

**THE TRAUMA OF STIGMA THAT IS LIVING WITHIN THE REFORMED
CHURCH IN ZAMBIA WHICH OSTRACISES PEOPLE LIVING WITH HIV AND
AIDS (PLWHA)**

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UNIVERSITY OF PRETORIA

2010



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DECLARATION

I declare that the thesis hereby submitted to the University of Pretoria for the degree in Masters in Trauma Counseling has not previously been submitted by me for a degree at this or any other University that it is my own work in design and execution and that all material contained herein has been duly acknowledged.

Signed: _____

Date: _____

ACKNOWLEDGEMENTS

Firstly I would like to express my deepest gratitude to the almighty God for making it possible for me to complete this work.

I know it is not easy to thank each and everyone by name. I owe a debt of gratitude to my supervisor, Prof. Maake Masango for his encouragement to complete this work. He has been very helpful in shaping and encouraging this work. I will always cherish his scholarly advice.

I thank my friends Dr. Gordon Lentz and Dr. Corliss Lentz from Euston, Texas for their advice, editing and proof reading of this work. You are truly my friends.

Friends and colleagues among the students in the M.A. Practical Theology class have been an inspiration on this journey and I salute them especially Rev. Robert Munthali and Rev. Richard Chifwembe for their continuous encouragement and support.

I am thankful to all the pastors, the church members and the PLWHA that I interviewed in this research. Thank you very much for the information.

Finally, I would like to thank my partner and my wife Eunice and my four children; Precious, Mthunzi, Wanzi and Tionge for supporting and sacrificing for me to travel from Zambia to South Africa to accomplish this work. Their encouragement I shall forever be indebted.

DEDICATION

This thesis is dedicated to all those PLWHA who are stigmatized and discriminated in the church and outside the church

and

To all those who are dedicated in loving and caring for the PLWHA.

ABREVIATION

AIDS	Acquired Immune Deficiency Syndrome
FOCCISA	Fellowship of Council of Churches in Southern Africa
HIV	Human Immunodeficiency Virus
PLWHA	People Living With HIV/AIDS
RCZ	Reformed Church in Zambia
UNAIDS	United Nations Programme on HIV/AIDS

SUMMARY

Stigmatization and discrimination of PLWHA by some pastors and some church members are challenges and serious problems that are affecting PLWHA in the Reformed Church in Zambia and in other denominations within Zambia.

The aim of this research is to explore ways of loving and embracing PLWHA who are already affected with the problem of stigma in the RCZ. The research will help deal with the problems of despising, condemning, rejecting and isolating of PLWHA by some clergy and some church members. The author seeks to develop a pastoral care model that will empower pastors and church members to love and embrace PLWHA in the church.

The other aim of this research is to empower the PLWHA with the pastoral care model that has been developed so that they can be able to cope with the problem of shame, rejection and isolation caused by being stigmatized by some pastors and some church members.

This research is focused on the traumatic experiences that the PLWHA go through as they continue being members of the church. Their fellowship with God and their fellow church members happen to be affected as some of them discontinue being church members. This research study explored a model of pastoral care in which the affected PLWHA have to be helped to acquire healing after trauma counselling by the pastoral caregivers who are empowered by this research. A model which has been employed in this research includes the one of the shepherding model of Charles Gerkin and of Adams which is on pastoral care as shepherding of flocks which belong to God.

The word of God has been used to explore where the researcher wanted to show His love towards his people even when they are under difficulty circumstances. The research has also indicated roles of different groups and individuals who should contribute to the healing of PLWHA who are traumatized by being stigmatized by some pastors and some church members. At the end of this research study, there are concluding remarks which have led to recommendations that readers have to take note of.

Key Words

Stigmatization

PLWHA

Trauma

Isolation

Embracing

Loving

Rejection

Empowering

Healing

Shepherding

CHAPTER ONE

1.1 Introduction.

Stigmatization of people living with HIV and AIDS (PLWHA) remains a global challenge both in the church and in the secular world. The researcher has observed that, in the church, some clergy and some church members have continued to reject and isolate PLWHA. This has led to many PLWHA and their families to suffer from emotional pain.

Stigmatization of people with certain diseases is in fact an old phenomenon. In the Old Testament we read that lepers were excluded from many places, and leprosy was considered a punishment from God. In Numbers we read that when the cloud lifted from above the Tent, there stood Miriam-leprous, like snow. Aaron turned towards her and saw that she had leprosy; and he said to Moses, “Please, my Lord, do not hold against us the sin we have so foolishly committed. Do not let her be like a stillborn infant coming from its mother’s womb with its flesh half eaten away.” So Moses cried out to the lord, “O God, please heal her!” The lord replied to Moses, “If her father had spit in her face, would she not have been in disgrace for seven days? Confine her outside the camp for seven days; after that she can be brought back.” So Miriam was confined outside the camp for seven days and the people did not move on till she was brought back. After that, the people left Hazeroth and encamped in the Desert of Paran (Numbers 12: 10-16).

Leviticus offers a vivid portrait of the plight of the leper: “The person who has the leprous disease shall wear torn clothes and let the hair of his head be disheveled; and shall cover his upper lip and cry out, ‘Unclean, unclean. He shall live alone; his dwelling shall be outside the camp.’” (Leviticus 13: 45-46).

Entering a leper's house was a cause for bathing, purification, and laundering. To associate with lepers was highly problematic behavior, certain to make you unpopular with powerful social and religious leaders (Messer 2004:62).

In the Old Testament we also read that when a woman has her regular flow of blood, the impurity of her monthly period will last seven days, and anyone who touches her will be unclean till evening. Anything she lies on during her period will be unclean, and anything she sits on will be unclean. Whoever touches her bed must wash his clothes and bathe with water, and he will be unclean till evening. Whoever touches anything she sits on must wash his clothes and bathe with water, and he will be unclean till evening. Whether it is the bed or anything she was sitting on, when anyone touches it, he will be unclean till evening. If a man lies with her and her monthly flow touches him, he will be unclean for seven days; any bed he lies on will be unclean (Leviticus 15:19-24). These perspectives stigmatized women's bodies. They equated women's bodies with uncleanness, hence disease. According to the priestly code, menstrual blood had negative associations. It was considered a major source of defilement. A woman who was menstruating was also described as ill and unwell. Sex with a menstruating woman, therefore, was considered contaminating just like illicit sex was. Sex with a menstruating woman as a result of human free choice was considered as an incurable impurity.

In some Zambian traditional cultures we find the same negative treatment on women who are on menstruation period. During this period, women are socially excluded from daily routine until they are considered "normal" again afterwards. Menstruation, which begins at puberty and ends with menopause, is a woman's monthly discharge of blood and tissue that has built up during the previous month in the womb. This tissue lined the womb in preparation for the growth of a baby in case of conception, but is discharged when conception has not taken place. This discharge gives opportunity for the development of a new lining and the

possibility of pregnancy in the coming month. This is an experience that only women go through.

In bringing out the above biblical and cultural perspectives the researcher needs to point out that the stigma that the PLWHA are facing today is old and global that when the research zoom in the Reformed Church in Zambia (RCZ), it must be understood that it is a humankind problem.

Readers should take note that stigmatization of people (PLWHA) is not an accepted way of living to Christians and people of other faiths. As a result some religious groups have not challenged this bad practice by not teaching against it. The researcher finds stigmatization of PLWHA to be a pastoral challenge in spite of it not considered to be a serious problem by some pastors and some church members. Stigma traumatizes PLWHA as they face rejection and isolation by the clergy and the church members.

As they face stigma, PLWHA are faced with the challenges of coping with rejection, isolation and not being loved in the church. The researcher realizes that this problem is a social issue that poses a challenge to practical theology as a social activity.

The researcher has observed that some clergy and some church members have been silent on issues of HIV and AIDS in their congregations. He has come to learn that this is because HIV and AIDS have been associated in many people's mind with sexuality. Different cultural contexts have different taboos around sexuality especially in Africa. In the Zambian cultural context discussions pertaining to human sexuality are considered a very sensitive subject. As a result, parents cannot directly discuss sexual matters with their children.

In most African countries, both rural and urban parents and even the professional community, feel that sexuality can only be discussed through a third party, who might be an aunt, an uncle or grandparent.

With this cultural context it has been difficult to discuss the issues of sexuality openly in many congregations of the RCZ. The silence on sexuality has led to the silence on HIV related stigma in these congregations. With the limited information that the researcher has about the problem of HIV and AIDS related stigma, there is need to carry out a research on stigma in order to minister to the PLWHA especially to those who are already traumatized. Readers should take note that the researcher will use *researcher* to refer to himself and *reverend*, *clergy*, and *pastor* to refer to the people ordained for religious service in the Christian church throughout this research study.

1.2 Back ground.

The work that the researcher does in the Reformed Church in Zambia as coordinator of HIV and AIDS activities has exposed him to come across traumatizing situations of PLWHA. PLWHA have faced traumatizing situations as a result of being stigmatized by some pastors and some church members. The researcher has come across situations where some PLWHA have been sidelined from participating in any church activities such as teaching in Sunday School classes and holding any church leadership position. Some PLWHA have been stopped from singing in church choir groups after being discovered that they are HIV positive. He has also come across situations where some PLWHA have stopped attending Sunday worship services because of being teased and mocked at by some church members. The clergy and the church members have not bothered to follow them to find out the reason for staying away from worship services. The researcher realizes that by not following them (PLWHA) the church has over looked its pastoral responsibility. The teasing, the mocking and th

humiliation from the church members have led to suicidal attempts of three PLWHA who felt that no one loved and accepted them in the church as well as at their homes. It is these experiences that have inspired the researcher to do this research and be part of healing of the wounds of those who are hurt and are in pains because of being rejected and isolated.

The researcher is troubled by PLWHA being stigmatized in some congregations of the RCZ by the clergy and the church members. This is because he believes that the church as a caring community is not supposed to reject and isolate PLWHA. The church is, by its very nature and teachings, a caring community and it should be involved in intervention strategies aimed at human need. The church is – as the body of Christ called to be daring and different. The church is to be a representative of Jesus Christ in ways of encouraging care, love, compassion for the sick and oppressed, understanding of those affected and infected in the communities, taking responsibility, speaking the truth and living as the light of the world (Mathew 5:13-16). The researcher believes that in the same way that Jesus Christ identified himself with those whose lives were most broken, sitting at the table with tax collectors, sinners and the sick, the church is called to identify itself with people who are despised in this case PLWHA. The church has to start with the ones with whom Jesus identified himself - the outcasts, the rejected ones, the marginalized and people in need. People in these life situations should not be objects for other people's good deeds; they are not there to give other people credit in the eyes of God. On the contrary, it is when people are in the midst of such life situations that God reveals himself. This calls for a genuine solidarity with all human beings in need. To humiliate and isolate PLWHA is to ignore the Godly calling of identifying with the despised in society.

The researcher is again deeply troubled with PLWHA being stigmatized in the church because of the stigma that he has encountered in the church for working as coordinator of RCZ HIV and AIDS activities. At the time of doing this research the researcher has been working in this position for six years. In all these years he has been teased, abused and called names such as *mbusa wa matenda* (a pastor of diseases). This name has been a popular name that some pastors and some church members have been calling him. One example where he was called this name was at an induction ceremony of one of the reverends of the RCZ who had just graduated from Justo Mwale Theological College (College where RCZ Reverends are trained). The researcher arrived late and found the ceremony already started. When some pastors saw him coming, they jeered at him, *mbusa wa matenda! mbusa wa matenda!*. This happened in the presence of many people who included visitors from other denominations who had come to witness the ceremony. Another example was when he was invited to a party by one of the reverends of the RCZ who was celebrating for being appointed as RCZ synod moderator and as a board chairman of the Council of Churches in Zambia. The researcher arrived late with his wife at the venue of the party. When the clergy who had also come to the party saw him walking in with his wife they jeered at him, *mbusa wa matenda wa bwela!* (a pastor of diseases has come!). Although the researcher is not infected by the HIV virus, these incidences made him to feel hurt, humiliated, and abused. These incidences led him to imagine how humiliated and abused PLWHA feel when they are teased and mocked at by people.

The researcher is again troubled with PLWHA being stigmatized because of the way the HIV and AIDS committees are treated in some congregations of the RCZ by the clergy and some church members. These committees have been created in some congregations of the RCZ to spearhead the HIV and AIDS activities at congregational level. The membership to these committees is open to anyone despite his or her status. Although not everybody who is in

these committees is HIV positive some pastors and some church members regard all the members to be HIV positive. They tease and abuse them and even gossip about them. These committees have also been given names such as, *bungwe la matenda* (a committee of diseases). The teasing and the abuse of the members of these committees have led to many members to stay away from these committees and forcing some to even stop being members. The negative attitudes towards the members of the HIV and AIDS committees displayed by some pastors and some church members have discouraged many people to join as members of the committees.

It is these hurtful and humiliating experiences that caused the researcher to explore ways of addressing stigma and its impact on the PLWHA in the RCZ church. To further show the hurtful and humiliating experiences of the PLWHA in the RCZ, the researcher illustrates three stigma experiences of PLWHA in chapter four of this research study. In the first experience (case study 1), he illustrates the experience of one of the choir members whose friends stopped their singing practice when she joined them to sing with them. This is because they had discovered that she was HIV positive and they didn't want her to sit next to them. This action has made her to stop participating in any church activities including Sunday worship services. In the second experience (case study 2) he illustrates an experience of a Sunday school teacher who was stigmatized by parents of the children by removing them from Sunday school class when they learnt that she had HIV. A class which had sixty seven children was left with only four children. This had a traumatic effect on the teacher such that she has stopped teaching Sunday school and attending Sunday worship services. In the third experience (case study 3), the researcher illustrates a stigma experience of a church elder whose name was removed from the list of those to contest on the position of church secretary in an election because of being HIV positive. This action was very painful to the elder; he was badly hurt and felt rejected and unwanted.

Stigmatization of PLWHA caused by some pastors and some church members continue to challenge the church's pastoral ministry of caring for the PLWHA. The researcher wants to explore the trauma that occurs when PLWHA are stigmatized by the pastors and the church members and how the church can take its pastoral role in healing them. The above experiences form the background to the research topic: The trauma of stigma that is living within the Reformed Church in Zambia which ostracizes PLWHA. The researcher wants to explore and find ways of addressing it.

The researcher is aware that PLWHA are also stigmatized by their families in the homes. However, the researcher is not going to focus on this issue in this research, this is a gap that can be researched in future. In this research the researcher focuses on the stigma faced by the PLWHA in the church which is caused by some pastors and some church members. The church's silence on the issue of stigma has led to some pastors and some church members to continue to humiliate and isolate PLWHA. It is a challenge to pastoral care givers to help these pastors and church members to change their negative attitudes towards the PLWHA. The challenge is to help the pastors and the church members understand their pastoral role of loving, embracing and caring for PLWHA. A response of love and compassion towards PLWHA is demanded of God's people. It is a mandate expressly of Jesus Christ. Out of compassion, Jesus Christ raised the dead (John 11; Luke 7:14), taught the multitudes (Mark 6:34), and healed the sick (Mathew 14:14; 4:23; 9:35; 19:2). Compassion is indeed a first call upon God's people in the crisis created by stigma and discrimination. Trauma in this issue of PLWHA being stigmatized in the church is shame, losing friends in the church and being rejected by the clergy and church members who are supposed to love and embrace them. The researcher arrived to this topic as a pastoral care giver to work on the healing process which will help heal the trauma which is in the lives of people with HIV.

1.3 Problem Statement.

Stigmatization of PLWHA has been a common phenomenon in some congregations of the Reformed Church in Zambia. This has been done mainly by condemning, rejecting and isolating PLWHA. Condemnation of PLWHA has been done mainly through sermons preached by some pastors and lay persons and through songs sang by church choirs. Mostly these songs are sang during Sunday worship services. Some of these songs portray AIDS as a frightening disease. The following is an example of one of such songs sang in chicewa one of the local languages spoken by the chewa people of Eastern province of Zambia:

1. *Pano padziko la pansi pali zilombo zoopsa.*

Pali mkango, pali njoka, pali njobvu.

Koma imfa ndi cilombo coopsa zedi.

Chorus:

Koma imfa imeneyi

ikati igwire Amai.

yagwira yagwira.

Ayesele nditaye iwe,

yagwira yagwira.

Ayesele ndisiye iwe,

yagwira yagwira.

Koma imfa ndi chilombo choopsa zedi

2. *Pano pa dziko la pansi pali matenda yoopsa.*

Pali mutu, pali m'sana, pali m'mimba.

Koma AIDS ndi matenda yoopsa zedi.

Chorus:

Koma AIDS imeneyi

ikati igwire Amayi,

yagwira, yagwira.

Ayesele nditaye iwe,

yagwira yagwira.

Ayesele ndisiye iwe,

yagwira yagwira.

Koma AIDS ndimatenda yoopsa zedi

Translated into English:

1. *On this earth there are fierce animals.*

There is a lion, a snake and an elephant.

But death is the most fierce of them all.

Chorus

When it touches a person

it touches for ever.

Even if he/she says leave me,

it touches forever.

Death is indeed the most fierce animal.

2. *On this earth there are fierce diseases.*

There is headech,

there is backach,

there is stomachach.

But AIDS is the most fierce disease.

Chorus:

When it touches a person

it touches forever.

Even if he/she says leave me,

it touches for ever.

AIDS is indeed the most fierce disease.

The above song portrays HIV/AIDS disease as a fierce and life threatening disease. PLWHA are regarded to be people who have been touched by the most life threatening disease which will never leave them until their death. This makes PLWHA to be traumatized and live in fear.

Some sermons have been characterized by messages that have interpreted HIV as fulfilling the curses cited in Deuteronomy 28:27, which include God sending incurable diseases to an apostate people. Such sermons have been piercing into the inner hearts of the PLWHA and their families making them feel unloved and unworth in the eyes of God. The following is an example of such sermons which was preached by one of the pastors in one of the congregations where this research was conducted:

The pastor read from the following Bible passage: Genesis 19:24-26.

‘Then the lord rained down burning sulphur on Sodom and Gomorah-from the lord out of the heavens. Thus he overthrew those cities and the entire plain, including all those living in the cities-and also the vegetation in the land. But Lot’s wife looked back, and she became a pillar of salt’.

With the above passage the congregation was told that just as the people of Sodom and Gomorah were destroyed for being wicked, the PLWHA in this world are being punished because of their immoral activities. They have greatly disobeyed God. God is punishing them for being involved in adultery and fornication. They should repent in the eyes of God in order to be forgiven.

Such sermons have been making PLWHA feel guilt and condemned. Whereas they have been expecting the church to accompany them in their struggles and suffering, they have been abandoned on a lonely journey leading some to even think of committing suicide. Whereas they have been looking forward to a safe place of respite, they have met hostility and ostracism from some pastors and some church members. Whereas they have been looking for acceptance and understanding, they have encountered rejection and condemnation by some pastors and some church members. The impact of such actions has been psychological and has had devastating effects on the PLWHA and their families and the community at large. As a result of these actions most of the PLWHA have gone into isolation, staying at home and not going out; a state of affairs that can lead to depression and sometimes suicide. The stigma experienced by the PLWHA in the church has also been reinforced by self-stigmatization. Self stigma occurs when the despised condition or characteristic causes the person to internalize their outsider status and to end up feeling ashamed, inferior, and on those grounds unworthy of acceptance by others (Paterson 2009:30). Self stigma has in turn led PLWHA to a determination to conceal their status from others. Many PLWHA have not told anyone that they have HIV because they are afraid that once the people know that they have HIV they will start relating to them in a completely different way. Stigmatization of PLWHA has also affected prevention of HIV virus, control of the virus and care of the PLWHA in the church and the surrounding communities. For example, It has inhibited information sharing among partners and potential caregivers. It has also promoted denial and rejected openness thus contributing further to the spread of the virus of HIV.

The researcher has come to realise that as long as nothing is done to help the clergy and the church members change their negative attitude towards PLWHA, stigma and discrimination will continue having devastating effects on the lives of PLWHA. There is therefore great need to do more research in this area of HIV and stigma to find out what causes the pastors and the

church members to humiliate and isolate PLWHA. The researcher launches this research in order to develop a pastoral care model which will empower the clergy and the church members to love and embrace the PLWHA. The model to be developed will also help the PLWHA to overcome the effects of stigma caused by the clergy and the church members.

1.4 Research questions.

The questions to ask through this research are:

- How can pastoral care change the negative attitude of the clergy and church members towards the PLWHA?
- Does conservative theology move people into position of righteousness and into sinful position?
- Is lack of pastoral care among the PLWHA caused by the theology that stigmatizes people?

1.5 Overview of existing literature.

Literature review on stigma and discrimination shows that HIV and AIDS is viewed by many people as punishment from God for sinners and that those infected by it are sinners. The problem of stigma, rejection and isolation starts from this kind of view. Cochrane notes how religion feeds into the problem of stigma through the ‘taboos, sanctions and silences about sexuality, much of it authorized by religious legitimations’. (Cochrane 2005:2). Some families hide their sick from the public eye and scorns associated with the disease and accept it as a form of punishment from God (Czerny 2005:37). Gillian Peterson observes, “HIV and AIDS are linked, with immorality, sexuality and sexual orientation: all of which are associated in Christian tradition with sin. This assumption it is often said is why AIDS is so heavily stigmatized”. (Patterson: 2005:9). Religious leaders have spoken in judgment against

HIV/AIDS equating it to sin that afflicts un-believers and those who have fallen short in their morals. (ICASA: 2003). Perceptions of morality are linked to promiscuity, moral transgression, choosing to engage in bad behavior, and punishment from God. (Parker and Birdsall 2005:6). At the heart of the stigmatizing attitudes to HIV and AIDS that can be found within the churches lie widely differing understandings of God and theology especially the element of forgiveness. Christians have presented a model of a vindictive God who afflicts HIV and AIDS as a punishment for human sin (UNAIDS 2005:11). Ezra Chitando observes, “The failure to develop the vaccine to cure HIV has been taken by some as confirming God’s punishment of a stubborn and sinful generation.” (Chitando 2007:1). The view that HIV and AIDS is a punishment from God would imply a God who is judgmental and punishing. Such perception of God fuels the stigmatization and discrimination of people who are infected or affected by the disease (FOCCISA-Nordic 2006:46).

The researcher is of the view that the whole concept of God punishing people for being unfaithful to him has its source in Old Testament theology. In the Old Testament, God is often portrayed as a jealous monarch who cannot tolerate faithlessness. When human beings fall he does not hesitate to destroy his own creation-an example of this being the flood (Genesis 7: 1-24). There are scenes of judgment in the New Testament-for example, Mathew 25, which contains both the parable of the ten bridesmaids and the prediction of the last judgment. However, the researcher disagrees with the concept of God punishing people for being unfaithful to him. He views God as a lover who loves the faithful and the unfaithful. This view is reflected in the sermon on the Mountain (Mathew 5): ‘He makes his sun rise on the evil and the good, and sends rain on the righteous and on the unrighteous.’ This view is also reflected in 2 Timothy 2:13, ‘If we are faithless, he remains faithful-for he cannot deny himself.’ God loves human beings not because they have done something to deserve his love, not because they give him reasons to love them. There is no process of cause and effect

between guilt and fate. The account in John 9:1-15 of the healing of the man born blind emphasizes this. Therefore, to maintain that HIV and AIDS is a punishment from God is misleading and distorting the true image of God.

1.6 Research Gap.

Literature review has shown that HIV pandemic is viewed by many people as punishment from God and that this is the main cause for stigmatization of PLWHA in many churches. Despite this popular view, no work has been done in the Reformed Church in Zambia to ascertain this view. The researcher of this research would like to prove the validity of this view and to investigate the root cause of stigma and discrimination of PLWHA in the church. The gap that the author needs to fill through this research is to establish a Pastoral care model that will help in changing the negative attitude of the clergy and church members towards PLWHA. Specifically the model will help in addressing the rejection and isolation of PLWHA and their effects on them (PLWHA).

1.7 The aim and Purpose of the study.

Through this research the researcher's aim is to explore ways of accepting and embracing PLWHA who are already affected with the problem of stigma in the RCZ. The research will help deal with the problems of despising, rejecting and isolating of PLWHA by the clergy and some church members. The researcher seeks to develop a pastoral care model that will empower pastors and church members to love and embrace PLWHA in the church.

The other aim is to explore the trauma that occurs when PLWHA are stigmatized by the pastors and the church members and how the church can take up its pastoral role in healing them.

The other aim is to equip the pastors and the church members to become an inclusive body of Christ where PLWHA can find refuge. The experience of love, acceptance and support within a community where God's love is made manifest can be a powerful healing force. This means that the church as body of Christ should not exclude, stigmatize and blame persons on the basis of behavior (Facing AIDS 1997:77).

The other aim is to make the church a safe place where PLWHA can be comfortable in sharing their pain. Healing and care become more possible as one 'shares the story' within an atmosphere of acceptance, love and continued concern (Facing AIDS 1997:80).

The other aim is to equip the PLWHA on how to cope with the problem of shame, condemnation and isolation caused by the pastors and church members.

1.8 Significance of the study.

This research will focus on traumatic experiences caused by stigma. Stigmatization of PLWHA is a global issue which challenges the Christian community. Stigmatization of PLWHA is an important obstacle to effective means against the further spread of the HIV virus. Stigma makes all societies and communities to be vulnerable to the spread of HIV. The virus is easily passed on to other people by PLWHA who are afraid to share their condition for fear of being rejected and isolated. PLWHA need to be loved and embraced in order for them to feel free to share their painful stories. The study seeks to help and empower the pastors and church members to love and embrace PLWHA. When PLWHA are accepted and embraced environments of information sharing and open discussion about HIV and AIDS will be created. This will help in preventing the further spread of the pandemic. This research is not only significant for the clergy and church members of the Reformed Church in Zambia. It is also significant for the clergy and church members of other denominations in Zambia and

the entire Africa. The problem of HIV and AIDS related stigma in faith communities is national as well as global.

1.9 Methodology

When one embarks on a research of such a magnitude, a multiple approach of methods are useable. The qualitative method is narrative and descriptive while quantitative method is statistical in nature. The method to be used will be qualitative. “Qualitative method studies the participant’s perspective –feelings, thoughts, beliefs, ideals and actions in natural situation (Mc Millan & Schumacher, 1993:379). The feelings, beliefs and thoughts of the affected persons in this case PLWHA will be given attention. One way of exploring the method of healing employed by Gerkin’s methodology is the use of case studies as way of analysing the problem. The focus will be on the three case studies namely:

1. The experience of one of the choir members whose friends stopped their singing practice when she joined them to sing with them. This is because they had discovered that she was HIV positive and they didn’t want her to sit next to them.
2. An experience of a Sunday school teacher who was stigmatized by parents of the children by removing them from Sunday school class when they learnt that she had HIV. A class which had sixty seven children was left with only four children.
3. The experience of a church elder whose name was removed from the list of those to contest on the position of church secretary in an election because of being HIV positive.

The other sources will be books, journals, and articles and interviews, as well as recorded data. The major source about the traumatic experiences of the PLWHA is the use of informal interviews recorded data. The other key informants will be the pastors and the some members

of the congregations where this research will be conducted. Focus group discussions will be conducted when collecting data from the church members. Pseudo names will be used and participants will be informed that the information will be gathered and analysed to help future troubled souls who can learn from the experience.

The pastoral care model of shepherding will be used following Gerkin's concept of caring. "This is what they meant by the care and cure of souls-the pastor as the physician of souls. The experience conveyed to me in a profoundly moving way the depth and richness, the pain and difficulty, and the privilege of this ministry. It is a heritage those who pastor need to cherish and to hone with humility" (Gerkin 1997:84).

The study will be seeking realities of the traumatic instances that need a shepherding model. The pastor can help in the healing of people's traumatic experiences. In this research, the quest is how can his role help heal the PLWHA who are traumatized by being stigmatized by some pastors and some church members.

1.10 Definition of terms.

Stigma: Is the shame or disgrace attached to someone regarded as socially unacceptable.

In this research stigma refers to the shame or disgrace to the PLWHA who are socially unacceptable in the church

Discrimination: Is the unfair treatment of one person or group, usually because of prejudice about race, ethnicity, age, religion, or gender

In this research it refers to the unfair treatment of the PLWHA by the clergy and the church members because of their HIV status

Trauma: Can be defined as anything that is sudden, unexpected which depersonalizes and cause discomfort to the well being of a person.

In this research it refers to painful things that occur to PLWHA when they are rejected and isolated by the clergy and the church members

Taboo: Socially or culturally prohibited: forbidden to be used, mentioned, or approached because of social or cultural rather than legal prohibitions.

Caregiver: Is a person who has skills of caring and management of other people's lives on a daily basis

In this research it refers to Reverends or Pastors who have to care for the people of God.

Despised: Is to dislike somebody or something intensely and with contempt

In this research it refers to the dislike that the Reverends and church members have towards PLWHA because of their HIV status.

Reverend, Clergy, Pastor: people ordained for religious service in the Christian church throughout this research study.

HIV Positive & HIV Negative: HIV positive implies the presence, in the blood, of antibodies against HIV, which denotes evidence of infection with HIV. HIV negative means the absence of such antibodies showing no evidence of infection with HIV.

Ostracism: Being isolated, ignored, avoided, excluded, rejected, shunned, exiled, banished, cut off, frozen out, and made invisible.

Shepherd: Somebody who provides guidance: somebody who is responsible for caring and guiding a group of people, especially a Christian minister.

Leprosy: Tropical skin and nerve disease: a tropical disease mainly affecting the skin and nerves that can cause tissue change and, in severe cases, loss of sensation and disfigurement. Leprosy is transmitted following close personal contact and has an incubation period of 1-30 years. It can now be cured if treated with a combination of drugs.

1.11 Preliminary Conclusion.

In this chapter the researcher has noted that misinterpretation of HIV and negative view of PLWHA are some of the factors that have led to the stigmatization of PLWHA by some pastors and some church members. This calls for the Reformed Church in Zambia to address the problem of HIV and stigma. The clergy and the church members need better understanding of HIV to enable them change their negative attitudes towards the PLWHA. This process can be fulfilled in the church leader's seminars and in the youth, men and women fellowship meetings that are conducted on weekly basis in the church.

When the researcher engaged with his co researchers, he discovered the various effects that they experience as a result of being stigmatized by some pastors and some church members as mentioned somewhere in this chapter. In the next chapter the researcher is going to develop a methodology of addressing this research especially pastoral element. The researcher is reminding the readers that the Biblical elements will also work in this research.

The pastoral care model that will be developed during this research will empower the clergy and the church members to love and embrace PLWHA. This will help in reducing the stigma and discrimination in the church faced by the PLWHA. The pastoral care model to be developed and recommended at the end of this research, will also help to heal and empower the PLWHA to overcome the stigma and discrimination and make them feel accepted in the church and the surrounding communities.

CHAPTER TWO

2.1 Research Methodology.

This chapter provides the methodology of the research study. The researcher will employ Gerkin's method of caring for an individual as well as the Christian community. In his book "An Introduction to Pastoral Care" Gerkin refers to the pastor as a caring leader and a shepherd. In this model care is viewed as 'the central metaphor' of life in the Christian community. The pastor is regarded as the shepherd and the Christians are the flocks who need to be cared for. In this research the people living with HIV and AIDS are part of the Christians that need to be cared for by the pastors.

The researcher agrees with the concept of pastoral care shared by Luther quoted by Gerkin:

"Our Lord and savior Jesus Christ hath left us a commandment, which concerns all Christians alike-that we should render duties of humanity, or (as the scripture calls them) works of mercy, to those which are afflicted and under calamity, that we should visit the sick, endeavor to set free the prisoners, and perform other like acts of kindness to our neighbor, whereby the evils of this present time may in some measure be lightened." (Gerkin 1997:42)

From the above quotation it is apparent that the clergy and the Christians should all have a concern for those in special need and, including the victims of 'the evils of the present time.' This concept is supported by Tokunboh Adegamo when he analyses the church as - an institution which comprises of the clergy and Christians:

Where people are bruised, the church supplies the balm; where people are broken the church brings healing; where people are battered, the church restores with dignity;

where people are buffeted by the scourge; the church soothes; where people are banned from society, the church provides a home (2003:285).

Tokunboh is right when in challenging the church to provide a home for those afflicted by pain and emphasize on caring for them in her ministry. To be relevant to those afflicted by pain, and to create a welcoming home as a place of solace and refuge for all in need, the church has to first of all to be present and listen: to hear the cry of God's people, to hear their needs and their thirst and their hunger. The church has to make Jesus Christ alive and giving hope and comfort to all the people in need. To fulfill her role of caring for the afflicted the church has to have a pastoral way of shepherding the afflicted in society. In this research the researcher will employ Gerkin's shepherding method as a model to be followed in the church in order to empower the pastors and the church members to care for the PLWHA who are traumatized because of being stigmatized and discriminated.

The researcher will use qualitative method to collect data. The qualitative method mainly focuses on the literature review, questionnaire, interview and listening to stories and reflecting on them later. The researcher will use one type of questionnaire to interview pastors, church members, and PLWHA. (See appendix A for questionnaire). Ten pastors, thirty church members and twenty PLWHA from ten congregations of the Reformed Church in Zambia based in Lusaka will be interviewed in this research. The researcher will collect three stories from PLWHA as case studies.

The researcher will use Gerkin's biblical traditional method of shepherding. In this method Gerkin shows triological structure of how priests, prophets, wise men and women collectively took authority of shepherding God's people in the Old Testament. Gerkin says:

To reclaim the prophetic and priestly Hebrew ancestors as equally important to the wise men and women of early Israelite history as root model for pastoral care involves us in

configuration of the primary images that shape our understanding of what is involved in pastoral care of God's people (1997:25).

The above quotation open ways that made the researcher to realize that there is need of getting a method that will help in addressing the trauma that the PLWHA are exposed to. Gerkin's method of caring concentrates on shepherding and lacks a way of therapeutically working with PLWHA. This is where Pollard will help because of his method of positive deconstruction. He enters the stories of the people with positiveness, then deconstructs them and bring healing.

The process of positive deconstruction recognizes and affirms the elements of truth to which individuals already hold, but also help them to discover for themselves the inadequacies of the underlying worldviews they have absorbed (Pollard 1997:44).

The researcher believes that this method of evangelism can be helpful to the pastors and the church members to positively deconstruct themselves and be ready to change their negative attitudes towards PLWHA. With this method of evangelism the researcher believes that the pastors and the church members can be helped to love and embrace the PLWHA and care for them. However, this method of Pollard will be used to support the main method of Gerkin and Adams.

The approach of Gerkin focuses on individual and family needs. In this research the researcher will use Gerkin's approach as a way of applying pastoral care to the PLWHA who are traumatized by being avoided and isolated by the clergy and the Christians in the church.

Gerkin articulates precisely what pastoral care is but his method of pastoral care is not applicable to African context. Therefore, the researcher will use Adam's method of shepherding God's flock to fill the gaps on the model that Gerkin was not able to apply. Adam's method of shepherding God's flock focuses on how pastors care for God's people

and includes pastoral work and counseling which is important to shepherding and Christian leadership (Adams: 1980).

The above methods will help the researcher in his dialogue with the PLWHA who are stigmatized and discriminated by the clergy and some church members. The method will also help the researcher to empower the pastors and church members to change their negative attitudes towards the PLWHA. Both Gerkin and Adam's approaches are therapeutic in nature because they all emphasize on care for the people experiencing pain and their affected families.

An understanding of the word shepherding

The Shepherding motif is captured in the imagery of Psalms 23 where the Lord God is depicted as the good shepherd who leads the people in paths of righteousness, restores the souls of the people, and walks with the people among their enemies and even into the valley of the shadow of death. From this motif we can say that shepherding is a biblical model of pastoral care which aims at leading, nurturing, healing and protecting. This research will aim at nurturing, healing and protecting the people living with HIV and AIDS and their family members. The model will seek to empower them on how to stay on in the midst of stigma and discrimination. This biblical model of pastoral care is what is appropriate for the PLWHA, to help them overcome the trauma that is caused by stigma and discrimination. The researcher believes that this model will help the PLWHA find a way of dealing with their trauma. The model will help the clergy and the church to enter into dialogue with the surrounding communities and other sectors of society who are also involved in stigmatizing PLWHA. Nurturing, healing and protecting of PLWHA will be the center of this dialogue.

The shepherd model of pastoral care also emphasizes on the role of a pastor in addressing the problem experienced by PLWHA in the church. Gerkin has this to say on the role of the pastor as care taker of individuals:

Although emphases have fluctuated from time to time, the ordained pastor's care for individuals has usually been given a dominant emphasis. Furthermore, in the recent history of pastoral care, in large part because of the influence of individualism and psychotherapeutic psychology, the organizing conceptualization of pastoral care has focused on the individual care of the pastor for individual persons (Gerkin 1997: 92).

The above quotation opens up a way of caring by challenging the pastors to emphasize on caring for individuals afflicted by pain in their pastoral ministry. It shows that it is the responsibility of the pastors to take caring for individuals in this regard PLWHA as an important component of their ministry.

In his shepherd model of pastoral care, Adams also has this to say:

Shepherds are with the sheep, keeping watch over their flock by night, passing through the valleys where in every shadow lurk the possibilities of death from a wild animal, gently leading those with young and gathering the lambs. It is the shepherd who leads them out of the fold and who goes before them. He defends them from wolf with his rod. No wonder shepherds are called leaders (Adams 1980:322-323).

The thoughts of Adam are supported with what John Beaumont says about a shepherd:

"The shepherd in the Bible walked ahead of the flock, leading the way to green pastures, and into new territory. He walked as they walked, experiencing with them the heat of the sun and the ruggedness of the way" (Beaumont 1988:125).

The above quotes open a way of doing contextual pastoral care in the church by challenging the pastors to take up a leading role in caring and protecting the PLWHA against stigmatizing attitudes. In this research the researcher will together with Gerkin's method of pastoral care employ Adam's method of pastoral care to empower the pastors to take a leading role in caring and protecting the PLWHA and show solidarity with them. The pastors will be able to open the mind of those people who reject the PLWHA within the body of Jesus Christ.

Gerkin speaks of the Old Testament biblical structure of leadership which consisted of the threefold function-the priest, the prophets and the wise men and women. He recommends this method as the best, which can help the pastoral caregivers to provide good pastoral therapy to people who are experiencing pain and suffering in many sectors of society.

Gerkin sees the pastor as one who holds the threefold function in himself/herself-providing ritual liturgical celebration for community, speaking on behalf of God in challenging injustices practiced against the poor and the marginalized and offering guidance to the people in the daily affairs of individual and family life. He takes Jesus as the model of good and fruitful contemporary pastoral care ministry as he says:

The New Testament depiction of Jesus as the good shepherd who knows his sheep and is known by his sheep (John 10:14) has painted a meaningful, normative portrait of the pastor of God's people. Reflection on the actions and words of Jesus as he related to people at all levels of social life, gives us a model sine qua non for pastoral relationships with those immediately within our care and those we meet along the way (Gerkin 1997:80).

The researcher agrees with Gerkin's method of approach to pastoral care and takes it to be an ideal method which can help to heal people who are in need of pastoral care therapy including PLWHA who are traumatized because of being avoided and isolated.

Gerkin's model has a shepherding motif which has originated as a metaphor for the role of the king during the monarchical periods of Israelite history. It was first appropriated within the religious life of Israel as a metaphor with which to speak of the care of Yahweh for Yahweh's people. This motif is most clearly captured in the imagery of psalm 23 where the Lord God is 'depicted as the good shepherd who leads the people in paths of righteousness, restores the souls of the people, and walks with the people among their enemies and even into the valley of the shadow of death' (Gerkin 1997:27). The shepherd metaphor of pastoral care represents the way in which God cares and supports people in distress. This is depicted in what Jesus Christ says in the gospel of John, "I am the good shepherd the good shepherd lays down his life for his sheep. The hired hand is not the shepherd who owns the sheep. So when he sees the wolf coming, he abandons the sheep and runs away. Then the wolf attacks the flock and scatters it. The man runs away because he is a hired hand and cares nothing for the sheep. I am the good shepherd, I know my sheep and my sheep know me. Just as the Father knows me and I know the Father - and lay down my life for the sheep" (John 10: 11-15). This model is a great challenge to pastors who have PLWHA in their congregations. The question to ask is how do they relate themselves to these people? How do they help them in overcoming the pain that is caused by stigma and discrimination? How do they connect their ministry to that of the Lord Jesus Christ?

Gerkin's model of shepherding connects with the ministry of Jesus Christ which was characterized by compassion. Repeatedly Jesus Christ sensed compassion in the face of ignorance, hunger, sickness, and even death. He was gripped by compassion when he saw the aimlessness of the common people as "sheep without a shepherd" (Mathew 9:36; Mark 6:34), the sick and the blind among the multitudes (Mathew 14:14; 20:34), and the sorrow of those who had lost the loved ones (Luke 7:13; John 11:35). Jesus Christ's compassion also expressed itself in practical ministry. Out of compassion, he raised the dead (John 11; Luke

7:14), taught the multitudes (Mark 6:34), and healed the sick (Mathew 14:14; 4:23; 9:35; 19:2). In ministering to the needy, Jesus Christ was not afraid to make physical contact. He took the hands of the sick (Mark 1:31; Mathew 9:29) and the demon possessed (Mark 9:27). His fingers touched blind eyes (Mathew 20:34), deaf ears (Mark 7:33) and silent tongues (Mathew 7:33). Most astonishing of all Jesus touched the lepers-the outcasts of his day (Mathew 8:3; Luke 5:12-13).

In bringing out the above examples the researcher wants to present a potent model to be followed by everyone. The manner in which the pastors and church members respond to the challenge of stigma and discrimination is an indication of the degree of seriousness with which they follow the example of Jesus. A response of love and compassion is demanded of God's people. It is a mandate expressly of Jesus as shown in the above examples. Compassion is indeed a first call upon God's people in the crisis created by stigma and discrimination.

The researcher has chosen to employ Gerkin's and Adam's model of pastoral care in this research because it is characterized by love, compassion and care for those afflicted by pain. This is confirmed by what Gerkin himself says in his book 'An Introduction to Pastoral Care':

“Our Lord and savior hath left us a commandment which concerns all Christians alike,- that we should render the duties of humanity, or (as the scripeter calls them) the works of mercy, to those which are afflicted and under calamity, that we should visit the sick, endeavor to set free the prisoners, and perform other like acts of kindness to our neighbor, whereby the evils of this present time may in some be lightened.” (Gerkin 1997:42)

The researcher aligns himself with the above quote because doing the works of mercy to those afflicted and under calamity and visiting the sick is what God requires his people to do. We

are one body in Jesus Christ, we need each other and so we should love each other and help one another.

The researcher believes that Gerkin's and Adam's model will empower the pastors and the church members to identify themselves with the afflicted and those that the society looks down upon in this case the PLWHA. Jesus Christ identified himself with the afflicted and those that society looked down upon. He touched the lepers-the marginalized and forsaken in society. The model will help empower the pastors and church members to identify themselves with PLWHA and accept them. The model will also help to heal and empower the PLWHA to overcome stigma and discrimination and make them feel accepted in the church and the surrounding communities.

In this research the researcher will use three case studies of PLWHA who have been stigmatized and discriminated in the RCZ. Pseudo names will be used and participants will be informed that the information will be gathered and analyzed to help future pastors, church members and PLWHA who can learn from the experience. The intention of working with these three people is to get their perspectives, beliefs, and also see how they should be helped both pastorally and physically. The researcher will interview ten pastors and thirty church members from ten congregations who are involved in stigmatizing and discriminating PLWHA. This is intended to find out why they do so and see how they can be helped to change their negative attitude towards the PLWHA.

Gerkin's and Adam's model of pastoral care as used in this research aims at healing and empowering the PLWHA in order to overcome stigma and discrimination. The model also aims at empowering the pastors and church members to identify themselves with the people who are marginalized and forsaken in society in this case the PLWHA and accept them.

2.2 Preliminary Conclusion.

The reader by now would realize how important Gerkin's and Adam's models of pastoral care are in empowering the people to identify themselves with those afflicted by pain in the church and surrounding communities. The stories of the three PLWHA will help us in exploring the effects of stigma and discrimination on PLWHA. The love and the care contained in the two models will help in responding to these effects and thereby bring healing to the PLWHA. In the next chapter the researcher will make an exploration on HIV and AIDS related stigma and discrimination especially its impact on the affected and the infected.

CHAPTER THREE

STIGMA AND DISCRIMINATION

This section deals with stigma and discrimination. The researcher will share some definitions so that the reader can have an understanding of how words are used.

3.1. Definition of stigma and discrimination.

The word **Stigma** comes from the marks that were branded or burned onto the bodies of slaves, providing a visible sign that they were unworthy to be included in human community. Today, the branding or labeling is usually related to some perceived physical, psychological or moral condition believed to render the individual unworthy of full inclusion in the community (Ecumenical Advocacy Alliance 2009:29). Stigma can simply be understood to mean a social construction whereby a distinguished mark of social disgrace is attached to others in order to identify and to devalue them. Thus, stigma and the process of stigmatization consist of two fundamental elements, the recognition of the differentiating 'mark' and the subsequent devaluation of the person. **Discrimination** is a manifestation of Stigma, and is any form of arbitrary distinction, exclusion or restriction, whether by action or omission, based on a stigmatized attitude. In terms of HIV and AIDS stigma and discrimination is felt by and enacted towards a range of individuals and groups including those who are HIV positive, their families, and members of a group of people who are perceived to be at greater risk of contracting HIV.

The researcher has discovered through this research that when PLWHA experience stigma and discrimination in the church, they suffer from the trauma of being rejected and unwanted in a place where they expected to be loved and welcomed. Being stigmatized and discriminated by the clergy is real trauma. This is because the clergy are regarded to be

spiritual fathers who should identify themselves with those whose lives have been broken in society. Although the problem of stigma and discrimination is experienced in many sectors of society, it appears to be greater in the Reformed Church in Zambia, because it is affecting Christians who are living with the virus and their families daily. This is made worse by the clergy who have decided to be silent on the issues surrounding HIV and AIDS thereby encouraging the problem to continue.

Stigma and discrimination cannot be condoned in the Church because of the tarnishing effect that they have on the image of the church of being a welcoming and loving community. By its very nature the church is called to love and care for those who are despised and afflicted in society. In the same way as Jesus Christ identified himself with those whose lives were most broken, the Church is called to identify with people whose lives have been broken in society. The stigma and the discrimination experienced by the PLWHA in the church has damaged the image of the church of being a caring and loving community of the people afflicted by pain in society.

Through this research the researcher has learnt that some of the stigma and the discrimination that the PLWHA experience in the church is enacted by themselves. This is called self-stigma or self-loathing. Self-loathing is a prejudice which PLWHA turn against themselves. It is an internal response to the external experience of stigmatization, which stigmatized groups and individuals experience or believe to be present in the attitudes or reactions of others (Nordic-FOCCISA 2006:20). Some co-researchers in this research have confirmed stigmatizing themselves by having an inner feeling of fear of being despised and rejected. As a result, they isolate themselves from other church members. This action has caused many PLWHA to go into depression.

3.2 Reality of HIV/AIDS stigma and discrimination in the church.

The co researchers in this research have confirmed the existence of stigma and discrimination of PLWHA and their families in the Church. Verbal abuse has been reported to be the most significant form of stigma in many congregations of the Church. This was confirmed by some of the PLWHA who reported being called funny names such as *imfa iyenda* (moving death) and *kalaye noko* (go and bid farewell to your mother) by some clergy and some church members. As already reported in chapter 1 of this research, the researcher has also been given a name *mbusa wa matenda* (*pastor with a disease*) by some pastors for working as director of HIV and AIDS program. All this confirms how significant form of stigma verbal abuse is in the church.

Definition of Verbal abuse

Verbal abuse has been defined as behavior that seeks to communicate to other people that they are bad, possess negative qualities, or are not meeting some internal or external standard (T. A. Kinney, 1994). It is described as an action that attempt to attack the selfconcepts of other people in order to inflict psychological pain (Tumlin: 1992). Verbal abuse generally takes the form of one person's saying something nasty to another person. But verbal abuse may also be sharply communicated if nothing is said – about anything (Goldstein: 2005). There are four types of verbal abuse which appear to be commonly practiced in the church by the clergy and the church members. They are teasing, cursing, gossip, and ostracism or shunning. For the purpose of this research the researcher will concertrate on teasing and gossip which are most commonly practiced in the church by the clergy and the church members.

Types of verbal abuse are detailed explored below:

3.2.1. Teasing.

What is teasing? The Thesaurus dictionary defines teasing as mocking someone or making fun of someone. Mocking someone can take several forms such as tricking a person into believing something, pointing at someone, delivering sarcasm at someone and physically pestering someone (Shapiro et al., 1991). Teasing causes emotional distress (depression, anxiety and the loneliness) on the PLWHA. Most of them (PLWHA) that the researcher dialogued with in this research confirmed suffering from depression, anxiety and loneliness when they are teased. He has discovered through this research that teased PLWHA become emotionally distressed because they develop more negative self-perceptions and beliefs about their fellow church members. Doing a study on effects of teasing pre-adolescent children, Wendy Troop-Gordon, assistant professor at North Dakota State University in Fargo (2005) had this to say:

“Peer victimization may lead to psychological problems because children who are harassed begin to view themselves and their schoolmates more negatively”

The researcher aligns himself with the above quote because he has discovered through this research that as a result of being teased frequently PLWHA have began to act out and have become aggressive towards their church mates. They project the feelings of frustration, anger and hatred towards all those who have rejected and isolated them.

Mostly the PLWHA are teased because of their physical appearance (especially being underweight) and the teasing has been in the form of pointing fingers and delivering sarcasm at them. Facing this victimisation has caused feelings of anger, embarrassment, hurt and

sadness in the lives of PLWHA. As a result communication has been broken down and they can not be ministered to.

3.2.2. Gossiping.

Gossip is a conversation about the personal details of other people's lives, whether rumor or fact, especially when malicious (English Dictionary). Webster's Third International Dictionary defines it as "rumor, report, tattle, or behind-the-scene information, especially of an intimate or personal nature." Gossip can be malicious, demeaning, degrading, and in other ways harmful, not only to absent third parties, but even indirectly to its participants. The effects of gossip are frequently damaging to the lives and livelihoods of those who are gossiped about (Emler 1994). In a research on gossip done among high school students D. A. Kinney noted the following:

"the pervasive and intense gossip incited fights in the hallways, altered friendship patterns, and sustained separation between crowds" (Kinney 1994:42).

The above quote relates to the PLWHA because most of them that the researcher dialoged with in this research have confirmed having lost friends as a result of gossiping about them. The researcher has also discovered that because of gossip the separation between PLWHA and their church mates has been sustained in the church.

The gossip about PLWHA has mainly focused on speculation about whether a person has HIV, usually because of visible signs of illness. The researcher has discovered through this research that once a person is assumed HIV positive, people often speculate about how he or she contracted HIV. Facing gossip has been painful to the PLWHA and has caused feelings of rejection, loneliness and isolation in their lives. The researcher has discovered through this research that the clergy have not bothered to help them (PLWHA) to overcome these feelings

because they are also involved in gossiping about them. He realizes that by not helping the PLWHA to overcome their feelings of rejection, loneliness and isolation, the clergy have lost their pastoral calling of identifying themselves with the rejected people. Jesus Christ identified himself with rejected people (Mark 14:3-9) and calls everyone who believes and works for him to do the same.

3.3 Causes of HIV/AIDS stigma and discrimination in the church.

When dialoging with his co-researchers, the researcher has discovered the following to be the main causes of stigma and discrimination in the church: fear of casual transmission of HIV and refusal of contact with PLWHA, and negative judgments/beliefs about people living with HIV.

Causes of stigma and discrimination in the church are detailed explored below:

3.3.1 Fear of casual transmission of HIV and refusal of contact with PLWHA.

The researcher through this research has discovered that some pastors and some church members believe that HIV is contagious. Based on this assumption, they suspect that individuals with HIV pose a threat to the community of transmitting HIV to other people through casual contact such as touching them and sitting next to them. This kind of belief has led to the isolation and rejection of PLWHA. Some co-researchers who are also people living confirmed being avoided and isolated by some pastors and church members. They explained that some church members are reluctant to sit next to them during worship services. They move away when they realize that they are sitting with a person with HIV. They also explained that some church members avoid eye contact with them and have refrained from all communication with them. Even if they try to greet them they don't respond and sometimes they just walk away. One of the co-researchers dialogued with in this research confirmed

being ignored as he tried to greet some church members. They folded their arms as he stretched his arm to greet them. These actions have been hurtful to the PLWHA and have caused feelings of anger in their lives. Being rejected and isolated by church members is hard to cope with and very traumatic.

Pastoral caregivers must help the clergy and the church members to refrain from thinking that HIV is contagious. This can be done by teaching them the various ways that the HIV virus is transmitted from one person to another. The following are some of the ways that can be taught:

- Having sexual intercourse-vaginal, anal, or oral with an infected person.
- Sharing needles or syringes with an infected person.
- Women infected with HIV passing the virus to their babies during pregnancy or during birth or during breast feeding.
- Transfusion of contaminated blood from one person to another.

Ways of transmission of HIV virus from one person to another are explored in detail below:

Having sexual intercourse-vaginal, anal, or oral with an infected person.

HIV can be spread through unprotected sexual intercourse with an infected partner. It can be spread from male to female, female to male, or male to male sexual contact. Female-to-female sexual transmission is possible, but rare. Unprotected sexual intercourse means sexual intercourse without correct and consistent condom use. HIV may be in an infected person's blood, semen, or vaginal secretions. It is thought that it can enter the body through cuts or sores—some so small you don't know they're there—on tissue in the vagina, penis, or rectum, and possibly the mouth. HIV is transmitted by anal, vaginal, or oral intercourse with a person who is infected with HIV.

Since many infected people have no apparent symptoms of the condition, it's hard to be sure who is or is not infected with HIV. So, the more sex partners a person has, the greater his or her chances are of encountering someone who is infected and becoming infected themselves.

Sharing needles or syringes with an infected person.

Sharing needles or syringes with an infected person, even once, is an easy way to be infected with HIV and other germs. Sharing needles to inject drugs is the most dangerous form of needle sharing. Blood from an infected person can remain in or on a needle or syringe and then be transferred directly into the next person who uses it. Sharing other types of needles also may transmit HIV and other germs. These types of needles include those used to inject steroids and those used for tattooing or piercing.

Women infected with HIV passing the virus to their babies during pregnancy or during birth or during breast feeding.

A woman infected with HIV can pass the virus on to her baby during pregnancy or during birth. She can also pass it on when breast-feeding. If a woman is infected before or during pregnancy, her child has about one chance in four of being born infected. Taking AZT during pregnancy can reduce this risk. Any woman who is considering having a baby and who thinks she might have placed herself at risk for HIV infection—even if this occurred years ago—should seek counseling and testing before she gets pregnant.

Transfusion of contaminated blood from one person to another.

Although in the past some people became infected with HIV from receiving blood transfusions, this risk has been virtually eliminated. In Zambia since 1985, all donated blood has been tested for evidence of HIV. All blood found to contain evidence of HIV is discarded.

Currently in Zambia, there is almost no chance of infection with HIV through a blood transfusion. People cannot get HIV from giving blood at a blood bank or other established blood collection center. The needles used for blood donations are sterile. They are used once, then destroyed.

The researcher believes that when the above ways of HIV transmission are made known to the clergy and the church members fear of casual transmission of HIV and refusal of contact with PLWHA will come to an end.

3.3.2 Negative judgments/beliefs about people living with HIV.

The researcher has discovered through this research that some pastors and some church members believe in a God who is a vindictive judge due to mankind's misunderstanding of divine justice. When dialoguing with his co researchers they confirmed perceiving HIV infection as a result of personal choice; one chooses to engage in risky behavior and therefore is at fault if he or she becomes infected. According to this perception, HIV is a plague from God and those infected from it did something to deserve it. God is punishing them for disobedience. With this perception PLWHA are blamed for being infected with HIV through their irresponsible and selfish behavior, bringing shame to themselves, their families and the community.

The researcher has also discovered through this research that blaming of PLWHA for being infected with HIV in the church is done through sermons preached by some pastors and some church elders and songs sang by church choirs especially women choir groups. An example of the sermons which are preached and the songs which are sang are already given in chapter one of this research.

The researcher has discovered in this research that the tendency to associate moral impropriety to HIV/AIDS has been traumatic to some PLWHA. When dialoguing with some of them they indicated being traumatized because they were being blamed for something which they did not do. Some of them did not contract HIV through sexual promiscuity; they were infected by their husbands or wives. Most of the women living with the HIV virus that the researcher dialogued with confirmed having contracted the virus of HIV from their husbands. The researcher has learnt through this research that some husbands contracted the HIV virus from the sex workers while others from the cross border businesses women.

The researcher has also learnt through this research that some pastors and some church members stigmatize and discriminate PLWHA because of having a belief of a relationship of cause and effect-between people's actions and what happens to them. This is due to the influence of the Old Testament concept of justice. In the Old Testament, God is often portrayed as a jealous monarch who cannot tolerate faithlessness. When human beings fail, he does not hesitate to destroy his own creation. An example of this is the destruction of Sodom and Gomora. This concept of justice has influenced some pastors and some church members to believe that if people do good it will be good for them. If they behave badly they will have to pay for it in the form of sickness, accidents or other misfortunes. When something bad happens, they interpret it on the basis of people's personal life history.

When dialoguing with some pastors and some church members they confirmed having a belief that PLWHA contracted the virus of HIV because they behaved badly. They are guilty of doing wrong they must suffer the consequences.

While the researcher agrees with the concept that God is a punishing God, he would like to point out that God punishes and forgives and continues to love those that he punishes when they repent their sins. The Bible shows examples of people who sinned and subsequently

forgiven by God. We have people such as Abraham (Gen 20) and King David (2 Samuel 11-12; Ps 51). The prostitute in John chapter 8 can also be used as an example of God's desire to pardon those who come to Him in repentance rather than punish and condemn them (1 John 1:8-9).

Pastoral caregivers must help the clergy and the church members to perceive God as a God who punishes and forgives when people come in repentance to him. This will enable them to help the PLWHA who may have contracted the HIV virus through sexual immorality to come to Jesus in repentance and feel loved and accepted by God.

Pastoral caregivers must also help the clergy and the church members from perceiving God as a vindictive judge due to mankind's misunderstanding of divine justice. God is beyond all conceptions of justice. God does not measure out justice, he loves. He is a lover of human beings despite their status. A reflection of this is seen in 2 Timothy 2:13, 'If we are faithless, he remains faithful-for he cannot deny himself'. The image of God as lover is also found in feminist theology. The American feminist theologian Sallie McFague makes use of the image of God as lover, together with God as mother and friend, in her book 'Models of God'. A reflection of this perspective is seen in John 15: 13-15, where Jesus says, 'No one has greater love than this, to lay down one's life for one's friends. You are my friends if you do what I command you. I do not call you servants any longer, because the servant does not know what the master is doing; but I have called you friends, because I have made known to you everything that I have heard from my father'.

1 John 4:17-18 emphasises that 'there is no fear in love'. Love is fearless, and the frightful and the frightening images of God must yield to the image of God who is love. Those who believe in a God of love find it easier to preserve their self-esteem, an integrated feeling of being lovable, even when disaster strikes.

Pastoral caregivers must also help the clergy and the church members from thinking that there is a process of cause and effect between guilt and fate. The account in John 9:1-15 of the healing of the man born blind testifies to this:

As he went along, he saw a man blind from birth. His disciples asked him, “Rabbi, who sinned, this man or his parents, that he was blind?”

“Neither this man nor his parents sinned,” Jesus said, “but this happened so that the work of God might be displayed in his life. As long as it is day, we must do the work of him who sent me. Night is coming when no one can work. While I am in the world, I am the light of the world.” (John 9: 1-5).

The researcher’s opinion is that God is not bound by the law of cause and effect that dominates some pastors and some church members’ thinking. God loves people not because they have done something to deserve his love, not because they give him reasons to love them. God is love itself-and love can never be as narrow and rigid as justice. He is with people-even when everything is against them.

The researcher has come to realize that some pastors and some church members believe in a God who is bound by the law of cause and effect because of having the negative perceptions of God such as; a vindictive judge, a rigid book keeper of our mistakes, a fateful force who has determined the destinies of all, and an indifferent God who does not care about humanity’s suffering. Pastoral caregivers must help the clergy and the church members to refrain from having such negative perceptions of God. Inappropriate images of God can generate infantile behaviour (regression), which may even cause doubt, anxiety and aggression. Appropriate images of God must be availed to the pastors and the church members to help them to understand the unlimited love that God has to all human beings despite their status. Appropriate images of God have an enriching, empowering impact on faith behaviour. They

stimulate maturity and strengthen the experience of gratitude, hope, love and joy (Louw 1998:341). Both in the Old Testament and the New Testament there are several appropriate images of God that can help the pastors and the church members perceive God in an appropriate way. For the purpose of this research, the researcher is going to focus on the following appropriate images of God (FOCCISA-Nordic 2006) : God as Father, God as Soul Friend, God as Saviour, God as Comforter, God as Creator, God as Emmanuel, A grace-filled God, A suffering God, God as healer, God as servant and God as helper.

Appropriate images of God are explored in details below:

-God as Father.

The Father metaphor in Scripture strengthens the important notion of God's faithfulness. The PLWHA and every believer can always rely on God because He remains faithful to his covenantal promises: 'I will be your God'. This covenantal formula does not guarantee success, but comforts and provides compassionate love. This image conveys a message that God is present and cares for his people despite their status. This has a positive effect on the behaviour of the PLWHA, they trust in God and feel safe and secured.

-God as Soul Friend.

This expresses the notion that God is not distant. His close presence means that He is a partner and companion. God's friendship implies help concerning two important areas: Forgiveness, in the case of human guilt and vision in the case of human fear of death (victory). This image conveys a message that God abides with unconditional love. This has a positive effect on the behaviour of the PLWHA. They are thankful to God and develop personal relationship with him.

-God as Saviour.

Alienation as a result of sin, creates distance between God and man. God's conciliation, fulfilled through Christ, creates peace. It abolishes the alienation between God and Man, thus bestowing complete liberation and redemption. This image conveys a message that Christ died in place of people to reconcile them to God. PLWHA feel reconciled to God even in their status.

-God as Comforter.

The Holy Spirit confirms God's identification with suffering. God acts for people, declares them just and is constantly with them. God is compassionate, full of sympathy and empathy. This image conveys a message that God lives in people. This has a positive effect on the behaviour of the PLWHA. They feel encouraged and have hope.

-God as Creator.

God created all things good and he delights in his own creation. He created human beings fearfully and wonderfully in his image. The image of God in people living with HIV and AIDS is not shattered. This image conveys a message that the fact that PLWHA still have the image of God, God loves them he has not forsaken them.

-God as Emmanuel.

God with us: When we study the torments of Job, it becomes clear to us that the sufferings were not on account of any sin on his part. The Bible says he was a blameless, upright man who feared God and shunned evil. There is no connection between his actions and his loss. Thus there seems to be no reason to relate any kind of disease with guilt. Disease is never a part of God's plans with us-neither as punishment nor as an ordeal. It seems as if God has abandoned Job, but Job insists on the divine presence. God is with Job throughout the time of

suffering, as an attentive force that in the end restores him. God is with us even when we feel abandoned.

-A grace-filled God.

In the parable of the prodigal son (Luke 15:11-32) we see the image of God reflected through the actions of the father. He shows love, mercy, patience, compassion and joy at the return of his lost son. We see in him an image of a running God who is eager to meet us wherever we are. Indeed, he is so eager to meet us 'that he gave his son Jesus Christ, so that everyone who believes in him may not die but have eternal life' (John 3:16).

-A suffering God.

In the crucifixion we see the image of a God who is vulnerable and suffering. He is powerless, and yet there is power in his powerlessness. With the resurrection, the power unfolds in which he offers hope to those who are suffering and in pain. He is a God who endures with us. This solidarity appears in the story of the walk to Emmaus. There we see an image of God as a companion. This is closely linked with God as Emmanuel. Indeed, he is God on the cross as well as God on our journey of uncertainty and sorrow. He is therefore with us in life as well as in death.

-God as healer.

In the story of the healing of the man born blind (John 9:1-12) we see an image of God who rejects the association between guilt and destiny. While his disciples wanted to apportion blame, Jesus answered them forthrightly that the man was blind so that God's power could be manifested. The scripture shows (Matt 6:45) that God causes his sun to rise on the evil as well as the good and sends rain on the righteous and the unrighteous, indicating that good things happen to bad people and bad things happen to good people.

Many Bible narratives show us God as healer. There may not be a cure now for HIV and AIDS and yet God still heals people by reconciling them to himself and to one another as well as to the disease itself. The image of God as healer helps us to accept the reality of the disease and our continued dependency on him.

-God as servant.

In the narrative of Jesus washing his disciples' feet (John 13:1-17), we see an image of God as a humble servant. The son of God is unafraid to kneel down and serve. That should be an ideal for the church leadership today. To follow Christ in reaching out and touching the needy and, in this particular case, touching PLWHA.

-God as helper.

God is always on the side of the weak and poor, he demonstrates that in his son Jesus Christ. Jesus is always indignant towards self righteousness and hypocrisy because he desires people to live their lives to the full. When Jesus criticized the Pharisees and teachers of the law, he does so to show how relationships between human beings are destroyed if we judge each other according to the rigid rules and human interpretations of God's power. Every human being is God's beloved child. For us to recognize this fully, God sent the Holy Spirit as our healer and helper.

3.4 Effects of stigma and discrimination on people living with HIV and AIDS.

Stigma and discrimination cause several effects to the lives of the PLWHA and their families. Though the families of PLWHA are also affected by stigma and discrimination, in this research the researcher will be limited to the effects of stigma and discrimination on the

PLWHA. When dialoguing with his co researchers, the researcher has discovered the following to be some of the effects of stigma and discrimination:

3.4.1 Shame

3.4.3 Anger

3.4.4 Anxiety

3.4.5 Suicidal decision

3.4.6 Guilt

3.4.7 Loneliness

3.4.8 Depression

Effects of stigma and discrimination on the PLWHA are explored in detail below:

3.4.1 Shame.

According to Mc Clintock (2001) in the book ‘sexual shame’ shame is defined as the feeling of unworthiness and the tendency to avert the eyes, to hang the head. Wimberley in his book ‘Moving from shame to self-worth’ defines shame as a feeling of being unlovable and that one’s life has a basic flaw in it (Wimberley: 1999:11). The researcher aligns himself with Wimberley agreeing that a feeling of being unlovable is caused by a flaw that one has in his or her life. People can be ashamed of many things – mental illness, alcoholism, suicide in the home, homosexuality or HIV. All these are basic flaws that will make one to feel ashamed and unlovable in society. Shame makes one to feel that he or she is wrong and reprehensible. The surrounding adds fuel to this feeling. If one is depressive, if one’s father drinks, if one’s brother is a gay, if one’s son or daughter is HIV positive, then the danger is there, that society and the social network will make one to feel ashamed and unlovable. Shame is more than

embarrassment, more than humiliation, more than an offended modesty, more than hiding one's face and wishing that she or he could sink through the floor. Shame is an attack on the individual's self-respect and human dignity.

In the Zambian context shame is not a loss of honor but a loss of worth. Those who are shameful feel that they are worth-less and not worth loving. They bow their heads instead of holding them high in belief in themselves.

Pastoral caregivers should help the PLWHA to deal with the feeling of shame by letting them know that in the life and death of Christ, God has reconciled people with their own humanity. This means that people can be what they are – for better or worse. Whoever people are, whatever happens in their lives, God is with them and loves them. They have a dignity and a worthy that is God-given. Pastoral caregivers must also encourage PLWHA not to shrink in shame; they must straighten up and look their neighbors in the face. They must not close in on themselves; they must dare to be open. They must not let themselves be broken down; they must build themselves up with confidence in life and in the living.

3.4.2 Anger.

Anger is a reaction to displeasing situation or event (Graham 2002:41). According to Carter (1993) in his book 'the anger work book' the term anger is used to describe a number of expressions such as frustration, irritability, annoyance, blowing off steam. Anger develops as a result of unfulfilled wishes, and manifests itself in a desire to change, contest or destroy the situation, coupled with negative behavior and a loss of self control. There is a link between anger and frustration: a desire is thwarted, leaving a person with a feeling of powerlessness and unattainability. In many cases, anger is ignited when the person perceives rejection or invalidation. The angry person feels that his or her dignity has been demeaned. Anger is

excessive or uncontrolled if it leads to outburst of temper or bad language, bitterness and hostility. Anger can also cause harm to other people.

The researcher has discovered in this research that PLWHA have developed anger towards all people who have been stigmatizing them. They project the feelings of frustration, anger and hatred towards all those who have rejected and isolated them. They consider these people to be bad people who have no love. However, according to Kubler-Ross (1996) anger is important as a process of healing in trauma counseling. Pastoral caregivers should accommodate people with feelings of anger in order to be helpful care givers.

Pastoral caregivers must encourage PLWHA to admit anger and feelings of helplessness; abandon methods of revenge; confess destructive behavior; change use of language; try to identify the cause and origin of frustration; make a decision about more constructive behavior and set a goal to find how to communicate about what triggers the frustration (low 1998:422).

3.4.3 Anxiety.

According to Hallam (1992) in his book 'counseling for anxiety' anxiety is the behavioral and physiological responses directly induced by a situation. The situation is likely to be an unpleasant one. Means (2000) in his book 'trauma and evil' says that anxiety is seen as a feeling of fear which traumatized a person when something strange happens. Anxiety, worry and tension are natural responses to situations in our lives (Graham 2002:44). Anxiety is frequently accompanied by fear of loneliness, isolation and rejection

The researcher has discovered through this research that a person living with HIV and AIDS experiences anxiety. Anxiety makes them to doubt whether God is truly present. The absence of God and of people, who understand, exacerbates their anxiety.

Pastoral caregivers should help the PLWHA to identify relationships which offer security. Perspective of God's faithfulness is important. PLWHA should develop trust in the light of the knowledge of God's caring presence and empathy. The fact that anxiety is a natural response to situations in our lives, the pastoral caregivers need to be compassionate and sensitive as they help the PLWHA deal with this problem.

3.4.4 Suicidal decision.

A suicidal person feels he or she has exhausted all possible options. Life has no meaning, no purpose, and no future, so why continue to endure its extreme unhappiness, anguish, hopelessness, and despair? The obsessive belief that nothing will ever change for the better leaves him or her feeling helpless, with the conviction that death is the only way out (Graham 2002: 251).

The researcher aligns himself with Graham because when dialoguing with some of the PLWHA they confirmed having a conviction of ending their lives. This is due to the fact that HIV has no cure. They see life to be meaningless with no purpose and with no future. The only way out is death. One of the PLWHA that the researcher dialogued with confirmed having a feeling of committing suicide when she faced rejection by her congregation and by her relatives at home. The researcher has discovered in this research that deaths of some people who commit suicide when they find out that they have the HIV virus is a result of feelings of shame, unworthiness, guilt and fear of the community and the relatives. When dialoguing with the co researchers, the researcher has come to learn that it is a general feeling that people have when they find themselves affected by the virus. Pastoral care givers should help PLWHA deal with the problem of feelings of shame, unworthiness, guilt and fear of community as well as their relatives. These feelings may develop into suicidal decision which will bring further complications of living orphans behind. The researcher has also discovered

in this research that some PLWHA threaten suicide in order to seek attention and sympathy. They want someone to listen to their hurt and frustrations. Pastoral caregivers should always be available for the PLWHA and attend to them in time of their need.

3.4.5 Guilt.

Coleman in his book 'Guilt' shares an interesting concept on guilt:

The second type of guilt is a result of society's teachings, expectations and demands. Most of us have an inbuilt concept of right and wrong and if we trespass according to that inbuilt concept then we feel guilt (Coleman 1982:11)

The researcher aligns himself with the above quote because he has discovered in this research that PLWHA have been rejected and isolated because they are regarded as individuals who have violated God's standards and not lived to the moral standards set by the church. This has caused feelings of guilt in the PLWHA.

Most PLWHA hear that their condition is their own fault. Unloving voices loudly interpret HIV and AIDS as God's punishment of people who live indecent lives. Unfortunately, in their search for a cosmic frame of reference, many PLWHA internalize this false interpretation causing them to feel guilt. The guilt that they feel creates a meaning in the madness. They see a connection between cause and effect, between what they have done and what is happening to them. Internalization of this false interpretation exacts a high price, in its effect on the persons' images of themselves and of God. They live with an image of themselves as shameful and guilty-and with an image of God as a condemning, uncompromising master.

Pastoral care givers should help the PLWHA deal with the guilt feelings as they care for them. Genuine guilty leads to a need for forgiveness, a need to be able to live without the guilty overshadowing the rest of one's life. Forgiveness means to be able to continue to live

together, be together and talk together with the person who has caused you pain. Pastoral caregivers must help the PLWHA to have a heart of forgiveness. This will help in making them live with themselves in spite of everything. Forgiveness always reaches out to others. Jesus Christ comes to people, and that means that people can be reconciled with their own and other people's life histories, however frightful and frustrating they may be (Nordic-FOCCISA 2005: 64-65).

3.4.6. Loneliness.

Loneliness is not merely being alone or single, but the experience of not being appreciated for who you are, and that nobody understands you. Loneliness is the result of a communicative crisis and a loss of supportive relationships. It manifests because of feelings of rejection and a lack of being loved or cared for.

The researcher has discovered through this research that because of loneliness PLWHA suffer from an intense awareness of a loss of function; a feeling that they are in the way; strong suicidal thoughts.

Pastoral caregivers should help the PLWHA to communicate reasons for loneliness within relationships which convey love and understanding. They should design actions and structures which break through loneliness; they should create tasks and set goals.

3.4.7. Depression.

In general, depression is an emotional reaction to a severe crisis. It is an indication of an effort to adapt to an experience of failure and loss. Core issues: an experience of loss (loss is anticipated or has been experienced); a feeling of helplessness and powerlessness; negative thinking and negative emotions (Louw 1998: 425).

The researcher has discovered through this research that because of depression, PLWHA develop negative patterns of thinking which create negative attitude towards life. The PLWHA are exhausted because of depression. They feel completely drained and without energy. The future seems bleak; thoughts about death dominate.

Pastoral caregivers should help the PLWHA to substitute negative thinking for real positive alternatives. They should create a support system and an environment of empathy and sympathy.

3.5 Preliminary Conclusion.

In this chapter the researcher explored some of the causes of stigma and discrimination of PLWHA by some clergy and some church members. The end results of these causes have also been explored in this chapter. The researcher was shocked after he realized that this problem is continuing and people seem to be ignorant of this challenge of stigma and discrimination which is negatively affecting PLWHA in the church.

In the next chapter the researcher is going to explore on real stories which are attached to unreal names. From the stories in the following chapter, readers will find the trauma caused by stigma to the PLWHA. In the following chapter readers should also expect to see the dialogues between the researcher and co researchers. The following chapter will also explore on the reflection of the researcher from all the stories of PLWHA.

CHAPTER FOUR

Sharing stories of PLWHA

4.0 Introduction

In this chapter the researcher is going to share three stories of three PLWHA who have experienced the trauma of stigma in the church from the clergy and its church members. The story of Kadodo for example (not a real name); when she told the pastor about her HIV-positive status, people started teasing her and gossiping about her. Everyone started avoiding her because of fear of contracting the HIV virus if they made casual contact with her or sat next to her. This fear led to her being stopped from singing in the choir group. The journey of trauma began.

4.1 Case Studies

In this chapter three case studies will be shared and discussed. The experiences of PLWHA will enable the researcher to understand what the PLWHA go through when they are stigmatized and discriminated in the church by the clergy and church members. After each story the researcher will share some of his reflection on them. These stories of the PLWHA, who were teased, gossiped about, rejected and isolated by some pastors and some church members exposed the researcher to the pain that they suffered from. In all the three case studies, the researcher is going to use first person singular as the three PLWHA share their stories as detailed below:

4.1.1 Story from Kadodo (pseudonym name attached to a true experience)

This is a story of Kadodo (not a real name). She is one of the PLWHA who experienced rejection and isolation in the congregation by the pastor and the church members. This happened after she had told them that she was one of the people who were living with the HIV virus. When she explained what happened, she related her story in the following way:

My mother married me off when I was fifteen years old. This was because she had no money to let me to continue with my education. My father died when I was two years old. My mother raised me and my three other sisters by selling vegetables at the market. The money raised was not enough to pay for our education. This made me and my sisters to stop going to school.

I discovered I was HIV positive when I was admitted at the University Teaching Hospital in Lusaka-Zambia. I was one year in marriage when this happened. One day while still admitted in the hospital, the doctor included an HIV test in the routine blood tests which they carried out on me. When he brought the results, he was bored enough to tell me that I was HIV-positive. I received this message with shock...how could I get HIV? How could this happen to me? As if the Doctor was reading what was going on in my mind, he told me that I must have been infected by my husband. I was a virgin at the time when I got married to my husband and I never was unfaithful to him, so I believed what the doctor was saying. I felt cheated by my husband. When he came to see me during patient visitation time, I put the piece of paper showing the results of my HIV test in his right hand and said 'Look, you are the cause of my illness; you must also test for HIV.' He refused and became very aggressive. He told me and even swore that he never slept with anyone but me. He even said if he is lying to me God should punish him, and he even included that in his prayer while we prayed. That day was my last day to see my husband because when he got home, he packed his clothes and left home without leaving a note. No one knew where he had gone to, an event of hurt and trauma in my life.

The leaving of my husband made me to cry non-stop for the next few weeks, my appetite disappeared, I was not able to sleep, I got severe headaches and basically wanted to end my life. My mother and my sisters were very supportive to me during this period. They

encouraged and gave me all the necessary support I needed. Every evening they would come to the hospital to pray for me. I saw myself among the living once more.

I was finally discharged from Hospital. I did not tell my friends about my HIV status as yet out of fear of disowning me. Seeing myself continuing to be sick because of stress and depression, I decided to tell my pastor about my HIV status. I went to church on a Friday morning and told the pastor, and asked him not to tell anyone else because I was afraid of being disowned by my brethren in Christ who I worshipped with. I wanted to continue worshipping at church for as long as possible. He seemed to agree, but in the weeks that followed some church members started looking at me in a funny way. Some even stopped making eye contact with me. Whenever I said to them you “Why are you not looking me in the eyes?” they were not responding. So it was obvious that the pastor had told them about my HIV positive status. I also noticed that some church members were avoiding me, when I sat next to them on the bench they stood up and left me alone. Another hurting and traumatizing experience was the avoidance that I experienced during a Church choir singing practice. I came in late and found my friends already started. When they saw me join them, they all stopped singing and that was the end of the singing practice. This was because they didn’t want me to sit next to them because of fear of contracting the HIV virus through casual contact with me. This action made me to stop participating in any church activities including Sunday worship services. Until this day I stay at home in order to avoid being avoided and rejected at church.

Example of therapy skills that the researcher has used when debating with Kadodo

Kadodo finally came to seek help from me. Therapy was handled in the following way:

Pastor: Good morning, what can I do to help you?

Kadodo: I have a problem I would like to talk to you about, and get some help.

Pastor: What is worrying you?

Kadodo: Well, I am HIV positive. Everyone knows about it and they are avoiding me. I am particularly worried because this is mostly happening at church. The pastor and the church members are all avoiding me. This has affected me such that I have even stopped attending worship services.

Pastor: How did they know that you are HIV positive and what do you mean when you say they are avoiding you?

Kadodo: I told the pastor that I was HIV positive, he promised me that he was not going to tell anyone about it. But after a few weeks I noticed that the church members started looking at me in a strange way. They started pointing fingers at me and avoided me by not sitting on the same bench with me during worship services.

Pastor: What about at home, does your husband and other family members treated you in the same way.

Kadodo: My husband left me while I was still in hospital. He became angry with me when I told him that he was the one who gave me the HIV virus. Since he left me I have not heard from him. My mother and my sisters are very good and supportive to me.

Pastor: What are your feelings towards the church members and the pastor?

Kadodo: I am a Christian, and I have no ill feelings against them, but I hate the teasing and the avoidance that I am receiving from them. I am badly hurt.

Pastor: Have you shared with the pastor about how you feel when he and the church members are teasing and avoiding you?

Kadodo: No, he is also one of the people who are teasing me and avoiding me. I feel I will be wasting time to share with him.

Pastor: Shouldn't you try to share with him?

Kadodo: Well I don't know. Do you really think I should go to him and share with him?
He is the one who told the church members about my HIV positive status.

Pastor: It doesn't matter, in fact you have said you are a Christian and that you have no ill feelings against anyone. I think perhaps you should try to share with him. I am sure this will also remind him and help him to take up his leading role of caring and protecting the afflicted in society. As a pastor I am sure he is aware of the fact that the church is by its very nature and teachings a representative of Jesus Christ in ways of encouraging care, love, compassion for the sick and oppressed and understanding of those affected and infected in society. In the same way that Jesus Christ identified himself with those whose lives were most broken, the church is called to identify itself with people who are despised like yourself. I know how lonely you feel at the moment, but let me assure you that you are not alone, God is with you. He is our soul friend, he is our partner and companion. God abides in us with unconditional love.

Kadodo: Thank you very much for this assurance, I will try to go to my pastor and share with him about the hurtful feelings that I have as a result of being teased and avoided at church.

Pastor: Please do so and thank you for coming.

4.1.2 The researcher's reflection from Kadodo's story.

After Kadodo had explained the whole story on how she was treated after everyone discovered that she was HIV positive, the researcher reflected on what she has said and what it meant to him as a pastoral caregiver. Firstly, Kadodo's trauma experience began when her husband left her; she felt unloved and abandoned. Secondly, Kadodo has experienced social avoidance, where some church members strive not to interact with her because of her HIV

positive status. This has led her to isolate herself. The stigma began when the choir members stopped singing. Finally, the revelation of her HIV positive status by the pastor broke her. She had confidence in the pastor and trusted him that he was not going to reveal to anyone about her HIV positive status. Caregivers have to be careful on how to handle the information of the counselees. Information shared in confidence with the counselees should be treated with confidentiality.

The researcher realizes through Kadodo's story that PLWHA need trauma counseling in order to continue with their lives positively, coping with the blame, the rejection of society and self isolation. The researcher depicted lack of confidentiality and uncaring on the part of the pastor which exposed the HIV positive status of Kadodo. This made the church members to avoid and isolate her.

The researcher realizes that there was no pastoral care from the pastor and the church members which made Kadodo to isolate herself. It was more painful to her to learn that the pastor had told the church members about her HIV positive status despite promising that he was not going to tell anyone. This action was more traumatizing to her. This is because the clergy are regarded to be spiritual fathers who should identify themselves with those whose lives have been broken in society. There was no skilled pastoral care given to her. My pastoral care model of Gerkin in shepherding would help Kadodo cope with the avoidance and the rejection of the pastor and the church members. The model would also help the pastor and the church members with skills on how to relate and care positively for PLWHA. Kadodo's story connects well with Mabibi's story in case study two.

4.1.3 Story from Mabibi (Pseudonym)

This is a verbatim story of Mabibi, she related it in the following way:

I discovered that I had a virus of HIV after we had divorced with my husband. We had stayed in marriage for four years without having children. My husband accused me of not bearing him children and so he divorced me and married another woman. He had two children with his new wife and I discovered that he had named the first child after my first name and the second child after my surname. My anger arose when I realized the misuse of my names by my husband. Some questions came into my mind; was it because he liked my names? Or was it one way of remembering about me? I could not just understand why he did this.

After staying alone for 3 years I heard that my former husband had become sick. He was diagnosed with tuberculosis and cryptococcal meningitis and the doctors informed his wife and his family that he had AIDS and would soon die or go mad. This news sent a lot of shivers in me and I cried because I sensed I could also be HIV-positive. He (my former husband) went in and out of hospital for several months until he died. I heard that after being told that he had TB, he lost hope and only took the TB drug for a very short period. I have the feeling that this is why he died so early. After his death my life went on normally. The thought of doing a test never crossed my mind as I had no signs of any sickness. One day something happened to me that disturbed me as I could not accept it. This was the beginning of my constant headaches, loss of appetite and loss of weight. I was not really happy and I lost weight drastically. I looked bad because I had a rash on my legs and pimples on my face. I could not put on short dresses. Only as my health started to deteriorate I remembered the doctors had told the family of my former husband that he had AIDS. This prompted me to go for an HIV-test. I remember going in the room to get the results and the lady had a look on her face and I told her that I don't sit down for this kind of information. She said, 'Do you think you may have put yourself at risk?' I said, 'No. Why?' She said, 'You tested positive.' In the moment I thought I was dying and it was the end of the world. I did not know what to feel. All I could think of was that my life was over and who would want me now. After that I was sent to a doctor for HIV and he assured me that I was not going to die but I did not believe him. I was sent to the lab for my CD4 count it was 264. My traumatic life continue as I seek to consult with doctors

moving from one to the next. I was put on medication. I remember my first time taking the pill I even thought I was going to die from the medicine but I had nothing to lose. I felt I was dead inside and I had no feeling anymore. Trauma made me concentrate on death other than living.

I didn't tell anyone at church about my HIV status because I was afraid of being disowned by fellow church members. Within my context HIV is associated with prostitution and bad morals. For several months I lived with that knowledge of my HIV positive status, but without telling anyone else. I prayed and prayed that the church wouldn't stigmatize me when finally the news would come out.

When I started becoming sick, I decided to tell my pastor and the congregation about my HIV positive status. One Sunday after service, when the church secretary had finished making announcements I stood up and said to the congregation: 'Today I would like to tell you that I am HIV positive.' At first people didn't know how to respond. Some church members cried and hugged me, but later the congregation gave me encouragement and support. This encouragement and support was only for a short time because the weeks that followed I started experiencing teasing and avoidance. Some church members started gossiping about me behind my back, a symptom of stigma. I was a Sunday school teacher with a class of sixty seven children. When some parents learnt that I was HIV positive they withdrew their children from my class I was left with only four children, another symptom of stigma. They thought I would infect their children if I continued teaching them. This has pained me a lot such that I have even stopped teaching Sunday school and attending Sunday worship services. Besides being a Sunday school teacher, I was a chairperson for girls brigade, a secretary for women's fellowship and a member of women's church choir. I have resigned from all these positions because of the way I have been treated. Hurt, pain and humiliation especially stigma traumatized my emotions.

Some of the therapy skills used in the case of Mabibi

Mabibi finally came to seek help from me, therapy was handled in the following way:

Pastor: Good morning, what can I do to help you?

Mabibi: I have a problem I would like to talk to you about, and get some help.

Pastor: What is worrying you?

Mabibi: I am HIV positive. Everyone knows about it and they are avoiding me. I am particularly worried because this is mostly happening at church. The pastor and the church members are all avoiding me. This has affected me such that I have even stopped attending worship services.

Pastor: How did they know that you are HIV positive and what do you mean when you say they are avoiding you?

Mabibi: I told the whole congregation on one Sunday after worship service that I was HIV positive. When I told them many of them hugged me and encouraged me to go on with life. But after a few weeks I noticed that they started looking at me in a strange way. They started pointing fingers at me, gossiping behind my back and avoided me by not sitting on the same bench with me during worship services.

Pastor: What about at home, does your husband and other family members treated you in the same way.

Mabibi: My husband divorced me because we had stayed in marriage for many years without having any children. He accused me of not bearing him children and so he divorced me and married another woman. Unfortunately even at home I am being teased and avoided.

Pastor: What are your feelings towards the church members and the pastor?

Mbibi: I have ill feelings towards them, I hate the teasing and the avoidance that I am receiving from them. I am badly hurt.

Pastor: Do you feel they also have ill feelings towards you?

Mabibi: Yes, why should they tease me and avoid me if they loved me?

Pastor: Should you have ill feelings towards them just because they tease and avoid you?

Mabibi: When I am being teased and avoided I feel rejected and unwanted, it is painful to me. I do not think I can love anybody who rejects me.

Pastor: What about Jesus Christ, He was rejected but he still loved those who rejected him.

Mabibi: (silence)

Pastor: Have you shared with the pastor about how you feel when he and the church members are teasing and avoiding you?

Mabibi: No, I wouldn't dare to share with someone who is avoiding me.

Pastor: Shouldn't you try to share with him?

Mabibi: Well I don't know. Do you really think I should go to him and share with him?

Pastor: Yes, I think perhaps you should try to share with him. I am sure this will also remind him and help him to take up his leading role of caring and protecting you. As a pastor I am sure he is aware of the fact that the church is by its very nature and teachings a representative of Jesus Christ in ways of encouraging care, love, compassion for the sick and oppressed and understanding of those affected and infected in society. In the same way that Jesus Christ identified himself with those whose lives were most broken, the church is called to identify itself with people who are despised like yourself. I know how lonely you feel at the moment, but let me assure you that you are not alone, God is

with you. He is our soul friend, he is our partner and companion. God abides in us with unconditional love.

Mabibi: Thank you very much for this assurance, I will try to go to my pastor and share with him about the hurtful feelings that I have as a result of being teased and avoided at church.

Pastor: Please do so and thank you for coming.

4.1.4 Reflection of the researcher from Mabibi's story.

The researcher is informed by Mabibi's story of how the parents of the children destroyed her self-esteem by removing their children from her Sunday school class. This action must have made Mabibi to begin to doubt herself and assume that she can no longer be able to make a contribution to the Sunday school class. She must have felt confused and demoralized. It seems these parents like most other people have no proper understanding of how HIV is transmitted from one person to another. This shows that many people avoid PLWHA because of lack of understanding of how HIV is transmitted.

Like Kadodo, Mabibi went through pain of avoidance and isolation. Traumatization made her to resign from teaching Sunday school and from attending Sunday worship service. The reader has to be aware that the pastor participated through silence by not addressing this traumatic incident which affected Mabibi and others.

4.1.5 Story from Mdugu (Pseudonym).

This is a verbatim story of Mdugu, she related it in the following way:

I came to know about my HIV positive status when I escorted my young brother to the clinic for VCT (voluntary counseling and testing). My brother was unwell with a sexually

transmitted infection for a long time. One day our local clinical officer advised him to go for VCT. I didn't want him to be on his own so I offered to go with him just to give him support. When we arrived at the clinic, I also decided to test for HIV and so we both had the test done. Surprisingly he tested HIV negative and I tested HIV positive. The news came as a big blow to me, it was the last thing I was expecting. It was my brother who was ill and not me. I couldn't believe the result and I hoped that they had made a mistake as my health was very, very okay.

When we got home we didn't tell anyone not even my wife about what had happened at the clinic. One week later I went for another test – I was still HIV positive. For several weeks I lived with that knowledge of my HIV positive status without telling my wife. I prayed that she wouldn't be shocked and disturbed when finally I broke the news to her. My brother encouraged me to open up to her. I did and I went with her for VCT, she also tested HIV positive. For one month she was not herself but slowly she began to accept her status.

We didn't tell anyone about our HIV positive status because we were afraid of the shame that it would bring to us within the family and the church. After staying for several months with our HIV positive status we no longer were afraid of HIV or AIDS, but the problem was feeling ashamed especially in our church. We asked ourselves 'What would the pastor and the Christians say? What kind of model were we as a family?'

I became very sick and I stopped going to church. When our pastor noticed that I was not seen at church for worship services, he came to see me. Before he came I told my wife that I was going to tell him about our HIV positive status. My wife asked me not to. When the pastor finally came, I ignored my wife and I told him. I narrated everything to him of how I came to know about my HIV positive status and how my wife came to know about hers. The pastor cried like a child when he heard about this and later he encouraged us with the words from Psalms 23. After he had left my wife blamed me for having shared with him about our status.

She was worried that he was going to tell all the church members in our church and we were going to be a shame to everyone. I told my wife that I had to tell the pastor the truth in order for us to live a positive life. As a couple we wanted to live and the only way we could do that was to go public about our HIV positive status.

My wife was right by blaming me to have told the pastor about our status. The days that followed we noticed that some church members started gossiping behind our backs, a symptom of stigma. They blamed us for bringing the HIV virus upon ourselves. Each time they saw us they pointed fingers at us another symptom of stigma. One incident which traumatized me most was when our congregation was choosing a congregation executive committee. My name was nominated to contest on the position of church secretary. Some church members objected and strongly said I should not contest on this position nor any other position because I was sick and was going to die any time. Should I be chosen the congregation was going to be forced to hold a by-election. To my surprise my pastor was in support of this suggestion and my name was removed from the list of those to contest on the position of church secretary. This was very painful to me, I was badly hurt. How can my fellow Christians give me up for dead? I asked myself. I began to doubt myself and felt rejected, and isolated. I have hated myself because of the way I was treated. I have even stopped going to church because I want to avoid being rejected and unfairly treated.

Some of the therapy skills used in the case of Mdugu.

Mdugu finally came to seek help from me, therapy was handled in the following way:

Pastor: Good morning, what can I do to help you?

Mdugu: I have a problem I would like to talk to you about, and get some help.

Pastor: What is worrying you?

Mdugu: Well, I am HIV positive. Everyone knows about it and they are avoiding me. I

am particularly worried because this is mostly happening at church. The pastor and the church members are all avoiding me. This has affected me such that I have even stopped attending worship services.

Pastor: How did they know that you are HIV positive and what do you mean when you say they are avoiding you?

Mdugu: I told the pastor that I was HIV positive. Being a pastor I thought he was not going to tell anybody. But after a few weeks I noticed that the church members started looking at me in a strange way. They started pointing fingers at me and avoiding me by not shaking hands with me or sitting on the same bench with me during worship services.

Pastor: What about at home, does your wife and other family members treated you in the same way.

Mdugu: My wife is also HIV positive and we love each other. Our family members are very good to us, we have no problems with them.

Pastor: What are your feelings towards the church members?

Mdugu: My wife and I are both Christians, and I have no ill feelings towards them, but I hate the teasing and the avoidance that I am receiving from them.

Pastor: Is your wife going through the same experience like you?

Mdugu: Yes, In fact she was the first to stop attending church services.

Pastor: Have you shared with the pastor about these painful experiences?

Mdugu: No, Its difficult to share your feelings with someone who has betrayed you.

Pastor: It doesn't matter, in fact you have said you are a Christian and that you have no ill feelings towards the church members, I want to believe that you also have no ill feelings towards the pastor. I think perhaps you should try to share with him. This this will also remind him and help him to take up his leading role as

a pastor of caring and protecting you. As a pastor I am sure he is aware of the fact that the church is by its very nature and teachings a representative of Jesus Christ in ways of encouraging care, love, compassion for the sick and oppressed and understanding of those affected and infected in society. In the same way that Jesus Christ identified himself with those whose lives were most broken, the church is called to identify itself with people who are despised like yourself. I know how lonely you feel at the moment but let me assure that you are not alone. God is with you, He is our soul friend, he is our partner and companion. God abides in us with unconditional love.

Mdugu: Thank you very much for this assurance, I and my wife will try to share with the pastor about our painful experience we are going through in the church as a result of being teased and stigmatized.

Pastor: Thank you very much, go well.

4.1.6 Reflection of the researcher on the experience of Mdugu.

The above case study of Mdugu has made the researcher to realize that some people look down upon PLWHA. They view them as people who are useless and who can no longer be able to make any contribution to their families or to the church. This view has made many PLWHA to be excluded from decision making positions, a situation which has made many to feel avoided and sidelined.

Like in the case of Kadodo and Mabibi the pastor in the case of Mdugu also played a role in avoiding and rejecting him. As a spiritual leader in the church who knows the worthiness of every person in the eyes of God despite his or her status he should have prevented the removal of his name from the list. The removal of his name from the list must have made Mdugu to be more at pains and feel rejected and sidelined. My pastoral model of Gerkin will empower

Mdugu to deal with his rejection and being sidelined by the pastor and the church members. This model will also help the pastor and the church members to understand and embrace the PLWHA and change their negative attitudes towards them.

4.2 Telling and listening to stories.

Story telling plays a vital role in people's lives. This is because people live their lives through sharing of stories. Through stories of experiences people are able to interpret the problems facing human beings in this case PLWHA and discuss possible alternatives to their problems.

Rubin had this to say about telling stories:

“Through telling of stories the social realities are found. A story communicates a moral, a broad message, or a set of core beliefs (Rubin 1995: 26).

The above quote can be traced in the three stories that have been shared by the three PLWHA in this chapter. The researcher agrees that out of storytelling one can find healing and motivation. Muller adds an interesting concept about narrative approach when he says:

“Narrative approach is only concerned with stories as if all that is needed is to collect and retell interesting stories” (Muller 1999:4).

In agreeing with the above quotation, the researcher needs to highlight that the western concept misses certain approach in sharing of stories. To them this is an entering point in the lives of others, while for Africans it is a way of life, which is lived through sharing their stories – it does not matter how painful that story is. In other words, stories are part and parcel of their lives. This process leads to people understanding pains and joys that are expressed through story telling. It does not matter how painful the exercise is, someone has to listen to those people who are experiencing pain. This is how healing begins as people share and others listen to the person's traumatic and painful stories. Analyzing the way PLWHA are being treated, rejected and isolated by some pastors and some church members, the researcher

questions the concept of ‘*ubuntu*’ (human dignity). This is because of failure to address this issue of stigma and discrimination in the church. Pastoral care needs to address the painful problems faced by PLWHA.

Listening to the three stories shared in this chapter becomes a way of therapeutically working with PLWHA who are stigmatized and discriminated by the pastors and the church members. As a shepherd the researcher was now able to care for the flock. Gerkin says without listening, the affected people will not give out their feelings about how they are traumatized by what they have gone through. A shepherd should know its flock and work with them in such a way that healing occurs. Listening is one of the most important aspects which has to be taken into more serious consideration by all counselors when they need to reach healing or therapy. Gerkin emphasizes on the importance of the art of listening for the pastor who is involved in day-to-day relationships with person at all levels of social life as he says:

Listening involves more than simply hearing the words that people say. It means being attentive to the emotional communication that accompanies the words. It means listening for the nuances that may give clues to the particular, private meanings that govern a person’s inner life. It means listening for the hidden conflicts, unspoken desires, unspeakable fears, and faint hopes. First and foremost, pastors must be listeners who invite self disclosure and thus communicate acceptance and nonjudgemental care (Gerkin 1997: 91).

In other words Gerkin wants to say that listening involves learning and understanding the emotional feelings of the people. The researcher agrees with what Gerkin is saying because listening to the stories shared by the three PLWHA in this research made him to learn and to know their emotional pain. Without listening, the researcher was not going to get this information from the PLWHA. Readers more especially those with passion of helping other

people in our society should take note of the importance of listening. Egan also had this to say about listening:

The goal of listening is understanding. Sharing your understanding with clients can help them understand themselves more fully and put themselves in a better position to act constructively (Egan 1996: 79).

The researcher agrees with the above quote because he has discovered in this research that listening to the stories of the PLWHA and sharing with them the understanding of these stories has helped in making them take the lead in their healing process.

PLWH need to be listened to without looking at their wrong deeds which led them to be infected. If they find themselves not listened, their trauma grows to the stage at which they can commit suicide. In this research, the researcher gave himself time for listening to the PLWHA. Since listening is very important in achieving therapy, the pastors, church members and the society at large have to be present and listen to the PLWHA and hear their cry, their needs and their thirst and hunger.

4.3 The effects of stigma and discrimination on the community.

There are so many effects that stigma and discrimination can bring to the community; the researcher will only explore three of the effects that he has discovered in this research. They are as follows:

4.3.1 Stigma and discrimination deters people from accepting an HIV test.

The researcher has discovered in this research that stigmatization is a key reason which makes some PLWHA to be reluctant to disclose their HIV positive condition or to come forward for voluntary counseling and testing. When dialoguing with some of the co researchers, they confirmed being reluctant to go for an HIV test because of fear of being mocked at and

isolated should they be known to be HIV positive. The researcher has also discovered through this research that some people go for HIV test in places where they are not known by anyone. Some go to other towns which are as far as 200 to 300 Kms away from where they stay to test for their HIV status. Unfortunately even if they discover that they are HIV positive, they do not disclose to anyone back home, not even to their spouses. This promotes the transmission of the HIV virus from those who are HIV positive to other people in the community.

4.3.2 Stigma and discrimination deters people from adopting preventative behavior.

The researcher has also discovered in this research that some people do not want to adopt HIV preventive behavior such as using condoms during sexual intercourse for fear of being suspected that they are HIV positive. When dialoguing with his co researcher especially the women they confirmed that men do not want to use condoms during sexual intercourse because they don't want to be suspected that they have the HIV virus. This has some negative consequences in the church and the community because it promotes the transmission of HIV virus.

4.3.3 Stigma and discrimination deters people from accessing health services.

Through this research the researcher has also discovered that most people who have known their HIV positive status do not go to the clinic or hospital for antiretroviral (ARV) therapy because they fear that people will see them and know that they have the virus of HIV. The people that the researcher dialogued with disclosed that for fear of being known that they are HIV positive, some PLWHA get their medication (ARV) in clinics where they are not known by anyone. If they cannot go there personally they send clinical staffs working in the clinics to secretly bring the medicines to them. Clinical staffs are paid for providing this service. Avoiding to access health services by PLWHA promotes transmission of the HIV virus in the

community. Antiretroviral therapy helps in preventing HIV virus from being transmitted to other people.

4.4 HIV/AIDS as a reason for stigma and discrimination.

The researcher has realized that it will not be fair to explore ways of dealing with stigma and discrimination faced by PLWHA without exploring the issue of HIV/AIDS which in Christian circles in particular, has been a reason for stigma and discrimination.

In his book ‘illness as crisis and challenge’ Daniel Louw had this to say about HIV/AIDS:

“To understand AIDS, it is necessary to know that AIDS is an acronym for Acquired Immune Deficiency Syndrome. This describes the condition when the body has lost its natural ability to defend itself against infections and some types of cancer. AIDS is caused by a virus internationally known as HIV: Human Immuno-deficiency Virus. This virus attacks certain types of white blood cells essential for killing bacteria. The term AIDS refers to the most advanced stage of this condition. Infection with HIV means that the virus infects ‘helper T-cells’ (T lymphocyte) by inserting viral genetic material into the nucleus of these cells. By cell replication a new virus is produced in and released by the host cell which is eventually killed off so that the body’s response to the infection is suppressed. It is important to bear in mind that the only way of transmitting the AIDS virus is by the introduction of infected blood or semen into the blood stream. AIDS is mainly transmitted by intimate sexual contact; blood transfusion; intravenous drug users sharing needles; pregnant mothers to their unborn babies; and health care workers via accidental pricks by contaminated needles” (1994:125).

The researcher acknowledges the above understanding of HIV/AIDS. Through this research the researcher has discovered that there is lack of such an understanding among many church members in the Reformed Church in Zambia. This has led to HIV/AIDS being

associated purely with sexual activity by many church members, even though sex is not the only way that people can become infected. Associating HIV/AIDS with sexual activity has been a reason for social exclusion, discrimination and stigmatization in many congregations of the church. The researcher has discovered through this research that AIDS has been found to be an indication of moral depravity and sin by many church members. In order to prevent this kind of thinking, Pastoral caregivers must seriously deal with the problem of ignorance on issues surrounding HIV/AIDS. This can be done by teaching the church members and the pastors on the basic facts about HIV/AIDS. Detailed knowledge and information about HIV/AIDS will help the church members and the pastors have a better understanding of the different modes of transmission of HIV and avoid associating HIV/AIDS with sexual activity. Different ways of HIV transmission which are mention in this chapter must be known to the pastors and the church members to help them understand that sexual intercourse is not the only way that HIV is transmitted from one person to another. This will help them to stop linking HIV with sin.

4.5 Preliminary conclusion

In this chapter the researcher has shared three stories from three PLWHA who have faced stigma and discrimination in the church after revealing their HIV status. These stories have helped the researcher to journey together with the PLWHA and have exposed him to the pains that these people experienced in the church. The stories have also exposed lack of confidentiality on the part of the pastors. The researcher has come to realise that lack of confidentiality on the part of the pastors comes about as a result of lack of pastoral care and counseling skills.

In the next chapter the researcher explores on the pastoral and counseling skills and applies them on the painful experiences of the PLWHA. The skills will help the pastors and the church members to nature, heal and protect the PLWHA.

CHAPTER FIVE

In this chapter the researcher shall look at pastoral care in relation to counseling traumatized people in this case the PLWHA. The chapter will also look at pastoral care dimensions in grappling with stigma faced by PLWHA namely: counseling, the word, prayer, sacraments, fellowship of believers and healing. This chapter carries the main solution to the problem as regard to the role of the pastor, the church members and the extended family in addressing stigma in the Reformed Church in Zambia.

5.1 The role of pastoral care and counseling in traumatized people.

People who are traumatized as the researcher has documented from the painful stories in chapter four of this research need pastoral care to be counseled. The three case studies and stories from the three PLWHA show that the need for pastoral care and counseling is profound. As stated in the three stories, when some pastors and some church members strived not to interact with the PLWHA, they (PLWHA) suffered from the pain of social avoidance and isolation. As noted in chapter three of this research, social avoidance and isolation generate depression, loneliness and sometimes suicidal decision in the PLWHA. In such instances pastoral care is summoned to come and reconcile, heal, sustain and guide the individual or the community.

In defining pastoral care, White (1998: 99-103), elaborates pastoral care as having five critical tasks, namely, spiritual nourishment, herding (i.e. to collect and keep together), protecting, healing, and leading God's people to their eternal destiny. The pastoral responsibility of spiritual nourishment relates to teaching, preaching, and explicating scripture in the life experiences and challenges. The pastoral task of herding alludes to the preservation of the family and community of believers. Protecting the flock is closely implied in the spiritual nourishment motif, but vitally points to checking destruction which flawed teachings bring in

the lives of the faithful. The healing task of “pastoral care is that it follows up distress with practical mercy and kindness” (White 1998:102).

On the other hand, Magezi identifies seven functions of pastoral care namely, healing, sustaining, guiding, reconciling, nurturing, liberating, and empowering (Magezi 2005:137). He includes two additional vital functions of pastoral care. The first five functions are the same as White’s, while the last two (liberating and empowering) are his inclusions.

Quoting the dictionary of pastoral care and counseling Gerkin defines pastoral care of the congregation as: “the ministry of oversight and nature offered by a religious community to its members, including acts of discipline, support, comfort, and celebration” (Gerkin 1997:126).

According to Gerkin, pastoral care is the “caring task of the pastor in relation to individuals and communities” (1997:11). “Communities” in this usage alludes to families living together, especially communities of faith, who have a common fellowship and want to be faithful disciples of Jesus Christ in the world. Gerkin further asserts that pastoral care has application to the broadest range of pastoral and communal practices in the life of the church and the world. Gerkin’s view of pastoral care is not limited to person to person encounters only, but is also applicable to caring for the church family and its community, the environment of the community of faith. Pastoral care to the environment of community of faith entails the fulfillment of the church’s evangelistic task to the world at large (Gerkin 1997).

The researcher agrees with the above definitions of pastoral care and concludes that pastoral care is a composite process of caring for individuals and communities with the goal of meeting a need which has emanated such as the need for healing, sustaining, guiding, reconciling, nurturing, liberating, or empowering. In a community where PLWHA are rejected and isolated, pastoral care has a significant role to play of healing, sustaining, guiding, reconciling, nurturing, liberating and empowering them. It is especially the healing

task of pastoral care that takes center stage in the care of PLWHA. PLWHA need to be healed from the depression and loneliness that they suffer from as result of being rejected and isolated. The PLWHA in the three stories shared in chapter four of this research needed to be healed from their hurtful feelings which they experienced after being stigmatized by the pastors and the church members. They needed healing especially from the pastors who they first shared their stories to.

Gerkin describes the caring task of the pastor to individuals in the following way:

Although emphases have fluctuated from time to time, the ordained pastor’s care for individuals has usually been given a dominant emphasis. Furthermore, in the recent history of pastoral care, in large part because of the influence of individualism and psychotherapeutic psychology, the organizing conceptualization of pastoral care has focused on the individual care of the pastor for individual persons (Gerkin 1997: 92).

It is indeed the task of the pastor to care for the people who are afflicted by pain in the communities. The pastor being the leader of the congregation should take a leading role in caring for the people afflicted by pain in this case the PLWHA. The caring task of the pastor should not only be limited in the church but should be extended even to non Christians in the communities surrounding the church.

In caring for the PLWHA, the pastors should guide, nurture and protect them in the same way the shepherd cares for his sheep as described by Adams who says, “ Shepherds are with the sheep, keeping watch over their flock by night, passing through the valleys where in every shadow lurk the possibilities of death from a wild animal, gently leading those with young and gathering the lambs. It is the shepherd who leads them out of the fold and who goes before them. He defends them from wolf with his rod. No wonder shepherds are called leaders” (Adams 1980:322-323). Adams is supported by Beaumont when he says, “The

shepherd in the Bible walked ahead of the flock, leading the way to green pastures, and into new territory. He walked as they walked, experiencing with them the heat of the sun and the ruggedness of the way” (Beaumont 1988:125).

The pastors as shepherds of God’s people have to be with PLWHA, caring for them and protecting them against any forms of stigma and discrimination. They must walk with the PLWHA and experience with them their pain of being HIV positive and of being rejected and isolated. This will help in healing the PLWHA and creating a sense in them of being with someone in their struggles.

Gennrich (2004) supports the idea of walking with the afflicted persons in the society as the most effective way of caring for them when he says:

“Care involves really understanding a person’s many social, personal, physical, cultural, spiritual needs and understandings, and responding to them in an integral way. But above all, it simply means *being there*. Others call it accompanying a person, or walking life’s journey (or part of it) with them.... This is akin to the African traditional value of *ubuntu* – doing whatever is necessary to care for the sick person because their sickness affects everyone in the community and in the family, working hard to ensure that life flows on as normal” (2004:47).

The researcher aligns himself with Gennrich. It is only by accompanying a person that one can understand the pain that he or she is going through. Accompanying a person in his or her problems can also help the pastoral caregivers to be in a better position to administer appropriate pastoral care to him/her.

Gennrich captures the essence of pastoral care in an African setting, particularly, the community orientation of pastoral care. Effective pastoral care in an African setting is

certainly not individually oriented, but is more of a community oriented activity (Couture & Hunter 1995, Louw 1997). African pastoral care is not person – centred as is western care and counseling. Louw, citing Mtetwa had this to say about African pastoral care:

“One of the most remarkable and tangible dimensions of African Spirituality relates to the unique notion of community and collective solidarity that the African society exhibits in all spheres of life. There is a profound sense of interdependence, from the extended family to the entire community. In a real sense, everybody is interrelated, including relations between living and those who have departed” (Louw 1997:401).

The above quotation underlines the fact that the individuals’ problems are seen as problems within the family or community group, and any individual problem is regarded as less important than the security and welfare of the whole community. This means that the sickness of one person affects everyone in the community and in the family. Effective pastoral counseling in such a setting should therefore not be individually oriented, but should be more of a community oriented activity (Couture & Hunter 1995, Louw 1997). Louw puts it in this way; ‘For recovery, a pastoral approach must move away from a one-to-one pastor/patient relationship. An individual approach must be supplemented by group counselling, which must include the family, the social group, and other important figures in the community as part of a therapeutic process. The network of relationships from the sick bed to the family and from the hospital to the community is even more important than the traditional bedside talk with patients’ (Louw 1994:27).

The researcher is of the view that pastors and church members should harness this characteristically African life – view of community in fellowship and integrate it with the metaphor of the church as a family of God’s people where authentic fellowship translates into care for the traumatized PLWHA. This will help the church members to see HIV as a disease

for everyone in the church. It will also help the church members to see the sickness of one PLWHA as their sickness. Harnessing community orientation of pastoral care will also help the church members to love and embrace the PLWHA. However, in harnessing the strengths of African concept as described, care must be taken that the pastors and church members do not revert to ancestral worship.

Community orientation of pastoral care will help all the church members to be involved in caring for the PLWHA in the church as well as in the surrounding communities. Apart from the pastor, it is also the role of all the church members to be involved in making an enabling environment where the traumatized can find help and healing. Quoting Luther's concept of pastoral care, Gerkin had this to say about the involvement of all Christians in caring for the afflicted in the society:

“Our lord and savior Jesus Christ hath left us a commandment, which concerns all Christians alike-that we should render duties of humanity, or (as the scripture calls them) works of mercy, to those which are afflicted and under calamity, that we should visit the sick, endeavor to set free the prisoners, and perform other like acts of kindness to our neighbor, whereby the evils of this present time may in some measure be lightened.” (Gerkin 1997:42).

The primary concern for the above quote is for those in special need, including the victims of “the evils of the present time” in this case the PLWHA. Such concern is the responsibility of all Christians and not simply the clergy. It is the role of all the church members as a community of faith to be involved in caring and protecting the PLWHA. This will help them to feel loved and embraced by everyone.

Crabb (1979) had this to say on the role of all Christians in caring for the afflicted people in the society, “because pastoral counseling is the responsibility of every Christian, Christian

leaders have a dual function-‘to equip the body and offer back resources’ (1979:16)”. Crabb sees pastoral care in three senses. Firstly, there is the counseling by every Christian through encouraging, empowering, and loving one another. Secondly, pastors, elders and church leaders teach biblical principles of loving one another to the community of faith. Thirdly, specially trained people deal with counseling and exploring deeper and more complicated issues, as the role of Christian professional counsellors.

Crabb wants to show that caring for the afflicted people in the society is not a one man show business but should involve all the stakeholders with different roles to play. This includes every Christian who should be involved in counseling through encouraging, empowering, and loving one another.

This research thesis will in here show the most needed intervention from pastoral care by the church (RCZ).

5.1.1. Intervention needed from pastoral care by the church (RCZ).

5.1.1.1. Providing leadership.

In every difficult problem there must be leadership that is prepared to take up the leadership in solving that problem. The RCZ Synod executive committee, the presbytery committees and the congregation executive committees must take up a leading role in breaking the silence on all the issues surrounding HIV and AIDS. This will help in ending the stigma which is faced by PLWHA in most of the congregations of the RCZ.

5.1.1.2. Formation of trauma counseling committees.

Trauma counseling committees must be formed in all the congregations of the church. Expertise must be employed in these committees to help the traumatized PLWHA and other

people who may be traumatized from other problems other than HIV and AIDS. Psycho-social counsellors, sociologists, medical personale and pastors can be used in these committees. The traumatized individuals need to be helped through counseling and pastoral care. The pastors of the congregations are to avail themselves in helping these these trauma counseling committees.

5.1.1.3. Formation of peer support groups of PLWHA.

Peer support groups are groups of people who come together because they share a common situation. In peer support groups, members help each other to improve and better manage their situation, share challenges and discuss solutions. Members support each other to implement decisions made in order to meet their psychological, social, physical and medical needs.

As noted in chapter three of this research PLWHA suffer from shame, anger, loneliness, guilt, anxiety, and depression as a result of being stigmatized by the pastors and the church members. Meeting other people living with HIV can reduce isolation and encourage PLWHA to live more fully and positively. Congregations should form these committees to help PLWHA come together and help each other to improve and better manage their situation, share challenges and discuss solutions. This will help them lead a more meaningful and positive life.

5.1.1.4. Training of church leaders at all levels on stigma and discrimination.

The training of congregational church leaders (pastors, church elders, women league leaders, youth leaders and men's fellowship); on stigma and discrimination can help in ending stigma and discrimination faced by PLWHA in the church. These trainings can be organized by the Synod executive committee and the presbytery executive committees. The objectives of the trainings will be to break the silence in congregations on issues of suffering and sexuality, to

make congregations places where everyone can feel welcome and receive pastoral support and to promote the integration of messages of HIV/AIDS into sermons and worship services.

5.1.1.5. Building relationships with PLWHA.

Counseling is a relationship (counsellor-client) which facilitates the client's growth. In this instance, the relationship is between the pastors or church members and the PLWHA. A good relationship with the PLWHA is necessary for them to open up. The pastors and the church members will in this way facilitate the growth of the PLWHA. Facilitation means to create a favourable environment toward positive growth in the PLWHA. Growth here means that the pastors and the church members will aim at enabling the PLWHA to make changes toward living positively with the HIV positive status. The pastors and the church members will also aim at helping the PLWHA to grow towards spiritual maturity. They will aim at making them become more like the lord.

5.1.1.6. Developing a non condemnatory attitude toward PLWHA.

The pastors and the church members should not have a condemnatory attitude toward PLWHA. Even if the person thinks that he or she has sinned emphasis should rather be placed on acceptance, forgiveness and reconciliation to God and His people. In chapter 3 of this research fear of casual transmission of HIV and refusal of contact with PLWHA and negative judgments/beliefs about people living with HIV were noted to be the causes of stigmatization and discrimination PLWHA in the church (RCZ). The researcher observes that this is partly attributed to the lack of information on HIV on the part of some pastors and some church members and a sheer 'holier than you' attitude towards PLWHA. The pastors and the church members therefore have a task to communicate grace and acceptance to PLWHA. They should embody a gracious posture of compassion. As already stated in chapter 3 of this research the Bible shows examples of people who sinned and subsequently forgiven by God.

We have people such as Abraham (Gen 20) and King David (2 Samuel 11-12; Ps 51). The prostitute in John chapter 8 can also be used as an example of God's desire to pardon those who come to Him in repentance rather than punish and condemn them (1 John 1:8-9). In ministering to the needy, Jesus Christ was not afraid to make physical contact. He took the hands of the sick (Mark 1:31; Mathew 9:29) and the demon possessed (Mark 9:27). His fingers touched blind eyes (Mathew 20:34), deaf ears (Mark 7:33) and silent tongues (Mathew 7:33). Most astonishing of all Jesus touched the lepers-the outcasts of his day (Mathew 8:3; Luke 5:12-13).

5.1.1.7. Accompanying the PLWHA on their journey.

The pastors and church members should become 'companion on the journey' of PLWHA (Muller 1999). It is not sufficient to show acceptance and compassion to PLWHA. There will always be a need to console and practically help PLWHA as they grapple with a lot of uncertainties. In chapter 3 of this research it has been noted that when PLWHA are being stigmatized and discriminated they suffer from the trauma of being rejected and isolated. PLWHA expect the church to accompany them in their struggles and suffering, but instead they have been abandoned on a lonely journey leading some to even think of committing suicide. Pastors and church members should walk alongside PLWHA by accepting and embracing them and helping them to overcome the trauma of being rejected and isolated.

5.1.1.8. Giving hope to the PLWHA.

In chapter 3 of this research suicidal decision has been noted to be one of the effects of stigma and discriminations of PLWHA. This come about when a PLWHA feels he or she has exhausted all possible options. Life has no meaning, no purpose, and no future, so why continue to endure its extreme unhappiness, anguish, hopelessness, and despair? The obsessive belief that nothing will ever change for the better leaves him or her feeling helpless,

with the conviction that death is the only way out (Graham 2002: 251). In administering pastoral care to the PLWHA, pastors and church members should give hope to PLWHA. The practice of pastoral care is “a sign of hope to the world. This hope is the fountain of peace and the motivation to live in this life, even with HIV and AIDS infection” (Magezi 2005:154). Scripture’s statement on the matter of hope should be used to inspire PLWHA to hope for God’s final day. Paul describes this hope in glorious terms when he writes:

“But our citizenship is in heaven. And we eagerly await a savior from there, the lord Jesus Christ, who, by the power that enables to bring everything under his control, will transform our lowly bodies so that they will be like his glorious body” (Phil 3: 20-21).

Even the body of the PLWHA here on earth will be transformed to be like that of the lord Jesus Christ. There will be no HIV virus in the afterlife. PLWHA can live positively in the light of this anticipation. This hope is an implication of the Lord Jesus’ resurrection from the dead (1 Cor. 15:51:55).

5.2. Different Pastoral Care dimensions in dealing with stigma and discrimination.

5.2.1. Counseling.

The terms pastoral care and pastoral counseling are often used interchangeably , although a distinction can be made. In talking about pastoral care, pastoral counseling is implied or assumed. In this sense then a person cannot be a pastoral caregiver without being a pastoral counsellor. It is the researcher’s view that these activities constitute what in theological terms is called the ‘cura animarum’ or ‘cure of souls’.

Maldonado, Louw and Van Dyke also assert to the fact that pastoral care implies pastoral counselling with a view to enabling the counselee to tackle his or her challenges more effectively. It must be noted further that counseling is the salient manifestation of pastoral

care especially as it relates to the care of PLWHA (Maldonado 1990; Louw 1997, van Dyke 2005).

Collins differentiates and defines in a broad way what pastoral care and pastoral counseling are. He writes in this way:

Some have found it useful to make a distinction between pastoral care, pastoral counseling and pastoral psychotherapy. Of the three terms, pastoral care is the broadest. It refers to the churches over all ministries of healing, sustaining and reconciling people to God and to one another. Sometimes called ‘the care of souls’ this includes the ministries of preaching, teaching, discipling, administering the sacraments, nurturing people and caring in times of need (Collins 1998:16).

The major concern of this research is to enhance the love and care of souls. The research narrows it down to the specific individuals who are directly affected by stigma and discrimination. The reliance on pastoral care theology to engage it in healing, supporting, and allowing the concerned person to face up with what has happened to them. There are other African theologians who have also effectively explored this facet of the need for a multidisciplinary approach. In describing pastoral care Waruta puts it in this way:

“All along this tedious journey of life, we need other persons just as they too need us. The whole profession of counseling responds to the fact that human beings need each other and look for physical, emotional and spiritual support from one another, beginning with those whom we consider most significant and helpful in our own lives. Counseling is the art and skill of helping individuals and groups to understand themselves better and relate to fellow human beings in a mature and healthy manner. As a profession counseling facilitates the healthy and meaningful survival of individuals and groups. It involves the art and skill of enabling others to live hopefully, considering

that none of us can rely entirely on ourselves and survive without the support from other persons. From a pastoral perspective, the challenge is to discern the kind of help that would be effective and helpful to those that need it (Waruta 2000:1)”.

The researcher agrees with the above descriptions of pastoral counseling which complement each other and in this research, pastoral counseling will be explored as part of the solution to the problem of stigma and discrimination. Clinebell says counseling can allow us to discover fresh dimensions of our humanity. It can release our potentialities for authenticity and aliveness. It can help to release our trapped creativity – the potential creativity present in every person. By renewing us as persons, Counseling helps empower us to become renewal agents in a church and in a society that desperately need renewing. Pastoral counseling and care can be instruments of healing and growth by helping us develop what is most difficult to achieve in our period of history-depth of relationships (Clinebell 1984:15).

The following definitions help to give the broader view of this subject on counseling as means of healing the PLWHA who are afflicted by pain as a result of being rejected and isolated.

Another facet to the solution is pastoral counseling. Collins continues to say what it is all about:

“This is a more specialized part of pastoral care that involves helping individuals, families, or groups as they cope with the pressures and crises of life. Pastoral counseling uses a variety of healing methods to help people deal with problems in ways that are consistent with biblical teaching. The ultimate goal is to help counselee’s experience healing, learning and personal spiritual growth. As defined traditionally, pastoral counseling is the work of an ordained Pastor. In view of the scriptural teaching that all believers are to bear the burdens of one another, pastoral counseling can and should be

a ministry of sensitive and caring Christians, whether or not they are ordained as clergy (Collins 1988:16)’’.

While scripture allows that pastoral counseling is the responsibility of every Christian and not only the clergy, there is need to be sensitive and secretive in dealing with certain problems which confront people. For example, in dealing with stigma and discrimination, there is need to be sensitive. This is because some families, some church members and some communities regard HIV and AIDS disease to be a very secretive and sensitive problem. It is given that when one is infected with HIV virus it is a moment of crisis and a lot of negative pressure. The need for counseling is greater than before. There is need for confidentiality when counseling PLWHA as some of them would not like other people to know about their HIV positive status. Pastoral care will focus on helping individuals (PLWHA) heal from depression, loneliness, anxiety and anger that have torn their lives apart.

Although it is believed that the goal of counseling is to help the counselee to tackle his or her challenges more effectively and become a self helper (Van Dyk 2005: 175), The researcher would like to argue that this goal seems to be only partly true. This goal of counseling becomes stale when a PLWHA is on a brink of committing suicide and needs more assurance and comfort than anything else. The researcher is of the view that something much more than helping the counselees to tackle their challenges must be done in order to care for the PLWHA. A specific pastoral or hope therapy (Louw 2006) must be given at a point when a PLWHA is on the brink of committing suicide or death. The researcher’s opinion is that pastoral care and counseling is more holistic than anyother approach as it not only aims at facilitating the counselee’s ability to explore and discover ways of living more fully, satisfying, and resourceful (Van Dyke 2005:175), but also seeks to impart hope (Louw 2006) in the life beyond suffering. Basing his argument on the fact of Christ’s resurrection as the source of hope beyond suffering for PLWHA (1 Cor. 15:10), Louw asserts that “one can view

the resurrection of Christ as the final critique of God on death, suffering and stigmatizing. Resurrection hope is about the death of death, about the fact that every form of rejection, stigmatization and isolation have been finally deleted by God. PLWHA should therefore be empowered to start to live despite the reality of the virus” (2006:104). This is a more holistic approach to care of PLWHA as it not only points to positive living here and now, but also addresses the issue of hope in the after life (Yancey 1990) when all pain will be no more (Rev. 21:4-5; Rom. 8:18-25).

Pastoral caregivers should use this holistic pastoral care and counseling approach in caring for PLWHA. This approach will not only help them to tackle their challenges more effectively and become self helpers, it will also impart reassurance and hope in them, especially those who are suffering from depression and would like to commit suicide.

5.2.2 The word.

The word of God is an important tool in counseling people afflicted by pain in society. It not only provides a true understanding of people’s basic needs, but also gives the answer to these needs. The word of God reaches out to people in their present problem situations. As we read, meditate upon, and apply this written word to our lives today, so God’s presence and activity becomes real to us. Taylor had this to say about the importance of the word of God in counseling:

The scripture themselves provide the evidence of their importance in counseling. For example: they bring light to our human situation (Ps. 119:105), they show us the mind of God, and encourage us to bring our own thoughts into line with his (Isa.55:6-9), they show us to believe in Jesus Christ, and find new life in Him (John 20:30-31), they offer us encouragement, comfort, and hope in times of distress and difficulty (Rom. 15:4), they offer correction, instruction, and true teaching, and show us the right way to live,

and they enter deeply into our inner lives, and help us to recognize and understand our own inward thoughts and desires (Taylor 1983:146).

When applied appropriately the word of God can encourage, comfort, and give hope to the PLWHA even as they pass through pain of rejection and isolation. The word of God can also give assurance to the PLWHA that they are not alone in their suffering but that God is with them.

The word of God can also be used to articulate a particular emotion, condition, or feeling. The fact that scripture understands a certain emotional condition enables people to realize that they can use scripture to interpret and communicate their most profound needs accurately before God. For example, in the light of Psalm 42:11 the person could discover that the psalmist was also subjected to tremendous emotional pressure; he too experienced doubt, psychic instability and depression. This experience generated the psalmist's advice to: 'Put your hope in God.' In this way, the person afflicted by pain's needs and emotional disruption has been articulated, and the person's faith has been nurtured. Scripture thus comforts and allows this to take effect organically at all levels of human existence (Louw 1998:384-385).

The word of God can help the PLWHA to put their hope in God and depend on him for their needs.

The word of God also unmask human behavior and frequently generates radical change. 2 Timothy 3:16 says specifically that Scripture is inspired by God 'for teaching, rebuking, correcting and training in righteousness.' Hebrews 4:12 declares that the word 'judges the thoughts and attitudes of the heart.' Confronting and admonishing are frequently used in pastoral care when guilt is being addressed. Confrontation strives to change sinful behavior, and not to reject the person as a sinner: thus it should always be accompanied by an attitude of love.

The researcher has discovered in this research that the PLWHA are rejected and isolated because of being regarded as sinners who contracted the HIV virus through immoral behavior. The word of God can help in teaching, rebuking, and correcting the church members to change their negative behavior towards the PLWHA. It can help them to love them and embrace them despite their HIV positive status. The word of God can also help in imparting reassurance and hope in the PLWHA especially those who are suffering from depression and would like to commit suicide.

5.2.3. Sacraments.

Christians directly experience God's sustaining love and grace through the sacraments of the church. Through the sacraments Christians are incorporated in Christ, and through Him are united to one another despite their status. Taylor in his book *Tend my Sheep* had this to say about the Lord's Supper (Holy Communion):

Churches see the Lord's Supper as the visible reminder of the historic fact of Christ's death in the past, the promise and assurance of the final gathering together of all Christ's people with Him in future and in the present. The reality of fellowship in which all believers are made one bread, one body (Taylor 1983:158).

The researcher agrees with above quotation. The Lord's Supper indeed gives a reality of fellowship in which all Christians are made one bread, one body. This one bread, one body includes PLWHA. By being part of the Holy Communion PLWHA can feel embraced and loved by other church members. They can also feel that they are part of the body of Christ despite their HIV positive status. Pastoral caregivers should help the pastors and the church members, especially the pastors not to deny the PLWHA from partaking the Lord's Support as they too are part of the body of Christ. The Lord's Supper can help the PLWHA to open themselves to receive from God the grace and strength they need in order to amend their lives

or find a solution to their problems. The Lord's Supper can also help the PLWHA experience God's sustaining love and grace.

The researcher has discovered in this research that PLWHA are denied Holy Communion by some pastors in some of the congregations where this research was conducted. One of the co-researchers confirmed being bypassed by the pastor as he was giving out the bread and the wine to the church members during partaking of Holy Communion. PLWHA are part of the body of Christ who should not be denied the Holy Communion.

5.2.4. Fellowship of believers.

People in trouble find help in the knowledge that they are not alone, that others have come through the same sort of experience. An old English proverb says: 'A trouble shared is a trouble halved'. This is true of everyone, not only Christians.

Christian fellowship means more than just telling people that others have trouble too. It means actually sharing the trouble; helping and supporting those in need, not just with words of sympathy, but in a practical way.

Christian fellowship as a resource for helping those in need is the responsibility of the whole congregation—the whole household of the faith as Paul called it (Galatians 6:10). This fellowship is part of the ministry of every Christian, a ministry of love and active concern in which every member of the church has a contribution to make.

The New Testament provides us with a clear pattern of the church as a caring community in which individuals, families, and household groups, while keeping their many differences and personalities, all belong together in one fellowship, because all are joined to Jesus Christ in the communion of the Holy Spirit.

Gerkin had this to say about the church as a caring community:

“A primary function of the Christian community is that of creating and maintaining a climate of relationship within which all members of the community are understood and cared for. To experience such a community is to overcome the loneliness that pervades the contemporary culture.” (Gerkin 1997:126).

The researcher aligns himself with Gerkin because he shows the significant part of relationship within the community which demonstrates love and care to the PLWHA as they are an integral part of the Christian community in which God also wants to use them to extend his kingdom.

The church as a Christian community should not reject and isolate PLWHA as a way of resolving the problem of stigma and discrimination in the church. They should instead denounce the evils of stigma and discrimination that is affecting the lives of PLWHA.

The church as a fellowship of believers can be a resource of understanding and caring for the PLWHA. As a fellowship of believers it can also be a resource of sharing the difficulty life situations of PLWHA. By doing so PLWHA feel encouraged and their loneliness is overcome.

5.2.5. Prayer.

Prayer is important in the ministry of counseling because it is man or woman’s chief way of keeping close to God. The following is what prayer does in the lives of people: It opens up people’s living situation and enables them to draw on the deep resources of God’s strength and wisdom. It brings people into touch with the mind of God, so that they begin to see the problem in a new and clear way. It also enables them to draw upon more than their own wisdom to meet the problem. Prayer reminds people that their own understanding and

strength is limited, and that they can find the true meaning of life and of all their relationship in the teachings and examples of Jesus Christ. Prayer helps people to find and experience God's forgiveness and His sustaining love in the midst of their failures and problems.

Louw in his book 'a Pastoral Hermeneutics of Care and Encounter' discusses four therapeutic dimensions of prayer namely; prayer as meditation, prayer as remorse and confession of guilt, prayer as gratitude and prayer as healing (Louw 1998:436-438). He discusses these dimensions in the following way:

5.2.5.1. Prayer is meditation.

According to Louw (1998:436) meditation signifies a way of living and doing in which people seek to link God and the purpose of their lives to their daily actions, thoughts and words. Meditation is thus more than seclusion, pondering and quietude. Meditation becomes a way of dealing with life in which life is viewed as more than merely bio-physical process within a material reality. Meditation in prayer thus becomes an attitude to life, subject to God's discipline and sovereignty over all aspects of life.

The researcher agrees with the above understanding of meditation and recommends that pastoral caregivers must help PLWHA to engage in prayer of meditation. This will help them to link God and the purpose of their lives to their painful experiences. Being in union with God will help them have a feeling of belonging to someone who they can speak to, who can listen to them and who can care for them. This feeling will make the PLWHA to be encouraged and comforted. Prayers of meditation can help them depend on God for their comfort and encouragement.

5.2.5.2. Prayer is remorse and confession of guilt.

Louw has this to say about Prayer as remorse and confession of guilt:

Prayer, as remorse and confession of guilt, brings the therapeutic effect of relief, liberation and salvation. In psalm 32, the supplicant knows that all will be well only if a person's sins are forgiven (v.1). The therapeutic issue of forgiveness of sins is appropriated and coupled with true remorse and confession of guilt (Ps. 51). For example, in Psalm 32:3 the supplicant knows that if he remains silent about his sins, his body will waste away. The therapeutic moment of liberation breaks through: 'Then I acknowledged my sins to you and did not cover up my iniquity. I said, "I will confess my transgressions to the lord" and you forgave the guilt of my sin' (Ps 32:5).

Prayer, as a therapeutic medium to communicate guilt, is more than an emotional catharsis. Prayer should not merely express regret and sadness. Confession of guilt which communicates only the trauma of psychic pain may degenerate into masochistic self torture. Confession of guilt is free from masochism when it is addressed to the lord. This 'to' imply that guilt is transformed by God's mercy. This immediately results in forgiveness and liberation as God's gift to the supplicant. Peace and gratitude flood the supplicant's heart: this may be described as the therapeutic effect of reconciliation (Louw 1998:437).

With the above understanding of prayer as remorse and confession of guilt, the PLWHA can be helped to feel relieved, liberated and saved when they are helped to engage in prayer of remorse and confession. As indicated in chapter three of this research, one of the effects of stigma and discrimination experienced by the PLWHA is feeling guilt. The researcher has discovered through this research that even those that have not contracted the HIV virus through illicit sexual intercourse suffer from the feeling of being guilt. This is because of being accused and regarded that they contracted the HIV virus through immoral behavior. Helping them to engage themselves in prayer of confession can help them to feel relieved,

liberated and saved. As noted above prayer of confession of guilt, brings the therapeutic effect of relief, liberation and salvation in the people.

Prayer of confession of guilt addressed to the Lord can help in making the PLWHA to be assured that their sins have been transformed by God's mercy. Being assured that their guilt has been transformed by God's mercy will help in giving the PLWHA a feeling of relief and liberation.

5.2.5.3. Prayer is gratitude.

Gratitude is the most immediate criterion which indicates the quality of the new person's maturity in faith and the supplicant's true motive before God. In gratitude the believer embraces the gift of grace which the spirit has instilled in order that the new person can live victoriously. The therapeutic issue of gratitude is a positive attitude of joy and a future vision of hope. The believer anticipates with gratitude God's faithfulness; hope is evoked. Hope is essentially the therapeutic effect of prayer in faith (Louw 1998:437-438).

With the above understanding of prayer as gratitude PLWHA can be helped to have a positive attitude of joy and a future vision of hope when they engage themselves in prayer of gratitude. The researcher has discovered in this research that some of the PLWHA who have been faithful to their spouses and have led moral lives are troubled by a question of why God allowed that they should contract the deadly HIV virus. This has caused them to lead a negative life and lose hope. The pastoral caregivers must help the PLWHA to accept their HIV positive status and thank God for this status. This will help them to lead a positive life of joy and hope. Prayer of gratitude can be an important tool to help the PLWHA accept their HIV positive status and live in peace and joy with hope.

5.2.5.4. Healing is the fourth dimension of prayer.

Prayer cannot be separated from a dimension of recovery and healing. In pastoral practice a prayer for healing is often coupled with the important formula: 'If it is God's will'. The will of God is an appropriate formula for the prayer of healing if said in complete dependence upon God and confirming God's faithfulness to his promises. The supplicant depends wholly on God's faithfulness for the outcome of the prayer, whatever the outcome might be. If healing does not take place, God's reliability is not nullified because his faithfulness was the presupposition from which the supplicant departed. Nor does the outcome of prayers become final criterion for the prayer's quality of life. It is meaningful in pastoral care of the ill to pray for God's will to be done, provided that the focus in the prayers for healing is faith and trust in the healing God, and not the healing asked of God.

God's will is salvation. God wills human salvation, humanity and justice. Within this salvation and enjoyment of life there is room for healing. The prime focus in pastoral care for the ill is not the healing God can bring but directing attention to the God of healing. 'God's will' then becomes what happens in the supplicant's heart while praying for healing (Louw 1998:438).

The researcher aligns himself with the above understanding of prayer for healing and recommends that pastoral caregivers should help the PLWHA to engage themselves in prayer for healing and depend on the will of God to be done. This will help them to depend on God and feel that despite their problems, there is someone who cares for them and loves them.

In this research, by healing the researcher is referring to a situation in which traumatized PLWHA come to terms with their problem of being rejected and isolated. It is when PLWHA reach a stage when they feel accepted, loved and embraced that one can say healing has been attained. Different individuals and groups have some important roles to play in order to bring

healing to the PLWHA based on these problems of rejection and isolation from some church members and some pastors.

Pastoral caregivers must help the PLWHA to come to terms with their problem of being rejected and isolated. They should help them reach a stage where they should feel accepted, loved and embraced by the pastors and the church members. Prayers of healing can help in making the PLWHA reach such a stage.

5.3. The role of the pastor, church members and the extended family in counseling the PLWHA.

Different individuals and groups have some important roles to play in order to bring healing to the PLWHA based on the problems of stigma and discrimination from some church members and some pastors. An intensive education programme needs to be developed by congregations in order to start addressing the problem of stigma and discrimination. These roles are to be played by different groups and individuals as part of Pastoral care, Pastoral counseling and mutual care of the church members which includes the community members. For the sake of this research the researcher will only discuss the roles of the pastor, church members and the extended family of the PLWHA because these have critical roles to play in this issue of stigma and discrimination.

The roles of pastors, church members and relatives are discussed in detail below:

5.3.1. The role of the Pastor.

The pastoral caregivers should stand with PLWHA in their pain and suffering and learn from them. The PLWHA should be helped to identify with their church members, their community and to their shepherd Jesus Christ. Stigma and discrimination itself is a problem that a

pastoral caregiver can not deal with in isolation but in a spirit of togetherness “Umuntu” a person is a person together with other people.

For PLWHA to continue to live a positive life there is need for pastoral caregivers to work with them, helping them to face reality of their experience. This is the role that pastors have to do in each congregation of the church in order that the influence of the church on care can be extended to PLWHA who are not church members. The PLWHA have to be comforted by the word of God, education and counseling. The word of God (Bible) has several portions which pastoral caregivers can use, for example Isaiah 58:9 & 14; Ps 121:7-8; Ps 50:15, Ps 25: 16-18 and Ezekiel 35:11-15 which says:

“For this is what the sovereign lord says: I myself will search for my sheep and look after them. As a shepherd looks after his/her scattered flock when he/she is with them, so will I look after my sheep. I will rescue them from all the places where they were scattered on a day of clouds and darkness. I will bring them out from the nations and gather them from the countries, and I will bring them into their own land. I will pasture them on the mountains of Israel, in the ravines and in all the settlements in the land. I will tend them in a good pasture, and the mountain heights of Israel will be their grazing land. There they will lie down in good grazing land, and there they will feed in a rich pasture on the mountains of Israel. I myself will tend my sheep and make them lie down, declares the sovereign lord”.

With the above quotation, the researcher has realized that this will give hope to the PLWHA and make them feel cared for when the pastoral caregivers are encouraging and showing them a way to God. PLWHA also have to be encouraged to pray to the lord who is great helper. Pastoral caregivers can use Ps 50:15 which says “And call upon me in the day of trouble; I will deliver you”. By these scriptures, pastoral caregivers will be using the word of God to

bring encouragement and hope to the PLWHA, and by so doing they will see God as a great helper even in their situations.

As pastoral caregivers, it is the role of the pastors to bring hope and encouragement as they seek to bring what practical assistance they can to the difficult situations faced by PLWHA and their families. It is their role to bring a listening presence that gives PLWHA time and opportunity to discover for themselves where God may be found. Jesus' own life and ministry are full of examples of his desire to bring comfort to those in distress. He healed all diseases unconditionally (Mark 1:29-32) and reached out to those who were stigmatized (Mark 1:40-45; Luke 17:11-19). He forgave sins (John 8:1-12; Luke 7:36-49; 15:11-32), took the side of those who were poor (Mathew 9:10-13; Luke 18:1-8).

The psalmist had this to say about caring:

Where can I go from your spirit? Where can I flee from your presence? If I go up to the heavens, you are there; if I make my bed in the depths, you are there. If I rise on the wings of the dawn, if I settle on the far side of the sea, even there your hand will guide me, your right hand will hold me fast. If I say “surely the darkness will hide me and the light become night around me,” even the darkness will not be dark to you; the night will shine like the day, for darkness is as light to you (Psalms 139:7-12).

With the above biblical quotation the readers have to realize how God makes himself available to the people in their difficult situations. God makes himself available to the people in times of their suffering or sickness and cares for them. The pastors as pastoral caregivers are challenged to make themselves available to the PLWHA in times of their pain and suffering. They are challenged to care for the PLWHA and protect them. As pastoral caregivers they can through teaching, preaching, and counseling help the PLWHA to overcome the experience of being rejected and isolated by church members. Through these

programmes they can also help the church members to avoid and prevent stigmatization of PLWHA.

One can see from the case study of Mabibi who went through pain of avoidance and isolation because of the parents removing their children from her Sunday school class. She suffered from the pain of avoidance and isolation because she did not benefit from the above programmes of teaching, preaching and counseling. The parents inflicted pain on her because they also did not benefit from the above programmes. Therefore, knowledge in pastoral care is important in caring for the PLWHA.

5.3.2. The role of church members.

It is important that church members as a caring Christian community to which PLWHA belong are encouraged to give moral support to the PLWHA. They should tell them that despite their HIV positive status God loves them and that they still bear his image. The PLWHA should be helped to see themselves worth in the eyes of God.

Gerkin defines pastoral care of the congregation as:

‘The ministry of oversight and nature offered by a religious community to its members, including acts of discipline, support, comfort, and celebration (Gerkin 1997: 126)’. In a community that has been ridden with stigma and discrimination, pastoral care has a significant role to play. The church members as a Christian community need to support and comfort those that are stigmatized and discriminated against in this case PLWHA. To be a member of the Christian community means to give and receive a variety of forms of care. Members of Christian communities experience their fellow Christians as sources of support, mutual encouragement, and comfort (Gerkin 1997:126). The PLWHA as members of the Christian community need their fellow church members in order to experience support, mutual encouragement and comfort.

PLWHA need and long for relationships within which they can be open and assured of acceptance. When discussing with his co researchers, the researcher discovered that some church members disassociate themselves from the PLWHA because of being HIV positive. This has made most of the PLWHA to suffer from double trauma, being infected by the virus and being rejection by their friends. The church members as a community of Christians should identify themselves with PLWHA and care for them.

Gerkin calls community pastoral care as a service of community mutual care. In his words he says: **“A primary function of the Christian community is that of creating and maintaining a climate of relationship within which all members of the community are understood and cared for. To experience such a community is to overcome the loneliness that pervades the contemporary culture.” (Gerkin 1997:126).**

Gerkin writes from a Western context but the researcher agrees with him, his words are true even in the Reformed Church in Zambia where family ties are strong and dynamic, but yet when it comes to HIV and stigma they leave the traumatized lonely. This is because talking about HIV and human sexuality in the church is a taboo. This exacerbates the loneliness to people needing help and healing. The idea of the community of faith creating an enabling environment where the traumatized can find help and healing is an indispensable role the church has to play. The church must create an environment that protects life and empowers the vulnerable to fight the phenomenon. Gerkin explains how modern life brings alienation when individualism is elevated:

‘Much of modern life tends toward alienation rather than mutual support. Competition rules much of the market-place of human relationships; prejudice, stereotyping, and indifference abound in human relationships, even among family members and co-workers, to say nothing of the Christian community itself. Countering these alienating

tendencies in human relationships is an important aspect of the work of the church as a community. The pastor nourishes and engenders a climate of mutual care in the community for which he or she must seek to provide interpretative leadership. By his or her manner of relating within the community, others are encouraged to create and participate in a community where everyone feels cared for and nourished. In addition the pastor needs to recognize that he or she is not alone in providing pastoral care in the fellowship of the community (Gerkin 1997: 127)'.

From the above quote the researcher observes that the pastor cannot stand aloof, he or she is automatically involved by virtue of his or her office and calling. Empowered by Jesus Christ stigma and discrimination in the church must be faced squarely in attempting to bring healing to the traumatized PLWHA.

Church members as a Christian community have to play a vital role to the PLWHA, instead of mocking, avoiding and stigmatizing them. In this research PLWHA who have been rejected by the church members and their pastors suffer from the trauma of avoidance and isolation. Healing is easy if they are accepted and loved. Most of the co researchers indicated that when they were discovered that they had an HIV virus their fellow church members neglected them; as a result they felt rejected which led them to suicidal thoughts.

The researcher aligns himself with Gerkin because he shows the significant part of relationship within the community which demonstrates love and care to the PLWHA. PLWHA are an integral part of the Christian community in which God also wants to use them to extend his kingdom.

The church as a Christian community should not reject and isolate PLWHA as a way of resolving the problem of stigma and discrimination in the church. They should instead denounce the evils of stigma and discrimination that is affecting the lives of PLWHA.

Another role that the church as a Christian community should play is that, they need to create an atmosphere where PLWHA are involved in church activities. Involving PLWHA in church activities such as singing in choir groups, teaching Sunday school and catechumen classes and occupying decision making positions will make them feel accepted and valued. This will also help them to overcome the pain of having contracted the HIV virus.

5.3.3. The role of the extended family.

Stigma and caring in the family are closely linked. Some forms of stigma are triggered by family members not knowing what to do or how to care for HIV affected members. This, coupled with poverty and economic stress, creates conditions where frustrations can easily lead to stigma. PWHA are being blamed for “being a burden” or neglected because families feel overwhelmed by the duty of care and support.

The extended family has a critical role to play in this issue of stigma and discrimination which is a serious global problem. Stigma and discrimination education has to be a shared responsibility by both the extended family at home and pastors and their church members at church. This will help in avoiding stigma and discrimination due to lack of information.

The family has the responsibility of showing its members who are HIV positive that they are still loved and accepted even if they are infected with the HIV virus. They also need to encourage them that having the HIV virus is not the end of life. The extended family has a role of encouraging the school going PLWHA to go back and continue with their school. For those who were going for work to go back for work.

5.4 Pastoral Counseling within an African Setting.

The African worldview seems to believe that HIV infection is something that occurs as a misfortune when a taboo is broken either by the individual or his or her close relative.

Sometimes an HIV positive diagnosis is attributed to a punishment for an abomination committed or to witchcraft.

On the belief that HIV infection is something that occurs as a misfortune when a taboo is broken either by the individual or his or her close relative, the researcher is of the view that this belief comes about as a result of having a perception that individuals' problems are a family problem or the community group problem. The Africa world view perceives the sickness of one person as a problem which affects everyone in the community and in the family. As noted earlier in this chapter, effective pastoral counseling in such a setting should therefore not be individually oriented, but should be more of a community oriented activity (Couture & Hunter 1995, Louw 1997). African pastoral care is not person – centred as is western care and counseling, it is community centred. Louw (1997:401), describes the defining trait of African pastoral care as follows:

“One of the most remarkable and tangible dimensions of African Spirituality relates to the unique notion of community and collective solidarity that the African society exhibits in all spheres of life. There is a profound sense of interdependence, from the extended family to the entire community. In a real sense, everybody is interrelated, including relations between living and those who have departed” (Louw 1997:401).

The researcher is of the view that churches should harness this characteristically African life – view of community in fellowship and integrate it with the metaphor of the church as a family of God's people where authentic fellowship translates into care for the traumatized PLWHA.

On the misconception of attributing HIV diagnosis to a punishment for an abomination committed or to witchcraft, Magezi (2005:190) says that when an African asks ‘why?’ question (cause and effect); he or she receives an answer from the wictchdoctor or diviner. So

the witchdoctor or diviner is the therapist in this setting. He describes African therapy as a process of finding causation of a crisis when he explains:

Your sickness, misfortune, or condition can be traced to either an inappropriate action by one member of the family or a conflict that existed among members of the family who may be dead. *The purpose of the therapy is to say to the offender, you have done wrong or wrong was done by someone else; we have accepted responsibility, confessed the guilt, shame, damage by an appropriate ritual.* If it was a past conflict, descendants of the parents who gave rise to the conflict do the confession on behalf of the dead (Magezi 2005:190).

The researcher is of the view that this African frame of reference necessitates that a biblical (Christian) worldview or understanding be adhered to in Christian therapy. Therefore, Christian therapy addresses a fundamental transformation of worldviews through Biblical teaching.

Meier et al. (1991:134), identify the following principles which are distinguishing traits of Christian counseling that make apt to give spiritual healing in any perplexing life situation including an HIV positive diagnosis:

- Christian counseling accepts the Bible as the final authority. Christians are not tossed back and forth and do not rely on their conscience, but they have the word of God that is valid and defines men's *telos* and purpose.
- Christian counselling does not only depend on the human will to be responsible, but they have the Holy Spirit that assists them.
- Although human beings, by nature, are selfish and ignore or hate God, through faith they receive the Holy Spirit who give them victory in empowering their sinful nature.

- It deals effectively with the counselee's past. Because people's past guilt is forgiven (1 John 1:9), they can look to the future (Php 3:13-14).
- It is based on God's love. God loves us and His love flows through us as we care for others (Rom 12:9-21). A Christian counsellor feels a spiritual relationship to others and helps them grow in Christ as they solve their problems.
- Christian counseling deals with the whole person. It recognises that the physical, psychological, and spiritual aspects of humans are intricately related (Meier et al. 1991:134).

5.5 Preliminary Conclusion.

In this chapter a pastoral care model to be used by pastors and church members in caring for PLWHA has been explored. Description of pastoral care and counseling has been given. Counseling skills to be used in counseling PLWHA who are traumatized because of suffering from the pain of rejection and isolation have also been explored. The chapter has also shown how the Reformed Church in Zambia pastoral caregivers can achieve in making the church a channel of inclusion, acceptance, and compassion to PLWHA. The researcher is of the view that when correctly applied pastoral caregivers can be helped to nature, to heal, and to protect the PLWHA. The skills can also help the PLWHA overcome the pain of being stigmatized and discriminated.

In the next chapter, the researcher is going to make concluding thoughts and a way forward.

CHAPTER SIX

6.1. Concluding thoughts as a way forward.

The whole process of this research was to explore how PLWHA suffered the trauma after being stigmatized by some pastors and some church members in the church. The issue is introduced as being a global phenomenon with a focus in the Reformed Church in Zambia. The researcher gives his motivation in trying to tackle the problem and show how the study is necessary. The road map and the methods are tabulated and the causes of stigma in the church are indicated namely, fear of casual transmission of HIV and refusal of contact with PLWHA, and negative judgments/beliefs about people living with HIV and AIDS. The research has shown the distressing emotions in the PLWHA which include shame, anger, anxiety, guilt, loneliness, depression and suicidal decision. These emotions are created in the PLWHA as a result of being stigmatized by some pastors and some church members. Three painful stories told by three PLWHA that faced stigma in the church are highlighted. These stories helped the researcher to journey together with the PLWHA and exposed him to the pains that they experienced both in the church and in the communities. The following are the pains that they experienced as revealed by the research: being unloved, being abandoned, being avoided, being rejected, being isolated, being sidelined and losing fellowship with friends and God.

The research study has also shown the role of pastoral care and counseling in traumatized PLWHA. This include how pastoral care can help in having a new paradigm in itself to enable appropriate counseling to address the issue of the distressing emotions in the PLWHA and their traumatic experiences. The roles that the pastor, church members and the extended family of the PLWHA can play in order to bring healing to the PLWHA based on the problem of stigma are highlighted. The study has also shown how pastoral care and counseling can bring healing to the PLWHA and their families traumatized by stigma.

The researcher is aware that basic facts about HIV/AIDS are being taught in many congregations of the Reformed Church in Zambia. However, it is not yet sufficient. He therefore recommends that, church law making bodies such as synod conferences, presbytery meetings and congregational church councils should encourage HIV/AIDS and stigma education in all congregations so that pastors and church members will be informed on stigma as well. Through such teachings church members will be informed about the negative effects of stigma on the PLWHA and the community at large.

The researcher hopes that there will be other fellow researchers who would further venture into this issue in order to reveal and explore more hidden issues about this phenomenon. There was lack of pastoral care in all the three stories shared by the three PLWHA in this research, this means that this research study will contribute much on bringing a pastoral model of working with the problem of stigma particular by some pastors and some church members. Since HIV/AIDS is still killing many people in this world, the researcher hopes that through this research which also touched this issue of HIV/AIDS in chapter three and four of this research, stigma and HIV/AIDS will be fought at the same time.

Finally, the following are some of the suggested areas to be researched on: trauma of stigma faced by children whose parents are HIV positive, trauma of stigma faced by HIV negative wives whose husbands are HIV positive, and trauma of stigma faced by PLWHA in the homes.

BIBLIOGRAPHY

Adams, J.E. 1976. *Competent to Counsel*. Presbyterian & Reformed Publishing: New Jersey.

Adams, J.E. 1980. *Shepherding God's Flock: A Preacher's hand book on Pastoral Ministry, Counseling, and Leadership*. Michigan: Presbyteria and Reformed Publishing Company.

Bible references, *New International Version*.

Chitando, Ezra 2007. *Living with Hope*. WCC Publication, Geneva.

Chitando, E. & Nickles P. 2010. *What's Faith go to do with it*. A Global Multifaith Discussion on HIV Responses.

Clifford, P. 2004, *Theology and the HIV/AIDS epidemic*. London, Christian Aid.

Clinebel, H. 1984, *Basic Types of Pastoral Care and Counseling*. Nashville: Abington Press.

Cochrane, J. 2005 *Reconceptualising religion and public Health*.

Collins G. 1988, *Christian Counselling A comprehensive guide*. Dallas: Word Publication.

Couture, PD & Hunter, Rj (Eds.) 1995. *Pastoral Care and Social Conflict*. Abingdon Press: Nashville.

Crabb, Lj 1979. *Effective Biblical Counseling*. Baker books: Grand Rapids, Michigan.

Czerny, Michael 2005. *AIDS and The Church in Africa*. Paulins Publications Africa.

Denzin, N.K. & Lincoln, Y.S. (Eds) 1994. *Handbook of Qualitative Research*. Thousand Oaks, London: Sage.

Dube, MW (Ed) 2003. *HIV/AIDS and the Curriculum: Methods of Intergrating HIV/AIDS in Theological Programmes*. World Council of Churches Publishing: Geneva.

(Ed) 2003. *Africa Praying: A Handbook on HIV/AIDS Sensitive Sermons Guide lines and Liturgy*. World Council of Churches Publications: Geneva.

Egan, Gerard 1986. *The Skilled Helper*. Brooks/cole Publishing Company.

Emler, N. 1994. *Gossiping, reputation, and social adaptation*. In R.F. Goodman & A. Ben-Ze'ev (Eds), *Gossip*. Lawrence, KS: University Press of Kansas.

FOCCISA-Nordic: 2006. *One Body: North-South Reflection on Stigmatization in the face of HIV and AIDS*. Publication details from jbs@ekumenikk.org.

Gennrich, D 2004. *The Church in an HIV+ World: A Practical Handbook*. Cluster Publication: Pietermaritzburg.

Garland, J. 2005, *AIDS is real and its in our church*. Nigeria: Oasis International.

Gerkin, C.V. 1997, *An Introduction to Pastoral care*. Nashville: Abington Press.

Goldstein, A. 2000. *Catch it low to prevent it high: Countering low-level verbal abuse*. *Reaching Today's Youth*, (4) 2, pp.10-16.

Graham, Billy 2002. *Christian Worker's Hand Book*. World Wide Publications.

Haworth, A. 2001, *HIV/AIDS Counselling a Generic Training Manual*. Lusaka: Ministry of Health.

Hallam, Richard S. 1992. *Counselling for Anxiety Problems*. London.

Hiltner, S. 1958, *Preface of Pastoral Theology*. Nashville: Abington Press.

Howard, Means 2000. *What happens after What comes*. Oxford, Capstone.

Hunter, Rj 1996. *Dictionary of Pastoral Care & Counseling*. Abingdon Press: Nashville.

ICASA Satellite Session, 2003, *The role of Religious Leaders in Reducing Stigma and Discrimination Related to HIV/AIDS*.

John, P. 1993, *Pastoral Care in Context*. Louisville: Westminster, John Knox Press.

Karen, Mc Clintock A. 2004 *An urgent call to Healing*. Fortress Press, Minneapolis.

Kaveny C. 2006, *Sex, sin & salvation –Maciel & the Theology of the Body*.
<http://www.commonwealmagazine.org>.

Kinney, D.A. 1994. “Everybody knows your business”: *Gossip and friendship patterns among African American adolescents in an urban high school*. *Sociological Abstracts*, 42, 42.

Kinney T.A. 1994. *An inductively derived typology of verbal aggression and its association to distress*. *Human Communication Research*, 21, 183-222.

Les, Carter 1993. *The anger workbook*. Nashville: Nelson.

Louw, D.J. 1994, *Illness as Crisis and Challenges*. Orion Publishers.

Louw, D.J. 1998. *A pastoral Hermeneutics of care and Encounter*. Cape Town: Lux Verbi.

Louw, Dj November 2006. “*The HIV Pandemic from the Perspective of a Theologia Resurrectionis: Resurrection Hope as a Pastoral Critique on the punishment and Stigma Paradigm*” in the journal of *Theology for Southern Africa*. Number 126, pages 100-104.

November 1997, “*Pastoral Care in an African Context: A Systematic Model and Contextual Approach*” in *Missionalia*. Volum 25 No. 3, pages 392-407.

Magezi, V/Louw, D July 2006. ‘*Congregational Home Based Pastoral Care: Merging the African Family and Church Family Systems for Effective HIV Ministry.*’ *Journal of Theology for Southern Africa*, Vol. 1 Issue 125, pages 64-79.

Magezi, V Dec 2005, ‘*Life beyond Infection: Home-based Pastoral Care to people with HIV positive status within a context of poverty.*’ Unpublished Dth Dissertation, University of Stellenbosch.

Maldonado, JE (Ed) 1990. *Guide to HIV/AIDS Pastoral Counseling*. World Council of Churches: Geneva.

Marshall, JL 1995. *Pastoral Care with Congregations in Social Stress in Couture*, PD & Hunter, RJ (Eds) 1995. *Pastoral Care & Social Conflict*. Abingdon Press: Nashville.

Marshall, M & Taylor, N 2006, “*Tackling HIV and AIDS with faith-based communities: Learning from attitudes on gender relations and sexual rights within local evangelical churches in Burkina Faso, Zimbabwe, and South Africa*” in *Gender & Development*. Vol. 14, No. 3, November 2006, Oxfam GB.

Meier, PD, Minirth, FB, Wichern, FB & Ratcliff, DE 1991. *Introduction to Psychology and counseling: Christian Perspective and application second edition*. Baker Book House: Michigan.

Messer, D.E. 2004. *Breaking The Conspiracy of silence*. Minneapolis: Fortress Press.

Minirth, F 2003, *The Minirth Guide for Christian Counsellors*. Broadman & Holman: Nashville.

Morris, C. 1980. www.morrischapman.com.

Mugambe, JNK, 1989, *Christianity and African Culture*. Nairobi, Action Publishers.

Mulonzya, M. 2003. *The churches confronted with the problem of HIV/AIDS: Analysis of the situation in six countries of East Africa*. Geneva: World Council of Churches.

Muller, JC 1999, *Companions on the journey: The Art of Narrative Counseling*. Logos Books (www.logos-sa.com).

1997, Intercultural Exchange: *A Discovery of being different*. In *Intercultural Pastoral Care and Counseling*. No. 2, pages 4-8.

Muller, JC & Stone, HW 1998. *Intercultural Pastoral Care and Counseling: Resources from Narrative Therapy and Brief Pastoral Counseling*. In *Skrif en KerK*, Jaargang. 19(2), pages 325-341.

Muller, JC & Van Deventer, W 1998. *African Cosmology and Pastoral Family Therapy*. In *Missionalia* August 1998 Volume 26 No. 2 pages 260-271.

Nicolson, R. 1996. *God in AIDS*. Lymington Hants: S.C.M. Press.

Paterson, G. 2003. *Church, AIDS, & Stigma - Discussion Paper*.

Paterson, G. 2005. *AIDS Related Stigma*. Ecumenical Advocacy Alliance.

Paterson, Gillian 2009. *HIV Prevention: A Global theological Conversion*. Ecumenical Advocacy Alliance, Geneva.

Parker, W. 2005, *HIV/AIDS, Stigma and Faith-based Organisations: A review*.

Parker and Birdsall 2005. *Breaking the spirit of fear: the nature and extent of HIV related stigma*. www.hsrc.ac.za/Research_Publication-19916.phtml.

Polland, N. 1997. *Evangelism made slightly less difficulty*. England: Inter-versity Press.

Richardson, Neville July 2006. 'A Call for Care: HIV/AIDS Challenges the Church' *Journal of Theology for Southern Africa*. Vol. 1 Issue 125, pages 38-50.

Ross, R. Kennedy, 2002, *Following Jesus and Fighting HIV/AIDS*. Edinburg: Saint Andrews Press.

Princeton Religion Research Center (www.prrc.com).

Taylor, H. 1983, *Tend My Sheep*. SPCK.

Shapiro, J.P., Baumeister, R.F., & Kessler, J. W (1991). *A three-component model of children's teasing: Aggression, humor, and ambiguity*. *Journal of social and clinical Psychology*. 10, 459-472.

Schmeichem, M. Peter, 1980, *The Challenge of Conservative Theology*, *Christian Century Foundation*.

Serth C. Kalichman, 1995, *Understanding AIDS*, *American Psychological Association*. Washington DC.

Shelp, E. Earl, 1987, *AIDS and the Church*. Westminster Press Publishers, London.

Shernoff, M. 1997, *A history of hope: The HIV roller coaster, Focus: A Guide to AIDS*.

Snyder & C.E. Ford, *Coping with negative life events*. New York: Plenum.

UNAIDS 2002, *AIDS epidemic update*. Geneva.

UNAIDS 2005, *Theological Workshop Focusing on HIV/AIDS related stigma*, Namibia.

Van Dyk, Alta. 2001, *HIV/AIDS Care and Counselling a Multi-disciplinary Approach*. Cape Town: Pearson Education.

Van Dyk, Alta 2005. *HIV/AIDS Care & Counseling: A Multidiscipline Approach third edition*. Maskew Miller Longman: Cape Town.

Vernon, Coleman 1982. *Guilt*. London: Sheldon.

Waruta Douglas W. & Kinoti, Hannah W. 2000. *Pastoral Care in African Christianity*. Acton Publishers Nairobi Kenya

White, P. 1998. *The Effective Pastor: Get the Tools to Upgrade Your Ministry*. Christian Focus Publications: Ross-Shire.

WCC Study Guide, 1999, *Facing AIDS Education in the context of Vulnerability*. WCC Publication; Geneva.

WCC Working Group, 1999, *Pastoral counselling*. Geneva: WCC Publishers.

World Council of Churches 2001. *The Ecumenical Response to HIV/AIDS in Africa*. Geneva WCC.

WCC Document, 2001, *Facing AIDS, the challenges, the church responses*. Geneva: WCC Publication.

WCC Guidelines, 2003, *Partnership between Churches and People Living with HIV/AIDS Organisations*. Geneva: WCC Publishers.

Weiss, MG and Ramakrishna, J 2001, *Research in reducing Stigma*.

Yancy, P. 1990. *Where is God When It Hurts? A Comforting, Healing Guide for Coping With Hard Times*. Zondervan. Grand Rapids, Michigan.

APPENDIX A

THE TRAUMA OF STIGMA THAT OSTRACIZES PLWHA IN THE CHURCH.

QUESTIONNAIRE

Thank you, for willing to take part in this survey. I would like to assure you that you will remain completely anonymous; no records of the interview will be kept with your name on them. Above all this survey is solely being done for academic and research purposes. Please kindly complete this questionnaire by filling your answers in the space provided.

1. What do you know about HIV and AIDS?

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2. Which section of society has been adversely affected by HIV/AIDS? What could be the reason?

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3. What examples are there of how church leaders (clergy) are confronting HIV/AIDS in the church?

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4. Is your congregation confronting HIV/AIDS? If yes, what examples are there of how you are effectively confronting it?

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5. HIV and AIDS are linked, in people's minds with sex, sexuality and sexual orientation: all of which are associated in Christian tradition with sin. What is your opinion on this belief?

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6. Talking about sex in Africa especially when children are around is a taboo, is the subject of sexuality discussed freely in your congregation? If yes how?

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If not Why?

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7. What do you think should be the role of the church in sex education?

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8. There is a general view that HIV/AIDS is a punishment from God and that all those who are infected are sinners. What is your opinion on this view?

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9. What do you know about stigmatization of PLWHA?

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10. Have you seen stigma experienced inside your congregation? How are PLWHA stigmatized in your congregation?

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11. What are the experiences of (and response to) stigma by PLWHA in your congregation?

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12. In your own opinion what do you think is the root cause of HIV/AIDS stigma?

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13. How are PLWHA impacted by stigma in your congregation?

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14. Is your congregation confronting HIV/AIDS stigma? If yes how?

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If not why?

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15. What examples are there of how church leaders (clergy) are confronting HIV/AIDS stigma in your congregation?

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16. What values need to be promoted that can counteract stigma in the church?

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17. What can church leaders (clergy) do to reduce stigma in their congregations?

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18. Thank you very much for participating in this survey. If there is any further information you would like to add, you are free to do so.

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APPENDIX B

INFORMED CONSENT LETTER

Name of Institution: University of Pretoria

(Practical Theology Department)

Lynnwood Road, Hatfield

Pretoria 0002

Republic of South Africa

Title of the Study: The Trauma of Stigma that is living within the Reformed Church
in Zambia which Ostracizes People Living with HIV/AIDS (PLWHA)

Introduction and Purpose of the Study

You are being invited to participate in a research study because you are a member of the Reformed Church in Zambia and in one way or another have experienced and felt the impact of HIV/AIDS stigma and discrimination. Details of the study will be explained to you. You should feel free to ask any questions about the study, your participation in the study, or procedures required for participation.

Stigma implies the branding or labeling of a person or a group of persons as being unworthy of inclusion in human community, resulting in discrimination and ostracization. The branding or labeling is usually related to some perceived physical, psychological or moral condition believed to render the individual unworthy of full inclusion in the community. We may stigmatize those we regard as impure, unclean or dangerous, those who are different from ourselves or live in different ways, or those who are simply strangers.

HIV/AIDS stigma and discrimination have often been identified as primary barriers to effective HIV prevention, as well as the provision of treatment, care and support. Churches have been referred to as settings where stigma and discrimination prevail. This is because there is a tendency in religious communities to equate HIV/AIDS with sin. The view that AIDS is punishment for sinners and that this is cause of stigmatization of people living with HIV/AIDS has not been ascertained in the Reformed Church in Zambia. The purpose of this study is to investigate the root cause of stigmatization of people living with HIV/AIDS in the church. The findings will help create a pastoral model that will help to build intimate relationship between the clergy and people living with HIV/AIDS. The study will also help in promoting understanding, closeness, care, love and compassion towards people living with HIV/AIDS.

Study Procedure

You will be interviewed through semi-structured interviews which will be employed in interaction with people living with HIV/AIDS and members with whom a wide range of reactions to people living HIV/AIDS status will be discussed. The interviews will help in identifying behaviors which connate acceptance, rejection and the reasons for these. Through the interviews changes for improvement will be suggested. The study will be conducted in 5 congregations based in Lusaka and will run for a period of 6 months starting June in June 2007.

Risks and Discomforts.

There are no risks

Benefits

If you participate in this study you will contribute in changing the attitude of the clergy and church members towards People living with HIV/AIDS. It is hoped that what we learn from this study will help to improve the relationship between the People living with HIV/AIDS and the members of the church and the community at large in future. However, there is no payment for your participation in this study.

Participation rights

Participation in this study is voluntary. You have the right to not participate, or to decide not to continue in the study at any time. Either choice will not affect your relationship with me (researcher).

Confidentiality

Your name and other information that can be used to identify you will be kept private and confidential. No information will be disclosed to any one apart from what will be written in the thesis. All research data will be destroyed at the end of the study.

Contact

If you have any questions you can ask them now or later. If you wish to ask questions later you can contact me at the following address:

Rev. Pearson Banda

Reformed Church in Zambia

P.O. Box 38255

Lusaka, Zambia

This proposal has been reviewed and approved by the Research Ethics Committee of the University of Pretoria, whose task it is to make sure that research participants are protected from harm.

Consent

Participation in this study is voluntary. You have the right to not participate, or to decide not to continue in the study at any time. Either choice will not affect your relationship with the researcher. By signing this document you do not give up any of your legal rights. A copy of this consent form will be kept by you.

I have read this consent form, or this form has been read to me. I have had the opportunity to ask, and I have received answers to, any questions I had regarding this study. I understand that if any additional questions, I may contact the researcher. I agree to participate in this study and I have received a copy of this consent form.

Signature Participant:

Name Participant:

Date:

I have accurately read or witnessed the accurate reading of the consent form to the potential participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Signature Witness:

Name Witness:

Date:

A copy of this Informed Consent Form has been provided to the participant.

I have accurately read or witnessed the accurate reading of the consent form to the potential participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.



Signature Researcher:

Name Researcher:

Date: