

**Caring for those suffering from HIV and AIDS:
A pastoral study**

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May the good Lord bless you all

DECLARATION

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Caring for those suffering from HIV and AIDS: A pastoral study

I, Kealeboga C. Khubhela, declare that this academic thesis is my own work and that all the sources that I have quoted or used have been acknowledged by means of complete references.

Signature.....

Date.....

ABSTRACT

Pastoral care givers rendering services to people living with HIV face several challenges which hinder them in their mission. This study sought, using the model of Osmer, to formulate pastoral guidelines that can be used to improve the outcomes of pastoral care initiatives.

The objectives of the study were to describe the challenges faced by pastoral care givers to people living with HIV, determine why they face these challenges, describe Scriptural guidelines for interacting with persons in need, paying attention to the principle of the wounded healer as portrayed by Jesus Christ and to culminated in the formulation of the pastoral guidelines.

Data was collected by way of a descriptive literature study using literature from different countries and fields such as theology, sociology and medicine amongst others. The study revealed that pastoral care givers to people living with HIV and AIDS face challenges emanating from lack of knowledge, conflict between Christianity and the African Traditional Religion, proliferation of the prosperity gospel and lack of financial means to meet both the physical and spiritual needs of the distressed.

Pastoral principles of Matthew 25: 34-40, Luke 10: 25-37 and James 2: 14-17 were conducted to derive the normative perspectives regarding how Christians ought to interact with those in distress, in this context, people living with HIV and AIDS.

The pastoral guidelines formulated are in the form of a modified train the trainer model. The presented model is less costly to run as it allows for the training of pastoral care givers using resources already found within the church and minimum outside resources.

This study is an attempt to find ways of lessening the weight of HIV on both people living with HIV and their families. This is an ongoing challenge given the number of people, especially in developing nations, infected by the virus and the Christian church has an enormous task to fulfill. Future studies related to this one can look at things such as the proportion of congregants involved in pastoral care giving and how African Traditional Religion and the Christian church can complement each other in the fight against HIV and AIDS.

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CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 Introduction

This section introduces the subject under study to the audience. It focuses on several areas which include the background of HIV, its impacts on the physical and mental wellbeing of people living with HIV and AIDS, the concept of resilience and how resilience improves their health. It also touches on the role the pastoral care giver has in the lives and wellbeing of people living with HIV and AIDS. It also clearly spells out what is expected of a pastoral care giver and the role with special emphasis on *cura animarum*, healing of the soul.

1.1.2 The evolution of HIV and AIDS: Once a death sentence and now a chronic condition

Towards the end of the 20th century, the medical fraternity was faced by a new disease it could not explain. This disease was characterised by a collection of symptoms which include diarrhoea, skin rashes, fatigue, lymphadenopathy and general prolonged morbidity. Initially, this disease was more prevalent within the gay community of the United States of America and as such it was erroneously referred to as the “gay disease” (Montagnier, 2002: 1729). Concerted scientific research has been able to isolate the agent responsible for this disease and it is now known that this condition is caused by a retrovirus called Human Immunodeficiency Virus (HIV). This virus attacks the host’s white blood cells or immune system making them vulnerable to opportunistic diseases. Once the immune system is weakened, then the symptoms described above will take hold and the person will be referred as suffering from AIDS or Acquired Immunodeficiency Syndrome (Dumond *et al.*, 2013: 402). It is also now known that this is not a “gay disease” but a condition which is spread mainly by sexual contact between an HIV positive individual and an HIV negative individual. Other modes of transmission include sharing infected needles, from mother to child during birth and when one receives contaminated blood during a blood transfusion (Dumond *et al.*, 2013: 402).

The global epicentre for HIV and AIDS is sub-Saharan Africa, especially Southern Africa, which accounts for more than 70 % of the people living with the virus (UNAIDS, 2017:3). Globally, as of the end of 2016, 36.7 million people were living with HIV and the virus had claimed more than 35 million people since its emergence (UNAIDS, 2017:1). Initially, HIV was predicted to kill more people than what has been observed. The discovery of anti-retroviral drugs mitigated the deaths as a result of the virus drastically. These drugs are credited for reducing HIV related deaths by 42 % between 2010 and 2016 (UNAIDS, 2017:1). People with HIV can now live much longer and though this is commendable, it means that the rate of new infections will likely keep going up. Sub-Saharan Africa alone accounted for almost 800 000 new infections in 2016 against a global figure of 1.8 million (UNAIDS, 2017: 1).

Due to the initial impacts of AIDS, many viewed it as a death sentence (Pallangyo & Mayers, 2009: 483). However, credit to the discovery of anti-retroviral (ARV) drugs, it is now considered as a lifelong or chronic disease (Mayer *et al.*, 2016: 2485). ARVs, among other positive impacts on people living with HIV, help to increase the white blood count for people living with the virus making them less susceptible to opportunistic infections (Dumond *et al.*, 2013: 401). Taking ARVs is also associated with many other physiological changes resulting people living with HIV becoming physically healthier than would otherwise be without the ARVs. Nwogoh *et al.* (2016: 11) also report that taking ARVs significantly increase red blood cell indices in people living with HIV and this is associated with better health outcomes. In short, people living with HIV and AIDS now live longer and in many instances the cause of death to these people are other conditions not directly linked to the HI virus (Dumond *et al.*, 2013: 402). Though people with HIV now live longer and healthier lives than 30 years ago, there are some challenges that are peculiar to them as a group and chronic stress has been singled out as one of the most detrimental factors to their well-being (Wagner *et al.*, 2012: 8).

1.1.3 Stress and HIV

Stress is understood to an adaptive response of living organisms to internal and external threats to homeostasis (Lecic-Tosevski *et al.*, 2011: 290). It is a complex defence mechanism which represents the end point of a number of dynamic and

related factors of biological, psychological and social origins (Lecic-Tosevski *et al.*, 2011: 290). The concept of stress and disease has fascinated researchers for a long time and failure to address stress, both chronic and acute, has been linked to poor health outcomes (Rubin *et al.*, 2015: 424). Empirical research has shown that stressed individuals heal slowly if compared to those with the same ailments and not stressed (Wagner *et al.*, 2012: 10). Though stress can be alleviated by some material objects, it is largely a condition of the mind. The nexus between stress and wellness is particularly fascinating if one looks at how stress affects one's immune system. The *modus operandi* of the HIV virus is that it reduces the ability of one's immune system to fend off diseases and even causes osteoporosis (Ofotokun, 2018: 2551). Homan and Sirois (2017: 22) report that stress impairs one's immune system and as such the negative impacts of stress are greater in people with compromised immune systems, such as those infected by HIV.

There are a number of sources of stress for people living with HIV and stigma is one of the major sources of stress (Katz *et al.*, 2013: 23). HIV stigma, or social devaluation of people living with HIV, has been recognized as one of the significant threats to combatting the HIV epidemic (Earnshaw *et al.*, 2015: 42). Stigma directed to those with HIV in society has been fuelled, in part, by images of people wasting away as a result of HIV that dominated media campaigns against HIV in the 1990s. Though these campaigns were effective in fostering behavioural changes, like increased use of condoms, they also painted the disease one of the worst conditions a human can endure (Sunguya *et al.*, 2016: 2). Stigma faced by people living with HIV is categorised either as enacted, anticipated or internalized stigma (Earnshaw *et al.*, 2015: 43). Enacted stigma is used to describe the extent an individual experiences prejudice by society and anticipated stigma signifies how much a person living with HIV expects to experience enacted stigma whilst internalized stigma is the extent to which undesirable characteristics and beliefs about people living with HIV and AIDS are endorsed and accepted internally. Stigma, even when only perceived, has been proven to be associated with more severe HIV symptoms and lower CD4¹ counts (Earnshaw *et al.*, 2013: 1786) among people living with HIV. Indeed, persons living

¹ CD4 (cluster of differentiation 4) is a glycoprotein found on immune cells which is positively correlated to the health of one's immune system, the higher the count the healthier the immune system.

with HIV who anticipate stigma from their societies report greater psychological stress (Earnshaw *et al.*, 2012: 79).

1.1.4 Role of spirituality and pastoral care in fight against HIV

The church is an important institution in the fight against HIV and AIDS (Mutava *et al.*, 2015: 1229; Bryant-Davis *et al.*, 2016: 388-408). Church leaders are important in the fight against HIV and AIDS because they have the moral duty of developing their communities (Calhoun, 2016) and community development can only be achieved if the members are healthy, both spiritually and physically (Morales-Aleman *et al.*, 2018: 12). The practice of caring and meeting the spiritual needs of the suffering is the basis of pastoral care (Magezi, 2016: 65).

Increase in spirituality is correlated with better health outcomes for people living with HIV (Ironson *et al.*, 2006: 62). This is because HIV diagnosis affects an individual physically, socially, and psychologically. Spirituality has been proven as one of the strategies people living with HIV can employ to reorient their lives, live more meaningfully and once again discover their purpose in life (Barney & Buckingham, 2012: 52). Simoni *et al.* (2002: 139) state that traumatic events in life can threaten one's views on the meaning, purpose, and significance in life and spirituality enables people with chronic illnesses to acquire inward harmony and enables them live more fulfilling lives (Hsiao *et al.*, 2011: 951). The importance of spirituality in the lives of humans, especially those with chronic illnesses like HIV and various cancers puts pastoral care firmly in roles concerned with spiritually uplifting the spiritually distressed. Pastoral care is defined as a healing strategy which utilises dialogue between a care giver and care seeker to explore the possibility and implications of a religious definition of the care seeker's situation (Furniss, 1994: 177). Pastoral care is an integral part of practical theology. According to Heyns and Pieterse (1990: 10), practical theology is an appendage of theological science which is concerned with analysing praxis scientifically; shaping the theories on which praxis

is based, studying if these theories are effective as well as shaping and determining practice. The concept of pastoral care can be traced to the early stages of the human race (Streets, 2014: 2). Despite its long history, there are divergent views on meaning

of the word “pastoral” (Magezi, 2016: 65). It can however be derived from these arguments that pastoral care is concerned with the “caring ministry of religious communities” (Magezi, 2016: 70). In the spirit of defining terms for the benefit of the audience, it has been seen fit to distinguish between pastoral care and pastoral counselling because these two terms are different but are erroneously used interchangeably (Magezi, 2016: 65). Pastoral care is concerned with the broad caring activities towards the distressed, whilst pastoral counselling is concerned with the dialogue and communication designed to confer comfort to the distressed (Bowers, 2017: 68).

Pastoral care takes many different forms all tailored to meet people’s needs in their respective circumstances and the way it is practiced has evolved in response to the changes in people’s needs (Magezi, 2016: 70). In the current environment, especially in Africa where medical help is not readily available to the majority of the population, pastoral care has the potency to make positive changes in people’s lives (Ashton *et al.*, 2016: 272). Pastoral care is an important concept within the African context given the harsh reality that Africa has been affected more than any other region by the AIDS pandemic. Aids, especially before the discovery and widespread availability of ARVs, caused immense suffering to the poor in Africa (UNAIDS, 2017:3).

According to Streets (2014: 3), the entire concept of pastoral care is grounded on the principle of love, in this case love for the distressed regardless of their circumstances. In pastoral care giving the concept of love is best put into two distinct categories, affectionate love and more importantly covenant love. Ackerman (2002: 438) describes covenant love as “political” in other words pastoral care givers have a duty to behave in a way that best help their counselees. Foster *et al.* (2011: 1103) is not entirely agreeable to Ackerman’s (2002: 438) view of covenant love. According to Foster *et al.* (2011: 1103) covenant love is erroneously viewed as unemotional but certainly there are points of overlap between emotional love and covenant love. Love, in all its forms, has the capacity of bringing positive physical impacts to those it is shown or given to and as such it is not surprising that it is the basis of pastoral care giving. Social neuroscience using imaging equipment has given us physical evidence with regards to how love can change the way the brain of a human being works (Cacioppo *et al.*, 2016: 138).

Ashton *et al.* (2016: 272), working with patients in a private tertiary hospital reported that the majority of the study participants reported that pastoral care had positive impacts in their wellness. Agbiji and Agbiji (2016: 1) argue that pastoral care is a useful resource for improved healthcare and wellness and development outcomes. Pastoral care can make even greater impacts in Africa given the exponential increase in independent churches, especially Pentecostal denominations (Van der Merwe, 2016: 565). However, the positive impacts are greatly curtailed by the lack of training in the aspects of pastoral care in Africa. Naidoo (2011: 119) reports that a significant number of church leaders and pastors are self-trained. This is unfortunate because pastoral care has the ability to augment the poor healthcare facilities synonymous with Africa and improve healthcare outcomes.

One important facet of pastoral care training, especially looking at improving health outcomes for people living with HIV and AIDS is pastoral counselling. Pastoral care, among other functions, is committed to spiritual care of patients facing incurable, progressive diseases and people living with HIV and AIDS fit in this category (Wasner *et al.*, 2005: 99). Ensuring that one's spiritual health is maintained is important as it helps keep one from being stressed.

It has also been observed that stress is positively correlated with the swiftness of the progression of one's condition from being HIV seropositive to having full blown AIDS (Irwin & Miller, 2007: 378). Stress impacts the rate of HIV progression in a number of ways. Firstly, stress directly impairs the functioning of the immune system, even for HIV negative individuals. The impairment of one's immune system is more injurious for individuals who are already immuno-compromised, like those living with HIV and AIDS. In addition to that, stressed individuals are more likely to fail to adhere to their medication regimens reducing any positive impacts anti-retro medication could have had on their health (Gonzalez *et al.*, 2011: 2).

Having described the positive impacts pastoral care might have on people living with HIV, it is also important to describe how it is practiced. The underlying and most important fact in pastoral care giving is acknowledging that the healer is Jesus Christ and the pastoral care giver is only an instrument used to connect the distressed with Jesus Christ. The pastoral care giver therefore has to rely on Scripture in his or her

work. The use of Scripture in the traditional Christian setting offer pastoral care gives a powerful tool since the Bible is seen as an authoritative source in pastoral care giving. Pastoral care givers can therefore use relevant Scriptures to help a newly diagnosed person to find hope.

In the context of HIV, a condition with no known cure, the objective of pastoral care is to help confer healing and not to cure the disease (Doehring, 2014: 112). Healing in this regard means that they accept the diagnosis and live life to the best of their ability (Rao *et al.*, 2015: 2). Smith and Hayslip (2012: 3) suggest that intrapersonal, interpersonal, and environmental (including community) resources can contribute to resilience in people living with HIV. Pastoral care is a resource that people living with HIV can access hence it can be said that pastoral care fosters resilience. Resilience is a concept that has attracted the interest of scholars, especially after the explosion of the AIDS pandemic. Ebersöhn and Ferreira (2011: 597) describe resilience in general as the ability to ‘bounce back’ from negative experiences or setbacks and be able to be flexible in adapting to the demands of stressful situations and being diagnosed with HIV can be one such setback. The duties of the pastoral care giver to people living with HIV therefore involve use of Scripture to inspiring positive virtues like hope, courage and faith enabling people living with HIV to function optimally (Diaz-Gilbert, 2014: 45).

This section has described the spiritual challenges people living with HIV may endure and why pastoral care is a vital cog in the fight against the diseases. Indeed, HIV is a crisis of our time and it is agreed that all relevant institutions should be included in the fight against both the disease and its social impacts. Theology scholars have conducted a number of studies on this subject and it has been deemed appropriate to conduct a literature based study to summarise these studies as well as to identify knowledge gaps for future studies.

1.2 Problem Statement

The HIV virus has wreaked havoc around the world especially in sub-Saharan Africa (UNAIDS, 2017: 3). In addition to the over 35 million deaths, part of the 30 million of those surviving with the virus are faced with spiritual challenges as a result of the stress that comes with being diagnosed with a condition that is yet to find a cure. The

chronic stress these people experiences, can hinder them from functioning optimally as it can lead to poor response to medication, a feeling of loss of purpose in life and general hopelessness. HIV has negative impacts which extend from being physically unwell, to being spiritually burdened.

The physical impacts of the disease can be ameliorated by taking anti-retroviral drugs but the spiritual impacts call for a different approach. Around the world, being diagnosed with HIV is usually followed by counselling sessions to help those diagnosed with the virus to accept their condition and function as any other human being. These sessions are brief and most people, especially in Africa, cannot afford prolonged counselling due to the shortage of medical facilities which are usually far from their dwelling places as well as trained counsellors (Mwisongo *et al.*, 2015: 278). Pastoral care can fill this void and help distressed people to cope with life after HIV diagnosis (Agbiji & Agbiji, 2016: 9).

Pastoral care giving has received widespread attention due to its supposed value in helping those spiritually burdened. Despite this, Magezi (2016: 2) states that the field of pastoral care in the African context is relatively young and remain fragmented. Pastoral care to persons living with HIV is an even younger discipline. It is therefore important to do a literature study or review of the work done on an evolving subject like pastoral care to those afflicted by HIV. This subject has been described as evolving because society's perceptions towards the disease are still changing as it learns more about the disease, challenges they and care givers encounter as well as the best methods to assist those afflicted.

A lot of studies have been done regarding pastoral care and HIV and AIDS in South Africa. It has been deemed beneficial to carry out a literature review as it allows one to evaluate research in pastoral care to people living with HIV has benefited society as well as the challenges pastoral care givers may face in their duty to society. Carlson *et al.* (2015:813) notes that systematic literature studies are an important way of synthesizing evidence which, ideally, should allow researchers to come to a joint understanding of the status of research in their respective fields. It is particularly important to do a literature study on the concept of pastoral care to people living with HIV, because a literature search did not reveal any such studies done in South Africa

in the past 10 years. The closest was a study by Muller which was done in 2004. A literature study is important in that it summarises findings from different authors and makes it easier for users of the research to find the information. In addition to that, it allows for gaps in knowledge to be identified.

Therefore, doing a descriptive literature study review in pastoral care giving to people living with HIV and AIDS, will assist pastoral care givers determine the best intervention measures. It can therefore be concluded that it is important for scholars to constantly evaluate the state of the art in their respective fields, so that the impacts of research are maximised and under-studied aspects are identified and given priority.

1.3 Preliminary Literature Review

1.3.1 Practical Theology

Swinton (2017: 8) defines practical theology as “theological reflections on the practices of the church as they interact with the practices of the world, with a view to ensuring and enabling faithful participation in God’s redemptive practices in, to and for the world”. Practical theology has matured from being a collective name for several dissimilar disciplines whose only common denominator was their relation to ministerial practice into a separate branch of theology (Heitink, 1999: 1). Post the views of the 1960s, several scholars paint practical theology as a theory of action, because of the several challenges theology must address in praxis (Heitink, 1999: 2).

It is widely accepted that practical theology hinges on praxis as its object of study and reflection. However, there is discord amongst theologians on what this really entails (Ganzevoort & Roeland, 2014: 92). Ganzevoort and Roeland (2014: 92) argue that the concept of praxis is manifested in one particular dimension of religion, and this dimension refers to religious action or the way in which religion is lived. According to Arendt’s theory of action, inspired by Aristotle’s concept of praxis, praxis refers to the domain of acting and doing, as opposed to abstract, theoretical knowledge (Benhabib, 2018:15). The way clergymen respond or acts is obviously governed by the obtaining situation. It was after the Second World War, that special attention was given to the development of pastoral care and counselling. Another such situation is the advent of HIV and AIDS, as this disease has caused much suffering in humans, both those

infected with the virus and those around them. In response to this, the concepts of pastoral care giving and counselling have been receiving prominent attention as a source of spiritual strength and health for those in need.

There are several models in existence regarding how best to practice pastoral care giving to the afflicted. One of the most widely used is the model of Osmer, named after its originator Richard Osmer (Woodbridge, 2014: 90). The model of Osmer comprises of four tasks which are the Descriptive-Empirical task, the Interpretative task, the Normative task and finally, the Pragmatic task (Osmer, 2011: 2). Smith (2011:193) suggests that Osmer presents a model of doing practical theological research, which offers an integrated approach to theology. This is because if all four tasks of the model of Osmer are religiously fulfilled, the result will be a dynamic interaction between practical theology and various other academic disciplines, for instance auxiliary sciences like psychology or social work.

Like any model in academia, this model is subject to scrutiny and criticisms. Smith (2010:99–113) raises several objections to the model of Osmer. One such objection, according to Smith (2010: 104) is that the interpretative task should come before the descriptive task. The argument being that the interpretative guide is required to identify the issues associated with episodes, situations, and contexts that one has observed, and draw on theories from the arts and sciences to help one understand the issues (Smith, 2010:104–105). Although Smith raises this objection, it will only be fair to mention that Osmer has explained that the different tasks must be performed interchangeably and not necessary in a linear way. Woodbridge (2014: 89) adds to the discourse about a model for doing practical theology and came up with a model called the EDNA. EDNA is simply an acronym for **Exploratory** research task which try to answer the question “What has led to the present situation?”, **Descriptive** research task which answers “What is happening now?”, **Normative** research task which explains “What should be happening” and the **Action** research task which spells out how we must respond.

Other prominent theologians have proposed other ways of practicing theology. For instance, Browning (1993: 4) proposed the practice-theory-practice model. Browning supported this model by arguing that theological reflection starts with practical

concerns, which should cause the theologian to develop interest and hopefully produce actionable recommendations to address the practical concerns (Smith, 2011: 188). Heyns and Pieterse (1990: 4) on the other hand indicate that theology should not be subject to much scientific scrutiny because the actions of God lie outside the scope of scientific inquiry and attempting to explain God's actions using a scientific approach will be too narrow a view (Heyns & Pieterse, 1990: 5). They further argued that the article of theological study is human faith in God and anthropogenic religious statements about God. Relying on this view, it is evident that theology studies Scripture, scrutinizes the religious statements of churches and individuals and evaluates the religious praxis of congregations (Smith, 2011: 189). Consequently, this gives birth to various subdivisions within theology. These subdivisions include biblical studies, church history, science of religion and practical theology (Smith, 2011: 190).

This study will assess how research by different scholars working on the concept of pastoral care giving to people living with HIV correlates with the different tasks as prescribed by the model of Osmer. The first task, the descriptive-empirical task utilizes various methods at the disposal of social scientists to understand the situation obtaining within a particular society. The second task, the interpretative task, will focus on scholarly articles that try to explain why things are the way they are. This task is then followed by the normative task in which the researcher has to turn their focus back to Scripture and finally, the pragmatic task, which is concerned with providing the basis for an integrated approach to health and wellbeing to those in need of pastoral care (Mouton, 2014: 93).

1.3.2 Pastoral care and counseling

According to Clinebell and McKeever (2011: 8), pastoral care and counselling are valuable tools that help churches to remain relevant to the needs of their congregants. In their simplest description, pastoral care and counselling “involve the utilisation by persons in ministry of one-to-one or small group relationships to enable healing empowerment and growth to take place within individuals and their relationships” (Clinebell & McKeever, 2011: 23). One of the goals of pastoral care and counselling

therefore is to help humans, especially those in most need, to be more spiritually healthy. Spiritually unhealthy individuals are bound to contribute less to the society than they potentially could. Evidence from psychology suggests that humans use a small percentage of their potential capacity to live usefully in terms of the needs of society and this capacity is reduced even further when one is spiritually burdened (Duffy *et al.*, 2015: 370).

The sources of burdens within society and its needs are plenty and ever changing. Pastoral care givers have been handy helping society mitigate some of these burdens. For instance, pastoral care giving and counselling has assisted veterans coming from war to deal with the trauma induced by the wars they took part in (Kopacz *et al.*, 2015: 3), assisted the economically poor in society especially during times of economic strife (Buffel *et al.*, 2013: 90), helped the terminally ill in living more meaningfully during the penultimate stages of their lives (Balboni *et al.*, 2017: 442) and also has helped the incarcerated in dealing with the trauma induced by their lack of freedom (Higginbotham, 2015: 93) only to mention but a few. In addition to these needs, pastoral care has been suggested to play a major role in conferring spiritual and even physical health to people living with HIV and AIDS (Duffy *et al.*, 2015: 372). Pastoral care is especially important to people living with HIV and AIDS because, for so long before the advent of anti-retroviral drugs, being diagnosed with the virus was likened to a “death sentence” (Nordling, 2016: 215). Being diagnosed with AIDS in most societies is still being met with an air of fear of stigmatisation resulting in that most keep quiet about the diagnose. Faced with this reality, pastoral care givers are expected to offer a listening ear and preach hope to the afflicted with the hope of improving their spiritual health (Leach & Paterson, 2015:19).

1.3.3 Qualities of a pastoral care giver

How pastoral care givers practice their duties has a huge bearing on the outcomes of their interventions. There are various theories regarding how best pastoral care giving can be carried out. One of the widely used theories in pastoral care giving is called the wounded healer approach. The idea of the wounded healer was first proposed by Carl Jung referring to doctors who had previously suffered some form of illness (Hankir *et al.*, 2014: 91). This concept has since gained acceptance within the psychiatry field as

a number of psychiatric doctors narrate how they struggle or have struggled with mental illnesses. Jung traced this concept from ancient Greek mythology of Chiron, a wounded centaur who provided tutelage to Asclepius who later matured into a powerful god of healing and medicine. The wounded healer is an archetype that implies that a healer's own woundedness has the capacity to improve how he/she helps others (Zerubavel & Wright, 2012: 482).

Regardless of Jung's insight, Henri (1979:35) nurture this idea into a concept which is gaining widespread usage in pastoral care giving (Dunne, 2015: 2). According to Nouwen (1979: 35), pastoral care givers need to identify with their subjects if they are to be effective as they are. This can be achieved when the healer looks deep within themselves to identify their brokenness and channel this to help others. Nouwen's ideas are in tandem with the ideals of the Second Vatican Council. The Second Vatican council unequivocally taught that every priest has the burden comparable to the priesthood of Christ who suffered so that all can be free (Hunsinger, 2011: 8). This is the immediate source of the woundedness of pastoral care givers. In agreement with this view point, Nouwen (1979:37) emphasises the 'commonness' as opposed to the 'otherness' of the priests with the distressed.

Another source of woundedness pastoral care givers can experience is a function of their humanness. Quoting part of Romans 3:23:

“... for all have sinned and fall short of the glory of God.”

Pastoral care givers can therefore look at their own struggles as they try to help those afflicted by disease or other life setbacks. Pastoral care givers are therefore called upon to seek salvation and healing found in Jesus Christ, and that of those they interact with even in the midst of human weaknesses and “exercise their function in the spirit of Christ and in intimate union with Christ” (Karickal, 2006: 18). Nouwen (1979:7) quotes the following passage from an ancient legend from the Talmud when a rabbi asked Elijah during an encounter:

“When will the Messiah come?
Elijah replied, “Go and ask him yourself.
Where is he?
Sitting at the gates of the city.
How shall I know him?”

He is sitting among the poor covered with wounds”.

This simply stresses the healer is the Messiah, Jesus Christ. The significance of this passage is that pastoral care givers should assist the afflicted in society should have a more intimate relationship with the real healer, Jesus Christ. It also paints Jesus as someone who is willing to be identified with the afflicted rather than the “supposed” well. Supposed is put in quotes for a reason, according to pastoral care giving, no one is truly well. Callahan (2000: 99) states that we are all sinners and our sins are a source of our wounds. Though the source of sin can be debated, it is agreed in pastoral care that Jesus is the only healer (Dean-Otting, 2014: 1390).

The concept of the wounded healer is an irreplaceable resource and a source of inspiration for those who are called to be pastoral care givers (Conchar & Repper, 2014: 35). The concept of the wounded healer has been used in a number of different settings. Individuals once incarcerated have been observed to be able to connect better to those in prison (LeBel *et al.*, 2015: 108) and the same was observed between victims of rape and domestic abuse (Farber, 2016: 133). In the context of pastoral care giving, woundedness does not necessarily mean the care giver need to be emotionally wounded, though this can help one connect better with the spiritually burdened. In general, it refers to the inherent sinful nature of every human being and this cause every human to be dependent on God for salvation and healing.

1.3.4 Resilience

Spirituality and religiosity can have positive impacts on the lives of those suffering from lifelong conditions like people living with HIV (Arrey *et al.*, 2016: 7). Pastoral care does not attempt to rid one of the any diseases but thrives to uplift one’s spiritual life so that they maintain overall wellbeing. Pastoral care giving to people living with HIV is rooted in the tradition of *cura animarum*, or the cure of souls which dates back to early Christianity (McClure & Miller-McLemore, 2012: 269). Pastoral care can therefore be employed to foster resilience in those diagnosed with HIV, resilience in this context being defined as being able to function optimally in the face of life’s setbacks or adversity (Folke *et al.*, 2010: 20). Being infected with HIV is considered a life setback and individuals who have accepted the condition and live meaningfully in a way

comparable to the way they lived before are referred to as being resilient. Pastoral care givers therefore should aim to foster resilience, especially in individuals who are struggling to come to terms with being diagnosed with HIV and AIDS.

The concept of resilience has its roots in the field of child psychology (Garmezy, 1993: 128) and Norman Garmezy is generally credited with its development (Kolar, 2011: 421). In its original form, the resilience theory attempted to explain how disadvantaged children exposed to adverse environments managed to remain competent in spite of risk status (Diab *et al.*, 2015: 26). In a more general form, the resilience theory attempts to explain how individuals can overcome the adverse impacts of risk exposure, coping positively with traumatic experiences, and avoiding the negative trajectories associated with the specific risks (Van Breda & Theron, 2018: 238). The concept of resilience is popular in Social Sciences with a number of studies having been conducted on HIV and resilience (Garrido-Hernansaiz *et al.*, 2017: 3260; Earnshaw *et al.*, 2015: 43).

In Theology, Scriptures can also be used to make people living with HIV resilient. Scripture has been described out as one of the ways those faced with adversity use to cope or become resilient to the challenges (Malindi, 2014: 36; Reis & Menezes, 2017: 761). The Bible has several parts that can help one face difficult challenges with faith and hope in Christ Jesus' divine assistance. After having distilled all matters associated with pastoral care, the basis of this practice in the Christian tradition is the realisation that Jesus is the healer and as such Scripture occupy a central role in the practice of pastoral care. The history of Jonah, Joseph and even the crucifixion and resurrection of Jesus can be given as examples of individuals who faced challenges, were resilient and emerged victors. Claassens (2017:27) reports that the book of Jeremiah can and has been used to help those met with life challenges like being diagnosed with HIV. Gray (2016: 25) speaks of Scripture Engagement a phrase mainly used to talk about the potential positive impacts Scriptures can have on individuals and communities. In short, Scripture often help in bringing hope to the distressed

Over the past 40 years, developmental psychologists have strived to conceptualize, define and measure resilience. This, the psychologists assumed, will enable them to better understand health behaviours and outcomes among many at-risk populations.

Resilience may be influenced by genetics, past experience with adversity, the drive to succeed, the availability of mentors or role models, and social skills that allow the individual to seek support from others (Quinlan *et al.*, 2016: 679). Two key concepts need to be visualised if one is to fully appreciate the resilience theory:

- Positive adaption in the face of adversity and risk

The experience of adversity is a crucial component. Being diagnosed with HIV is an adversity and pastoral care givers can help those affected to “ride the tide” and become productive members of society as opposed to morbid individuals constantly seeking to be cared for.

- Resilience is a process

Though some have conceptualized resilience as a trait, it appears to better represent reality when conceived of as a process that develops and changes over time. In this regard, pastoral care givers can work with the distressed for a long time with the hope that they will accept their circumstances and live more fulfilling lives. This view accepts the reality that, as humans, we are all susceptible to brokenness and no one is born with all the mental skills to navigate the perils associated with life. Rather, it proposes that individuals can become resilient over time, developing the necessary protective factors as they are needed. Pastoral care givers are a valuable resource in achieving this. The process of being resilient demands one to look at life in a positive way and not be affected by the adversity they have faced. In short, the lesser one’s life changes after an adversity the more resilient they are.

1.4 Research Problem, Aims and Objectives

According to Doody and Bailey (2016: 1), the first steps of any study are developing the research question, aim and objectives. This agrees with what Parahoo (2014:4) writes on the subject and stated, among other things, that the clear definition of a research problem helps a researcher to develop and use relevant and meaningful methods in carrying out the research. Clear, succinctly posed research questions, aims and objectives are essential if studies are to be successful (Doody & Bailey, 2016: 1). This is because it allows the scope of the research to be more

understandable by users and also allows for the correct interpretation of the research findings.

Research questions can be developed from theoretical knowledge, previous research or experience, or a practical need at work (Doody & Bailey, 2016: 2). Defining the research question is a particularly significant step in research as it narrows the research aim and objectives down to specific areas the study will address (Creswell & Clark, 2017: 4). Research questions are vital as they guide the choice of methodology and data analysis techniques (Alvesson & Sandberg, 2011: 248). According to Doody and Bailey (2016:2), a research question may be described as formulation of vague thoughts about a subject into a specific question. The researcher is of the view that all questions should be related to the goals and objectives of they are to achieve what the study sets out to accomplish.

1.5 Overall research question

The overall research question for this study is: How could the pastoral metaphor of wounded healer be applied in pastoral care to people living with HIV to foster coping?

1.5.1 Sub research questions

- What are the challenges faced by pastoral care givers in their ministry to people living with HIV? (Descriptive-Empirical Task).
- Why do pastoral care givers experience these challenges in their care giving to people living with HIV and how does it affect the pastoral relationship? (Interpretive task).
- How best can people living with HIV be assisted with guidelines from Scripture using the wounded healer principle as portrayed by Jesus Christ? (Normative task).
- What pastoral guidelines can be formulated to assist pastoral care givers in their ministry to people living with HIV? (Pragmatic task).

1.6 Aims and Objectives

The overall aim of this study is to describe pastoral care to people living with HIV based on the wounded healer metaphor, with the following objectives:

- To describe the challenges inherent in pastoral care giving to people living with HIV based on research in the field of pastoral care giving to people suffering from HIV and AIDS.
- To determine why pastoral care givers, experience the challenges they face in their care giving to people living with HIV and how does it affect the pastoral relationship.
- To describe Scriptural guidelines for assisting persons in need, paying attention to the principle of the wounded healer as portrayed by Jesus Christ.
- To formulate pastoral guidelines that can be used by pastoral care givers in their ministry to people living with HIV.

1.7 Central Theoretical Statement

The central theoretical statement of this study is that pastoral care givers can play a positive role in the lives of people living with HIV/AIDS in ministering and supporting them.

1.8 Research Design/Methodology

Research methodology simply means the systematic way of collecting, interpreting and presenting data acquired during a study. Several ways are used to collect data systematically and the appropriateness of a method is affected by a number of factors which include the type of study (literature or empirical), the objectives of the study, the nature of the study subjects and even cost.

This study will be conducted through a descriptive literature study and will unfold as follows:

1.8.1 Descriptive-empirical

This task requires that, when intervening to address a challenge, one must have a clear understanding of the situation obtaining in the lives of the study subjects

regarding the challenge. This researcher will search for literature associated with describing the challenges faced by people living with HIV and AIDS. This literature will be drawn mainly from the field of pastoral care giving to people living with HIV. The researcher will also briefly describe the history of HIV, statistics of HIV prevalence and other initiatives currently used to help people living with HIV in coping with the disease, as well as the role of spiritualism in helping them.

1.8.2 Interpretive

Literature for this task will focus on trying to explain why pastoral care gives experience certain challenges in their care giving to people living with HIV and how it affects the pastoral relationship. The literature will also dwell on issues like stigmatization, access to health care and socio-economic challenges faced by those living with the condition using literature from supporting sciences such as psychology, nursing, medicine, psychiatry and social work.

1.8.3 Normative

The normative task attempts to describe what ought to be the ideal situation. In this task, the researcher formulates principles on the following Scripture references: Matthew 25: 34-40, Luke 10: 25-37 and James 2 14-17 regarding the ministry to the person in need, based on the wounded healer principle as portrayed by Jesus Christ.

- Matthew 25: 34-40 (NIV)

This periscope was chosen because it speaks about afflictions and misfortunes that can befall on human beings and it is easy to neglect such people in our society. However, Jesus is reminding us to see Him in those whom we see as distressed in our daily lives.

- Luke 10: 25-37 (NIV)

This periscope has been chosen because it represents, according to my interpretation, what we are seeing in some religious congregations today. Some religious people are not willing to stand by the afflicted. Some churches do not have programs to assist people living with HIV and AIDS even though it is one of the most devastating public

health issues facing mankind. The priest and the Levite, both probably well versed with the law of Moses, could not be bothered to help a dying man. If it wasn't for the Samaritan, an ethnic group that was regarded as unclean, the man could have died.

- James 2: 14-17

This periscope was chosen because it depicts the importance of accompanying one's professed faith with works or deeds. This is important in the pastoral care ministry in Africa, including South Africa, since there are so many poor people who are living with HIV and AIDS. These people need help and South Africa considers herself as a Christian country and as such South African Christian citizens are expected to play a role in the lives of these people. Faith and good works must go hand in hand.

1.8.4 Pragmatic

This task simply seeks to incorporate the findings of the previous three tasks in an attempt to formulate pastoral guidelines which can best assist pastoral care givers in their ministry and support to people living with HIV.

1.9 The literature acquisition

This study will be based on a descriptive literature review of studies that focused on pastoral care giving to people living with HIV and AIDS. A narrative review combines insights from different studies and reports guided by the researcher's own understanding, existing theories and models. One of the strengths of this descriptive approach is that, when done holistically and without bias, it allows for the comprehension of inherent diversities and pluralities within the body of knowledge of interest. In carrying out a descriptive literature review, it is important to define the criteria of inclusion for articles that will be used. This will reduce researcher bias and make the whole process efficient.

1.9.1 Criteria for inclusion

In order to reduce bias, a reviewer needs to make the search criteria and the criteria for inclusion of different researches explicit. In this study the criteria for inclusion is defined as:

- Literature focusing on pastoral care giving to people living with HIV and AIDS.
- The journal articles will be from the list of South African journals (2018) as approved by Department of Higher Education and Training, as well as reputable international journals, non-journal publications by reputable institutions and Conference proceedings.

1.9.2 Procedure for selecting literature

The following key words, names and phrases will be used in searching for literature: Pastoral care, challenges of living with HIV, HIV, AIDS, Theology, Christianity, role of church in the face of HIV and spiritual support, resilience theory, wounded healer.

More search words may be added as the researcher gains more insight into the topic.

1.9.3 Text Mining

In this literature based study, literature associated with pastoral care giving to people living with HIV and AIDS will be gathered and summarized. In general, the gathering of information from different sources to produce a single cohesive report is called Text mining (TM). In its simplest definition, TM is a form of data acquisition from semi structured data sets, such as text documents (Cohen & Hersh, 2005: 57). This will be done by searching the Internet for relevant electronic articles, as well as going through text books from the library. TM as a method of information gathering focuses on, and in this case on the text documents that were published in journal articles, academic theses and reports from authoritative sources, like governments or renowned academic institutions. TM will enable the condensation of information from different studies so that trends and, maybe gaps, within the respective body of knowledge can be unravelled (Delen & Crossland, 2008: 1708).

1.9.3.1 Method for text mining

Snowballing will be used in identifying articles to be used in this study. Carlson *et al.* (2015: 813) conclude that this method is just as good as database searches. Snowballing, in literature search, is a method of identifying relevant literature starting from a set of articles using their reference list. A preliminary literature survey carried

out using Google Scholar and on various institutional repositories and databases (see Table 1) to locate articles associated with pastoral care giving to people living with HIV in South Africa mainly. This specific task was limited to scholarly articles produced in the past 10 years. The reason being that our understanding of the condition and approaches has evolved so much and literature prior to 2008 may not produce a true picture of what is currently obtaining.

Table 1. Summary of literature on pastoral care to people living with HIV from 2008

Author and year	Title	Content summary
Burchardt, 2009	Subjects of counselling: Religion, HIV/AIDS and the management of everyday life in South Africa	The book argues that AIDS counselling is fundamentally concerned with producing, inculcating and disseminating new notions of moral responsibility and that its promotion by religious organisations is a response to the shortcomings of governmental programmes.
Olivier <i>et al.</i> , 2015	Understanding the roles of faith-based health-care providers in Africa: review of the evidence with a focus on magnitude, reach, cost, and satisfaction	Churches have a huge role to play in disseminating health related information in Africa but there is lack of collaboration between the churches.
Friend-du Preez, N. and Peltzer, K., 2010	HIV symptoms and health-related quality of life prior to initiation of HAART in a sample of HIV-positive South Africans.	This article, among other things, states that spiritual care can be integrated into clinical care by encouraging spiritual introspection, allowing patients to identify ways of expressing their own spirituality or referring them for pastoral care
Chisale, S.S. and Buffel, O., 2014	The culturally gendered pastoral care model of women caring for refugee girls in a context of HIV/AIDS	The article investigated how women care givers who look after Unaccompanied Refugee Minor (URM) girls in a context of HIV/AIDS and

		sought to understand their pastoral care practice.
Frederiks, M.T., 2008.	HIV and Aids: Mapping theological responses in Africa.	The book gave a limited overview of the abundance of material that is being published on HIV and Aids and theology and to highlight some of the trends within the African theological reflections on HIV and Aids. This book briefly talks about South Africa and many other studies have been done since it was published in 2008.
Muller, J.C., 2009.	Transversal rationality as a practical way of doing interdisciplinary work, with HIV and Aids as a case study.	This is a case study of the struggles faced by people living with HIV and opinions of four theologians.
Derose <i>et al.</i> , 2011.	Religious congregations' involvement in HIV: A case study approach	Comparative case studies to explore religious congregations' HIV involvement, including types and extent of activities, interaction with external organizations or individuals, and how activities were initiated and have changed over time. This study was done in America but deemed relevant in South African context
Moswane, 2013	The role of churches in HIV prevention among young adults in Polokwane Municipality, Limpopo Province	This study looked at how the church can help in reducing HIV transmission. In young adults
Mzezewa, V 2015	An analysis of the attitudes and perceptions of church leaders towards their perceived leadership roles in HIV prevention in the Matabeleland Province of Zimbabwe	This study investigated the attitudes of church leaders towards their perceived leadership roles in HIV prevention, using a sample of 85 clergy and lay leaders.

Snyman, Desiree 2009	A fully human spirituality : a gendered response to the HIV/AIDS pandemic for the South African church	This study tells how women take the centre stage in the fight against HIV from a spiritual perspective
Cele, M Sylvester 2010	Perceptions of the role of church-based programmes in addressing HIV and AIDS : a study in the Durban inner-city area	How churches are perceived by the communities they seek to help
Mwenisongole, T 2010	The use of stories and metaphors in pastoral counselling with orphans and vulnerable children affected by HIV and AIDS in Mbeya, Tanzania	This study talks about how to offer pastoral care services to children affected by HIV
Tacheche, N 2017	Exploration of the healing ministry in the Presbyterian Church in Cameroon (PCC)	This study discusses the role of the church in healing
Martin, 2009	An ethical analysis of the responsibility of the church towards women infected by HIV/AIDS : with particular reference to St Francis Care Centre and Sparrow Village	This dissertation examines the participation of the church and Christians in the lives of women who are infected and affected by HIV/Aids in South Africa.
Neethling, I 2009	The relevance of pastoral counselling in South Africa: with reference to the South African Association for Pastoral Work	Pastoral counselling as a possible national health resource is explored with reference to primary health care, freedom of choice, consumer rights, cost-effectiveness, spirituality, social change and reconciliation and multi-cultural application
Mulenga, K 2008	Empowering church-based communities for home-based care: a pastoral response to HIV/AIDS in Zambia	A study detailing how churches can take part in the care of people living with HIV
Human, H 2008	The experiences and needs of pastoral counsellors and ministers regarding ethical	A qualitative study looking at the challenges faced by pastoral care givers in

	dilemmas in performing their pastoral duties	dealing with people living with HIV
Benton, K 2008	Saints and sinners: training Papua New Guinean (PNG) Christian clergy to respond to HIV and AIDS using a model of care	This study describes the training offered to pastoral care givers who interact with people living with HIV in Papua New Guinea

It can be seen from the table that a lot of research has been done on HIV and pastoral care. It is therefore important to summarise important points from all these researches so that gaps can be identified and that the findings from all this research are easier to locate.

1.9.3.2 The procedure

A set of key words and phrases are selected to identify the initial set of articles using the key words, names and phrases as stated before. Various databases such as EBSCO Host and Google scholar will be used to identify these articles. Once the articles are identified, the researcher will then go over the reference list for these articles and evaluate the titles of the referenced sources, evaluate the context in which the source was cited in the main body of the publication to assess its suitability to the topic. The publications deemed relevant will then be acquired, read and summarized. The reference list of these articles will then be assessed to give more articles to include in the study. This process will be done until no new relevant articles can be found. See figure 1 for a schematic presentation of the snowball method for literature search.

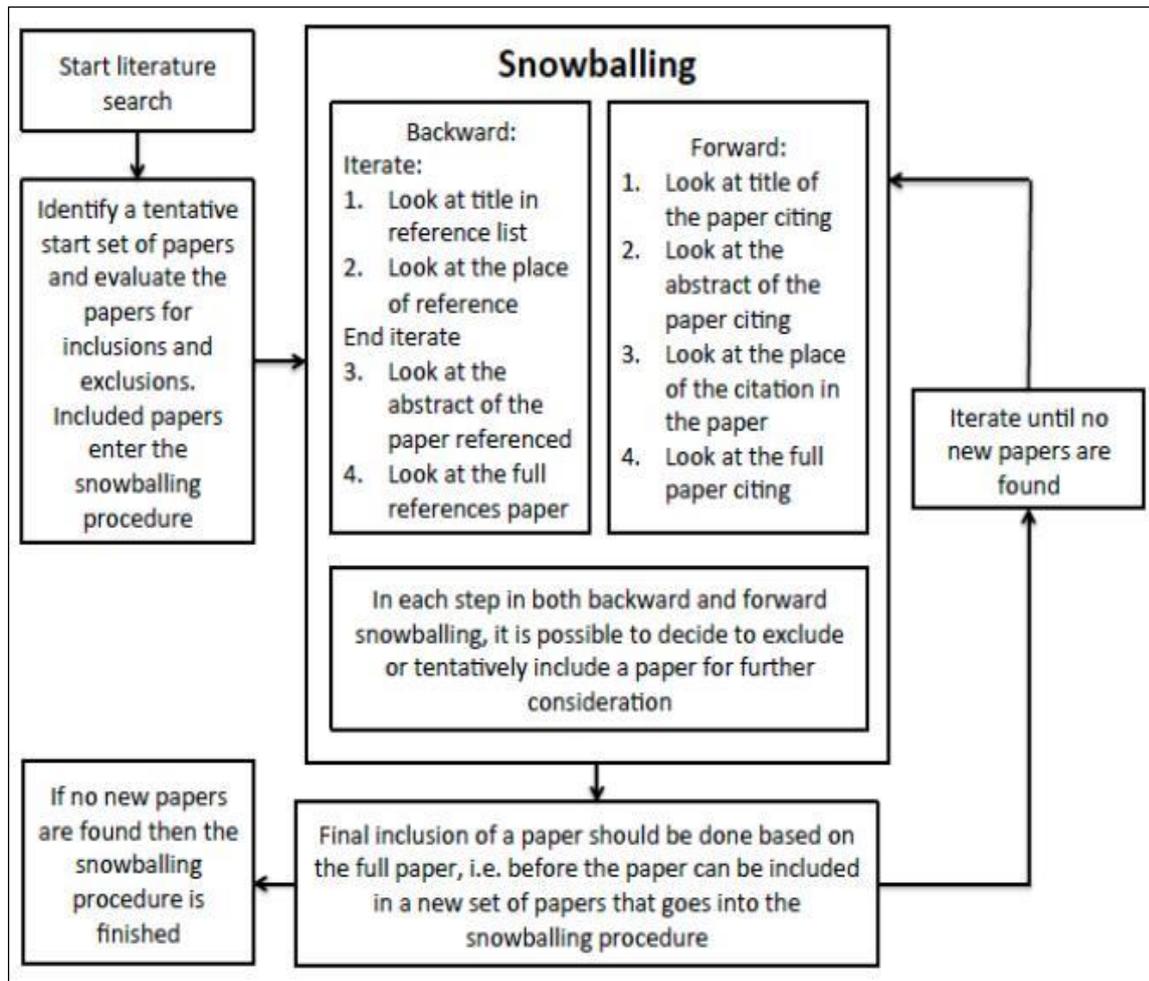


Fig. 1: Schematic diagram for Snowballing procedure. Adapted from Carlson *et al.*, 2015

1.10 Ethical Considerations

It is the duty of the researcher to ensure that all sources used are acknowledged and the interpretation is without bias. In order to ensure accuracy of information, only sources from reputable journals and published dissertations are used. The researcher will adhere to the ethical rules as prescribed by the North-West University, and has already done the ethical training. The ethical risk level is no or minimal risk.

1.11 Chapter Division

Chapter 1: Introduction and background

CHAPTER 2: Challenges faced by pastoral care givers in their ministry

Chapter 3: The roots of the challenges faced by pastoral care givers to people living with HIV

Chapter 4: The wounded healer principle as portrayed by Jesus Christ and pastoral care giving

CHAPTER 5: The pragmatic viewpoint on HIV/AIDS and the pastoral ministry

CHAPTER 6: Final conclusions and recommendations for further research

CHAPTER 2: CHALLENGES FACED BY PASTORAL CARE GIVERS IN THEIR MINISTRY

2.1 Introduction

This chapter is mainly devoted to exploring the challenges that might be faced by pastoral care givers in their ministry to people living with HIV. It attempts to satisfy the first task of the model of Osmer on which this research is grounded and in doing so this section answers the first research question of the study, “What are the challenges faced by pastoral care givers in their ministry to people living with HIV?” This first task is the descriptive-empirical task which asks, “What is going on?” According to Osmer (2008:35), this is the first stage in doing practical theological research, for it allows one to be able to come up with relevant recommendations regarding an identified theological challenge.

In social science, as in many other fields, one’s research is an interrogation of a small part of a much bigger and complicated societal phenomenon. It is therefore extremely beneficial to acquaint one’s audience with the broader picture in which one’s research fits and this is one of the purposes of a literature review (Machi & McEvoy, 2012: 2). According Ridley (2012: 8), a literature review is a collection of ideas from available documents, published and unpublished, which contain information, data and evidence written from a particular standpoint to fulfill certain aims or express certain views on the nature of the topic and how it is to be investigated. A literature review also should effectively evaluate the information and ideas in the chosen documents in relation to the research being proposed. In gathering information on a subject and critically analyzing it, one should be able to detect gaps in information or previous studies and use this to justify their research (Vom Brocke *et al.*, 2015: 9). In this literature based study, the researcher will review literature associated with pastoral care giving to people living with HIV and AIDS. Though this treatise is more inclined to theology, the researcher will borrow ideas from many different fields which include medicine, epidemiology and social sciences.

2.2 The evolution of the HIV challenge

Prior to 1983, the medical community was faced with a disease it could not explain. According to one of the pioneers of HIV research, who was also part of the team that identified the virus, Montagnier (2002: 1727), the symptoms they observed included skin rashes, dark purple skin lesions, fatigue, tuberculosis, various cancers and at times neurologic dysfunctions. Initially, these symptoms were observed to be more prevalent in gay men and the condition was erroneously referred to as the “Gay Disease”. Even to this day, the prevalence of HIV within the gay population in the global west is higher than in heterosexual men (Halkitis, 2010: 754). It was only in 1983 that the world got to know of the agent behind the observed symptoms, a retrovirus which was named Human Immunodeficiency Virus (HIV). It was also proven that it is not a gay condition but a condition transmitted, regardless of one’s sexually orientation, through exchange of body fluids like semen, vaginal fluids and blood (Beyrer *et al.*, 2010: 552). It is also now known that the HIV destroys its host’s white blood cells, the cells which are responsible for fighting off diseases. The depletion of the white blood cells will consequently leave the host vulnerable to opportunistic infections giving rise to the collection of the many symptoms that were initially observed in gay men. Once these symptoms are evident, the individual will be referred to as having AIDS. In strict sense, AIDS is not a specific disease but a collection of conditions of a syndrome (Beyrer *et al.*, 2010: 552).

Since its discovery, HIV has established itself an indefatigable foe (El-Sadr & Goosby, 2018: 4). In the mid-1990s, 20 million were estimated to be living with HIV globally (De Cock *et al.*, 2011: 1046). Since then, the global HIV prevalence has increased to 36.7 million by the end of 2016 (World Health Organization, 2016: 3). In 2016 alone, one million people succumbed to AIDS related illnesses and 1.8 million new infections were recorded. Africa’s Sub-Saharan region is the most affected by HIV and AIDS accounting for close to 70% of the global population of people living with HIV (PLWHIV) (Abas *et al.*, 2018: 86). The reasons why HIV is concentrated in this region are unclear, but what is clear is that geography plays a role in the prevalence of the virus (Kandala *et al.*, 2012: 96).

The prevalence of HIV and AIDS has been observed to be disproportionately high among poor communities. The disease has impacted negatively inhabitants of poor or developing countries. Even in developed countries, the highest incidence of the disease has been observed within among the poorest of communities. Though it is known that the disease can afflict anyone, UNAIDS has called it a disease of poverty and this simply emphasizes the fact that poor communities seem to be more affected in one way or the other (Maroyi, 2013: 33). The relationship between poverty and HIV/AIDS can be seen in Sub-Saharan Africa, the second poorest region in the world after South Asia (World Health Organization, 2016: 13). Though not as poor as some regions of South Asia, sub-Sahara still has the highest HIV/AIDS prevalence rate and this is because the disease originated in Africa and the movement of people between Asia and Africa is limited (Knabe, 2007: 36).

2.3 Response to HIV in South Africa

The South African government, with the help of donor agencies like AIDS Consortium (AC), AIDS Foundation of South Africa (AFSA), Bill and Melinda Gates Foundation, UNAIDS, UNICEF, AVERT, Aurum Institute and many others, has invested substantial resources in programmes to avail ARV to the infected, provide male circumcision services and HIV testing and counselling services (Shisana *et al.*, 2014: 3). The country currently has the largest Anti-Retroviral Therapy programme in the world with 56% of PLWHIV accessing treatment (Winchester & King, 2018: 200). Due to the availability and widespread use of ARVs, the life expectancy of people living with HIV in South Africa increased from 49.2 years in 2011, the year before ART, to 60.5 years in 2013 (Bor *et al.*, 2013: 961). people living with HIV and AIDS unfortunately still live with other challenges that come with being HIV positive.

One of the major challenges they face is stress and it is probably the most cryptic and most difficult to address. Stress is positively correlated with the swiftness of the progression of one's condition from being HIV seropositive to having full blown AIDS (Parhoon *et al.*, 2017: 129). Stress impacts the rate of HIV progression in a number of ways. Firstly, stress directly impairs the functioning of the immune system, even for HIV negative individuals (Parhoon *et al.*, 2017: 130). The impairment of one's immune system is more injurious for individuals who are already immuno-compromised, like

those living with HIV and AIDS (Rubin *et al.*, 2015: 422). In addition to that, stressed individuals are more likely to fail to adhere to their medication regimens reducing any positive impacts Anti-Retro medication could have had on their health (Kalichman & Kalichman, 2016: 421).

Medical institutions in poor, developing countries are failing to give services to match the needs of people living with HIV and AIDS (Pallangyo & Mayers, 2009: 485). In best case scenarios, they are given anti-retroviral drugs and sent home regardless of the state of their health. This state of affairs therefore calls for a model that supports them in their homes. Pastoral care giving is one approach that can improve the health outcomes of people living with HIV and AIDS. Hestenes (2012: 92) states that in times of social ambiguity, pastoral care givers take on a role of greater authority for organised religion and society. Pastoral care givers have become spiritual and moral guides who can give much needed hope to those fighting battles that wear down their spiritual lives.

One of the most spiritually taxing life storms that one might come across is being diagnosed with HIV/AIDS. Pastoral care givers are therefore expected to play a central role in the spiritual lives of such persons. However, it must be realised from the onset that in pastoral theology, the healer is not human or the community, but Jesus Christ. Pastoral theology is a theology of God's care for the world through Jesus Christ, in which humans are invited to participate. Consequently, all pastoral care depends upon prayer and worship, which leads to trust in the promises of God (Hunsinger, 2011: 8).

Pastoral care givers are important in the healing process for those with HIV and AIDS. It is well known that the disease currently has no cure, but that does not mean they cannot be healed, for healing is not the same as curing. According to Benton (2008: 315), providing a cure is associated with removing the cause of the disease. On the other hand, healing is about transformation of the whole person, when, in spite of the presence of the disease, the individual's attitude to life is transformed from desolation to liveliness and from dejection to hope. When healing occurs, negative emotions like shame, anger, grief and fear are replaced with the joy, peace and love. These positive emotions are necessary for one to fulfil their potential.

2.4 What is pastoral care and counselling?

The concepts of pastoral care and counseling, like other concepts in social sciences, are subject to varying definitions and interpretations. Having a broadly accepted definition is not a futile exercise, it allows scholars to argue and write in harmony with each other (Jenkins *et al.*, 2017:3). Traditionally, pastoral care has been equated with pastoral counselling in theological scholarship, because these two concepts had the same goal which was to cure souls (Stansbury *et al.*, 2012: 961). However, with the confluence of psychology, social work and psychiatry on the pastoral field after World War II, theologians began to view the terms as distinct entities that had different functions and demanded different skill sets (Stansbury *et al.*, 2012:961). Holifield (1983:2) defines pastoral care an array of clerical functions that are aimed at shepherding and sustaining a congregation and pastoral counselling as the narrow clerical role of ministering to specific individuals met with life crises. Twentieth century theologians have continuously expanded on these definitions and the prevailing contemporary definitions have been analogous to the medical model where general practitioners and specialists have different roles. Theologians who subscribe to this line of thinking are of the view that pastoral care giving is largely a function of ordinary church members whilst pastoral counselling is done by intensively trained individuals. It can be further seen that pastoral care is generally associated with chaplaincy and ministering to congregants, whereas pastoral counselling is associated with individual or family therapy. In this paradigm, pastoral care is the purview of the clerical generalist while pastoral counselling is a specialty requiring additional training (Stansbury *et al.*, 2012: 1962).

McNamara (2015: 1) defines pastoral care as that ministry within a religious community that centres on spiritual counselling and care delivered to people in crisis or to people seeking spiritual growth and transformation. Spiritual transformation in this regard means a changed spiritual outlook, such that the individual counselee moves toward a deeper relationship with God or with whatever that person considers

ultimate in value. Focusing on God and increased spiritualism² is often associated with a healthier spiritual state and wellness.

This definition does not burden any one profession, for instance the ordained, with the responsibility of carrying out pastoral care duties but seem to suggest that it is a duty of the entire community and God is at the centre of the practice.

2.5 Benefits of spiritual support the healing process

Gill *et al.* (2015: 66) noted that religion plays a particularly important role in the lives of many people coping with illness. In a study of hospitalized, seriously ill patients, it was discovered that prayer, depending on God for comfort and reading Scripture was of the most important factors in sustaining many of these persons. Close to 90% of the study participants indicated that pastoral care facilitated coping to some extent (Moran *et al.*, 2005: 255). Surveys reviewed by Puchalski *et al.* (2009: 885) also demonstrate that spiritual care is a patient need, that it positively affects health care decision-making and health care outcomes including quality of life.

Neurological studies have partly deciphered the importance of pastoral care in the healing process. It is now known that the neural circuit that is often associated with spiritual or religious experiences is the same circuit that appears to regulate or control many other areas of the brain and consequently the body. It can therefore be concluded that when one undergoes religious experiences and engage this circuit, the circuit in turn will send signals to these other widespread areas of the brain thus making substantial behavioural and cognitive changes more likely (McNamara, 2015:1).

A study by Wood *et al.* (2016: 51) reveal that participants with mental health challenges hospitalised in different UK hospitals were agreeable to the notion that pastoral care by hospital chaplains had positive impacts on their emotions. They found it easier to open up to individuals who spoke about spirituality to them. Wood *et al.* (2016:55) report that no healing is possible without spiritual healing and that that healing is a gift

² In this context, Spiritualism is a practice of looking at God, the Christian Scripture and Christ in an intelligent and wholesome way, integrating the experiences of the World of Spirit by people - experiences which have brought to man certain knowledge of spiritual phenomena.

from God. Although, the patients appreciated the efforts of other mental health professionals, they were clear that if their spiritual needs were not met, they would either heal much more slowly or not at all. Relying on these findings of Wood *et al.* (2016: 51) the National Health Service adopt a more holistic bio-psycho-social-spiritual model for handling individuals with mental health challenges.

2.6 Challenges faced by pastoral care givers

2.6.1 Lack of training

Proper training is a prerequisite if one is to competently execute his or her duties in any profession. Pastoral care givers can only make meaningful impacts to people living with HIV and AIDS if they are equipped with the necessary skills needed for a ministry like this. In many parts of the world, faith-based institutions are usually not well equipped to effectively discharge their spiritual ministry, especially in the use and interpretation of religious text in light of complex health issues such as HIV and AIDS (Griffith *et al.*, 2010: 203). Den Hollander and Kasiram (2013: 237) indicate that church leaders, as well as lay counsellors should develop the necessary skills if they are to be effective in their pastoral duties and help in the war against HIV and AIDS. The need for proper training is further heightened by the fact that general congregants can also take part in pastoral care roles to fellow congregants given the widespread occurrence of HIV.

Several studies have been conducted and the results point to the sad fact that churches in some parts of the world are ill-equipped to offer effective pastoral care to those that may benefit from it. In one study conducted in Malawi by Chibambo (2016: 75) indicates that members of the Church of Central Africa Presbyterian (CCAP) Women's Guild had not received any training on pastoral care giving regardless of the fact that they were the contact between the church and people living with HIV. This is a deficiency that robs the church of the power to make meaningful changes in the lives of the congregants. In many African churches, women groups are more visible in the communities than groups of men. Unfortunately, these groups are not always given the floor or support to make the impacts they are capable of making in the society (Chibambo, 2015: 4).

In a study conducted by Nyandoro (2010: 13) in Zimbabwe, most of the catholic priests who were part of a group that was trained on pastoral care and counselling reported that even after the training they still felt they were incompetent to deal with the problems their congregants may bring to them. This is after the clergymen had spent upwards of three years in theological seminaries. This study is indicative that the power of pastoral care giving in the fight against HIV and AIDS is probably not being exploited in many other churches. In South Africa, Pentecostal churches account for more congregants than traditional churches and in many instances, the leaders do not have extensive training (Frahm-Arp, 2015: 117).

Muyambo *et al.* (2016: 141) indicate that training is an important way of managing and holistically responding to the HIV and AIDS challenge. Working with pastoral care givers engaged on a voluntary basis by the Lutheran Communion in Southern Africa (LUCSA), Muyambo *et al.* (2016: 141) discovered that lack of adequate training was resulting in many pastoral care givers dropping from the initiatives. This undoubtedly affected the response of the community to the HIV pandemic. Hodge and Roby (2010: 33) indicate that most participants in their study, acknowledged that spirituality was very important in their coping with the disease, but at times lacked support in this regard from the pastoral care givers they worked with.

2.6.2 Lack of resources

Though pastoral care is often associated with taking care of the spiritual needs of the distressed, it cannot be dismissed that pastoral care givers also have a Scripture inspired role of supporting the needy in society materially. Pastoral care givers can learn from Scriptural passages like James 2:14-16 (NIV) which says:

What good is it, my brothers, if a man claims to have faith but has no deeds? Can such faith save him? Suppose a brother or sister is without clothes and daily food. If one of you says to him, "Go, I wish you well; keep warm and well fed," but does nothing about his physical needs, what good is it?

Indeed, churches have been used as a safety net for some of the poorest in society as government in many parts of the world have, to some extent, abdicated on this role (Cnaan & Newman, 2010: 321). Provision of material support to those in need is an

important role of the church given that it has been reported that availing of material support to fellow church members is associated with better health over time (Krause, 2009: 63). The various pastoral care services are offered for free, but they still require financing and this financing is often provided by well-wishers and is in many cases, inadequate (Agadjanian & Menjívar, 2011: 148).

Regarding pastoral care giving to people living with HIV, financial resources are usually needed to ensure mobility of care givers, procure items like gloves and other sanitary wear and conducting training workshops for pastoral care givers (Muyambo *et al.*, 2016: 149). In addition to that, the fact that HIV and AIDS burden more the poor (Pienaar, 2017: 250), it is not surprising that in most African communities, it is often necessary to give food and other physical items to people living with HIV and AIDS (Agadjanian & Menjívar, 2011: 150). In such circumstances, pastoral care givers can do more good by providing the them with food and other basics in addition to spiritual support. Onah *et al.* (2018: 8) note that in Africa, the lack of financial resources negatively impacts the pastoral care ministry.

The financial constraints faced by churches and its members in offering pastoral care are partly because the churches are often not supported financially with as much money as other organisations fighting HIV and AIDS. Vitillo (2009: 77) reports that churches have an excellent and documented record in caring for people living with HIV but it appears that these churches do not receive an equitable share of the money devoted to supporting HIV activities. Large churches, like the Roman Catholic Church have means to raise funds but smaller, emerging Pentecostal churches have to rely solely on funds raised from congregants. This is unfortunate, given the fact that Pentecostal churches are increasing in number and a significant number of Christians identify themselves with these churches (Frahm-Arp, 2015: 124).

Several studies have indicated that the pastoral care ministry to people living with HIV is seriously and negatively affected by lack of financial resources. Kakungu (2013: 130) conducted a study in Zambia targeting members of the Pilgrim Wesleyan Church. The study reveals that most of the members had, to some extent, taken care of HIV relatives or fellow church congregants. One of the challenges they faced, was lack of adequate funds to effectively practice pastoral care to people living with HIV. The

members reported that they often struggled to get money for transport to visit the afflicted and offer spiritual support. The congregants also testified that it was important to share material goods with the people living with HIV. This agrees with the thoughts of Du Plessis (2014: 1) who posited that one's faith is professed by deeds of love and that a Christian should not live a selfish life but should be considerate to the plight of fellow human beings and reach out to them. Another study, Agadjanian and Menjivar (2011: 153) report that pastoral care givers in a community in Mozambique lacked financial means to adequately support people living with HIV. This severely limits the potential good that can come out of the pastoral care mission (Campbell *et al.*, 2011: 2013).

2.6.3 How to interact with sexual minorities

The issue of homosexuality is still a contentious issue in most churches (Dreyer, 2008: 740). A study by Quinn *et al.* (2016: 1708) reveal that most pastors in black churches in the United States of America are of the perception that homosexuality is wrong and has no place in the church. The same perceptions were also reported from most South African religious denominations, especially those that are majority black (Chitando & van Klinken, 2016: 3). Though the rhetoric against homosexuality in churches has been toned down by persistent protests by pro-homosexual groups, homosexuals are still not fully accepted in most churches (Jennings, 2017: 217). Some churches have adopted a "love the sinner, hate the sin approach" as a way of accommodating minority sexual orientation.

Gaga (2010: 6) states that church culture can have a positive or negative impact on the community it serves. Wright (2014: 23) for instance reports that lesbian women fail to get pastoral care from the Anglican Church, because same sex unions are in conflict with long history of the Christian moral code. Augustine of Hippo, one of the most influential church fathers, declared that a woman can only be an image of God, if united in marriage with a man. This effectively excludes gays and lesbians from enjoying any benefit the church might confer to society. Wright (2014: 23) argues that this view is not scriptural and pastoral care affirms that human life is sacred and must be defended, preserved and raised up.

The challenges faced by pastoral care givers with special reference to the LGBT in the community are a result of shortcomings on both ends of the spectrum. Firstly, the challenges emanate from the church' stance on homosexuality. Dreyer (2008: 1235) notes that, in South Africa as in many other countries, the church is undecided on its stance on homosexuality. This is because the church is open to offering pastoral services to all members of the community included, but the LGBT community is labelled as deviant and caught up in homosexual sin. The policy of the general assembly of the Dutch Reformed Church of Africa, for instance, states that congregations should accommodate gays and offer them pastoral care services when necessary. However, in the same policy same-sex unions are regarded as sin (Dreyer, 2008: 1236). Members of the LGBT community are said to be welcomed in the faith community and regarded as dedicated Christians, but church councils are officially allowed to discriminate against those who are open about their sexual lifestyle. Such inconsistent policy positions can promote discrimination and make it difficult for pastoral care givers to relate to the LGBT community.

The indecision on how to relate to sexual minorities by churches negatively affects the impacts churches can have when offering pastoral care to people living with HIV. Church leaders' personal opinions, which are related to their religious views, affect their pastoral engagement with sexual minorities and also how their congregants interact with the same (Dreyer, 2008: 1243). The "hate the sin, love the sinner" concept can bring confusion into the pastoral care mission. The pastoral care giver will need to be honest about their beliefs, because it is important to honestly discuss values if any therapeutic process is to bear desired fruits (Zink-Sawyer, 1997: 348). Pastoral care givers can cause more harm than good if their values clash with those of the persons they seek to help. Pretending that the issue does not matter brings disharmony into the relationship because "double speak" is harmful to people seeking spiritual strength (Onedera *et al.*, 2008: 247).

Secondly, the "love the sinner, hate the sin" concept forces Christians of minority sexual orientations to either discard religion to accept themselves or to abandon themselves to comply with their religious doctrine. In a lot of instances, these individuals abandon religion preferring exploit fully their sexual orientation (Bowland *et al.*, 2013: 321). Consequently, in some cases, the LGTB group do not receive

pastoral care from the churches. This is unfortunate given the fact that the prevalence of HIV and AIDS is greater in the gay community, than in heterosexuals. Mavhandu-Mudzusi & Sandy, 2015: 1049) report that LGBT students enrolled at a particular South African university suffer from religion-related stigma and consequently, they are unable to access any services the churches may have on offer and this includes pastoral care and counselling.

2.6.4 Compassion fatigue

Compassion fatigue is a term used to describe the gradual lessening of compassion towards those in need over time (Höijer, 2004: 514). It is a defence mechanism people, who carry out care giving work on a regular basis, develop to avoid burnout and be able to cope with the suffering they witness in fellow human beings (Bride & Figley, 2007: 151). Boyle (2015:48) describes it as a stress reaction resulting from helping, or desiring to help, an individual or community suffering from a traumatic event. The stress, from the helper's perspective, is therefore described as secondary, as the helper is detached from the actual traumatic event itself. Compassion fatigue is therefore also known as secondary traumatic stress (Howell, 2016: 8). Pardess *et al.* (2014: 357) comment that compassion fatigue can impair competency and performance of pastoral care givers working with people living with HIV.

HIV as a disease can cause immense suffering to those it afflicts. General wasting of the body, skin rashes and loss of hair are some of the symptoms of the disease and it can be heart wrenching to watch one suffering from those symptoms. In a study in Tanzania, Pallangyo and Mayers (2009:485) reported that pastoral care givers often reported difficulties in taking care of other members of the community living with HIV and AIDS, because their conditions remind them of the suffering their own family members went through before they passed on. This may result in the care givers developing compassion fatigue, consequently negatively affect how they practice the ministry.

Sempene and Masango (2013: 3) state that pastoral care givers often deny that they are facing emotional breakdown. This result in the care givers refusing to get help and support and may end up developing compassion fatigue due to the lack of healthy

ways to debrief. Louw (2015: 3) states that compassion fatigue is often a result of excessive and constant exposure to severe forms of human suffering, like the ones witnessed when one is suffering from AIDS. Some of the symptoms of compassion fatigue that negatively affect the pastoral care giving ministry are irritability, depression, lowered self-esteem and mood swings (Alkema *et al.*, 2008: 102).

The impacts of compassion fatigue in the pastoral care ministry are grave. Elisha (2008: 154) reports that compassion fatigue is the main reason why some evangelical volunteers withdraw their services from the pastoral care ministry. This, without blaming those who withdraw, is tantamount to abandoning those in need. The gravity of the HIV pandemic requires the input of all, especially those of the Christian faith, if the challenges that come with being diagnosed with the disease are to be mitigated (Mokoena, 2014: 69).

2.6.5 Limited discourse on sex and sexuality in the church

Campbell *et al.* (2011: 1208) describe the shying away from preaching matters to do with sex and sexuality observed in many African churches as moralistic attitude. Matters revolving around sex and sexuality, like the transmission of HIV are frequently associated with shame which leads to the stigmatisation of people living with HIV (Zou *et al.*, 2009: 76). Dading (2016: 16-70) explores the issue of sex and sexuality within the Lutheran Church of Christ in Nigeria (LCCN) and found out that this concept is hardly discussed. A quantitative study covering Lutheran, Catholic and Pentecostal congregants in Tanzania revealed that shame-related HIV/AIDS stigma is strongly associated with religious beliefs (Zou *et al.*, 2009: 82). It has been reported that even when the congregants are willing to provide pastoral care services to those with the disease, perceived stigmatisation may cause people living with HIV to withdraw from the church preferring to suffer in isolation (Deribe *et al.*, 2008: 81). The failure by people living with HIV to get pastoral care services can therefore be a result of the church's failing to talk about sex and sexuality to its congregants.

Another consequence of shying away from issues to do with sex and sexuality, even though sex is perceived by Africans as the heartbeat of the society (Amanze, 2010: 284), is that many churches do not have pastoral care initiatives targeted at people

living with HIV regardless of the healing potency of pastoral care and the gravity of the situation. A study by Gaga (2010) in the Sweetwaters community of Pietermaritzburg in South Africa found out that the churches in that area had no structured programmes to offer pastoral care to people living with HIV. The only efforts related to HIV were to take care of orphans. In this community, Gaga (2010) recommends that churches should engage more with people living with HIV and train congregants to help those burdened with the disease. The same conclusion was arrived at by Mboya (2013: 6) after conducting a qualitative study on the Holiness Union Church in the same area of Pietermaritzburg. In this study, the church leaders were observed to be ill prepared for pastoral duties targeting people living with HIV and like in many other cases, training was recommended.

Religious leaders can positively influence society through their messages at the pulpit and their opinions can help improve how congregants' re-engage people living with HIV in society. Church leaders need to help dispel the notion that HIV and AIDS as a punishment from God for engaging in promiscuity (Machingura & Chivasa, 2016: 12). Pastoral care by the faith community can benefit greatly if the stigma attached to HIV and AIDS is reduced by church leaders (Derose *et al.*, 2016: 187). Olivier and Smith (2016: 7) studied the roots of stigmatisation, and it was identified as a potential hindrance to the pastoral ministry, and concluded that it was difficult for people living with HIV to interact wholly with fellow church members. Lindley *et al.* (2010: 13) also conclude the silence by the church on matters to do with sex was the main cause why those with HIV were not engaged and also why individuals were reluctant to disclose their status or even get tested. In America, black churches have been vocal on issues like civil liberties and police brutality but have been uncharacteristically silent about the issues of HIV and AIDS, especially if they involve sexual minorities (Foster *et al.*, 2011: 1107). This silence is rather baffling given the fact that the black community in this region is the most affected by HIV and AIDS (Overstreet *et al.*, 2013: 469). The propensity to be silent on issues of sexuality is common in many regions across the world.

2.6.6 Perception brought by prosperity gospel

In some instances, churches stray away from their prophetic role neglecting those that need help. Using a parable, Clinebell and McKeever (2011: 24) quotes Theodore Wedel speaking of a poorly equipped lifesaving station on the shores of a treacherous sea. Many ships got shipwrecked and many souls were saved by a team of dedicated volunteers, volunteers who cared more about others than their own wellbeing. The small lifesaving station began getting a lot of financial support from those it had saved and grew into a modern clubhouse. It started attracting individuals who were not interested to saving those drowning at sea but enjoying the clubhouse. Though outwardly bigger and successful, the lifesaving station ceased to be relevant to its intended purpose. Clinebell and McKeever (2011: 24) equate this parable to the challenges facing the church today, especially the mega churches. They further state that these churches can return to being relevant by engaging in pastoral care for those in need. Edwards (2015: 15) eloquently summarises the role of the church by saying that “effective pastoral care of those infected and affected by HIV/AIDS offers the church body the opportunity to be the hands and feet of Jesus Christ and the instruments of God on this earth”.

2.7 Conclusion

This chapter focused mainly on the challenges that pastoral care givers may encounter in their ministry. Literature consulted has revealed that the extent to which people living with HIV can be assisted from a pastoral care point of view is determined by several factors. These factors include lack of training on the part of the pastoral care givers. It was observed that the pastoral ministry is quite complicated and the pastoral care givers need to be adequately trained to meet the physical and spiritual demands that come with the ministry.

It was also observed that pastoral care givers often lack the resources needed to fully discharge their ministry. For instance, money to by daily needs of people living with HIV and AIDS or to move from point one area to another. It was also revealed that discussions around issues to do with sex and sexuality are limited within some Christian churches. This makes it difficult for the pastoral care givers to know how to

interact with sexual minorities. The large number of people living with HIV and AIDS also means that the few pastoral care givers are often overwhelmed and witnessing continuous suffering of these persons, coupled with lack of adequate means to help, often leads to compassion fatigue developing in some pastoral care givers.

Finally, it was observed that the proliferation of the prosperity gospel affects the pastoral care ministry in several ways. These ways include fewer people devoting their time to the pastoral care ministry because they have been made to believe that tithing is the most important activity a Christian can partake. It also makes it difficult for the pastoral care givers to interact with people living with HIV and AIDS who might tithe but still struggle with ill health.

CHAPTER 3: THE ROOTS OF THE CHALLENGES FACED BY PASTORAL CARE GIVERS TO PEOPLE LIVING WITH HIV

3.1 Introduction

This chapter focuses on the interpretive task, or attempts to answer the question why is this going on, as suggested by Osmer (2011:4). In doing this, perspectives from theological scholars, as well as other disciplines will be used in order to better understand why pastoral care givers face the challenges they face as discussed in the previous chapter. These other disciplines will include psychology, social work, epidemiology and health sciences.

3.2 Conflict between pastoral care and science

Mankind has recognized the link between spirituality and health for centuries, unfortunately the potential therapeutic impacts of spirituality has not been fully exploited by modern medicine which put a strong emphasis on empirical evidence in the healing process (Puchalski *et al.*, 2014: 7). This view is oblivious to the facts that human beings have complex needs, some of which are spiritual in nature. In many circumstances, individuals with incurable or hard to cure diseases, such as HIV and various cancers are often subjected to overwhelming series of tests and pharmaceuticals and are denied the opportunity to exploit their own internal resources which have the potential of bringing health and healing. Heyland *et al.* (2006: 627) in a Canadian study, report that 96.8% of patients who took part in the study felt that they should not be limited to drugs, but should also be treated in a respectful and compassionate manner. Many such voices are testament that there is more to health than prescribing pharmaceuticals and relying on health science alone.

It appears that pastoral care can, at times, conflict with other practices that are meant to help those suffering from illnesses such as HIV and AIDS. Proserpio *et al.* (2011: 666) for instance, indicate that there is considerable debate on whether those who practice spiritual healing activities in hospitals, such as chaplains, should take a scientific approach or not. Those arguing against the adoption of a scientific approach to pastoral care giving in any situation are of the view that conforming to scientific rigor

within the practice of pastoral care will interfere with the primary nature of pastoral care. Louw (2015: 15) notes that the dawn of the human sciences and the accompanying emphasis on experimental research and an interdisciplinary approach resulted in pastoral care being increasingly exposed to the standards of psychology in theory formation. This, Louw (2015: 14) argues, leads to what one can call a paradigmatic reduction in pastoral care. Sperry (2006: 57) refers to this process as psychological reductionism which can be described as the over-dependence on and ill-thought adoption of psychological constructs, such as self-realization and self-fulfillment. This paradigm shift may encourage and strengthen spiritual narcissism and self-dependence tendencies making it difficult for pastoral care givers to make positive impacts regarding one's state of health.

Those in support for the need for a more scientific approach to pastoral care, feel that when pastoral care is practiced in areas like hospitals by hospital chaplains it is more beneficial to adopt a more scientific approach since helping patients in a hospital setting relies extensively on empirical evidence so pastoral care givers cannot be absolved from demonstrating the efficacy of their actions. Taking a scientific approach may help to clarify several priority issues, for example, how to understand the benefits of spirituality in health care, how to come up with adequate research tools and evaluation methods, as well as shed more light on the physiological mechanisms of action of spirituality on an individual's health (Proserpio *et al.*, 2011: 667).

3.3 Conflict between Christian pastoral care practices and African religious practices

Another source of disharmony between the wounded healer principle as practiced in pastoral care in the African context is the disharmony between African traditional beliefs and modern Christianity. Waliggo (2011: 14), an African theological scholar, convincingly demonstrates that the African tradition, whose religious ways often times diverge from mainstream Christian doctrine, still persist in most Christian denominations and specifically in the Roman Catholic church. Waliggo (2011: 14) came to this conclusion after analyzing several incidences that happened in the area. Firstly, it was observed that Christian missionaries working in the Baganda region of Uganda came to a point when they were convinced that Christians, especially

Catholics in the area, were completely won over to Christianity. However, during a time of crisis in 1953 when king Kabaka Mutesa II was exiled, these Christians utterly rejected Christian prayers meant to bring back him back. Again in 1961, Archbishop Kiwanuka, the head of the Catholic church in the area wrote a pastoral letter encouraging fellow Christians to rescind their support for the traditionalist tainted political party called Kabaka Yekka. His pleadings fell on deaf ears as the people of the area kept supporting the party. This was taken as an indication that the Africans still held firm to their traditional beliefs regardless that they identified themselves as Christians. Finally, Waliggo (2011: 72) notes that many practices synonymous with African tradition, like divination remained popular amongst the Christians, not only ordinary people but those highly educated such as professors and ministers, even though these practices are shunned and strictly forbidden by the church.

Magesa (2014: 57) reports that many Africans subscribe to a dual thought system when it comes to religion. Those who practiced this system openly practice Christianity and clandestinely revert back their entrenched African religious tradition, especially in the times of crisis. It is further argued that there is strong attachment to these practices, such that saying they revert back is an understatement. It might be more correct to advance that Christianity in many African societies has two different thought systems, one popular and the other official (Magesa, 2014: 43). Official Christianity is the faith expression that is propagated in the theological seminaries, as well as through homilies by various churches. A considerable population of Christians, however, appropriates the teachings of their Christian churches according to their circumstances and needs choosing what to believe depending on the situation. This expression of faith is what Magesa (2014: 43) refers to as “popular” Christianity.

Mwikamba (1997: 7), a catholic priest and theologian at the university of Nairobi cited in Wanjohi and Wanjohi (2005: 30), has this to say about what is experienced by the African person regarding religious beliefs:

...the African of today is a modern person and feels the full impact, if not the blast, of modern civilization, and its consequences. Many Africans are torn apart: in some sense, they are falling apart. The sense of being double, a split personality, of being half, is felt by many Africans, who are influenced

by dualities: two cultures, two morals, two value-systems and two world-views: the African and the Western.

Indeed, the African person can be described as in a crisis as far as religious beliefs are concerned. This crisis, however, has to be viewed in a larger context. The religious stand where African history is viewed as incompatible with Christianity can be viewed as having been preceded by a history of Christian theology. Christianity, as practiced in the modern times, can be viewed as New Testament theology because, to a larger extent, it has been disconnected from its historical core and the reality of its foundation (Morra, 2013: 75). The most glaring disjunction in the history of Christianity is the detachment of the New Testament from the Old Testaments (Magesa, 2014: 34). This is rather misleading, since the New Testament came from the heart of the Old Testament and both have much to inform us about God, about being a people and above all, about Christ Jesus (Renckens, 1995: 12) and as such the New Testament on its own is deficient without the Old Testament. Something comparable to this, whereby the history is discarded, can be observed in what has occurred in Africa. On getting acquainted with the African religion, missionary Christians viewed it as an “abandoned building occupied by squatters” (Magesa, 2014: 23). Missionary Christians were surprised by the antiquity and concreteness of the forms of belief systems the African society subscribed to and they took a stand that only Christianity was the true religion, not the African religion. Consequently, they relegated African religion to a system of outdated facts whose meanings were no longer relevant. They failed to perceive the old in the new, akin to what happened with the Old Testament, and also failed to see authentic inspiration in African traditional religion and its relevance in humanity’s search for God.

The missionaries were of the perception that Africa had no prior religion and described Africa as a ‘dark’ continent (Mangany & Buitendag, 2013: 1). These missionaries lacked respect of African religious practices and taught the Africans that whatever they were doing was wrong and should be stopped. Bae and Van der Merwe (2008: 1300) state that rituals involving ancestors are in every sense a form of worship. However, missionary Christians frowned upon these rituals and sought to abolish them within those Africans who would have converted to Christianity. Seoka (1997: 5) argues that

ancestors are serviced and not worshiped and also that the reasons for such an interpretation were to exploit and deliberately misconstrue African beliefs so as to promote Western religious practices. An approach whose overall agenda was to facilitate in the colonization of Africa. However, regardless of all these efforts by the missionary Christians, to this day, many African Christians still venerate and worship their departed ancestors, whilst upholding a Christian identity at the same time (Mangany & Buitendag, 2013: 1). According to Bae and Van der Merwe (2008: 1299), the veneration of ancestors is an “attempt to preserve good relations with the departed kin” and Africans believed that failure to do so will bring misfortune to the family hence the perpetuation of the practice (Magezi & Myambo, 2011: 163).

In the African tradition, sickness and death of a person is, in some cases considered to be a result of either offence perpetrated against the ancestors, violation of social norms or a result of witchcraft and evil spirits (Okyerefo & Fiaveh, 2017: 309). Sin is often associated with the social rules agreed by the community or inherited from the ancestors. The violation of the agreed code of moral conduct leads to a severing of the good relationship between God and his people, as well as between the living and the dead ancestors, hence the sickness or death. This belief presents a challenge for the pastoral care giver working with individuals with incurable diseases, like HIV and AIDS.

The pastoral care giver, in the Christian perspective, has a duty to interpret Biblical and Christian language and use it to shape everyday lives of those who seek help (Magezi, 2016: 2). The question that arise, according to Magezi (2016: 2) is how is pastoral care being practiced if the church believes, or at least appear to believe, what is contrary to the persons they intend to help believes? The answer to this question is especially important given the fact that African Christians’ approach to life, health and wellness is strongly associated with spiritual powers and not necessarily to Christ Jesus (Magezi & Banda, 2017: 3). African Christians, by having two parallel belief systems, experience some degree of insecurity as they cannot know with confidence if they are obtaining the right answers to their problems. In those instances, Christianity is viewed as guess work that is detached from concrete solutions needed by the African persons (Ejenobo, 2009: 138). The dual worldview of Christianity and

traditional African powers creates tension and challenges for both the pastoral care giver and the recipient of the help.

The pastoral care giver, on one hand, tries to communicate what the church teaches about healing and forgiveness, and on the other hand, they are likely to be African and believe in the power of the departed ancestors. This will most likely reduce the vigor and enthusiasm with which they discharge their pastoral care duties, limiting the positive impacts they can make. The seeker of pastoral help is also faced with the same challenges, torn between acquired Christian tradition and ingrained cultural ways. In many instances, the African Christians have a propensity to go back to previously denounced traditional African religious beliefs in pursuit of solutions to their immediate challenges, a phenomenon sometimes contemptuously referred to as syncretism (Ejenobo, 2009: 138). Again, this will limit the good the pastoral care giver can do.

3.4 Sexuality

Humans have struggled for centuries with the idea of embracing their individual sexual preferences, while keeping the 'good Christian' tag (Quinn & Dickson-Gomez, 2016: 52). Traditionally, Christianity has promoted heterosexuality and does not promote the acceptance of homosexuals or other persons of minority sexual orientation into the church. The church, being an institution that holds power of many individuals, means the sexual minorities also struggle to fit into the society. The arguments whether homosexuality is a sinful act in the eyes of God has been raging for centuries and it looks like a common understanding is yet to be arrived at (Nkosi & Masson, 2017: 72). A considerable number of theologians argue that the practice of homosexuality has been condemned throughout the Old and the New Testament. One of the most popular passages from the Bible, which is the most authoritative text for Christians, which is cited by anti-homosexual scholars, is Leviticus 18:22 (NIV) which states that, "You must not have sexual intercourse with a man as you would with a woman; it is a detestable practice".

Other scriptures in the New Testament which also speak against homosexuality include 1 Corinthians 6:9–10 (NIV) which says, "or do you not know that the

unrighteous will not inherit the kingdom of God? Do not be deceived: neither the sexually immoral, nor idolaters, nor adulterers, nor men who practice homosexuality,¹⁰ nor thieves, nor the greedy, nor drunkards, nor revilers, nor swindlers will inherit the kingdom of God.” and 1 Timothy 1:10 in which Paul speaks about the unnaturalness of homosexual practices by saying, “the sexually immoral, men who practice homosexuality, enslavers, liars, perjurers, and whatever else is contrary to sound doctrine”.

Given what can be interpreted from the passages above, it is not surprising that traditional Christians oppose homosexuality and argue that sexual union should be between a man and a woman as its purpose is strictly for procreation. In most cases, Christians who are against homosexuality, simply argue that God says so in the Bible and any Christian should accept this position because querying it is akin to questioning God. This is the common stance for denominations, such as Pentecostal churches, which place strong emphasis on the literal interpretation of the Bible (Nel, 2015: 2).

The Roman Catholic Church which has a following of over a billion people holds on to the doctrine which teaches that God’s intension for sex is for procreation purposes only (Crooks & Baur, 2013: 19). However, scholars like Gnuse (2015: 70) believes that basing modern day arguments on the Scriptures alone is misleading since, it is argued that, culture changes with time. He reasons that relying on biblical text which was written thousands of years ago is inadequate to in addressing challenges of today’s culture. This thinking brings hope that maybe homosexual Christians will at some point be viewed at the same pedestal as other Christians. However, this argument is rebuffed by arguments of scholars, such as Yarhouse (2010: 17) who holds on to the view that what the Bible teaches cannot be wished away, since the Bible is the primary source from which Christianity springs from.

Homophobia appears to be greater in the African society if compared to Western countries (Takács & Szalma, 2011: 357). Homosexuality is illegal in 38 African states and most of these countries have retained their laws that were promulgated by their colonial masters (Lovell, 2016: 87). Even in countries where homosexuality is legal, such as South Africa, the communities are still hostile to homosexuals. In South Africa, violence against homosexuals, especially lesbians, is rife. Some of the cases that

hogged the limelight include the brutal murder of Zoliswa Nkonyana (19), on 4 February 2006 in Cape Town. Openly living her life as a lesbian is the reason she met with such a brutal act (Mwambene & Wheal, 2015: 59). In addition to the risk of being killed, lesbians are also subjected to what some refers to as “corrective rape”. This is considered a form of sexual punishment by men towards lesbians and those who support or carry out this act, believe it cures one of the “disease of lesbianism”. Lesbians are considered a threat to the patriarchal gender norms and as such they should be punished and converted to heterosexuals through “corrective rape” (Mwambene & Wheal, 2015: 59). The violence against homosexuals has also been reported in other countries, such as Uganda where the gay rights activist David Kato was murdered, as well as in Jamaica where popular singers regularly demean homosexuals.

The Christian ideals on sexuality in Africa can be traced back to teachings of Saint Augustine who advanced complex and often conflicting arguments regarding sex and sexuality. In his reasoning, St. Augustine opined that God created sexuality for the sole purpose of procreation. He further argued that the sin of Adam and Eve did not invalidate the purpose of sex as a means of procreation (Bongmba, 2016: 15). St. Augustine further reasoned all forms of sexual activity are intrinsically sinful, particularly, when sex is used to fulfill one’s sexual desire by engaging in adultery and without the goal of procreation, because this is an indication that one has failed to exercise self-control and live a holy life (Papandrea, 2017: 859). These views by a respected figure in theology contribute to the current attitude by the Christian church towards sex and sexuality. Tukker (2013: 3) reports that Christians often avoid comprehensive discourse on sex and sexuality. This is rather unfortunate, because humans are sexual beings and people yearn for spirituality and are often seeking religious guidance on sexual matters (Tukker, 2013: 4).

Many African Christian congregations continue to view sexual minorities as “aliens” who should not be welcomed to the ecclesial community (Bongmba, 2016: 17). So vile are these views that some church leaders in Africa have indicated that God has sent the deadly Ebola Virus Disease as a response to unnatural acts such as homosexuality (Aravosis, 2014: 3). Several studies have pointed to the conclusion that

religion is positively correlated with anti-homosexual prejudice (Liebowitz *et al.*, 2011: 9).

The prejudicial view of sexual minorities by churches makes it difficult for pastoral care givers to interact effectively with them. Sexual minorities have been subject to stigma due to the message church leaders preach or fail to preach at the pulpit (Drumhiller *et al.*, 2018: 1936). In the African community, churches are usually made up of people from the same community and as such they are aware of the personal circumstances of their fellow church goers. Pastoral care givers may, unintentionally or actively, avoid offering services to homosexual people with AIDS and HIV for fear of being stigmatized as well. This is especially true in countries like South Africa and Jamaica where homosexuals have been brutalized and even killed (West *et al.*, 2015: 60).

Pastoral care to persons living with HIV is not a one sided affair, it takes two parties on two different ends to be effective, the care giver on one end and the person suffering from the disease on the other. Those with minority sexual orientation may struggle to come out making them inaccessible to pastoral care givers. One of the main reasons why homosexual people may choose to suffer in silence, is fear of rejection due to homophobic religious beliefs (Schrimshaw *et al.*, 2018: 219). Some studies have shown that gay men kept their sexual orientations a secret so that they remain members of their religious congregations (Pitt, 2010: 57).

Being stigmatized by society, one lives in is a significant source of stress since, according to Maslow's hierarchy of needs, every person longs to belong, to be loved and to be accepted by those in the society he/she exists (Cherry, 2017: 24). The increased stress brought about stigmatization, real or perceived, might in healing, if it ever comes, being delayed and the pastoral care giver may become frustrated and cease to give their best efforts (Swinton, 2017: 17). Cahill *et al.* (2017: 1352) report that men who have sex with men and attend church, are more likely to have lower CD4 counts than those who do not attend church. A low CD4 count is indicative of a depleted or severely compromised immune system making one vulnerable to opportunistic infections (Tugume *et al.*, 2018). This has been attributed to the stress associated with the emotional burden of trying to belong where one feels not wanted.

3.5 Lack of skill and knowledge

Spiritual care, that is care that acknowledges a person's religion and attends to spiritual needs, is increasingly getting incorporated into mainstream health in many countries (Palmer *et al.*, 2018: 3). Unfortunately, spiritual care from the medical teams in healthcare establishments is usually absent or lacking, leaving persons facing chronic conditions like HIV to rely more on home based care by the religious in their communities. Hence, increasing the capacity and abilities of these religious communities is an important undertaking if the quality of life for those suffering from sickness like HIV is to improve. Unfortunately, a number of studies have shown that pastoral care givers, often times, lack the requisite skills and knowledge to adequately fulfill their missions (Van't Leven *et al.*, 2018: 1417).

A study by Engelbrecht *et al.* (2017: 286) in the North West Province of South Africa, for instance, revealed that there was a significant correlation between knowledge on how to offer pastoral care to people living with HIV and formal training. The same authors also reported that members providing pastoral care services lacked the necessary interpersonal skills to educate other community members on the realities of AIDS and HIV. This results in their stigmatization and might affect their pastoral duties (Engelbrecht *et al.*, 2017: 286). Engelbrecht *et al.* (2017: 285) concluded that pastoral care givers, along with other individuals offering home based care (HBC) to people living with HIV, have limited skills and should be supported with necessary training so that they are more effective.

Though pastoral care, especially in Africa, is often associated with HBC, Asadzandi *et al.* (2018: 2) posit that health care professionals, especially nurses should also be educated about the ways that spiritual beliefs affect the lives of people with chronic illnesses, like HIV and AIDS. These authors argue that failure to integrate spirituality in nursing care will cause irreparable damages to both the ailing and the nursing profession. The deficit in knowledge about spirituality and religion by health care providers has been cited as one of barriers to improved aggregation of pastoral care in health care (Sadvk, 2015: 3). Suffering from disease, especially one with no cure, creates spiritual distress for them characterized by shock, denial, anger and fear of loneliness (Asadzandi *et al.*, 2018: 5). These are emotional challenges and as such

spiritual support is often needed, hence it is necessary for healthcare professionals to be educated on the significance of spirituality in the healing process (Sadvk, 2015: 21).

Morton *et al.* (2018: 49) report South Africa lacks of standardised training of volunteer care givers, including pastoral care givers. Morton *et al.* (2018: 49) reason that such care givers cannot afford to be specialists and as such they are to be equipped with multiple skills. The skills that individuals who offer spiritual care to people living with HIV and AIDS, include reading and correctly interpreting Scripture, as well as how to handle individual with different religious beliefs. Naicker *et al.* (2016: 42) report that pastoral care givers working in KwaZulu Natal, South Africa forbade people living with HIV from visiting traditional healers, but could not give convincing reasons for their stance. This creates animosity between the care givers and the infirm, as well as the community at large. Naicker *et al.* (2016: 42) recommend that pastoral care givers in such situations should be trained and availed with support packages with guidelines on how to resolve challenges that emanates from interacting with people who seek traditional remedies for their health challenges.

Van't Leven *et al.* (2018: 1854) identify “empowerment” through education as critical in building capacity within pastoral care givers working with people living with HIV. These scholars noted that already the pastoral care givers have several capabilities, but still lacked in their ability to tackle some key issues, such as the conflicts that may arise between Christianity and traditional religion. The training should focus on improving one’s strengths so that limitations can be compensated for. This will increase self-confidence without denying limitations (Van't Leven *et al.*, 2018: 1854). Root *et al.* (2015: 142), working with pastoral care givers affiliated to the Shiselweni Home-based Care (SHBC) program in Swaziland, noted that that the care givers needed intensive training on issues, such as brokering disclosure, stigma reduction, and anti-retro therapy treatment support (Root *et al.*, 2015).

Ndaba-Mbata and Seloilwe (2000: 219) reported that lack of knowledge is a critical factor among home-based care givers in the home, despite efforts aimed at disseminating information on good home-based care. In many areas in Botswana there have been concerted efforts to initiate a more structured home-based care

programmes, including counseling, pastoral care and training, and this was after it had been realized that many patients were getting readmitted to hospital as a result of numerous complications caused by poor quality of care at home. More disheartening is that there have been anecdotal records of elderly care givers being diagnosed with HIV, indicating that transmission might have occurred during the process of care giving (Ndaba-Mbata & Seloilwe, 2000: 219).

Spence-Cagle and Wells (2017: 20) reported that, at times, care givers are left on their own to navigate the treacherous field of offering spiritual care in a complex society. Most of the pastoral care givers offering HBC are ordinary church goers and it cannot be denied that their knowledge of theology and offering spiritual guidance is limited (Mucherera, 2017: 2). For instance, Root *et al.* (2015: 266), in some areas in Swaziland, pastoral care giving is limited to prayer and Bible reading. If this challenge is not addressed, it can seriously impact on their ability to carry out their mission. Churches should therefore play a greater role in educating these individuals. Priests, pastors and deacons can act as mentors, lending a listening ear when needed and giving advice since they are more knowledgeable about the subject. Mucherera (2017: 3) used the term “shepherding the flock” to describe the role church leaders should play in the context of pastoral care giving. It is acknowledged that running an important organization such as a church is very involving but no function of the church should be neglected.

Health care professionals and scientists have begun paying greater attention to the health care requirements and experiences of sexual minorities, lesbian, gay, bisexual, and transgender (LGBT) patients (Cloyes *et al.*, 2018: 62). It has been realized that these people, as a group, face unique challenges in societies regarding their health and well-being. This has resulted in specialized training for professionals, such as nurses and social workers. Unfortunately, pastoral care givers are not usually included in such initiatives, because Spiritual and Pastoral Care services neatly fit within the ethos of organized health care facilities (Raffay *et al.*, 2016: 3).

3.6 Poverty and lack of resources

Poverty compounds the woes of people living with HIV and AIDS and this negatively affects health outcomes of any treatment process, including pastoral care (Boyes &

Cluver, 2015: 847). This is an important fact given the realization that HIV and AIDS disproportionately affect those in poor communities. According to UNAIDS (2013), 95% of the approximately 35 million individuals with HIV/AIDS are situated in low- and middle-income countries, leading to the hypothesis that poverty fuels the spread of HIV/AIDS. Numerous studies have unravelled a positive correlation between HIV prevalence and levels of poverty (Cluver *et al.*, 2016: 11).

Studies in the United States of America have shown that those who live below the poverty datum line are twice likely to get infected with HIV (Edwards, 2015: 12). In Zimbabwe, (Pascoe *et al.*, 2015: 13) discovered that lower socio-economic status is positively associated with a number of negative outcomes in life and one such outcome is being increased risk of getting HIV and ADIS. The same conclusions were reached by Zuma *et al.* (2016: 68) who state that young Black African women are at an increased risk of contracting HIV, because of the poverty they live in which increases their propensity to seek older, financially secure partners to pay for their daily necessities.

The correlation between HIV and poverty presents a complex challenge for society. Poverty increases the chances of one getting the virus and whilst maintaining health whilst living with the virus requires more material or financial resources if compared to the requirements of HIV negative persons. This further exacerbates the challenge of poverty in households with people living with HIV. Steinert *et al.* (2017: 234) concluded that treatment effectiveness is negatively affected by the prevalence of poverty. They reached this conclusion after studying the prevalence of HIV in KwaZulu Natal Province and discovered that higher levels of household poverty are positively correlated with likelihood of patients becoming morbid. Cluver *et al.* (2016: 848) found that social protection services, such as cash pay-outs and free education can significantly reduce the rate of HIV acquisition in poor South African communities. This agrees with observations by Krishnan *et al.* (2015: 273) who say, the poor, especially women, are forced to engage in transactional sex or age-discordant sexual relationships to meet their financial obligations.

Material support can help reduce the rate of HIV transmission in poor communities and also the extent of suffering for those who are already afflicted by the disease.

Interventions targeted to assist people living with HIV, including pastoral care, should be tailored in such a way that the physical needs of the people are met. Christians have a duty to take care of one another, especially those in distress and lacking means. In Matthew 25: 31-46 Jesus makes this Christian duty abundantly clear. In this passage, Jesus indicated that by serving those in need, one will be actually doing the service for Jesus himself and failure to do so will exclude one from entering the Kingdom of God. Extending pastoral care to those suffering, directly or indirectly, from HIV offers the church an opportunity to be the hands and feet of Jesus Christ by being the vessels through which the glory of God is shared to those on this on this earth (Edwards, 2016: 860).

Economic or material support for people living with HIV is also important as it helps to help offset the economic costs of seeking health care services (Naicker *et al.*, 2016: 43). People living with HIV and AIDS often face severe economic stress as a direct result of high direct medical costs due to having to pay for consultations, transport, food and at times substitute care. The situation is further compounded by loss of income when one becomes morbid. A large proportion of people living with HIV in poor African countries end up in dire financial states and often need assistance.

Kgatle (2017: 3) notes that in many cases, church communities refer to prayer and Scripture reading as pastoral care. The aforementioned authors argued that periodic visits with Scripture reading and prayer cannot be called pastoral care. They further argued that true pastoral care should meet an individual's spiritual and existential needs. Unfortunately, Christians providing pastoral care services to people living with HIV and AIDS are not always able to provide materially for those they help, because they are also living in poverty themselves. Poverty is deeply ingrained in the social texture of South Africa (Kgatle, 2017: 3). Consistently interacting with someone who is unwell and faced with harrowing poverty whilst armed only with a Bible can be frustrating for the pastoral care giver as he/she may feel they ought to do more to meet immediate needs of the suffer.

Constant exposure to chronic poverty, which is a source of additional trauma for people living with HIV, can result in the care giver developing compassion fatigue, also referred to as secondary traumatic stress disorder (STSD) (Abraham-Cook, 2012: 8).

Compassion fatigue refers to the disengagement of care givers from those they seek to help and it results in a decline or failure to feel empathy toward patients and an inability to offer appropriate care to people living with HIV and AIDS (Coetzee & Laschinger, 2018: 4). Empathy is a prerequisite for meaningful interaction between the care giver and the patient and research has proved that empathy improves patient outcomes. Compassion fatigue, therefore, can also be described as the loss of purposeful and meaningful interaction between care givers and the distressed (Coetzee & Laschinger, 2018: 4).

3.7 Pastoral care and the prosperity gospel

The prosperity gospel teaches that wealth and riches are a covenant and the fulfilment of the divine promise of the Creator to his people. The basic tenets of this kind of gospel is that God wants to bless all His children, the believers, with riches and/or sound healthy, but they cannot access these blessings until such a time they would have given money, known as seed-money, to their spiritual leader. This approach was conceived and popularized by an American televangelist, Oral Roberts in Tulsa Oklahoma, and has now spread to most parts of the world and is a big movement in developing countries such as Zimbabwe, Malawi and South Africa (Gbote & Kgatla, 2014: 6). A thorough discourse on this topic is outside the scope of this study, but it is interesting to see how pastoral care givers raised on questionable interpretation of Scripture discharge their duties and how may their scriptural background affect the receiver of the pastoral care.

Louw (2015: 18) observes that pastoral care, especially in Pentecostal churches, is overwhelmingly obsessed with the individual, a situation that leads to reductionism. They further argued that overly individual-focused pastoral care risks missing the broader picture which should ideally include the culture, economic and political aspects of one's life since these factors have a huge bearing on an individual's ways of being on earth. This means that Individuals diagnosed as having been healed will still have to live their lives in a "toxic" environment, which has not been considered by pastoral care. Hutchinson *et al.* (2018: 38) comment that if the four dimensional needs of those who receive pastoral care are not well met, the individuals will probably slide

back into their former situations, since humans are essentially themselves and their cultural milieu.

This approach to religion can be viewed as inadequate if one looks at what spirituality entails.

Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred (Puchalski *et al.*, 2014: 11).

It can therefore be argued that, focusing on the individual hinders one from being part of a broader spiritual community which can limit the good one can do for the community, departing from the cardinal rule “love one another” (John 13: 34 NIV).

Faulty interpretation of Scripture will lead to erroneous beliefs about God, His Word, and how He deals with human beings. For instance, the concept of seed faith is problematic for the poor who are faced with immediate financial obligations such as paying for food and medical care. It seems the poor are between a rock and a hard place. Seeding the money may result in their foregoing of important physical needs and when they seed and do not get the healing as expected, they may end up harbouring feelings of anger toward God for not keeping His promises (Jones & Woodbridge, 2011: 19). This will create an additional stressor further compromising the healing process.

3.8 Conclusion

This chapter attempted to answer the questions posed by Osmer (2011) as “why is it going on?” or simply the interpretive task. Six reasons why pastoral care givers face these challenges were isolated from literature. The reason why pastoral care givers struggle to make headway in their mission, at least when dealing with people living with HIV and AIDS, was the conflicting approaches of modern medicine and pastoral care. Modern medicine relies on empirical evidence whilst care is largely driven by faith to bring the healing of the soul. One major implication is that the pastoral care givers may not be given enough room to carry out their ministry in hospitals. However,

it was also noted that some medical practitioners are beginning to appreciate the role faith has in the healing of patients.

It was also observed that pastoral care givers struggle to interact with sexual minorities. This is because some pastors conclude that homosexuality is a sin and has no place in the life of a Christian. This challenge is exacerbated by the fact that the subject of sexuality is hardly preached and this leaves pastoral care givers without the skills to engage with sexual minorities.

It was also observed that pastoral care givers generally lack the skill and knowledge to adequately discharge their mission. These skills and knowledge pastoral care givers need include skills and knowledge on how to properly, knowledge on how the disease is spread and also skills on how to interact with sexual minorities or individuals with strong traditional beliefs.

It was also noted that pastoral care givers, especially in poor communities, lack the means to effectively assist those in need of their assistance. For instance, a pastoral care giver might need to travel to a patient or buy them life's necessities such as clothes, food and toiletries.

It was also observed that the proliferation of the prosperity gospel overshadows the need for the pastoral care ministry. Congregants may end up thinking that tithing is all that is important in the life of a Christian and this grossly reduce the number of people getting into the pastoral care ministry. This overburdens those that are already in the ministry making them less effective.

CHAPTER 4: THE WOUNDED HEALER PRINCIPLE AS PORTRAYED BY JESUS CHRIST AND PASTORAL CARE GIVING

4.1 Introduction

According to Osmer (2008: 10) model for doing practical theology, the third task, which is referred to as the normative task, tries to answer the question what ought to be going on? Given the reality that pastoral care givers seek to confer healing to people living with HIV, it has been deemed appropriate to offer a thorough, cognitive and comprehensive understanding of issues involved from a normative perspective. The normative task is defined as the process of using biblical concepts to interpret everyday episodes and constructing ethical norms to guide our responses, and learning from “best practices.” Osmer puts forward three strategies to help one arrive at the “best practices” and these are:

- A theological interpretation where theological concepts are used to interpret particular episodes, situations and contexts.
- Ethical reflection where ethical principles, rules or guidelines are used to action towards moral ends.
- Good practice where norms are derived by exploring models of such practice in the present and past or by engaging reflectively in transforming practice in the present (Osmer, 2008:161).

In this thesis, the first strategy proposed by Osmer, which is to exploit theological interpretation and theological concepts to interpret everyday events, is used. This approach has been favoured because the content and the purpose of Scripture is to reveal fundamental truths about the nature of human beings and how they should interact with one another (Berthoud, 2010: 54). Several passages in the Bible give insight on how humans should interact, especially with those with spiritual burdens brought about by things such as disease.

4.2 Normative perspectives: objectives

The objective of this chapter therefore is to arrive at a normative perspective, from a theological viewpoint, of relevant concepts. This perspective is examined by looking

at related Scripture passages for principles that may provide pointers to develop pastoral guidelines for facilitating healing of people living with HIV and AIDS.

4.3 Text that will be used in this study

- Matthew 25: 31-46 (Caring for fellow men)
- Luke 10: 25-37 (Eternal life and service to fellow men)
- James 2: 14-17 (Faith and service to fellow men)

The main goal of this chapter is to determine a normative perspective, from a theological standpoint, of relevant concepts in this part of the study, which are *Imago Dei*, pastoral care, help, love, service and healing. The normative perspective is arrived at by studying the selected Scripture passages to enable one to come up with pastoral guidelines to guide pastoral care givers in their mission to bring healing to people living with HIV and AIDS.

In this section, the socio-historic context of this Scripture selected is discussed, as well as a word study of important concepts in these key verses, and their implications to pastoral care givers to people living with HIV. Scriptures have been selected because they add value in increasing theological interpretation of concepts examined in this study.

Matthew 25: 31-46: This part of Scripture has been selected because the Lord is giving us instructions on how we should interact with those less fortunate. It advises us that eternal life awaits God's people, but not all will inherit the kingdom but those who have provided care for the suffering. It also relates to the *imago Dei* concept, albeit in a subtle manner. The statement that "whatever you did for one of the least of these brothers and sisters of mine, you did for me" indicates that God is in all human beings and if one truly wants to serve God, then they must serve fellow human beings. This passage is very relevant to the practice of pastoral care, because it speaks of several human needs that have to be met. People living with HIV, for instance, have varying needs. Some need water, some need company, some need clothes and shelter whilst some need medication. Jesus therefore encourages human beings to meet all the various needs of the less fortunate.

Luke 10: 25-37: This part of Scripture has been selected because, in the researcher's view, it is the best instruction regarding how Christians should interact with fellow human beings. This passage speaks about the parable of the Good Samaritan. The researcher is of the conviction that people living with HIV, especially when they are poor and morbid, are grossly unable to take care of themselves. They can be compared to the man beaten and left for dead. It takes love from Christians to help them regain their health, confidence and place in society.

James 2: 14-17: This part of Scripture talks about the type faith which saves a Christian. James is advising Christians to do good deeds and not only profess faith in Jesus.

4.4 Matthew 25: 31-56

4.4.1 Historical context of the Gospel of Matthew

Although a few scholars have an inclination to date the Gospel of Matthew before 70 CE, the majority opinion holds that this Gospel was written in the last 25 years of the first century CE. Papias, the *Didache*, and Ignatius of Antioch, all from the first quarter of the second century, professed knowledge of the Gospel of Matthew. Ignatius, who was the bishop of Antioch, may be one of the earliest witnesses to Matthew. This can be taken as concrete proof that Matthew must have been composed before 100 CE (Davies & Allison Jr, 2005: 845). Matthew reveals points of contact with early rabbinic Judaism as it battled to consolidate itself after the destruction of the temple, he wanted to convince that Jesus Christ is the promised Messiah (France, 2007: 21). Many scholars and theologians argue that Matthew originated in the Syrian town of Antioch. Other scholars' suggestions that Matthew might have originated in various other towns which include Galilee, Jerusalem, Caesarea, Alexandria, Marittima, Phoenicia, or, more generally, east of the Jordan, on the basis of Matt. 4:25 and 19:1, which may view Palestine as being on the other side of the Jordan.

4.4.2 Matthew's purpose and its setting in Judaism.

After the revolt of 70 CE, the Pharisees emerged as a powerful force and they set in motion a process which was to permit Judaism to continue and even thrive after defeat. The Pharisaic sages were apprehensive with the lack of unity amongst the Jewish community at the time as well as the allure of movements from outside, including Christianity. In their efforts to foster unity, they reasoned that it will be constructive to collect and preserve their oral laws, institute a calendar for their religious year, and to also transfer rites previously done in the temple itself to the synagogue. So in Matthew's time, this aggressive Pharisaism was attempting to reunite Israel and in the process segregating itself from the rest, including Christians. Its aggressive actions were construed as persecution by Christians. It can therefore be said that Matthew was writing to a Christian community that had to contend with aggressive Judaism.

The importance of being identified as a group made the need for unity a paramount concern. This illuminates the emphasis on forgiveness and reconciliation in both the Sermon on the Mount and chapter Matthew 18. For instance, Luke writes that one should forgive up to seven times (Lk. 17: 4) whilst in Matthew one should forgive seventy times and seven (Mt 18:22). The inclination towards reconciliation is evident also in Matthew's desire not to give away too much of his Jewish heritage but to masterly bridge the chasm between Jewish and Gentile believers. He tried to preserve both the old and the new (8:17; 13:52). While he called for a mission to Gentiles, he also recognized Israel's special place (10:5-6; 15:21-8) and insisted on the demands for righteousness even higher than that of the Pharisees. The proof of Matthew's ecumenical character is that both Jewish and Gentile Christians accepted Jesus as their Messiah and Saviour.

4.4.3 Important words and phrases

4.4.3.1 When the Son of Man comes in his glory

Jesus used the term the Son of man here, because he will appear in the physical form of man judging the sons' men (Hagner *et al.*, 2018: 76). The general consensus of opinion regarding the use of the term "Son of man" in the Synoptic Gospels is that Jesus adopted the title "Son of man" from Daniel 7, where it points to one who was chosen to receive kingship from God. Jesus used the term "Son of man" in reference

to himself in three relatively different situations. First, it is used to denote his present activity in his earthly ministry. Secondly, it is in reference to his suffering, death and resurrection and finally it is in reference to his future coming, exaltation and function at the last judgement. Sayings attributed to Jesus are to be found in each of these three categories and together they give us an image of Jesus as One destined for triumph and sovereignty, but achieving this destiny by the path of humiliation, rejection and suffering which was prophesied for the Servant of Yahweh (Marshall, 1966: 327).

This is, in part, the answer to the question which the disciples asked to Jesus regarding the end of the world in Matt. 24:3. Here, Jesus is talking about the last judgment, His second coming and not, as some have suggested, to the destruction of Jerusalem (Barnes, 1962: 151).

According to Barnes (1962: 151) “in his glory” means in his own proper honour, with his glorified body, and in his capacity as the king and head of the universe (c.f. Acts 1:11; Ephesians 1:20-22; 1 Thessalonians 4:16; 1 Corinthians 15:24-25, 1 Corinthians 15:52).

4.4.3.2 “For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, 36 I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me”.

- This verse summarizes all human needs at any given time.
- The Judgment of the nations here is premised on the humane treatment of others and nothing else.
- The word "stranger" means an alien, a foreigner or traveller, in common language, someone unknown to inhabitants of an area (Barnes, 1962: 44).
- To receive a stranger in Eastern countries during the first century, where there were no or few public houses and the climate is harsh, is indeed a great virtue (Barnes, 1962: 44).
- The second part of the phrase “you invited me in” also translated to “you entertained me” as the original meaning. According to Clarke (2003: 123) this literally signifies to gather together.

- Other translations say “took me in” meaning the stranger was received kindly by the host (Barnes, 1962: 54).
- “Without clothing” does not necessarily mean that the individual described is nude or totally uncovered. It probably means that they are scantily dressed and may refer to their lacking of the outer garment which was part of the dress code those days (Stein, 2000: 9).

4.4.3.3 'Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me'..... “Truly I tell you, whatever you did not do for one of the least of these, you did not do for me”.

The passage identifies the Son of Man with those in need. To the righteous, the Son of Man explains, "Truly, I say to you, to the extent that you did it to one of these brothers of Mine, even the least of them, you did it to Me" (25:40). The accursed get an almost similar answer, "Truly I say to you, to the extent that you did not do it to one of the least of these, you did not do it to Me" (25:45). This has led some scholar commentators to suggest that judgment is not based purely on philanthropic deeds toward the needy, but on faithfulness to a more fraternal or communal ethic driven by a common faith. An ethic which leads the righteous to support the "brethren" of Christ who are as this interpretation goes Christ's servants suffering for the sake of the Gospel (Leverett, 2007: 82).

- Clarke (2003: 108) suggests that everything which is done to a follower of Christ, whether it be good or evil, he considers as done to Christ himself.
- Barnes (1962: 65) identifies “one of the least of these” as the obscurest, the least known, the poorest, the most despised and afflicted in the community.
- The concept of service to Jesus through service to others goes back to Prov. 19:17 'Whoever is kind to the poor lends to the Lord, and will be repaid in full.' What is new in Matthew is the Son of Man's identification with the needy (Davies & Allison Jr, 2005: 879).
- The Son of Man does not demand supernatural feats but simple, unobtrusive charity. The former but not the latter can easily be counterfeited (Matt. 24:24). Charity is accordingly the true test of faith (Davies & Allison Jr, 2005: 879).

- It also seems best to identify 'the least of these my brethren' in Matt. 25: 40 with the needy in general (and not with all Christians or Christian missionaries or leaders). This identification is consistent with the command to ignore distinctions between insiders and outsiders and with Jesus' injunction to love even enemies (Davies & Allison Jr, 2005: 879).
- According to tradition, the identity of “the least of these” can be threefold. First, the “universal interpretation” considers that the criterion for judgment is the works of charity done towards the poor, as liberationist theologies agree. Second, the “classic interpretation” identifies “my lowliest brothers” with the Christian community and consequently locates the criterion for salvation in how Christians relate to less favoured Christians. Third, the exclusive interpretations envision a final judgment in which the pagans are judged according to how they have treated Christians (Menéndez-Antuña, 2017: 738-739).

4.4.3.4 When did we see you hungry.....?

This part of the Gospel suggests that the ones on the right were not aware that they had performed deeds that earned them the place in the Kingdom. This led (Morrissey, 1994: 424) to conclude that unadulterated compassion to fellow man, without any apparent religious motive, is what really matters to God.

Minear (1953: 489) argues that the Lord is not giving a blanket approval to charity as such; rather He is encouraging secret giving, a goodness that is unblemished by self-consciousness, pride or ostentation.

The selection of people who enter the Kingdom of God is based on how one ministered to their neighbours. The ones on the right were accepted into the kingdom solely because they satisfied the needs of the distressed. They still earned their place in the Kingdom even though they were not consciously trying to make it there. To them, the neighbour was an end in himself and not a means to an end (Cone, 1997: 56).

The theme of selfless deeds is repeated in the Bible several times. For instance, Heb. 13:2 which says “Do not forget to show hospitality to strangers, for by so doing some people have shown hospitality to angels without knowing it” or Matt. 6:3 when Jesus teaches that “So when you give to the needy, do not sound a trumpet before you, as

the hypocrites do in the synagogues and on the streets, to be praised by men. Truly I tell you, they already have their full reward.”

4.4.4 Implications for pastoral care givers

This part of Scripture is telling mankind, Christians and non-Christians alike, what will happen at the final judgment (Menéndez-Antuña, 2017: 739). As Christians the overall goal should be to enter into the Kingdom. On the Judgment day, Jesus will judge human beings on how they have shown mercy to the disenfranchised hence the title “King of mercy” (Monaco, 2017: 5). This part of Scripture attempts to teach Christians on what they need to do if they are to secure their place in the Kingdom. Individuals professing the Christian faith need to understand that works play an important role in humankind’s relationship with God (Lorenzen, 1978: 231). It can then be argued that those who are religious are not saved by their works *per se*, but that their works are taken as evidence to confirm or contradict their professed faith. Christians have to appreciate that the consequences for their works on earth are eternal, since the faithful will enter the Kingdom and the unfaithful will be sent for eternal judgment and will be separated from Jesus forever. It can also be argued that pastoral care givers rendering their services to people living with HIV are, in a way, preparing their path to heaven (Prairie, 2018: 123). It is one of the functions of the true Christian churches and church leaders to help congregants live a life that will see them not being condemned when the Lord comes. Encouraging congregants to partake in pastoral care initiatives, such as caring for people living with HIV and AIDS, is therefore a worthy role for the church leaders to play. This is even more important given that many people living with HIV and AIDS in poor communities, typical of many African communities, are some of the individuals in dire need of help (Ndikhokele & Mtshiselwa, 2016: 2).

In Hebrews 12: 2, Jesus is described as “the pioneer and perfecter of our faith”. In other words, Christians should live in a way recommended by Christ Jesus (Heb. 12: 2). Jesus went on to spell out the charitable deeds that Christians need to carry out if they are to be on the side of sheep not goats at the final judgement People need to

anticipate the coming of Christ by surrendering to him and serving him in this life and so enter his kingdom (Prairie, 2018: 123).

The charitable deeds that Jesus mentions are very relevant in pastoral care giving within the African context. Christian theology and pastoral practice have traditionally understood the pericope's sanctions to "feed the hungry," "quench the thirsty," "shelter the homeless," "clothe the naked," and "visit the imprisoned" to be the ultimate examples of *agapic* love (Menéndez-Antuña, 2017: 732). Matthew 25:31–46 and its relating of love for Jesus with love for the disenfranchised occupies a central role in Christianity's elaboration of *caritas* as a form of love that comes from God and pours into the other (Anderson, 2003: 149, 161). Matthew 25:35–36 is a paraphrase of Isaiah 58:7 where, in the context of a call to fasting, the prophet explains how proper worship includes "dividing your bread with the hungry, bringing the homeless poor into the house, and covering the naked when you see him," thus providing the evangelist with scriptural basis to weave together discipleship, worship, and care for the poor. For instance, Jung (2018: 29) situates the text's binarism of goats and sheep within a wider Matthean concern for the missionaries (the sheep) within the community who were not being adequately supported by fellow Christians (the goats). The pericope strengthens the identification of Jesus with the underdogs (or rather sheep) whilst rebuking "the goats".

4.5 Luke 10: 25-37

4.5.1 Historical context

Although the book of Luke is somewhat anonymous, there are two lines of argument that points to the conclusion that Luke, the friend of Paul (2 Tim 4:11), a missionary (Philemon 24) and physician (Col 4:14), wrote this part of Scripture. Like any Scripture in the Bible, Luke wrote this gospel under the inspiration of the Holy Spirit (Marshall *et al.*, 2004).

Firstly, the external evidence suggesting that Luke wrote the gospel is gleaned from the writings of the Church Fathers in the first few centuries of the Christian Era (CE.). The Church Fathers are unanimous in their support for the argument that Luke is the author of the gospel of Luke. The earliest extant list of New Testament writings,

referred to as the Muratorian Fragment, which dates from the second half of the second century, lists the third Gospel as well as the Acts of the Apostles having been authored by Luke. The anti-Marcionite Prologue to Luke (160 –180 CE), the Muratorian Canon (170–200 CE), and the early Church Fathers, for instance Irenaeus (180 CE) and Clement of Alexandria (155–215 CE), all concur that the Gospel of Luke was indeed written by Luke himself (Constable, 2014: 1). So do nearly all who follow them in church history, including such authorities as Eusebius and Jerome (Nolland, 2018: xxxv).

Secondly, there are two strands of internal evidence which concur with the external evidence, discussed already, regarding the authorship of the Gospel of Luke. Firstly, the unity of authorship of Luke and Acts, and evidence that the author was a Paul's travelling. There is compelling evidence to suggest or conclude that both books are works of the same person. The "we" passages in Acts (16:10–17; 20:5–21:18; 27:1–28:16), whereby the author shifts from reciting events in the third person, to describing them in the first person plural, indicate that the author was a companion of Paul (Thompson, 2016: 597). As O'Toole (2016: 13) advocates, the most natural explanation, is that the author himself was present during those phases of his story, which he records in the first person.

After establishing the authorship of the Gospel, it is also appropriate to discuss who the Gospel was initially written to. Nolland (2018: 8) states that it is generally agreed that Luke was a Gentile Christian and he wrote his Gospel for the Gentiles of the late first century. The Gospel of Luke was a pastoral document concerned with issues within the church at a time when Christian outreach to the Jews had long passed. Though the Christian outreach to the Jews has passed, some Jewish Christians continued to play an important role in the on-going life of the church. If, however, there is an identifiable customary assumption, there is not a clear consensus.

Nolland (2018: 8) further posits that the ideal first century reader for much of the gospel of Luke is a God-fearer, one whose birth is not Jewish and whose background culture is Hellenistic. The readers of the Gospel of Luke seem to have been attracted to Judaism and drawn to the God of Israel and the worship in the synagogue; one who had taken on from his Jewish mentors many of the ethical and religious values of faith

on whose threshold he stood; but one who had not taken the final step of circumcision and full incorporation into the national and cultural life of the Jews (Nolland, 2018: 8).

4.5.2 Important words and phrases

4.2.2.1 Samaritan translated

- According to Bocarnea *et al.* (2018: 84), Samaritans were considered half Jews and were sworn enemies of Jews
- Samaritans and Jews were always separate peoples who revered either Gerizim or Jerusalem as their main areas of worship (Hjelm, 2004: 9).
- According to Itach *et al.* (2017: 74), Samaritans are a people settled by the Assyrians in the district of Samaria. In New Testament times, Samaritans were despised by Jews as foreigners even though they had a lot in common with Jews. The Jews alleged that the Samaritans practiced a corrupted form of Hebrew worship.

4.5.2.2 Travelled

- In the first century, people rarely travelled far from their homes unless they were soldiers or traders.
- Travelled in this context is a verb not a past participle meaning the Samaritan was still on his journey (Vine, 2015: 9).

4.5.2.3 Poured

- The word pour conjures a sense of something being generously transferred from a holding vessel or giving in abundance (McClymond, 2015: 15).
- In Acts 2:17 (NIV) it is written “In the last days, God says, I will pour out my Spirit on all people”. This verse extract suggests that God’s Spirit will be poured to all man in abundance.

4.5.2.4 Oil and wine

- Both oil and wine were substances of value in the first century. Wine is seen as a gift to mankind from God (Kreglinger, 2016: 16). In Psalms 104: 15 we are told “He...makes the wine that gladdens the heart of man and the oil that makes

the face shine". This verse points to the fact that these two substances were significant to the lives of the people who lived in before, during and after the time of Jesus on earth. Wine and oil form two words of the triad "grain, wine and oil" which occurs frequently in the bible (Green, 2016: 21).

- Oil was a highly regarded substance in the first century. It was one of the most valuable and extensively traded non-durable materials in many areas (Deut. 32:13; Ezek. 16:13). Oil had many uses. For instance, the application of oil on one's body was a token of happiness (Ps. 92:10; Isa. 61:3) whilst its omission was taken as an indication of sorrow (2 Sam. 14:2; Matt. 6:17). Oil was used to anoint kings (1 Sam 16: 13), dress wounds (Luke 10: 34), fuel for burning in lamps (Matt. 25:3) and anointing the dead (Matt. 26: 12).
- Wine has a spiritual meaning in the bible. Jesus equated wine to his blood (Luke 22: 20) during the last supper, a tradition that continues to this day in some religious congregations.
- Wine was a mainstay of the Israelite diet. It has been estimated that a small family could have produced between 330 and 694 litres of wine per year (Green, 2016: 13).
- The Bible records viticulture as one of the major sources of the agricultural wealth of Palestine (Jordan, 2002: 23).

4.5.2.5 Stripped him of his clothes

- The robbed man was stripped of his clothes which can be translated to mean he was left naked or at most lightly clad (Jackson, 1997: 7922).
- According to Josiah (2014: 19), "Naked" in the Old Testament represents various derivatives of *`ur* and *`arah* chiefly, *`arom* (adjective) and *`erwah* (noun); in the New Testament the adjective is *gumnos*, the noun *gumnotes*, with verb *gumneteuo*.
- Both the Greek and Hebrew forms mean "without clothing," but in both languages they, are used frequently in the sense of "lightly clad" or, simply, "without an outer garment." However, even when one is lightly clad, it is still a source of shame.

- In Genesis 3:10, once Adam and Eve ate the forbidden fruit, they quickly realised they were without clothes or naked and being naked was followed by a sense of shame.
- The Jews objected vigorously to exposure of the body and forced nudity was the extreme of shame and humiliation (Isaiah 20:2-4; Lamentations 1:8; Hosea 2:3; Nahum 3:5).
- In those days, clothes did not only serve a purpose of covering one's body but the nature of the clothes also indicated one's position in society. For instance, the Jews stripped Jesus of his clothes and made him put on a scarlet robe (Matt. 27:28). Such a robe indicated royalty and they did it mockingly.
- It can be concluded that stripping one of their clothing causes extreme shame and humiliation.

4.5.3 Implications for conduct of pastoral care givers

This passage is rich in meaning from a theological standpoint. Jesus begins the parable by speaking of a man. This tells us the man's name is not known to all those who saw or interacted with him, in other words he was a stranger. The lesson to pastoral care givers from this revelation pertains how one must treat those they are not familiar with. It becomes apparent, when one looks, at how the parable ends that it is the duty of every Christian to love every one and love, as exemplified in this paragraph, is shown by caring for those in need, providing materially or in any other way to meet their demands.

It is also learnt from the parable that the Samaritan was not in his neighbourhood but was on a journey or was travelling. In the first century travelling was done only when necessary. The fact that the Samaritan was journeying through a robber infested area, between Jerusalem and Jericho, can be taken as an indication that he was on an important journey, at least in his own perspective. The lesson from this part of the parable for pastoral care givers is that it is important to sacrifice one's time to the service of others.

It is also known from the parable that the Samaritan "poured wine and oil" on the wounds of the injured stranger. The word poured may suggest that he generously applied the wine and oil on the wounds despite the fact that these were expensive

substances during those times. In some situations, pastoral care givers fail to carry out their mission due to lack of financial means. It is the conviction of the researcher that, as Christians, it is an obligation to take care of the needy without paying regards to personal expense. In addition to using his wine and oil, the Good Samaritan paid someone to look after the injured man and promised to pay for any additional costs the care giver might incur. This is a call for Christians to share their money with those going through difficulties in life.

Jesus, in this parable, also mentioned that a Levite and a priest passed by, saw the man and chose to look the other way. Including these two figures brings with it additional value to the whole story. According to Barton and Muddiman (2007: 942), the priest and the Levite, who were Jewish religious leaders, are there not as objects of attack but are brought in as examples of the deficiencies religion can have if practiced without love for fellow men. The law forbade Jews of priestly to be in contact with a dead body for it will make them ritually unclean until a cleaning ceremony is performed (Jakobovits, 1958: 82). The Jewish religious leaders who saw the dying man probably avoided any contact with him for fear that he might die in their hands making them unclean and effectively preventing them from performing other religious tasks. This desire to fulfill religious tasks as prescribed by the law led the religious men to make a decision which the action of the Samaritan showed to be wrong (Barton and Muddiman, 2007: 942). Looking at what the law said, it is debatable to say the Levites and priest were wrong. Bauckham (1998: 475) reports that in this parable, Jesus pits two seemingly opposing laws. The halachic law or principle which says that a priest should avoid contracting corpse as it defiles him and the commandment to love the neighbour. One commandment has to be weightier than the other. Jesus tells us that the love commandment should always override others in cases of conflict.

Jesus in this parable overturns the lawyer's attitude and challenged him to emulate the actions of a Samaritan who went out of his way to help one who despised him. The lesson for pastoral care givers from this part of the parable is that Christians are not to despise or ignore the plight of those of conflicting beliefs. In the context of HIV, such people can be non-church going individuals as well as individuals of minority sexual orientations such as gays and lesbians. In general, the parable in its setting calls for

an abandonment of all privilege, status, and exclusiveness which stops one from fully loving and serving others.

Finally, the nakedness of the robbed man is in itself a source of shame. In other words, just like Adam and Eve (Gen. 2: 25), the nakedness is not the issue but the shame that follows. In today's society, being HIV positive can be a source of shame. Bennett *et al.* (2016: 657) report that some people living with HIV are ashamed of their status. This brings with it more challenges such as a higher likelihood of being depressed, avoidance of using healthcare facilities and general poor health. Pastoral care givers are therefore challenged to come up with initiatives to encourage people living with HIV to come out and interact with the care givers.

4.6 James 2: 14-17

4.6.1 Historical context of James

It is generally agreed that the epistle of James was directed to a group in the Church, or several disparate congregations, probably of Jewish background, and suffering poverty and strife (Calloway, 2015: 2). It is a plea for good works, such as compassion (Jas. 2: 14–26) and honesty (4: 11–12). It denounces worldliness (Jas. 4: 4) and obsequiousness to the well-off (2: 3). This book was little esteemed by Martin Luther, who opined that its exhortation to good works is contradictory to the tenets of Paul's doctrine which state that justification is by faith not works (Klink, 2018: 219). To some, such as Allison (2015: 5), the good works which James urges are not the works of the Law which Paul does not wish to impose upon his Gentile converts, such as circumcision, there is therefore no real conflict between James and Paul. James is apprehensive that the community is becoming obsessed with wealth or in modern terms, the world of efficiency savings and productivity (Jas. 1: 11) and gossip (4: 11) and emphasizes in general the ethics of speech (1: 19–26; 3: 1–12). The Christology of the letter is quiet rather than persuasive, but Jesus is affirmed as Messiah, and there is an expectation of his Second Coming (Lioy, 2016: 40).

It is unclear who the 'James' of 1: 1 could have been. Traditionally, it is agreed that this James is the one regarded as the Lord's brother, in Jerusalem, since this is the only James who could write with authority (Saxby, 2015: 32). But another question

arises could he write properly in Greek? Those who support that this James wrote this epistle argue that Greek was more widely known and spoken in Palestine than used to be asserted, so possible that he wrote the epistle. Looking at dates the epistle of James was supposedly written point to another author not James the brother of our Lord. The author of James came out as being aware of the Paul's epistles (2: 19–20) and such knowledge would mean that James was authored at least during the time of Paul. However, the historian Eusebius report that this James was martyred before 70 CE whilst Paul existed much later (Kim, 2018: 26). If the author of the epistle is anonymous, the epistle may have originated from a miscellaneous corpus of advice from some Jewish Christian sources.

4.6.2 Important words and phrases

4.6.2.1 Faith (*pistis*)

- According to Browning (2009: 143), faith is trust, especially in the reliability of God. It also has to be noted that the modern view that faith is an inferior kind of knowledge or an acceptance of an opinion or story which cannot be wholly proved is erroneous (Browning, 2009: 143).
- Concerning this passage, Christians seem to struggle to comprehend its meaning and (Hodges, 1987: 1) claims that this is because most only focus on that one verse and ignore the context. This passage seems to be standing in opposition to the Pauline doctrine of justification by faith alone (Hodges, 1987: 6) an anti-thesis to what Paul preaches. In 4:17 James seems to be speaking against individuals who 'knows what is right to do and fails to do it', and this is also the idea in James 1:22 when he writes "Do not merely listen to the Word. Do what it says." Can it therefore be argued that for James, faith is no more than a moral attitude? Maybe not but, as observed in James 1:3, where the testing of faith is said to help one develop perseverance or in James 2:1, which states that faith need to be accompanied by impartial treatment of rich and poor those who profess faith ought to act in a particular manner. In 1:27 again we are told that 'Religion that God accepts as pure and faultless is to look after orphans and widows in their distress, and to keep one- self from being defiled by the world.

- May we, then, conclude that in James' predisposition, faith consists of nothing more than ethics? Although it might appear there is some evidence for accepting this interpretation, a closer look at the entire epistle reveals a severe reduction of the message of James (Nicol, 1975: 12). While the passages cited appear to support this interpretation and are important for a full understanding of the letter, they are only one side of the coin. The imposing question is whether the term 'faith' in James must be restricted only to an ethical attitude, or whether it also involves trust in the gifts of God. The latter is probably the case and it becomes steadily clearer as one looks at what James says about these gifts. His belief that God answers believing prayer is mentioned several times (1:5; 4:3; 5:13, 16). Wisdom, which he regards as the soil from which all the virtues sprout, is another of God's gifts (1:5; 3:15, 17 - 'wisdom from above'). In 1.17 he can say that 'every good endowment and every perfect gift is from above', and in 1:12 that whoever remains faithful will receive the crown of life from God. So, too, when in 2:5 he declares that God has chosen 'those who are poor in the world to be rich in faith and heirs of the kingdom which he has promised to those who love him', the phrase 'rich in faith' refers to God's present and future gifts. This verse is a definite pointer to the fact that James regards faith as trust in God's gifts (Nicol, 1975: 13). It can therefore be argued that James does view faith in the sense saving faith as in Paul's letters. James rather views faith simply as intellectual assent or a mere agreeing with certain facts (Guthrie, 1981: 78).

4.6.2.2 Save

- The Greek verb used in James 2:14 save has a wide range of possible meanings (Nicol, 1975: 12). According to Hodges (1987: 9), can mean spiritual deliverances of various kinds, rescue from danger, physical healing as well as the preservation of one's soul from hell. In some places its meaning is apparent, and in some it is not. In James 2:14 it is not (Nicol, 1975: 12). The rest of the epistle, however, is very helpful in determining James's meaning. In the

concluding verses of his letter James writes: Brethren, if anyone among you wanders from the truth, and someone turns him back, let him know that he who turns a sinner from the error of his way will save a soul from death and cover a multitude of sins (James 5:19,20). Here the meaning of the verb "save" is plain. It refers to preservation of the physical life from death (Hodges, 1987: 7-8). Indeed, it translated from the Greek, to save is a standard and normal way of saying "to save the life"

- Pratte (2018: 3) as well as Weber (1981: 13) concurs that in the Hebrew language, the verb 'to **save**' can be taken to mean 'to provide open space for the oppressed. It can therefore be argued that James, in this instance was not talking about eschatology.

4.6.2.3 Deeds

- That which is done, acted or effected; an act; a fact; a word of extensive application, including whatever is done, good or bad, great or small (Pratte, 2018: 2).
- In James 2:14-26, and in the rest of the letter, "deeds" are always viewed in a positive sense and, when discussed, involve acts of kindness, loving mercy, and obedience to God's instructions. They are performed from a faith that "works through love." They are not concerned with ritualistic or ceremonial activities (Stein, 2000: 6-7).
- Stein (2000: 7) notes that deeds or works in other parts of Scripture have a different meaning. In the writings of Paul, for instance, "deeds or works" possess a very different meaning. In Romans and Galatians, they are often described by the term "works of law" (Rom 3:20, 28; Gal 2:16). The "works" that Paul has in mind include circumcision (Rom 4:1-12); religious keeping certain "holy" days (Gal 4:10) and abstaining from eating certain food and drink (Col 2:16) among others.

4.6.2.4 If one of you says to them, "Go in peace; keep warm and well fed," but does nothing about their physical needs, what good is it?

- James is seen coming from a point where it is not profitable to profess faith without helping those in distress with material goods to meet their worldly

needs. In this part of Scripture, the writer invites Christians to consider an example of someone lacking in what sustains life and dignity. The brother or sister being spoken of is probably “brother or sister in Christ” (Keenan, 2017: 19). The fellow Christian lacks the basics of life, which are food and clothing. Here James insinuates that it is rather absurd to simply greet such a fellow Christian with well-meaning words without attempting to relieve him from his immediate human worries? Words of confession (v. 14) or good wishes (v. 16) without the accompanying actions are empty and futile, we learn.

- Repeating the words “what good is it” from v.14 in v. 16 indicates that the perspective is soteriological (how can I stand before God), not merely ethical (how must I act in a given situation). Ignoring the demands of the situation immediately before one has consequences for one’s salvation. Faith without works (V. 14) is useless before God. The illustration of words without deeds (v.15) makes plain its absurdity to each of us.
- This part of Scripture resonates with what has been written in many other passages in the Bible. For instance:

Matt. 5: 23-24 says, “If you are offering your gifts at the altar, and there remember that your brother has something against you, leave your gift there before the altar and go; first be reconciled to your brother, and then come and offer your gift.” and 1 Jn. 2: 4 which says “I know him” but disobeys his commandments is a liar and the truth is not in him.”

These are only two of the examples where worldly deeds are intimately related to true Christian virtues.

4.6.3 Implications for the pastoral care giver

The passage extracted from James (Jas 2:14-17) is very insightful with regards to the Christian pastoral care giver. Putting the controversy this book causes, it is clear that the faith of the believer is rather incomplete without good works. In the context of pastoral care giving to people living with HIV, good deeds will include visiting the afflicted to heal their souls and also to provide for them materially whenever possible (Keenan, 2017). This book being part of Christian Scripture is directly inspired by God

and deserves full consideration as any book in the Christian bible. This has led the researcher to be convinced that faith which lacks works is deficient and the Christian church is recommended to make as many pastoral care givers from the congregation to satisfy the demands placed on society by HIV and AIDS. This part of the epistle of James concurs with other passages used in this study. Simply pronouncing a blessing on brothers and sisters who lack both clothes and 'daily food' without helping them in their basic wants would be unmerciful and a transgression against the teaching of our Lord (Mt 25:35-6; 1 Jn 3:17).

4.7 Conclusion

The passages clearly had a common running theme. They were all concerned with caring for fellow men. Matthew 25: 31-46 revealed the weight our Lord and Saviour puts on works of kindness to fellow men. The parable speaks of “all the nations” gathered before the Son of Man (25:32 NRSV). This is an interesting setting in that every one of the face of the earth will be subject to the same process. To me, the researcher, this is interesting because I interpret it to mean doing act of kindness such as feeding the hungry and clothing the naked among other like deeds is the duty of every Christian and as such all should be encouraged to be pastoral care givers or at least devote resources and time towards those in distress.

Luke 10: 25-37, the parable of the Good Samaritan, revealed the importance of going out of tradition to help those in need. Again this is a call to help those in need. What strikes this researcher is the way the lawyer asked the question, “teacher,” and asks, “*What shall I do to inherit eternal life?*” He was asking what he needs to do as an individual to inherit eternal life. It is important to belong to a congregation but at the same time each one of us will account for their own deeds and this, I take, is a call for Christians to show compassion to others.

James 2: 14-27, the most controversial of the three texts, also revealed the importance of good works. As the researcher, I encourage that the book of James be read in its entirety. This formulation of pastoral principles which stuck to the scope of the study may not be adequate to fully comprehend James’ argument. I am convinced that boasting that one has faith but works show otherwise is an indication that the person’s faith is dead or inexistent. Having faith in Christ should be accompanied by good works

that the Lord encourages. Parallels can be drawn with John 14:15 where Jesus said “If you love me, you will keep my commandments.” This means you cannot stray from what Jesus say you should do and still claim to love Him. A claim needs to be accompanied by works.

CHAPTER 5: THE PRAGMATIC VIEWPOINT ON HIV/AIDS AND THE PASTORAL MINISTRY

5.1 Introduction

This part of the thesis is concerned with the pragmatic task of practical theological interpretation (Figure 5.1). According to Osmer (2008: 10), the main objective of the pragmatic task is to formulate strategies of action that positively influence the course of events in a community. Practical theology, among other things, is concerned with addressing the various challenges humankind face (Swart, 2008: 105). This prompted Osmer (2008: 4) to frame the question of the pragmatic or fourth task as:

“How might we respond in order to bring change or renewal”?

The ability or capacity to effectively assist those in distress, such as people living with HIV and AIDS, is a critical skill for all Christians. This is especially true for those Christians who are involved with the pastoral ministry. The lack of required skills to effectively engage with people living with HIV and Aids, has result in the disappointment of several Christians who would have turned to the church for comfort in times of crisis (Bridgers, 2011: 38).

Pastoral care giving and pastoral counselling are not the same but are intimately related in such a way, that in some parts of the world, the phrases pastoral care and pastoral counselling are taken as synonyms that refer to *cura animarum* (Meaning: taking care of the soul) (Magezi, 2016: 88). Pastoral care giving denotes a wide range of caring activities, whilst pastoral counselling focusses on caring expressed through compassionate dialogue and communication which, ideally, would meet the spiritual needs of the distressed (Benner, 2003: 14). An effective and helpful pastoral care giver can therefore be described as a compassionate witness to one’s healing. He or she should be able to offer consistent support, hope, encouragement, information as well as insight to the afflicted and help them to cope and accept the prevailing situation (Bass & Davis, 1994: 166).

The main objective of this chapter is therefore to make the move from theory and Scripture to practice and this is achieved by formulating practical guidelines from the

findings of previous parts of the study. It is the researcher's hope that if these guidelines are implemented, the challenges currently facing pastoral care givers rendering services to people living with HIV and AIDS will be reduced and their mission will be more effective.

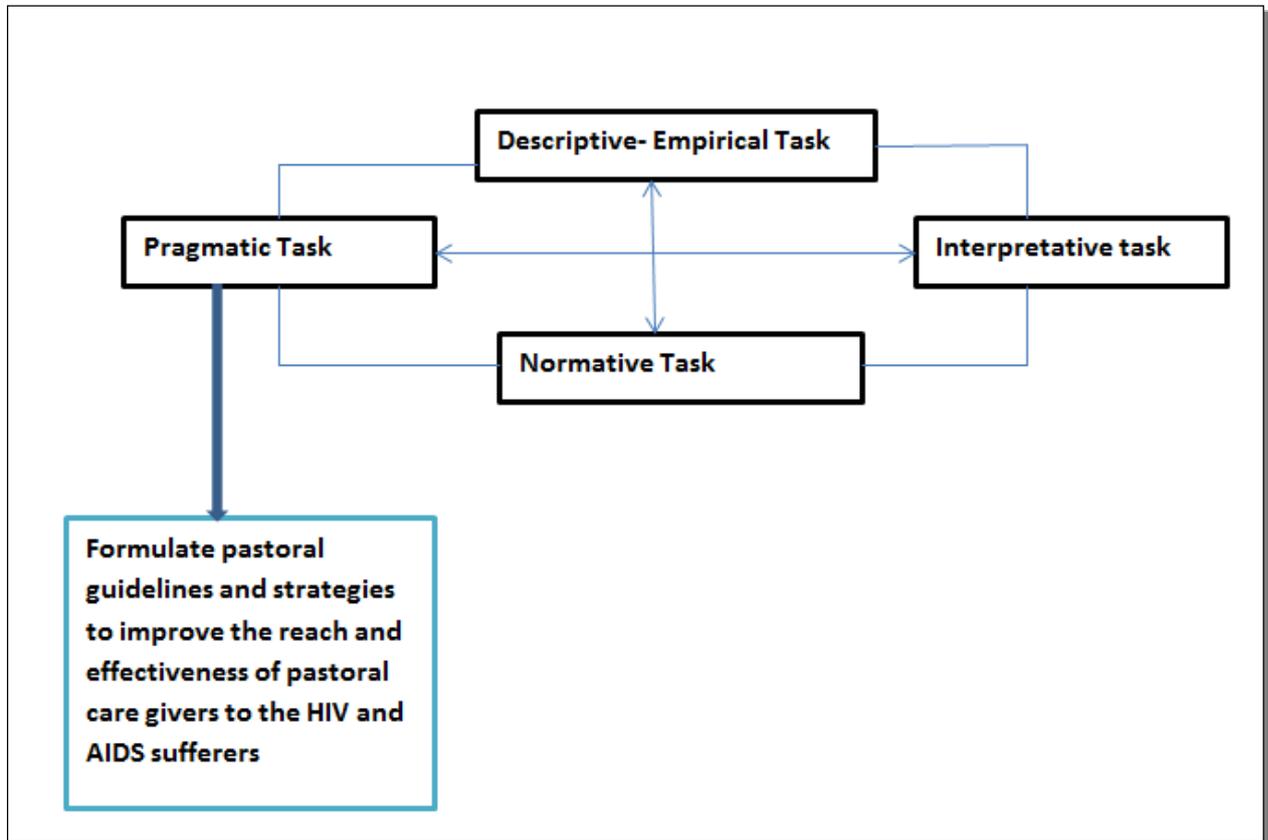


Fig. 5.1 Osmer's fourth task: how might the church respond? (Source: Researcher)

In a bid to orient the reader to the direction taken by the thesis to this point and to be able to formulate practical guidelines for pastoral care givers working with people living with HIV, it is necessary to integrate all the insights and perspectives unravelled during earlier phases or parts of the study. In pursuance of this, it has been deemed beneficial for the audience of this thesis to create a summary of major themes that emerged in the first four chapters of the thesis.

Chapter 1 presented the introduction to the research and also outlined the problem statement, objectives and the methodology that was used in the study. The

overarching objective of the study is to formulate pastoral care guidelines for pastoral care givers rendering their services to people living with HIV.

Chapter 2 focused on the first tasks of Osmer's model of practical theological interpretation, the descriptive-empirical task. This task provides answers to the question "What is going on?" (Osmer, 2008: 33). To effectively complete this task, the researcher needs to gather information that allows for a better understanding of a specific episode, contexts or situations (Osmer, 2011: 2). In this thesis, the descriptive-empirical task provided perspectives on the challenges pastoral care givers face in their ministry.

Chapter 3 focused on the interpretive task. The interpretive task draws on theories of the arts and/or sciences to achieve greater understanding of a phenomenon and explain the roots of the observed patterns and dynamics (Osmer, 2008: 83). It was found that the roots of the challenges that pastoral care givers in South Africa face are a result of several issues which include conflicts between Christianity and African traditional religion and science, poverty, lack of knowledge, faulty preaching of the Word of God which exalted earthly riches (prosperity gospel) and how to approach issues revolving around sexuality.

Chapter 4 discusses the normative task or "what ought to be going on". As Christians we are guided by the Christian Bible on how we ought to interact with one another. Matthew 25: 31-46, Luke 10: 25-37 and James 2: 14-17 were used as pericopes to derive the normative perspective or how Christians should interact with those in distress, in this case, people living with HIV and AIDS.

5.2 The pragmatic task

In doing practical theology using the model of Osmer, the final task, which will make up chapter 5 of this dissertation, is an attempt to respond to Osmer's question "How might we respond" and as such this chapter provides the pragmatic viewpoints. This fourth task, the pragmatic task, is therefore concerned with formulating a plan for action. The naming of the task, the pragmatic task, gives Christians an idea of what is expected when this task is completed. Pragmatism is when an individual addresses a challenge by offering or using sensible and realistic solutions. In other words, the solution must be based on practicality as derived from theoretical concepts. Penner

(2018: 191) states that the pragmatic task should always focus on actions and strategies that move one towards a desired goal or goals. This section is therefore more of giving recommendations or guidelines to pastoral care givers considering what has been discovered when completing the first three of Osmer's tasks.

5.3 The pastoral care giver as a leader

In his discussion on the pragmatic task, Osmer (2008: 178) stresses the competencies a church leader needs to possess to effectively discharge his or her mandate. Osmer (2008: 178) described the leadership qualities under transactional leadership, transforming leadership and task competence leadership. Osmer (2008: 178) frames these three types of leadership under servant leadership. It is the view of the researcher that pastoral care givers, regardless of position or rank within the congregation, also need some degree of these different leadership styles. This is because the pastoral care ministry is no longer a preserve of "church leaders" alone.

Many pieces of research have been done in the last decade which indicates a paradigm shift in pastoral care ministry (Stewart, 2015: 211). Graham (2014: 473) succinctly argues that while pastoral care giving was seen as the work of church leaders, a new revolutionary thought development shows that a pastoral care giver does not necessarily have to be a leader in church, since any member of the congregation can be and needs to be an effective pastoral care giver. In fact, in areas where the burden of HIV and AIDS are huge and treatment facilities are scarce, such as in sub-Saharan Africa, most pastoral care givers happen to be ordinary church members (Mensah, 1994: 58). Larsen (2017: 4) notes that all Christians can and should partake in the pastoral care ministry and that the ministry is not reserved for pastors, Christian counsellors, priests or lay counsellors. Although the typical pastoral care giver is not a leader in church, it does not mean he or she does not need leadership qualities to effectively fulfil his or her mission.

Pastoral care givers are called to assist the distressed, such as people living with HIV and AIDS, in navigating the challenges they are confronted with during the periods they are physically or spiritually weak. Good leaders prove their worth during crisis moments; they define reality, inspire and set the right direction for others to follow (Fred Garcia, 2006: 8). The leadership qualities needed to see a country out of a crisis

are fundamentally the same as those needed to help a spiritually injured individual regain confidence to live their lives positively (Pui-lan *et al.*, 2016: 22). Ideally a pastoral care giver must be able to cultivate a relationship based on love, trust and respect with patients they intend to help (Patterson, 2016: 828). They will look up to the pastoral care giver for strength and comfort. The moment such a relationship is created; the pastoral care giver will automatically and unknowingly assume the role of a mentor or, to some extent, a leader (Larsen, 2017: 15). Lartey (2016: 26) writes that pastoral care giving should also go beyond caring for the individual. It should evolve into a form of social activism needed to achieve goals of personal counselling. Effective pastoral care givers should therefore be social forces that encourage individual well-being and mental health.

Good leadership qualities are particularly needed to confront a challenge that subtly affects many people living with HIV and AIDS, namely spiritual ill-health. It has been acknowledged that HIV and AIDS do not only affect one's physical being but also affect one's spiritual wellbeing. Pastoral care givers play an important role in helping the spiritually struggling to get "back on their feet" and as such they (pastoral care givers) can be referred to as mentors to the spiritual unwell (Baxen, 2011: 32). Daloz and Cross (1986: 19) opines that effective spiritual mentors must have leadership qualities if they are to superintend over the spiritual growth or maturity of their mentees. Chiroma (2016: 2) defines a mentor as a trusted counsellor and guide, or an individual who avails their personal resources and strengths to help others improve their lives and wellbeing. A mentor is therefore an individual who provides support and care to others and their relationships in the context of trusting relationships, which is vital for interactions with people living with HIV and AIDS. Godshalk and Sosik (2000: 294) suggest that mentors can be viewed as leaders since they can shape thoughts and influence one's perception on life.

Now that it has been established that pastoral care givers assume a role somewhat akin to that of a leader when they relate with those going through difficult moments, the next logical step is to give guidelines concerning how the different forms of leadership, according to Osmer (2008: 178), can be improved in pastoral care givers for the ultimate benefit of those afflicted by HIV and AIDS.

In pursuance of clarity, this section will be structured in a way such that guidelines to challenges identified in previous parts of this thesis will be formulated using recommendations from Scripture (chapter 4). These scriptures are Matthew 25: 31-46, Luke 10: 25-37 and James 2: 14-17. In general, the challenges facing pastoral care givers, as indicated in chapter two, emanate from lack of knowledge and skill to discharge their duties to people living with HIV and AIDS, lack of resources and misinterpretation of Scripture. Lack of knowledge will be addressed first. Only the leadership styles that are deemed pertinent to the subject at hand will be discussed. These are task competence and transforming leadership styles.

5.4 Imparting knowledge to pastoral care givers

It is important to create an information sharing system to give information to pastoral care givers. The training model should be sensitive to the following two challenges inherent in most South African communities:

1. The number of people living with HIV and AIDS is huge so the number of trainers needs to be large enough to meet the demand
2. Training is usually expensive and the congregants may not have enough time to go for full time training

In this regard, the training should be structured in a way that it can reach as many people as possible at lowest possible costs. A training model is proposed and it is based on the train the trainer model (Yarber *et al.*, 2015: 549).

5.4.1 The training model

Van Wyk (1995: 87) describes a model as a way or the procedure someone has to do certain tasks in order to attain set goals and objectives. In line with Osmer's view of the pragmatic task, practical theology consists of the dynamic process of constructive and critical theological reflection on the role the church plays in the world, carried out in accordance to tradition and Christian Scripture. Since the main objective of practical ecology is to bring cause social change and reconstruction of the society (Van Wyk, 1995: 88), there should be an on-going transformation and modifications of the church's practices. This inadvertently means the church should have an appropriate mode of teaching congregants on the important aspects of society. This section

presents a teaching model proposed for imparting knowledge on various issues associated with rendering pastoral care services to people living with HIV and AIDS.

Step 1

Church leadership will discuss the different challenges pertaining to pastoral care giving to people within their communities.

The church leaders will identify congregants with different capabilities within the church. For instance, there could be a congregant working as a nurse. This person can be viewed as a lay expert in the field of the causes and general physical impacts of HIV and AIDS. The leaders should identify as many people with different capabilities as possible.

If people with required capabilities cannot be found within the congregants the church leaders can approach institutions of higher education for experts to train the chosen trainers on what is lacking. This is vitally important also taking into consideration that topics such as sexuality are emotive and it is easy to cause harm whilst trying to help (Gibbs & Goldbach, 2015: 475).

Step 2

The chosen people will share what they know within this smaller group if compared to the rest of the church. They can hold meetings at appointed times to educate each other so that each member will end up with more knowledge than they started with.

Step 3

The “lay experts” will then chose individuals within the congregation who will receive training on all aspects of the pastoral care to persons suffering from HIV/AIDS.

Step 4

The trained pastoral care givers will then be responsible for engaging people living with HIV and AIDS who may need assistance within the community.

In summary, this model will keep training costs low whilst imparting relevant knowledge to a lot of individuals.

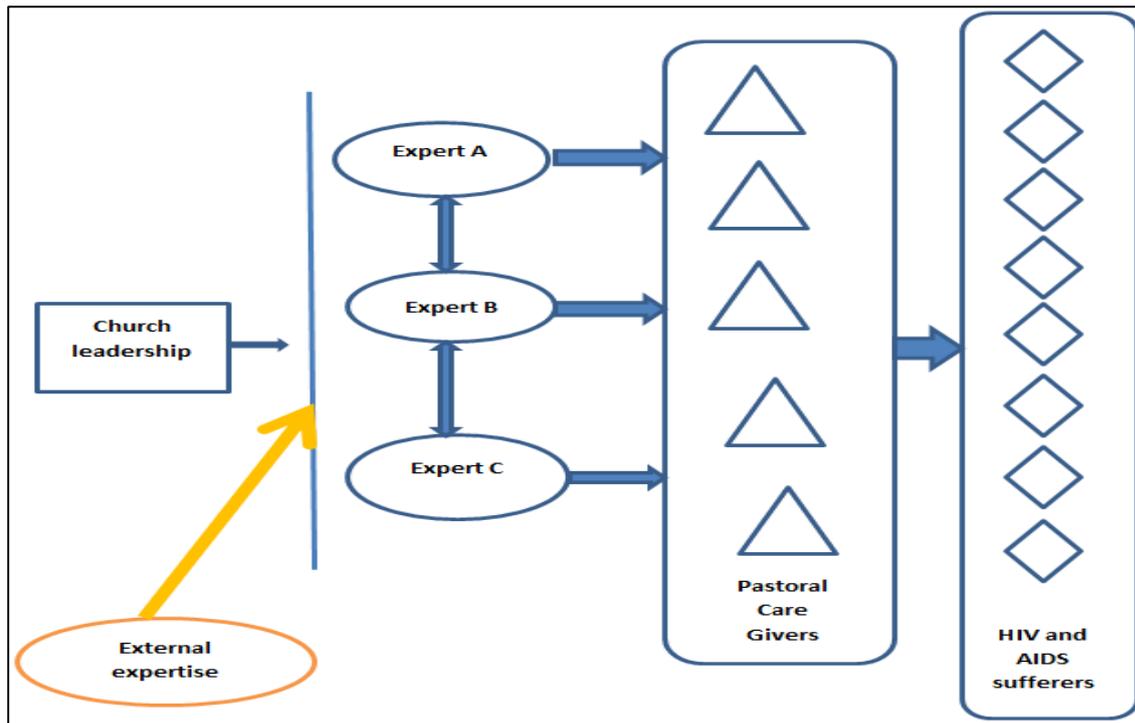


Figure 5.2: Train the trainer model (Source: Researcher)

5.4.2 Pastoral care competencies

This section spells out the competencies pastoral givers need to have to adequately meet the demands of people living with HIV and AIDS. These competencies should enable one to address the following challenges as identified in chapter two:

- The conflict between science and religion
- The conflict between Christianity and the African Traditional Religion
- Relating to persons of minority sexual orientation
- Lack of accurate knowledge on HIV and AIDS
- Poverty and inability to provide for people living with HIV and AIDS
- Proliferation of the prosperity gospel

5.4.3 Competencies and guidelines to address identified challenges

In this part of the research, the researcher discusses the relationship between the identified challenges and how they relate to Scripture using passages used for the formulation of pastoral principles. The challenges have been categorised using the

leadership style required to address them. The challenges identified in chapter two require Osmer's (2008) task competence and transforming leadership.

5.4.4 The role of task competence in addressing challenges

According to Osmer (2008: 193), task competence is the kind of leadership needed by individuals such as pastors, committee chairs and pastoral care givers, only to mention a few. This type of leadership is required for one to successfully complete certain tasks as mandated by their roles in the church, in the context of this research the task will be to adequately provide care to people living with HIV and AIDS. In this regard, it has been deemed beneficial to come out with strategies the church or Christian community can use to produce individuals competent enough to bring healing of the souls to people living with HIV and AIDS and make their living with the disease less spiritually and physically demanding. Religious bodies should strive to raise the task competence of pastoral care givers affiliated to their organisations by imparting relevant knowledge to the care givers.

Indeed, lack of knowledge has been identified as one of the challenges that hinder pastoral care givers from effectively rendering their services to people living with HIV and AIDS. There are several complicated subjects that need special set of skills or knowledge to effectively address. These subjects include how to engage care recipients who want to seek help from a traditional healer, or who belong to the sexual minority or how to engage children who are infected with HIV and AIDS.

5.4.4.1 Identified Challenge One: Conflict between science and religion

In summary, this challenge stems from the fact that modern medicine is hinged on science which put a strong emphasis on empirical evidence in the healing process (Puchalski *et al.*, 2014: 642). The lack of empirical evidence might make it difficult for pastoral care givers to fully connect with people living with HIV and AIDS. Though mankind has recognized the link between spirituality and health for centuries, the potential therapeutic impacts of spirituality need to be fully exploited. The question then is, how can the pastoral care givers navigate effectively the conflict between science and spirituality based healing in the context of HIV and AIDS.

5.4.4.2 Pastoral care giver competences

In order to address this challenge, the pastoral care giver needs to be able to navigate questions around lack of empirical evidence often associated with the Christian (or most other religions) religion practices (Van Leeuwen, 2017: 52). The pastoral care giver must be able to bring about the healing of the soul to people living with HIV whilst appreciating the role of modern medicine.

5.4.4.3 Guidelines

- Pastoral visits should always begin and end with prayer.
- Pastoral care givers be taught explain the role of prayer and spirituality in healing to people living with HIV and AIDS. They should be able to explain the role of modern medicine or science without discounting prayer or vice versa.
- As deduced from the parable of the Good Samaritan, medication has a role to play in the well-being of society and individuals.

5.4.4.4 Identified Challenge Two: Lack of accurate knowledge on HIV and AIDS

In summary it was observed that there are several myths that are associated with HIV and AIDS. It is therefore possible that some practicing or potential pastoral care givers may believe in such inaccurate information on the disease.

5.4.4.5 Pastoral care giver competences

The pastoral care giver must sufficiently understand key aspects of the disease. The following guidelines will help to ensure that pastoral care givers have accurate knowledge about the disease.

5.4.4.6 Guidelines

- The pastoral care givers must be taught how HIV is spread. This will not only dispel some myths on the disease but will ensure that the pastoral care giver is not infected in the process of helping people living with HIV and AIDS.
- The pastoral care givers must be taught on the importance of modern medicine in the fight against HIV and AIDS. More importantly they should be able to

communicate to the patients that taking medication is not a sign of inadequate faith. Medicine is as old as mankind and the parable of the Good Samaritan can be used to illustrate that medicine is our part of life.

- The pastoral care giver must be aware of some of the common myths about HIV cure. These include, for example, a belief that sleeping with a virgin will cure one of HIV.

5.4.4.7 Identified Challenge three: Conflict between Christianity and African traditional religion (ATR)

In summary, this challenge stems from the fact that Africans, the ethnic group mostly affected by HIV and AIDS, have not always practiced Christianity. Prior to knowing and practicing the modern form of Christianity, Africans had their own tradition and some practices, such as worshiping ancestors, contradict with tenets of Christianity.

5.4.4.8 Pastoral care giver competences

The pastoral care giver needs to be able to build on the aspects of strengths of ATR that are valuable to community building such as the concept of Ubuntu but at the same time discouraging the engaging of one into practices such as ancestral worship. In doing all this, the pastoral care giver needs to ensure that they do not offend people living with HIV and AIDS. Manganyi and Buitendag (2013: 1) argue that there are similarities between ATR and modern Christianity in that both religions acknowledge there is one Supreme Being, the creator of all that is, but differ in that ATR venerate ancestors as go-betweens to God, without clear roles being attributed to the Holy Spirit and Christ Jesus.

5.4.4.9 Guidelines

- The pastoral care givers must be taught on how to communicate this important subject without alienating people living with HIV and AIDS. Communication skills require not only knowledge about the subject but also wisdom on how to put a point across.
- Communication skills can be improved by practice (Kaplonyi *et al.*, 2017: 1210) and as such it is recommended that part of the training should include role

playing to simulate some of the “tricky” conversations a pastoral care giver might encounter.

- Those responsible for teaching pastoral care givers must focus on the parallels between ATR and the Christian faith to create some common ground for a people whose religious views seen contrasted. The “Ubuntu” concept of the African tradition, for instance seems common in both religious beliefs and needs to be strengthened within Christian congregants. This concept is comparable to what is observed in Matthew 25: 35 “For I was hungry and you gave me something to eat...”. The helping of one another is not a concept unique to Christianity but also to the African tradition. By identifying this verse with the African tradition, the church will help reduce the divide between the two religions.
- The pastoral care giver also needs to be aware of aspect of ATR which do not conflict with Christianity. These aspects include the use of traditional herbs which can be sourced from African traditional healers.

5.4.5 The role of transforming leadership in addressing challenges

Putting it in the words of Osmer (2008: 177), transforming leadership is the style of leadership concerned with “deep change.” It leads religious organisations through a process in which its culture, identity and mission as well as operating procedures are extensively changed. There are several changes that have taken place in society and the Christian church need to take heed of such changes if it is to serve the society effectively.

5.4.5.1 Identified Challenge four: Relating to persons of minority sexual orientation

This challenge stems from the observation that those who belong to the sexual minority often do not receive the same attention as other members of society. This is not only because some Christians consider them irredeemable sinners but also that they are not willing to come out for fear of being despised, ridiculed and at times physically harmed.

5.4.5.2 Pastoral care giver competences

The pastoral care giver needs to be equipped with skills to interact with those of minority sexual orientation in a way that does not diminish their self-esteem, make them feel unworthy of love or make them feel that they are sinners.

5.4.5.3 Guidelines

- The pastoral care giver must be taught that being different does not diminish one's position as a human being. What is important is to help a brother or sister who is in need regardless of personal identity. As deduced from the above information about Matthew 25:40, Jesus identifies with the least of men. Regardless of social status, due to sexuality or any other reason, everyone deserves to be assisted when in need.
- The parable of the Good Samaritan Luke 10: 25-37 can be used to teach the pastoral care givers on how to interact with those of minority sexual minority. The passage indicated that the robbed man was stripped naked and this is a shameful state of anyone to be in. This shame can be compared with the shame those of sexual minority have been subjected to. The pastoral care giver should therefore do their best to assist these individuals just like the Good Samaritan did.

5.4.5.4 Identified Challenge five: Lack of resources

In summary, this challenge stems from the fact that the pastoral care givers, especially in rural areas where the challenges of HIV and AIDS are greatest, are themselves not financially well-off and their material assistance to people living with HIV is limited.

5.4.5.5 Pastoral care giver competences

The pastoral givers should be capacitated to offer material assistance to the suffering. Besides sharing the little the pastoral care giver might have, there isn't much he or she can do and the possible solution lies outside what they can do. In this case, the church, as an institution needs to come in.

5.4.5.6 Guidelines

- The church should try to meet the needs of people living with HIV and AIDS. Providing material support to those in distress are some of the

recommendations identified Scripture that are applicable to people living with HIV and AIDS. This is directly obeying the recommendation of Christ Jesus in Matthew 25: 41-46 when He spoke of quenching the thirst of the thirsty, feeding the hungry and visiting those whose movements are curtailed is what separates the sheep from the goats.

- Churches can have programmes of channelling some of the funds, if not most of the funds, received to community assistance projects including resourcing pastoral care givers with material items they will take to people living with HIV and AIDS. The churches, especially some tithing churches as observed in chapter three, must make sure of the way tithes are used.
- The pastoral care givers must also be encouraged to share what they have with those in need, even if they may not have much. This aspect of sharing with fellow church members, as identified in chapter 4, seems to be neglected in favour of tithing. The training of pastoral care givers should include reading and interpreting Scripture in its entirety.
- The pastoral care givers must be taught that their faith must be accompanied by deeds, the theme in James 2: 14-17 “faith without works is dead”.

5.6 Conclusion

This part of the thesis attempted to answer the question “How might we respond” to the challenges faced by pastoral care givers rendering services to people living with HIV and AIDS, Osmer’s (2008: 22) pragmatic task.

It was revealed that the pastoral care givers need to improve their task competence leadership skills. This is a leadership skill needed to successfully complete a task. This means that the pastoral care givers need to receive appropriate training. The number of pastoral care givers required is obviously large given the number of people living with HIV in South African communities. It was therefore concluded that churches are not able to fund such training and a cheaper and effective strategy has to be grafted.

A model based on the train the trainer training strategy was proposed. In this model, a few “trainers” are intensively trained and they will then impart their knowledge to the bulk of the pastoral care givers. This strategy enables a large number of pastoral care givers to be trained at minimal cost.

Some of the issues the pastoral care givers need to be trained on include how to effectively interact with those who have inclinations towards ATR as well as the sexual minorities. In addition to that the pastoral care givers need to be trained on how to safely and effectively take care of people living with HIV so that they will not get infected with the virus and also that their mission is more fruitful.

The general lack of resources churches faces, especially looking at the large number of people living with HIV and AIDS the pastoral care givers have to assist, is another challenge that this part of the thesis tried to address. It is recommended that church leaders should encourage sharing of resources between congregants and should move away from the tenets of the prosperity gospel which stresses that congregants should only give tithe so that they are blessed abundantly.

CHAPTER 6: FINAL CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH

6.1 Summary of chapter 1: Introduction and background

This chapter gave a brief background of HIV and how it has affected communities all over the world and in South Africa. It also touched on the relationship between HIV and stress and how spirituality impacts on the lives of people living with HIV and AIDS. It was concluded that, for the lives of people living with HIV and AIDS to improve, the respective individuals needed to be resilient and that is where the aspect of practical theology and pastoral care giving came into play. The church was identified as a key establishment in mitigating the challenges faced by people living with HIV and AIDS.

Practical Theology was defined as “theological reflections on the practices of the church as they interact with the practices of the world, with a view to ensuring and enabling faithful participation in God’s redemptive practices in, to and for the world”. The study was therefore based on Osmer’s (2011: 2) model of doing practical theology. This model has four stages which are: The Descriptive-Empirical task, the Interpretative task, the Normative task and finally, the Pragmatic task. One of the goals of pastoral care was identified as being able to help humans, especially those in most need, to be more spiritually healthy. The pastoral care giver is therefore responsible for healing the soul of those afflicted by the disease.

The descriptive-empirical and interpretive tasks were formulated by doing a literature study on the subject. The normative task was completed by studying Matthew 25: 34-40 (NIV) (Parable of sheep and goats), Luke 10: 25-37 (NIV) (Parable of the Good Samaritan) and James 2: 14-17 (NIV) (a passage on faith and works). Finally, the pragmatic task involved coming up with relevant and feasible pastoral guidelines for pastoral care givers working in South Africa.

6.2 Summary of chapter 2: Challenges faced by pastoral care givers in their ministry

Chapter was devoted to exploring the challenges faced by pastoral care givers in their ministry to people living with HIV. It was a fulfillment of Osmer’s (2008:35). First task,

the descriptive-empirical task which asks the question, “What is going on?” The question that this thesis was answering was therefore put down as “What are the challenges faced by pastoral care givers in their ministry to people living with HIV?” This first task is the, this is the first stage in doing practical theology for it allows one to be able to come up with relevant recommendations regarding an identified theological challenge.

The task begun by describing the evolution of HIV and AIDS in the South African community, how the society viewed the disease from when it was first known to the current perspectives. This was deemed necessary because some of the challenges currently faced by the pastoral care givers are a myths and attitudes associated with the disease. It was found that communities have largely changed from viewing the disease as a death sentence to viewing and treating it as a chronic condition.

This chapter also laid the foundation to understanding what pastoral care really is, who can practice pastoral care and what are the benefits of pastoral care to the sick and afflicted, with a special emphasis on HIV and AIDS. It was found out that although the definitions of pastoral care vary and have evolved with time, at present, the best definition of pastoral care is a ministry within a religious community that centres on spiritual counselling and care delivered to people in crisis or to people seeking spiritual growth and transformation.

The challenges faced by pastoral care givers whilst fulfilling their mission include lack of training, lack of resources, challenges with dealing with the issues of sexuality which include homosexuality, compassion fatigue and neglecting of some Christian duties.

Regarding the challenge of lack of education, it was found that there are many myths and misconception about the disease and this might result in some pastoral care givers failing to adequately interact and care for people living with HIV and AIDS. On the challenge of lack of resources, it was discovered that the poor are disproportionately more affected by HIV and the pastoral care givers in such communities are not always able to offer adequate care, which should include giving material items such as food, for people living with HIV and AIDS.

The issue of sexuality affected pastoral care giving in that the main stream Christian movement shuns homosexuality and the pastoral care giver, being a layman, is not always prepared to deal with homosexual individuals. The homosexual individuals, on the other hand may not always be willing to open up to pastoral care givers due to fear of being judged and condemned. Lastly, it was observed that the aspect of prosperity gospel has resulted in individuals focussing on their own financial goals and in the process neglecting to adequately commit to pastoral care giving for the suffering and this result in the few that commit being overwhelmed and suffering from compassion fatigue.

6.3 Summary of chapter 3: The roots of the challenges faced by pastoral care givers to people living with HIV

This chapter focuses on the interpretive task, or attempts the answer the question why is this going on, as suggested by Osmer (2011:4). In doing this, perspectives from theological scholars, as well as other disciplines were used to better understand why pastoral care givers face the challenges they face as discussed in chapter 2.

The first reason why pastoral care givers face the challenges they face as indicated in chapter two is due to the conflict between pastoral care and science. Though mankind has recognized the link between spirituality and health for centuries, the potential therapeutic impacts of spirituality has not been fully exploited by modern medicine which put a strong emphasis on empirical evidence in the healing process. This result in pastoral care givers who render services to people living with HIV and AIDS, a condition with no known cure, questioning the importance of their mission since they do not immediately see the impacts of their work. Pastoral care givers lack the knowledge to argue their impotence and this result in some tiring in their mission and some may not even consider going into the mission because they feel nothing can be done about the disease. This is a wrong viewpoint given empirical evidence which supports need of spiritualism in people's health issues.

Pastoral care givers, and their patients, also struggle to reconcile Christianity with African Traditional beliefs. It was discovered that many Africans subscribe to a dual thought system when it comes to religion. Those who practiced this system openly practice Christianity and clandestinely revert back their entrenched African religious

tradition, especially in the times of crisis. This makes it difficult for pastoral care givers to fully engage with such individuals.

The other reason why pastoral face the challenges they face in their mission is the lack of skill to address questions bordering on sexuality. The bible is explicit is saying homosexual is a sin but then how does a Christian engage with a homosexual who needs help? This is a difficult challenge and it can result in pastoral care givers being removed from a section of society that needs help. This is especially true for a society such as South Africa where there are recorded cases of hostility towards those of minority sexual orientations.

Lack of skill and knowledge is also another reason why pastoral care givers face challenges in their ministry. It was recognized that most of the pastoral care giver are lay church members and they may not have the knowledge to address some challenges they are faced with in their mission.

Poverty and lack of resources was also recognized as a reason why pastoral care givers fail to make intended impacts. They may lack the means to visit those afflicted and let alone bring the material items such as food and clothing. This was exacerbated by the fact that most of the communities where pastoral care givers are needed the most are already poor, both the care giver and the recipient. Constant exposure to chronic poverty is a source of additional trauma for not only people living with HIV, but also the care giver and can result in the care giver developing compassion fatigue, also referred to as secondary traumatic stress disorder (STSD).

The proliferation of the prosperity gospel is another reason pastoral care givers face the challenges they face. This type of gospel teaches that wealth and riches are a covenant and the fulfilment of the divine promise of the Creator to his people. The basic tenets of this kind of gospel is that God wants to bless all His children, the believers, with riches and/or sound healthy, but they cannot access these blessings until such a time they would have given money, known as seed-money, to their spiritual leader. The challenge with this doctrine is that fewer people engage in pastoral the care giving mission because they think money and riches are all that matters. This increases the work load of the few that engage in that ministry. It may also result in people living with HIV and AIDS giving to the church with the hope of getting healed

and when this fails they may get “angry with God” and will not benefit much from the services of the pastoral care givers.

6.4 Summary of chapter 4: The wounded healer principle as portrayed by Jesus Christ and pastoral care giving

This is a summary of chapter for which answers Osmer’s (2008: 10), “What ought to be going on” or the normative task. We derive what ought to be or the norm from the Christian bible and as such pastoral principles of three passages from the Christian bible were formulated. In the context of this research, Osmer’s question can be asked as “how must pastoral care givers interact with people living with HIV and AIDS?”. The normative task is defined as the process of using biblical concepts to interpret everyday episodes and constructing ethical norms to guide our responses, and learning from “best practices.”

The Scriptures Matthew 25: 31-46 (Caring for fellow men), Luke 10: 25-37 (Eternal life and service to fellow men) and James 2: 14-17 (Faith and service to fellow men) were used to derive the ethical norms. In order to fully appreciate the passages, the evaluation of each chosen passage begun by giving a historical account of the book. This account touched on revealing the identity of the author, who the book was initially devoted to as well as the approximate time the respective books were written. After that, an evaluation of selected text was done and what was found out is summarized in the following sections.

The evaluation of Matthew 25: 31-46, Jesus’ parable of goats and sheep, revealed that Christians are supposed to take care of their fellow brothers and sisters who might be going through difficult life moments, people living with HIV and AIDS. Jesus in this parable likened those who have failed to meet the earthy needs of those suffering as goats and stated that on the day of the final judgment, such people will be condemned. Those who would have taken care of the earthly needs of the suffering will be rewarded by entering His Eternal Kingdom.

The main message from this passage, as concluded by the researcher, is that it as the duty of every Christian to help those in need. Such help will include provision of both materially items such as food and water as well as spiritual support such as visiting

those whose movement have been curtailed such as those imprisoned or in this case those who are bedridden and living with HIV and AIDS.

Matthew 25: 31-46: This part of Scripture has been selected because the Lord is giving us instructions on how we should interact with those less fortunate. It advises us that eternal life awaits God's people but not all will inherit the kingdom but those who have cared for the suffering, both materially and spiritually. It also relates to the *imago Dei* concept, albeit in a subtle manner. The statement that "whatever you did for one of the least of these brothers and sisters of mine, you did for me" indicates that God is in all human beings and if one truly wants to serve God then they must serve fellow human beings. This passage is very relevant to the practice of pastoral care because it speaks of several human needs that have to be met. People living with HIV, for instance, have varying needs. Some need water, some need company, some need clothes and shelter whilst some need medication. Jesus therefore encourages human beings to meet all the various needs of the less fortunate.

Luke 10: 25-37 was selected because, in the researcher's view, it is the best instruction regarding how Christians should interact with fellow human beings. This passage speaks about the parable of the Good Samaritan. Luke 10: 25-37, the parable of the Good Samaritan, revealed how as Christians we must interact with those who might be strangers to us. The Good Samaritan stopped on his journey to help a dying Jew even when Samaritans and Jews were sworn enemies. What is more striking, is that fellow Jews, who the world saw as men of God (the Levite and the priest) had other legalistic reasons not to help the man. The lesson that could be drawn from the parable, after doing an evaluation of the passage, is that as Christians we are not supposed to decide on who is worthy of our attention basing on earthly differences. Even those regarded as unworthy in the community are important to God and Jesus made this abundantly clear by saying "whatever you did for one of the least of these brothers and sisters of mine, you did for me".

Pastoral care given to people living with HIV and AIDS may come across some of them who hold different beliefs and they must treat them as they would treat their neighbours, with love. This is especially important given the fact that some people who may live with HIV and AIDS may be of different races, may have contradictory religious

beliefs (such as ATR) or might be of minority sexual orientations. Regardless of these differences, Christians are encouraged to treat those in need, such as people living with HIV and AIDS, with utmost love and sacrifice, just like the Good Samaritan who expended his oil and paid the inn-keeper from his pocket.

James 2: 14-17, a controversial part of Scripture, spoke about faith and works. The evaluation of this part of Scripture revealed that James was not contradicting Paul by saying “Faith without works is dead”. The two were talking about faith but in somewhat different context. Christians should also not be confused by the statement of James because the epistle is part of the Christian canon as it was inspired by the Holy Spirit.

Comparable to other passages used in this chapter, James encouraged Christians to accompany their faith with good works. These works include clothing and feeding the poor. James made this clear by posing the question: If one of you says to them, “Go in peace; keep warm and well fed,” but does nothing about their physical needs, what good is it? This is taken as a call for Christians to do all they can to help the less fortunate, including people living with HIV and AIDS who may need help.

6.5 Summary of chapter 5: The Pragmatic viewpoint on HIV/AIDS and the pastoral ministry

This chapter sought to create or formulate strategies that can be used to address the challenges faced by pastoral care givers. It satisfies Osmer’s Pragmatic task. It is an answer to the question: “How might we respond in order to bring change or renewal”?

The challenges faced by pastoral care givers identified mostly on lack of knowledge and skill to navigate topical issues such as homosexuality and the place of African Traditional Religion (ATR) and science when dealing or rendering services to people living with HIV and AIDS. These challenges can be mitigated by giving pastoral care givers the right and adequate training. It was also noted that many churches do not have the financial resources to offer comprehensive training to the care givers. A model was therefore developed loosely based on the train the trainer model. This approach was chosen because it is a cheap way of imparting knowledge and a lot of people can be trained in a short period of time. The costs can be greatly brought down if there are people within the congregation who can teach various topics identified.

The training should include topics such as sexuality, place of ATR in the lives of people living with AIDS and HIV, general aspects about AIDS to dispel some of the myths that have become attached to the condition. In brief, this training should increase task competence and transforming leadership styles within the pastoral care givers. Task competence according to Osmer (2018: 35) is a type of leadership needed to successfully complete a task whilst transforming leadership is a type of leadership needed to lead a congregation or individuals through change.

The preaching of the prosperity gospel was also identified as one of the reasons why pastoral care givers face challenges they face in their mission. This is best corrected by the church leaders. Although the study was on pastoral care givers, it was seen fit to put forward recommendation for the pastors and church leaders as well. Basically, the recommendation is that the message on love, compassion and sacrificing for fellow men should be preached in place of the prosperity gospel. Pastors can focus on passages such as these to encourage church members to give more to the pastoral ministry.

6.6 Final conclusion

The study revealed that the challenges faced by pastoral care givers stems from lack of knowledge, skill, resources and faulty interpretation of Scripture. Addressing the lack of skill and knowledge to navigate complexities of society requires the pastoral care givers to have what Osmer (2008: 35) calls task competence and transforming leadership. This is a kind of leadership required for one to successfully complete a task whilst transforming leadership is needed to help congregants change their attitudes and perceptions in view of novel societal challenges.

The best way the leadership traits can be instilled in many pastoral care givers is to use a model where a few are intensively trained and they, in turn, train others. Ideally, the pastoral care givers must have the following competences:

- Ability to navigate questions around lack of empirical evidence often associated with the Christian (or most other religions) religion practices to bring about the healing of the soul to people living with HIV whilst appreciating the role of modern medicine

- Must sufficiently understand key aspects of HIV and AIDS
- Ability to build on the strengths of ATR and discouraging the engaging of one into practices such as ancestral worship
- Ability or means to offer material assistance to the suffering
- Ability to tackle issues around the faults of the prosperity gospel

Church leaders are also encouraged to play an active role in ensuring that as many congregants take part in the pastoral care ministry as caring for others appear to be a neglected duty of most Christians.

6.7 Recommended themes for future research

6.7.1 Statistics on congregants involved in the pastoral care ministry

It was noted during literature search that there are no statistics on the number of churches or congregants who are involved in the pastoral care ministry. This makes it difficult, if not impossible; to know the influence the church has on the pastoral care ministry. This is an important, and somewhat neglected, ministry and as Christians we need to grow this ministry if we are to be in complete obedience of our Lord Jesus Christ.

6.7.2 The role played by African Traditional healers in HIV fight

It has been noted that the African is inclined to practice Christianity and one moment and in some moments opts for African traditional medicines. However, it has to be noted that traditional healers do not always practice spiritualism but at times simply give medicines for certain ailments. There is a need to understand how they perceive HIV and how they deal with people living with HIV and AIDS. Do they try to cure it through spiritualism or they just give herbs for the symptoms? How do they view their role in HIV fight and to what extent is spiritualism used to try and address the disease?

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ETHICS APPROVAL LETTER OF STUDY

Based on approval by the **Theology Research Ethics Committee (TREC)** on 19/11/2018, the Theology Research Ethics Committee hereby **approves** your study as indicated below. This implies that the North-West University Research Ethics Regulatory Committee (NWU-RERC) grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Caring for those suffering from HIV and AIDS: A pastoral study	
Study Leader/Supervisor (Principal Investigator)/Researcher: Dr AL du Plessis	
Student: Kubheka, KC	
Ethics number:	N W U - 0 0 7 9 9 - 1 8 - A 6
	Institution Study Number Year Status
	Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation
Application Type:	Risk Category: Minimal
Commencement date: 2018/12/01	
Expiry date: 2019/11/30	
Approval of the study is initially provided for a year, after which continuation of the study is dependent on receipt and review of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation.	

Special in process conditions of the research for approval (if applicable):

<p>General conditions:</p> <p><i>While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:</i></p> <ul style="list-style-type: none"> • The study leader/supervisor (principle investigator)/researcher must report in the prescribed format to the TREC: <ul style="list-style-type: none"> - annually (or as otherwise requested) on the monitoring of the study, whereby a letter of continuation will be provided, and upon completion of the study; and - without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study. • The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the study leader/researcher must apply for approval of these amendments at the TREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited. • Annually a number of studies may be randomly selected for an external audit. • The date of approval indicates the first date that the study may be started. • In the interest of ethical responsibility, the NWU-RERC and TREC reserves the right to: <ul style="list-style-type: none"> - request access to any information or data at any time during the course or after completion of the study; - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process; - withdraw or postpone approval if: <ul style="list-style-type: none"> · any unethical principles or practices of the study are revealed or suspected; · it becomes apparent that any relevant information was withheld from the TREC or that information has been false or misrepresented;
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