem?
6. What biblical lessons can you draw on to (a) help David and (b) support yourself?
7. Where else can you get support or supervision in dealing with this case?
8. If David rejected your counselling, would you view this as a failure in counselling?
9. How can you answer his last question, without pushing yourself on to him or being too patronising?

Case Study No. 6

"I have been one of the lay preachers in this congregation for 5 years, so I know almost all of the families. Pedro, the youngest son of a prominent church leader of my denomination, who attends this congregation, approached me after testing for HIV and finding he has developed AIDS. Pedro does not want his parents and relatives to know about his situation. He does not want to damage his father's image in the church, nor to undergo the shame of revealing his lifestyle. He came to me because he says that I am the only person he can trust now. He asks me three specific things:

- to keep the secret,
- to help him find a place where he could go for medical treatment where they would keep the secret and treat him in a non-discriminatory way, and
- to find a home for him - among my relatives - in the countryside, not far from the city, where he could go on 'vacation for a while'. Otherwise he does not see any other option but suicide"

For thought and discussion:

1. How can the preacher handle the issue of TRUST, hearing that he is the only person Pedro has approached?
2. How can the preacher respond to Pedro's demands?
3. Should the preacher break confidentiality in order for Pedro's family to assume the responsibilities that Pedro is placing on his/her shoulders?
4. The preacher's life is paralyzed by the thought of being responsible for Pedro's life if he commits suicide. What should s/he do?

Case Study No. 7

Anna and David have three daughters. They lived an apparently average, middle-class life until Teresa, the second daughter, came in one day and said all at once

- "Mom, my boyfriend, Samuel, has AIDS. They've just put him in the hospital and they don't think he will live long. He thinks he 'picked it up' years ago, when he was still injecting drugs. I'm supposed to be tested too".

Samuel died two weeks later. Teresa tested positive for HIV. She is 16. The parents asked the pastor for help in this complicated and delicate situation.

For thought and discussion:

1. How can you help Anna come to terms with the idea of having an HIV-positive daughter?
2. Anna is a Christian and just found out her daughter had sex with her boyfriend. How does she care for Teresa? For her other daughters?
3. How does she face the church she attends?
4. What problems might this family face immediately? In the future?
5. If the parents wanted to throw their daughter out of the family, what might you say to them about this?
6. If Samuel's parents accused Teresa of infecting their son with HIV and threatened to tell everyone in the community, what could you do to help?
7. If Anna and David forbade you to speak to anyone else about their problem, how could you arrange for support or supervision, if you felt that you needed it?

Case Study No. 8

A counsellor comes in and tells you

"My friend with AIDS says his life has no quality or meaning. While I can empathise with him as I see him wasting away, needing constant care and attention, he now requires that I assist him to speed up his dying by helping him to take an overdose of pills. I am torn between wanting to meet his request and ease my suffering as well. But as a Christian I feel it is wrong to take a life. What should I do?"

For thought and discussion as a pastor:

- 1. What would be your immediate response?**
- 2. What are your feelings about euthanasia, self-selected death or suicide?**
- 3. What might be the issues?**
- 4. What might be the ethical and moral issues?**
- 5. What might be the Christian response?**
- 6. What questions might you ask the friend?**
- 7. After the friend has died, what might be your response?**
- 8. Who would you discuss this dilemma with?**



Case Study No. 9

A twenty-year old man, Bryan, experiences increasing anxiety as he is bombarded by media presentations, journal articles, and discussion at the office concerning the AIDS epidemic. He tries to prepare himself for the ordeal of visiting an AIDS testing centre. He is afraid to submit to the tests even though he is in good health and works out every day. He has managed to shield his homosexuality from discovery, as far as he knows. He does not see that it is the firm's business as long as he does his job. And he has done it well - his evaluations show that. He wonders also what effect it will have on his work as organist and choir director at his local church. This pervasive anxiety makes it difficult to focus his attention on his work. In his close circle of friends he has voiced his fear of AIDS, and their assurance that he has nothing to worry about has not quieted his fears. His worst fears are realized when he attends the testing centre to receive the results of the antibody test and is informed that he is HIV-positive. The counsellor informs Bryan that the blood sample will be re-tested, using a more stringent test, to confirm or invalidate the first result.

Bryan has just left your pastoral office. He had walked in and informed you bluntly that he is HIV-positive. It occurred to you, in the midst of the feelings of shock and dismay, that he expected you to ask for his resignation as organist and choir leader.

For thought and discussion:

1. What went through your mind as you listened to Bryan?
2. How do you plan to resolve your own feelings?
3. What are the short and long-term issues raised by Bryan's disclosure?
4. Prepare an outline indicating how you hope to respond to Bryan.
5. Describe the pastoral response to Bryan that you hope to unfold within the congregation.

Case Study No. 10

Mary comes to her pastor, informs him that she is an ex-IV drug addict, now HIV-positive and asks: "Can I take communion? Can I drink out of the chalice?". Mary is afraid of passing on the virus through saliva.

For thought and discussion:

1. What will be your immediate response?
2. What do you know about transmission of the virus?
3. Will you deny her the chalice?
4. Where would you seek advice?
5. What will you say to the congregation?
6. What are the alternative ways of offering communion?
7. If you decide to deny her the chalice, what would be your reasons?



Case Study No. 11

As a pastor I believe that I have a responsibility to be alongside those who are ill whatever the cause or nature of the illness. I have decided to be available as a counsellor to those who are infected with the HIV virus, their families and those who are significant in their lives.

Although I have sought my congregation's approval for this ministry, they are now demanding that I leave this work. I refuse. Unsigned letters arrive; abusive phone calls are increasing; I am accused of being "one of them"; and being in league with the devil, with unredeemable sinners. They are actively seeking my dismissal as their pastor.

For thought and discussion:

- 1. What might be the pastor's feelings, about this situation?**
- 2. Who might the pastor consult in this situation?**
- 3. How might the pastor face the opposition from his/her own congregation?**
- 4. What might be the hidden issues in the church?**
- 5. What are some of the ethical, moral and practical issues that he/she should consider?**
- 6. What would s/he do if s/he were dismissed?**

Case Study No. 12

José is a teenager. His father is a sailor and has been put in the hospital. On visiting his father he becomes aware that he has been locked in a room with other patients who have AIDS. He cannot believe it; how could this happen? He is sure his father is not homosexual. José is very confused and troubled; he does not know what to do; he does not have anyone with whom he can talk about it. Then, he decides to keep the diagnosis secret to avoid the stigma to his family. At the hospital he is struck by the attitudes of discrimination towards AIDS patients and even towards their relatives and friends. There are only three people who show any compassion for the patients: 1. an assistant nurse, 2. the wife of an AIDS patient, and 3. a Protestant pastor.

After three months José's father died. He decided to tell everybody that his father died on a trip overseas. His father could not have a proper burial, and José was not able to process his grief openly. He remains fearful, sad and ashamed...

For thought and discussion:

1. How can you now help José with his grief?
2. Should he talk to the pastor even though he is not a Protestant himself?
3. If José started to have worries about his health and his own risk for HIV, what would you say to him and advise him to do?
4. Since José did not believe his father was homosexual, how else might he have become infected with HIV?
5. If there was a support group being started for bereaved people, would you suggest that José attend, even though he is worried that other people may find out the cause of his father's death?
6. If José became so depressed that he needed to see a psychiatrist, but he refused to tell the psychiatrist the true cause of his pain, what could you advise José to do, so that he could benefit from professional help?

Case. Study No. 13

Tom is a homosexual who had changed his life-style and practised "safer sex" since HIV/AIDS appeared. Several of his friends have died as a result of HIV infection. He is sure he is HIV-positive. All tests for the past two years have been negative, yet he is constantly examining his body for any marks. The slightest cold sends him to his doctor, where again he is assured he is HIV-negative. Tom is one of the thousands of the "worried well".

For thought and discussion:

1. How would you respond?
2. What questions might you ask?
3. What might be your priorities?
4. Who might you consult?
5. What might be the underlying anxiety?
6. What do you understand to be the problem?



Case Study No: 14

Paul is in a dilemma as to whether he should tell his wife that he occasionally has sexual intercourse with men whenever he is out of town on business. As he just learned about the danger of unprotected intercourse, he had himself tested for HIV. The result was positive. At the time of his test, his wife was 2 months pregnant. He asks to see you and puts these questions to you:

- "What should I do?"
- "Should I tell my wife?"
- "What will happen to my baby?"
- "Do you think my wife can get HIV and transmit this to our baby?"
- "I am afraid. I can't face my wife".
- "I don't think she will forgive me. I am afraid of separation and of rejection. I love my wife very much, but I just can't control an urge to have sex with other men. My religion tells me anal intercourse is a sin and that I should be faithful to my wife. I feel very guilty. I have come to you now because there are moments when I think of committing suicide. But my religion tells me it is a serious sin to take one's own life. I want you to help me break the news to my wife in a way that she will not reject me."
- "People look up to us as an ideal couple and I am an elder of our church. I need help to sort out my life."

For thought and discussion :

1. Would you focus on his feelings of guilt about betraying his wife? If so, would you do this alone with him or together with his wife?
2. What advice or support could you give Paul if he decided to tell his wife?
3. If Paul asked you to tell his wife, would you do this? Why or why not?
4. What is the risk of HIV to his wife and to the foetus? What would you advise Paul in relation to this?

5. What is your first response to someone who talks about suicide?
6. If Paul committed suicide, would you tell his wife what you knew about his medical problem even though he specifically told you that the content of your meetings was confidential?
7. How can you help Paul deal with his urge to have sex outside of his marriage?
8. How would you counsel him about his religious beliefs and his infidelity?



Case Study No. 15

John has been living and working in the city away from his wife and 3 young children. He has just undergone tests as a result of ill health and he has been told that he is HIV-positive. John's wife, children and relatives depend on him as the breadwinner. The previous day, John received word that a close relative had died and therefore he was needed immediately back home to assist with the funeral arrangements. John does not know what to do - he is unable to think clearly, sleep or eat and he has not reported to work over the last 2 days. You are the first person he has asked for help.

For thought and discussion:

1. As a counsellor, what is the first thing you will do to help John?
2. What are some of the important issues he has to address concerning himself, his wife, his children and relatives?
3. What positive action could he take immediately? How would you help him to arrive at these decisions?
4. If John never came back after his visit home for the funeral, what might you do?

3. WHEN ARE YOU READY TO COUNSEL?

This section is designed to help you to make
a self-evaluation of:

1. - your emotional readiness to start doing pastoral counselling with HIV/AIDS-affected people,
2. - your knowledge about HIV/AIDS and pastoral counselling, and
3. - your skills.

3. WHEN ARE YOU READY TO COUNSEL? A SELF-EVALUATION

It is our hope that the contents of this guidebook have stimulated you to reflect on issues **relating to** basic pastoral counselling with persons infected and affected by HIV and AIDS.

At this point, it would be a good idea to evaluate how much you have learned as well as to identify areas where further learning is desired or needed.

3.1. Am I ready to counsel HIV/AIDS-affected people?

1. Why am I involved in the ministry of counselling people who are HIV-infected and/or -affected? What motivates me to reach out to others in this particular field of ministry?

2. What would be the reactions of my church, family and friends to my involvement with persons living with AIDS?

	positive	negative	uncertain
- church			
- family			
- friends			

3. If most of those close to me react negatively, what am I going to do? How am I going to face their reaction?

4. Have I come to terms with my own feelings and attitudes about sexuality, different life-styles, illness, disabilities, pain, loss and death? And how?

5. What are the unique and specific issues related to people with HIV/AIDS that differentiates this area of counselling?

3.2. What do I know about HIV/AIDS?

1. Is my current knowledge about HIV/AIDS precise and up-to-date? Am I well informed about tests, infection, transmission, prevention, treatment, etc.?

2. Where and how can I obtain further information and resources on HIV/AIDS?

3. Where is the closest and/or best medical care available for AIDS in my community? Name it.

4. Beyond the conventional workers with HIV/AIDS affected people (medical doctors, social workers, etc.), what are other local support sources (professional or non-professional), to whom I could refer AIDS counselees with different needs or interests?

5. If needed, where are other counsellors/counselling services to whom I can refer counselees?

3.3. What have I learned about pastoral counselling with HIV/AIDS-affected people?

1. What are the basic skills which can enhance the counselling process?

2. What are my own strengths and weaknesses in this area?

Strengths:

Weaknesses:

3. How can I improve my skills?

4. How would my faith enhance my work as pastoral counsellor to persons living with AIDS?

5. If I am unable to solve the problems brought by a counsellor, what should I do?

6. Can I already count on an experienced and wise person to consult with when I am stuck, overwhelmed, worried or depressed?

APPENDICES

- **A. Publications**
- **B. Audio-Visual Materials**
- **C. Networks and Support Groups**
- **D. Training on Counselling**
- **E. Scripture Readings**
- **F. Prayers and Litanies**
- **G. List of Participants:**
 - Barbados and Geneva workshops**

APPENDIX A.

AIDS PUBLICATIONS

There are many AIDS publications in various parts of the world and in many languages. You can get copies from active organizations like the Red Cross and the National AIDS Committee of your country.

The books described here are those published by the World Council of Churches, those available at low cost or those directly related with counselling and pastoral counselling.

- **From the WCC AIDS Working Group, PO Box 2100, CH 1211 Geneva 2, Switzerland:**

What is AIDS? 1987, revised 1989 (28 pp). A basic information booklet for health workers.

Learning About AIDS, 1990 (34 pp). A booklet to help pastors; teachers and youth leaders to provide relevant information about AIDS.

- **From Teaching-aids At Low Cost (TALC), PO. Box 49, St. Albans; Herts, AL1 4AX, United Kingdom**

Talking AIDS, Gill Gordon and Tony Klouda, 1988 (98 pp). A practical handbook for community workers based on real questions and concerns voiced by people around the world.

From Fear to Hopes, Glen Williams, 1990 (31 pp). Describes AIDS care and prevention at Chikankata Hospital, Zambia.

Living Positively With AIDS, Janie Hampton, 1990 (31 pp). Gives information on The AIDS Support Organization (TASO), Uganda.

AIDS Management, An Integrated Approach, Ian D. Campbell and Glen Williams, 1990 (31 pp). An example of caring and counselling of people with AIDS/HIV in their communities, done by the Salvation Army.

- **From churches and church workers:**

AIDS and Religion Resource Directory, **National (USA) and local listings compiled by the National Leadership Coalition on AIDS, 1150 17th Street NW, Suite 202, Washington, DC 20036, USA.**

A Pastoral Response Kit, **Associated Catholic Charities AIDS Task Force, P O Box 10038, Washington, DC 20018, USA. Pamphlets, articles and; resources on pastoral and psychological information about HIV/AIDS.**

Step by Step: Education, Resources & AIDS, **Jeff R. Johnson, Lutheran Social Services of Northern California, 1101 O'Farrell Street, San Francisco, California 94109, USA, 1989 (83 pp).** A guide book on planning an AIDS programme: **Setting Up, Our Congregation and AIDS, Youth and AIDS, Direct Ministry, Worship Ideas, Resources.**

Help: Pastoral Care & AIDS, **Jeff R. Johnson, AIDS/ ARC Education Project, 1101 O'Farrell Street, San Francisco, California, 94109 USA, 1989 (45 pp).** A booklet to assist congregations in responding compassionately to the AIDS epidemic.

Youth Ministry In The Age of AIDS, **The Rev. Canon Gene Robinson, Editor, the Episcopal Church Center, 815 Second Avenue, New York, New York 10017, USA, 1990. A collection of resources on Youth and AIDS: A Curriculum, Advising Young People About AIDS (34 pp); Talking with Your Family about AIDS (13 pp); and What Young People Should Know About AIDS (13 pp).**

AIDS Sharing the Pain: A Guide to Care Givers, **Bill Kirkpatrick, (New York : Pilgrim Press, 1990) 144 pp. First Published in Britain as AIDS Sharing the Pain: Pastoral Guidelines by Darton; Longman and Todd Ltd. 1988. Communicates a common sense approach to pastoral care that is utterly compassionate and thoroughly rooted in the gospel of love.**

AIDS, a Manual for Pastoral Care, **Ronald H. Sunderland & Earl E. Shelp**, (Philadelphia: The Westminster Press, 1987) 76 pp. A brief manual to help pastors, chaplains and other caregivers who are called upon to engage in a especial ministry with AIDS-affected people.

AIDS: Personal Stories In Pastoral Perspective, **Earl E. Shelp, Ronald H. Sunderland & Peter W.A. Mansell**, (New York: The Pilgrim Press, 1986) 205 pp. An effort to make known to a wider audience the pain, suffering, satisfaction, and peace that people involved with AIDS experience.

Handle with Care: A Handbook for Care Teams Serving People with AIDS, **Ronald H. Sunderland & Earl E. Shelp** (Nashville: Abingdon Press, 1990) 144 pp. Provides the foundations for an interfaith response to people living with AIDS, by suggesting ways of how to organize teams to assist people with AIDS in the activities of daily living.

- **From clinical counselling experiences:**

AIDS, A Guide to Clinical Counselling, **Riva Miller and Robert Bor** (London: Science Press, 1989) 125 pp. Provides both the theoretical bases and practical guidelines to the process of counselling HIV/AIDS-affected people, based in their documented experience within a large hospital in London.

Counselling Manual of Psychosocial Counselling for Persons with HIV-Infections and AIDS, **J. Green, Ed.**, Blackwell Scientific Publications.

Training Manual of Psychological Counselling for persons with HIV infection, AIDS and Related Diseases, (photocopy) (Geneva, World Health Organization/GPA, 1989) (400+ pp). An attempt to set up guidelines on the subject from the behavioural perspective. Available, in French, Spanish and Portuguese as well.

APPENDIX B.

AUDIO-VISUAL MATERIALS

Family Planning, STDs and AIDS Flannelgraph : **Five sheets of flannel printed in colour and a 55 page text. The pictures may be adapted to meet the level of understanding and the sensitivities of each group. Available from TALC.**

HIV Infection-Prevention and Counselling, **Wendy Holmes, Felicity Savage & John Hubley, TALC, P.O. Box 49, St. Albans, Herts, AL1 4AX, United Kingdom. Slide set (24) and teaching script (28-page) for AIDS prevention work in Africa, but also applicable to other contexts. (£3.75 for developing countries and £5.63 for developed countries, postage included)**

Caring About AIDS, The Common Ground - **produced by the League of Red Cross and Red Crescent Societies, the International Planned Parenthood Federation, the World Council of Churches, and the American Red Cross. A video about education, prevention, compassion and caring in four communities across the globe. Available at the League of Red Cross and Red Crescent Societies.**

TASO: Living Positively With AIDS, **Produced by Small World Productions/TVE. A video about the care, support and counselling of people with HIV infection and AIDS. Available at TASO, PO Box 676, Kampala, Uganda.**

APPENDIX C.

NETWORKS AND SUPPORT GROUPS

Find out if your church at local national or regional level has a committee, working group or task force on AIDS.

Find out what your government's National AIDS Programme Committee and the National Red Cross Society can offer in terms of assistance to your concerns.

For more information on networks outside of your country or region, enquire from

Church-related organizations

- Christian Medical Commission, World Council of Churches, 150 route de Ferney, P O Box 2100, CH-1211 Geneva 2, Switzerland. FAX: (022) 791.03.61, Telephone : (022) 791.61.11 Telex: 415 730 01K CH
- AIDS Task Force, National (USA) Council of Churches, 475 Riverside Drive, Room 572, New York, NY 10115, USA. Tel: (212) 8702421 or (212) 870-2385
- The National (USA) Catholic AIDS Network, Contacts through Lazaro Center, P O Box 30926, New York, NY 10011-0109, USA. Tel: (212) 643-0042
- The Inter-Faith AIDS Ministry Network, 17/147 Howe Street, Freemans Bay, Auckland, New Zealand
- The Interfaith Health Educational Program (IHEP), Victorian Council of Churches' Commission on Social Questions, Australia.
- AIDS National (USA) Interfaith Network, 475 Riverside Drive, 10th floor, New York; NY 10115, USA. Tel (212) 870-2100

Governmental and Non-governmental organizations

- **Global Programme on AIDS, World Health Organization (GPA/WHO). Publishes the book Inventory of Non-Governmental Organizations Working on AIDS in Developing Countries, Avenue Appiah, CH - 1211 Geneva 27, Switzerland. FAX: (022) 791.07.46 Tel: (022) 791.21.11, Telex: 415416 OMS**
- **AIDS Prevention Unit, International Planned Parenthood Federation, P O Box 759, Inner Circle, Regent's Park, London NW1 4LQ, England. Fax (071) 487 950. Tel: (071) 486 0741. Cables IPEPEE LONDON**
- **League of Red Cross and Red Crescent Societies, PO Box 372, 1211 Geneva 19, Tel: (022) 7345 580. Telex 22555 LRCS CH. Fax 022 733 0395.**

APPENDIX D.

TRAINING ON COUNSELLING

Africa

- Community Counselling:
 - Chikankata Hospital, Mazabuka District, Southern Zambia**
 - TASO, PO Box 676, Kampala, Uganda**
 - Family AIDS Caring Trust, Box 970. Mutare, Zimbabwe**
- Pastoral Agents in AIDS Counselling:
 - AIDS Task Force, Diocese of Arusha, P O Box 3044, Arusha, Tanzania**

Latin America

- Pastoral Counselling:
 - Consejo Latino Americano de Iglesias (CLAI), Pastoral de Familia, Mujeres y Niños, Casilla 85-22, Quito, Ecuador**

Europe

- Clinical Counselling:
 - The Royal Free Hospital, Pond Street, Hampstead, London, NW3 20G, England**

North America

- Peer Counselling:
 - Shanti Project, 525 Howard Street, San Francisco, California 94105-3080, USA**

Pacific

- Family Counselling and AIDS and Bereavement Counselling:
 - Sr. Judith de Monfort, Christian Institute of Counselling (Kristen Skul bilong Wok Sambai), PO Box 757, Goroka, E.M.P., Papua New Guinea**

APPENDIX E.

SCRIPTURE READING

Old Testament

- **2 Kings 20:1-5 (I will heal you)**
- **Isaiah 42 : 1-7 (The suffering servant)**
- **Isaiah 61 : 1-3 (Good tidings to the afflicted)**

New Testament

- **Acts 3 : 1-10 (Healing of the lame man)**
- **Romans 8 : 31-39 (Nothing can separate us from Christ)**
- **Colossians 1 : 11-20 (May you be strengthened)**

Gospel

- **Mark 6 : 7, 12-13 (They anointed with oil many that were sick)**
- **Luke 17 : 11-19 (Your faith has made you well)**
- **John 6 : 47-51 (I m the bread of life)**

Consolation

I Cor. 1 : 3-5

Love

I Cor. 13

Ministry

Matt. 25

Reconciliation

II Cor. 5 : 19

The Suffering of Christ

Matt. 26 : 36-41, John 19

The eternity of God

Ps. 91

Take refuge in God

Ps. 46

Love human and devine

1 John 4 : 7-12

APPENDIX F.

PRAYERS AND LITANIES

Brief Notes on Creating a Funeral/Memorial Service

This service should be a celebration of the friendships of love. It should be well organized, free flowing and meaningful to the mourners.

For this to occur, pastoral consideration should include the following :

1. Entrance Music - Could be a hymn or other music, taped if necessary
2. Prayers - Led by the Minister
3. Music - Hymn, or other music, taped if necessary
4. Reading - From Bible or other books
5. Music - Hymn or taped music
6. Reflections - Eulogy or Homily (by friends or minister)
7. Silence - For personal meditation
8. Music - During which candles could be lit; flowers put on coffin; embrace of peace
9. Silence - Preparation for committal service
10. Committal Service
11. Final prayers
12. Music for leaving - Hymn or taped music

All Services should be conducted with the same dignity we would offer anyone, whatever their illness. It is crucial that we remind ourselves that the healing of grief begins at the funeral, cremation, or memorial service.

Flames of Love (Lighting of Candles)

We are here in unity to express our thanks for the lives of those who have died through HIV, ARC and AIDS, to share our sorrows, our fears and our hopes for the future, and to embrace the power of healing that is within each one of us.

For many who have been touched by this illness, it would seem at times like a never ending darkness. The lighting of our candles is symbolic that there will always be a light to guide us, both for ourselves here on this earthly plane and for those who have gone from our sight.

We light our candles for those we love, and whom we care for. The light of the flame of the candle is a warming embracing symbol of a light shining within the darkness of our pain shared, a symbol of hope through all our fears of whatever, hidden in the mystery of our lives, and of the lives of those we are remembering today.

Remember:

Invite people to come forward and light a candle for those who have died.

A Litany of the People

Leader (L) and People (P) pray responsively:

- L.** God of Love, we ask you to hear the prayers of your people.
- P.** We pray for all who call upon you, O God. We call you by many names. Teach us that we are one people, your people, and that you are one God, our God.
- L.** We pray for strength to share the burden of illness with those who suffer in this AIDS crisis. Help us to see that in sharing one another's griefs, we grow strong.
- P.** We pray for those who suffer from AIDS and any grief or trouble, that they may be strengthened to call to you for help. Give us, your servants, hearts to respond to their call, willing hands to help and discerning ears to hear your voice.
- L.** We pray for all who care for AIDS-patients and for all who are seeking treatment and a cure. Grant them patience to endure and wisdom to lean on you for strength and courage.

- P. We pray for the families and friends of AIDS patients. Fill them with the knowledge of your healing and redemptive love.
- L. We pray for the dying; That their suffering may be relieved.
- P. We pray for those who have died of AIDS and for all the departed; That they may have rest in that place where there is no pain or grief, but life eternal.
- L. Hear the prayers of your people, O God. We come to you in our need.

A Litany of Compassion

Response: **Healing Spirit**, set us free.

From wearisome pain...

From the sharp sword of agony...

From burdens too great to bear in love for others...

From guilt and regret about times past ...

From fearful memories ...

From anxiety and fear for the future ...

From the grip of compulsions ...

From pride, greed, and bitterness ...

From illusion, lying and pretence ...

From the depths of despair ...

Response: **Spirit of God**, make us whole.

Through the ministry of those who care for the sick and seek to heal ...

Through the ministry of families and companions, and fellow friends
of God ...

Through the ministry of those who serve the public health ...

Through the ministry of listening and presence ...

Through the bearing of one another's burdens ...

Through the ministry of counselling and therapy ...

Through the ministry of prayer and sacrament ...

Through our expectant hearts and open minds ...

Through bringing our wills into harmony with your loving purpose ...

Through our joy in being the friends of God ...

In the hour of our dying ...

In the transfiguring of evil and pain ...

The creation will be set free from bondage to decay, and obtain the glorious liberty of the children of God.

Litany of Compassion and Hope.

- L. God of love, we ask you to hear the prayers of your people.
- P. We turn to you in our need.
- L. We pray for the peoples and nations of the world.
- P. You gave us each other. Teach us to treasure your priceless gift of community.
- L. We pray for all governments that they may lead in the fight against AIDS.
- P. Give them the will to do what is necessary.
- L. We pray that in our concern for those who are ill, in our own country, we may not forget those in other lands who do not have our resources.
- P. Help us to share what we have with them.
- L. We pray for all involved in research into HIV.
- P. That their work may bear fruit.
- L. We pray for greater public awareness and understanding of AIDS.
- P. Let knowledge give birth to compassion.
- L. We pray for the strength to share the burdens of those with HIV infection and those who love and care for them.
- P. Help us to find that in sharing our griefs we grow strong.
- L. We pray for ourselves.
- P. That we may rejoice in the gift of life.
- P. Loving God, you show yourself in those who are vulnerable and make your home with the poor and weak of this world; warm our hearts with the fire of your Spirit. Help us to accept the challenge of AIDS.

Protect the healthy, calm the frightened, give courage to those in pain, comfort the dying and give to the dead eternal life; console the bereaved, strengthen those who care for the sick.

May we your people, using all our energy and imagination, and trusting in your steadfast love, be united with one another in conquering all disease and fear.

A Litany for Healing and Wholeness

God of all creation, your people have always cried to you in times of trouble and sickness. Hear our prayers during this AIDS epidemic

O God of love, heal your people.

We pray for all who have lost loved ones to AIDS and for all who are now afraid to risk loving. We remember those who have died from AIDS. We give thanks for the gift of their lives.

O God of love, heal your people.

We pray for the families and friends of all who suffer from AIDS.

O God of love, heal your people.

We pray for their nurses, doctors, and social workers, and all those in the health care professions who put their patients' needs ahead of their own.

O God of love, heal your people.

We pray for those involved in medical research, as they struggle to find a cure for AIDS.

O God of love, heal your people.

We pray for those in government, that they may respond with compassion.

O God of love, heal your people.

O gracious God, may we feel your presence in our lives. Let the life-giving power of the Spirit fill us.

O God of mercy, bless us and heal us; make us whole.

A Litany of Reconciliation

Almighty God, creator of life, sustainer of every good thing I know, my partner with me in the pain of this earth, hear my prayer as I am, in the midst of separation and alienation from everything I know to be supportive, and healing, and true.

AIDS has caused me to feel separated from you. I say, 'Why me, what did I do to deserve this?'... Help me to remember that you do not punish your creation by bringing disease, but that you are Emmanuel, God with us. You are as close to me as my next breath.

AIDS has caused a separation between the body I knew and my body now... Help me to remember that I am more than my body and, while it pains me greatly to see what has happened to it, I am more than my body ... I am part of you and you me.

AIDS has separated me from my family ... Oh God help me and them to realize that I haven't changed, I'm still their child, our love for each other is your love for us ... Help them overcome their fear, embarrassment and guilt ... Their love brought me into this world ... Help them as much as possible with me.

AIDS has caused a separation between me and my friends; my friendships have been so important to me. They are especially important now ... Help me, oh God, to recognize their fear, and help them to realize my increasing need for them to love in any way they can.

AIDS has separated me from my society, my work world and my community ... It pains me for them to see me differently now ... Forgive them for allowing their ignorance of this disease and their fear to blind their judgments ... Help me with my anger towards them.

AIDS has caused a separation between me and my Church ... Help the Church restore its ministry to 'the least of these' by reaching out to me and others ... Help them suspend their judgments and love me as they have before ...

Help me and them to realize that the Church is the Body of Christ ... that separation and alienation wound the body. God of my birth and God of my death, help me know you have been, you are, and you are to come ... Amen

Author unknown. Quoted in Bill Kirkpatrick's AIDS Sharing the Pain.

An Invocation

God of grace, you nurture us with a love deeper than any we know. God of love, you enter into our darkness, our pain, and our isolation, and you stretch, out your healing hands to us wherever we are.

Come with your healing power, O God.

Set at liberty those who struggle with old hurts and painful memories;

Come with your healing power, O God.

Fill with peace those who grieve over separation and loss;

Come with your healing power, O God.

Take the hands of those who are dying and bring them into your loving presence;

Come with your healing power, O God.

Work through all who share in your ministry of healing, and renew their strength and compassion.

Let us now name before God those people, including ourselves, for whom we seek healing, and those in any other need.

O God, look with compassion on us and on those for whom we pray, that we may be recreated in the wholeness of our saviour, Jesus Christ. Amen

Excerpts (with permission) from You(th) and AIDS: A Curriculum, The Episcopal Church of America, New York, 1989

Prayer of a Person Living with AIDS

Lord God, our Father of Love, Mercy and Justice. Here I lie on this bed of pain and anguish; my body is weakened, but my soul kneels, resigned. I thank you, Lord, not for this pain and suffering, but for all that it has taught me and helped me to see.

My God, in spite of the fact that I have what is considered an incurable disease – incurable to man, not to you - I praise your name because I know that you are the greatest Author of life; therefore you have given us death, not as an end in itself; but as a continuing beginning of progress and redemption. Therefore; Lord of Sufferers, I ask that you give me all the necessary strength for my soul, and that this same strength may be felt in my body, if it is your will.

Make me immune, Lord of Strength, against all revolt, sadness, despair and desolation, which are more lethal than this virus.

I know, Great Friend, that my disease is not a punishment, as many may think, but a great opportunity to redeem and reform.

Since things are this way, O Father, this cup of bitterness is nothing more than a powerful tonic for my soul; that it may give itself more vitality and shine forth in the fountain of greater life which is myself; prepare me to cross the bridge of pain to the other side of tender consolations, where all of us People Living With AIDS will meet up with our brothers that have gone before us.

There, we will no longer be called "People Living with AIDS", but conquerors with Christ, your son and our brother.

Amen.

T.R.F., ISER, Brazil

Prayer

Help us to accept the challenge of AIDS:

To protect the healthy, calm the fearful;
to offer courage to those in pain;
to embrace the dying as they flow into love's unendingness;
to console the bereaved;
to support all those
who attempt to care for the sick and the dying.

Enable us to offer our energies, our imaginations, and our trusting in the mysteries of love, to be united with and through one another in liberating each other from fear of this disease.

We offer these thoughts and prayers in the mystery of the loving that can and does bear all our woundings, whatever their source, through the spirit of love's concern for each and every person. Amen.

Anonymous

When AIDS wears a woman's face

In the 1990s, the face that AIDS wears often will be that of a woman and her infant.

According to World Health Organization projections recently reported in the New York Times, at least three million women and children could die of the disease in the 1990s, and several million uninfected children could become orphans.

Whether or not a woman is infected with the virus that causes AIDS or has a related illness, her life will be touched by the global AIDS pandemic in one way or another.

On World AIDS Day - December this year - the churches in solidarity with women unite in prayer and action ...

- with all women who are living with HIV infection and related illnesses, in order that women might receive the treatment and care they need, that their burdens will be eased and their voices heard, that they not be shunned by family, friends and community and that guilt and blame not be heaped on them;

- with mothers who comfort their children in the midst of illness, who feed and bathe and care, who wipe the tears and hold the fevered head, who cry out in anguish, who know helplessness and despair, who cradle their weakened infants to their wearied breasts;
- with wives who care for husbands, friends and loved ones, who hold family and community together in times of crisis and suffering, who bear witness to God's mercy and compassion in the midst of sickness and death;
- with grandmothers and great-grandmothers who nurture and rear the sons and daughters of their sons and daughters : grand women who – in their own time of need will mourn the deaths of the women and men they had hoped would live to care for them;
- with daughters who are expected by family, culture and country to put their needs aside to care for others, to sacrifice and deny themselves until they can give no more;
- with girls growing up in a world of violence, drugs, sexual pressures, cultural norms and expectations, poverty, ignorance and global debt crises which will affect their health and development and that of their children and families-to-be;
- with women professionals in health ministry and research who lead their countries in the struggle against the spread of HIV and its related illnesses.

Cathie Lyons (reprinted with permission from One World, October 1990)

Love is His Meaning

We must not weep at an end

for there is no end.

We are not what we were.

We cannot lose what we have gained.

We have met, we have touched each other with smiles,

exchanged unknown emotions.

We have embraced without shame. We have met for a reason.

A brief interlude in time.

And so we part, the purpose done...

David Burrows

Prayer - Attributed to St . Francis of Assissi and adapted

Lord, make us an instrument of your peace

where there is hatred let us sow love;

where there is injury, pardon;

where there is doubt, faith;

where there is despair, hope;

where there is darkness, light;

and where there is sadness, joy.

O Divine Lover, grant that

We may not so much seek

to be consoled as to console;

to be understood as to understand;

to be loved as to love;

for it is in giving that we receive

it is in pardoning that we are pardoned,

and it is in dying that we are born to

eternal life.

From Grace Cathedral, San Francisco, Service of Healing, Hope and Commitment

Loving God,

you show yourself in those who are vulnerable, and make

your home with the poor and weak of this world;

warm our hearts with the fire of your spirit,

and help us to accept the challenges of AIDS:

Protect the healthy,

calm the frightened,

give courage to those in pain,

comfort the dying,

and give to the dead eternal life;

console the bereaved,

strengthen those who care for the sick.

May we, your people,

using all our energy and imagination,

and trusting in your steadfast love,

be united with one another

in conquering all disease and fear.

We make this prayer

in the name of one who has borne all our wounds

and whose Spirit strengthens and guides us

now and for ever. Amen

A Collect

God of Mercy and Creator of all, we pray for all those afflicted with AIDS, their loved ones, and all caregivers and researchers, that from suffering, rejection, and loss may come strength, compassion, and faith; and that we may be healed of fear and moved to give support to those in need; in the name of Jesus, the healer and friend of all.
Amen

For Private Meditation

Come to a place apart, quiet

Be still

Enter into the Divine space

Into the silence of God.

Accept comfort as a divine gift

We cannot flee from

The Divine compassion of God.

It enfolds us, is before us

and behind us.

And Christ died for us.

Courage I will not panic, will not flee away,

I will accept today, my life

and what it is,

Accept myself, and what I am.

Accept others for exactly what they are -

Each of us precious, and beloved by God.

Hope Hope is the refusal to despair.

What holds us back from actions,

is not the pressure of

reality

but the absence of hope.

To hope is to stay open to

possibilities.

Life To live for someone

Is to fulfill life.

Let me reach out my hand to another

For only in caring

is there hope and fulfillment.

Freda Rajotte

FOR SUCH A TIME AS THIS

Text based on
the Book of Esther 4:14

Laveta Hilton

1

For such a time as this, we are called to com-

5

mit - ment, for such a time as this we are called to the strug-gle.

10

Some- times to lis - ten, some - times to weep, Some-times to risk or to speak.

14

called to be car- ing called to act, For such a time as this.

ritard

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APPENDIX G.**LIST OF PARTICIPANTS****BARBADOS AND GENEVA WORKSHOPS****Barbados (28 October - 5 November 1989)****Africa****Rev. Dr. Masamba ma M'polo, Zaire****Asia****Dr. Chantapong Wasi, Thailand****Caribbean**

Ms. Florence Anthony; Antigua
Mr. Burton Barnes, Antigua
Mrs. Maureen Lewis, Antigua
Mrs. Linda Edwards, Antigua
Bishop Harcourt Pinder, Bahamas
Ms. Monica Boyce, Barbados
Ms. Elaine Hewitt, Barbados
Ms. Stella Newton, Barbados
Ms. Jeanette Ottley, Barbados
Dr. Theodore Taylor, Barbados
Mr. Colton Bennett, Barbados
Bishop R. Lester Guilly SJ, Barbados
Rev. Neilson Waithe, Barbados
Dr. Yvette Delph-Smith, Barbados
Dr. Timothy Roach, Barbados
Mr. Colin Holder, Barbados
Father Marcus Lashley, Barbados
Miss Audrey St.Jean, Dominica
Fr. Peter Clarke, Grenada
Dr. Brunel Delonnay, Haiti
Ms. Sharon Williams, Jamaica
Miss Sonia Charles, Monserrat
Sr. Marie Teresa Jensen CSJ, Puerto Rico
Ms. Jacintha Burnett, St. Lucia
Ms. Pamela Bonadie, St. Vincent
Ms. Angela Daniel Rocke, Trinidad

Central America**Rev. Simon Benjamin, Costa Rica****Europe**

Rev. Bill Kirkpatrick, England
Ms. Birgitta Rubenson, Sweden

North America

Dr. Byran Teixeira, Canada
Ms. Carole La Favor, USA
Ms. Cindy Zegers, USA

South America**Dr. Esly R. Carvalho, Brazil/Ecuador****Others**

World Council of Churches
Rev. Dr. Freda Rajotte
Rev. Dr. Jorge Maldonado
Ms. Jenny Roske

Caribbean Conference of Churches Staff
Rev. Dr. Dale Bismuth
Ms. Margaret Pierre
Ms. Angela Rocheford

World Health Organization (WHO) representative
Dr. John Sketchley, England

Geneva (1 - 5 October 1990)

From outside Switzerland

Dr. Robert Bor, England
Dr. Esly R. Carvalho, Brazil/Ecuador
Rev. Bill Kirkpatrick, England
Mrs. Mariza de Oliveira, Brazil/Switzerland
Mrs. Margaret Kaseje, Kenya/Switzerland
Mrs. Noris Araque, Venezuela/Switzerland

From the World Council of Churches

Dr. Erlinda Senturias, CMC
Dr. Dan Kaseje, CMC
Rev. Dr. Freda Rajotte, Church & Society
Rev. Dr. Jorge Maldonado, Family Education
Ms. Jenny Roske, CMC
Mr. Edwin Hassink, Communications

WCC AIDS Working Group

Erlinda Senturias (Coordinator), Christian Medical Commission
Peter Brock, Youth
Dan Kaseje, Christian Medical Commission
Jorge Maldonado, Family Education Office
Freda Rajotte, Church and Society
Jenny Roske, Christian Medical Commission