Our communities:  
A pastoral counseling manual for AIDS

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1. Introduction

To see beyond a hill in front of us, we must stand on top of it. In 1994 “Helpers for a Healing community” produced by MAP International attempted to look beyond the emerging HIV/AIDS problem. Since that time many churches have worked hard to help people and families with HIV/AIDS. Many counseling programs have emerged. Today we face even greater AIDS challenges—the yet higher hill that stands before us. This manual stands on the top of another hill—the hill of all the work done by churches and pastoral counseling that has happened because of training and interventions that resulted from the “Helpers” manual.

Like a boy who resembles his father, this manual has many parts that look like its father. Yet it creates its own family and opportunities. Word Relief appreciates MAP International’s interventions in AIDS ministry through pastoral counseling. This manual provides a curriculum and resources for training in pastoral counseling that “Helpers” was never intended to provide.

We wish to appreciate the many counselors who have struggled to help HIV/AIDS affected people and their families. The case studies that form the core of this manual are from these faithful pastoral counselors. We also thank PEPFAR for their recognition that Christian communities use their faith, their Bible and their communities to help protect and care for a wide number of people inside and outside of the Christian faith. This manual is not just for Christians, it is for all who honor God, the holiness of marriage, and the belief that God’s directions for human life is full of life, joy, and health.
1.1 Why Pastoral AIDS Counseling?

In His life and ministry Jesus did not fail to touch the leper or speak to a woman who was outcast because of her disease. Religious leaders accused Jesus of eating with sinners and he accused them of indifference and hypocrisy in their role with the needy.

For Christians one of our greatest challenges is to be “living letters” of Christ to the world. That means we must represent Jesus to the world in what we say and do. The AIDS epidemic is no exception. In fact it is a special opportunity to fulfill our challenge. To minister to those in need is to minister to Christ. He said “I was sick and you looked after me, I was in prison and you came to visit me.” (Matthew 25:36)

Many kinds of counseling are used all over the world. This manual is to help churches develop pastoral counseling skills. Pastoral counseling uses Bible content and a biblical understanding of the world and life. Pastoral counseling focuses on social systems (family, youth, support groups etc), and engages with presentation problems on a voluntary help basis rather than as a paid problem-solving counselor. Any member of a church might be a pastoral counselor—women, youth or men. This manual is to help all who would like to help others and have Bible knowledge and convictions. These kind of people are in almost every town and village.

Our society today is struggling with HIV/AIDS. So are Churches all over Africa! Our children, our brothers and sisters, our friends—all kinds of people are infected or affected. No one should have to struggle alone or experience rejection. The church must not reject a person because of what they have done or have experienced. A person who is a Christian has been forgiven and is being transformed. Pastoral counseling that uses the Bible is to help people experience transformation who have been hurt by choices and problems.

Since the start of the AIDS epidemic in the mid-eighties, many kinds of people have provided pastoral counseling. Most wish they had more training and many have gone for more. This manual will provide some help to all levels of pastoral counselors.
1.2 How to use this manual

This manual can be used in a variety of ways and situations. If you are a trainer and want to train other counselors, you may use this as a training manual. It is best used for group training, but it can also be used for coaching or training even one person. You may find Chapter 5.2 on Adult Learning very helpful as you plan your training event.

If you are an individual who knows little but wants to help a person in crisis, this manual will provide you with some guidelines. For those who have previous counseling experience, this manual can be used as a reference to remind you of technical points or helpful steps in counseling.

The manual is divided into 4 sections:

- **A curriculum training guide** that will help trainers to plan and execute effective trainings
- **Teaching case studies**: real stories of people with HIV/AIDS and their counselors (their names have been changed to protect their privacy) that identify the steps, principles, and practices that are best in handling a situation. There are two of these and they are very detailed.
- **Open cases**: also real stories of people affected by AIDS but that are left “open” —and do not have conclusions. These end in questions for discussion and reflection. Open cases may also be used as the basis for a role play. When a case study is used for a role play it is a way to apply the understanding gained from a teaching case study, or from the discussion from another open case study.

To help you find the cases that best apply to certain needs, be sure to consult the topic index.

- **Technical section**: contains useful resources for counselors. The technical chapters (section 5) can be used at any time to enhance your understanding and skills in handling complex issues.
1.3 What is AIDS?

Since 1990 most people know about HIV/AIDS, but some still have misunderstandings. AIDS is a disease that is caused by a tiny virus found only in humans. It is known as the human immunodeficiency virus and it stops the body from being able to protect itself from other kinds of sickness. This tiny virus easily changes itself into new forms of the virus. We still do not have any cure for the disease.

The disease of AIDS (Acquired Immuno-Deficiency Syndrome) does not happen immediately when someone becomes infected by the virus. This is why people often look very healthy for a long time after they receive the virus. The symptoms of AIDS are not exactly the same for every person, and the symptoms can be the same as many other conditions. This is why it is not possible to know when someone has the virus, unless a special blood test is taken. This blood test is now widely available and does not take long to know the results.

People with HIV eventually get sick with AIDS. Caring for persons with AIDS will not give you AIDS. Normal contact with persons with AIDS, such as shaking their hands, sharing utensils or washing them will not give you the virus. Sharing blood, or having sex with an infected person is very risky and it can give you the virus the first time you do these things.

The virus is passed through blood and sexual fluid. Encourage sores to be treated which are in sexual areas of the body, and the best way to avoid the virus is to remain abstinent before marriage, and faithful to your marriage partner after marriage. The technical section of this manual will help you to understand how condoms and drug therapy can help those who are already HIV+.

There are many rumors of cures for AIDS and of ways to avoid the virus. Do not rely upon these practices!
2.0 CURRICULUM TRAINING GUIDE

This counseling manual is to help train counselors. Training someone to be a counselor is like teaching someone to ride a bicycle. Some will learn more quickly than others, but all need to practice this new skill. Participants will need a chance to:

1. hear a lecture or a discussion,
2. see a demonstration or discuss new ideas,
3. do something with the new information and skills through role play, activities or exercises that allow them to practice a new skill.

Curriculum:
This guide offers a curriculum, or an agenda for two weeks of training. It includes exercises and information to build a training course. Every day you will pass over the same steps, but every day you will advance in new material, learning, and skills. Each day will have a daily lesson plan and you will go through the following steps:

1. Starter
2. Discussion
3. Presentation of new material
4. Teaching case study
5. Discussion
6. Practice exercise
7. Practice case study
8. Discussion
9. Role play
10. Debrief and discussion

The Starter is an active exercise that helps the participant see and understand the problem that will be the focus of teaching for the day. The starter may last from 10-40 minutes including a time for the participants to talk about what they have seen and thought of.

Discussion. You will see that there are three discussion periods. Each discussion period follows a case study. For this discussion, the trainer should use either small groups or a whole group to discuss questions like:

☞ What did you notice in the case study?
☞ Was there anything that surprised you in the counselors response?
☞ What do you think is really going on in the counselee's life and needs?
☞ Who are the main people that this session is focusing on?
☞ What Bible passages would you use in this session?

Presentation of new material: The facilitator will give brief presentations about one or two important ideas that are seen in the case study. Whether you are a skilled teacher or have never led a training session, you should take special care in these presentations. They are not intended to be long lectures. Most people only remember about 10% of what they hear after two days. But if they practice and do what they hear, they will remember about 80%.
Case studies: You will notice that there are two different kinds of case studies, and they have been described on page 4. The teaching case study is a long case study that you will use only one section a day. You will use more than one practice study, or “open” study each day. One you will simply discuss and the other will be the basis of a role play to practice the skills and teaching learned that day.

Planning:
As you plan your training course you should consider these questions:
Who are your participants? What is their educational level? What is their experience level? What gender and age are they? Do they know each other? How many participants will there be?
When will you conduct the training? What time of the year? How long will each session be? At what time will you begin each day? Will you have breaks for lunch and tea?
Where will you conduct the training? What size room is needed? What equipment is available? How will you arrange the seating?

Good training is like eating meat. You only swallow after chewing! The harder the idea, the more chewing or thinking is needed. If the trainer talks for more than ten minutes without allowing the learners to respond, think and ask questions, then the trainer might be choking the learner! The sequence of the training is important, so be sure to follow the curriculum guide unless you are a very experienced trainer.
## 2.1 Curriculum training guide: Week One

Suggested agenda for a training of counselors

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Curriculum Training guide day one

Theme: Objectives of counseling,

Daily objective: Participants will begin to list the purposes of a counseling session, and identify situations where they can become effective counselors.

Starter and Discussion: Tell the benefits and examples of past counseling.
In pairs the participants will each share at one story of a counseling session they have had, and how it benefited the counselee. When both have told their helping story they will each share a story of a counseling session that did not benefit the counselee. Together they will name the reasons for success or failure, and those reasons will be written on note cards. Have the participants post the note cards on newsprint that is labeled, “Success Reasons” and another one “Failure Reasons”. The facilitator and class can look at the lists as the day progresses and possibly talk about them in one of the discussion sessions.

Presentation: “The goal of Counseling” (chp 2.1.1); “Debriefing case studies and role plays” (chp 2.1.2); “Using role plays” (chp 2.1.3)

Teaching case study: Madeline, (chp 3.2.1). This will be role-played by the facilitator and one of the more experienced participants.

Discussion: Ask questions like:
What do you think was accomplished in this first session? What should the goal of the first counseling session be? Having finished the first session, how would you begin a second session, and what would you hope to accomplish?

Practice Exercise: In groups of three have participants choose two different case studies and outline goals of that counseling relationship. Recommended are chp 4.33 “Trauma and AIDS.”

Discussion: Ask questions like: Did you find it easy to begin the counseling session? Who played the counselee and can share the approach that was very helpful and built trust? Who played the counselor and felt that they didn’t have such an easy start? Tell what you did.

Role play: In groups of three play the case of Josephine (chp 4.2). Have one person simply watch and then give feedback to both of the players about how the role play could be more helpful and real.

Debrief and Discussion: Have the groups report back to the whole group about what was helpful or not in the role play.
2.1.1 The Goal of Pastoral Counseling

Counseling is like helping someone take a trip. Deciding where the counselee will go is the “goal”. Deciding what route will be taken, what will be taken along and who will help on the trip are the “objectives.” Remember that it is the counselee that is taking the trip, so the counselor’s role is to help the counselee make their own decisions!

Both the counselor and the counselee must know their goals. Two of the most important goals for the pastoral counselor are:

1. Help change the behaviour of the person or a family member to prevent the spread of HIV and the problems it creates.
2. Help reduce the consequences of stress and pain that AIDS is creating in the family and relationships.

The first goal is much more difficult, but if you only try for the second goal, more and more problems will come. Set your goal after you have met with the counselee. The sooner you can help them to set their goals and objectives, the better!

In your first session together the counselor must:

• Win the confidence of the counselee.
• Understand what are the expressed needs, and possible deeper needs.
• Identify what help the counselee needs to solve their own problem.
• Understand who and what will help the person. Is it best for someone else to help with this person?
• Clearly identify with the counselee the future steps to be taken, including your role and the next appointment if necessary.

Before and after you counsel someone you should always do a self-evaluation. Did you help? Could anyone else help better? Are you prepared to continue helping? What would help you be better prepared?
2.1.2 Debriefing case studies and role plays

Using a case study for a role play is one good way to help a learner develop the skills of reflection, analysis, and good practice. Here are guidelines that you may find helpful.

Everyone who has observed the role play or read the case study should be included in the debriefing. If one case study is used by a large group, then smaller groups should be formed so that each person has an opportunity to talk. Small group reports can be given if there is time.

A. To following the steps to good listening, start with external observations. Next talk about then move to feelings and interpretations. Encourage participation and dialogue. Invite participates to think through the issues by asking questions that will guide them to deeper understanding. The deeper level questions follow the same steps as mentioned in the chapter on understanding needs (2.1.11). When you practice these two chapters in debriefing role plays and case studies, it will help reinforce the skills of listening and understanding.

Some suggested questions: What did you see or hear?
1. What roles were evident? (social)
2. What were the important circumstances? (physical, social etc)
3. What is not known that needs to be known? (mental)
4. What decisions need to be made or were made that affect the situation? (decision)
5. What attitudes are evident? (emotions)
6. What skills do you think are important?

B. What were the feelings or emotions present?
1. Describe the feelings or attitudes of the main characters.
2. Describe the feelings or attitudes of the support characters.
3. What was the impact of the choices made?
4. Were the emotions created from true understanding or from perceptions? Is there something that needs to be understood?
5. What are the physical needs that are creating emotional responses?
6. How would you respond to these emotions or attitudes?

C. What are the deeper causes and consequences?
1. Name the social causes and consequences in the case.
2. What assumptions might have been made?
3. What ignorance or misunderstanding is causing a problem?
4. What help and assistance is needed? (social, physical, emotional)

The deeper level questions follow the same steps as mentioned in the chapter on understanding needs. When you practice these two chapters in debriefing role plays and case studies, it will help reinforce the skills of listening and understanding.
2.1.3 Using role plays

Role playing is an educational tool enjoyed by students and trainers alike. It can be adopted and effectively applied when the instructor is clear about the learning objectives and makes sure that each role play is appropriate for the intended purpose.

What is a role play?
- A role play is a form of instruction where two or more individuals act out parts in a scenario related to a training topic.
- In a role play the participants play out their own natural behaviour in an open-ended situation that has been specified by the designer of the role play, unlike a drama where the action is practiced beforehand and the actors act out a scene to its final conclusion
- Role plays are effective tools when addressing sensitive problems or wanting to change behavior.

Why use role plays?
- Allows people to see the consequences of their actions on others
- Provides an opportunity for learners to see how others might feel/behave in a given situation
- Ensures a safe environment in which participants can explore problems they maybe be reluctant to discuss in real life
- Enables learners to explore alternative approaches to dealing with situations
- Allows learners to practice new skills
- Helps change people’s attitudes
- It engages the group by allowing them to actively participate
- It reflects the real world so that people can relate to it.

How should the facilitator conduct a role play?
- Have a clear objective for the role play.
- Remember a role play is spontaneous, there is no script to follow.
- Design the roles, the situation with its dilemma and follow-up questions in advance.
- In front of the group, give the actors their roles and the situation before they must act them out.
- Start and stop the action as soon as the point is close to being made, or longer if the role play is intended to develop a skill. Do not let the role play drag on.
- If the players express negative behaviors during the first role play, consider asking the players to repeat the role play only this time, give them some direction on how to play it differently. This will give them the opportunity to explore a more positive response and avoid feeling badly when the negative response is critiqued by the group.
- If you think it would be helpful, ask for a volunteer who can think of an alternative way of responding to the same situation. Repeat the role play with different people.
How should the facilitator debrief a role play?
- Ask the players themselves how they feel about their role and the situation.
- As the observers for their observations and reactions during the role play.
- Use a series of open questions related to what was said and done in the role play in order to explore how people felt, how they acted and what they thought about the situation.
- Ask the group how this situation relates to their own experience.
- Ask them what they learned and from their responses, develop and write down key principles and issues.

☞ What are some questions that you find helpful in debriefing role plays?
☞ What have been the problems that you experience when using a role play?
☞ When you are participating in a role play, what guidelines do you find most helpful?
☞ When a role play is used to help change attitudes, what kinds of questions should you ask?
☞ When a role play is used to develop skills, how should you adjust the role play?
Curriculum Training guide day two

Theme: Building trust with a counselee, learning to listen well.

Daily objective: Participants will discover and show ways that trust can be built in a counseling session and will demonstrate new practices in listening.

Starter and Discussion: Do the trust walk exercise in chp 2.1.4

Presentation: Review “The goal of Counseling” (chp 2.1.1) and identify what might be done in a second session that cannot be done in the first session. Present “Listening” (chp 2.1.5)

Teaching case study: Madeline, (chp 3.2.2) This will be role-played by the facilitator and one of the more experienced participants.

Discussion: Ask questions like:
What do you think was accomplished in this second session? How were good listening skills practiced? What kind of questions help bring out information

Practice Exercise: Choose one of the exercises in chp 2.1.6

Discussion: Ask questions like: Did you find it easy to begin the counseling session? Who played the counselee and can share the approach that was very helpful and built trust? Who played the counselor and felt that they didn’t have such an easy start? Tell what you did.

Role play: In groups of two play the case of John, (chp 4.17) or Listening Techniques (chp 4.18 a&b).

Debrief and Discussion: Have the groups report back to the whole group about what they learned concerning building trust and listening through the role play.
2.1.4 Trust Walk

Trust is an essential part of the counseling relationship both. Trust can be defined as *the ability to build confidence in the relationship so that both parties believe the other person will not intentionally harm them*\(^1\) It requires being vulnerable, being consistent; being honest and open about intentions and motives; and being genuine in expressing your thoughts, ideas and feelings. The purpose of this exercise: To illustrate the importance of trust in the way people build relationships

**Materials:** Enough scarves or blindfolds for half of the participants in the group.

This exercise can be done anywhere but it is best to go outside where there is sufficient space to move around.

**Time:** 40 minutes

**Steps:**

1) Divide participants into pairs by asking them to select a partner they do not know well.
2) One of the pair is blindfolded, if there are no blindfolds available instruct one of the pair to keep their eyes closed while the other leads. The leader takes the follower by placing one hand on their shoulders or under their elbow and guiding with a supportive hand.
3) Verbal communication is optional, but it is best that this exercise be carried out in silence.
4) The leader takes the follower around the area, perhaps taking them up and down a flight of stairs, or giving them objects to hold or feel, sensing any objects or surfaces that are safely available.
5) After 10 minutes have the pairs exchange roles.
6) Debrief in a large group.

**Suggested questions:**
How did it feel to be the follower?
How did it feel to be the leader?
Why is it important for the follower to trust the leader?
How does this relate to the counseling relationship?

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\(^1\) Dr. Duane Elmer, *Sevanthood Definitions*, 1993.
2.1.5 Listening

Listening is the most important skill of a good counselor. When a counselee leaves a counselor, he should think, “My counselor really listened. He understood me even when he did not agree!”

Good listening involves a combination of active and passive listening. **Passive listening** is when I allow a person to talk without interruption, and share whatever he wants to share. Passive listening is usually the best place to start. We might begin the session with “open” questions like, “Tell me why you came”, or “How do you think I might help you?” When the client seems to be stuck or ends what they want to say and you do not yet understand them, ask “Would you tell me about…?”

**Active listening** happens when you make sure you have understood by restating or summarizing what they have just said. **Restating** is when you say in your own words what you think the counselee meant. You might say, “What I understand you to mean is….is that right?”

At regular points in a session it is helpful to summarizes what has been said so far. Summarizing gives the opportunity to make sure the counselee knows you have listened and it gives you the opportunity to move the session to another topic or level. Sometimes a counselee says something that shows an important emotion, a significant action, or shows what you think is the core problem. In that case you may want to repeat what they have said.

**Reflective listening.** To clarify a problem, or gain deeper understanding it may help to use another kind of active listening called “reflection”. To reflect back what a person means, you might say “You seem angry” or “Would you really be happy if…”

Active and passive listening are used to help understand on three levels. These are the “facts” or what happened, the “feelings” or what was the response, and the “meaning” or why something was felt or done. Good listening requires understanding on all levels. Meaning is hidden inside of the feelings, and feelings are hidden inside the “facts”.

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![Diagram](meaning_feelings_facts.png)
2.1.6 Developing Skills to Listen Well

Exercise 1 Practicing Passive Listening.

Time: 30-40 minutes

Steps:
1) Select a topic of a controversial nature from one of the case studies in this guide.

2) Divide participants into groups of three. Each trio selects a Speaker, Listener and Referee. The selected topic is discussed by the Speaker who, explains his or her feelings on the that topic. The Listener and the Referee must listen only to the Speaker without interrupting. The referee is the only person allowed to use notes. After the Speaker finishes, the listener summarizes (without notes) what has been said on the subject. Following the summary, Speaker and Referee can correct or amplify any point stated by the Listener.

3. After an 8-10 minute discussion, select a new topic and reverse roles, using the same procedure. After 8-10 minutes, another new topic and role reversals are used, thus allowing each person to act in each of the three roles.

Debrief the whole group together by asking:
• How did it feel to have some listen carefully to what you had to say?
• What helped you to listen well?
• What made it difficult for you to listen well?

Exercise 2: Develop a list of listening behaviors – 5 minutes

Post an empty newsprint page with the title “What we do when we Listen.” List each of the behaviors mentioned by the participants. Be sure you have prompted them also on the following questions:
• What do people do that shows they are listening when someone else is talking?
• Think about one word or short phrase answers so that I can record them on this list.
• Consider both how a person acts when they are listening and what they are doing in their thoughts when they listen.

Once the group has listed most of their ideas, post the “Listening Behaviors” that has been prepared in advance.
Ask participants to compare their responses to this list of what experts consider to be good listening behaviors.

Listening Behaviors
1. Listen for feelings as well as words
2. Show interest – look at them, smile, nod etc.
3. Indicate by your responses that you are following what they say
4. If necessary, rephrase what the speaker said in order to check your understanding
5. Resist distractions – keep your focus on the speaker
6. Hear the speaker out without interrupting
7. Resist judging before you fully understand what the speaker is saying

Exercise 3: Practice Active Listening

Time: 45 minutes or one hour

Divide the group into groups of three participants each. Have each group sit in three chairs that all face into a tight circle. With a piece of tape, or a paper, number each chair with a 1, a 2 or a 3. Chair 1 will be the story teller. Chair two will be listener #1 who rephrases the facts and the feelings. Chair three will be listener #2 who will explore the meaning behind the story.

Have all the participants sit in their groups and the one who wishes to first tell their story will sit in chair one. Instruct them as follows:

Story teller: tell a story of something that you have experienced which has brought you a sense of loss, and pain. You should not spend more than five minutes.”

Listener #1 Rephrase the story briefly, telling the facts and feelings. Find out from the story teller if the facts and feelings have been heard correctly.

Listener #2 Ask a question or two and attempt to identify the deep meaning of what was the deeper sense or meaning of the loss in the story (what was important about the loss, why it was painful etc)

When all the participants have finished, (it should not use more than 15 minutes for all three participants, have all groups stand up and change chairs. The exercise can then be repeated. When the second person has told their story, and the listeners responded, then the exercise can be repeated the third time.

Exercise 4 Practice Active Listening – 10 minutes

Keep the lists of Listening Behaviors posted on the wall.

Ask participants to practice listening carefully using the skills they have just learned. Divide the group into pairs. One person will listen and the other will talk. Have the participants talk about a counseling situation they have faced.

Remind the listener to consider their lists of good listening behaviors and try to put each one of them into practice as he or she listens to the speaker.

Allow 5 minutes for each person to talk, then call for them to change roles. After both have had a chance to listen and to speak, debrief this exercise with the following questions:

• In what ways did your partner listen well?
• What difficulties did you encounter when you were listening?
• How would you suggest that a person overcome some of the difficulties you encountered?
Curriculum Training Guide, day three

Theme: understanding the process of counseling

Daily objective: Participants will observe and identify the stages of a normal counseling relationship.

Starter: Facilitator and one of the more experienced participants role play “John and Martha”, Session One (chp 3.1.1).

Discussion: Groups of three identify stages in a counseling session.

Presentation: Review the discussion findings and add to the stages identified from The counseling session, chapter 2.1.7

Teaching case study: Madeline, (chp 3.2.3) This will be role-played by the facilitator and one of the more experienced participants.

Discussion: Ask questions like:
What do you think was accomplished in this third session? What are some of the changes that are happening in the counseling relationship? Name some of the stages that the counseling is going through? Why do you think homework might be important? What can it accomplish?

Practice Exercise: In groups of four, read and discuss the teaching case study on John, (chp 3.2.4). Have each group list the ideas they find about giving homework. After 15 minutes have each group read and discuss the chapter on “Giving Homework” (chp 2.1.8) and answer the second question “what kinds of homework assignments have you found most helpful?”

Practice Case study: In groups of four discuss the case of Martha, (chp 4.7). List some possible homework questions for her.

Discussion: Ask questions like: What kind of homework assignments are most helpful? Why is it difficult to think of good assignments at the moment? What are some ideas that would help you create good assignments?

Role play: In groups of four role play Pierre (chp 4.9). Have two people do the role play while the other two watch. Then after 10 minutes have the other two people do the role play. Make sure that each role play ends with a homework assignment.

Debrief and Discussion: Have the groups report back to the whole group about what they learned concerning the process of a counseling session and assigning homework through the case studies (from the earlier discussion time). Ask what they learned in the role play.
2.1.7 The Counseling session

A counseling session is like having a garden. There are many different places and times that you can plant. But a certain order is necessary. You don’t plant out of season, and you cannot harvest if you have not planted. But when you are planting, the order is not very important. You can dig large parts of the garden and then plant or plant as you dig. For some plants it is better to dig deeply and others can be dug little.

It will be your skill as a “gardener” or counselor that will help you know the best process. The general order of a counseling session is:

1. Orientation: Welcome, find out personal background (family, health, education, work etc), and establish trust
2. The presentation problem: Why they have come, what they expect from you and what you expect from them.
3. Problem exploration: What caused the problem? What do others say about the problem?
4. Response exploration: What has been done about the problem? What have been the consequences of the problem and past action?
5. God’s view of the problem and response: What does the counselee understand about what God says? Is it important? How has God’s way been followed or not? What hope does God give in the situation?
6. Coming to closure: What are the ways forward? If the way forward is too difficult, can it be broken into small steps? What specific actions will be taken? What promises from the Bible will help encourage? What will challenge?
7. Ending the session: review the problem, the responses, God’s hope, and the homework to be done. Establish the time of the next session.

Besides the order in a particular counseling session, there is usually an order in a counseling case. Usually it goes like this:

1. Presentation problem
2. Initial responses to the initial problem
3. Deeper problems are seen
4. Deeper responses get more people involved in the problem
5. New habits and responses are formed
6. Healing is experienced slowly
7. Other helpers are involved in the situation
8. The counselor ends the case, but checks on progress in the future as the person is seen casually.

When you find that the situation is beyond your understanding, or cannot seem to develop a trusting and helpful relationship, REFER THE CASE TO ANOTHER COUNSELOR OR GET SOMEONE TO HELP YOU!
2.1.8 Counseling homework

Effective counseling requires the active participation of the client. Good participation is not just what happens during a session. Developing an action plan may be identifying broad guidelines or it may be specific homework for the next period of time. A single counseling session is too short to allow the client to think as deeply or to come to important decisions that he/she needs to.

Homework accomplishes several important objectives.
• It helps the counselee see what needs to change, and expect change.
• It clarifies expectations.
• It helps the counselor do more counseling more quickly.
• It keeps counselees working to help themselves.
• It helps both the counselor and counselee to better understand problems.
• It creates accountability for the counselee so that they can be helped.

Some guidelines for homework assignments are:
• Give Bible portions to be studied and applied (not just read).
• Have the homework focus on a specific problem.
• Be sure that the counselee thinks about their own actions and responses.
• Require the ideas and interactions of a family member or friend.
• Require the counselee make small steps to understand and solve a problem.
• Encourage and help a counselee to change by seeing causes and consequences of certain courses of action.
• Never give something that makes a counselee feel “righteous” or like they have earned God’s favor.
• Always check the homework at the next session. Help the problems. Encourage the success. Correct the failures.

Some examples of homework are:
Checklists, letter writing, personal and or family discussions, Bible readings, written reflections (or the illiterate counselee should tell someone else their conclusions).

☞ Using a case study, make a list of possible homework assignments.
☞ Discuss the kinds of homework assignments you have found most helpful.
**Curriculum Training Guide, day four**

Theme: How to identify a counselee’s problems

*Daily objective:* Participants will be able to make a starting list of counselee’s problems during and after a counseling session.

*Starter:* Facilitator explains and has the group do the exercise, “What is my problem?” (chp 2.1.9)

*Discussion:* Use the debriefing questions listed with the exercise “What is my Problem?” (chp 2.1.9)

*Presentation:* Present the Chapters on understanding problems (chp 2.1.11); making plans (chp. 2.1.12); and understanding needs (chp 2.1.13). As you do, use the problem analysis worksheet in chapter 2.1.10. It will be helpful for you to have the worksheet on a chalkboard or flip chart ahead of time.

*Teaching case study:* Madeline, (chp 3.2.4 and 3.2.5) This will be role-played by the facilitator and one of the more experienced participants.

*Discussion:* Ask questions like:
What do you think was accomplished in these sessions? How were some of the problems revealed? What problems do you think were not fully mentioned? What are some of the problems that are being seen?

*Practice Exercise.* Have participants work alone to fill out a problem analysis worksheet (chp 2.1.10) for Madeline. Then in small groups (of six) share results. Report back to the whole group the results of this problem analysis.

*Practice Case study:* In groups of four or six discuss the case of Cleopas, (chp 4.15). Fill out a problem analysis worksheet for Cleopas.

*Discussion:* Ask questions like: What kinds of problems are likely to be presented first? When you suspect an underlying problem that is not mentioned, how should you mention it? How can you get a counselee to clearly identify their own problems?

*Role play:* In groups of four role play Paul and Sara (chp 4.10). Have two people do the role play while the other two watch. Then after 10 minutes have the other two people do the role play. Make sure that each role play ends with a review of the problems.

*Debrief and Discussion:* Have the groups report back to the whole group about what they learned about problem identification. What will help them to not miss or overstate problems?
2.1.9 What is my Problem?

Facilitator first writes a problem in large letters on quarter-sheet paper. Following is an example of the problems, make up others.

   Need VCT
   Husband unfaithful
   Child sick a lot
   No money for medical treatment
   Cheating on wife
   Stigmatized
   Employer found out I am HIV+
   Husband died
   I am a 14 yr-old orphan

One problem is pinned on each participant.

Participants are given ten minutes to work in pairs to find out their problem. They must ask questions and the other can only say “yes” or “no” to the questions. The participant should be encouraged to start with categories (eg “do I have a family problem? Personal problem? Health problem? Decision to make?”) Then they should proceed to greater focused questions (Is it my husband or wife? Is it my children? Is it my in-laws?)

After five minutes, or when the problem is discovered, the other participant tries to find their problem.

Debrief--In a whole group discussion ask questions like:
What make the discovery of the problem easier or harder?
What difference did it make if you were the first or the second to find your problem?
How is this problem-discovery like or not like what is done in counseling?

2.1.10 Problem Analysis Worksheet

<table>
<thead>
<tr>
<th>Life area</th>
<th>Spiritual issues</th>
<th>Indicator of problems</th>
<th>Possible resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
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<tr>
<td>Mental</td>
<td>1. 2. 3.</td>
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</tbody>
</table>
2.1.11 Helping the counselee identify problems

When someone comes to you with a problem, it means one of two things:

1. they do not know what to do, the problem is too complicated for them to solve alone, they need teaching and help to understand their options; or
2. They want another opinion (usually like theirs) to encourage them in the action they want to take.

If you begin by listening and asking questions, you will usually learn why they came. If their problem is too complicated, they need help to analyze it. Or if they want you to agree with their decisions and you know that their decisions are not wise or biblical, then you will have to help them understand things in a new way.

But sometimes the pastoral counselor is the one who needs to seek out the client. For example, you may hear about extended sickness in a family and they have stopped attending church services. In such a case the person may not believe that they have a problem, or may not want to talk about it. In any situation, you will need to analyze the problem as you see it. The steps are few, but important. Listen. Use the “listening levels” from the chapter on listening to make sure you have understood.

Understand. Make sure that you understand who is involved, and what is the problem perceived by those people.

Divide the problem into its parts. People are whole and connected, but our problems usually have different parts. Think of your hand. The five fingers of our hand are each connected to our palm. It is the muscles in the palm that support and control the fingers. In man, it is the spiritual that controls the material. Like the hand we will find a spiritual “palm” that affects every problem “finger”.

In the diagram of the hand you can see the different parts of a person’s life. AIDS touches all parts of a person. All the “problems” or needs have spiritual roots.

To understand the problem, the counselor will need to ask:

- What fact or information does the person need to know? Do they understand God’s promises and directions? (mental)
- What are the family and community needs? What is this person’s relationship within the family, society? With God? (social)
- What are the emotional needs? Does this person feel love and acceptance by anyone? By God? (love, anger, confusion, denial etc)
- What choices need to be made? What should be decided and accomplished? What does God want? (choosing)
- What are the physical needs? What has God provided? (food, medical, living assistance etc)
2.1.12 Helping the counselee make an action plan

It is possible that some people come to a counselor because they want physical relief. Whether those needs are physical, social, emotional, or volitional, the counselor must help a counselee develop an action plan to solve their own problems.

Even though the counseling goal is to have each person develop their own action plan, the counselor should expect that many people are unable to do so. Some have been so burdened with their problems that they cannot see where to go—that is why they finally seek a counselor! So the counselor should begin with a small project or action plan. It might be as simple as making a list of needs. On the other hand, making a plan to tell a spouse or friend about one’s status is sometimes very difficult. The client must carefully consider when, and how to reveal the news.

If the counselor has helped the counselee to understand the roots of their problems, then making an action plan can follow the basic causes or roots of the problems. At the end of a counseling session, a complete action plan will include some action or input from every aspect of the “hand” model. There will be something to affect the feelings, something to understand, something to choose, and some movement toward restoring or seeking help in a relationship. There is likely to be a physical need identified or met in the process of these things.

Usually a counselor cannot expect that there will be progress in making an action plan for every problem at the same time! It is the role of the counselor to help prioritize the problems a counselee presents, so that the work on an action plan is helpful and sufficient to actually accomplish something.

When a client develops an action plan, be sure that they have clearly indicated what they will do, and when they will do it. As they indicate the results they hope for, it becomes a helpful prayer list, and a helpful progress list that will encourage a counselee.

- Read Nehemiah 2:3-8 and talk about his action plan.
- Think about one of your own action plans that solved a problem. How did you identify the actions as well as the time period in which it would happen?
2.1.13 Helping families and churches identify and meet needs
The church is the greatest resource for help in the AIDS epidemic. The church is a network of people who claim to share the value of forgiveness and demonstrated love. Because the church is a network of people, it can see the people in need who are either a part of the congregation, or live near those in the congregation. People most in need are: children, a surviving spouse and the extended family providing care for the sick or orphans.

A helping and healing church is one that continually asks themselves five key questions:

1. Who needs to know and what do they need to know? This question will help you deal with issues of confidentiality, awareness, and information. The answers will help the church plan an education and counseling program that is effective.

2. Who needs emotional healing? Shame, fear, denial, anger etc are sinful responses to situations and people that everyone has. These are not emotions for only PLWAs, they are emotions that every church member has to handle. How will the church encourage people to find healing for these broken emotions?

3. Who needs to be reconciled? Watch and listen for broken relationships within the church and within families. HIV/AIDS leaves a trail of broken relationships that need healing. Does your church know how to nurture its members to bring reconciliation?

4. Who needs physical help? If all the people in your church are coordinated to make needs and help known to church leaders, then you will be able to know who needs the help and who can assist.

5. What decisions need to be encouraged? If church leaders answer this question well, then they will see policies that need changing possibly in the church as well as in the community. They will become aware of people who need to change their behaviour and their attitudes.

If you wonder who in the church might help, then you would easily include the elders, the women leaders, medical personnel in the church. But don’t overlook others who also might have an important role in knowing who needs help and what help they need. Sunday School teachers hear needs from their students. Youth are aware of their friends that need help. All church members can help identify needs and meet needs if the church is organized with some way to report a need and help meet that need. One of the most important groups of people who help meet needs of PLWAa are in fact the PLWAs themselves!

Churches can best help those affected by HIV when they do three things:

1. Create a way that people in need can communicate their need with church leaders in a private way that will not bring stigma to them.

2. Develop a counseling program—with at least trained lay counselors to help meet with those in need.

3. Develop a diaconal ministry that organizes church volunteers to assist in daily needs like gardening, cleaning, or even personal help in washing.
Curriculum Training Guide, day five

Theme: Qualities of a good counselor

Daily objective: Participants will be see and begin to pattern themselves with good counselor qualities.

Starter: Facilitator and one participant (or two facilitators) role play several bad characteristics of a counselor.

Discussion: Working as a whole group, list qualities of a good counselor.

Presentation: Present the Chapters on the qualities of a counselor (chp 2.14) Find Bible texts and stories that illustrate these qualities.

Teaching case study: Madeline, (chp 3.2.6) This will be role-played by the facilitator and one of the more experienced participants.

Discussion: Ask questions like:
What do you think was accomplished in this session? What qualities did you find in the counselor that were good? What did you see that would be difficult in a real situation?

Practice Exercise. In small groups have participants create a song that will help them to remember the characteristics of a good counselor. Have them sing it to the entire group. Then have the group join in the song. When all songs have been presented, have the group choose the one that helps them the most.

Practice Case study: In groups of four or six discuss the case of Kana, (chp 4.11). Have the groups identify the approaches that they think would best help the case.

Discussion: Ask questions like: What are some of the difficulties of counseling? What can you do when a session is not going well? What can you do when as a counselor you cannot see a way forward? What can you do if the counselee does not do their homework, and seems to be uncooperative?

Role play: In groups of four role play John Mark (chp 4.1). Have two people do the role play while the other two watch. Then after 10 minutes have the other two people do the role play.

Debrief and Discussion: Have each participant work by themselves for five minutes and write on a paper three lists: One that lists the things they learned, one that lists the things they are uncertain they can do, and one that lists the things they do not understand.

Next, work with the group as a whole and ask what the participants have learned during the week. List the important lessons on a newsprint or chalk board. Ask what they feel uncertain about, list those things. Ask what they still do not understand, list those things.
Answer the questions you are able to, and organize a plan for the participants to help each other to overcome uncertain skills, and keep each other growing as counselors.
2.1.14 Qualities of a counselor

A good pastoral counselor is one who:

• Listens
• Is wise and yet humble
• Is polite and patient
• Understand the client and his problem
• Is loving toward him
• Is available for him
• Is impartial and objective
• Is able to hear hard things without quick emotional reactions
• Is able to keep confidentiality
• Can offer biblical advice and ideas
• Evaluates his own thoughts, behavior and practice in the light of the Bible
• Has a close relationship with God

Good counseling is done:
When a person is helped to solve their own problem
When counseling is needed and within a schedule
When a counselee feels welcome
When the decisions are supported by other people
In a relationship of trust
Without a judgmental attitude

Good counseling is like going to a doctor when you have a broken leg. The doctor will not just say “I understand” and leave you. Nor will he give you an injection for the pain and send you away. He may take an x-ray and pull the bones into the correct position, and then put a cast on so that the leg can heal. Good counseling requires good listening and deep questions. It may require saying difficult things, but it will always leave the person better able to walk on their own.

☞ Write a brief description of the qualities of the people you want to have in your training. How will you be sure that you have the right people learning to become counselors?
☞ Make a list of the organizations and medical institutions near you that can help you with resources for understanding and dealing with AIDS issues.
☞ Identify the place near your home or office where you think people will be comfortable and able to talk about confidential things.
☞ Look at the technical section in the table of contents of this manual. Tick the items that you need to understand better. Make a list of all the information you know that you have to help you understand and counsel for HIV/AIDS.

For further study:
### 2.2 Curriculum Training Guide: Week Two

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<td>In ten minutes have participants identify the blockages in communication both in a session and in a client's life.</td>
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2.2.1 Mobilization

Mobilizing a human network like the church to help those in need is not difficult. Follow the steps below to

1. Be aware of community resources for teaching, health care, or physical needs. These resources may be people, they may be government ministries or offices, they may be non-government organizations, they may be churches or volunteer groups and associations. Keep a file with contact names, addresses and phone numbers as well as the way in which the help might be requested and received.

2. Be aware of those with an interest and willingness to help. In a church this might be accomplished by encouraging people to pray for those in need, or to visit those in need. Make note of those who offer, those who express concern, and those who suggest opportunity to serve.

3. Bring interested people together. Offer a time to teach, a time to think about and analyze the problems, and a time to pray. Resources are available for these interest groups. You might choose to show the video “Living Hope: the church responds to HIV/AIDS” (World Relief and the Institute for the Study of African Realities, Nairobi Kenya). The video can be seen for five consecutive sessions and provide ideas and discussion material to understand how to respond.

4. Identify several people who can work well together and support each other to be the main leaders of a movement or ministry within the church. This might be you! Have these people meet together for prayer and brainstorming for several weeks.

5. Develop an action plan that utilizes the people who are interested, the resources available to your church community, and the leadership team. Be sure that the church leadership is aware of the process and in some way is encouraging the ministry. If you are the pastor or an elder in the church, be sure that there are at least one or two others on the church leadership team who support you in this ministry. If you are the pastor you are in a good place to initiate the interest group and be aware of resources in or near your church. It is best however if you recruit others to lead the ministry so that your role is a support role in the HIV/AIDS ministry.

6. Identify small ways that many people in the church can assist. It might be simply making a short visit to a family in need. Or being responsible to enquire at an affected child’s school about their success or needs in school. It might be a fellow student to assist in tutoring or helping prepare for an exam. It might be soliciting for an item of food or clothing from a nearby merchant for one in need.

Remember that mobilization is best accomplished by having many people do something small. A few people doing all the work will cause the burden to burn out the willingness and availability of those few.
2.2.2 Burnout

(ref Dr. Patrick Dixon, ACET)

“Burnout” is an imprecise term but a common problem among care-givers who are constantly in high demand with limited resources and in highly emotional situations. That describes the HIV/AIDS worker, whether a counselor, a doctor, a nurse, an educator, or a home care provider. Burn out can be recognized when a care giver exhibits any one or more of the following:

- Things that are usually overlooked easily become issues.
- Anger erupts sometimes in surprising ways.
- Energy levels seem to drop without explanation
- The provider seems to be unusually or continually emotional
- Answers to a need are excessive, they may not really help the causes
- Home relationships become stressed.

If burnout is not handled well, it may cause an effective care giver to give up caring or helping! Steps can be taken to lessen the negative stresses of HIV/AIDS care.

- Integrate with other services. In the church this may mean not having an exclusive AIDS ministry, but incorporating AIDS ministry into a good diaconal ministry, or into the regular teaching work of the church. Integration also helps reduce the stigma of AIDS.
- Provide what others do not. Do not try to be all things or meet every need of an HIV/AIDS person or family. Even though you may believe that you are the only answer, it is important to set your own limits. What will you NOT do?
- Know what other resources are available in the community. There may be other counselors, other agencies, other churches, or other support groups.
- Group clients into levels of need. those who are quite ill (need nurse supervision of care, preferably with each nurse having their own group of people to look after), those whose condition is stable (needing only practical help can be delegated to a care assistant), and those who are reasonably well at the moment.
- Keep regular notes on individuals and families that might include new symptoms, changes in medication, mobility etc.
- Be part of a team. Ideally the team would include a nurse, counselor, home care assistant, church deacon, community liaison.
- Regularly debrief. When several people know what is happening then the information will be more complete and better decisions can be made.
- Make team decisions—don’t go alone! Burn out comes fast when we take too much of the pain of a decision or responsibility onto ourselves.
- Take time out, require others to take time out. In a team you can see who needs to take a break. Everyone needs to help each other. Better to take a break than to lose a good team member.
- Take time to grieve. Death and loss will come. Grief must be expressed.
- As ministry increases develop two teams to parallel and cover for each other.
2.2.3 Transformation exercise

"Imagine that a great change in your life occurred so that when you wake up tomorrow morning your life would be totally free from a problem. Tell me what your life would be like after that transformation had occurred."

In groups of three, one participant tells a brief problem that they have heard while counseling. The next participant tells what the counselee’s life would be like without the problem. The third participant names one thing that the imaginary counselee could do to eliminate the problem.

Debrief as a whole group with questions like:
How did the exercise remind you of the goal of counseling?
What reminded you of the counseling you have been doing?
What is the difference between counseling someone and just receiving a miracle?
What do the following texts have to do with the process of a counselee working through their problems rather than just having a miracle to remove the problem?
Col. 3:2-3, Gal. 2:20,21 Rom. 6:4, Phil.4:4-7, 1 Cor. 10:13.
2.2.4 Counseling evaluation

Evaluating your work as a counselor, or the counselee’s work during the week is hard! But if we are to really help the counselee, we must evaluate what we do and say, the exercises and assignments we give, and the work that our client has done since we last met them. This evaluation should actually be a continuous part of a counselor’s thinking.

When a counselee returns for another session, and you have given homework, then you should ask yourself and the client:

• Was the exercise necessary? Helpful?
• Is there any obstacle that seems to hinder the client’s progress?

Before a session has ended the counselor must do a rapid evaluation even before another appointment is made. Ask these questions:

• What problems are likely to arise in the next period of time before the client returns?
• What are the new things have emerged today in our counseling session?
• Is there any further step that needs to be practiced or implemented?

After the client has left, the counselor should ask himself several questions:

• Have I been able to receive my clients well
• Have I really listened?
• Has my client been able to reveal deep issues?
• Do I understand the client’s emotions?
• Have we dealt with root issues and major problems?
• Have I given the answers or helped my client to find the answers?
• Do I need to continue counseling? Should someone else counsel this case?

Of course the client does their own assessment since they want to know if the counseling exercise brings him/her results, they will feel the sessions are successful when they can confess that:

• I have been able to expose my deep issues and needs.
• My counselor understood me and helped me understand my troubles.
• I was deeply relieved, and was able to deal with my feelings of guilt
• The counselor has become a good friend.
• The counseling is very helpful, I wish to continue.
• I have felt new courage and I can continue to deal with my problem.
2.2.5 The hindrance blocking communication

Most counsellors could identify an endless list of things that block communication. Those hindrances can happen in the life of the client as well as in the counseling session. Be sure to think about at least the following blockages:

**Dictating:** People who dictate act as if other people either do not know what to do or will not do it. Dictation never brings about a willing change. Willingness is the key to behavior change.

**Asking too many questions:** Asking questions is important, it may help a client to think and to understand the causes and consequences of behaviour and attitudes. But when there are too many questions, the client may feel that they are undergoing an examination! The best questions are open-ended and require more than a "yes" or "no" answer.

**Examining or diagnosing the cause of a matter.** Of course any problem must be analyzed and the causes understood if there is to be any help! Avoid making conclusions for the client. Attempt to remain neutral and not just handing out a diagnosis that oversimplifies the problem.

**Giving answers.** Biblical counseling is to help a counselee discover for themselves what God says and promises them. If the counselor simply gives the answers, the client will not have the life skill to problem solve in the future.

**Judging.** God is the Judge of all. He does not call us to judge. The counselor may appropriately help a client to understand what God says about a matter, but when a client feels that the counselor is the judge, then communication stops.

**Keeping silent without any answer.** Helping a client to find answers does not mean that the counselor is just silent. It is important to respond so that the client knows you are listening and helping them to discover the way forward.

**Mocking and joking when answering problems.** Making light of a problem is one of the fastest ways to alienate a counselee. Most counselees find it difficult to come for counseling in the first place. They would not come if they did not think their problem was serious.

**Praising.** It may seem that praising a client is a good way to build their confidence. It might be, but be cautious that your praise is directed and appropriate to reinforce good attitude and behaviour change

**Preaching.** Make sure that when you use the Bible as a reference in your counseling that you are not trying to be the mouth of God. Identify appropriate Bible references and say, “read this passage and see what light it brings to this problem or to your understanding”

**Terror.** Terror in or around a person’s life is trauma. Trauma has a way of twisting any truth so that often a traumatized person does not really know or understand what did actually happen. They have perceptions of what was true, and they believe that perception. Be careful to find out if the client has been traumatized in any way.

**Teaching.** Counseling involves a great deal of teaching. Be sure that your teaching does not make the client feel stupid or uninformed. Don’t assume that you as the counselor have a very deep understanding of something and the client is only simple-minded.

**Warning some-one.** Counseling requires warnings. Risky behaviour must have a warning. But when you warn a client, be sure that you are not being judgmental.
2.2.6 Identifying Special Needs Exercise

- Have each person spend five minutes reviewing their notes from week one and week two.
- Ask them to identify a problem that seems not to have been covered in the counseling training. Have them write it on a paper (quarter sheet of copy paper)
- Break into groups with five or six people each.
- Give each person two minutes to describe the problem they wrote down.
- Working with the entire group now, have each group give one problem that was a special need not yet covered. Write it on the blackboard or newsprint. Have each group report only one need at a time. Continue until all new needs have been mentioned. Do not write a need down twice even if it is mentioned more than once, instead put a tick next to any need when it is repeated.
- Have each group work together on a need that has been mentioned more than once (the priority needs). Give the groups fifteen minutes to identify ways to help or direct the new need.
- You may have each group report their decisions.
- You may want to repeat this exercise again so that more new needs can be talked about.
2.2.7 Special needs

Every person is unique. In counseling every person has a special need, problem or some unique combination of needs and situations. No counseling training can equip a counselor to anticipate every need. As you gain experience in counseling you will grow in your knowledge and skill in dealing with a variety of needs. When you come to a special need that makes you unsure about how to handle it, there are several steps to take:

1. Try to break the big problem into smaller pieces or steps.
2. Analyze each of the smaller parts. Call those part “A”, “B” etc.
3. Then ask, “How is ‘A’ similar to and different from other needs that I have already learned to help?
4. Identify biblical passages or principles that impact the need.
5. Talk with other counselors who have encountered the need before.
6. Make a list of suggestions for yourself from what you have learned by reading and talking with others.
7. Be open with your client that you are not sure exactly how to help, but assure them that you will help by doing all you can to learn and find out.
8. Ask the counselee what they think about some of the ideas you have heard about or thought about that seem helpful to you.

Because counseling is a hard task, it is important for the counselor to always be learning. A few suggestions will help you learn and remember better what you have learned.

1. Keep records of the counseling problems you have faced. Don’t use the person’s actual name for your records, otherwise you might compromise a client's confidentiality
2. Maintain a notebook with resource articles, and people who can offer help on various topics.
3. Put a piece of paper in your Bible so that when you read a text that speaks to a particular need or problem or attitude or sin, you can write it down. Every week transfer these text references and subjects to your resource notebook.
4. Organize your notebook by subject, and alphabetize it so you can quickly find the subject.
2.2.8 “I learn best when…”

Have the participants break into pairs. Each person briefly describes to their partner a really good learning experience they have had as an adult. Encourage them to analyze the situation by asking themselves what factors make it so good. They have 5-8 minutes to share with each other.

After each person has described their learning experience, ask them to write one or two key reasons that made their experiences so good. Have them put each reason on a separate paper (a quarter sheet of copy paper). Make sure that the reason is only one or two words long.

If there are more than thirty papers in the entire group, you will want to combine the ones that say exactly the same thing before posting them on the wall. You can combine papers by first having two pairs (or groups of four) compare their answers. Any answers that are the same can be combined. Then in groups of 8 do the same thing again so that all the identical papers are combined.

Tape all the papers on a wall so that every one can see them all.

Next have the whole group talk about and clarify the meaning of the ideas on the papers. This discussion will take at least 30 minutes (depending on group size). When you are finished with the discussion, you can compare it with the list that “experts” have made. This is the list in the following section.
2.2.9 Adult learning

The role of the instructor in adult learning is to:

• **Be a resource person.** Seek to serve the needs of the participants rather than give orders and your own opinion.

• **Set the stage for learning.** Create an atmosphere of openness, trust and excitement, where people will not be made to feel small or belittled.

• **Set the task and time frame.** Adults are busy people, don’t waste their time by going overtime and getting into subjects that are irrelevant.

• **Be a good listener.** Don’t tell when you can ask.

• **Let the learners do the work.** Keep participants actively engaged and at the center of the learning process.

An adult learner learns best with:

• **Respect:** Learner feels respected and feels like an equal.

• **Affirmation:** Learner needs to receive praise for even small attempts.

• **Relevance:** Learner learns best by drawing on his or her knowledge and experience. Learning must meet real life needs of the adult – job, family, etc

• **Dialogue:** Learning must allow the learner to enter into a dialogue with the teacher and with other learners.

• **Engagement:** Learner must get involved through discussion, small groups, learning from peers.

• **Immediacy:** Learner must be able to apply the new learning immediately.

• **20/40/80 Rule:** Learner remembers more when visuals are used to support the verbal; adults remember best when they practice a new skill. We remember 20 percent of what we hear, 40 percent of what we hear and see and 80 percent of what we hear, see and do.

• **Thinking, feeling, acting:** Learning should involve thinking and emotions as well as doing.

• **Safety:** Learner needs to feel that their ideas and contributions will be valued and that they will not be ridiculed or belittled.
3.0 TEACHING CASE STUDIES

These teaching case studies should be role played by the instructors. If a second instructor is not available, then the part of the counselee should be taken by an experienced counselor or someone who is able to do a role play.

3.1 John and Martha face AIDS in their family

3.1.1 Session One: forgiveness from God

Martha and her husband John have been married for fourteen years. They have three daughters, aged 12, 10 and 6 years. John and his family have been members of a local church for over 10 years. Martha is a devout Christian and has been involved in the women ministry for many years. Currently she is the chairperson, a position she has held for the last two years. She is a teacher at the local high school. John works as a sales manager of a book company. He travels widely in all of the major towns to monitor business. He does not attend church often because he travels often. John has some personal concerns and made an appointment to see his pastor.

**Pastor:** "Welcome John. It's good to see you after a long time. Your job keeps you busy and we miss you in church."

**John:** "Yes pastor, thank you, but I'm happy my family is able to attend church regularly. Martha is content to lead the women's ministry.

**Pastor:** "Otherwise, how is life in general? How is business?"

**John:** "Well pastor, life is average; sales are rather bad with this economy depression but I'm no worse than everyone else. I can't complain. My family's comfortable.

**Pastor:** "That's a positive attitude John. It is encouraging. Shall we pray before we proceed?

(The pastor prays for wisdom and guidance in this session."

**Pastor:** "You asked to see me. You have some concerns you would like to tell me."

**John:** "Yes pastor, I have a big problem. I don't even know where to begin."

**Pastor:** "Hmm.... I'm sorry John, take your time. I'm in no hurry; I'm all yours"

**John:** "Pastor, I have a confession to make. I feel rotten. I'm not really Christian; I wonder if I ever was."

**Pastor:** "John, what is it that seems to disturb you so much?"

**John:** "travel....travel.... that has been my false excuse for not attending church and for being away from my family. Now my sin has caught up with me. How can I face my wife? Oh what a shame...."

**Pastor:** "What is the problem? Please share with me."

**John:** "Pastor, can you understand? You have always been a good man. Have you ever lusted for other women? You have never committed adultery."

**Pastor:** "John, you seem to imply that you have committed adultery and you are overwhelmed by guilt and shame."

**John:** "Yes pastor; you have hit the nail on the head but it's more than that...."

**Pastor:** "As I told you, I'm all yours please go on."

**John:** "This is horrible! I'm just hypocrite. It isn't just one woman. I have at least one in every town I travel for business."
Pastor: "John, you are full of guilt. What help are you seeking in this session?"
John: "You have to tell my wife. You have to let her know what a cheat I am... to prepare her for death."
Pastor: "For death? Please explain."
John: "Yes for death, pastor. My wife and I are dying; my family is finished. I have no sons to carry on my name...oh pastor, what a mess? What a shame!"
Pastor: "I'm very sorry John. What causes this despair?"
John: "Pastor, I'm HIV positive. I must have passed it on to my wife. Poor Martha with all her love and devotion to me. How can I ever face her? Who will take care of my daughters?"

The Pastor agrees that the news is depressing, confirms that John has gone for a test and that the test was positive. He then encourages John to know that he can still live for a long time and be productive, but it will require telling his wife Martha. John pleads for the pastor to inform her but the pastor indicates that his role is just to be a support for John. He makes sure that John understands the biblical idea of confession by having John read from the Bible passage of 1 John 1:9

John: "Pastor I have tried to confess but I'm beyond forgiveness. How can hypocrites like me be forgiven?"
Pastor: "John look at the scripture again. Does it exclude anybody from forgiveness?"
John: "No... but I am not worthy of forgiveness from God or my wife."
Pastor: "John will you take God at his word and repent of your sins and be forgiven?"
John: "I will try."
Pastor: "Will you please memorise 1st John 1:9 as your homework. When you doubt God's forgiveness for you, will you recite that scripture in faith and believe you are forgiven?"

John agrees to come the following day with his wife, telling her that the pastor wanted to talk with them about John’s continuous absence from church. They close the session by praying for God’s strength and guidance as well as for God to prepare Martha’s heart for the bad news.
3.1.2 Session Two: Revealing HIV status

The session begins the following day as agreed. The pastor warmly thanks them for coming.

**Martha:** "Thank you pastor for your concern. For a long time I have felt my husband is lost. He has been out of any Christian fellowship and that is not spiritually healthy. He is always traveling and no longer joins us in family devotions, even when he is at home. He says he is tired. It has really bothered me but now the Lord has opened a way. Now he'll tell us his problem."

**Pastor:** "Thank you Martha. I'm glad you could come. Yes, John has a burden he would like to share with us. Let us pray for God's guidance wisdom and comfort before we continue with this session."

**Pastor prays and then continues:** "Together with the prayer I would like us to read some scripture to guide us in this session. In your Bibles please turn with me to Galatians 6:1-2 Martha please read those two verses..."

**Martha reads,** "Brothers, if someone is caught in a sin, you who are spiritual should restore him gently. But watch yourself, or you also may be tempted. Carry each others burdens and in this way you will fulfill the law of Christ."

**Martha:** "Why does John look so worried? What is wrong? Pastor, what other burdens are there to carry other than his backsliding? John, please speak to me."

**John:** "Pastor, I told you I can't do it. I can't face my wife. You have to tell her."

**Pastor:** "Martha, it is true I was concerned about John's continuous absence from church and men's fellowship but it is actually he who asked to see me. I had a session with him yesterday and we agreed you would come together today so that we may share with you what he shared with me yesterday."

**Martha:** "Of late John has been behaving strangely. He is withdrawn, doesn't talk much and, has even suggested that we should be sleeping in separate beds. He seems very disturbed. Pastor, what is it?"

**Pastor:** "It is a major burden Martha. We need God's strength and wisdom to help John carry the burden. John, could you please tell Martha the burden. I'm here to pray and support both of you in whichever way you want."

**John:** "Please, Martha - forgive me. I never stopped that habit. I have been sleeping around with women during my travels."

**Martha:** "Hypocrite! Shame on you John! That explains it. No wonder you want separate beds! You have your women all over, and in these days of AIDS! Pastor what do I do? (Martha cries desperately) "You are a cursed family. You like your father and brothers, at least they don't pretend to be Christians."

**Pastor:** "I am sorry Martha. It is a big letdown but John has not finished what he would like to tell you. John, please could you go on."

**John:** "Martha, it is more than just sleeping around. I'm so ashamed, a hypocrite and foolish. I am very sorry Martha. You have to go for an HIV test. I have tested positive; that is what I wanted to tell you. Please forgive me"

**Martha:** "No! No! Pastor, what do I do? (Crying) what about my children? Oh God! My children ......orphans, what folly is this? Where do I begin. Oh God, why me? What shall I tell people, my fellow believers. How do I go on with life?"

| Pastor waits patiently as Martha continues to cry softly. John continues to apologize sadly. He also starts to cry. It is a very sad and depressing interval. The pastor lets them take their time. His quiet, reflective presence is supportive. He doesn't have to say much right now. When the crying gradually stops, he lays his |
hands on them and encourages them to return the following day. John and Martha agree but both feel hopeless, and yet know they need help. Again they close in prayer for strength and openness with each other.
3.1.3 Session Three: An action plan for depression

The session begins with prayer for guidance for this session where they need to explore the deeper feelings and responses both have to the news.

Pastor: "Martha and John, this is an anxious and painful period in your life. It is easy to sink into despair. But God never leaves us without hope. There are many verses of hope in the Bible but let us read 1st Corinthians 10:13.

John reads: 'No temptation has seized you except what is common to man. And God is faithful; he will not let you be tempted beyond that you can bear. But when you are tempted, he will also provide a way out so that you can stand up under it.'

Martha: "But pastor why do my children and I have to suffer because of John's irresponsible behaviour?"

Pastor: "Martha, we may not have the answers for some of the questions we ask but God counsels us to live one day at a time in spite of the many troubles in our lives."

John: "Pastor, please ask Martha to forgive me."

Pastor: "Forgiveness is not easy John. I can't force Martha to forgive you but I will guide you with scriptures on the biblical basis of forgiveness. However, that will be in a later session. Today, I suggest that we deal with the deep worries and fears that you are experiencing tight now."

Martha: "You are right pastor, I can hardly sleep. Even without the HIV test, I know I am positive. I imagine my body wasting with all sorts of diseases and my young daughters being orphaned. Poor girls, who will take care of them. Orphans to be abused and mistreated. Pastor this is too much."

Pastor: "Martha, John, as I had said earlier, our God is a God of hope in all circumstances. Lets see that hope again in Philippians 4:6-7. Martha, please could you read those verses."

(She reads): 'Do not be anxious that about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God and the peace of God, which transcend all understanding will guard your hearts and minds in Christ Jesus. '

Pastor: "Both of you have confessed that you can't sleep because of various concerns. Fear of sickness and death, the future of your children and what people will say. I would like you individually to do an exercise based on those verses.

The exercise is to draw three columns, the first column contains all the concerns each one has. Items from that column are then placed either in the second column—“God's List” or the third column “My List”. Examples of what would go in the Lord's list are death issues and the future of children. Any future belongs to God's domain. While we have a responsibility to prepare for our children's future there are no guarantees.

Examples of “my list” include going to work, parenting, going to hospital, going for an HIV test (Martha), going to the market etc. Daily living will not stop because of the virus, life goes on. This exercise helps focus on daily activities.

Pastor: "Thank you. Martha you realise one of your responsibilities is to go for the HIV test?"

Martha: "Yes pastor"
Pastor: "That's a good start on the way forward. As you identify the issues in your Prayer/Action plan, and continue to pray and carry on with life, you will confirm that there is hope even in a seemingly hopeless situation. Do you have any more questions?"

John: "Personally I feel doing this exercise will be a great help as we continue to come for counseling. Thank you pastor."

Pastor: "That's good. I will see you then next week, in the meantime, let God deal with you and counsel you with His Word as you faithfully do that exercise. Remember it is a Prayer/Action plan. Do exactly that. We shall then end the session with a prayer requesting God's help as you continue to face this reality. Martha, please could you close with a prayer."
### 3.1.4 Session Four: after the fight

Martha and John enter quietly and very withdrawn, both looking disturbed. Pastor asks what could have gone wrong in the two weeks since they last met that brought them in so disturbed. They remain silent and the pastor lets them get without hurrying them to speak. Eventually John speaks reservedly.

**John:** Sorry, pastor, nothing seems to work. I think this marriage is over. I am all to blame. I am beyond forgiveness.

**Pastor:** What has gone so terribly wrong to cause this desperation, John?

**Martha:** Pastor we had a fight last night, a physical one. We are used to verbal fights, but last night we fought physically. John started it all. He hit me first.

**Pastor:** Oh! I understand now, but thank you for coming in spite of your fight. We have the opportunity to find out if your marriage is over or not. Shall we pray for God's wisdom and guidance to prevail in this session and in your relationship as we continue to address the challenges in your life.

**Pastor:** Now (after praying) What was the fight about?

**John:** I am so tired, pastor. Martha has become such a nagging wife; it is becoming impossible to live with her. She is driving me mad!

**Martha:** You deserve all the nagging! We were fine before you brought in the AIDS. It is all your fault. What am I supposed to do? Pretend everything is okay. I refuse to be fake. I am going to express my anger the best way I can. Prepare for more fights, John. I am bitter. My children will soon be orphaned through no fault of their own. I was a good woman, a good Christian. Now I seem to be losing faith in everybody, even in God. Nothing makes sense to me anymore, pastor!

**John:** Martha, please behave yourself. Remember we are in the pastor's office, not at home.

**Martha:** Hypocrite, hit me as you did last night! Stop pretending that you are calm and controlled. Remind me again that you are the man, the head of the home, indeed! Look where you have landed us.

**Pastor:** Martha, John, I am sorry. Anger and bitterness seem to be overwhelming your relationship. You had done fairly well in your Prayer/Action plans. Spiritual growth had certainly taken place. You were able to love and support one another. Martha, you had said you had forgiven John, but it seems there is a relapse. John it is very, very sad that you resorted to hitting Martha. What is happening?

**John:** Pastor, please understand. I am not a violent person, but when you are persistently driven against the wall with a hammer of verbal abuse, you may not even realize that you have resulted to physical violence. I have accepted that I brought the virus into the marriage. I have continually pleaded for forgiveness. Pastor there is a limit to what a man can stand, even from his wife.

**Pastor:** Hearing each of you speak, I wonder what do you understand by forgiveness?

**Martha:** Pastor, I had said earlier, nothing seems to make sense to me anymore. I am not sure God understands my predicament--- all the pain, the fears the desperation I experience daily. I can forgive but can't keep on with new pain.

**John:** Pastor, I am beyond forgiveness, nothing can restore my peace. I can't sustain this marriage. Divorce seems to be the best solution. Alone, I might do better.

**Pastor:** We need to go back to the basics. Right now it seems both of have
decided to muddle through your situation without God's guidance. You are expressing everything in terms of human solutions to the problems. John, you have suggested divorce as a solution. Martha, you doubt God's ability to understand and intervene in your situation. Please, may I remind you that without God you can do nothing of lasting value. John, it is all chasing after the wind (Jn 15:5)

**Martha:** Pastor, please will you be realistic? Perhaps John is right. Divorce could be an alternative. Biblically it is allowed on the grounds of adultery. John has fully acknowledged and confessed his extra-marital affairs and promiscuity. That makes separation and divorce easy. Divide the property and go separate ways. I think I will manage better with my children away from John and the daily tension.

**Pastor:** Martha, this is not about achieving our desires. It is about obedience to God's will. *If you love me you will keep my commandments* (Jn 14:15). Remember there are no hopeless situations to God. He makes all things work together for good to those who love him and the ultimate good is to conform them to be like Jesus (Rom: 8: 28-29): Loving the unlovable, reaching out to the hurting, healing, forgiving, giving hope, and doing good. John and Martha, if you continue your verbal and physical fights, do you think you exhibit love and obedience to God? Are you still willing to continue coming for counseling or should we terminate?

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<th>Martha and John commit to continue to come for counseling. Pastor reviews the basic biblical counseling principles.</th>
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**Basic biblical counseling principles:**

1. **Analyze problems from God's perspective.** For example, God originated marriage and if problems arise they should be tackled God's way. There are biblical solutions to anger, bitterness and lack of forgiveness.

2. **There is always hope when problems are handled God's way** (No temptation has overtaken us that is not common to man and God helps us to bear it (1 Cor 10:13; Gen. 50; 20)

3. **Repentance and Biblical change come when we recognize how we have sinned against God and others** (Eph. 4:31-32 "Get rid of all bitterness, rage and anger, brawling and slander, along with every form of malice. Be kind and compassionate to one another, forgiving each other, just as in Christ God forgave you").

| The pastor gives homework to do individually. After reading I Cor: 13: 4-8 and Eph: 4: 22-32. They are to list their failures or sins against God in thoughts, speech and action. They are to be confessed to God but not to each other. At the next session they will bring the list and review them together. |
3.1.5 Session Five: forgiving each other

Martha and John arrive for the session in a comparatively better mood. They don't seem as depressed or emotionally distant from one another.

**Pastor:** How are you? How was your week?
**John:** Much better pastor. I have found tremendous peace in confessing my sins to God and asking for his forgiveness. Just listing my sins helped me to understand more deeply how far away I had strayed from God and how much I have also sinned against Martha.
**Pastor:** That's encouraging, John. Martha, how did you do in the week?
**Martha:** Pastor, I had not realized how unloving I had become especially in my speech. (Eph 4:29 "Let no unwholesome word come out of your mouth.") This helped me deal with my abusive and unloving words to John. Pastor there is much to share. I have been really lost.
**Pastor:** Then, I suggest we praise God for a better week, His guidance, wisdom and victory in your marriage and many other concerns that you have. Right now we need his wisdom as we proceed with this session. John, please will you pray?
**Pastor continues after prayer:** Listening to your responses makes me feel like a change has taken place. What happened?
**Martha:** Pastor I was consumed with anger and bitterness again when I reviewed and reflected on how much our life has changed because of this HIV. This whole education and counseling on Positive Living that we received from the hospital nurse after my HIV positive results was good but...I realize things will never be the same again. I feel angry all over again.
**Pastor:** Please could you be more specific, Martha. What will never be the same again?
**Martha:** Pastor, I well understand we shall experience a gradual decline of our health, and that I accept although the fear of it comes and goes. What I resent most is having to use a condom in our conjugal relationship. It reminds me of John's promiscuity and I become very bitter and unforgiving. I have been quite unkind with my speech to John, but pastor, condoms don't just blend easily in a marital relationship that never anticipated having to use them.
**Pastor:** Thank you, Martha, for being so honest. John, how have you responded to this radical change?
**John:** "As you witnessed in the last session, I got swallowed up by the cultural mode of behavior. I became physically violent to assert myself as the man and the head of the home. I felt I had to keep Martha in her place as a woman and a wife who is meant to obey her husband. I wasn't going to allow her to abuse me anymore. But as I have said, I have examined myself with the verses on biblical love, repentance and forgiveness in the homework you gave us. I have asked God to forgive me, now I would like to ask Martha to forgive me.
**Pastor:** Thank you both. You both seem really ready to seek and receive forgiveness. Martha, as you have confessed, you relapsed back to resentment and unforgiveness against John. John, you have said over and over again that you are beyond forgiveness. You have not understood that God forgives completely.
**Martha:** Yes Pastor, I always compare John's sexual sins with my marital faithfulness and righteousness and I sink back into anger and bitterness.
**John:** It is hard for me to feel forgiven by God or by Martha when I review my
promiscuous lifestyle and the consequences of HIV to my family and eventually my work. Yes, I feel a greater sinner than Martha.

**Pastor:** Martha, you have been a mature Christian for a long time. But perhaps all of us need to be reminded that to God, sin is s in.

**Pastor:** I hear and understand what both of you are saying. There are no degrees of greater and smaller sins. We need to guard against self-righteousness and hypocrisy.

The pastor directs Martha and John to several scriptures to help them understand how God forgives and that they should respond to God's forgiveness by practicing mutual forgiveness, reconciliation.

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--When God forgives you; he no longer deals with you according to your sin (Psa. 103:10) Instead, he covers your sin ( Psa. 32) and blots it out (Psa. 51:9; Is. 45:25, 44:22)

--When God forgives you, he removes your sin from you and from His presence. (Psa. 103:12; Isa. 38:17; Micah 7:19) and promises not to remember it against you any longer (Heb. 10:14-18)

--You are to forgive others just as God in Christ has forgiven you (Eph. 4:32; Col. 3: 13)

--You show your base ingratitude for God's merciful forgiveness towards you when you do not forgive others (Matt. 18:21-35)

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The pastor then reviews the homework. Both John and Martha feel the release of anger when they have received each other’s forgiveness and God’s. They all agree to continue meeting weekly for another three weeks to see how the new forgiveness works itself out.
3.1.6 Session Six: The children

Martha and John lived peacefully for quite sometime, despite John's HIV+ status. They are both in good health. Martha has continued teaching in the secondary school and doing women's ministry in church regularly. John is now faithful in his Christian walk. The whole family goes to church together on Sundays, the children to their Sunday school classes. All has been well...until last Sunday.

The crisis happened just after church was over. John was coming out of the church with Martha following close behind. The pastor and some of the elders had come out earlier, as per the church tradition, and had lined up by the church's main entrance to greet and shake hands with their parishioners. As John extended his hand to the pastor, a woman began screaming and shouting abuses, striking John's head and back. The woman cursed and abused John.

"You gave it to me, you hypocrite! I must expose you, 'Christian'". She cynically continued to hurl insults and beatings to John. "Everybody should know you have AIDS and you are spreading it, sleeping around. Your naïve wife must know... marketing manager of books, indeed, or better still, a salesman of AIDS! How many women have you given AIDS, holy man?".

Everyone's attention was drawn to the attack on John. John didn't know what to do. He received the beatings and the insults mutely. It felt like a bad dream that would soon go away, but it seemed to last forever.

Martha wished the ground would open and swallow her to save her from all the shame and embarrassment. She silently prayed "Lord be our strength. You are our eternal refuge, our shelter in the day of trouble. Father love us, hold us... remember my children..." Tears welled up in her eyes; she quietly wept as she tried to figure out how all this would end.

The pastor was tongue-tied. He never imagined something so embarrassing could ever happen in his church. He thought to himself, "How do you do damage control in a crisis of this magnitude? Where do I start? How do I explain? I don't fully understand HIV/AIDS issues myself. How am I expected to resolve all this? Lord, I feel totally inadequate."

The elders shared the embarrassment, as some tried to restrain and calm down the woman attacking John. They could not believe the accusations heaped on John! They only knew him as a dear brother in the Lord. Some elders wondered if the woman had confused John with someone else. A few thought the accusations could be true, in which case, the church should discipline John. An urgent meeting was needed to address the situation.

Martha's and John's children were the most confused, compared with everybody else. Many questions flooded their minds. "How could our dad be the center of such an embarrassing situation? Why would a strange woman just come to insult and beat our dad in church? How could dad have given her AIDS?" They urgently longed for an explanation.
Many women in the church were not as confused. They thought they could figure it out. Long ago, they learned to distrust men in general. Sexual double standards and extra marital affairs are rampant and the culprits are usually husbands. The church leadership tends to turn a blind eye or see it more from a traditional and cultural perspective rather than from the biblical perspective.

The Bible teaches abstinence for the singles and sexual faithfulness to one wife for Christians who are married. But many of the women were afraid they could get AIDS from their spouses. What hope is there for them if they continue to have sexual relations with their husbands who are moving around with other women?

The pastor convened an urgent meeting with Martha, John and the elders for several reasons: to comfort and encourage Martha and John, to discuss strategies for damage control, to start thinking through HIV/AIDS issues and what their church could do.

That Sunday evening their home fellowship group visited to pray with John and his family, Martha and John knew they had to talk to their children about this crisis as soon as possible. They requested them to wait until the evening of the following day, Monday, because everybody was too exhausted and needed rest. The children complied but wished they could have known the truth this same evening. The following day, to John's surprise, Martha was very understanding and kind to him. He had feared that they would slide back to another stormy fight subsequent to the crisis. Instead they became close and very supportive of one another. They dreaded talking with their children, Millie (12 years), Esther (10 years) and Joyce (6 years). Martha and John knew it was not going to be a one-time meeting. It was going to be similar to the several counseling sessions they had already had with the pastor. Their children were going to need continuous emotional and spiritual support as they processed the implications of AIDS in the family.

*John:* Your mother and I know you are quite disturbed over the events of yesterday and we are prepared to talk with you and answer any questions you have. We are very sorry you had to experience this embarrassing situation but we know God will see us through.

*Esther:* Dad, tell us if you are going to die. AIDS kills! Do you really have AIDS? And how did you get it? Is it from that woman who attacked you in church yesterday?

*Martha:* Esther, we hear your concern and you all have reasons to be anxious, but let's begin with prayers before we proceed with the details. (Martha prays for patience, wisdom and understanding and God's comfort through it all.)

*John:* I want to reassure you that I won't die of AIDS soon. A person who is HIV+ can live for quite a long time, continue working and living a normal life, so long as one eats nutritious foods and gets medical attention.

*Millie:* Does that mean you have AIDS, Dad? Why did that woman say you gave it to her? Are you going to be staying in the hospital to get medical attention and special food?

*Esther:* Who is going to pay for the hospital stay? Isn't it very expensive?
**Millie:** And won't that woman also demand that you pay for her medicine and food if you gave her AIDS?

**Joyce:** Is my mum sick also? Who will stay with us here when you go to stay in the hospital?

**Millie:** Yes, let's get that clear. Dad, if you have AIDS how did you get it? Does mum have it too? (agitated) Please mum stop keeping us in suspense. Dad, talk for yourself. We need to hear from you. Please explain this crisis. How did you get AIDS?

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**John confessed his failure to his children and sought their forgiveness. But like their mother Martha, the children were embarrassed and even though they said they forgave him, they were bitter deep inside and hurt. They asked many questions about when their parents would die, and what would happen to them. They expressed that they just wanted to hide from everyone they knew to avoid the shame. The children all wonder who will be able to help them.**

**Martha:** It is not easy. I have quarreled with your father for quite some time over the last three months. We have been going to our pastor for counseling; I had to go for the HIV test. It has been very, very difficult for us both, but we have reached a point of accepting it and moving forward. It is a very long process but eventually one is able to forgive and let go of the anger and bitterness.

**John:** We promise to give you all the help you need. Yes the pastor, the doctor and whoever else you want to talk to will be available.

**Martha:** Yes, we understand and respect your feelings of anger, shock and confusion. It is okay to experience all that you are feeling but eventually there will be some solutions. I beg for a bit of patience, but as your father says, we will treat your concerns urgently. May I suggest that we close the evening with prayer. Tomorrow I will contact the pastor and arrange when he can come.

**John:** Please, Esther, we shall not resolve all the questions tonight. It is going to be a long process but God promises to give us grace to help us at the time of need. Let's pray for God's grace to get us through this crisis. We will take one step at a time. (John prays and they all retire for the night.)

Guiding questions:

children will always respond this way, but must be included. What other ways can you understand the needs of children?
3.2. Madeline

3.2.1 Madeline: Session 1

Madeline is a mother aged 32. She came for counselling one year after the death of her husband. He was a bricklayer in a town and had built a small house for his family. He left his wife with three children. Madeline was feeling uneasy and went to see a counsellor.

Counsellor: Hello, Madam. Have a seat, please. How are you?
Madeline: In fact you do not know me but I do not live far from your place. My name is Madeline.
Counsellor: I’m glad to meet you. I’m also happy to know that you are my neighbour.
Madeline: I’m here to ask for advice about a small problem. I saw an eucalyptus with white leaves near your home. I was told that these leaves can be used as medicine herbs to treat cough and I would request you to allow me to get some leaves from your tree.
Counsellor: It is true there is such tree near my home. Are you the one who is suffering from cough?
Madeline: No, I’m not. But my child is. He is three and coughs a lot.
Counsellor: A child aged three is so young that the eucalyptus leaves can be harmful to him. Don’t you think you should take him to hospital where they can prescribe him a dose according to his age?
Madeline: Do you think I can afford to take him to hospital? Today, money is everything. Without money you can’t get anything. I don’t have money to take him there. (Madeline uttered these words sadly and desperately).
Counsellor: Madeline, I fancy you are burdened with sorrow.
Madeline: Yes, indeed! It seems that I was born to suffer. I am a widow, my late husband left me with 3 children one boy and two girls. (Madeline bent her back and started crying. The counsellor gave her some toilet paper to wipe her face. She let her cry as long as she did and after she seemed relieved)
Madeline: I’m really sorry. I don’t know what has happened to me. Normally I never cry over nothing
Counsellor: No, you are not crying over nothing, you are crying because your heart is saddened and this is normal. You needed it
Madeline: Thank you for listening to me. Let me go to welcome pupils who are coming back home from school. If this were possible I would come back to tell you all about my hardship.
Counsellor: Oh, this is very possible! Let us fix a convenient date on which we can meet again here with ample time for discussion.
Madeline: What about the day after tomorrow in the afternoon. I will be available by that time, for children won’t go back to school.
Counsellor: Yeah, no problem. Madeline, I hope that God the creator of all of us will cater for us in everything. Can we pray?
Madeline: (She paused for some time). Frankly speaking I don’t know if really God remembers me. I’m sorry I must leave, but if you think praying can help, you can stay praying for me
Counsellor: It is true that problems can blind us and prevent us from seeing the hand of God in our lives. I promise you to pray for you and your children.

The Counsellor remembered that Madeline did not come back to the eucalyptus leaves and found that this was a way to start conversation. She continued to think about Madeline and her children in her prayers and asked God to be with them and deliver them from despair.
3.2.2 Madeline: Session 2

As previously planned, Madeline came on time, she was clean and more calm than before.

Counsellor Madeline, I was waiting for you and I’m glad to see you. How do you and your child feel?

Madeline You know, Your prayers have been heard? I’m well, thank you. When I left here I was surprised that I could sleep until next morning. Normally I would wake up and start worrying until next morning. But the child is still coughing. His cough is chronic. Yet he was fine in the morning, he was playing with other children.

Counsellor I’m happy to hear that God blessed you with sleep. Would you accept that we pray to thank him and put our child in his hands.

Madeline He is worthy thanking. Thank him indeed, he has done a lot to us.

Counsellor (She prayed thanking God who bestowed Madeline with sleep and protected children. She implored God to be with them and provide them with knowledge and wisdom). Madeline, when we last met, you expressed the desire to converse to converse with me.

Madeline That is true. I wanted to tell you my problems so that you can advise me. (She paused a bit). Where shall I begin?

Counsellor Take your time and feel free, I’m listening to you.

Madeline In order for you to get a background for my life let me begin with my teenage and how I got married. My homeplace was a countryside. Peter’s family lived nearby. Peter is my late husband. We knew each other since our childhood.

Madeline went on telling her how she became Peter’s friend, though his parents were not happy with her because they were of different ethnic background and Madeline’s family was poor. Peter studied in a technical secondary school while Madeline finished only senior one. Her parents failed to pay her for school fees and dropped out. (At some time she paused and got lost in her thinking. The counsellor did not disturb her).

Counsellor I understand how much sadness you felt to leave school too soon not on the grounds of failure.

Madeline I was bitter and spent nights crying. I had to accept it and give up the idea of pursuing my studies for my parents could not afford them. As the saying goes in Kinyarwanda, “When you miss a way out, just rejoice”. So I resorted to vocational training on sewing and cookery. This kindled hatred from Peter’s family towards me. They wished Peter would marry a person of his academic level in order to earn a lot of money.

Counsellor Despite the fact that they didn’t like you, he married you anyway.

Madeline Yes, he did. He didn’t want to change his mind. Indeed he loved me so much and so did I. After our wedding we moved and came to settle in town as she was no longer working in a local construction company he had been working for before. He was then self-employed.

Counsellor He was a good and serious husband, wasn’t he?
Madeline  Yes. He was committed to catering for his family. He was also able to build his own house, the one we live in. I don’t know what we would have done, had he not build the house.

Counsellor  You really have reasons to thank God. It is wonderful to own a house in town. You told me that Peter died a year ago. What did he die from?

Madeline  (She paused a bit). He was suffering from meningitis. He died from it. (She paused again, deeply thinking about something). He didn’t even spend much time in hospital; less than two weeks. His mother came just after he died and was about to pounce on me as if I was the one who killed him. She called me names. (Madeline cried again heavily. The counsellor gave her toilet paper to wipe her face and let her cry for quite a long time). It is true that sorrow won’t kill you but will disfigure you as a proverb goes.

Counsellor  I understand that you were terribly shocked by your mother-in-law’s words.

Madeline  When she saw me crying, she told me to shut up. She said “Don’t hurt me, let me cry, I, who has lost a son, as for you, you’ll soon get another husband. You won’t miss them.” Imagine to hear such words in front of the corpse of your only husband!

Counsellor  These words are terrible indeed. Really, a hurt heart is a hurting heart. Could you find someone to back you up?

Madeline  Nobody came to support me.

She went on saying she was the only one left in her family. All her relatives were claimed by the war. Since the death of her husband, she hasn’t returned home yet. She hasn’t told anyone all the problems she has had. She didn’t want to be heard in vain. If only her young child were not sickly, she would be all right. They can survive on money she gets from selling bananas round the town.

Counsellor  Madeline, time has run away and I see that you also need to rest. What you have told me are terrible things that happened to you and it is good to talk about them. You’ll get relieved. God wants us to bear each other’s burden. It is not good that a person be overloaded by burdens alone. By the way, do you have a cassette player?

Madeline  Yes, I do, but it is a small one.

Counsellor  I’m going to give you this tape. Try to find conducive time and place to listen to it. It tells about steps of sorrow. We shall discuss its content next time. When can you be available next week?

Madeline  Monday afternoon. Will that be ok for you?

Counsellor  (Checks in her diary): If you come at 3 P.M, you will find me in. Let’s pray together before you leave.

They prayed together before Madeline left. The counsellor stayed taking note of the important points they discussed.
3.2.3 Madeline: Session 3

Before meeting Madeline, the counsellor had a look at what she had written, she underlined the words « meningitis » and « the sickly child ». She wondered if Madeline voiced all her concerns.

Madeline (After knocking at the counsellor’s door, she warmly greeted her). Listen now to what happened to me. I listened to the tape and found that it talks about me. You know, due to the anger ignited by my mother-in-law, nobody caught sight of my tears until the end of bereavement. I only cried after all guests had left, while alone, away from my children. All what is said about getting angry at everybody and self-judgement happened to me.

Counsellor I’m happy to hear that this tape was of some importance for you. You said that you have passed through all these steps, how far do you think you have gone with them?

Madeline This is not clear to me. If depends on the mood I have each morning. Sometimes I try to deny what happened to me, sometimes I get furious. I was also afraid to say what happened to me. I was angry at God.

She went on to say that she used to go to church to pray before her husband died. Fellow Christians would pay her visits after the death of her husband but when she gave up going to church they got tired and left her out. When she meets them she tells them that she has no time for going to pray as she is busy trying to find what to feed her

I feel that I have been far away from God, I don’t know if he can forgive me. I’m furious against him. I can compromise over the death of my husband, but why couldn’t God spare my child and I from death?

Madeline (She paused, bit her lips as if she was regretting what she has just said, then she cried, tears slowly flowed along her cheeks, this time she let them flow, she remained still for a while and didn’t receive the toilet paper the counsellor gave her. Peter died of AIDS. (These words were as heavy as thunderclap. After sometime she picked her gown and wiped her face and continued speaking). It is the first time I had broken this news. I have kept it a secret.

Counsellor It is a big secret, but you get relieved when you reveal it.

Madeline When I knew that Peter was HIV positive, I stopped going to church for fear that I would reveal it unintentionally.

Madeline proceeded telling her how during the war Peter fled to another country and spent two years away from his wife and without communication. Some people told him that his wife and children were all dead and he believed it. In a refugee camp, he met another woman who had also had the same problem and married her. Later on, he heard on the radio a communication from her former spouse and decided to return home. He found Madeline and the children alive in their house. Peter told her what happened to him. They decided to forget about it and start a new life together. They made a mistake of not getting tested first. Mean while, Madeline got pregnant. When she underwent a HIV test, she tested positive. They kept it a secret and wondered how they would keep alive. They couldn’t find a solution to neither of these problems. Peter’s death came as a surprise as nobody could sense that he was ill.
Counsellor : Madeline, even though you seem to regret have revealing this to me. I see that this is a God’s plan. It was necessary that during this time you get someone who can help you so that you may not be overwhelmed by problems. Do you think that we may meet again so that we can try to see what we can do.

Madeline : I think so. Our conversation helps me very much. I have come to understand a lot about me.

Counsellor : Let’s meet again tomorrow but one in the afternoon, since you told me that children are at home at this time. In order to make a plan that will guide our conversations, I request you to list down problems you face as well as all threats. Here are verses that you’ll read carefully. They are promises that God give us. We shall talk about them later when we meet again. Can you end our conversation with a prayer?

Madeline : She started imploring God for forgiveness and later she failed to continue. So the counsellor took over.

Here are verses that the counsellor gave to Madeline:

Jn 16: 33; Rom. 8: 31-39; 1 Cor 10:13; Revelation 21: 4; Ps 23; Ps 46: 1-4; Is. 49: 15-16; Jer. 33: 2-3; Lamentations 3: 31-33, etc.
3.2.4 Madeline: Session 4

Counsellor (After receiving Madeline). Madeline, I don’t know if you could notice this yourself, since we first met, you have changed a lot. You look so wonderful!

Madeline In fact, my burden has been lightened. This is a hospital for me. I have been relieved from many troubles.

Counsellor How is the child?

Madeline I took her to hospital in the morning. Yesterday my regular customer paid me some money which I used to buy drugs the doctor had prescribed her. Since her case is known, she was put on the list of patients who will benefit from ARV drugs. There is a project which is going to start and it will focus on children living with HIV/AIDS.

Counsellor This is good news. Let’s pray before we proceed and thank God for his protection and care that he has been providing you with. Let’s ask him to be with us, to inspire us at this moment.

Counsellor (she prays). Could you have time to make that list?

Madeline (She presents her a sheet of paper). This is what I have come up with. I also read the verses. I really asked God for mercy, but I still ponder how I will re-enter the church. Will they welcome me as a guest or as a repentee? If they ask me to say something as it is the habit in our church what shall I say? I also considered to change my church and go where they don’t know me.

Counsellor Madeline, it is understandable that it is a confusing situation but the Bible says that we should not worry about tomorrow, we should not add to troubles each day brings (Mt 6:34). Let’s have a look at this list you made and plan how we shall meet in order to discuss these issues one at a go. I see that you wrote that your problems are:

* Get my child to be treated and provide her with balanced diet
* Go back to church and walk in the light
* Reconcile with my in-laws so that my children may find a family to cater for them after my death

Threats:
* Cope with the disease without support
* Find someone who will cater for the children after my death
* If children happen to know that I’m HIV positive will they be able to stand it.

I see that you took your time to think over these problems and threats. Thank you very much. What is the priority problems that we can tackle first?

Madeline Even though the problem of the child sickness is one of the most serious, there is hope that she will be treated as she is already on the list of ARV beneficiaries. So let’s wait. What I think we should tackle first is the fact of returning back to church. I last set my foot in church a year ago. Tell me what I can do. As I was saying, do you think I should flock to another church? What shall I do? Advise me.

Counsellor Considering your concern, you are afraid to go back to your former church, is it because you fear that they might know that you are HIV positive?
Madeline: Yes, of course. I told everybody that my late husband died of meningitis, so shall I go round telling them that he died of HIV/AIDS instead? Do you think they will believe me? Don’t you think they will realise that this is a way to account for my HIV status that I got from misbehaving. Do you think they will believe me?

Counsellor: Madeline, there are things that you can’t control. You can’t control people’s thinking. But you can control your own thinking. Don’t you know the truth? Will they say that your child also misbehaved?

Madeline: You are right. Madudu’s HIV infection will testify to the fact that I was infected when his father was still alive. This can serve as evidence.

Counsellor: It is very difficult to please people. Who do you want to please, people or God? Who is to benefit from that?

Madeline: It seems that I fear people. God knows everything. So he knows my problems.

Counsellor: “If God is on our side, who can be against us”? Said Paul. God knows you and he is the protector of widows and father of orphans. Do you believe this?

Madeline: It is true that these words are familiar to me but when fear comes in I forget about them and don’t find what to do.

Counsellor: Another concern of yours was to change the church, can’t you have problems with that?

Madeline: How can’t you have problems in a new place you are not familiar with. Maybe if members of this church know that I’m living with HIV/AIDS they will discriminate against me. The church’s Pastor doesn’t know me and neither do I.

Counsellor: What about your former Pastor, do you know each other?

Madeline: Yes, we do. But he is always busy. I haven’t talked to him. But he is a good natured man. (pause). That’s a thrilling idea. I’ll see him and tell him about returning to the church. Don’t you think this is a good idea?

Counsellor: Yeah. I can’t agree more. If you talk to him, you will know what to do.

Madeline: I’ll try to find him. I will let you know the outcome of our meeting, when I come back.

Counsellor: Do you think you’ll find him this week so that we may meet on Monday at two as usual?

Madeline: I’ll do my best, so I’ll tell you when I come back.

Counsellor: Let us pray so that God provides you with boldness. First read these verses (John 8:32; 8:36). It is Jesus who sets you free from fear. (The counsellor implored God to help Madeline be bold enough and guide her in her plan to approach the Pastor)
3.2.5 Madeline: Session 5

Counsellor Madeline, I can guess you have a great deal of news for me. Let me ask you to pray and then you'll tell me.

Madeline (She prays and thanks God for everything he provides her with). It is true God is doing miracles in my life. I saw the Pastor and we had a good conversation together.

Counsellor May God be thanked!

Madeline I went to see him on Friday and found him getting ready for a meeting. He told me to return on Saturday around three p.m. When I arrived there he warmly welcomed me. He told me he was glad to me and apologised to see me for not having paid me a visit.

Madeline went on saying how she told Pastor that she wanted to return to the church and got her children baptized. Pastor was glad to hear such good news and asked her to attend next Sunday service with her children so that the church can pray for them. She was surprised to see that Pastor didn’t rebuke her for having stopped to attend Sunday services. The next day, Pastor welcomed Madeline and her children back to the church. In short, he said that the church was happy to see again family members of late Peter and pledged that they will try to be near them as a church. The congregation kneeled and prayed for them. When the service was over, people warmly greeted them outside.

Counsellor You must have rejoiced and realised that there was no need to fear

Madeline Yeah, in fact Satan had enslaved me. Pastor told me that he and his wife will come to visit me.

Counsellor Great! That is wonderful. You see you are not alone. God’s family is there for you. When will they come to pay you a visit?

Madeline They didn’t precise the date. But I have a problem.

Counsellor A problem?

Madeline (She seems to think deeply). I wonder if I shall tell them the truth about our HIV status.

Counsellor What do you make of it?

Madeline Sometimes I feel like hiding the news from them, sometimes I’m inclined to break the news and live in honesty. But the problem is, if I reveal the truth to the Pastor and his wife, will it be still a secret. Someone might reveal this to other people in room prayers. And my children may suffer from stigmatisation. People are not good, you know. Even neighbours where my child stays wouldn’t touch her, if they know we are seropositive.

Counsellor Madeline, don’t worry about that. Nobody obliges you to say what you are not ready to. God provides strength in due course. How old are your children?

Madeline The first born is called CYIZA. She is 11 years old. She is in primary 5. Their brother, Shema is 9 and he is in Primary 3. Madudu is 3 years old.

Counsellor Cyiza and Shema are grown-up. They can understand these problems with explanations. What do you think?
Madeline: I heard on the radio once that when a parent is seropositive it is good to tell it to his/her children. However, I’m not courageous enough to do so. I always postpone it because I don’t know where I can begin.

Counsellor: You’re right, this is not an easy thing to do, but since we knew each other you have done a lot of things which were difficult and you did them very well.

Madeline: Do you think it is me who did them. It is really God. I, myself get surprised when I remember what I have done.

Counsellor: Trust God who started this job and for sure he will realise it. Let me lend you this book about communication with children. Maybe it can inspire you how you can go about it. When do you think we can meet again?

Madeline: Next week I will take Madudu back to hospital. Let’s meet within two weeks’ time on Monday. Maybe Pastor’s family will have visited us by that time and I will have a lot to tell you.

Counsellor: That sounds good. In case I’m not available I will let you know through the church. Let me ask you to pray to end our conversation.

Madeline: She prays.
3.2.6 Madeline: Session 6

Madeline came back to see the counsellor after 3 weeks. Their former appointment was postponed till the following week as the counsellor informed her that she was not available.

Counsellor I first of all apologise to you for not being able to receive you last Monday. As I informed you, we had an urgent meeting that time.

Madeline I really excused you. It is better to meet you today as I will give you the account of the conversation with my children and the Pastor’s family.

Counsellor God be thanked! You have a lot to tell me today. Let’s pray first and implore God, the true counsellor, to help us.

Counsellor You told me you managed to talk to your children

Madeline That’s right, but it was not easy. Here is the book you lent me, it really helped me. The author says somewhere in this book that children are mostly worried when they hear something that they don’t understand. When they get clarifications worries faint away.

Counsellor That’s right, because the truth sets us free.

Madeline I asked them about what they know about HIV/AIDS from school. I was surprised to realise that children know many things. I asked them how they would feel if one of us tests positive. Everyone told me what he/she would do. The first said, “I would cry”, the second said“, I can get angry and the third said” I would pray to God and ask him to cure him/her. I took time to tell them the whole truth. They asked me a lot of questions and I tried to answer them as suggested in this book. However, I didn’t tell them anything about Madudu because it would be too much for them to bear.

Counsellor You did well not to overload them. How are they now?

Madeline In fact, among the three children, Shema is the one who manifests signs of loneliness and deep thinking. As for Cyiza, she likes to help me in everything so that I wouldn’t overwork. I explain to her that being HIV positive is different from getting ill. I’m still strong.

Madeline Returning to church was also the source of energy. Now before going to bed, we pray together as a family.

Counsellor That’s wonderful. It is clear that Shema is not receptive to this problem. Only time and love can win him over. Be near him and show him that you are not ill yet.

Madeline That was my idea, too. In fact, boys are inclined to their mothers. Even in his childhood he wouldn’t go far from me.

Counsellor He has just started thinking about how he will live without his mum. It is not good to let him stay lonely. Try to give him some tasks or allow him to play with other children of his age.

Madeline That’s what Pastor suggested, too. He promised me to register him in a project catering for children at Parish so that he may join other children during holidays. This will prevent him from feeling lonely.

Counsellor Did you have good times with the Pastor and his wife?

Madeline Yes, we did. We conversed in harmony and I don’t regret telling them that I live with HIV/AIDS.
Counsellor Have you thought about it?
Madeline Yes, I have. But still there are a lot of question marks. I wonder if it is not too soon for me to join the group. In fact I feel strong. Joining the group will open a door to stigmatisation against my children due to my HIV infection. There is time when I get up with the determination to go there but when I think over it again, I postpone it till another day.
Counsellor I understand your concern. According to Ecclesiastes there is a time for everything. (They read together the verses in Ecclesiastes 3: 1-8). This is a crucial decision that you want to take, it is advisable that you take your time and think twice. I'm going to ask you to go home and think about the advantages and disadvantages of being a member of that association, then write them down on this sheet of paper in two columns. Take your time to think over this and come back within two weeks’ time.

Madeline accepted this and ended their conversation with a prayer thanking God for what happened in the past and asking him to protect them in future. The counsellor continued to meet Madeline and she became a Christian with strong faith in her church. She eventually joined the association.

Small income generating projects run by PLWA could enable them to earn their living and buy drugs required. Eventually Madudu died and all the church members backed her family up during the mourning period. Now they thank God who, through his people, comforted them. Pastor helped Madeline to reconcile herself with her in-laws so that children can go freely to pay visits to their grandmother during holidays.

Madeline became weak and fell ill but the association is supporting her and she is undergoing treatment. Now she is fine and she is taking ARV drugs. She praises God for his protection.
4.0 PRACTICE CASE STUDIES

Using and debriefing practice case studies

The following case studies may be used as practice studies. A practice case study is one that you can use in groups. Read the case together and then answer the questions as a group. When an open case study is used following a teaching case study, you will be able to apply the lessons learned from the teaching study in the open study by suggesting ways to continue the process of counseling for that case.

When you believe that you have understood the principles involved in an issue, then use a new case study as the basis for a practice case study. A practice case study is one that you will role play. In a role play one person will play the part of the counselor and one the part of the counselee. The others in the group will listen. After a period of time the entire group will discuss the observations of how the case was handled by the counselor. Then those who were observing will take a turn at role playing the case.

The following case studies represent many different kinds of issues and cases. Select the ones that you most need to work on. Start with the ones which are easier to understand and counsel. In this way you will gain skill to do the more difficult cases.
4.1 Advocacy—Pastor John-Mark

John-Mark is a pastor in Kigali whose wife was sick for a long period of time. The doctors who took care of her knew why she was always sick. They advised Pastor John-Mark to go for HIV blood test and he easily agreed. The results showed that he was positive. Shortly after he had spoken to his senior overseer and told of the problem his wife died.

On the day of the burial, the overseer said that the service would not be in the church but simply at the grave site. No church leader or pastor came to the burial.

Shortly afterward the leaders called a short meeting that requested pastor John-Mark to stop telling people about the situation in his home and he was also advised to move to another province where his situation would not be known. He was not to be on a pastoral committee or on any church committee because his fellow pastors felt it would shame him to be known that his wife died of AIDS and he was a victim. He did not accept the decisions of his fellow pastors, but he realized there was nothing he could do, it was really just a way of rejecting him.

Because pastor John-Mark was requested to sit aside he never had an opportunity to talk or teach. He did not even get an opportunity to talk about the pandemic of AIDS in the church. One day Pastor John-Mark called me and wanted to talk. I listened to him and encouraged him in my office. We had enough time to talk and he told me the entire situation he had gone through. I knew that it was a common problem in many churches and I talked to him not just as a counselor—but as one living with HIV/AIDS myself. We discussed together and identified ways to deal with the widespread rejection of people and families living with HIV/AIDS by our fellow church members.

We decided to form an association of preachers who are living with HIV virus with the goal of healing the wounded hearts of the servants of God who live with fear of rejection. We also decided that another goal was to help heal the wounds of other Christians as well. Over the next weeks we identified fifteen others who were in the same situation as we were—all Christians and church leaders or members who were living in fear. We decided to meet together with each one we knew.

When we could get one of these who was living in fear to agree, we would go together to a counselor. In this way it was more evident that we were supporting each other. It also helped counselors to recognize that many faithful church members are suffering with the disease or its consequences. Those of us in the association would go to the church leaders and reason with them. It helped that there were a growing number of us as church leaders who were HIV positive and were confronting negative attitudes together.

Now our association is operating in many churches especially where there had been reports of rejection. We want to let people know that Christ Jesus came for the sick and those who are weary and burdened. We do not make claims that we have all been innocent. We do want to make claims that Christ came to forgive and to heal, and we are the needy people He came to seek and save. Our association has helped not just raise awareness, but it has helped change hurting attitudes and release many from the fear of rejection.

What are the ways your church can advocate for HIV/AIDS families?
4.2 Abandonment: Josephine

When I was 16 years of age I was very attracted to a man who was only seven years older than I. He seemed stable and had a job. I moved in with him and we lived together for two years before I became pregnant. My father insisted that we formalize our relationship and so my husband began discussions with my family about our marriage.

Shortly after I became pregnant I began to suspect that my husband was moving around. He sometimes complained that I could not satisfy him because of being pregnant. Many days he would come home late after work but he always said he had to work late. Always he said that he loved me.

But one day a friend of mine told me that she had seen my husband with another woman who did not look good. When my husband came home late that night I asked him if he had really stayed at work or if he had stopped at a bar because he smelled like beer. He said it was none of my business if he sometimes stopped for a drink on the way home after a long day. After that he was almost always late to come home.

By the time my baby was born my husband was sometimes not coming home at night. He would just say that it was none of my business where he was. I knew that he was moving around and I became scared about what would happen if he got HIV.

I decided to see my pastor for counseling. He told me to see the church counselor. The counselor told me that if I prayed and believed God that I would not get HIV. I felt much better, but I did not know how to talk to my husband. When we had sex I noticed that he had some sores on his private parts. I got scared again and decided to go to a VCT center. They suggested that I get an HIV test. When I agreed it came back positive.

That night when my husband came home late I told him about the test. He became angry with me and told me that he could not live with someone that was infected, especially since I had not given him a son. When he did not come home the next two days I went to see my church counselor for help. She told me that because I had stopped believing God and had gone to a VCT, that was the reason I had gotten infected. She said that if I repented I might still get healed.

☞ What were the early signs of marriage stress?
☞ What might have been done sooner?
☞ If you were the counselor, what would you have advised?
☞ Do you agree with the final advice? If not, what would you say?
*4.3 ARV/DRUGS

*4.4 BOY-GIRL RELATIONSHIPS
4.5 Communication barriers: Bartemus

Bartemus knew he was HIV positive, but as an important local government official, he refused to tell anyone. As he became sick, he put out the story that he was being poisoned by jealous subordinates. His pastor talked to him and asked him to go for a test. He did so, and when he came back, knowing the test was positive, he told the pastor that his lab test showed the problem was amoebic dysentery. He died, and his first wife has also died. The last baby of the second wife is very sick.

The second wife comes to you very much afraid. Bartemus was very popular and even the people in the church believe that he had been faithful for years since his conversion and membership in the church.

☞ Do you think Bartemus truly accepted to be tested for HIV?
☞ What went wrong with the counseling process?
☞ Outline the counseling needs as you see them.
☞ What are the communication barriers that his wife now faces?”
☞ What hope can you give to her?
4.6 Fear: Fidele

Fidele is a cobbler who works near a secondary school of evangelism. One day the daughter of a good friend arrived from the capital city and said her shoe had just broken. Her name was Masetsa, Fidele gave her slippers so she could go on to her family and greet them since she had just arrived. She would come back and pick her shoes. After an hour, she was back and had her shoe back. It was repaired so well. Fidele did not ask her to pay because she was a daughter to his friend. Since then, Fidele and Masetsa became friends until they finally went to bed together.

After three months, Fidele met his friend who lived in the capital. A moment later Masetsa came and found them together, she gave a special greeting to Fidele saying she would be back. His friend, on seeing Masetsa, told Fidele that Masetsa was infected and might have got to him too. He said that Masetsa used to head an association for prostitutes. Fidele fell in a shock and later collapsed. His friend took him to hospital but they continued to say that he was not sick yet his health deteriorated day after day.

I had been at church helping the counselors there. I then saw people bring someone who was really very weak. I asked why they had not taken him to the hospital but to church. They answered that the remaining part was for God since man had failed. They put him in the counselor’s office. I talked to him and he told me the way his sickness began but never said the problem exactly. I talked to him but never got a concrete story from him. He later came back home a bit happy.

The next time he came around, he found me teaching on AIDS. He followed my teachings on how to know the difference between an infected person and an uninfected person. He asked a lot of questions, even about how to live after knowing that one’s status is positive. In fact, he asked questions about everything, about each stage of infection, about how to tell other people, about how other people react etc. In all the questions his face seemed so dark and afraid.

☞ How can you explain the early collapse that affected Fidele?
☞ How would you approach Fidele the first time he came to the counselor’s office?
☞ What would you want to explore with him the second time?
☞ How has Fidele shown his fears?
☞ What has Fidele done about his fear?
☞ Is that fear reasonable? Why or why not?
4.7 Denial, Martha

Martha is 25 years of age and has already graduated from a private university with a bachelor’s degree. Her family is well-known because her father has been a chief for many years. Recently she came to a private clinic for a minor health problem.

“I can give you a treatment for this vaginal discharge,” the doctor had said when he saw her, “but we need to talk more about how you might have gotten it. Do you know how you might have gotten it?”

Martha immediately became anxious and asked if it was unusual. The doctor had assured her it was not unusual, but that it looked like a sexually-transmitted disease. When she heard that she immediately began to cry and mentioned a relationship she had.

“Martha, I can see that you are afraid,” the doctor said, “and you might have a reason to be afraid, but worrying will not help you. I want to have some laboratory tests done so that you know what really is wrong.”

The doctor explained about the tests, including the HIV test and made sure she understood why it was important to know. When the test results were back, Martha again came to the clinic. The test was positive, and he counseled with her for a short time. He encouraged her to talk with a pastoral counselor who could give her more help.

“No!” she yelled back at the doctor. “I can’t be HIV+, and I won’t go to any pastoral counselor!: She left angrily but her face showed a dark cloud of worry.

In her mind crowded the thoughts of death, sickness, rejection, and stigma. She even thought about suicide. She felt guilt like an ox yoke around her neck. For months she did not tell anyone that she was HIV+.

Every day Martha went to work and acted as if nothing was wrong. She pretended to be happy and even joked about people that were HIV+. She knew that if she told anyone at work about her status, then she would lose her job in the Christian organization where she worked.

After six months it became too hard to keep living a lie, and she told a good friend about her HIV condition. She felt a little better after she told someone, but several months later she learned that her friend betrayed her confidence and informed others of her problem. She finally made an appointment to talk with a pastor, but not the pastor of the church she usually went to.

☞ What are some of Martha’s needs?
☞ What question would you ask as the counselor?
☞ What issues do you think Martha has not faced?
☞ What additional information do you need to find out in order to help her?
☞ What true hope can you offer Martha?
4.8 Disclosure: Miriam
The counselor talked for a long time with Miriam. She had been gang raped in the war, and she was feeling constantly ill and weak. She accepted to be tested and the counselor helped her through the painful process of accepting a positive test result. The counselor asked her to tell her husband.

‘No!’ she said, ‘That’s impossible. You can never tell my husband. You see, he has never paid the dowry to my family, and next month he is planning to take them the dowry. If I tell him I am HIV +, he will never pay the dowry.’

The counselor then encouraged her to tell her mother. She said “No, that’s not possible either. She has high blood pressure, and if I tell her such a thing, she will just drop down dead.”

Her baby, the result of the rape, is also very sick.

☞ Who needs to know about Miriam’s status?
☞ How can the counselor deal with the woman’s reluctance to tell the people who need to know?
☞ What are the possible additional reasons that might keep Miriam from telling her husband or mother?
☞ What next steps would you take with Miraim?

4.9 Dispossession: Pierre
Pierre, a Colonel in the army, hid the cause of his illness from everyone. He was a wealthy man, and he lived in his own house. He did not think his wife was able to deal with business matters so he entrusted the title deeds of his house to one of his brothers, trusting him to keep them for his children. He died of AIDS, leaving his wife with four children and a pregnancy. A couple of months after his death, a new owner came to throw the widow and her children out of the house. The brother had sold the house, and kept the money.

Two years later, the wife of the Colonel also died, and now the paternal uncle is caring for the children. But the house and the money are long gone. He comes to you for help with the children. He believes that Pierre actually died from AIDS and has a strong family role in the extended family.

☞ How can you help a man to prepare for death and to ensure his children inherit what is intended for them?
☞ What steps should Pierre have taken in the very beginning?
☞ What advice can you give to the uncle now?
4.10.1 Domestic violence: Paul and Sara

Sara’s husband Paul is now in prison. They have been married many years and have ten children. None of the children are in school. When Paul is drunk, he beats his wife and children brutally. Sara is convinced that one day Paul will change and will come to his senses; she loves him and asks everyone to pray for him. She still loves him. But the whole neighborhood knows what happens in their house. Even his own family have asked Sara and the children to take refuge with them, but Sara believes it is her Christian duty to stay with him. Paul will accept no advice. He is convinced that Sara is the reason the children do not study: she is too stupid and the children have inherited her stupidity. Finally, the chief intervened and put Paul in prison.

Sarah has often been sick but puts it off as a runny stomach. She now comes to you as the counselor in her church and seeks your advice. When you probe with questions about her sickness, she is embarrassed to say that she has had some very bad sores in her private parts. She has had them for a long time even before her husband was put into prison.

☞ Is it a wife’s Christian duty to stay with a violent husband?
☞ What suggestions would you make to Sarah about her sores?
☞ What do you suspect might have been happening in Paul's life before prison?
☞ What hope can you give to Sara?
☞ What support might be available for Sara and the children?
4.10.2 Abuse at Home: Christine and Caleb

Christine is 18 years of age who used to work as house maid in the home of a man called Caleb who with his wife had one child of 2 years of age. Both of them were government workers and they both used to leave for work early in the morning.

One day, they left for work as usual and then at about 10am, Caleb came back home like he’d come pick something he’d forgotten.

Caleb then called her, “come closer so that I may show you what to help me do.” Christine was washing up the baby, but Caleb ordered her to first leave the baby and come to help him because he was delayed in getting back to work.

Christine left the baby and went, but when she came near Caleb grabbed her and began to kiss her, caressing her whole body, ever her private parts. Christine’s efforts to make an alarm and shout for help were in vain because the doors were locked. When he was finished, Caleb warned her to say nothing to anyone

Christine reviewed what had just happened to her and wondered what would come next. After two months, Christine was unable to continue working as hard as usual because of her pregnancy. When the pregnancy was four months old, she began to be afraid what people would say since it could now be seen easily. After some days, the wife of her boss dismissed her from work. Her dismissal brought about a lot of chaos in the family. This was because Caleb had promised to her family that he would provide for her since she was an orphan Caleb sent Christine to nearby friends to live there.

When Christine went for ante-natal care. They examined her pregnancy and took some blood check-up too. Her results revealed that she had HIV-AIDS. She did not tell anyone and decided to die silent. Not after long, her friends visited her and she felt like running away to hide. Christine could only sob when her friends greeted her. She told briefly what she was going through. They brought her to me as a counselor.

☞ How will you go about establishing trust with Christine?
☞ What are the needs that Christine has?
☞ What support does Christine have?
☞ Who needs to be informed?
4.11 Economic pressure: Kana’s Story

Kana and her husband had been together for 18 years when the war began. They had children who had started to help them do their village work. When the war started, they managed to flee seeking refuge. Life was hard and her husband became sick and died. When Kana managed to come back home all their property had been looted and nothing was left behind.

A neighbor by the name of Senoti started to visit Kana and help her solve her problems. Life changed and she began to gain weight and look strong. People that knew her wondered where she was getting money to make her life comfortable. Then Kana became pregnant. Her problems grew day by day as she wondered how she was going to explain a pregnancy with no husband. Her children were already grown up youth. She tried to hide the pregnancy.

Kana was confused and decided to seek the counsel of a friend to see if she should take a step and remarry. Her friend finally got close and asked her, “what problem do you really have, you are not yourself?” Kana told her that she had no way to say what she was going through and began to cry. When she cooled down and stopped crying, her friend asked why she didn’t cry for help sooner. Kana said she was afraid of the disgrace to her children and wondered how to tell them or advise them to watch their behavior.

Kana then explained that Senoti, the businessman came along when she was in distress to comfort her and help her solve her problems, but ended up impregnating her. Her friend asked her if he had not infected her with HIV/AIDS since people always said that he was infected. Kana said that she had also heard those rumors but was in poverty and needed someone to help her. He had given her clothes, shoes and money to buy her children food and the help had blinded her eyes and her heart as well.

Kana was advised to go for an HIV test and prepare for the safe birth of her baby if she found out that she was infected. She decided not to go for an HIV test at the time, but before the baby was born Senoti deserted her. Kana gave birth, but she then became poor again, even poorer than she once was.

You were her friend!

What do you wish you had done when she first told you her problems?
☞ What might you have done to encourage her?
☞ What are all the needs you think she has?
☞ What are the helping resources she has?
☞ Who can assist you as you help Kana?
4.12 Exploring emotions: Gladys

Gladys was a 23-year-old woman who was born in the city. Her parents died in a road accident when she was ten. There were two children in the family, and her relatives decided to separate the children. So Gladys lived with one grandmother while her brother lived with the other grandmother.

But she found it very difficult to live up-country where she struggled with the language that was said to be her mother tongue. At 15 she ran away to the city and eventually became a prostitute in order to survive.

While she was involved in the sex trade, she met a foreigner who said he loved her and she moved to a coastal city in order to live with him. But after a few months he left the country. She found out that she was HIV+ when she discovered that she was pregnant. The baby that was born soon after did not seem to be infected. When Gladys came to see me, she was very sick and said, “I have been living in the city, but my real home is up-country. I just need some money so that I can return home and die.”

☞ What are the needs that Gladys might have?
☞ What questions will you ask to find out those needs?
☞ What are the resources that Gladys has?
☞ What can she do?
☞ How can she care for her child?
☞ What relationships might need restoration and how?
☞ What will happen when she re-enters rural society?
☞ How is she dealing with her diseases?
4.13a Group Support: Cleophas

Cleophas was a powerful evangelist in the capital city. One Sunday he had a such a strong headache that he needed some of his church members to help him to reach the hospital. Among the tests the doctors gave, he was told about the HIV/AIDS test. He felt unconcerned about the problem. So consented to the test.

In about thirty minutes the doctor called him to advise him that he should accept the test results. When he heard the results he quietly left and did not even say goodbye to those who helped him to get to the hospital.

He began missing church activities at first, and then stopped going entirely. As a counselor, the senior pastor asked me to find out why Cleophas had stopped coming to church, and to see how we could encourage him to return. One day I went to visit him and he saw me at a distance and rushed back into his house. Even though his wife tried to convince me that he was not there and had gone to visit other Christians, I had seen him re-enter the house.

“Please let Cleophas know that I am ready to help him if he has any problem,” I told her. “He can come to my work place.” Three days later Cleophas sent his wife to me to say that he would come in three more days time. She expressed that something was wrong in their relationship. On the appointed day I was prepared and waiting.

When he came we hugged each other, and sat down to talk. But he was not free to open up to me as usual. I asked him why he no longer came to church, but he was silent for ten long minutes. Suddenly he indicated that he could not say anything because there were no answers for him.

“But you are a powerful evangelist,” I said, “how can there be no answers?” He said that he was no longer an evangelist and felt that God had forgotten him. I knew he needed help even though he had not opened up his problem to me. We read the Bible together and talked about faith, hope, salvation and the grace of God. I reminded him that God will not leave or forsake us. He left after a good time of being together, but still did not tell me what was on his heart. We did agree to meet another time that week and talk more. He prayed as he left.

On the agreed day he did come. It was then he told me how much reading the bible and talking had helped earlier in the week. Then he told me the results of his blood test when he had gone in to the hospital for a headache. He said he had decided to let everything go while he just waited for his death. Though he did not want any in the church to know, he felt that people were already laughing at him.

I could only listen quietly and tell him how much life can continue even after having the HIV virus. I reminded him that God continued loving him and so did the people in the church! We continued to meet every week for three months while I encouraged him. Three months later he came back to church and testified about his problems and God’s forgiveness. Today he is an energetic volunteer in the HIV/AIDS program in our church.
4.13b Group support: Associations

After Domina and her husband knew about their HIV status, Peter and Patrice came to know that they were HIV positive also. In the area was an association helping people live with the HIV virus in collaboration with a local church in the neighborhood. In the past the Domina and her husband had kept their problems to themselves. So had other couples, and yet there was much these couples had in common.

When Peter and Patrice began to meet with a counselor at the church they knew that the counselor would not solve their problems for them. They knew that they could find some solutions to their own problems. It was the counselor who asked them to join the association that would help them meet their needs. He explained that the association met to encourage another, advise each other, and working in teams to counsel each other in groups or even one on one. The goal of the association was simple—to live well for a long period of time by working together and encouraging each other to develop themselves spiritually and physically.

Peter and Patrice decided to try out the group. When they got there, they found that their counselor was meeting with the group too! The counselor had found that meeting 20 people one-to-one was not easy. Now the counselor had one day of meeting the group, and because the large group has several small groups, each group was able to visit each other, help each other, and counsel each other. The special problems among the group were the ones that the counselor was available to meet individually.

A year after the association was formed, donations began to come in from donors. It has helped the members solve some of their problems. They have found that church is the source of life and it is also the refuge for those who are sorrowful in their daily life. There have been wounds of the heart healed because of the testimonies of how the small teams in the church have helped counsel and solve problems. A number of people in the church have been helped to go voluntarily for blood tests when they suspect they might have a problem. The small groups have even helped change the behaviour of others in the church. Peter and Patrice found new friends in the group, and came to love the church in a new way. The group helped Peter especially to change his former way of life.

☞ What are the elements of success in this association?
☞ What would it take to start a group like this in your church or community?
☞ Where might the donations have come from?
☞ Who might have gone to the community on behalf of the needy members?
☞ What advantage was there for the church and for the counselor to have this group?
☞ How did new people come to be associated with such a group?
4.14a Counsellor’s Fatigue: Elise

Elise is a trained counsellor. She has been working as a counsellor for 6 years in her church. She does it with dedication and commitment after work in the evenings. She started going to the Parish twice a week. At the beginning, few clients if any at all would come to her for counselling. Little by little, clients would turn up in a big number such that Elise became famous as she was talented and could use her talent skillfully. She collaborated with the Parish pastor to start an association of people living with HIV/AIDS as such people were found among her clients. The groups expanded and this increased Elise’s work so that she spent most of her time at Parish attending to the unceasingly growing number of clients. Elise faced a problem of not being able to deal with clients effectively due to their extremely big number. As she cannot stand someone’s suffering, she tried to solve everyone’s problem but she eventually failed to do so. Now, she has lost interest in her job. She always tells this to her friends. When someone comes to her direction, she does not sympathise with her. When she prays, she does not feel in harmony with God. Elise is desperate and does not know what she can do.

Questions for discussion
☞ What is Elise’s problem?
☞ What can be done to enable Elise regain happiness in her job?
☞ When you have seen this same problem in your churches. What are some of the causes?
☞ How do you think this problem could be prevented?

4.14b A counsellor at her wits’ end: Zawadi

Zawadi is a good counsellor and many people like her. She is a mother of four children. She lives with her husband in a small town. People know that Zawadi’s husband is not saved as he sometimes beats her. Now, Zawadi has a problem. A woman came to her for counselling and the latter was not successful. The woman fears that her husband might have passed on her HIV and he refuses that they get tested. She told Zawadi how her husband beat her last night and both suddenly bursted into tears. Zawadi could not contain herself as she remembered that her husband also has the habit of beating her. The woman ceased crying but Zawadi went on crying and was being comforted by her client. Zawadi is now ashamed because when she meets her client she reads sympathy in her eyes as she tries to ask her how she feels. Although Zawadi did not disclose her problems to her client but she knows that the client is aware that Zawadi was crying over her own problems not over what she told her.

Questions for discussion
☞ What do you think Zawadi was crying over?
☞ What do you think the woman is thinking?
☞ If you are a counsellor and Zawadi comes to you, what advice can you provide for her?
☞ What are the biblical verses that show that having time for rest is necessary?
4.15 Helping to understand problems: Cleopas

She went well determined never to say anything about the AIDS infection that she suspected. When she got there she simply asked the counselor if there were any organizations that helped orphans, “because I know some AIDS orphans that might need help,” was the way she put it.

The counselor continued to ask her where she stayed, what her children were like and where her family was, and the what she knew about the children she wanted to help. Cleopas never realized how she had also talked about her being a widow and the constant sickness of her child. She left for home and told the counselor that she’d come back. As she left the counselor had given her a paper that was very helpful. It asked her to list various needs she felt she had, and gave her a Bible promise for each kind of need. When she returned home she found that the Bible verses gave her encouragement. The paper gave her a way to understand her problems. It talked about five different kinds of needs that she might have. They were: Her emotional needs (anger, joy, love, hate, peace, worry etc). Her social needs (friends, family, church, village leaders etc). The decisions she needed to make (about living, about medical care, about finances, about sharing important information). Her physical needs (for her child, for her self for housing etc.) and Her needs to understand things (people who could help her, why her child became sick, what were the causes of sadness etc).

The next time she went back, the counselor asked if she had read the paper that was given to her. She answered positively and added that it was as though those words were really meant for her. They talked for the rest of the session about some of the needs. When Cleopas left the counselor gave her an assignment to write a hope or dream she had for each of the problems. Again there were Bible promises for her to read.

Each time Cleopas returned she found that she had learned more about her own problems. It was not until the third meeting that Cleopas shared with the counselor that the orphans she had first talked about were her own children. She knew that because she was HIV+ and often was sick that her children were not far from being orphans and she wanted to prepare for them. The counselor indicated that she had suspected it from the first session, but that it was important for Cleopas to be prepared to share her own deep needs.

☞ Write out a Bible promise for each of the five kinds of needs that people have.
☞ Name a spiritual aspect of each of the five need areas.
☞ What issues would you want to focus on in the third session with Cleopas?
☞ Identify a homework assignment to help show the choices needed.
☞ Identify a homework assignment to help with some of the emotional needs.
4.16 Helping grandparents become parents again

Deborah’s daughter never listened to her mother. She behaved as pleased, and went with many men who bought her clothes and gave her drinks. Eventually regularly had sex with different men who paid her. Before long she gave birth to Martine. Two years later she died, leaving Martine with Deborah. They were extremely poor. Martine never went to school. To help her grandmother survive, the easiest way to get money was prostitution. Now Martine is 18 and she already has two children, which she leaves with her grandmother when she goes with her customers. Deborah is already over 60, very tired and unable to dig a big field. She is discouraged and tired; she wants to go back alone to her village. But who will take care of the little ones?

☞ What are the negative points of a grandmother caring for her orphaned grandchildren?
☞ What are the positive points?
☞ How could the church community assist Deborah with this task?
☞ How could the church community have assisted Deborah when her Martine was young?
☞ What will be the consequences for the great grand children if Deborah does not get help?
☞ What hope is there for Martine? How would you suggest that Deborah can best help her?
4.17 Helping someone talk: John

John’s foot pushed his chair away from me as his athletic body slumped down. His eyes could fire up entire groups of people, but this time they were dark holes.

“It seems you’re busy now, Pastor,” he said, before I had even had the chance to stand and extend him a hand. “I should come another time…” and his voice became a whisper as he continued an empty stare out of the window.

“No, not at all. Now is the best time.” As I rose to shake his hand I bumped my chair in his direction. We continued with our greetings, and of course everything was fine—his wife, children, farm, and parents. But his heart seemed to be on safari somewhere; he scarcely looked at me.

“John,” I continued as I tried to meet his eyes. A trapped bird doesn’t sing, and you don’t seem to be singing today. What is wrong?”

Carefully he took me on a tour of his last few weeks. I saw a few of the shadows that moved in his life and tried to figure out what caused those shadows. He had been sick a lot recently—malaria, he said—and he had not been very free to be at church because of traveling. His farm was not doing as well as usual because of the drought, but it was no worse than everyone else’s right then. He was worried about his children’s schooling and said nothing about his wife, Hope. What was really depressing him most he said, was his friend’s recent funeral. John suspected he had died of AIDS. He left behind three kids and a sick wife.

“But at least he had two sons to keep his name,” he said with a kind of desperate voice. “We used to travel together a lot when we were talking fruits to the market.” And his voice stalled like a bicycle in deep sand.

☞ How would you respond to John?
☞ What do you think are the reasons for some of the “shadows”?
☞ What questions would you ask him?
☞ What behaviour is suspicious?
☞ How does he “open the door” to you?
☞ What advice would you give him if he is afraid he has AIDS himself?
☞ If John had been a fairly close friend and classmate of yours, would it make any difference in how you treated him?
4.18A Listening techniques—Bad : Rosemary
Rosemary, a 5-year-old girl was brutally raped in the outskirts of town. The rapist was arrested and imprisoned, and the whole town heard of the case through the local radio, and on the grapevine. A counselor came to help the mother recover from her trauma. She learned all the facts of the case and then paraded Rosemary and her mother from one NGO to another, getting ‘help’ at every place she stopped. Rosemary was examined and treated more than six times by different hospitals and clinics in town.

☞ How do you screen your lay counselors to know that they will work for the good of their clients and not for someone’s personal gain?
☞ What question(s) were NOT asked by the NGOs?
☞ What kind of follow-up is required in good listening?
☞ In Rosemary’s case there were many facts known. What was NOT known?

4.18B Listening techniques—Good : Jonas
Jonas was a 15-year-old boy whose mother was a sex worker. He first came to a rally near the market and a choir member began to talk with him. He was asked what he thought about the rally, and if he had ever heard the story of Jesus. Of course he had, but he said he had never thought someone could be a friend forever. The choir member encouraged Jonas to come to church and hear more. On Sunday when Jonas came the choir member remembered him and introduced him to the youth leader, mentioning the idea of a “forever friend”. Jonas ended up talking for hours with several other youth. They talked about friendship, and how important it was for each of them to have someone to talk with about their problems. When it was Jonas’ turn to talk about a close friend he just said he had a lot of people. But one of the boys his age said “Most of the time people who say they are listening are really just putting us off. I don’t know about you Jonas, but I think you should come to our group more often. We really do listen to each other!” After that Jonas started to go regularly. He soon found that his new group listened to his story without judging him and really wanted to understand how he felt about his family situation.

☞ What were the qualities of listening that appealed to Jonas?
☞ How can you help your youth or church members learn to listen well?
☞ What was the “hook” that drew Jonas in from the start?
☞ Do you think that Jonas can be helped to avoid his mother’s lifestyle?
☞ How?
4.19 Marital refusal in discordant couples: Mary

Mary is a young woman in her twenties, she has been married to her husband John for five years and they have one daughter. Mary lives in the village and her husband stayed in the city where he worked the garden for a foreigner on the UN staff. John had some miss-understandings at work and both he and his fellow workers were put in prison for two years. After he was released he could not find work and so returned to the village.

During his time in prison, people came and taught about HIV/AIDS and asked who would want to go for a test. John did, and he learned that he was HIV+ but kept quiet. Even when he returned to the village he did not tell his wife.

John started feeling guilty so he decided to tell his wife. However he did not tell her straight. He indicated that he did not think the results he received were really his. Immediately Mary refused to have sexual relations with him. He was insistent because he said that he had paid the dowry and it was his right. He became harsh and forced her to have sex with him.

Mary went to seek help from her aunt who agreed with John that no woman can refuse her husband. Mary is fearful and troubled that she is now HIV+ and may die with a young daughter.

☞ Was it a good idea for her to go to her aunt? What else might have been done?
☞ How can you help the aunties in your church to be helpful counselors?
☞ When Mary comes to you what will you ask?
☞ How do you think John might be encouraged to come for counseling?
☞ What do you think is good advice for Mary now?
☞ If John refuses to come for counseling how can Mary honor God, her aunt, John and also protect her uninfected young daughter?
4.20 Marital relations for Discordant Couples: Danielle

Danielle was six months pregnant when she went to the doctor. They examined her and gave her an HIV test. She was found positive and was told to tell her husband. She told the counselor that she could not do that, so the counselor agreed to do it for her as long as she brought him to her next appointment.

The lady brought him and the counselor talked to him. He was convinced that he should be tested when he learned that his wife was positive. But when his results were negative, the couple could only look at each other. The husband then said that he felt sorry for the child that was yet unborn. The counselor reminded them that they could have a child born free from AIDS. The lady was only quiet and the husband then told her not to despair. He reassured her that he would not abandon her. If the baby was born positive they would be assisted and if negative, they would thank God. He concluded by saying that they should thank God that they were not both infected. The lady raised her head up and asked if they had really tested well. The counselor advised them about how to live positively since their status was not the same. They took condoms with them and were told to come back after two weeks.

The day of their appointment came and the woman came alone because the husband was engaged in other things. They talked over what they had shared the last time they were together. Danielle told the counselor that the husband was good and life was fine at home. She was given another appointment to come back next time if possible with her husband.

They came back together and the husband asked to be tested again. He was again found negative in his second testing. The woman went back home with the husband but she later left him and went back to her home because she thought the husband would not tolerate her after giving birth.

The husband came to seek counseling from the counselor. He told the counselor how the wife had gone away and the sorrow he was in. He said that he would help the baby and the wife. Later when the man heard that the wife had given birth in hospital, he came with all necessities to see the wife.

They left the maternity hospital after two days and went home together. The counselor came to visit them and told them to wait and have their child tested when it was 3 months old.

☞ What continuing problems can you see that this couple may have?
☞ What seems to be the fear of the woman? Are her fears justified?
☞ Are there any other pressing needs that should have been addressed in the final session?
☞ What problems might arise when a person assumes rejection by their spouse?
4.21 Marital relations—testing discordant couples
(from Nanasi)

A 39-year-old man was persuaded by his friends to go to a Voluntary Counseling and Testing (VCT) center. He was found to be HIV sero-negative. Because he felt so elated by this experience, he tried to persuade his wife also to go for VCT. The wife was reluctant to go, saying that she was not feeling well. Eventually, in spite of her cough and weakness, she consented to go. She was found to be HIV sero-positive.

The husband was enraged and threatened to divorce her. Today the wife comes to you for help.

☞ What questions would you ask?
☞ What advice would you offer?
☞ What are the possibilities that this case presents?

A couple comes to you after having been tested in a VCT program. They report that the husband tested sero-positive and the wife tested sero-negative. This couple has been living together for 11 years. Both of them are healthy and they both hold good jobs. They have two children who are healthy and doing well in school.

☞ What are the issues that this couple face?
☞ What questions would you ask them?
☞ What would you give them to read or talk about?
4.22 Marital prenuptial counseling: no wedding

Monique and Josué were planning to get married and the church asked them to be tested for HIV before the ceremony. They never got round to doing it, and finally, one week before the wedding, they managed to do so. To their horror, Monique’s test was positive. When Josué heard this, he said: ‘I’ve already paid the dowry for this girl. I am going ahead with the marriage.’ His friends were scandalised. ‘Do you really want to die just for the sake of the dowry.’ ‘It’s not just that, her family will kill me if I cancel now.’ So he went ahead. The day of the wedding, Monique, dressed in her beautiful wedding dress with her bridesmaids, set off for the church. Josué in his newly tailored suit, got into the second car. Then his friends took over. They hijacked the car and drove him in the opposite direction; they shut him up in a secret house and hid him for several days. Monique’s brothers hunted everywhere for him, but did not find him. Eventually, the two families came to an agreement. Monique’s family kept the dowry, and we hear that recently she has married someone else.

☞ What advice would you give to these church leaders to prevent such a scandal?
☞ What procedures should be in place for every church pastor and elders to follow?
☞ What pre-marital counseling do you think should be given?
☞ What subjects should be covered?
☞ If you were the pastor or an elder and knew why the first wedding was cancelled, what is your responsibility to the second suitor?
4.23 Policy needs and policy making

In a small company with 40 employees, one driver asked for a test and tested positive. The Human Resource Manager accepted to provide ART for him. Then he brought his wife, then their five year old boy, all HIV+ and needing ART. This was only the first employee; before long, there were seven employees needing ART and some spouses and two more children. The monthly bill for medical care quadrupled, and completely absorbed the profit from operations.

A special board meeting met to consider options. One Director suggested testing all employees before offering them a contract. Another suggested treating only opportunistic infections and not giving ART. Another suggested sacking anyone with HIV.

☞ What solutions could you suggest to the company to manage this problem?
☞ What policies could you suggest for a company of this size to have?
☞ List the interests of fairness for those who are sick and those who are well.
☞ What will happen if the company does not make a profit?
☞ What questions would you advise the directors to ask before making their choice?
4.24 Rejection—self rejection: Joshua

Joshua is a good Christian, he has always helped and worked in a team spirit to clean the church because he stays in the church neighborhood. His wife died after having been sick for a long time but people said she died of cancer. He seemed very withdrawn after his wife died and did not like to interact so much with people. Only Joshua knew that his wife had died of AIDS and when he had gone for an HIV test it was positive. He never wanted people to know about it.

Some time after his wife died was an HIV/AIDS seminar at the church to sensitize people about the disease, and it emphasized the importance of HIV blood testing. They said that the only way to know for sure about one’s condition was a blood test, and they gave Joshua’s name as an example that a person could be strong and have a strong body make up so that you might not know that he is HIV positive because he looks very healthy. His name was mentioned as an example to show how healthy a person could be, no one suspected that he actually was HIV positive. Joshua became angry at the mention of his name, saying, “I will never come back to this church of people who claim to be born again and yet tell lies about a person’s life, giving a bad testimony.” Everyone felt badly about how offended he was.

I was so concerned about his reaction that I went to him afterward to counsel with him. The first session of talking with him was difficult because he was still angry about the statement made in the seminar. I tried to show him that he did not need to think that he was being accused of being a terrible sinner, because HIV can be received in many ways not just through sinful sexual relationships. I gave many examples of servants of God who were living with HIV virus and were still serving God faithfully and surely could not be sinners.

Joshua was very happy to be assured that he even if he ever might have been HIV positive that he would not be alone among the people of God. I was happy to assure him that he must not feel hatred against him when the seminar was only to sensitize people about the disease. He seemed almost to hate himself! So I was thankful that I could assure him that nothing was wrong and he could go on in the joy of life. We agreed to meet weekly so that I could encourage him.

I never came to find out the truth about Joshua until six months later when he finally confessed to me. I was shocked that he had hid the truth for so long.

What are some assumptions that the counselor makes?
Why did Joshua respond with so much anger at the seminar?
Discuss at least two errors that the counselor made.
What were some good things that the counselor did?
4.25 Sexual Abuse, Children: Patricia

During the war, my three sisters and I decided to move from our hiding place and take refuge with majority-tribe friends living nearby. But when we came near the house we heard them describing how they killed our brother. We turned around and walked along ravine pathways until we came to a place where we were unknown. The next morning, we continued to walk toward a distant town.

At last, we reached the house of people that our parents sometimes talked about, and we begged them to hide us. The boys accepted but their father was mean to us. Fortunately, his daughters were kind and they hid us.

After the war I went to the capital to find my aunt. She welcomed me and said that she would look after me and put me in school. That was not what happened. My aunt and her husband had no children and they could not give birth. One night I heard her tell my uncle that instead of having a relationship outside of the home, he should make me to have a child. Soon after, my aunt told me that she was going to bring other orphans into our family. She said that I should stay home because she would not be long. That night her husband came in my room. He pounced on me and I cried but no one heard me. He put his hand on my mouth and I clawed him but he did what he wanted. When my aunt arrived, I told her what happened and she told me not to tell any one about it.

A month later, I knew that I was pregnant. I stayed in the house and never went out. They took the child after I gave birth. The husband told everybody that his wife gave birth. Then my aunt chased me away and told me to go to my home area. She said she would help me from there. My baby became her child. Later my aunt’s husband became very sick and died and my aunt too became sick. I took a test and found that I had AIDS.

☞ Patricia has had many traumas. What are some of the basic struggles she is likely to face from them?
☞ Who can help Patricia? How would you sensitize your church to help this person?
☞ How can you give Patricia hope? What Bible promises would you show her?
☞ Make a counseling plan for three meetings with Patricia.
4.26 STDs: Margaret and James

Margaret was 16 years old and was forced by her parents to marry James who was 45 years old. His wife had been her elder sister and had died several months earlier. After her sister had died, James began to go out with a woman in the neighborhood. There were rumors that James suffered from Gonorrhea from this woman and everyone suspected he was HIV positive. One day James was drunk and he began to tell people that his wife had suffered from Gonorrhea at the time she was admitted in the hospital before her death and he insisted his girlfriend was not living with the virus.

After a short time Margaret had stomach problems and went to the hospital for treatment. Following blood tests she learned that she had both the HIV virus and Gonorrhea. She was very hopeless and went back to her family (parents) and told them what had happened and her parents rebuked her and told her to go back and tell her husband. Her mother said that her actions against her husband had shamed them.

Margaret went back and shared with her husband James. He complained that her STDs were the reason he did not want to separate from his girlfriend. He blamed Margaret for having STDs and so forcing him to find a girlfriend. Margaret continued to go for treatment and she was given drugs but it did not change the situation. She decided to leave James alone because he refused to leave his girlfriend. Margaret rented a house in the city where she could be treated better as well as better care for her life.

In the city, Margaret went to the health center. She was tested and asked them to help her by providing drugs to help her, counsel and food. The counselor listened to her as she was telling him all she was going through and he promised to visit her and help however he could.

With the counselor’s promises to visit, Margaret said, “I think even this HIV virus will be healed now that I’ve someone to talk to and to listen to me.” She was given the appointment to meet the doctor after having been visited by the counselor and she was given drugs and helped in many possible ways. The doctor has assured her by saying, “let me know if you can’t make it here that I can come to see you.”

She thought that because the HIV virus was not so active that she actually was healed. She went for treatment for the STD and believed that her husband was now safe even though he was still moving around. Although she was not happy with him moving she knew it was better for her to be a good wife and that perhaps one day he would stay at home. Her first child was born and was strong, so it was proof to her that she had been healed.

- What is your advice to Margaret? What cautions would you give her?
- What cautions do you see in her very positive attitude?
- Why does the presence of Gonorea mean for HIV transmission?
- How do you explain the fact that the baby was strong and Margaret was strong?
4.27 Stigma: Lillian

Lillian is a widow since her husband died in a car accident ten years ago. She has tried to bring up her six children alone. She works as a nurse. Now she is HIV+, and her family will have nothing more to do with her. She says that she caught the virus by accident, during her hospital work. She is now very weak and cannot work, but still her family will not help her or the children, who are now aged between 10 and 18. Her husband left her the house. Now she has rented out the house and moved into a shanty town shack, so she can have the rent money to buy her antiretrovirals and pay the school fees for her children. Her family says: That’s your illness and that’s your affair!

☞ How does your attitude change according to how a person caught HIV?
☞ What emotional struggles is Lillian likely to have?
☞ Was it a good idea for her to move out of her good house? Why or why not?
☞ What social support mechanisms does Lillian have?
### 4.28 Stigma: Timothy

Timothy is a 33 year-old second year student in the faculty of economics and accounting at the national university. Because Timothy was very handsome and well built, he moved with several young women. One was a well-known and beautiful girl on the campus he hoped might one day be his wife.

Because of his movements, he thought he should go for an HIV blood test. When the results came back he screamed in front of the doctor in the counseling room saying, ‘just once’, repeatedly. He thought that being infected with HIV required that he have intercourse several times, not just once. But the doctor informed him that once was enough.

On the way back to school he decided not to tell his girlfriend. He thought about his relationship for some days and as time went on he found it difficult to study. Often, he missed lectures and this resulted finally in being expelled from school. He continued to see his girlfriend for a while, but his strange change in attitude increasingly made it hard to be together. Timothy thought that she suspected him and did not want to associate with him.

After three months he was retested and the results were still positive. To help him not think about all that happened to him, he decided to drink more alcohol with his friends. One night when he was drunk he told one of his friends his problem. By the next week it seemed that everyone was avoiding him. When he tried to see a friend they were always busy. He started to avoid everyone and the more he avoided them the more he felt they were avoiding him. Timothy felt the burden of guilt and shame.

His neighbors and family thought that there was something wrong and that he had lost his senses. Shortly thereafter he got seriously sick and was taken to the hospital. Finally he decided to tell his family. But once he told his family they started to blame him. They accused him of eating family resources that could have been used for other children to go to school. When he was around his family he often overheard them talk about “that one” as if he did not have a name.

Everywhere he turned he felt people’s accusation. His only solace was that no one knew his status at work. Until one day he saw one of his former classmates talking with his boss and looking at him. The next day he was called in for a conference. The words he heard were like a knife in his stomach, “I hear that you are...well let me just say that you might have that condition. You need to know that I will not tolerate a lot of absences from sickness...”

- When Timothy went for the VCT what seemed not to have happened that should have?
- Describe the stages of acceptance in Timothy.
- What advise could you have given to help avoid the stigma?
- What made the sigma worse for Timothy?
4.29 Traditions: Zipurah

Zipurah is 39 years old. She became a widow at the age of 37 and was left with 7 children. According to their custom at the death of the husband she had to have sexual intercourse with a relative just after the burial of her husband. It was possibly at this occasion that she became HIV infected but she never knew.

After two years when she developed various sicknesses she consulted a counselor who suggested she go to the VCT center and be tested. She found that she was HIV positive. She then took the children to the center for testing as well. They were all HIV negative. She was fit physically and it was not easy to believe that she was infected. Men came to her asking for remarriage. She finally accepted to live with one. She did not even tell this man that he was HIV positive.

Three months later, she encouraged the man to go for the test. They went together. Both were found HIV positive. She bitterly cried accusing the man to have contaminated her. This young man asked her not to make the issue known to everybody. Until today the man believes he is the one who infected his wife.

You found out the story because you were the counselor that Zipurah first saw, and unknown to Zipurah, her recent man friend has come to talk with you.

☞ What steps will you encourage the man to take?
☞ If you are a church counselor, what lessons are there for the church?
☞ What are the needs of the children?
☞ What advice should be given regarding such customary practices?
4.30 Traditional Local Treatment: Naftali

Naftali was a teacher near his hometown. He was friendly and well-liked. He often got visitors, especially girls of his age. The time came and he chose a girlfriend named Naomi which made all the other girls envious, though he did not completely stop being their friends. Naftali and Naomi loved each other and married.

When their first child came, they were happy and everyone came to visit them. Their second child was born but his health was not good. They went many places to get him treated. That child died before he was two years old. Their third child also became sick and died.

All that time, Naomi had some funny sicknesses. She went to a friend who was a doctor. Her sicknesses came with some signs in her private parts. The doctor examined her and told her to go for an HIV test. She went for testing and found that she was positive. Meanwhile, their first born also fell sick and died. Naomi got hospitalized and later became fine and went back home.

Again Naomi fell so sick that Naftali sent her to local medicine men. They gave her some herbs and told her that they had bewitched her. They often repeated the treatments but it did not make her better. She too died.

Naftali again stayed alone and again had many visitors. He seemed not to have any problem. He had a traditional marriage with one of his visiting women. Naftali stayed with the girl who also bore a child that died. Finally Naftali began to fall sick. He was in and out of hospital and traditional healers until he also died.

It took seven years since his first marriage for Naftali to die. Four children and his first wife had died. Many of the girls that used to visit Naftali found out later that they had also become infected with HIV/AIDS. The second wife believed that Naftali had been poisoned by a jealous woman.

☞ After all these experiences, why do you think that the second wife still believed a cause of poisoning?
☞ What could you say to her that might help change her mind?
☞ In what way is the real cause of AIDS similar to the ideas of Naftali and his second wife?
☞ Why do you think Naftali used a hospital at all?
☞ If you were Naftali’s neighbor, how would you approach him?
4.31 Traditional Ritual brings AIDS: Orpah

Orpah is a widow woman of about 21 years, and has two beautiful daughters. Her husband died after they had those two daughters. After the death of her husband, his family told Orpah not to go away because she belonged to their family. In fact they told her that if she dared to go away, wherever she would go, she would never have peace. All these assurances were given while she still in the mourning days. The day to end the mourning came and Orpah’s oldest brother-in-law came to her and told her that he was the most handsome and would fulfill the traditional duty. Orpah accepted and slept with him.

After some time, he asked her to be his wife. The family agreed that she should marry him. Orpah did not debate about that because it was made clear to her that once she had entered that family, she could never move out.

So she joined her brother-in-law and his first wife their five children. Her brother-in-law took over his brother’s possessions too. It did not take long for Orpah to get pregnant. When the pregnancy was six months old, she went for a check-up. The baby was very safe but she was found infected with HIV/AIDS. She was shocked, but the doctor counseled and consoled her.

When Orpah got home, she narrated what had happened at the doctor’s place. But she kept quiet about her HIV status because she knew that her new husband had infected her with AIDS. Her late husband had always been faithful. Orpah continued to keep things to herself, but she grew more angry. Her anger burned so that she stopped eating well. Finally even her own children asked why she no longer was eating.

Orpah began to stay in the house and avoid people so they would not suspect. After some time, she went back to the doctor for another check-up. She was asked whether her partner had gone for a check-up. The doctor directed her to go to a counselor who was a friend.

Every month, there were small groups of HIV+ people in the area. Eventually Orpah accepted the counsel to tell her brother-in-law to go for an HIV test so he could know his status and how they could both handle themselves. She also agreed to help her co-wife and encourage her to also go for the test. Orpah became a light for others, especially those in her husband’s family.

☞ If you were the counselor that first saw Orpah, what would you have asked her?
☞ What grieving needs did Orpah have? How could you help?
☞ Why were Orpah’s actions at the end of the story healing for her and others?
☞ What were the stages of grief that you can see in Orpah’s response to testing?
☞ What needs to be done to prepare for the future in this family?
4.32 Rape: Anna

Anna was 16 years old and grew up in the village. One evening she went to visit her friend who lived only 50m from her home. On her way back home at 8:00 she met a soldier who raped her. She did not cry for help but she went to tell the event to her parents who never found an answer to help her understand what happened, or to find the offending man. Her father was a teacher in town. He heard about a VCT center. He encouraged his daughter to be tested at the center, and she agreed. The results showed that she was HIV negative. When she saw how encouraging and confident the counselor was, she shared with the counselor another concern. She said that though the test was done and the results showed that she was HIV negative, she had no joy. She thought she had been bewitched because she was no longer having her monthly menstrual period. Her parents had not prepared her to understand the impact of her rape. When the counselor told her that she was 7 months pregnant, she could not believe it.

She decided that she would have an abortion because she wanted to study and because her father was very harsh her because of her pregnancy. The nurse discouraged her from having that abortion. She explained to her how the Lord God loves her even in her situation. Anna was feeling guilty of sin and this seemed confirmed by the lack of dialogue between her and her parents as well as the failure of the church to address such issues.

But when the counselor explained to the parents how the Anna was not responsible for the pregnancy, the father came to his senses and accepted to take care of all the needs of his daughter. She began to feel accepted and loved.

☞ What seemed to be some of the things that brought healing for Anna?
☞ What should the parents have done from the start?
☞ What questions would you have asked to help Anna identify her problems?
☞ What HIV/AIDS issues are involved in this case?
☞ What could the church have done to have helped avoid both stigma as well as the pain that Anna and her parents went through?
4.33 *Trauma, AIDS and Bethany’s child of bad memory*

I am thirty-five years old and I have a child who reminds me of the bad moments of rape in during the war. One day, I went to my sister’s house for a visit. But I could not return home because killing was going on at my home. My sister had a husband from another tribe, so he hid her with his relatives when the situation became worse, but he chased me away. Before he chased me, he raped me. He then took me to different places to get rid of me but everywhere he took me I was chased away, so he brought me back to his home. Then he told me that my sister had been killed, but I thought he was lying to me. I had to become his wife and I became pregnant. We lived together for the next months because the political situation had changed.

Finally my tribe’s army came to rescue me. They took me to an orphanage and, after 7 months, they sent me away. I went to my cousin and he chased me away because he would not look after the child of another tribe. I now live with my son, and four other orphans from my family. I was tested and I found that I am HIV positive.

I found an organization that brings widows together to comfort us and help us as much as it can in our daily lives. I did not have any love to give to my son because he was a bad reminder of what happened to me. I hated him so much before and I used to tell him he was his father’s when he was did something wrong. I have stopped insulting him since I started attending the weekly group meeting. I am thankful for the good teachings that put me on a better path.

☞ If you were a part of the support group that received this woman, how would you try to help Bethany with her anger?

☞ What are the consequences of withholding love from a child of bad memory?

☞ How can the pain of bad memories be healed?

☞ What family or community resources might help bring healing to this woman?

☞ What role should the church play in helping this woman?
4.34 Youth and Purity: Getting Youth to talk

Mike and Naomi grew up going to the same Youth group. For many years they were in the same circle of friends. So when they began to date, it seemed very natural to everyone. Over the years their friendship has grown very deep. During some of their discussions, Mike has admitted to Naomi that he had severally fallen into sexual sin before he got to know her.

Naomi has been seriously considering marriage to Mike, but the issue of his previous immorality troubles her. She has often heard people say that marrying someone who is HIV positive, is like committing suicide. This made Naomi feel very confused. She had to admit that she loved Mike. She knew that if she ever got married to Mike they would have to go for a HIV test. Would she have to leave him then? Would it be better for her to leave him now? If she decided to get married to him, would she be committing suicide? It seemed to her that abandoning Mike if he was HIV positive was to show lack of love for him or to prove that her love was not genuine. What should she do?

Though Naomi had been strong at resisting Mike’s sexual advances, in recent days she felt herself less willing to keep fighting about the issue, in spite of her clear knowledge that it would be wrong to have sex before marriage. She often wondered to herself if maybe she was too strict about the issue, so that sometimes she even encouraged Mike to caress her. Her feelings of guilt however erased any pleasure she derived from the experience, but she still wanted Mike to feel loved and accepted so she hid the guilt from him.

What are the issues that Naomi is dealing with? What does Naomi need to understand better? How can Mike and Naomi discuss the issues with someone who can help? What would encourage this couple to remain abstinate? If you suggest an HIV test, how would you counsel the couple before it?
5. TECHNICAL SECTION:

*5.1 Advocacy
5.2 Drugs and compliance


Drugs and Compliance
There are many different drugs available to treat people living with HIV. Some of these drugs treat the symptoms and illnesses (ie rashes on skin, TB, other STIs) that often affect people with HIV/AIDS. Other drugs, called antiretrovirals, affect the HIV virus itself. *There is no medicine that will cure AIDS but these treatments will often help a person to feel better and to live longer.*

Not all illnesses require drugs from the clinic. Some simple but effective home treatments such as Oral Rehydration Solution can treat conditions like diarrhea. It is important to talk to a doctor about all traditional and home treatments before they are used. Some practices may be harmful to a patient. Good nutrition and exercise are equally important in keeping a patient healthy.

Drugs that treat the symptoms
Many health centers, chemists and home care programs offer inexpensive drugs that treat the symptoms and associated illnesses of HIV/AIDS. Treatment with these drugs can help the patients feel more comfortable and treat harmful infections such as TB. These drugs include:

- Drugs for pain or fever such as aspirin, panadol (paracetamol) or morphine
- Drugs for infection such as co-trimoxazole and TB drugs
- Drugs for skin problems such as calamine lotion and prometazine tablets
- Drugs for nutrition problems such as vitamins and iron

With any drug, it is very important to use it correctly.
2. If a health provider prescribes more drugs than you can afford or are able to take, talk to them about which medicines are most important. Do not make this decision on your own.
3. Be sure to finish the entire course of treatment. The body can build resistance to drugs not taken completely. This makes future treatment ineffective!
4. Follow carefully any recommendations about how to take the drugs. Some drugs may require taking with food and others may need to be taken at a certain time of day.

Antiretroviral drugs
Antiretrovirals, or ARVs do NOT cure AIDS. They help the body decrease the amount of virus in a person’s blood and lessen damage to the immune system, the body’s defense system. The result is that many people taking ARV’s feel healthy and live much longer productive lives.

ARV drugs are very expensive and still not available to many people in Africa. Find out through a local health care provider whether ARVs can be made available.
ARVs are powerful drugs and there are many special issues that must be considered when using them.

- A patient must commit to taking ARVs every day for the rest of his life. Once treatment begins, it must continue or the drugs may no longer be effective if started again.
- The approach to ARV treatment is different for everyone. There are many different types of ARV drugs and the combination of drugs, the number of times of day and way they are taken are different for each person. The drugs must be prescribed by a qualified health care provider. Do not share the drugs with any other person.
- ARV use commonly causes side affects, many of which are unpleasant, and must be monitored by a health care provider. Side affects might require stopping or changing the type of drug. Changes in life style such as not drinking alcohol and eating healthy foods can also help side effects.
- Most ARV drugs interact with drugs used to treat other infections such as TB or fungus. It may be necessary to adjust the ARV treatment approach or even stop taking ARVs when taking other medicines. Be sure to tell your health care provider about all medications you are currently taking.
- Many ARVs have strict medication schedules and storage requirements.

Because they feel healthier ARVs can cause patients to have a false sense of safety and lead them to practice risky sexual behavior. A patient on ARVs must avoid sex or use a condom every time he or she has sex. He should talk to his partner about the ARV treatment. Remember, ARVs do NOT cure AIDS.

Questions to consider when deciding if ARVs are right for a patient:
☞ Are ARV drugs accessible in your area and are there health care providers trained in their use?
☞ Do you have a regular source of financial resources needed for
☞ The cost of the drugs?
☞ Regular visits to the health provider including transportation costs?
☞ Frequent laboratory tests?
☞ Do you have access to healthy foods and clean water?
☞ Are you prepared to continue taking drugs for the rest of your life?
☞ Do you have the self-discipline to follow the strict schedule and dosage requirements?
☞ Do you have friends, family and/or a group of others living with AIDS who you can tell about your ARV treatment and will continue to support you and care for you?
*5.3 Home care guidelines
*5.4 Policy making
5.5 Positive living guide

(Adapted from: Choose Life: Helping youth make wise choices World Relief, KwaZulu Natal Dept of Health www.kznhealth.gov.za/testing.htm)

A pastoral counselor is able to offer both hope and meaning so that individuals with HIV are able to live positive lives for even years after they are first infected. Strong purpose, caring people, spiritual support, and staying physically healthy are the keys to living positively with AIDS.

Christian counseling will help people be able to say, “I am a child of King Jesus; I belong to Him. Whatever I do can honour Him. I can be remembered as one who lived by His strength.” These are most likely to be examples of positive living for families affected by AIDS in the church. But you cannot push people into a decision to be religious because they think they will live longer or receive help!

The counselor should remember that purpose and meaning will come as the person focuses on changing themselves and giving to others. Recommend focused and specific activities that have flexible time and energy requirements. Help your clients restore and maintain relationships with others and with God. These are the most important parts of living positively. Following is a brief guide:

Accept the reality of your HIV status and the feelings that come with it.
Often a person feels angry, confused, shocked, sad, scared, or helpless. It is important to realize that these are normal feelings during a crisis. If these feelings are still strong after three or more weeks, the person might need additional help from a doctor or counselor.

Keep a positive attitude and try to control stress
Remember that there is much you can do to help you stay healthy.
• Do things you enjoy.
• Set goals for the future and work towards achieving them.
• Deal with problems one at a time. Don’t try to solve them all at once.
• Study the Bible. Find stories and teachings that can encourage and help you.

Look after your physical health.
• Eat nutritious foods every day including lots of fruits and vegetables.
• Stay as active as possible and exercise regularly.
• Quickly seek treatment for infections that come.
• If you have sex, you must use a condom correctly every time. You want to avoid infecting or re-infecting your mate.
• Do not smoke or drink alcohol excessively.
• Talk to your health provider about possible antiretrovirals (ARVs).

Seek support and encouragement from others.
• Help take care of others who are sick.
• Fellowship with other people who are living with HIV/AIDS. Many communities have support groups organized by churches or other community groups.
• Talk openly about your illness and concerns with others.
• Regularly find hope from relationship with God and other Christians.
5.6 Pre-marital counseling check list

Many cultural traditions call for advice and counsel to be given by parents, uncles, aunts or a “best couple”. These people are a part of a chain of helpful relationships and their advice should be sought—but they will not always be the best counselors. The role of pastoral counseling before marriage is to be sure that the most important things have been thought about by the couple.

HIV is mostly spread through wrong sexual relations, and often a couple has had sexual relations with before marriage. Often a couple has never really talked together about sexual issues in their relationship. Often finances and family relationships are damaged during or after a wedding. For these reasons and others, pre-marital counseling may be the first, and sometimes last opportunity to prevent damaged relationships and even death in a marriage. The pastoral counseling check list follows:

| Communication          | Are they listening to each other?  |
|                       | How do they communicate with each other? |
|                       | When do they share problems and joys? |
| Marriage Roles         | What do they understand and expect about submission? |
|                       | How do they compliment each other? |
|                       | How will spiritual headship be exercised? |
| Finances               | Have they agreed on goals and plans for spending? |
|                       | How have they planned for the future like school, medical? |
|                       | What is their budget? Does it include savings and tithing? |
| Extended Family        | Have they sought the blessing of important individuals in their extended families? |
|                       | What responsibilities of the family will or will not be taken? |
|                       | How will they handle extended family expectations? |
|                       | How will they balance their own identity and family needs? |
| Sexuality              | • Have they both had an HIV test before one of your counseling sessions? |
|                       | • What have they learned from each other about their past sexual experiences? |
|                       | • How do they understand mutual “sexual fulfillment”? |
|                       | • How will they help their partner resist sexual temptation? |
| Family planning        | What happens if they can’t have children? |
|                       | What happens if one of them dies leaving a child? |
|                       | What happens if they inherit children from brothers or sisters? |
5.7 VCT procedures
Adapted from KwaZulu Natal Dept of Health www.kznhealth.gov.za/testing.htm

What is VCT?
VCT stands for Voluntary Counseling and Testing. VCT helps a person so that they can make an informed decision about whether to be tested for HIV. It is important that people who are not sick come forward and be tested. This will help lessen the stigma of testing. Also, it is important for those who are infected to find out as early as possible so they can better care for themselves and their future.

The HIV/AIDS counseling provided at the VCT site is one-on-one and confidential. This means that the Counselor cannot tell anyone about the results without the client’s permission. People who have good pre and post test counseling are able to cope better with their results and more likely to look after their health and protect others from infection.

A typical VCT experience will include three stages 1) pre-test counseling, 2) administering the HIV test, and 3) post-test counseling once results are known.

Pre-test counseling
Counseling before a client has an HIV test is known as “pre-test counseling” and its purpose is to make sure the person makes a well informed decision about whether to have an HIV test or not and to encourage him to explore the possible impact that having the test may have on his or her life.

Some of the issues the counselor will discuss in “pre-test counseling” include:
• Why the client decided to come in for testing
• What is the client’s personal history.
• Whether the client has any health problems.
• What are the risk factors for being HIV infected.
• What the client knows about HIV
• Information about HIV/AIDS including the test procedure and what people who are HIV infected can do to make sure they stay healthy as long as possible.
• What impact a positive, indeterminate or negative result would have on the client’s life and how he or she would react to receiving them.
• What kind of support system would be available if the client is positive.

The HIV test
There are several different types of HIV tests available for use in VCT. These tests identify whether the HIV antibody is present in the client’s blood stream. When HIV first gets into a person’s blood the immune systems recognizes it as harmful and produces special disease fighting cells called “antibodies.” The body takes between 6 and 12 weeks to make these antibodies. If a person has an HIV test before the body makes these antibody cells, the test will be negative even though HIV is in the body. This time is known as the WINDOW PERIOD. During the window period, a person can still pass the virus on to someone else.

Rapid test
Many HIV counseling and testing sites use the rapid HIV test. Most of the centers use a blood test but some may test the saliva. For the blood test, the tip of the finger will be pricked with a special kind of needle and a small drop of blood squeezed out. Using a thin glass tube a drop of blood will be put on a testing strip. Drops of a special test fluid will be added to the strip. The test results will be ready in about 15 minutes. They counselor and the client reveal the results together.

If the test shows that the person is HIV antibody positive, a second rapid test will be done. If this test is also positive, then the counselor will tell the client she is positive for HIV. If the first test is negative, a second test will not be done. Because there may still be a window period, the person should return for another test in a few weeks to be sure they do not have HIV.

**ELISA test**

Some testing services use another type of HIV test called an ELISA test. For this test a sample of blood is taken from the client’s arm and sent to a laboratory where the test will be conducted. Results will take about one to three weeks. If the first test is positive, a second test will be preformed to confirm results.

In rare cases the result of the test will be “indeterminate”, meaning that it was not possible to tell for sure if the person has HIV or not. In these cases another type of test can be used and/or the client should wait several weeks and return for another test.

**Post-test Counseling**

After a test has been done the client will receive “post-test counseling”. This is the counseling during which the client will receive his or her result.

During the post-test counseling session the counselor will:

- Give the test result.
- Let the client express feelings about being HIV antibody positive, negative or indeterminate. Help to revisit issues discussed in pre-test counseling session, including any plans made.
- Discuss any immediate problems and help to decide on a plan of action.
- Answer any questions and provide useful information about HIV/AIDS.
- Discuss positive living.
- Give information on what resources are available in community to help the client.
5.8 Prevention of Mother To Child Transmission (PMTCT)

Transmission of HIV from mothers to babies is almost entirely preventable. There are different ways in which transmission of HIV infection from mother to child can be stopped:

BEFORE PREGNANCY: Family and health provider are primarily able to assist in prevention at this stage. Prevention efforts for mother to child transmission should begin with efforts to protect the mother. All women should be encouraged to know whether or not they are infected before they become pregnant. This means that they must be counseled and encouraged to do the test voluntarily. Voluntary counseling and testing including male partners is better than testing women alone and leads to better outcomes for babies.

If both the woman and the man test negative, they should be encouraged to remain faithful as a married couple. If one of the partners is positive, they should be advised on how to avoid infecting the other partner. This includes the use of condoms. They should be encouraged to seriously consider avoiding pregnancy.

DURING PREGNANCY: Family and health provider are again the primary assistance at this stage. If a pregnant woman and her husband or male partner have not yet been tested, then they should be tested together. This is an opportunity to identify both HIV free and “discordant” couples, or those where only one partner is positive. For discordant couples, mutual testing is an important way to win the support of both partners for ways to protect their unborn child. It is important to avoid any possibility of infection, or re-infection during pregnancy.

AFTER DELIVERY: Family and the community are the best prevention at this stage. If the mother is HIV positive, encourage the parents to have the baby tested. Identifying babies who do not have HIV is important because it can lift a great emotional and psychological burden from their parents or other care providers. Parents need to understand that it may take up to 18 months to be completely sure about a baby’s status. If at least one of the partners is HIV+ the family is advised to delay another pregnancy.

Breast milk is always the best food and drink for all babies. Breast feeding is natural and the best option for a healthy mother and baby as well as for mothers who are HIV positive. The baby should be fed only on breast milk up to age 4-6 months. Do not mix breast milk and other milks or foods, or even water, before the age of 4-6 months because mixing exposes the babies to infections and may lead to sickness and early death. This is more dangerous than the risk of HIV from the mother’s milk. Exclusive breast feeding gives the baby strong protection against infant diarrhea and pneumonia, which are two of the leading causes of death [for babies] in many countries. Breast feeding is often discouraged by members of the community. Encouraging mothers to continue breast feeding is the most important thing that a community can do to keep a child healthy.
6. Appendix of subjects

7. Bible references


Problem solving:  Daniel 5:10-16


Fear:

Marriage:

Adultery: (see also sexual immorality, warnings, forgiveness)

Affliction (see also comfort, prayer, trust)

Anger (see also overcoming sin, self-control)

Assurance of Salvation
Rom 8:16-17, 1John 4:13-16, 1John 5:13, 2 Tim 1:12, 1Peter 1:3-5

Bitterness, Resentment, Hate

Blame shifting
Gen 3:12-13, Prov 19:3, Matt 7:1-5

Church (see also loving and serving others, church discipline)

Church discipline
Rom 15:14, col 3:16, Gal 6:1, James 5:19-20, 2 Cor 2:7-8, 1Cor 5:11Matt 18:15-18, matt 16:19, 1Cor 5:1-13, 2 Thess 3:14, Rev 2:2, Rev 2:14-16

Comfort (see also Death, forgiveness of Sin, prayer, trust)

Communication, Gossip, Lying

Conscience
Contentment

Death, Ethernal life

Depression (see also comfort, prayer, trust)
Prov 28:13, Gen 4:6-7, Ps 32:3-4, Ps 32:5, Ps 42, Isa 40, 2 Cor 4:8-9, 2 Cor 11:23-28

Divorce (see also marriage)

Example (good or bad)
1Tim 4:12, 1Peter 5:2-4, 1 Cor 4:15-16, 2 Thes 3:7-8, 1 Thes 1:5-7, Matt 5:19, Luke 17:1-3, Rom 14:1-21, 1 Cor 8:1-13

Fear (see also comfort, prayer, trust)
Rom 8:15, 2 Tim1:7, Heb 13:5-6, Ps 27:1, Ps 56:3-4, Ps 56:10-11, Matt 10:28-30

Forgiveness of Sin (see also salvation)

Forgiving others

Friendships

Hope
I Cor 10:13, 2 Cor 9:8, Eph 3:20, Lam 3:32, Heb 6:19-20, Ps 42, Ps 146:3-10, 1 Thess 1:3, 1 Peter 1:3, Rom 15:13

Imitating Jesus

Loving and serving others

Loving God (see also obedience, overcoming sin)

Lust, Evil desires
Marriage, husband/wife relationships

Obedience, keeping the commandments

Overcoming evil

Overcoming sin, changing

Peace, Rest

Peacemaker

Persecution

Prayer, waiting on the Lord (see also trust)

Progressive Sanctification: growing in faith and godliness (see also overcoming sin)

Providence of God

Repentance

Salvation (texts in order to present salvation to someone)

Self-centeredness

Self-control, self-discipline
Prov 25:28, Prov 29:11, Gal 5:22-23, 2Tim 1:7, 1 Peter 1:13, 2 Peter 1:5-6, Titus 2:2-6, Eccles 3:1-8, 2Cor 10:5, 1Thess 5:4-8, Rov 20:19, Titus 2:11-14, 1Cor 15:58

Self-pity
1Kings 19, Ps 73, 37, Prov 15:13, Jonah 4:1-4

Sex life
Heb 13:4, 1Cor 7:3-5, Prov 5:18-20

Sexual Immorality

Temptation (see also overcoming sin, progressive sanctification)

Trust, faith in God (see also comfort, fear, providence of God)

Warning, call to repentance and obedience

Worry, anxiety (see also prayer, trust)
Matt 6:25-34, hil 4:6-7, 1Peter 5:6-7, Ps 37:3-7, Prov 12:25, Prov 14:30

Youth (see also forgiveness of sins, friendships, warnings)