THE NEEDS OF ELCSA MINISTERS AS THEY COPE WITH BURNOUT, IN THEIR MINISTRY TO PEOPLE AFFECTED BY AND INFECTED WITH HIV AND AIDS

By

Celiwe Dlamini

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Supervisor: Dr E. Ward

Abstract

Ministering in the face of HIV and AIDS has posed many challenges. The work of ministers before HIV and AIDS experienced many problems which resulted in ministry burnout. HIV and AIDS have increased the demand for ministers because of the sick, the dying and the grieving people. The increase number of funerals means that a minister conducts many funerals over the weekend and sometimes during the week. This is not the only task of the minister; there are other duties such as house visitation, administration matters, counseling, Sunday services, confirmations and teachings in the church. Furthermore, ministers are often most intensively involved with people in times of crisis and distress. This research deals with the ways ministers are coping or not coping with ministry burnout which may be a result of ministering to people suffering from HIV and those dying of AIDS. This study recognises that an understanding of the minister's problems, as well as helping them to cope, by all who are involved in the church as a vocational system is necessary in the face of HIV and AIDS.

The major beneficiary of care and support to ministers will be pastoral ministry itself and the church. Interest in this study therefore stems from both academic and pastoral concerns. Academically, one would like to see the discipline of pastoral care making a scientific and academic contribution that is capable of helping ministers. As for the pastoral concern, one believes that this study and similar studies are ways by which ministry can be strengthened and supported. There is need to equip the church to observe, listen to and respond to ministers in pain more knowledgeably and sympathetically. The researcher endeavours to describe these phenomena accurately through narrative type descriptions, interviews and pastoral conversations. Furthermore, Rediger created a model for avoiding burnout called AIM, which has led to a creation of a model to cope with ministry burnout in the face of HIV and AIDS, which is AIMS: A-Awareness, I-Impose, M-Management, S-Support. The model has been created in the face of the emotional involvement of ministers in HIV and AIDS.

Acknowledgement

I would like to offer my gratitude first to God Almighty for this opportunity to live and be able to further my studies. I would also like to thank my dear parents, Margaret and Simon Dlamini. You have endured all the pains of life to give us a bright future. Many thanks for support to my biological brothers and sisters and my extended family.

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AIMS	A- Awareness, I- Impose, M- Management, S- Support
ART	Antiretroviral treatment
CPE	Clinical Pastoral Education
ELCSA-ED	Evangelical Lutheran church in Southern Africa - Eastern Diocese
GFATM	Global Fund to Fight AIDS, TB and Malaria
GRR	Generalised Resistance Resources
HIV	Human Immunodeficiency Virus
LDS	Lutheran Development Service
LUCSA	Lutheran Communion in Southern Africa
LWF	Lutheran World Federation
MBI	Maslach Burnout Inventory
NERCHA	National Emergency Response Council on HIV and AIDS
NGO	Non governmental organizations
OVC	Orphaned Vulnerable Children
PSS	Pastoral Support System
SNAT	Swaziland National Association of Teachers
SOC	Sense of Coherence
TCE	Transformation-centered Christian Education
UNAIDS	Joint United Nations Programme on HIV and AIDS

Dedication

To

Simon and Margaret Dlamini, my parents

And

Musa and Nomvula my crippled brother and sister.

Declaration

I hereby declare that this thesis is the product of my own original work, unless otherwise stated.

Signed:.....C Damini.....

Date:.....21 - 11 - 2006.....

As Supervisor I agree to the submission of this dissertation for examination.

Signed:.....E Ward.....

Date:.....21-11-2006.....

Edited by:

Signed:.....

Date:.....21- 11- 2006.....

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CHAPTER 1

Introductory chapter

1.2 Background to the study

The ministers of the Evangelical Lutheran Church in Southern Africa Eastern Diocese (ELCSA-ED) are working in parishes which are faced with the challenge of the HIV pandemic, which is slowly decimating many of their members. The Eastern Diocese of ELCSA is in two countries, Swaziland and South Africa with the latter covering part of the Mpumalanga province. There are two circuits of the diocese which are the Swaziland circuit and Igwa circuit. Both Mpumalanga and Swaziland are affected by the HIV pandemic. The HIV pandemic is impacting on all the people in sub-Saharan Africa especially in this region: many are dying and many are chronically sick. Ministers are affected too, as they find themselves in the midst of the suffering, the dying and the bereaved people. The result is that the minister's work is never finished; it is repetitive, as ministry demands working with people's expectations and working with the same people year after year. In such circumstances there is a great need for ministers and high demands are made on them, resulting in stress and the need to develop new coping mechanisms if they are to avoid burnout. Many churches, including the Lutheran church, are involved in the fight against HIV.

Specifically, this research investigates the problems ELCSA ministers in the Swaziland circuit are encountering in the Swaziland circuit in the face of HIV, especially in their ministry to the church members who are affected by and infected with HIV. This research deals with the ways ministers are coping or not coping with ministry burnout which may be a result of ministering to people suffering with HIV and those dying of AIDS. Swaziland is one of the countries which are affected by the HIV pandemic with a high prevalence of 42.6%.[1]

[1] NERCHA and Ministry of Health and social welfare. Our concern on the increase on HIV and AIDS." *Times of Swaziland* 19 March 2006 p10 col. 1.

1.3 The research problem

This research studies the understanding of ministry burnout in the face of HIV and AIDS and how ministers can cope. It is important to note that HIV and AIDS is a current major social crisis. Many people are living with HIV, many are caring for their relatives who have AIDS, many are grieving and in stages of bereavement. Most of the people are in need of pastoral care and counseling. The number of those dying of AIDS increases daily, meaning that the number of funerals increase as well. The increase in the number of funerals means that a minister conducts many funerals over the weekend and sometimes during the week. This is not the only task of the minister; there are other duties such as house visitation, administration matters, counseling, Sunday services, confirmations and teachings in the church. Furthermore ministers are often more intensively involved with people in times of crisis and distress. In this sense "a pastor is a pastoral counsellor."[2] Ministers are fully involved emotionally in dealing with the people's crises. Since ministers are counsellors, Switzer is of the view that a pastoral counsellor is "a mirror for the emotions of the person being counselled... a minister in counselling reflects feelings he or she feels."[3]

It is not only the congregants that are affected by and infected with HIV and AIDS, the ministers also have relatives and friends who are infected by and affected with HIV and AIDS. The minister's role in the communities is in demand, because of the effect of HIV and AIDS, such as families which are left with orphans and widows, who need care. It is important to note that in the African context, specifically in Swaziland, the church plays a great role in the people's lives. Most African people live in rural areas which are poverty stricken. Today ministers are very involved in many funerals because of people dying of AIDS and other diseases or because of accidents. This means that ministers need to work out their feelings with regard to death. If that feeling is not dealt with, it has an effect on their ministry. Thus Switzer points out that,

> a pastor is pulled into over-involvement and over-identification, in which pain will be felt so intensely that it incapacitates the pastor, thus resulting in

[2] David K. Switzer. *The Minister as Crisis Counselor*. Abingdon: Nashville. 1974. p15.
[3] Switzer, The Minister as Crisis Counselor. p19

> anxiety, insecurity and depression. A minister must in some way prepare him/herself emotionally for the experiences of death, dying and grief.[4]

It is therefore important that pastoral care and counselling be given to ministers who are active in the grieving process. Pastoral care and counselling assists an individual to be empowered, healed and to grow as an individual and in his or her relationships. Thus Parkes discusses pastoral care and counselling in a grieving period and advises:

> early and regular pastoral care and counseling would enable a person to move through the stages of grief more rapidly and with less persisting symptoms of disturbance.[5]

1.4 The research methodology

This research project has been distinguished as being a descriptive research which is basic qualitative research. The goals of this research aim to describe a certain phenomena among ministers who are required to work beyond the normal boundaries of their duty as ministers due to the HIV pandemic. The researcher endeavours to describe these phenomena accurately through narrative-type descriptions, interviews and pastoral conversations as examples of ministers who are experiencing what the researcher terms burnout due to "emotional exhaustion, depersonalization, and reduced sense of personal accomplishment."[6] According to Blanche, Durrheim and Painter in their book, *Research in Practice*, descriptive studies which are qualitative and open ended may be used to formulate the rich descriptions and explanations of human phenomena.[7]

Books, research projects, journals and newspapers as well as church publications, the World Wide Web and unpublished sources will be used. This dissertation is an empirical study conducted using data collected from unstructured interviews. This will be undertaken to acquire information on the ministers' crises and difficulties with the HIV pandemic.

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[4] Switzer, The Minister as Crisis Counselor. p137

[5] Murray C. Parkes. "Effects of Bereavement on Physical and Mental Health- A study of the Medical Records of Widows" *British Medical Journal II.* 1964, p274-79.

[6] Christina Maslach, "Burnout Research in the social services: A critique," in Gillespie, D.F. (ed). *Burnout among social workers*. New York: Harworth Press. 10, 1 (1987) 95-105.

[7] M.T. Blanche, K. Durrheim, and D. Painter. *Research in Practice. Applied methods for the Social sciences*. South Africa: UCT Press. 2006. p89

1.5 Aims, objectives and the relevance of the study

There is an extensive amount of literature on ministry burnout, ministry itself, burnout in HIV and AIDS and coping with burnout. There is unfortunately less literature written on caring for ministers and dealing with ministers needing to cope with burnout in the face of HIV and AIDS. Therefore this research hopes to bring a contribution to the challenge to practical theology and pastoral care in the face of HIV and AIDS.

This study recognises that what is needed is an understanding of ministers problems, as well as helping them cope, by all who are involved in the church as a vocational system. The major beneficiary of care and support to ministers will be pastoral ministry itself and the church. Interest in this study therefore stems from both academic and pastoral concerns. Academically, one would like to see the discipline of pastoral care making a scientific and academic contribution that it is capable of helping ministers. As for the pastoral concern, one believes that this study and similar studies are ways by which ministry can be strengthened and supported. There is need to equip the church to observe, listen to and respond to ministers in pain more knowledgeably and sympathetically.

1.6 The Lutheran church

There are many Lutheran churches in Southern Africa. This research focuses on the Evangelical Lutheran Church in Southern Africa (ELCSA) which is a predominantly black church. The black church was formed after the black Lutheran regional churches had grown from mission synods, which then united in 1975.[8] The Lutheran family therefore is divided into black and white churches, still pending the outcome of unity talks that have been dragging on for years. ELCSA maintains a hierarchical structure which was introduced by the missionaries.[9]

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[8] Georg Scriba. *The Growth of Lutheran Churches in Southern Africa*. Pietermaritzburg: Luthos Publications. 2003. p25

[9] "Unity and Division among Lutherans in South Africa." <http://www.geocities.com/Heartland/Meadows/7589/liyth_div_en.html> Accessed March 2004.

1.7 Conclusion

Having dealt with the background to this study, the research problem, the aim and relevance of the study, the next chapter deals with a review of literature locating burnout in ministry within a practical theological framework.

The Schematic design of the research follows this format:

Chapter 2 – Coping with ministry burnout

This chapter reviews literature on burnout, ministry burnout, burnout in HIV and AIDS and coping with ministry burnout.

Chapter 3 -The HIV pandemic in Swaziland and ELCSA-ED's involvement

This chapter gives a brief background of Swaziland, a discussion of the prevalence of HIV and the impact of HIV in Swaziland. This chapter includes the involvement of ELCSA-ED with HIV.

Chapter 4 – Interviews, cases: analysis and findings

This chapter is a presentation of the results from interviews. Furthermore it is the analysis of the interviews and findings, and identification of some emerging themes.

Chapter 5 – An emerging model

This chapter proposes an emerging model suggested in response to the needs of ELCSA ministers.

Chapter six – Conclusion and recommendations

This chapter includes concluding remarks and recommendations.

CHAPTER 2

Coping with ministry burnout in the face of HIV and AIDS

2.1 Introduction

In this chapter we review literature on burnout, burnout in the face of HIV and AIDS, ministry burnout, and coping with ministry burnout. One could be tempted to pose a question: What does burnout have to do with pastoral ministry in the context of HIV and AIDS? This question can only be appropriately responded to by looking at burnout in the face of HIV since burnout has been well documented "in the occupational setting among health workers."[10] Burnout has often been discussed as a clinical phenomenon. However, burnout is positioned under the discipline of psychology and pastoral care. Frequently, burnout is linked to work stress caused by pressure and overload. Pastoral ministry is a profession in which there is a great deal of potentially stressful personal interaction, and therefore burnout is not uncommon among ministers. In the context of HIV there are many people who are ill, dying, grieving and mourning and the risk of burnout increases among those ministering to them.

2.2 Definition of burnout

There is a need to understand what burnout is. A number of definitions are provided by a number of psychologists. Miller quotes Freudenberger (1974) as the first to discuss burnout as a medical problem in the United States of America. He identified burnout as:

> A state of fatigue and frustration arising from excessive demands on personal resources in staff working in free clinics.[11]

According to Freudenberger the staff in clinics work long hours for low pay, and daily faced the emotional demands of interacting with clients and colleagues. These factors led to exhaustion physically, emotionally and mentally among the staff. In the *Dictionary of Pastoral Care and Counselling* this is confirmed by Maslach and other psychologists:

> burnout can be best understood by focusing on situational, environmental, demographic factors, such as long working hours, little feed back regarding one's work, lack of family time, low salary, understaffing, life changes,

[10] David Miller. *Dying to Care? Work, Stress and Burnout in HIV/AIDS*. London and New York: Routledge, Taylor and Francis Group. 2000. p8

[11] Miller, Dying to Care... p29-30.

> unrealistic expectations, lack of time off and inability to control one's time off.[12]

This quotation provides a guide for dealing with burnout, highlighting the situation, the environment and the demography to be considered, as these are the factors which contribute to burnout. Maslach emphasizes that burnout is a problem of "the social environment in which people work."[13] Therefore the structure and functioning of a workplace for an individual plays a great role in the problem of burnout. Other models of burnout have been developed since Freudenberger's interpretation of burnout as a clinical entity. Christina Maslach is one researcher who developed a model after Freudenberger. For Maslach, burnout is what disrupts what people are and what they have to do. Burnout is equated to erosion in the sense that it erodes a person's dignity, spirit, will and a person's values. It is "an erosion of the human soul."[14] Thus burnout takes away the best in a person and leaves him or her empty. Maslach therefore describes burnout as "a common phenomenon that can develop from the long term stress of working in emotionally demanding situations."[15]

Maslach's description of burnout is one which is relevant in the context of HIV and AIDS where an individual is constantly involved in emotional situations with the people affected and infected by the disease. Such people are involved emotionally and go through much stress for a long period of time. Therefore Maslach and Jackson in Miller, *Dying to Care,* discuss burnout in the MBI model which is the "Maslach burnout inventory" which is described as "a response to chronic emotional stress in three components: emotional exhaustion, depersonalization, and reduced sense of personal accomplishment."[16]

Intense and unhappy or fearful situations are extremely tiring to deal with emotionally. In a setting of work overload and countless tragic cases, persons lose their sense of who they are and simultaneously feel a sense of hopelessness and failure as the stream of problems

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[12] R. J. Hunter. *Dictionary of Pastoral Care and Counseling*. Nashville: Abingdon Press. 1990. p1548
[13] Christina, Maslach and M. P. Leiter. *The Truth about Burnout. How Organizations cause Personal Stress and What to do about it*. San Francisco: Jossey-Bass, A Wiley Company. 1997. p18
[14] Maslach and Leiter, The Truth about Burnout... p17
[15] Christina Maslach, Burnout Research in the Social Services...p98
[16] Miller, Dying to Care... p30

is endless. As discussed by Taris, Leblanc, Schaufeli, and Schreurs, emotional exhaustion "is the central quality of burnout and most obvious manifestation of the syndrome. It is the feeling of being overextended and having depleted resources."[17]

Emotional exhaustion is associated with people dealing with difficult people, with death and with relationship conflicts. This includes all people who are involved emotionally, such as health care professionals, traditional healers, volunteers and caregivers.
The second component, depersonalization, is described as being associated with 'avoiding over-involvement, distancing oneself from the problem and apathy.'
The third component is the reduced sense of personal accomplishment, which includes "feeling unprofessional, experiencing emotional turmoil and negative self evaluations."[18]
The three components of burnout have a relation to one another in that "high levels of emotional exhaustion would lead to high levels of depersonalization and in turn leading to low levels of personal accomplishment."[19]

The manifestation of burnout is best illustrated by its signs and symptoms. When a person feels that he or she is unable to meet certain constant demands in his or her work, the signs and symptoms include:

> depletion of energy, becoming overwhelmed, feeling sad or angry. The feelings of hopelessness, powerlessness, cynicism, resentment, failure, stagnation and reduced productivity.[20]

Furthermore there are many signs and symptoms of burnout. Rediger describes them in three orders: physically (which briefly covers the exhausted bodily appearance), emotionally (which encompass hopelessness in everything) and spiritual (which encompass cynicism).[21] A person experiencing burnout "feels overworked, undervalued and no longer in control of the job he or she does."[22] Burnout exists in many work

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[17] T. W. Taris. et al. *Are there causal Relationships between the dimensions of the Maslach Burnout Inventory? A review and two longitudinal tests*. The Netherlands: Taylor and Francis Group. 19, 3 (2005) p238-239.
[18] Miller, Dying to Care... p 31.
[19] Taris, Leblanc, Schaufeli and Schreurs, Are there causal...p240.
[20] Help Guide, Mental Health Issues. "Burnout: Signs, symptoms and prevention." <http://66.49.93.104/search?q=cache:9-XA4mrVDHEJ:www.helpguide.org/mental/burnout> Accessed July 2006. p 2.
[21] G. L. Rediger. *Coping with Clergy Burnout*. Valley Forge: Judson Press. 1982. p15-16
[22] Maslach, and Leiter, The Truth about Burnout... p17

environments especially among "helping professions" which include care givers. Alta van Dyk describes a caregiver in the context of HIV and AIDS as:

> Anyone involved in taking care of the physical, psychological, emotional and spiritual needs of a person infected or affected by HIV and AIDS.[23]

Dr. Arch Hart describes burnout as different from stress in that a person's emotions become 'blunted.' He says that burnout may never kill a person but that eventually their life may not seem worth living. Burnout produces fear, depersonalization and detachment, a sense of helplessness and hopelessness. The depression of burnout is caused by the despair arising from the loss of ideals and hope. The consequences of burnout are demoralization and exhaustion, which in turn affect motivation and the impetus to work hard and this again increases the demoralization. In burnout the emotional damage is primary[24] meaning that physical and spiritual exhaustion are the consequences of the emotional damage.

Particularly in the context of HIV and AIDS, it has been noted that those working with the millions who are infected and affected by the disease are even more vulnerable to burnout.

2.3 Burnout in the context of HIV care and counseling

HIV and AIDS is a disease which carries stigma and discrimination. HIV and AIDS has been labelled as death, horror, punishment and shame because of being incurable and is mainly transmitted through unsafe sexual activity. Caring and counselling people living with HIV and AIDS is stressful and draining emotionally and spiritually. This is because a person living with HIV may experience constant suffering and rejection by his or her family or friends or by the community at large. According to Miller, burnout in HIV has been discussed only "in the occupational setting among health workers."[25] Alta Van Dyk however points out that caregivers in the HIV and AIDS context also need to be aware of

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[23] Alta Van Dyk. *HIV/AIDS Care and Counseling*. 3rd ed. Cape Town: Maskew Miller Longman. 2005. p328.
[24] Arch Hart. "Coping with Depression in the Ministry and Other Helping Professions." The Success Factor Revell, 1984. <http://www.churchlink.com.au/churchlink/forum/r_croucher/stress_burnout.html > Accessed September 2006. p8.
[25] Miller, Dying to Care...p8.

burnout and the stress risks they face. "If caregivers do not know how to care for themselves, they will not survive the onslaught of HIV pandemic."[26] Therefore care for the caregivers is necessary, initiated by both the individual and the structure behind the caregiver. Caregivers are described by Van Dyk as:

> Any professional, lay or family member involved in taking care of the physical, psychological, emotional and spiritual needs of a person infected or affected by HIV and AIDS.[27]

This includes ministers, who give pastoral care and counselling to people infected and affected with HIV and AIDS. Ministers are involved in every crisis of their congregants. This is confirmed by Wayne Oates when he says that "the pastor moves from one crisis to another with those whom he or she shepherds."[28] Ministers are often most involved with their members who are ill, dying, grieving and mourning.

UNAIDS describes the causes of stress and burnout in the context of HIV and AIDS as financial hardships, stigma associated with HIV and AIDS, secrecy and fear of disclosure, over-involvement with people with AIDS and their families, failure to set professional boundaries, personal identification with the people suffering with AIDS, bereavement overload and grief, difficult patients, the terrible plight of children, and the workload in light of the massive numbers of people involved.[29]

The caregivers often suffer and experience the same pain as the care-receiver, for example, in poor areas the caregivers see sick people living without food while they may have no food themselves. Again the stigma associated with HIV and AIDS means that those working in HIV programmes, such as caregivers, are also stigmatized.

Ministry is one of the helping professions and therefore inherently involves a great deal of stress because of the demand of working with people.

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[26] Alta Van Dyk. *HIVAIDS Care & Counseling: A multidisciplinary Approach.* 2nd ed. Cape Town. Pearson Education South Africa. 2001. p323.
[27] Van Dyk, HIV/AIDS Care and Counseling...p324.
[28] W. E. Oates. *The Christian Pastor.* Philadelphia: Westminster Press. 1964. p1.
[29] UNAIDS. *2004 Report on the global AIDS epidemic.* Geneva: Joint United Nations Programme on HIV/AIDS. 2004. p119.

2.4 Ministry burnout

A question which may be asked is why burnout should be dealt with if it is not a deadly phenomenon? Burnout is not deadly yet still needs attention. "Burnout deserves serious attention"[30] because of the emotional and financial crises it causes for an individual. Ministers are working in a "helping profession" where counselling is one of their tasks. "In counselling ministers are exposed almost exclusively to the negative sides of people's lives."[31] Ministers are therefore at risk of experiencing burnout. Ministry burnout occurs in "the gap between expectations and reality,"[32] because what is expected of ministers is far greater that what they can actually cope with. Among ministers, burnout is a result of what Rediger describes as "intensity in clergy, the overuse of physical, emotional and spiritual energy."[33] Ministering is a job that requires an individual to travel, attend to the sick people, the grieving and to conduct funerals. Furthermore the minister is involved emotionally when he or she deals with the people's problems through pastoral care and counseling. Thus Alta Van Dyk points out that:

> It is painful to witness and experience pain and grief of others and constant attendance of funerals is exposure to painful experiences.[34]

Therefore a minister is emotionally involved directly and indirectly in his or her job. Miller confirms that burnout attaches itself to people who work in jobs that involve a lot of personal interaction and high emotional content.[35] After the terrorist attack in America that happened on the 11th September 2001, "90% of Americans turned to religion as a coping response to the terrorist attacks on September 11."[36] This indicates the importance of religion and spirituality as a way of coping.

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[30] Maslach and Leiter, The Truth about Burnout... p21.
[31] Rowland Croucher. "Stress and Burnout in Ministry." <http://www.churchlink.com.au/churchlink/forum/r_croucher/stress_burnout.html> Accessed September 2006. p10.
[32] Rediger, Coping with Clergy Burnout... p39.
[33] Rediger, Coping with Clergy Burnout... p19.
[34] Van Dyk, HIV/AIDS Care and Counseling... p310.
[35] Miller, Dying to Care... p31.
[36] Flannelly K. J, Roberts S. B and Weaver A. J. "Correlates of Compassion fatigue and Burnout in chaplains and other clergy who responded to the September 11th attacks in New York City" in *Journal of Pastoral Care and Counseling.* 59, 3 (2005) p213- 218.

Ministers are also involved with people for spiritual purposes, which have an intensity that is emotionally demanding too. Obviously, there is a physical component too, because ministering requires long and unpredictable working hours and extensive travel which cause bodily exhaustion. Physical exhaustion in a minister reduces physical energy, which may lead to signs and symptoms such as:

> Frequent headaches, gastric upset, change in sleep patterns,[37] heart attack, stroke, and fatigue, high blood pressure and digestive problems[38].

Such signs and symptoms can be recognized in their early stages which indicate that ministry burnout can be managed and prevented. Emotionally, ministry burnout can be recognized by, for example a minister becoming apathetic. Apathy results in lack of creativity, constant impatience, regular distressing and loss of humour.[39] Some of the other feelings mentioned are:

> Powerless, hopeless, feeling like a candle burning at both ends, frustrated, detached from people and people around, bored, resentment for having too much to do, feeling like a failure, isolated from friends and co-workers and anxious.[40]

The spiritual signs and symptoms are observed through:

> Significant changes in moral behaviour. Drastic changes in theological statements, loss of prayer and meditation disciplines, loss of faith in God, the church and themselves. One track of teaching and preaching, loss of joy and celebration in spiritual endeavours. Cynicism.[41]

According to Switzer "the ministers are perceived as being the physical representation of God to the community of faith and, to some extent to society at large, and as such he or she have great power."[42] According to Switzer when faced with crises ministers' "only effective response is to be moved to action on their behalf."[43] Switzer also highlights the fact that the human agony is transferred to the minister as a counsellor. In the face of HIV and AIDS ministers become stressed and aggrieved by the transitions, changes and losses caused by the disease. Thus Clinebell argues that "changes, transitions, losses and other

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[37] Rediger, Coping with Clergy Burnout...p15.
[38] Help Guide, Burnout: Signs, Symptoms and Prevention... p4.
[39] Rediger, Coping with Clergy Burnout...p16.
[40] Help Guide, Burnout: Signs, Symptoms and Prevention... p4.
[41] Rediger, Coping with Clergy Burnout... p16.
[42] Switzer, The Minister as Crisis Counsellor...p22.
[43] Switzer, The Minister as Crisis Counselor...p282.

life experiences produce stress and grief."[44] It is in these situations that ministers are mostly involved with people in their crises.

2.4.1 The endless task of a minister

A minister is frequently involved with people during their times of crises and pain. This means that the more crises, the more the demands are placed on the minister. Clinebell states that, "in the eyes of many who are experiencing crises and loss, the minister's image and identity has supportive and nurturing meaning."[45] Furthermore ministers in the church are "naturally in a position to observe the kinds of stresses their people are experiencing at work, in communities and in their personal lives."[46] A minister is informed and involved in most areas of the people's stresses. Therefore constant dealing with crises can be one of the causes of ministry burnout if it is not handled properly.

The reasons for a minister experiencing burnout may be numerous. The following are some of the problem areas in which burnout may occur: the difference between expectations and reality; the fact that ministers are often involved in their congregational and individual duties throughout the day; the sense of failure caused by the inability to complete a case. Rowland Croucher states that "we try to please, but may become too goal-oriented."[47] Goal-orientation can lead to frustration. Thus Hart notes "strongly goal-oriented ministers will almost inevitably experience more frustration than process-oriented ones."[48] This is because a particular goal may often never be reached. Ministers experience a lack of clearly defined boundaries which leaves other tasks undone. These results in the minister becoming a workaholic and it can also lead to feelings of incompetence.

Ministers are both leaders and servants, two very different types of roles that make the minister's work even more complex. This further brings about confusion concerning a

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[44] Howard Clinebell. *Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth*. Nashville: Abingdon Press. 1983. p188.
[45] Clinebell, Basic Types of Pastoral Care and Counseling... p183.
[46] James, J. Gill. "The Stresses of Leadership." *Human Development. The Jesuit Educational Center for Human Development.* 24, 1 (2003). p10-17.
[47] Croucher, Stress and Burnout in Ministry...p1.
[48] Hart, Coping with Depression in the Ministry...p1.

minister's identity and a minister's role, as his personal identity is entirely immersed in his professional role. At the same time a minister is expected to be involved in the administration of the congregation. Therefore a minister has multiple roles and tasks, making up a heavy load. Croucher thus states that,

> Ministers derive too much self-esteem from the work they do and most ministers have time management problems. Ministers experience the inability to resolve conflicts and have difficulty in managing interruptions. Ministers have difficulty in being spontaneous, and loneliness because a minister is less likely to have a close friend than any other person in the community.[49]

Croucher's observations will be discussed in more detail below. Ministry burnout as described by John Sanford[50] is a result of nine difficulties which a minister faces.

The first is the fact that the job of the ministering person is never finished. A minister has to attend Sunday services every week, weddings, and bible studies, confirmation classes, visit the sick, provide crisis counselling, premarital counselling and attend funerals which are increasing in the face of HIV. Furthermore the minister has to attend the many workshops, meetings and seminars which are conducted in an attempt to address HIV. The minister often has a family to take care of. It is in itself stressful that the work of a minister is an unending cycle, often without any possible conclusion.

Secondly the ministering person cannot always see whether his or her work is having any positive results. A minister in the face of HIV and AIDS may counsel people, bury them, attend community meetings and pray without seeing any results. For example when one family has an ill person and another family as well, and then another family has a member who dies. Throughout all this a minister has to be with all the families in their crises. Many families concurrently need counselling and support, those grieving, those mourning and those that have a sick family member. There are no final outcomes in such situations, only processes. One family after another turns to the minister for help.

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[49] Croucher, Stress and Burnout in Ministry...p1.

[50] John Sanford. *Ministry Burnout*. New York/Ramsey: Paulist Press. 1982.

Thirdly the work of the ministering person is repetitive. The specific situations may be different, but the task is the same. A minister may feel he or she has given the same words of comfort over and over again.

Fourthly, the ministering person is constantly dealing with people's expectations. There are numerous expectations, some of which are very high, which are placed on a minister by the congregation. Some congregants expect a minister to be a 'know all and do all' person. This means that a minister should know everything, understand and do everything in the parish. This makes it difficult for a minister to delegate the work to lay people. Furthermore expectations result in denial for help because one would be viewed as weak. Thus "... often deny need for help, viewing it as a sign of weakness and indictment of their faith and spirituality."[51]

Fifthly, the minister must work with the same people year in and year out. For some ministers, being placed in one parish for a long period of time, forces them to work with the same people over many years. If the parish has difficult people then the minister will have to endure them. In the face of HIV and AIDS, this means that a minister may observe the members suffering because of the disease and over time most of the congregation members may be lost through death.

The sixth difficulty is working with people in need. This is a particularly great drain on the energy of the minister. As previously discussed, ministers are both leaders and servants. Leaders "are attempting to influence others to strive towards the achievement of goals, insisting on movement".[52] As servants ministers have to give so much of themselves. Therefore the more the minister is involved the more he or she is shattered. However, John Sanford states that "helping people can be rewarding when we see the results of our efforts" in context. A minister can attempt to be with and to give pastoral care and counselling to a grieving family, only to find that another family member dies before the grieving period is over. Furthermore AIDS awareness campaigns may be

[51] Richard P, Vaughan. "Counseling Religious in Crisis" in *Human Development. The Jesuit educational Center for Human Development.* 14, 1 (1983). p10
[52] Gill, The Stresses of Leadership...p12

conducted, but congregation members continue to die in big numbers. Therefore Sanford points out:

> (psychotherapists) know that they can become emptied by trying to help others become filled, and that they need to find soul food in order to remain strong and protect themselves from the psychological hazards of their profession.[53]

Ministers too, need such nourishment to ensure their own continued mental and physical health. This is a great challenge in the face of HIV in which ministers may become utterly exhausted, physically, emotionally and spiritually.

The seventh difficulty is that ministers deal with many people who come to them or who attend church not for solid spiritual food but for 'strokes'. Such people come for assistance to make them feel better. Sanford describes strokes as:

> temporary palliatives that make people feel better only for the moment. To want to receive strokes from the minister instead of genuine spiritual nourishment is an example of egocentricity.[54]

A great need for strokes is caused by the massive trauma arising from HIV. Congregants only feel better for a moment because strokes are superficial "comforters" that do not have a deep impact.

The eighth difficulty is that a minister often has a 'persona', a face which he or she presents to the world because of the expectations placed on ministers by the congregants.

> It may prove valuable to have a good spiritual director or therapist help us recognize our genuine self and our persona self.[55]
> Since a ministering person functions in a role in which she or he is handed a persona by the persons she or he serves, she is in danger of losing herself.[56]

The last difficulty is that a minister may become exhausted by failure. The overwhelming impact of HIV and AIDS in the minister's congregations may result in him or her having a negative image of him or her-self and concludes in assuming to have failed in ministry. It is important to deal with failure because it impacts on one's future. This is confirmed

[53] Sanford, Ministry Burnout, p59.
[54] Sanford, Ministry Burnout, p60.
[55] Sanford, Ministry Burnout, p72.
[56] Sanford, Ministry Burnout, p76.

by the fact that "past experience damages, past success or failure often determines how we view a situation and how we adjust to it in future."[57] Therefore the HIV framework requires personal development by a minister to be able to cope and calls for the "assistance of a skilled spiritual director or therapist."[58] Therefore there is a need for ministers to recognize their own humanity and their own needs. Thus Sanford confirms that "it is almost impossible to walk the spiritual path alone."[59] Sanford further states that,

> the very nature of our work as pastors almost dictates that at some point in our ministries we need to work with another person on our own soul.[60]

Other factors which may contribute to burnout include: poor diet and poor habits of exercise, death of a close family member, divorce and personal injury or illness. Other contributors could revolve around financial problems which is a common factor among ministers. Financial problems are commonly caused by the fact that most ministers live on the offerings given by the congregants. Today many congregants are ill or dying of AIDS and thus less income is available for the church, as many families become impoverished through the expenses of caring for a very ill person.

2.4.2 Theological reflection for ministry burnout

Ministry burnout affects people who are ministering in the name of God. As the burnout takes place while doing God's work it is related to faith and theology. Rediger points out that "some insights and resources from faith and theology can be used in managing and coping with burnout."[61] Ministry burnout involves nourishment and nurturing one's soul. Therefore there is a need for spiritual strength.

It is important to begin with understanding creation and life as the scopes where people emerge. God's creation included human beings "whose capacity for responding to relationship with God and each other"[62] lies in them being the social creatures. This means that human beings were created by God to be in relationship. The WCC document

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[57] Vaughan, Counseling Religious in Crisis...p99.
[58] Sanford, Ministry Burnout...p78.
[59] Sanford, Ministry Burnout...p79.
[60] Sanford, Ministry Burnout...p79.
[61] Rediger, Coping with Clergy Burnout... p27.
[62] World Council of Churches. *Facing AIDS: The Challenge, The Churches' Response*. Geneva: WCC. 1997. p20.

describes creation in terms of relationship. First the relationship begins with the "Trinity, between God and creation, both its human and non-human aspects among human beings, and between human beings and the natural world."[63] Such a relationship does not leave any person out. Every human being is in relationship with God with creation and with one another. Such a relationship is also visible through Jesus, who lived in the world and showed what it meant to be in relationship with God and other human beings. "Jesus behaved with openness to people of all kinds, without barriers of class or race or gender."[64] This therefore points out to Christians that the relationship with God does not leave out the relationship with one another. Christians ought to offer openness and have relationship with one another. The relationships therefore should go to the extent of carrying each other's burdens. Therefore ministers should not be left out by having to carry their own burdens.

Faith disciplines which can be used to cope with burnout include prayer, meditation and pastoral care and counselling. Rediger further considers theological discussions around ministry burnout. He describes the first theological factors of ministry burnout as the connection between sin and stress. This appears in Genesis, in the Garden of Eden story, whereby the sin of Adam and Eve later caused stress: "alienation from each other, alienation from God, and alienation from creation."[65] The second theological factor is change. God is the creator of the universe and of all changes that take place. "It follows that God has a purpose for change, change is a necessary component of human experience."[66] Change – be it positive or negative does not mean that God is not in control. HIV and AIDS have brought about a huge change in the way of life and are a big challenge to human experience. However the challenge and change brought by HIV and AIDS means that a turning point has been reached in the relationship of humanity to God and in the relationship of human beings to one another. Arising out of the stigma, discrimination, stress and burnout surrounding HIV and AIDS is a new awareness that people should see God in other people with or without HIV.

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[63] World Council of Churches. Facing AIDS...p20.
[64] World Council of Churches. Facing AIDS...p23.
[65] Rediger, Coping with Clergy Burnout...p27.
[66] Rediger, Coping with Clergy Burnout...p28.

The third theological factor is that of limits. "Limits help increase our awareness to stress and burnout."[67] Ministry is a profession which tempts an individual to give him or herself fully, which results in a minister no longer being aware of his or her limits. The overwhelming nature of the work and of the context in a minister's congregation contributes to this. Thus Rediger states that "we pretend that we can go on and on without proper rest, change of pace, nutrition, and spiritual nurture and that there will be no consequence."[68] The life of Jesus in the New Testament indicates human weakness in the sense that he often withdrew from the crowds to have time for rest and prayer. This is an indication that he also considered rest, spiritual nurture and change of pace to be essential.

A minister is a teacher and a preacher and a theological person. This means that a minister is "learned, consecrated and dedicated"[69] in theology. This means that ministers have knowledge of working out the meaning of the Word of God and contextualizing it. The Word of God they read is a source of healing to them and the society at large. Therefore pastoral ministry can be therapeutic to those ministered to and to the ministers themselves. Thus Donald Cozzens states that,

> when a minister proclaims the kingdom of God through preaching, counselling, teaching...when raising the question of meaning and offering the answer of God's kingdom and Word, the minister offers healing, even therapy to a dillussioned and narcissistic society.[70]

This is further confirmed by Henri Nouwen in his book, *"The Wounded Healer"*, who acknowledges minister's suffering and recognizes that through the wounds and suffering "we can become a source of life for others."[71]

Now that burnout has been looked at in general, it is therefore necessary to look at ways of coping with ministry burnout.

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[67] Rediger, Coping with Clergy Burnout...p28.
[68] Rediger, Coping with Clergy Burnout...p29.
[69] M. Ramsey. *The Christian Priest Today.* London: SPCK. 1985. p7.
[70] Donald Cozzens. "When Ministry Becomes Therapy." *Human Development. The Jesuit Educational Center for Human Development.* 4, 4 (1983). p37.
[71] Henri Nouwen. *The Wounded Healer.* Great Britain: Darton, Longman and Todd. 1979. p41.

2.5 Coping

In response to traumatic experiences and crises in a person's daily life, there is a need to find ways of coping in order to live through the situation. In describing coping, Monat and Lazarus state that professionals in the discipline of psychology have agreed that:

> coping refers to an individual's efforts to master demands (that is conditions of harm or challenge) that are appraised or perceived as exceeding or taxing his or her resources.[72]

Any person undergoing stress, burnout or any demand in his or her life makes some efforts to survive in the midst of the situation. Monat and Lazarus thus discuss two kinds of coping. The one is:

> problem focused coping in which the efforts are made to improve the troubled person in his or her environment relationship by changing things. The other is emotional focused coping in which the thoughts and actions are aiming at relieving the emotional impact of stress.[73]

This means that a person in need of coping needs to identify the source of the problem and analyze it to make it manageable, whether through changing the situation, or by changing his or her emotional response to the situation. Ministers in their situations can identify their problems in their parishes or congregations and changing the situation may mean to be transferred to another parish or congregation. Transfers have been often used by the church. If the minister is not transferred then there is an option of a minister changing his or her emotional response. This therefore means developing some coping mechanisms. The coping mechanisms developed should be systematic. This means the involvement of the church structure, friends, relatives, community and the individual. Farber Barry states that, "coping can and should occur at more than just the individual level."[74] Therefore the level of involving groups, colleagues and relatives is relevant and effective.

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[72] A. Monat and R. S. Lazarus. *Stress and Coping:An Anthology*. New York: Columbia University Press. 1991. p5.

[73] Monat and Lazarus, Stress and Coping... p9.

[74] Farber A. Barry. *Stress and Burnout in the Human Service Professions*. New York: Pergamon. 1983. p227.

2.5.1 Coping with ministry burnout

Ministers who have experienced burnout in the face of HIV and AIDS have had to live with it, by finding ways to cope. Dicks is of the opinion that ministers should "try to clear the maggots from their own souls before spreading them to others."[75] This is to be achieved through

> study, prayer and meditation, examining one's own and others' pastoral contacts and their results, and through seeking counseling for oneself.[76]

Dicks' ideas complement the needs of ministers today. However, the current HIV and AIDS crisis adds another dimension to the situation. The HIV crisis means being more involved with people emotionally. Therefore ministers need to deal with and address their own emotions in the process of helping.

Miller suggests a pastoral self-evaluation. Pastoral self-evaluation is a self-assessment where one observes how one is doing with one's own life in terms of achieving a healthy balance. A self-assessment can be self-created.[77] Snidle and Welsh discuss self help as a means of accepting responsibility for one's self. Self-awareness is another key factor in which individuals become aware of themselves and their own vulnerability.[78] In this way a minister would learn his or her limits, strengths and weaknesses and thus reduce the threat of over-working and becoming emotionally over-involved.

Bate discusses the healing ministry as one which is common in most churches today. He refers to such churches as "coping-healing churches", because the healing ministry is one of the means of coping with distress.[79] The healing ministry involves spiritual, emotional and physical healing. Easthope describes the healing process "as a transformation or reconstruction of identity in the person."[80] Therefore in order to cope one needs to be

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[75] R. L. Dicks. *Pastoral Work and Personal Counseling.* New York: Macmillan Company. 1949. p38.
[76] Dicks, Pastoral Work and Personal Counseling...pp38-39.
[77] Miller, Dying to Care...p8.
[78] Heather Snidle and Ronald Welsh. *Meeting Christ in HIV/AIDS: A Training Manual in Pastoral Care.* Salt River: Methodist Publishing House. 2001. pp201-202.
[79] Stuart, C. Bate. *Inculturation and Healing: Coping-Healing in South African Christianity.* Pietermaritzburg: Cluster Publications. 1995. p29.
[80] G. Easthope. *Healers and Alternative Medicine: A Sociological Examination.* Aldershot: Gower. 1986. pp116-124.

healed from the excessive demands made on one, demands which lead to burnout. Switzer says:

> A pastor is pulled into over-involvement and over-identification, in which pain will be felt so intensely that it incapacitates the pastor, thus resulting in anxiety, insecurity and depression.[81]

Therefore a minister has to be prepared either by the church structure or by him or herself for the emotional experiences of death, illness, dying and grief that he or she will go through in the congregation ministry.

> Early and regular pastoral care and counselling would enable a person to move through the stages of grief more rapidly and with less persisting symptoms of disturbance.[82]

Ministers need to go through preparations for death and other traumas and it is necessary that they should be continually supported and helped to cope with the illness and ultimate death of their members. According to Switzer ministers are distinct from psychotherapists in that ministers are representing symbols of religious authority and they represent a community of faith. Thus "a pastor is perceived by others as being the physical representation to the community of faith, and to an extent to the larger community, of the reality of God."[83] However, like psychotherapists, ministers are human beings and are vulnerable to stress, anxiety, depression and burnout, caused by the many crises situations which they have to deal with daily.

Daniel Jennings in his topic '*Ministering to Ministers'* discloses the need for ministers to be cared for. Ministers are vulnerable people like any other people. Jennings lists those who minister to ministers as including, "physicians, psychiatrists, psychologists, social workers, spiritual directors and members of other helping professions."[84] Therefore giving care to ministers means involving all the helping professions. Furthermore access to those ministering to others is available for all people, ministers included. Churches can

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[81] Switzer, The Minister as Crisis Counselor... p137.
[82] Parkes, Effects of Bereavement on Physical... p279.
[83] Switzer, The Minister as Crisis Counselor... p23.
[84] Daniel, E. Jennings. "Ministering to Ministers." *Human Development. The Jesuit Educational Center for Human Development.* 13, 2 (1992). p12.

make use of these helping professions to assist their ministers, through making contacts and invitations to their meetings.

2.6 Spiritual discipline as a way of coping

There are spiritual disciplines which can be used to cope with ministry burnout. Howard Stone is of the view that "spiritual disciplines facilitate openness in one's relationship with God."[85] Included among the spiritual disciplines is prayer, which is "the most important of the spiritual disciplines"[86] and the scripture, the Bible which is supportive to "structure one's prayer experience."[87] Prayer can be an art of relaxation, for example contemplative prayer. Prayer groups keep one in a form of support group, in which group members understand each others' needs thus creating trust and providing further spiritual growth. Keeping a journal as a minister is also part of spiritual discipline. Stone states that in a journal one records one's reflections and religious experiences. Recording one's experiences and feelings that overpower one can provide some perspective on what one is going through.[88] Keeping a journal can be therapeutic in the sense that one empties and puts into writing one's feelings.

Another spiritual discipline involves that of having spiritual directors. Through interacting with people of other denominations such as the Roman Catholic and Anglican Church, it was noted that the various denominations commonly use spiritual directors especially for the ministers. The Christian spiritual direction given by these spiritual directors can be defined as

> Help given by one Christian to another which enables that person to pay attention to God's personal communication to him or her, to respond to this personally communicating God, to grow in intimacy with this God, and to live out the consequences of the relationship.[89]

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[85] Howard, W. Stone. *Theological Context for Pastoral Caregiving: Word in Deed.* New York and London: The Haworth Pastoral Press. 1996. p93.
[86] Stone, Theological Context... p93.
[87] Stone, Theological Context... p96.
[88] Stone, Theological Context... p99.
[89] William A. Barry and William J. Connolly. "What is Christian Spiritual Direction?" <http://www.sdiworld.org/what_is_spiritual_direction2.html > Accessed September 2006. p1.

Spiritual direction is provided when a minister ministers to others as well as when a minister receives guidance and support. Spiritual direction in the context of HIV and AIDS is relevant in that the affected and infected people need spiritual support, including the ministers.

2.6.1 Support

Ministry can be lonely for some ministers as their role is different from that of anyone else in the community. This means that there is a great need for support systems. Support in ministry can come from colleagues, personal relationships (for example a spouse or friend) interdenominational fellowships and organisational support which can be developed through the structures of a church. The organisational support in the church includes the dean, bishop and the church councils. According to Alta van Dyk[90] organisational support is visible when managers show appreciation by praising and thanking workers, frequent meetings where workers will share their experiences, creating a supportive environment and annual leaves for workers respected.

Ministers need support from their local churches to help them cope with their overwhelming tasks. "The support and help which clergy needs is so often no different from the support and help which parishioners seek from them, and the same is true of clergy families."[91] This points out that ministers are vulnerable as well as their parishioners, therefore they need to get back the pastoral care and counseling they constantly give.

2.6.2 Pastoral care

Pastoral care and counselling are two of the main pastoral activities of the church. Pastoral care is a broad sub-discipline. According to Hulme[92] pastoral counselling is a specific discipline within the larger discipline of pastoral care. Pastoral counselling is one of pastoral care's dimensions, which is the utilisation of a variety of healing (therapeutic) methods to help people handle their problems and crises more growth-fully and thus

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[90] Van Dyk, HIV/AIDS Care and Counseling...p328.
[91] Rediger, Coping with Clergy Burnout...p100.
[92] Hulme, W. *Pastoral Care Come of Age*. New York: Abingdon Press. 1970. p10.

experience healing in their broken lives. Furthermore, according to Clinebell[93] the primary focus of pastoral care and counselling in general ministry is on helping people handle their problems and crises meaningfully. Clinebell further states that people need pastoral care throughout their lives.[94] However, when it comes to ministers, it is as if they are immune from the need of pastoral care and support, which everybody else needs.
To emphasise the question of need, Clinebell says that "pastoral care is a response to the need that everyone has for warmth, nurture, support and caring."[95] Hulme is in support of this when he writes:

> Pastoral care is a supportive ministry to people and those close to them who are experiencing the familiar trials that characterise life in this world, such as illness, surgery, incapacitation, death and bereavement.[96]

This is heightened during the times of personal stress and social chaos, and in the opinion of the researcher, ministers are no exception to the needs described above.

2.7 Conclusion

Burnout is a common phenomenon in the helping professions. People in the helping professions need not be left out in the cold in their jobs. The fire will burn until they are exhausted. HIV has brought a great challenge which may result in destroying people not through death but through burnout. This study focuses on the burnout of ministers and how they cope with the crisis of HIV and AIDS. The concerns and welfare of the ministers are part of ecclesiastic or religious praxis. This study maintains that the actions of the ministers cannot be excluded from religious actions of the congregations just because they are in the leadership. Since the study focuses on ministers working in Swaziland, a country which is one of those with high prevalence of HIV, the following chapter discusses the country and the impact of HIV.

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[93] Clinebell, Basic Types of Pastoral Care and Counseling... p35.
[94] Clinebell, Basic Types of Pastoral Care and Counseling... p26.
[95] Clinebell, Basic Types of Pastoral Care and Counseling... p46.
[96] W. Hulme. *Pastoral Care and Counselling.* Minneapolis: Augsburg Publishing House. 1981. p9.

CHAPTER 3

The HIV pandemic in Swaziland and ELCSA-ED's involvement

3.1 Introduction

When dealing with ministers in Swaziland, it is necessary to look at the environment they are involved in. Swaziland is one of the developing countries, while the pandemic has high prevalence. This poses a challenge to the churches in Swaziland which includes the Lutheran church. Therefore this chapter will discuss Swaziland, its prevalence, the impact and the influences of HIV. This will include the involvement of the Evangelical Lutheran Church in Southern Africa-Eastern diocese, the Swaziland circuit.

3.2 Background of Swaziland

Swaziland is a small, independent monarchy situated in Southern Africa, bordered by Mozambique and South Africa. "Swaziland is one of the smallest of the continental African states with an area of 17,363 sq km (6,704 sq mi)."[97] The population of Swaziland is estimated to be 1,173,900 (July 2005 estimate). About 10 per cent of the people retain their traditional religious beliefs, and almost all the remainder of the population are Christians.

Swaziland has a social structure which is two-sided. There is the traditional structure, which is more family and community oriented. This structure is the one that provides social protection for family and community members. However the impact of HIV has weakened this structure, in that many people are sick and dying. The second structure is "the modern structure which is characterised by modern dictates, that is incorporating modern behaviour, western family values."[98] Swazi customs and traditions, however, remain important and have played a central role in the politics of the country. This is observed in that Swaziland is the only country in Africa which is still a monarchy.

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[97] Microsoft ® Encarta ® Encyclopedia 2005 © 1993-2004 Microsoft Corporation. All rights reserved.
[98] Poverty Reduction Task force. Ministry of Economic Planning and Development. *Social Protection of Vulnerable Children Including Orphans*. 2002. p3.

3.3 HIV in Swaziland

Swaziland reported "the world's highest rate of HIV infection, at 42.6% among expectant mothers attending ante-natal clinics."[99] This percentage excludes the number of men infected and those who have not tested for HIV.

> The estimated number of people living with HIV by the end of 2003 was 220 000.[100] The estimated percentage of adults (ages 15-49) living with HIV by the end of 2003 was 38.8%. The estimated number of women (ages 15-49) living with HIV and AIDS by the end of 2003 was 110 000.[101]
> The estimated number of deaths due to AIDS during 2003 was 17 000. The estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under the age of 17 was 65 000.[102]

Number of people living with HIV	220 000 [150 000 – 290 000]
Adults aged 15 to 49 HIV prevalence rate	33.4 [21.2 – 45.3]%
Adults aged 15 and up living with HIV	210 000 [140 000 – 270 000]
Women aged 15 and up living with HIV	120 000 [70 000 – 180 000]
Deaths due to AIDS	16 000 [10 000 – 23 000]
GENERALISED EPIDEMICS	
Children aged 0 to 14 living with HIV	15 000 [5500 – 32 000]
Orphans aged 0 to 17 due to AIDS	63 000 [45 000 – 77 000]

Table: 1. Estimates for 2004[103]

The above statement and table 1 indicate the estimates of HIV. The two estimates for the year 2003 (in the statement) indicate numbers which are similar to those of 2004 as per table 1. In the 2004 estimates, the bracketed numbers indicate the range showing the possibility of increase. The above estimated numbers "have risen up according to the Ministry of Health and Social Welfare of Swaziland."[104]

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[99] Sentinel surveillance 2004.
<http://www.alertnet.org/db/crisisprofiles/SZ_HUN.htm?v=at_a_glance> Accessed August 2006. p1.
[100] UNAIDS, "2004 Report on the Global AIDS Epidemic."
<http://unaids.org/bangkok2004/GAR2004/GAR2004_00_en.htm > Accessed July 2006. p1.
[101] UNAIDS, 2004 Report on the Global AIDS Epidemic...p1.
[102] CIA. "World Fact Book."
<http://www.cia.gov/cia/publications/factbook/index.html> Accessed July 2006. p1.
[103] Sentinel surveillance 2004... p10.
[104] NERCHA and Ministry of Health and Social Welfare. Our concern... p10.

In the year 2004 it was estimated that people living with HIV in the country were about 1 in 5 persons, which equals 20 percent national prevalence in the entire population. The HIV prevalence is highest among pregnant women aged between 25 and 29 years. This age group between 25-29 accounts for 42.6 percent of the population in Swaziland. It accounts for the pregnant women who are compelled to visit the antenatal clinic to be tested. On the contrary, HIV prevalence seems to be stabilising among the 15-19 year olds. "According to the latest statistics, the age group between 15-19 years has seen a declining HIV prevalence between 2002 and 2004."[105]

Statistics sourced from HIV and AIDS organisations reveal that about 42 percent of the 1.1 million population are living with HIV. It is therefore estimated that by 2010, Swaziland have over 120 000 Orphaned and Vulnerable Children (OVC). Other statistics sourced from "the Road Safety Council reveal that on average, about 200 people die in road related accidents per year."[106] Thus the death rate is high; and not only from AIDS.

3.3.1 The Impact of HIV

The HIV impact in Swaziland is observed in families, communities, and the economy and in the country itself. Swaziland, as one of the highest HIV and AIDS prevalence rates in the world, faces a challenge "of mitigating its devastating effects."[107] The impact of HIV and AIDS is combined with high unemployment and this means that the food security situation across the country remains serious. Swaziland has approximately "225,000 people who are still considered vulnerable and food insecure."[108] In Swaziland, the increase in the number of new HIV infections may be nearing its peak and the number of illnesses and deaths are still climbing.

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[105] UNAIDS, 2004 Report on the Global AIDS Epidemic...p2.

[106] Phinda Zwane. The Road Safety Council.
<http://www.observer.org.sz/main.asp?id=23752&Section=business> Accessed July 2006. p1.

[107] Casper Ginindza, The Social Impact of HIV and AIDS in Swaziland.
<http://www.observer.org.sz/main.asp?id=24605&Section=main >Accessed July 2006. p1.

[108] Ginindza. The Social Impact of HIV and AIDS in Swaziland... p1.

3.3.1.1Social impact

Families affected by and infected with HIV are always faced with the challenge of caring for the infected individual. Most people in Swaziland when they are sick, move from the cities to the rural areas, which is their parental home. The care "increases the expenditure on health care and as the illness worsens the sick become unable to work,"[109] as a result there is no income for the family. This further result in funeral expenses, which leaves the family in an even more financially difficult situation. This has very many consequences and includes many children being left as orphans. A further impact, as discussed by Heather Snidle and Rosalind Welsh, is that of "children left traumatized by the loss of their parents."[110]

Communities are affected as well. Swaziland has a structure that is greatly community oriented. This means that if a community member becomes ill, the community is affected. An example is that of a prominent figure in a community, such as the chief or someone in the community police. Furthermore community members attend the funerals in their communities, thus "attending funerals every weekend and *weekdays* has negative implications for the community."[111] The community members have to attend and their personal businesses are interrupted. The funeral attendance also causes financial and physical strain, because there are night vigils for every funeral. Furthermore attending the funerals is demoralizing in itself.

The Swaziland mortality rate is increasing. This was observed in a recent study done in Swaziland. The newspaper "*Times of Swaziland*" has a section where people place bereavement notices, photographs and brief biographical details are included. A study conducted, from "1st July 1994 to 30th June 1999 revealed that out of the total number of deaths, the majority were those aged between 26 and 40."[112] Previously the newspaper had half a page of the death notices, while today the notices extend to one to two full pages. The death notices come out in the newspaper on a weekly basis.

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[109] Snidle and Welsh. Meeting Christ in AIDS... p51.
[110] Snidle and Welsh. Meeting Christ in AIDS... p51.
[111] Snidle and Welsh. Meeting Christ in AIDS...p52.
[112] Tony Barnett and Alan Whiteside. *AIDS in the Twenty-First Century: Disease and Globalization.* New York: Palgrave Macmillan. 2002. p112.

3.3.1.2 Impact on the economy

The impact of HIV has been observed as mostly visible in poor countries. "Globally, HIV is a disease associated with poverty."[113] This is because people who live in poverty are more affected "since wage earners die, savings are consumed and expenses for medical treatment and funerals increase."[114] This is also emphasized by Barnett and Whiteside that "socio-economic instability hastens the spread of HIV."[115]

At the moment the economy in Swaziland is going through a difficult stage and this contributes to the spread of HIV. "Some authors have noted that it is times of transition that are most problematic."[116] Swaziland's economy is dependent on the manufacturing and agricultural sectors. Agriculture acts as "a source of livelihood and meeting the basic food requirements for Swazi people, particularly in the rural households."[117]

> Swaziland has 70% of people employed in agriculture and 69% living below the poverty line of E128.60 per month (US$ 22); Swaziland's economy still very much resembles that of a developing country (Minister of Finance, 2005).[118]

HIV challenges the Swazi nation and the communities' commitment to alleviate poverty. "As increasing numbers of the sick and dying need health and hospice care, and as more families lose time and money through sickness or care giving responsibilities, therefore family, community and national budgets are drying up."[119] HIV is different from most other diseases because it strikes people in their most productive age groups.

3.3.1.3 Impact on health

The health system has observed the most difficult condition of HIV among the growing shortage of skilled health workers, particularly experienced nurses. The chairman of an

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[113] S. Weinreich and C. Benn. *AIDS-Meeting the Challenge: Data, Facts, Background.* Geneva: WCC Publications. 2004. p40.
[114] Weinreich and Benn. AIDS-Meeting the Challenge... p40.
[115] Barnett and Whiteside. AIDS in the Twenty-First Century... p145.
[116] A. Whiteside. et al. "What is Driving the HIV/AIDS Epidemic in Swaziland, and what more can we do about it? University of Natal. 2003. <http://hivaidsclearinghouse.unesco.org/ev_en.php?ID=4693_201&ID2=DO_TOPIC> Accessed July 2006. p1.
[117] Poverty Reduction Task force. Social Protection...p1.
[118] Whiteside A. et al. "The Socio-Economic Impact of HIV/AIDS in Swaziland. Report." 2006. p2
[119] UNICEF. "UNICEF Annual Report 2001." Mbabane. 2001. p1.

AIDS network of nurses and midwives in Swaziland, Masitsela Mhlanga, quoted by Green stated that nurses in Swaziland are infected with HIV in the same proportions as general population. According to him Swaziland has "a haemorrhage of health-care workers."[120]

> Many nurses are permanently drawn into the private sector or health care systems in other countries because of higher salaries and better working conditions, thus contributing to a depletion of the nursing workforce.[121]
> The impact of HIV and AIDS on the health care system is most evident in the sharp rise in demand for care for AIDS-related conditions, and the health care burden has increased heavily over the past few years.[122]

Accompanying these problems is an increase in overcrowding in the hospital wards, the lengths of stay in the hospital and the mortality rate. These together have put "an increasing strain on the health care system."[123] According to the 2006 report on the Socio-economic impact of HIV in Swaziland the impact of HIV is already being felt in the health sector through the dual and simultaneous effects of increasing demand for care and decreasing ability of the health system to provide for care.

The number of individuals receiving antiretroviral therapy (ART) in Swaziland has risen dramatically in the past two years due to the provision of free ARVs initiated by the government in December 2003, and the launch of the GFATM[124] Programme in 2004 in support of ART. Those receiving ART may be living better lives and for longer, but the costs of treatment remain high.

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[120] Sun, S. Green. "Nurses Dying as They Fight AIDS." <http://www.edmondtonsun.com/News/Canada/2006/08/13/1752239-sun.html> Accessed August 2006. p1.
[121] WHO and MOHSW. "A Situation Analysis of the Health Workforce in Swaziland." Mbabane. 2004. p1.
[122] Health and Development Africa Ltd and JTK Associates. "Study of the Health Service Burden and Impact of HIV/AIDS on the Health Sector in Swaziland." Mbabane. 2005. p1.
[123] Health and Developments Africa Ltd and JTK Associates...p1.
[124] Global Fund to Fight AIDS, TB and Malaria

3.3.1.4 Impact on education

In Swaziland by 2016, there will be a 30% reduction in the size of the primary school population for each grade, for secondary and tertiary education (Government of Swaziland/Ministry of Education, 1999).[125]

HIV in Swaziland has a multiple and harmful "impact on education in three main channels: the supply of education, the quality of education, and the demand for education."[126] The education sector in Swaziland has a fee paying education policy. This creates obstacles for those children who cannot afford fees to access education.[127]

> Another problem is the high rate of drop-outs, repetitions, and average number of years taken per student to complete primary education, which points to inefficiency in the system's ability to deliver educational services effectively.[128]

The supply of education is affected because of the increase in mortality due to AIDS, which leads to increased non-attendance and loss of skilled educators. An article in the *Swazi Observer* noted that in 2005 the Swaziland National Association of Teachers (SNAT) Co-operative Society recorded almost twice the amount of deaths of its members in comparison to 2004, the figures being 97 and 54 members respectively. It is noted that among other factors, HIV is threatening the existence of SNAT by contributing to the decline in membership numbers.[129]

The HIV pandemic affects all sectors of a country. Swaziland, as one of the developing countries, is being crippled by the pandemic. This therefore calls for drastic action to be taken by the people of Swaziland. As all sectors are affected, all members of society are called to action, from non-governmental organizations to faith based organizations.

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[125] Barnett and Whiteside. AIDS in the Twenty-First Century... p311.
[126] R. Carr-Hill. et al. *The Impact of HIV/AIDS on Education and Institutionalizing Preventive Education.* Paris: International Institute for Educational Planning/UNESCO. 2002. p15.
[127] Fees vary across schools and are set by each school committee. Fees are collected to cover building and non-wage costs for each school, as the MOE is only responsible for providing teachers and, in the case of primary schools, textbooks (EC, 2004).
[128] Central Statistics Office. "Education Statistics 2003." p1.
[129] Z. Maseko. "Teachers withdraw from SNAT co-op." *Swazi Observer*. 29 November 2005. p4.

The following discussion is on the socio-economic, cultural and gender issues and how they have influenced the impact of HIV in Swaziland.

3.3.2 The influence on the impact of HIV

The drastic rise in the infection rate means that there are influences which flow from it. The main social influences in Swaziland are "culture and women's status."[130] Whiteside, Hickey, Ngcobo, and Tomlinson, "examine the biologic and behavioural drivers[131] then go on to look at socio-economic drivers. Swaziland's population is understood to be youthful."[132] This is strongly emphasized but very little is written on the role of culture. It must be noted that this is a very sensitive area which requires involvement and empowerment by Swazi people.

3.3.2.1 Socio-economic

Swaziland is one of the countries which fall into the history of Africa which is said to experience "abnormal normality."[133] This means that Swaziland has not experienced normality in terms of the standards of the rest of the world. Swaziland is one of the Southern African countries in which mostly men migrate to urban areas to work leaving their families in the rural areas. "Migrant sending countries have higher rates of HIV prevalence,"[134] Swaziland being one of the countries.

> In the 2005-06 budget speech, the Minister of Finance of Swaziland stated that high unemployment, food insecurity and HIV have together resulted in a 3% increase in poverty in the last year, with 69% of the population below the poverty line. [135]

Extreme poverty in Swaziland has forced economically disadvantaged people especially women to exchange sex for money. Women need money for the upbringing of the family, while men are away working in mines or industries. Some of the women are unemployed single parents who need money for the upbringing of their children.

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[130] Whiteside, What is Driving the HIV/AIDS... p1.
[131] Drivers are the factors.
[132] Whiteside, What is Driving the HIV/AIDS... p1.
[133] Barnett and Whiteside, AIDS in the Twenty-First Century... p156.
[134] Barnett and Whiteside, AIDS in the Twenty-First Century... p153.
[135] Whiteside, The Socio-Economic Impact of HIV/AIDS in Swaziland... p65.

3.3.2.2 Cultural

Some of the cultural beliefs and practices of the Swazi nation have been observed to contribute to the spread of the HIV pandemic. According to Casper Ginindza, a journalist, the cultural beliefs and practices in the context of HIV:

> ...does not only seem true, but is a reality which if taken lightly or overlooked might wipe out the country's population unless Swazi people consider an honest behavioural change.[136]

In the face of HIV and AIDS cultural beliefs and practices have been discovered on one side to have negative implications; while cultural beliefs and practices are believed to have positive attributes, some are perceived to have a potential for contributing to the spread of the epidemic. The cultural beliefs and practices that are perceived to contribute to the spread of HIV infection include (*bunganwa*) having multiple female partners, *(kushenda)* the practice of spouses to have extra marital relationships, *(kujuma)* occasional short-term or overnight visits between lovers and *(kulamuta)* having sexual relations with the younger sisters of one's wife and (*sitsembu*) polygamy.

In the Swazi culture young males keep multiple partners to enable them to have a choice for a good future spouse. This situation applies also to married men who maintain sexual relationships with a secret partner. Therefore the practice of *bunganwa* increases the risk of exposure to HIV. The practice of *(kushenda)* spouses having extramarital relationships with lovers, who may be married or not married, is a common phenomenon in the country. This practice also allows a married man to have a young unmarried woman (concubine) who would be known to his wife or wives. He would have the intention to marry her at some later stage. At this point the possibility of contracting HIV is possible.[137]

In the Swazi culture, boyfriends and girlfriends are often encouraged to visit each other's homestead to spend one or several nights together. This is known as *kujuma*. However during such visits, they also meet with prospective in-laws which may result in the formation of relationships between the two families as well as between the boyfriend and

[136] Ginindza, The Social Impact of HIV and AIDS in Swaziland...p1.
[137] Whiteside, The Socio-Economic Impact of HIV/AIDS in Swaziland... p24.

the community. The practice of *kujuma* is intended to prevent the increase in multiple sexual partners and casual sex. It should be noted that during such visits the couple is expected to avoid penetrative sex. On the contrary however, the main cause for such visits has become what the practice was not initially intended for, that is penetrative sex. This increases the chances of young people contracting HIV.[138]

(Kulamuta) having sexual relations with the younger sisters of one's wife, is traditionally not a taboo, for a husband to initiate a relationship with the younger sisters of his wife. Sometimes this happens with the wife's knowledge, approval and co-operation. This relationship was not intended to involve sexual favours. Nonetheless, the practice has paved the way for the involvement of sexual activity with *umlamu* (the sister to a man's wife) which increases the risk of HIV transmission. In "the Swazi culture when a married woman is unable to have children, a younger sister or some other younger female relative is given to the husband to have children on behalf of the infertile wife."[139] The issue of *(lobola)* dowry also is culturally used as security for the reproduction of offspring.

Polygamy (*sitsembu*) is a practice that allows men to have multiple partners which currently has encouraged unfaithfulness among spouses. "Women are expected to accept men's behaviour and expected to be submissive."[140] The practice of polygamy is dominating in the country. According to van Dyke, "polygamy should safeguard a man from engaging in casual sex."[141] However, it is not the case among the Swazi nation. Polygamists in modern day Swaziland maintain several homesteads for each of the wives who are geographically scattered in the country. This practice opens room for additional sexual partners, which increases the risk of contracting HIV.

According to Ginindza research has indicated that some of the Swazi cultural practices have contributed to the escalation of the HIV and AIDS pandemic in the country. "In Swaziland there is a strong adherence to cultural beliefs and practices. This is reflected in the system of governance which places the King and Queen Mother as the rulers of the

[138] Whiteside, The Socio-Economic Impact of HIV/AIDS in Swaziland... p25.
[139] Ginindza, The Social Impact of HIV and AIDS in Swaziland... p1.
[140] Poverty Reduction Task Force. The Ministry of Economic Planning and Development. "Draft-Poverty Reduction Strategy and Action Plan." 2005. p5.
[141] Van Dyke, HIV/AIDS Care and Counseling...p311.

country."[142] There has been no research done on the sex related cultural practices in the spread of HIV, but the cultural practices place one at a higher risk of contracting the virus.

3.3.2.3 Gender factor

Gender inequality in Swaziland is common. Social and sexual rights of women are not considered. According to Sonja Weinreich and Christoph Benn, "women have greater vulnerability to HIV infection."[143] Musa Dube agrees by stating that "gender inequalities are a major driving force behind the AIDS epidemic."[144] This is as a result of the social and sexual rights of women that are not considered. Girls become sexually active at a young age; this places them at high risk, because of the possibility of change of partners. Married women have the difficulty of negotiating for safer sex, as they will be regarded as unfaithful women to their partners. On the other hand "culture expects and tolerates a man's unfaithfulness."[145] Musa Dube further states that it is not easy for women to insist on safer sex; rather they should abstain or be faithful to their partners.

> Intergenerational sexual partnerships are believed to be common in the country. In such relations younger persons such as girls and young women engage in sexual intercourse with partners who are much older than themselves.[146]

This observation is supported by the fact that girls who are aged 15-19 years are more likely to be infected than boys of the same age. Young girls and women are at high risk of being sexually violated on a daily basis. In affected families, it is the women who have to care for the orphans and the chronically sick.

On the other hand men are vulnerable too. Most young men who are involved in the use of alcohol and drugs are at risk of being involved in sexual behaviour which makes them

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[142] Ginindza, The Social Impact of HIV and AIDS in Swaziland...p1.
[143] Weinreich and Benn, AIDS-Meeting the Challenge... p26.
[144] Musa, Dube. *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*. Geneva: WCC Publications. 2003. p97.
[145] Dube, HIV/AIDS and the Curriculum... p91.
[146] Casper Ginindza. "Condom use still not popular" – survey.
<http://www.observer.org.sz/main.asp?id=24605&Section=main > Accessed July 2006. p1.

more vulnerable. Migrants, who are most likely to be men, "are vulnerable because frequently familial and marital bonds are loosened."[147]

"Reports have noted that condom promotion alone is not enough to stop the pandemic."[148] A survey put forward for the Second National Multi-sectoral HIV and AIDS Strategic Plan for 2006-2008 has discovered that "condom use in the country is still very low."[149] The low condom usage in the country is included among the prime factors of the AIDS pandemic.

Having dealt with the impact and the influences to the increase of HIV and AIDS in Swaziland, we now need to look at the ecumenical response. Since the study focuses on the Evangelical Lutheran Church in Southern Africa therefore we now look at the role of ELCSA in Swaziland in the response to HIV.

3.4 ELCSA-ED's response to HIV

The Evangelical Lutheran Church in Southern Africa (ELCSA) has seven dioceses in Southern Africa. ELCSA Eastern Diocese is one of the dioceses which have two circuits, namely Igwa and Swaziland circuits. ELCSA-ED is in two countries, Swaziland and Mpumalanga province of South Africa. "Mpumalanga province is the second province after KwaZulu-Natal in South Africa that is highly affected by the HIV pandemic."[150] It is accepted that both circuits are affected by the pandemic. ELCSA-ED in response to HIV started an HIV and AIDS programme.

3.4.1 ELCSA-ED HIV and AIDS Programme

A diocesan programme on HIV and AIDS was established in a Diocesan synod on the 11-12 August 2000. In the meantime the diocese had its first meeting of the "*Budlelwane*" (partnership with overseas Lutheran churches). In this meeting the *Budlelwane* and all partners decided to have a joint project in the diocese and that was the HIV and AIDS project. ELCSA-ED was faced and threatened by HIV and AIDS

[147] Weinreich and Benn, AIDS-Meeting the Challenge... p31.
[148] Ginindza, Condom use still not popular...p1.
[149] Ginindza, Condom use still not popular...p1.
[150] Ndabezinhle Mahaye. "A Report of the ELCSA-Eastern Diocese HIV and AIDS Programme." 2006. p1.

therefore the project was a response to the pandemic. A project proposal was worked out from the year 2000 when a committee was formed until February 12th 2002. One of the partnerships, "the Church of Sweden Mission offered the service of a minister who would coordinate and set up the program."[151]

The major vision for the ELCSA-ED HIV and AIDS programme is "a church that gives hope to the hopeless, love to the rejected and empowers the powerless. Jesus responded with love and we need to respond with love and we need to respond likewise (Matthew 25: 40)."[152] The vision was developed into vision statements which made up the strategic plan for the HIV and AIDS program.

The project began working with the assistance of partners from overseas who offered to give funds. The motivation of the project arose from seeing the suffering people, hearing myths around the pandemic, and the need for addressing HIV and AIDS and the challenge to help the nation. The ELCSA-ED discussions on the starting of the HIV and AIDS program began before the Lutheran World Federation document was released. It is clear that the date of the formation of the ELCSA-ED committee (12 February 2002) was before the launch of the LWF campaign against HIV and AIDS which was on the 6th May 2002 in the Kenyan capital, Nairobi.

The ELCSA-ED did a situational analysis of Swaziland on HIV and AIDS before they drafted the action plan for the programme.

3.4.1.1 Situational Analysis

The HIV and AIDS committee conducted a situational analysis in Swaziland. They made some observations. The committee stated that the ELCSA-ED had noted the numbers of sick people and funerals of young adults in Swaziland. The committee noted an increase of orphans and child-headed families. Many HIV positive people were discriminated against, some were left alone to die by their families. Many people did not disclose their HIV status in view of the stigma. Hospitals and clinics were mostly full. Female and male

[151] ELCSA-ED Strategic Plan for HIV and AIDS. 2002. p1.
[152] ELCSA-ED Strategic Plan... p2.

condoms were being dispensed in public places. It was therefore of great concern to the committee, whether the condoms were being used correctly or whether they were used at all? The youth had become more sexually active than before.[153] At the same time poverty, especially in rural areas is very high.

Furthermore, myths about HIV and AIDS were spreading, such as "sex with a virgin cures HIV and AIDS."[154] This has led to the experience of rape on baby girls and young women. Among Swazi people, witchcraft as well has been articulated as a scapegoat of denial for HIV. These myths have caused very much confusion and insecurity. Most political leaders in Swaziland seem not to be committed enough to deal with HIV. "Most of the Swazi people are still in denial about HIV and AIDS by saying that HIV and AIDS is a foreign disease."[155] The death rate and the number of the sick are increasing. This challenge has resulted in the fact that there is a great burden of counseling, caring and burying of the dead still needed in the church.

3.4.1.2 Interventions

The ELCSA-ED HIV and AIDS programme embarked on awareness campaigns, home based care workshops, scholarships for the (OVCs) Orphaned Vulnerable Children and support groups in schools. The programme worked with other NGOs (Non governmental organizations). Awareness campaigns were started to reach out to communities through the congregations which are all over Swaziland. The campaigns resulted in home based care groups, where the congregants saw a need for knowledge about HIV. Workshops were run to empower the church members. The workshops included pastoral care workshops aiming at empowering ministers to openly talk about HIV in their parishes. Pastoral care team workshops were aimed at educating lay people on pastoral care giving. The youth, women, men and children were offered counselling and how they could reach one another.

[153] ELCSA-ED Strategic Plan... p1.
[154] ELCSA-ED Strategic Plan... p1.
[155] ELCSA-ED Strategic Plan... p1.

Care and support workshops were given to all age groups aiming at encouraging schools to care for the orphans. Scholarships for the orphaned children have been given to support their education. Support groups in schools have been started for affected children.

The ELCSA-ED HIV and AIDS programme faced difficulties working in the environment of Swaziland. It is clear that the programme took a direction of care and support for the people affected and infected, which is necessary in the response to HIV and AIDS. According to the *LWF action plan* the beginning point for the "church is the confession and acknowledgement of the church's silence."[156] The admission to the silence of the church about HIV and AIDS is the foundation for the church in responding to the HIV crisis. Howard Clinebell when discussing non-constructive responses to crises states that,

> it may lead to emotional tailspins and increase vulnerability to future failure and personality problems. To address a crisis one has to face the problem, enlarge the understanding of the problem, accept responsibility, and separate the changeable from the unchangeable in the situation.[157]

The ELCSA-ED HIV and AIDS programme did not reach the depths of the social factors that contribute to the increase in the infection rate. This reveals that the ELCSA-ED programme did not draw sufficiently upon related documents and connect with what the church had done.

In the report of the ELCSA-ED HIV and AIDS programme for the year 2006 Ndabezinhle Mahaye noted the following challenges;

> There is a need to educate people to manage HIV. The rural areas are not accessible to ARVs. Testing facilities are still scarce. The number of orphans is growing. Caregivers are getting burnout. Interventions are duplicated by a number of organizations in an area. There is unequal treatment of organisations that work with HIV by the government.[158]

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[156] The Lutheran World Federation. "Compassion, Conversion, and Care: Responding as churches to the HIV/AIDS pandemic An Action Plan of the Lutheran World Federation." 2002. <http://www.lutheranworld.org/LWF_Documents/HIVAIDS-Action-plan.pdf> Accessed July 2006. p1.
[157] Clinebell, Basic Types of Pastoral Care and Counseling... p203.
[158] Mahaye, A Report of the ELCSA... p3.

ELCSA-ED is not involved alone in the response to HIV. There is also the Lutheran Development Service (LDS) and the Lutheran Communion in Southern Africa (LUCSA), which is part of the Lutheran body.

3.4.2 Lutheran Development Service in Swaziland

Within the ministries of the Lutheran church in Swaziland, there is a branch called the (LDS) Lutheran Development Service. The Lutheran Development Service is focusing on the response to the most urgent needs. The main focus of ELCSA-Development Service' activities has been on "community oriented small-scale development activities that included agriculture and environment, self-help, the HIV and AIDS and water & sanitation programme."[159] In Swaziland the LDS is involved in the HIV and AIDS pandemic in the country and the poverty affected areas. LDS established itself in the lowveld of Swaziland where rains are scarce and poverty is abundant. LDS advocates the right of the infected and tries to combat stigmatization, in workshops and in all programmes in the face of HIV. LDS also "assist the terminally ill people with food baskets for home based care."[160]

3.4.3 Lutheran Communion in Southern Africa

There is another department and that is the Lutheran Communion in Southern Africa (LUCSA). ELCSA-ED is part of the Lutheran Communion. In short LUCSA is a union of Lutheran churches in Southern Africa. LUCSA made a strategic plan for HIV and AIDS, for the period 2003-2005 in its response to HIV and AIDS in regard to prevention of the spread and mitigation of the adverse effects of the disease. LUCSA committed itself to mobilizing its member churches into a united front through:

> building human capacity for the LUCSA office and in member churches, strengthening awareness activities of member churches, building capacity for advocacy roles both in the LUCSA office and member churches, fund-raising and supporting HIV and AIDS projects/programs initiated by member churches and other faith based organizations, networking and cooperating with governments and industry.[161]

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[159] ELCSA Development Services 2003. p1.
[160] B. Brandberg. "Lutheran Development Service Half-Year Report for 2004." Director's Remarks. p1.
[161] Towards HIV/AIDS Advocacy Action. "A Capacity-Building Workshop for the Lutheran Church." 2004. p1.

3.5 Conclusion

In conclusion, Swaziland is facing a huge challenge in responding to HIV which is slowly decimating its population. This calls for long deliberations on the socio-economic situation, discussions in depth on the cultural practices and the gender issue. This is a challenge to the churches as well, to ascertain that their theology is relevant in the context of HIV in Swaziland including all the factors. ELCSA-ED has responded to HIV through a direction of caring and support. The caring and support is only directed to people living with HIV, but is missing when it comes to caring for the ministers who are also affected by HIV.

CHAPTER 4

Findings and analysis: Interviews, verbatim and case study

4.1 Introduction

This chapter offers a report back on the results of the ten open-ended interviews conducted with ministers as part of the research for this paper. The interviews were conducted amongst ministers of the Evangelical Lutheran Church in Southern Africa, Eastern diocese in the Swaziland circuit. The interviews have included six ministers, the dean, the bishop of the diocese and two other ministers working in the head office of the diocese. The two ministers, the dean and the bishop are also involved in parish work.

The participants were invited to participate voluntarily in the research. The invitations were made by telephonic contact and were successful. Appointments were made and participants signed the informed consent form (Appendix A) and consent form (Appendix B). The interviews took place in Swaziland. Since the ministers are spread around Swaziland, the researcher travelled to the ministers' respective locations. Some of the ministers were interviewed in the diocesan offices.

The aim of the interviews is to describe a phenomenon among ministers who are required to work beyond the normal boundaries due to the HIV pandemic. Interviews and pastoral conversations have been conducted, (in particular focussing on ministers who are experiencing what the researcher terms burnout, resulting in "emotional exhaustion, depersonalization, and reduced sense of personal accomplishment."[162] The questions that were asked are listed in Appendix C.
The following is the profile of the interviewees.

[162] Maslach, "Burnout Research in the Social Services...p95.

4.2 PROFILE OF INTERVIEWEES (PARTICIPANTS)

Minister	Qualification	Age range	Gender	Marital status	Summary of issues
Nkwanyane*	Diploma in Theology	35-40	M	married	Symptoms of burnout, not coping, has support from bishop
Xaba	Diploma in Theology	35-40	M	married	Not coping, though sharing with other colleagues
Zulu	Bachelor in Theology (Honours)	28-30	M	single	Not coping, has support from colleagues
Matse	Diploma in Theology	40-45	F	married	Not coping, has no structural support
Smith	Bachelor in Theology	40-45	M	married	"Coping," has no problems
Lukhele	Diploma in Theology	55-60	M	married	Coping, yet with no structural support
Magagula	Master in Theology	40-50	M	married	Coping, yet with no structural support
Maphalala	Doctor of Philosophy	55-60	M	married	Coping, yet with no structural support
Hlophe	Bachelor in Theology (Honours)	30-31	M	married	Coping, has support from the dean
Ntanzi	Diploma in Theology	50-55	M	married	Coping, support from family and colleagues.

* All names are changed to protect identity and to preserve anonymity.

4.3 Summary

Out of the ten ministers, four did not receive structural support, two were not coping with ministry burnout and four ministers were coping, receiving support from family and colleagues. The four ministers who did not receive support appear to be more vulnerable to burnout than those receiving support. The two ministers who are not coping with burnout need some help if they are to continue in their ministry effectively.

4.4 Interviews, case study and verbatim reports

Findings through the interviews:

Minister Nkwanyane

Minister Nkwanyane is the director of the HIV and AIDS Programme (run by the Lutheran Church in Swaziland). He is a minister in the Lutheran church. He has worked in a parish for 10 years. HIV affected him and his family when his sister died from the disease. That moved him to begin working in the HIV and AIDS field.

Minister Nkwanyane explained that he works in the office of the church that focuses on HIV. This means that he is involved with church members, ministers and the community. He has worked with ministers and has held workshops on death and dying, caring and pastoral counseling. The intention was to provide ministers with information, so that they could get involved and be empowered. Pastoral care education was organized for lay people to lessen the burden of ministers. Debriefing sessions were also planned for ministers, but this aspect of the workshops was not successful, the director fell sick in the process of making the preparations.

Exhaustion

The following question was posed:

What kind of problems are you encountering in the context of HIV?

Minister Nkwanyane said that most ELCSA ministers are exhausted, something that he realized through running the HIV Programme. He quoted one of his colleagues who said that "there are no more sermons". Minister Nkwanyane further stated that in the Sunday services and in the funerals, sermons seem to be repetitions of what a minister preached previously. Ministers are thus no longer effective.

Case study one-exhaustion

Minister Nkwanyane stated:

"To tell the truth, I feel completely exhausted in this parish. I feel the work is too much for me. I do not see progress. I am doing one and the same thing, there is nothing new. On weekends, more than one funeral with all-night vigils is conducted. When Sunday comes, already I am exhausted. I wonder what the congregations think of me. I feel that I am no longer effective, may be I should take a break from the ministry. How can we minister to the parishioners when we also need to be ministered to?"

Minister Nkwanyane's question points to the fact that there is no care and support in the ELCSA-ED.

Experience

The following questions were posed:

How is the experience of exhaustion in your ministry?

How have you experienced exhaustion?

Minister Nkwanyane's experience is that as director of the HIV and AIDS programme, he gave completely of himself, his time and energy. He overworked himself. He said that nobody understood and cared when he lost his sister. He was moved by compassion to work for the HIV programme but had never dealt with the loss of his sister. This made him overwork himself, through making a contribution in the response to HIV. He was involved in two car accidents a year after he had started working in the HIV programme, adding to his stress. He stated that he never received counseling. The diocesan council suggested a psychologist to him, but then no further steps were taken. Therefore he had to move on with life without receiving help.

His experience with his colleagues is that there is a distance between them. He is not sure if it is caused by his position at his work, the work itself or by other issues. He mentioned that at work he has no support or even friendship. Some people whom he trusted as his friends have pulled away and seem to be negative towards him.

For minister Nkwanyane, working in the HIV programme is stressful in itself. He has to travel from one place to the other. He sees people suffering, sick and dying. This is difficult for him. He also has to address the orphan-related issues, and seeing children left on their own makes him feel sad. He attends meetings and workshops, and he has no secretary. He does not have rest. He could not get leave, because there is no one to replace him even temporarily.

Minister Nkwanyane said that he had been very sick during the past two months, in April and May. He suffered from stress-related illness. He was off work for about two months. He mentioned that nobody bothered to visit him and to give him pastoral care. He was isolated. When he felt better and returned to work, he felt that he did not know where to start and what to do. He was confused, with no direction, and he felt lost.

Coping

The questions posed were:
How do you cope when you are overwhelmed by parish circumstances?
Where do you find support?
How is this support offered?

Minister Nkwanyane mentioned that there is no support from the church structure. He could only share his problems with the bishop, who is his only source of moral support. During all of these experiences he has felt very much alone. He is living in a different environment from his home, which is elsewhere in South Africa. Minister Nkwanyane relies on God for spiritual support. He uses prayer as his source of strength. His family also supports him.

The following is a verbatim taken from the interview the researcher conducted with minister Nkwanyane. Minister Nkwanyane was open about everything he was going through. The verbatim is taken from the core of the conversation.

Verbatim one:

N[163]13 (Looking sad) It was after the death of my sister through AIDS-related illness that I decided to be fully involved in the response to HIV and AIDS. I realized how serious HIV and AIDS was and killing our people. Nobody cared and understood what I was going through. I thought that working and helping people living with HIV and those affected would help me.

P[164]13 Does that mean you felt very alone and misunderstood and decided to take action through helping others? Yet you would also have needed counselling.

N14 I never had counseling, I can only speak to the bishop when I have a problem, he is the only person who listens and understands what I'm going through.

P14 What is your relationship with your colleagues?

N15 I can say that I don't have support from my colleagues. Recently I was involved twice in a car accident, which left me traumatized. None from them supported me, the Diocesan council suggested that I see a psychologist, but no further steps were taken. In fact I do not have friends in this working area.

P15 Then how are you coping with all the difficulties you are going through?

N16 (Shaking his head) It is tough, I get support from my family, my wife and kids, but that is not enough. As you see me I have been in an out of the hospital for the past two months. Actually I almost died. I was very sick, which I think was caused by the pressure I have here in ministry. Right now I do not know where to start my work, I'm just blank.

P16 This must be very difficult for you feeling so pressurized and alone.

N17 It is indeed. I am actually preparing to get a transfer by the end of the year. I want to work closer to my home (his home is in another province in South Africa).

It is clear that minister Nkwanyane experienced burnout. The lack of support has greatly contributed to this. His experience of having to give and not receive has caused much of his burnout.

[163] N- Nkwanyane
[164] P-Pastor

Minister Xaba

Minister Xaba has been in the ministry for more than five years. He is married. Minister Xaba comes from another country (South Africa) and is working in Swaziland.

Exhaustion

The following question was posed:

What kind of problems are you encountering in the context of HIV?

Minister Xaba said that he suffers from exhaustion. When he returns from his visitations in the hospitals, he comes home tired, and mentally and emotionally affected. It is painful for him to see the sick people who are going through pain. It is draining. He therefore feels that he needs to relax and overcome this tiredness so that he can be able to continue with his ministry. The sick people touch him spiritually as well. He feels exhausted. According to minister Xaba, burnout is visible in the sermons of ministers. 'A minister is no more effective than his sermons.' Burnout can result in conflicts between the minister and the congregants either through the sermons or verbally, because of the inner tension, frustration and exhaustion being suffered by the minister.

Ministry is difficult according to minister Xaba and many things are demanded of a minister. One leaves home happy and returns unhappy. A minister lives a life of pretence. When he leaves home to visit other families, he finds them crying, so that outside his home he is suffering and crying with the people and when he returns home, he has to put on a happy face. He has to journey with the people, and to show his feelings to them, but at home, he hides this aspect of his life.

Experience

The following questions were posed:

How is the experience of exhaustion in your ministry?

How have you experienced exhaustion?

Going to the hospitals affects minister Xaba the most severely. He sees people with wounds and those who are very sick, which distresses him to the extent that he cannot eat when he gets home. At times he sits in his office late in the night, thinking about the situation and what he saw at the places he visited during the day.

Minister Xaba stated that he used to get angry with his family as a way to release his feelings, because he keeps most of his problems to himself. He does not get the opportunity to view or speak out his problems. He has lived a double life. He said that there are cases where ministers are sick, either through diabetes or through stress. (Diabetes has often been identified as a stress-related illness). He described ministers as being like 'graves' where people come to bury their problems. Sometimes ministers fail to address people's problems; this affects them as well. This failure may at times be because a minister has personal problems. Minister Xaba said that he sometimes feels the sickness of the person who has come to him to seek help.

Minister Xaba recently lost his son through an accident at the child's school. It has been three months, but although he has not yet recovered, the congregation expects him to work. He has not received any counseling. He feels that he needed pastoral care in this situation. He thinks that the church should think of ways of caring for ministers who are personally affected by death in their families.

Coping

The questions posed were:
How do you cope when you are overwhelmed by parish circumstances?
Where do you find support?
How is this support offered?

Minister Xaba said that going on leave is not an effective coping mechanism. Going home[165] is not equivalent to counseling. Instead a minister comes back with the same problems, without them being addressed. The only difference is that he has distance from

[165] Home is where his parents live/ his ancestral home.

the parish and is with his family. There is nothing in place that will help ministers during their leave, such as refresher courses. This would, according to minister Xaba, be unsuitable in any case because the minister is supposed to be having a break whilst on leave.

Minister Xaba watches soccer and visits his friends who are non-Christians, just to chat with them about things that are not related to church or faith. He also visits the community chiefs, talking socially with them and temporarily forgetting about the church environment. He sometimes played with children, who make him laugh and gave him some relief from his problems. These non-church related activities refresh him.

Minister Xaba stated that there is nothing in the church structure that supports ministers. He shares his problems with the dean who has helped him and counselled him throughout. Fellowship with local ministers has also helped him a lot. Isolation is not helpful, but sharing his experiences with other ministers helps because it motivates him. Speaking out during community meetings is also helpful. According to minister Xaba ministers have a tendency of rushing to prayer as a solution to their problems. Some problems do not need prayer but need to be addressed verbally, through discussing them with others.

The following text is a verbatim taken from the interview the researcher conducted with minister Xaba. He was open about everything that he was experiencing. The verbatim is taken from the core of the conversation.

Verbatim two:

X12 (Raising his hands to his face) My sister, I have recently lost my son. This is the most difficult time in my ministry. It is about three months now, but I can not get over this. It is like a big part of me is taken away. I am just left empty. I can not preach, and I can not do anything in the church. I just feel like doing nothing. At the same time the parish does not understand or see my situation, they are expecting me to be preaching and giving them effective sermons.

P13 Right now you are still feeling grief and sadness because of your son's death. People expect a lot from you, but you are empty. Did you receive any care or counselling after the death of your son?

X13 (Looking sad) I haven't. The only support was during the week of the funeral preparations. I am really feeling empty. I wish I could have been taken away after the funeral of my son, to a far place where I would receive counselling and have time to grieve for my son. Instead I am in the same place, with the same people who have problems and who need me to be there for them. At times when I attend the congregants' funerals, when I see the coffin, the memories for my son's death comes back. And at times I feel like crying in the funerals.

P14 I am sorry about what you are going through Reverend Xaba. How have you been coping with this situation?

X14 My sister, I can not tell how. But I have been trying to share with other ministers who went through the situation of losing their sons. Somehow this has helped me because; they also shared with me that it also took them months to recover.

Minister Xaba's loss was the experience which left him feeling empty. The lack of support, pastoral care and counselling from the church structure leaves him with no choice but to live with the pain.

Minister Zulu

Minister Zulu has been in the parish for three years. He is not married.

Exhaustion

The following question was posed:

What kind of problems are you encountering in the context of HIV?

Minister Zulu said that there is a great deal of strain in the ministry. He said that it is stressful to have many funerals and fewer weddings in the context of HIV. There are less positive events in the church today. Ministers are thus becoming spiritually drained. As a minister he is expected to be spiritually motivated, but because of the HIV situation minister Zulu feels spiritually emptied and physically exhausted. This is a result of, for an example having to attend to three funerals in a weekend and a Sunday service. He said that the ministers' health is suffering as well, especially in winter, when there is a high risk of developing pneumonia. Minister Zulu said that too much of this kind of physical and spiritual strain soon leads to illness.

According to minister Zulu, the decreased number of ministers in the circuit is a problem too. This raises the demands on a minister who already has responsibility for four congregations which are far apart. A minister is expected to do everything: visitation, administration, counselling, conducting funerals, doing services, attending meetings and workshops and attending to personal matters. This is very difficult for a minister.

Minister Zulu said that at some point the congregation observes that he is exhausted. He does not want to deprive the congregation of quality service by coming to church when he is feeling drained. Sometimes he finds that there is no time to prepare the Sunday sermon. In that way he feels that he is robbing the church, by not giving what is expected of him. He is no longer doing his work out of love, but for the sake of procedure. This is sad for him.

Experience

The following questions were posed:

How have you experienced exhaustion?

At times minister Zulu had to visit a medical doctor, because he was sick. He was given stress medication and the doctor recommended that he needed time to rest. According to minister Zulu there is nothing much that the Lutheran church structure does to support the ministers. If as a minister he is sick and if he does not have a medical aid then he will face financial difficulty. Ministers' salaries are low and medical treatment is expensive.

Coping

The questions posed were:

How do you cope when you are overwhelmed by parish circumstances?

Where do you find support?

How is this support offered?

Minister Zulu gives himself time to rest. He also said that, in speaking with other ministers, it is clear that the need for rest is a common issue. Failure to rest leads to

burnout. However, resting is not in itself enough to carry them through. On the other hand it is often not possible to rest. Minister Zulu stated that in his region ministers have developed group cells within the towns. They have interdenominational fellowship with other ministers from different denominations. Therefore Lutheran minister buries an Anglican Church member if the Anglican minister is caught up elsewhere. The situation has helped them to form collaborations. The element of talking and sharing with other ministers and people in general has also been helpful. This includes sharing with other ministers of other denominations.

In Minister Zulu's parish congregants are trained in counselling, to reduce the demands on the minister. The congregants do referrals when necessary. Congregants are also equipped to participate in the parish ministry, encouraging 'priesthood of all believers'. In addition lay members are delegated to conduct funerals, however sometimes the congregants complain that most cases most people want a pastoral figure to conduct funerals.

Minister Zulu has also developed his leisure time. He said that it is not easy though to make time for leisure. He therefore goes on outings with his friends, for him to be in another atmosphere. Going on outings, travelling away from his work environment helps him to relax. He has also started to get physical exercise by going to the gym and doing some jogging. He has discovered that these have helped him great deal.

Crying is a solution for him at times, because crying helps him to heal. Prayer has also played an important role in helping him cope. Therefore he gives himself time for prayer. It is not easy though to only depend on prayer, but he feels it is the source of his strength.

For minister Zulu most of the current events in the parish demoralize a minister. He said people are spiritually hurt, "but everything happens for a purpose. Everything is happening but God is there for us." He feels that the current situation is not a mistake and that God knows what he is doing.

Minister Matse

Minister Matse is a female parish minister. She has been in the ministry for over twelve years. She worked in a parish before the onset of the HIV pandemic. She is married and lives with her family in the parish house.

Exhaustion

The following question was posed:

What kind of problems are you encountering in the context of HIV?

Minister Matse said that she has not experienced burnout, but that she is experiencing exhaustion. HIV has placed a great challenge on ministers. As a minister she has to travel from one place to another, visiting the sick. When the week begins, she normally hears about one sick person, but by the end of the week, the number increases to three or four. This has been a strain, because she has to attend to other church issues, besides visitations. Many people are dying and as a minister she is expected to be with the bereaved family throughout the week until the funeral. In addition there is the night vigil, which adds more strain. Minister Matse feels exhausted constantly. She feels guilty at times that she no longer does her work well. She does it for the sake of procedure and sometimes just because it is her job. Due to the constraints and burdens of home visits, leading funerals, sermon preparation and additional parish administration, she finds that she feels a lack of passion for her ministry. The last four years have taken their toll and minister Matse is unable to feel energetic about the immediate future.

In most cases the visitations are emotionally draining, because the situations that ministers see, or the sick people they must help, affect their feelings. The hospital visitations are more difficult because ministers are aware that these patients are very sick. Minister Matse says that at times she is reluctant to go to the hospital because it "takes all of herself." She is emotionally moved by the sick people, to the point that she feels completely drained.

Experience

The following questions were posed:

How is the experience of exhaustion in your ministry?

How have you experienced exhaustion?

Minister Matse once experienced a situation where in one week, two old women were sick. When she went to visit one woman, the other woman died and she was told about the death when she was preparing to go and see her. She felt very upset and guilty that the woman had died before she could see her. She blamed herself; she felt that she is not doing her job well. Added to this was the fact that the women's funerals were on the same weekend and day. She was torn between the two and at that moment she wished to escape from the situation. There was nobody to run to. It has happened several times in minister Matse's ministry, that when she arranges to visit the sick, she finds that when she finally arrives the person has died. This has affected her badly.

Minister Matse has recently experienced a situation in which her friend, who was also a minister, died. This affected her so badly that she could not go on doing her work. She felt lost and alone after her friend's death. The friend was the only minister with whom she could share all her problems. She was the only person who would understand her. In this situation minister Matse needed pastoral care and counselling herself, but she did not receive any.

Coping

The following questions were posed:

How do you cope when you are overwhelmed by parish circumstances?

Where do you find support?

How is this support offered?

In answer to these questions minister Matse replied that sharing is what has helped her to cope with the situation. She shares her experience and feelings with her colleagues. She gets advice and some sort of counselling through the sharing, which has been taking

place in the workshops she attended. In the workshops, there are opportunities for ministers to share their experiences in their parishes. This has been of great help to them, because it allows them to open up about their feelings and their experiences.

Minister Smith

Minister Smith is a parish minister in an urban area. He has been a minister for over five years. He has recently (five months previously) begun working full time in a parish. He has also been working in the diocesan office. He is a missionary minister from Europe. Minister Smith is married with four children. He said that he is not so involved in his parish. He has attended few funerals, and few people have disclosed their HIV status. He says that he is not overloaded with parish work. The congregants do most of the visitations and care-related work.

Exhaustion

The following question was posed:
What kind of problems are you encountering in the context of HIV?

Minister Smith said that there are cases where there is exhaustion and cases where there is no exhaustion. This depends on the congregants' expectations. If the congregants' expectations are too high, the minister will overwork him or herself in trying to meet these expectations. In his situation the church elders do not want to overload the minister, and they thus prefer to be involved themselves and to do part of the work.

According to minister Smith, exhaustion depends on the personality of a person. It depends on how one feels about the situation. If one is personally affected one may be exhausted. It also depends on how one deal with one's emotions. For him, as a minister he is not personally affected, he tries to 'keep a distance'. He is not suffering exhaustion. If a minister insists on conducting all visitations then he will suffer burnout. Therefore minister Smith does not interfere with the tasks that the congregants can do, such as caring, night vigils and house and hospital visitations. As a minister he asks himself, "Do I need to do everything?" and "what are the expectations?' Then he arranges his identity

and role as a minister. He plans his work and involves the congregation as much as possible.

Experience

The following questions were posed:

How is the experience of exhaustion in your ministry?

The congregational council organizes visits, and the distribution of Holy Communion during the week for the sick and the elderly people. Minister Smith decided not to attend night vigils. He feels that it is bad that funerals are conducted so early in the morning on weekends. Therefore he considers his health first. He thus prefers funerals to be held during the week when it is quieter, because weekends are too condensed with meetings, services and confirmations.

Coping

The questions posed were:

How do you cope when you are overwhelmed by parish circumstances?

Where do you find support?

How is this support offered?

To give himself coping tools, minister Smith attends workshops and gathers information on HIV and on how to counsel. He has found that this has been very helpful to him. He also takes care of himself. He keeps himself healthy by eating healthy food and by avoiding situations which place him at risk of catching sicknesses such as pneumonia. He stated that HIV has not been itemized in the agendas of the ministers' conventions. Minister Smith feels that because work overload has not been itemized, that this indicates that ministers are not yet overloaded.

Verbatim three

The following text is a verbatim taken from the interview that the researcher conducted with minister Smith. The verbatim has been extracted from core of the interview.

M10 Exhaustion depends on one's personality. As a minister if I do not plan my work then I will overwork myself. It also depends on how I feel about the situation. If I am personally affected then I will feel exhausted. It also depends on how one deals with his or her emotional exhaustion. But if not personally affected then, 'keep a distance'.

P10 In other words you have not experienced exhaustion in the ministry so far?

M11 Yes and no, because I limit myself. I do not do work which the congregants can do such as visitation. The church elders as well do not want to overload the minister, so they prefer to be involved and do part of the work. Further on I ask myself whether, "Do I need to it do all?" and "what are the expectations?'

P11 You said yes and no in the experience of exhaustion, what support have you got to keep you going?

M12 I have been sustained by attending workshops and gathered more information on HIV, more especially on how to counsel. It was very helpful. I also take care of myself, keeping healthy. I normally do not attend the night vigils for instance, in the winter, because I am afraid of catching sicknesses such as pneumonia.

Minister Smith is aware that exhaustion exists if a minister is over-involved therefore for him delegation is important.

Minister Lukhele

Minister Lukhele has been a minister for over 18 years. He is married with three children. He is the minister of a large group of parishes. He is responsible for matters regarding ministers in the Swaziland circuit. He is also working as a parish minister because of the shortage of ministers in the Swaziland circuit.

According to minister Lukhele, ministers find themselves in the context of HIV whether they like it or not and they have to work in that situation. The practical system in the Swaziland circuit is different as compared to South African parishes because of the geographical layout of Swaziland. Congregations in Swaziland are far apart, making it difficult for a minister in Swaziland to travel to all the congregations. Swaziland has a tradition of holding *kugeza emanti*[166] and funerals. This means that there are two funerals.

[166] A service conducted a month after the funeral for the family to ceremonially remove the mourning attire.

Although *kugeza emanti* is not prioritized. Both activities are undertaken on weekends. Today there are many funerals and burials are now also conducted during the week.

Exhaustion

The following question was posed:

What kind of problems are you encountering in the context of HIV?

According to minister Lukhele, ministers are working 7 days a week for long hours. This is due to the night vigils, the hospital visits and the home visits with the sick. Orphans also look to ministers for help. The Swazi tradition used to be that the relatives would look after the orphans, but today this is unlikely to happen because the relatives die too and some are sick. Therefore many homes are now headed by children. A minister therefore has to intervene and make sure that the children are not evicted from their parents' land or homes. The ministers in the cities have to deal with people who have migrated to the cities because of work. Some of these people are left to die in rented rooms because they hide themselves and they do not want their HIV status to be known. All this leaves the minister exhausted, emotionally, physically and spiritually.

Minister Lukhele said that the ministers' performances, administration duties are neglected and the standard of homilies have drastically dropped because of exhaustion. Monthly reports are no longer submitted by ministers. Some have not handed in their monthly reports for six years. Today most parishes do not submit reports, and this means that the church books can no longer be audited. The exhaustion of the ministers has severely affected the parish ministry. Minister Lukhele said that some ministers experience burnout. He said that "ministers today are no longer working but *benta taba* (making means). The mission statement of the church is in Matthew 28: 19-20, "Go therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything that I have commanded you. And remember, I am with you always, to the end of age." According to minister Lukhele this is no longer the goal of ministers, instead the focus today is on the HIV crisis: the sick people, the dying, the grieving, the mourning and the funerals.

Ministers are experiencing death in their families, which affects them as well. The life expectancy of ministers is falling too. Since ministers have no rest, their health is sorely affected as well.

Ministers do not have much money, they earn a low salary and they must use this to travel around to the congregations. Minister Lukhele said that when the church members are dying, the money "dies" too because the members are the source of income for the church.

Experience

The following questions were posed:
How is the experience of exhaustion in your ministry?
How have you experienced exhaustion?

Minister Lukhele stated that in one instance he had to attend to two funerals, which were about one hundred kilometres apart in the same Saturday. At both funerals there were night vigils. One of the funerals was the traditional funeral for the Dlamini[167] clan. He had to drive from the funeral of the Dlamini family to the other funeral which took place at around 6am. The strain of driving in the night and that of the night vigil was difficult for him. It was also difficult financially. He was exhausted after attending these.

Ministers who are from other dioceses, but working in the Swaziland circuit are leaving the circuit to return to their dioceses. The problem is that ministers who come from other places are not accustomed to the tradition of the night vigils in Swaziland. This makes it difficult for such ministers. The funerals cause anxiety to a minister who is not used to night vigils and the long hours this entails.

[167] The Dlamini clan has a tradition of burying in the early hours of the morning, around 3am. It is normally the head of the family or a member of the royal family who is buried in this way. The minister leads the service throughout the night until the morning (around 3am) when the body is taken to the cave to be buried. The minister is not involved in that cave burial. He/she remains at the home with the women who are all left behind. They are not allowed to go to the cave.

Minister Lukhele told of a minister who had an unpleasant and embarrassing experience. The minister had made an arrangement with a congregant to meet on the way to the church to conduct the service. Since the minister had attended a night vigil, he decided to take a short nap, planning to wake up later and go to the church service. The minister overslept and woke up in the evening. He therefore failed to go to the congregation to lead the worship service. The congregants did not understand what had happened to the minister and were angry with him. This caused conflict between the minister and the congregation.

In a number of parishes according to minister Lukhele the parish money has been misused by some of the ministers. This is because of the shortage of money for minister's salaries. There is no travelling allowance for ministers. The salary has to cover the travel costs, apart from the family needs or personal needs. Therefore there is the possibility of embezzlement of the church money and this leads the minister losing his or her dignity. Ministers have also been humiliated because they need their church members to buy them food. Therefore they are no longer independent and they feel disempowered.

The increase in the number of deaths has also caused divisions among the church members because ministers often attend those funerals which will benefit them (the wealthier families will be able to assist them financially).
There is no time for ministers to take leave from work. This is because there is no income if a minister goes on leave. Also, there is nobody who can temporarily stand in for the minister while he or she is on leave.

Coping

The following questions were posed:
Who do you share your problems with?
And where do you get support?

In order to help ministers cope, they need a chaplain. According to minister Lukhele, the dean of the circuit and the bishop of the diocese are supposed to minister to the ministers

but this is impossible because they are ministering in parishes. He said that there are workshops that are conducted to help and empower lay members to be involved in parish work. The workshops are often sponsored by the Swaziland Council of Churches (SCC). There are also workshops which are meant to equip ministers with tools to make their work easier, but in some cases ministers cannot attend because of the HIV-related crises in their congregations. In the workshops ministers have opportunities to share with one another their difficulties in their parishes. The workshops are assisting ministers to relax and to have a break from the environment of their parishes. In some workshops (funded by LUCSA), people from Uganda have been invited to share their experiences since they have experience of dealing with HIV.

According to minister Lukhele, the dean is supposed to be a spiritual father for the parish minister, but ministers do not want to reveal that they are not doing well or that things are not going well. Therefore they remain silent and hide the difficulties they are facing.

In the circuit ministers normally have meetings where they share with one another what they are going through. However, spiritual support for ministers is sparse. There is nothing in place in the church structure to help ministers.
Minister Lukhele said that ministers use prayer as their source of strength, and they preach the gospel of *"ngihlupheka manje ngitokuphila ngale"* (I suffer now, I will live eternally). They also refer to John 10: 10, "I came that they may have life and have it abundantly." For the ministers, their life in abundance will come in the hereafter. This is what gives them hope.

Minister Magagula

Minister Magagula has been a minister for about 15 years. He has the experience of working in the seminary. He is married with three children. He works away from his wife and family.

According to minister Magagula, ministry demands one to empty him or herself. Ministry uses spiritual, emotional, physical and intellectual energy. As a minister he has to be

himself. This means experiential involvement with people. As a minister he cannot detach himself, instead he is a participant, in the concerns of the parishioners and community. This comes at deep personal sacrifice.

Exhaustion

The following question was posed:

What kind of problems are you encountering in the context of HIV?

Minister Magagula agreed that there is exhaustion in all sectors. The context of HIV has resulted in the experience of seeing young people dying, future leaders dying; financial wealth declining as is intellectual wealth. This creates a tense atmosphere, and has made it clear to ministers that ministry is not an easy task. He said, "May be this is the cross Christ's ministers have to carry today" and "How are we going to be responsible if we are also overcome by today's situation?"

A minister is seen as a role model, as a pillar and as a spiritual father by orphans. A minister also ends up being a community person who links congregants with organizations to assist needy people.

Minister Magagula stated that de-motivation is reflected in the way ministers are not effective anymore. They now do their work as a duty, in response to a call. There is no more joy and happiness in ministry. He further said that "there is a paradigm shift in the church gathering." Today's context has revealed that problems are situated in the homes. Therefore a minister is spending more and more time in people's homes. A minister, as a shepherd, knows the suffering and burdens of the people. Minister Magagula lamented, "we are failing to fulfil pastoral ministry today. We are doing only part of ministry and neglecting the bigger part of ministry."

Experience

The following questions were posed:

How is the experience of exhaustion in your ministry?

Minister Magagula has seen his colleagues using unethical means to relieve (*kutihhamula)* themselves from their problems, including use of alcohol and having illicit love affairs. In those situations as a minister he feels that he is emptying the burden that is within, as "secret friends" allow him to uncover himself. This allows him to release his problems emotionally and physically.

Coping

The following questions were posed:

Who do you share your problems with?

And where do you get support?

Minister Magagula stated that there is nothing in place structurally within ELCSA-ED to help ministers. The bishop of the diocese is understood to be the church's spiritual father. The bishop is also viewed as the "boss" of the ministers, or as their "employer". Ministers are supposed to go to the bishop for help with their spiritual matters, but according to minister Magagula it is difficult for a minister to seek help from the bishop who is simultaneously their employer. Therefore he himself never considers going to the bishop to "empty" himself. He feels that revealing his problems might lead to his suspension from ministry.

Minister Magagula said that he needs a person to open up to, a person who is friendly to him, and a person who will understand and listen to him. He is no different from other people and therefore he needs the same pastoral care and counselling. He said that in ministry, a minister gives of him or herself until there is nothing left.

The Lutheran church has structures which are supposed to act as support systems, but they are business oriented, for example retreats. The retreats have become business forums where ministers discuss the church's business, rather than providing opportunities for catharsis through quiet times and prayer. He said that there is need for openness

amongst ministers. He felt that there is also need to develop structures which will give ministers a supportive ear.

Minister Maphalala

Minister Maphalala has worked for over 25 years as a parish minister. He has the experience of lecturing in a seminary and of ministering in a theological institution. He is married with two children.

Exhaustion

The following question was posed:

What kind of problems are you encountering in the context of HIV?

Minister Maphalala explained that, young people around the age of thirty are those who now need more home visitations than the older people, as they are the ones who are sick. The old people, who can not go to church, are those who used to need visitations. As a minister one has to run from one place to the other, from homes to hospitals, with no time for rest. When visiting an HIV positive person, it is stressful to know that the sick person's HIV status is not revealed to the rest of the family. According to minister Maphalala most families do not know that their family members are HIV positive. This often leads gossip in the church. Furthermore the gossip reveals that there is discrimination and stigmatisation towards people living with HIV. Therefore a minister has to teach and to care of the infected person and his or her immediate family.

Minister Maphalala said that the same cycle of attending to sick and dying people and funerals is happening weekly. In each case a minister has to prepare sermons which are relevant to each family's situation. This means that he has to take time to prepare his sermon, taking into account the circumstances, the needs of the grieving family and using this opportunity to teach the community about HIV. His counselling skills have to be good too and his mind is thus kept very busy. He becomes tired mentally and emotionally. As his ministry means that he has to walk and drive to the families' various

locations, he physically gets tired too. His own family suffers, because he no longer has time for them.

Minister Maphalala's observation is that ministers are discouraged when their family life is affected. Some do share their problem with the bishop, who comes up with ways of helping their families to cope. Minister Maphalala re-iterated that it is not easy if a minister is personally affected.

An added problem, according to Minister Maphalala is that the congregation members are sick and are at home, not working. This means that there are less funds coming into the church. Poverty has also contributed to worsening the situation. The working people are responsible for orphans, making it harder for the church as well.

Coping

The following questions were posed:
Who do you share your problems with?
And where do you get support?

The use of social workers and nurses in minister Maphalala's congregation has helped him to manage and cope with the situation. He has involved all the professionals available in his parish to contribute. LUCSA has also arranged workshops, which helped to provide information to ministers on the HIV situation.

Minister Maphalala said that he is coping with the situation. He does a lot of reading. There are many texts about HIV, and he therefore he reads to acquire more information. He also shares his experience with other ministers. He consults with other professionals in his parish. His observation, as he is supposed to be a spiritual father for all the ministers, is that young ministers are active. They consult with him for counselling and when planning to conduct workshops and lessons in their congregations.

According to Minister Maphalala there is nothing structurally in place in the church to assist ministers in terms of their own needs of care and counseling. He said that there are people who can assist ministers in this way, but they are not placed properly in the church organisation. For instance there is a minister who is the "director for the HIV programmes" in the diocese, but he is not positioned correctly (in terms of the purpose for the HIV and AIDS programme which had to include the involvement of ministers in the pandemic) within the church structure to enable ministers to come to him for help. There is also nothing in place that is focussed on the spiritual upliftment for ministers.

Minister Maphalala noted that a minister has a right to annual leave (30 days) only once a year and to one Sunday off per year. Money is a problem because ministers can not afford to go away for their leave to refresh themselves. While they are on leave they therefore remain in the church environment, where demands continue to be made of them.

Minister Hlophe

Minister Hlophe is a young minister. He has been involved in ministry for a short period; he is fresh from the seminary. He has recently married.

Exhaustion

The following question was posed:

What kind of problems are you encountering in the context of HIV?

Minister Hlophe said that today's context has many challenges. HIV does not only challenge the minister in his role of caring for the suffering and dying, but a further burden is added by the many funerals and all-night vigils. This causes exhaustion as he is then expected to work a normal full day after the vigil, with more parishioners to visit. He often feels physically and emotionally drained and would need to be recharged and refreshed before returning to work. At times he would need to be spiritually uplifted through prayer or a retreat.

Furthermore, some church members think that they are sick because of witchcraft. This belief causes division in the church environment, and causes conflict because of the gossip that flies around. Such conflicts also divide the church and as a minister, he is affected by this. Through all this, the church (in this case the minister), has to address most of the problems arising. According to minister Hlophe, he is able though to counsel and address the situations through the use of scripture and through the theological training he received while studying at the seminary.

Experience

The following question was posed:

How have you experienced exhaustion?

According to minister Hlophe, his experience of continual vigils is tiring and his work suffers the following day. He further said that he is not experiencing any exhaustion at the moment, just physical tiredness.

Coping

The following questions were posed:

Who do you share your problems with?

And where do you get support?

He has a spiritual father, the dean whom he talks to when he needs help. According to minister Hlophe the dean is supposed to take care of the ministers spiritually. The dean gives a day off and short leave to ministers when necessary. Minister Hlophe feels that a minister, once he or she is exhausted will not be effective. His family particularly his wife gives him support. He also gets support from the biblical texts which he reads daily. He stated that he spiritually grows (gains maturity) when he is hard pressed. He feels that the problems and the suffering that are prevalent in the parish no longer pull him down, but rather help him to mature.

According to minister Hlophe there is a structure in the Lutheran church that supports ministers, but it is not addressing their emotional and the spiritual needs. He mentioned that there is a need for ministers to form networks and to help one another as counsellors. He further stated that ministers need to do more research and more reading to prepare themselves for the HIV situation. He goes jogging and has time for meditation. He is taking care of his spiritual life by reading the Bible and praying.

Minister Ntanzi

Minister Ntanzi has been in the ministry for close to 20 years. He has experienced ministry before and after the HIV and AIDS pandemic took hold. He is married with three children.

Exhaustion

The following question was posed:

What kind of problems are you encountering in the context of HIV?

Minister Ntanzi compared the period when he started in ministry to today's context. He said that funerals are now taking place during the week, while previously they were only held on weekends. He said that in today's context, the congregants (lay people) are helping at funerals because the minister cannot do it alone. He said that lay people have been authorized to conduct funerals and to help where necessary. His worry is that people (especially the congregation members) are not changing their sexual behaviour in view of the high rate of HIV infection. Most of the congregants are afraid of voluntary counseling and testing (VCT). Most of them are afraid of the stigma associated with HIV. (They prefer not to be tested and rather keep a low profile). The death of many parents has resulted in the presence of thousands of orphans. Year by year the number of orphans is growing. Caring for these orphans is a difficult task, which affects them as ministers emotionally. This is because they see children growing up without parents, traumatized by the death of their parents, and sometimes having to survive without even a guardian.

Minister Ntanzi said that the body becomes tired, especially after funerals. Physical exhaustion is very common. Dealing with the funerals and the grieving period for a family are draining for a minister. The death of a member of the congregation is a strain because the minister has to go to the household to make funeral arrangements, for the funeral, and after a month, for *kugeza emanti* (this is a service or prayer done a month after the funeral to remove the mourning gowns). It is a strain financially when one has to travel to and fro because ministers earn low salaries and it is expensive to travel.

Experience

The following questions were posed:

How is the experience of exhaustion in your ministry?

How have you experienced exhaustion?

Minister Ntanzi said that at a spiritual level he needs to take leave, but cannot do so because of the shortage of ministers. He further said that there is no support from the church structure. There was support some years back, in the form of retreats and pastors' conventions, but the Diocesan office no longer has the finances to conduct such events. Salaries have become a problem as well, which places a strain on the ministers. The salaries sometimes arrive long after the pay date has passed. The congregations have sometimes observed that their minister (himself) is exhausted and they talked about it. They suggested that minister Ntanzi should have time to rest.

Coping

The questions posed were:

How do you cope when you are overwhelmed by parish circumstances?

Where do you find support?

How is this support offered?

Minister Ntanzi said that ministers hold fellowships with other denominations. They have very good fellowship especially during the night vigils at which they feel motivated by

the sermons of other ministers. He said that the fellowship and the sharing of tasks and experiences are very helpful.

He stated that the night vigils have become spiritual revivals for all people. Thus his own family accompanies him to the night vigils to be spiritually uplifted. According to minister Ntanzi, the night vigils have become a place for spiritual healing. He said, "*Sifa sibe siphila emoyeni*" (We are destroyed yet we live in the spirit). This is the phrase that he used to describe the high death rate and the role played by the night vigils in helping people cope. The intention of the night vigils is to grieve and to be with the family, but in the process they are healed by the fellowship. He said the night vigils have also become a platform where people repent, especially those that lapsed in church attendance. He described this as "a blessing in disguise".

Spiritual sharing has helped minister Ntanzi to cope. For him to know that other ministers are suffering and going through problems and that they are surviving has given him comfort. His spiritual life has been boosted by hearing the sermons of other ministers. Moral support among ministers has been a source of strength. As ministers they visit one another and help one another. Sometimes they conduct funerals together. Love, unity and openness with one another have been a source of strength amongst them as ministers. He mentioned that it is God who is helping him, giving him strength to survive. Family support also has been very good for him. His family is understanding and has patience for him.

Observations

Some of the ministers in the interviews were open about sharing their stories and experiences. Other ministers did not share their experiences, but preferred to tell of other minister's experiences. The researcher observed that the missionary minister appeared more detached from the situation when compared to the other ministers. The next session therefore proceeds to the analysis.

4.5 Analysis of the findings

From the findings it transpired that there are problems in the minister's ministry in the HIV context. Some of the ministers have developed ways of coping and are using them with the difficulties they face in their ministry to people affected and infected with HIV and AIDS.

4.6 Problems identified

The findings from the interviews revealed the following problems: the minister's emotions, the congregation's expectations, the workload and the financial strain. The problems will be identified through the MBI model.

Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory is described in three components that is the emotional exhaustion, depersonalization, and reduced sense of personal accomplishment. Therefore the ministers' exhaustion is identified as follows:

Emotional exhaustion

Ministers are emotionally exhausted when they visit the sick in the hospitals and in their homes. This was stated by minister Xaba when he said that when he comes from the hospital he is tired because of the condition of the sick people. Minister Matse is also in the same position as minister Xaba, when she said that visiting the sick people is emotionally draining. Minister Xaba's exhaustion is revealed when he is sometimes harsh to his family and congregation. Furthermore emotional exhaustion can be visible in fights with congregants either through the sermons or verbally.

Some illnesses which are stress-related have been observed among ministers. Some of the ministers have been said to have collapsed in the pulpit and some experience nose bleeds and some are diabetic. The stress-related illnesses are an indication of the signs and symptoms of burnout which includes physical exhaustion. Furthermore two of the ministers, Zulu and Nkwanyane pointed out that they had been sick through stress-related illness, and for Minister Zulu the medical doctor recommended that he rests and gave him stress related medication. These experiences reveal the vulnerability of ministers to

stress, and if they are not taken care of, may result in burnout since their work is constantly to do with emotional involvement. Therefore physical exhaustion in a minister reduces physical energy, which may lead to signs and symptoms such as:

> frequent headaches, gastric upset, change in sleep patterns,[168] heart attack, stroke, and fatigue, high blood pressure and digestive problems[169].

The ministers did not mention the exact illnesses they experience; the assumption though is that stress related illness includes the above mentioned symptoms. It is thus that Maslach discusses "burnout to be a common phenomenon that develops from the long term stress of working in emotionally demanding situations."[170] The constant stress that ministers go through may result in burnout.

Ministers are affected directly and indirectly by HIV and AIDS. Some of the ministers have their relatives dying of AIDS. This is an indication that ministers are affected and are on the same level of need for care and support as their congregants. Three of the ministers mentioned that they were affected emotionally directly by death. The ministers include minister Nkwanyane whose sister died of HIV, minister Xaba' son who died in an accident and minister Matse whose colleague and a best friend died. The three ministers indicated that they never received any pastoral care and counselling, which was what they needed most in their loss. Such unattended feelings in ministers in a grieving period leave open and unhealed wounds. Thus Parkes states that:

> early and regular pastoral care and counselling would enable a person to move through the stages of grief more rapidly and with less persisting symptoms of disturbance.[171]

Therefore ministers need pastoral care and counselling to help them through their grieving processes. In one way or another minister Xaba states that death takes away some part of a minister. For ministers in their congregations they are expected to continue giving service to the people while still grieving for their relatives. This is an observation then, that ministers in ELCSA-ED are not given care and counseling in the grieving process, which is also crippling the minister's ministry.

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[168] Rediger, Coping with Clergy Burnout...p15.
[169] Help Guide, Mental Health Issues... p4.
[170] Maslach, Burnout Research in the Social Services...p99.
[171] Parkes, Effects of Bereavement on Physical and Mental Health... p278.

Amongst the ministers, a feeling of guilt comes when they realize that they are no longer effective in their ministry but are now working out of procedure. This has indicated that some of the ministers *baphelelwe ngumdlandla* (they have lost the passion) of ministry. Minister Lukhele stated that ministers are now *benta taba* (doing it as a procedure) in the ministry. The zeal has gone. This reveals that ministers have lost meaning and direction in the context of HIV. The lost of passion for ministry makes the ministers feel guilty because they are aware that their ministry is in crisis. Some of the ministers, such as minister Zulu, stated that he wants to serve faithfully in his congregation, but it is not possible because of the exhaustion he is experiencing. Such feelings of guilt may result in what Van Dyk calls a "lack of confidence and diminished sense of self-esteem and feeling of helplessness."[172]

The guilt feelings in ministry are also experienced by the ministers' ministering to the sick people. Minister Matse's tells of an experience of visiting one sick person while another is sick and is suddenly notified about the death of that particular person before she pays a visit. This was a result of the distances between the congregations, which the minister had to travel. These leads to the physical exhaustion of having to travel long distances, at the same time having to be emotionally involved. This is like burning a candle at both ends.

Ministers are also experiencing a feeling of fear of visiting the homes and hospitals where the sick people are. This is because of the experience of seeing the people suffering. It is sad for the ministers to see the sick people in pain, helpless and in hopeless situations, as Van Dyk says, "it is painful to witness and experience pain and grief of others and constant attendance of funerals is exposure to painful experiences."[173]

The fear aspect in ministers may result in the experience feelings of hopelessness and helplessness because of the feeling that they cannot help their congregants in their situations. The fear as explained by minister Matse and Xaba results in their feeling sad

[172] Van Dyk, HIV/AIDS Care and Counseling... p310.
[173] Van Dyk, HIV/AIDS Care and Counseling... p310.

and heartbroken after the visitation, which is transferred to their families. Therefore they sometimes feel that the visitations are a burden.

Depersonalization

The component of depersonalization is associated with ministers avoiding over-involvement and distancing themselves from the problem and being apathetic. Distancing oneself exists among ministers; for example minister Smith said that, if he is not personally affected then he 'keeps a distance' and thus he has not suffered exhaustion. He has used that as a way to avoid burnout.

Some of the ministers who are experiencing a feeling of fear about visiting the homes and hospitals where the sick people are, because of the experience of seeing the people suffering, have often felt that the visitations are a burden. Minister Matse is quoted saying that, she is reluctant to go to the hospital because it takes all her energy. Furthermore minister Matse's experience was that she was torn between two aspects in her ministry, she even reached a moment where she wished to go away from the situation. This has happened several times in her ministry and may result in her avoiding the situations and becoming apathetic. Pastoral care and counselling teaches that such tasks as pastoral caring can be delegated. The minister should therefore not do all of the visits. Clinebell states that, "pastoral care is the shared ministry of the pastor and the whole congregation."[174]

Ministers' responses to crises vary, for example when faced with the death of the minister's relatives. In the case of minister Nkwanyane's when his sister died of AIDS; his response was to become involved in the response to HIV. Some ministers may respond differently, for example, by avoiding being involved in HIV. It is thus that Switzer states,

> if the feeling in regard to death has not been worked through, that would result in handicapped ministry. On the other hand that would pull a pastor into over involvement and over identification, in which pain will be felt so

[174] Clinebell, Basic Types of Pastoral Care and Counselling... p27.

> intensely that it incapacitates the pastor and thus results in anxiety, and being shaky and depressed.[175]

This calls for a need to work on the minister's feeling regarding death. In view of the fact that in today's context there is a high death rate it is therefore necessary that the issue of death be addressed. This should be done either during training or at the beginning of ministry.

Sense of personal accomplishment

The reduced sense of personal accomplishment includes feelings of being unprofessional, experiencing emotional confusion and negative self evaluations.[176] Minister Nkwanyane is one minister who seemed to experience feelings of being unprofessional after the long stress-related illness. His feeling was that he did not know where to begin his work. He was feeling confused, lost and alone.

Given that ministers of ELCSA-ED are not receiving much support from the church, the ministers are surviving through support which they receive from their own efforts and families. The lack of support opens the room for ministers to feel unprofessional. There is a possibility that ministers would be tempted to abandon all ideas of pastoral visitation because of the expense of travel and the lack of funds.

Minister Lukhele pointed out that ministers are no longer submitting monthly reports which serve as performance reports. In the reports ministers should mention the kind of problems they encounter in their parishes which would make it easier for the dean to know the problems of the parishes. This has made it difficult for the dean to know what is happening in the parishes. This affects the whole system of ELCSA-ED. Therefore the performance cycle of each parish has been broken by the lack of reports.

Ministers are given leave for a month once in a year. According to minister Maphalala some ministers cannot afford to go away for a holiday because of financial strain. This

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[175] Switzer, The Minister as Crisis Counsellor...p137.
[176] Miller, Dying to Care... p31.

means that ministers spend their leave in their parsonages. Being in the parsonages means that when congregants face a crisis, they will not hesitate to approach their minister. On the other hand ministers who are able to visit their parental homes, according to minister Xaba, find no renewal or refreshing activity taking place. Instead a minister lives with the problems throughout the month and returns back with them not having been attended to.

A minister in a community is viewed as a community prominent figure. As a result orphans and widows look to him or her for help. Minister Lukhele stated that a minister is expected to intervene in the cases for the orphans. This is because most of the orphans have no parental figure. In most cases the orphans and the widows have no available food. Switzer argues that the clergy is perceived by others as being the physical representation to the community of faith, and to some extent, to the larger community, of the reality of God.[177]

4.7 The coping mechanisms ministers use

ELCSA-ED ministers have ways of coping with ministry burnout. Some of the ways have been developed in the face of the HIV context and some of the ways have developed by coincidence. The coping mechanisms which ministers have used will be summarised as support, relaxation (physical release), spiritual reading and prayer, and counselling.

Support

The ELCSA eastern diocese HIV and AIDS Programme offered some workshops, which included, a pastoral care workshop aimed at empowering ministers to openly talk about HIV in their parishes. The pastoral care team workshop was aimed at educating lay people on pastoral care giving. The youth, women, men and children were taught counselling and how they can reach out to one another. Most of the interviewed ministers admitted that the workshops equipped them, and in the workshops they were given opportunities to share their experiences. This helped them to openly discuss their difficult situations in their parishes.

[177] Switzer, Minister as Crisis Counsellor... p22.

Ministers have shared their experiences with their colleagues. The sharing has helped ministers to release their painful experiences. According to minister Ntanzi the sharing helped them realize that they are not the only ones going through difficult situations. The sharing among the ministers has crossed border lines of denominations. Such sharing has created some sort of support groups for the ministers. Minister Zulu stated that he mostly shares with ministers from other denominations and from this they have developed an interdenominational fellowship. This has opened up room for ministers to learn how other denominations are coping and how they are structured.

Most of the ministers have pointed out the strength of support from their families. Family support seems to play the greatest role in the minister's ability to cope. Minister Nkwanyane who has experienced loneliness has found the support of the family being effective, as has minister Ntanzi.

Minister Xaba has experienced interacting with non Christians (chatting with them) as a way of relaxing, because it temporarily removes his focus from the faith activities. According to him the non-Christian friends discuss general issues which are far removed from his ministry. For minister Xaba the relief is for a moment and it does not deal with the depth of the minister's feelings. Minister Xaba receives social support through his community members.

Minister Maphalala has experienced the involvement of people with other professions such as teachers, nurses, doctors and social workers. In one way this becomes a support system to the minister, because it reduces the burden.

Relaxation (physical release)

Few of the ministers pointed out being involved in physical exercises. Minister Makhathini pointed out that he takes care of his health, including physical exercises and eating healthy food. Minister Zulu has managed to get away from his parish for holidays which have resulted in helping him to cope. According to minister Zulu being in the company of a friend or friends is relaxing. Out of the nine ministers, Minister Zulu was

the only minister who pointed out that he does make time for leisure. This raises a question, "does that mean the other ministers do not have leisure time or are they careless about looking after themselves?"

Minister Xaba has found that playing with children is relaxing, because of the laughter in it. Crying has also played a role for some of the ministers. Minister Zulu has pointed out that crying is healing, because he expresses his feelings which give him relief.

Leave or days off has played roles in helping some ministers to cope. Some of the ministers have been able to take breaks from their duties, even though there were no structured activities to assist them to relieve themselves from problems.

Minister Maphalala has pointed out that reading books has sustained him. For him acquiring knowledge about a current crisis helps, in that one receives information on the approach to the situation. Minister Maphalala's statement is in agreement with Alta Van Dyk in saying that in coping with burnout in HIV, it is important to have knowledge;[178] for that reason it is important to have refresher courses.

Soccer is a sport, which is widely admired. Watching soccer in a stadium one meets many different people and watching it on television, one sees soccer lovers and players who are near and far. Minister Xaba has stated that watching soccer has helped him to get relief from the pressures he encounters in the church.

Spiritual

In the ELCSA-ED, the dean and the bishop are perceived as spiritual fathers for ministers in the circuit and in the diocese. Some of the ministers have pointed out that they consult with the dean. Some of the ministers have been able to share their problems themselves with the dean and the bishop. This experience has, to some extent been pastoral counselling.

[178] Van Dyk, HIVAIDS Care & Counselling... p323.

Minister Hlophe has pointed out that meditation has helped him. Meditation is one way in which individuals nurture their spirits. This is one important aspect for a minister, in preparation for his or her sermons and also for personal spiritual nourishment. According to Rediger;

> The nurture of the spirit completes the wholeness trilogy: body, mind and spirit. Nurturing the spirit and developing a spiritual discipline and relationship to God are sometimes neglected by pastors.[179]

Minister Hlophe is one out of the ten ministers who has noted meditation. This indicates that few ministers consider meditation necessary for their ministry and as a means of coping. It is important to note that meditation is not only a method of nurturing ones spirit but is also part of spiritual discipline. Most ministers have relied on prayer as their source of strength. Prayer has played a role in helping ministers to cope. This has strengthened hope and shows that they depend on God. Prayer is part of spiritual discipline, along with scripture reading and meditation.

Ministers' coming together from different denominations have helped according to minister Zulu. The interdenominational fellowship has helped ministers to share their problems and difficulties. This has brought relief in that they are aware of what other ministers are encountering in their denominations. The sharing has brought inspiration and motivation and collaborative support.

Counselling

The dean and the bishop have played a role in giving pastoral counselling to some of the ministers. It is important to note that pastoral counselling "begins when the first contact is made by a person to seek help."[180] Therefore this indicates that some ministers have regarded the bishop and the dean as their spiritual fathers. Although minister Magagula has pointed out that going for counselling to a person one regards as 'employer' and 'boss' is not easy. This aspect should be considered because the number of ministers who seek help from the dean and bishop is low.

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[179] Rediger, Coping with Clergy Burnout...p101.
[180] Clinebell, Basic Types of Pastoral Care and Counselling...p72.

4.8 Conclusion - Summary

Ministers are experiencing problems and difficulties in their ministry in the face of HIV and AIDS. It transpires that some ministers are lacking in the skills for ministry such as hospital visitation. This indicates the need for Clinical Pastoral Education.

> Clinical Pastoral Education (CPE) is a professional education for ministry which brings theological students, ordained clergy, members of religious orders and qualified lay persons into supervised encounter with living human documents in order to develop their pastoral identity, interpersonal competence and spirituality; the skills of pastoral assessment, inter-professional collaboration, group leadership, pastoral care and counselling and pastoral theological reflection.[181]

Furthermore Clinical Pastoral Education (CPE) is a contribution to pastoral ministry, a way to train ministers and lay ministers.[182] It appears that the ministers lack support, particularly from the church structure. The church seems to have neglected ministering to the ministers. This has had a big effect on the pastoral ministry, particularly in the face of HIV and AIDS. Some of the ministers appear to have experienced burnout and some appear to have symptoms of burnout. Some of the ministers have developed some ways of coping with burnout. Some of the ways have assisted the ministers. The findings therefore lead to the discussion of a modified model that would contribute to the coping with ministry burnout in the face of HIV and AIDS.

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[181] E. E. Thornton. "Clinical Pastoral Education." in Hunter, R. J. *Dictionary of Pastoral Care and Counseling*. Nashville: Abingdon Press. 1990. p177-178.

[182] Edwina D. Ward. *The Contribution of CPE to Pastoral Ministry in South Africa: Overview and Critique of its Method and Dynamic, in View of Adaptation and Implementation in a Cross Cultural Context.* Unpublished PhD thesis. Pietermaritzburg: University of Natal. 2001. p257

CHAPTER 5

An AIMS model modified to incorporate support for ministers

5.1 Introduction

This chapter introduces a modified model which can be used to incorporate support systems for ministers in the face of HIV and AIDS. The model aims at assisting in developing systems and mechanisms which can be used to support ministers. It is true that a modified model is not a solution but only an approach in guiding and prompting ideas. Rediger created a model for avoiding burnout. He states that,

> models sometimes do not fit a specific situation... but having a model in mind can guide and trigger creativity for handling particular stress situations with specific resources.[183]

Therefore the use of the model in this case is a contribution of insights to the coping mechanisms for ministers. Rediger created a model called AIM, which has led to a creation of a model to cope with ministry burnout in the face of HIV and AIDS. The AIM model has been broadly described as "a three word guide to stress management."[184] AIM is an acronym for "Aware, and Manage, while the middle letter 'I' varies from intimacy, impose, invest, imprint, interpret and implant depending on each specific problem issue."[185] From Rediger's model an enlarged model has been created.

5.2 The modified model AIMS

AIMS is: A- Awareness, I- Impose, M- Management, S- Support. The model has been created in the face of the emotional involvement of ministers in HIV and AIDS. This has in mind that ministers' workload has increased while there is lack of support for pastoral ministry.

5.2.1 A - Awareness

Awareness has been described by Rediger as "a crucial word for the whole human potential movement."[186] This is further described in terms of Jesus' sayings about people

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[183] Rediger, Coping with Clergy Burnout... p57.
[184] Rediger, Coping with Clergy Burnout... p58.
[185] Rediger, Coping with Clergy Burnout... pp57-97.
[186] Rediger, Coping with Clergy Burnout... p59.

who see but do not really 'see' and who hear but do not really 'hear.' This is an indication that human beings can know about a certain issue or event, but become selective in what they want to see and know. "This means that they can often look at the same old problem and actually see no new alternative for handling it."[187] This applies to ministers who may think that ministry has existed for a long time therefore stressful situations have always been there. Awareness therefore aims at assisting ministers to see and make use of other alternatives to handle and deal with fatigue in ministry.

Charity begins at home is a common saying in today's language. This relates to awareness, which should begin from within an individual. "Self awareness is therefore a mental faculty which sets human beings apart from the rest of creation."[188] Even though human beings have self-awareness it is often limited. Therefore this means that one has to move outside oneself and observe what happens within. Self-awareness is one way in which ministers can observe and evaluate their weaknesses and strengths. The awareness of one's strengths and weaknesses assists in knowing one's limits. Awareness involves defining one's problem.

Self-awareness implies that people should reach a level of understanding of themselves. When an individual knows and understands him or herself, there is the possibility of dealing more successfully with life's demands.[189] Knowing oneself, one's short-comings, strengths and abilities assist one to be able to practise a healthier routine, which suits his or her ability. According to the combination work of Eugene van Nierkerk, Chrizanne van Eeden and Karel Botha, knowing oneself at a higher level makes it easier for one to make informed choices. For one to make informed choices also involves the knowledge of surrounding and activities taking place. Therefore "to be well informed is an essential requirement to overall health."[190]

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[187] Rediger, Coping with Clergy Burnout...p59.
[188] Rediger, Coping with Clergy Burnout...p59.
[189] Eugene van Nierkerk, Chrizanne van Eeden and Karel Botha. "Reflections on Psychological strengths and vulnerabilities." In Eugene van Nierkerk and Annette Prins (eds). *Counselling in Southern Africa. A Youth Perspective*. Cape Town: Heinemann. 2001. p72.
[190] Van Nierkerk, Counseling in Southern Africa...p72.

ELCSA needs to run workshops on self-awareness. This means making use of Jung's typology test. With regard to Jung's typology "all people can be classified using three criteria, extraversion – introversion, sensing – intuition, and thinking – feeling. Isabel Briggs-Myers added the fourth criterion: judging – perceiving."[191] The Jungian Typology test would assist ministers to identify a general life style and an approach in other fields of their ministry for example in communications and conflicts. Another workshop is on assertiveness. The researcher attended a workshop on assertiveness. Assertiveness was described as;

> a sense of fundamental equality for all, it is an awareness that each person is as important as any other person on earth, he or she is not more important than others and not less important than others.[192]

In the workshop it transpired that a person who relied on assertive behaviour, resolved conflicts openly, dealt with potentially difficult situations early, increased his or her confidence, reduced his or her fears as skills are developed in handling emotional situations, viewed people as equal while retaining his or her own sense of uniqueness, recognised that his or her behaviour effects others and retained their dignity and self respect.[193]

5.2.2 I- Impose

Working in the context of HIV and AIDS there is an increase in the number of sick, dying and bereaved people. This means that the minister's schedule is often fully occupied leaving no time for personal rest. Such a situation calls for a minister to step outside him or herself and observe the situation. The term impose is used by Rediger in explaining that ministers should "impose their pastoral intentionality on their schedules or the schedule will impose its energy draining demands on them."[194] The pastoral

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[191] Human Metrics. "Jung Typology Test."
< http://www.humanmetrics.com/cgi-win/JTypes1.htm > Accessed October 2006. p1.
[192] Student Counselling and Careers Centre. "Assertiveness Workshop." Pietermaritzburg Campus. 2006. p1.
[193] Student Counseling and Careers Centre. Assertiveness Workshop...p2.
[194] Rediger, Coping with Clergy Burnout...p65.

intentionality is the strong belief in the sense of the calling from God to serve in ministry.[195] Therefore being called helps transform the toughest tasks into opportunities.

Imposing pastoral intentionality on schedules therefore requires a minister to pay attention to his or her vision. A minister as a leader needs to have a vision. The kind of leadership Haggai describes as "the kind of leaders who have a vision and can deliberately exert special influence to move a group or a country toward goals that will fulfil the real needs of the people."[196] One can say that a minister who leads without a vision leads the church into confusion, disorder, uncontrolled license and revolution. Haggai describes a vision as "a clear picture of what the leader sees his or her group being or doing."[197] According to him, a vision sees the opposite of the situation for instance, health where there is sickness, freedom where there is oppression or love where there is hatred.[198] Therefore in the face of HIV and AIDS ministers would be working towards a healthy and living society rather than being overwhelmed by the pandemic.

A minister with a vision would not be involved in everything, because he or she would be focused and have direction in ministry. To impose is not an easy assignment though, since it means going against people's expectations. In this case a minister needs to focus on his or her vision, which can be developed through Christian education. According to Hope and Timmel, Christian education is "seen and understood as an object that brings change in people's attitudes and situations thus leading to a change in their reality as they interact with it."[199] Therefore Transformation-centered Christian Education (TCE) intends and is concerned about transformation of an individual, the church and society. TCE is described as "Christian education concerning itself with 'transformation', which is the "forming over' of the church, persons and society."[200] Christian education is an activity that transforms reality, people's lives and social situations. With Christian

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[195] Philip Sharpe. *Stress and Burnout in the Methodist Ministry- Towards a Holistic Helping Model.* Unpublished Masters Thesis. Pietermaritzburg: University of Natal. 2002. p82.
[196] J. Haggai. *Lead on: Leadership that Endures in a Changing World.* Singapore: Kobrey Press. 1986. p9.
[197] Haggai, Lead on...p12.
[198] Haggai, Lead on...p12.
[199] A. Hope and S. Timmel. *Community Workers' Handbook.* Parktown: Grail and Federation of Dominicans of South Africa. 1996. p34.
[200] K. Tye. *Basics of Christian.* St Louis: Chalice. 2000. p12.

education, when explored and applied in practice, situations and people's lives should be transformed. TCE is a model that empowers and guides.

5.2.3 M- Management

Rediger begin his description of management by first describing self-management. He says that,

> self-management is taking charge of yourself (management) and means laying aside the fantasies which keep you from doing this...it means giving up the fantasy that someone will come and rescue you from this stressful problem.[201]

Self-management in other words means that people should take the initiative in controlling their lives in terms of caring for themselves. "Pastoral counselling actually begins when the first contact is made by a person to seek help."[202] In this case ministers should be able to recognize the need for pastoral counselling. Ministers are responsible for taking the initiative to go for counselling. This indicates that each person should be able to take decisions, which "are the key to action and ministry."[203] Management implies that a minister should also be able to manage his or her time.

Eugene van Nierkerk, Chrizanne van Eeden and Karel Botha, discuss Antonovsky's salutogenic model[204] of "generalised resistance resources (GRR) and the sense of coherence (SOC)."[205] This model is an emphasis on health promotion. Health promotion involves management, in which one is encouraged to have more resources to be able to cope with life's demands. This indicates that success is possible in demanding situations such as in the HIV and AIDS context. This means that a person with more GRR is more able to manage life's challenges.[206] The GRR includes,

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[201] Rediger, Coping with Clergy Burnout...p60.
[202] Clinebell, Basic Types of Pastoral Care and Counseling...p72.
[203] Rediger, Coping with Clergy Burnout...p60.
[204] Antonovsky salutogenic model aims at exploring the origin of health rather than explaining causes of disease. According to the salutogenic model people have access to a variation of resources that can help them perceive the world as an organised and structured reality. Towards the end of the 1970s, a sociologist Aaron Antonovsky began a research into health-oriented issues. He sought to explain the mystery of health and therefore came up with salutogenic questions.
[205] Van Nierkerk, Counselling in Southern Africa...p81.
[206] Van Nierkerk, Counseling in Southern Africa...p82.

> material resources, knowledge and intelligence, ego strength, mastery of flexible, rational and farsighted coping strategies, social supports, commitment to one's social group, cultural stability, a stable system of values and beliefs derived from one's philosophy or religion, a preventative health orientation, genetic or constitutional strengths.[207]

The GRR is an indication that management is the basis of a healthy lifestyle of a minister. Therefore a minister should manage the skills, lifestyle, environment, social life, cultural life, spiritual life, coping strategies suitable for him or her. This means making use of delegation (minister Maphalala pointed out the use of other professionals in his parish), training (minister Nkwanyane pointed out the training of congregants for pastoral care) and networking with other ministers, making use of the telephone and internet.

5.2.4 S- Support

Support is constantly mentioned in discussions of pastoral care and counselling. Supportive pastoral care and counselling is one of the ways ministers use to "stabilize, undergird, nurture, motivate or guide troubled persons enabling them to handle their problems and relationships more constructively..."[208] Clinebell further states that supportive counselling is one of the ways that assist individuals to cope with problems and crises.[209] The HIV and AIDS crisis caused by the disease has been approached with the use of supportive care and counselling groups. There are support groups for people living with HIV and support groups for orphans to name a few. Siyaphila community based organization in Pietermaritzburg is a support group in the communities for people living with HIV.[210] This group focuses on promoting positive living principles and acceptance of People Living with HIV and AIDS in the community. The group promotes that there is life after being diagnosed with HIV. "Support groups are intentional gatherings of people, committed to meet regularly, for the direct purpose of caring, listening, and sharing."[211] Support groups in the face of HIV and AIDS aim at giving help, encouragement and emotional nurture for whatever the members are facing in

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[207] Antonosvsky, A. "Unravelling the Mystery of Health: How People Manage Stress and Stay well." San Francisco: Jossey-Bass. 1987. In Van Nierkerk, Counselling in Southern Africa...p82
[208] Clinebell, Basic Types of Pastoral Care and Counseling... p170
[209] Clinebell, Basic Types of Pastoral Care and Counseling... p172
[210] Bongi Zengele. "Siyaphila C.B.O. 2003 - 2004 Annual Report." 2005. p2.
[211] K. Hansen. "Support Groups." in Hunter R. J. *Dictionary of Pastoral Care and Counseling*. Nashville: Abingdon Press. 1990. p1243.

common.[212] As mentioned above that supportive pastoral care assists in coping with problems and crises, therefore support groups can act as a source of pastoral care to ministers and to their congregants. Hansen states that,

> by having support groups for themselves, pastoral care givers can deal more readily with burnout, enhance their professional effectiveness, and increase their sense of personal fulfilment in ministry.[213]

An example of the support groups is an African network for religious leaders living with or personally affected by HIV and AIDS (ANERELA+). "ANERELA+ is a group of African religious leaders, ordained or lay, who are either HIV positive or personally affected by the disease."[214] ANERELA+ offers support to ministers who are living with HIV or who are personally affected. The ANERELA+ support focuses on one part of the minister's need for support. Such support is emotional support for living with HIV. Ministers are in need of the support of ANERELA+. However the support of ANERELA+ is not enough, if there is no personal support and social support. This is supported by Annette Prins and Eugene van Nierkerk, "it is a well-known fact that people who lack a well-developed support system are psychologically more vulnerable."[215] Therefore ministers need a well developed pastoral support system.

5.2.4.1 Pastoral support system (PSS)

There is a support system which incorporates social, personal and spiritual support. Pastoral support systems aim at controlling burnout, enriching pastoral ministry and personal growth for ministers.[216] Pastoral support systems begin with empowering a personal support system which is the basis for a minister who is to cope with burnout. Rediger argues that pastoral support is a system, therefore it involves three aspects namely the minister's own self-esteem and self-nurture, the minister's intimate relationships and the minister's spiritual support and discipline system. The three legs

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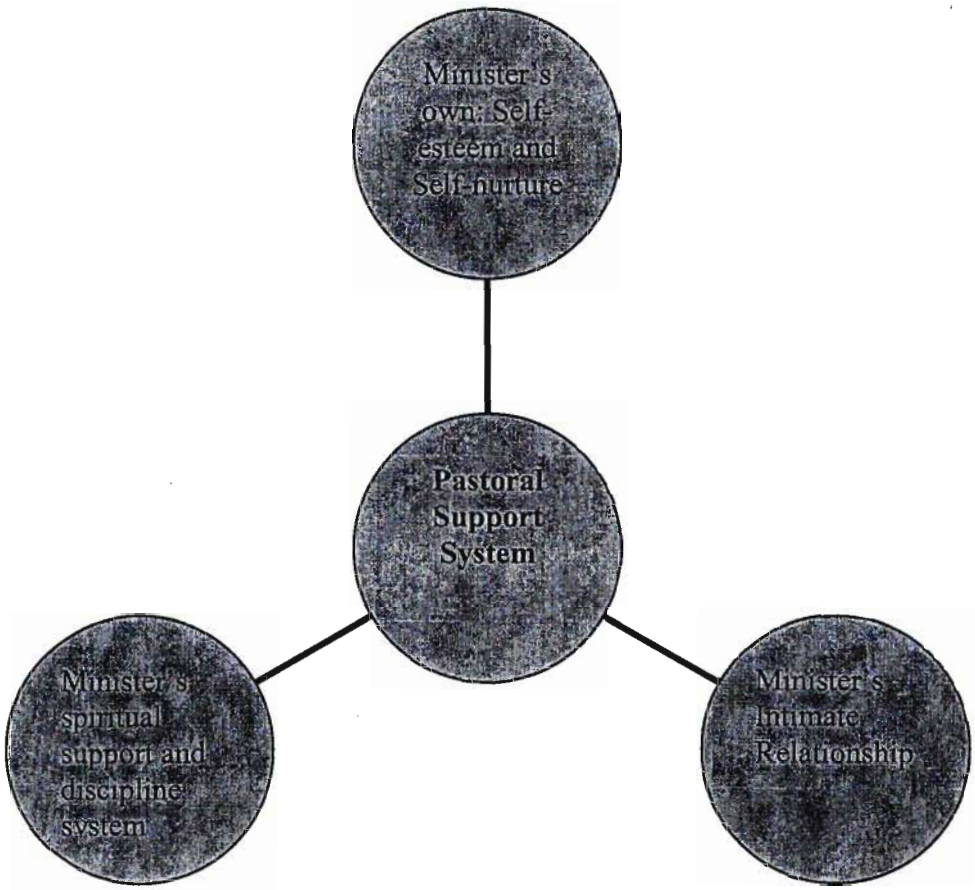
[212] Hansen, Support Groups...p1243.
[213]Hansen, Support Groups... p1244.
[214] ANERELA. African Network of HIV-Affected Religious Leaders Living with or Personally Affected by HIV and AIDS. <http://www.cpsajoburg.org.za/hivaids/anerela1.html> Accessed October 2006. p1.
[215] Annette Prins and Eugene van Nierkerk, "Theoretical Perspectives in Counseling". In Eugene van Nierkerk and Annette Prins (eds). *Counselling in Southern Africa. A Youth Perspective*. Cape Town: Heinemann. 2001. p42.
[216] Rediger, Coping with Ministry Burnout... p99.

therefore need to be maintained and form a balance. Lack of balance indicates that the support system is incomplete.

Antonovsky's salutogenic model of "a generalised resistance resource (GRR) includes the use of social support. The GRR needs to be balanced, meaning that the more GRR people have results in their being able to manage and cope with the demands in their environment.[217] The more resources available to ministers and the more resources ministers provide for themselves will assist. This means that the church structure should provide ministers with one part of the GRR (the spiritual) and the ministers on the other hand should provide another part for themselves (the personal) and the latter (the social) by the social relationships. The church can provide material resources, knowledge, and social support and some coping strategies for ministers. Ministers can therefore commit themselves as part of social groups to find their ego strength, knowledge, cultural stability and stable system of values. This therefore balances the pastoral support system, which includes the minister's own self, minister's spiritual support and minister's intimate relationship as shown below:

[217] Antonosvsky, Unraveling the Mystery of Health...p82.



1. The first leg is that of the minister's own self-esteem and self-nurture. This aspect is based on the self-care of a minister. This means that ministers should know that they have responsibilities in life, therefore to accomplish the responsibilities, means that they should develop their talents and themselves. The development process involves physical fitness, mental fitness and spiritual fitness. Development means taking time to nurture the body through healthy nourishment, the mind through knowledge nourishment (minister Makhathini noted this) and spirit through spiritual nourishment, for example minister Zulu and Xaba.

2. The second leg is that of the minister's intimate relationships. Relationships in the African context are the most important part of an African way of life. In the African context a family consists of extended family members and the living is communal. Relationship involves marriage, family, peers and close friends.[218] Minister Xaba pointed out in the interviews that he travels to his parental home for leave. Parental home plays a great role in the African community.

3. The third leg for a minister's support system is the minister's spiritual support and discipline system. The spiritual support includes the spiritual nurturing. Rediger points out that "the nurture of the spirit completes the wholeness trilogy: body, mind and spirit."[219] As previously mentioned, self-care includes developing spiritual discipline. Spiritual discipline is an important aspect for pastoral ministry, because ministers are spiritual leaders in the church. In the book *Walking in God's dream*, Wills is of the opinion that,

> Deep spiritual change is the best option. Personal change precedes organizational change... as pastors we have to walk the talk. Deep spiritual change is what is needed to lead the church today into the future.[220]

This calls for spiritual enrichment in ministers, for example minister Lukhele (in the workshops) and Hlophe who pointed out the importance of the spiritual aspect. Regardless of the HIV and AIDS situation, real and alive relationship with God is important. Therefore the spiritual dimension is the major resource for ministers even in the face of HIV and AIDS. Therefore for a minister to be renewed and restored for ministry, he or she should have intimate contact with God. Wills further states that,

> without taking time to grow your relationship with God, you will find yourself running on 'empty' and leaking out of your own strengths and talents... The 'Sabbath day' can be used to get rested in the spirit, or to get a place and be alone with God or do anything in the name of God.[221]

It is essential for ministers to have time spent with God. The spiritual aspect often came to the surface during the interviews. The spiritual dimension is therefore a major resource

[218] Rediger, Coping with Clergy Burnout...p99.
[219] Rediger, Coping with Clergy Burnout...p101.
[220] D. Wills. *Walking in God's Dream*. Nashville: Jossey-Bass. 1999. p78.
[221] Wills, Walking in God's Dream... p84.

for ministers in the face of HIV and AIDS. The personal spiritual life involves the role of a spiritual director. A minister should have someone with whom he or she feels comfortable to seek spiritual guidance. This means that such a person should be spiritually mature and have experienced involvement with ministers. Some of ELCSA-ED ministers have relied on the dean and the bishop for spiritual guidance. This concept needs further exploration and study. Each minister should be asked to find a Spiritual Director, and to ensure that they take a one day retreat every month for renewal and guidance. "Roman Catholic priests all go on a five to eight day retreat annually. This is a directive from the bishop."[222]

Conclusion

AIMS is a model in pastoral ministry which has emerged to assist in coping with ministry burnout in the face of HIV and AIDS. AIMS points to the importance of self-awareness, self management, imposing of pastoral intentionality on the daily schedules and a pastoral support system. Most ministers lack support, therefore the pastoral support system is the centre of the ability to cope with ministry burnout. Most ministers in the face of HIV and AIDS are responding to HIV and AIDS while ignoring self-care. AIMS is aiming at guiding and prompting ideas of caring for ministers in the face of HIV and AIDS. The model therefore leads to the recommendations and way forward.

[222] Edwina Ward, Interview conducted by Celiwe Dlamini on 23 October 2006 in Pietermaritzburg.

CHAPTER 6

Recommendations and way forward

Finally, this research which included the study of both literature and unstructured interviews leaves the researcher in no doubt that burnout is a significant factor in ministry. The researcher concludes that ministry in the face of HIV and AIDS is an occupation faced with a challenge of burnout. Pastoral ministry is a vocation which is marked by hardships, obstacles and problems which are beyond the coping abilities of the ministers as they work under pressure or expectations. The given nature of ministry, as a profession, in which it is humanly impossible to constantly cope with the demands placed on the minister is worsened by the HIV and AIDS context.

Ministry is not the only profession to face the challenge of burnout. It shares the same with other helping professions. However ministry has its own uniqueness. The researcher agrees with Lavender when she says: "whereas ministers have the same stress and frustrations as other helping professions, they also experience other sources of stress more unique to ministry."[223] This is supported by the findings in both the literature and the interviews conducted, as we realise the lack of support, the minimal training and the low salaries ministers receive.

Pastoral ministry in the face of HIV and AIDS is vulnerable to ministry burnout. The constant involvement in emotional situations adds to this vulnerability. Ministers in the context of HIV and AIDS are constantly with their congregants who are living with HIV and dying of AIDS. The research has discovered that some ministers in ELCSA-ED Swaziland circuit are experiencing great difficulties in the daily running of their parishes. Some of the ELCSA-ED ministers disclosed that they do not receive pastoral care and support in their ministry in the HIV and AIDS context. This has posed a challenge to the church. While the church finds a way to respond to HIV, there is a group which should be considered, that of the ministers, in other words caring for the carers.

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[223] L. Lavender. *They Cry Too*. New York: W. Clement Stone Publishers. 1976. p11.

Ministers have unstructured support, which is not balanced, or no support, which results in exhaustion and inability to function pastorally. An unbalanced support means an unhealthy minister, emotionally, spiritually and physically. There is a need for ELCSA-ED to empower her ministers in these areas. The more people (congregants) need pastoral care and counselling, the more ministers need pastoral care and counselling and support, emotionally and spiritually.

The challenge of addressing burnout in the Lutheran church is great because the structure has not yet considered the care for ministers, especially as they face the HIV and AIDS pandemic. In the research it transpired that ministers are no longer as effective as they should be. The lack of effectiveness means poor ministry in the church. There should be a transformation for the church leaders and the ministers, which could begin with addressing the matter of exhaustion among the ministers. Ministers need to be empowered, through pastoral care and counselling and support.

There are coping strategies which ministers and the church can use and develop to cope with burnout. Some of the coping strategies such as workshops, reading and spiritual guidance have been used by the ministers and have worked well yet more is required. Yet another burden is the constant transferring of a minister from one parish to another. ELCSA-ED has used the transferring of ministers from one parish to another as a way of dealing with minister's problems. Monat and Lazarus mention problem focused coping, in which efforts are made to improve the minister's environmental relationship by transferring him or her to another parish.[224] Therefore transferral as a way of dealing with problems, needs to be supported by pastoral care and counselling.

The AIMS model has indicated the involvement of the minister and the church structure. The pastoral support system's first leg (PSS) requires a minister to care for his or her self-esteem and nurture the self. In the second leg, a minister should have spiritual support and a disciplined system. This would be achieved through the help of the church

[224] Monat and Lazarus, Stress and Coping... p9.

structure, by making sure that all ministers have spiritual directors. The third leg is that of a minister's intimate relationships, which can be achieved through personal (family or friends support) and the church structural support.

The Lutheran church could therefore incorporate in the training and education for ministers, burnout and stress management in ministry as a way of preparing them for the challenges. This can be strengthened in the seminary for those undergoing training for ministry. For those already in ministry, workshops need to be organized. ELCSA-ED may encourage ministers to do physical exercises, nurture their spiritual and emotional lives and to have Spiritual Directors, thus formulating support systems. This means ELCSA-ED should also develop a support system which will specifically focus on ministry burnout.

Conclusion

In conclusion this paper discussed ELCSA ministers' needs to cope with ministry burnout in the face of HIV and AIDS. In chapter one, we discussed the background to the research and introduction. Chapter two discussed coping with ministry burnout, first by discussing burnout as a common phenomenon among helping professions and narrowing it to ministry burnout in the face of HIV and AIDS. Furthermore the chapter reflected theologically on burnout and the coping mechanisms available to cope with burnout. Chapter three thereafter discussed the HIV prevalence in Swaziland, the impact and the social influences of HIV. Furthermore chapter three discussed the involvement of ELCSA-ED in response to HIV and AIDS. In chapter four the findings informed of interviews and verbatim were presented and analysed. The analysis identified the minister's problems and the coping mechanisms ministers use. Chapter five presented an emerged model, AIMS, which is incorporated for the support for ministers in coping with ministry burnout. In chapter six we concluded that AIMS could offer a vision and a way forward. Most necessary is the "S," the support system to be balanced.

Bibliography

Books Consulted

Amoah, S. A. "From Condemnation to Compassion the Response of People of Faith to HIV/AIDS." in Oduyoye, M.A., and Amoah, E. (eds). *People of Faith and the Challenge of HIV/AIDS.* Ibadan: Sefer. 2004.

Barnett, T and Whiteside, A. *AIDS in the Twenty-First Century: Disease and Globalization.* New York: Palgrave Macmillan. 2002.

Barry, F. A. *Stress and Burnout in the Human Service Professions.* New York: Pergamon. 1983.

Bate, S. C. *Inculturation and Healing: Coping-Healing in South African Christianity.* Pietermaritzburg: Cluster Publications. 1995.

Blanche, M. T, Durrheim, K and Painter, D. *Research in Practice: Applied methods for the Social sciences.* Cape Town: UCT Press. 2006.

Carr-Hill, R. et al. *The Impact of HIV/AIDS on Education and Institutionalizing Preventive Education.* Paris: International Institute for Educational Planning/UNESCO. 2002.

Clinebell, H. *Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth.* Nashville: Abingdon Press. 1983.

Dicks, R.L. *Pastoral Work and Personal Counseling.* New York: Macmillan Company. 1949.

Dube, M. *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes.* Geneva: WCC Publications. 2003.

Easthope, G. *Healers and Alternative Medicine, A Sociological Examination.* Aldershot: Gower. 1986.

Haggai, J. *Lead On: Leadership that Endures in a Changing World.* Singapore: Kobrey Press. 1986.

Hansen, K. "Support Groups." in Hunter, R. J. *Dictionary of Pastoral Care and Counseling.* Nashville: Abingdon Press. 1990.

Hope, A and Timmel, S. *Community Workers' Handbook.* Parktown: Grail and Federation of Dominicans of South Africa, 1996.

Hunter, R. J. *Dictionary of Pastoral Care and Counseling*. Nashville: Abingdon Press. 1990.

Hulme, W. *Pastoral Care and Counselling*. Minneapolis: Augsburg Publishing House. 1981.

Hulme, W. *Pastoral Care Come of Age*. New York: Abingdon Press. 1970.

Lavender, L. *They Cry Too*. New York: W. Clement Stone Publishers. 1976.

L'Etang, H. *Fit to Lead?* London: Heinemann Medical Books LTD. 1980.

Maseko, Z. "Teachers withdraw from SNAT co-op." *Swazi Observer*. 29 November 2005.

Maslach, C. "Burnout Research in the Social Services: A Critique," in Gillespie, D.F. (ed). *Burnout among social workers*. New York: Harworth press. 10, 1 (1987) 95-105.

Maslach, C. and Jackson, S. E. Burnout in Health Professions: A Social Psychological Analysis. In Miller D. *Dying to Care? Work, Stress and Burnout in HIV/AIDS*. London and New York: Routledge, Taylor and Francis group. 2000.

Maslach, C and Leiter, M. P. *The Truth about Burnout. How Organizations Cause Personal Stress and What to do about it.* San Francisco: Jossey-Bass, A Wiley Company. 1997.

Miller, D. 2000. *Dying to Care? Work, Stress and Burnout in HIV/AIDS*. London and New York: Routledge, Taylor and Francis Group. 2000.

Monat, A. and Lazarus, R. S. *Stress and Coping: An Anthology*. New York: Columbia University Press. 1991.

NERCHA and Ministry of Health and Social Welfare. "Our Concern on the Increase on HIV and STI." *Times of Swaziland Sunday* 19 March 2006.

Nouwen, H. *The Wounded Healer*. London: Darton, Longman and Todd. 1979.

Oates, W. E. *The Christian Pastor*. Philadelphia: Westminster Press. 1964.

Pieterse, H. *Preaching in a Context of Poverty*. Pretoria: UNISA. 2001.

Prins, A and Van Nierkerk, E. "Theoretical Perspectives in Counseling" in Eugene van Niekerk and Annette Prins (eds). *Counselling in Southern Africa: A Youth Perspective*. Cape Town: Heinemann. 2001.

Ramsey, M. *The Christian Priest Today.* London: SPCK. 1985.

Rediger, G. L. *Coping with Clergy Burnout.* Valley Forge: Judson Press. 1982.

Sanford, J.A. *Ministry Burnout.* New York/Ramsey: Paulist Press. 1982.

Scriba, G. *The Growth of Lutheran Churches in Southern Africa.* Pietermaritzburg: Luthos Publications. 2003.

Snidle, H and Welsh, R. *Meeting Christ in AIDS: A Training Manual in Pastoral Care.* Salt River: Methodist Publishing House. 2001.

Stone, H. *Theological Context for Pastoral Caregiving: Word in Deed.* New York and London: The Haworth Pastoral Press. 1996.

Switzer, D. K. *The Minister as Crisis Counsellor.* Nashville: Abingdon Press. 1974.

Taris, T. W. et al. *Are There Causal Relationships between the Dimensions of the Maslach Burnout Inventory? A Review and two Longitudinal Tests.* The Netherlands: Taylor and Francis Group. 19, 3 (2005) 238-239.

Thornton, E. E. "Clinical Pastoral Education." in Hunter, R. J. *Dictionary of Pastoral Care and Counseling.* Nashville: Abingdon Press. 1990.

Tye, K. *Basics of Christian.* St Louis: Chalice. 2000.

Van Dyk, A. *HIV/AIDS Care and Counseling.* 3rd ed. Cape Town: Maskew Miller Longman. 2005.

Van Dyk, A. *HIV/AIDS Care & Counseling: A Multidisciplinary Approach. 2nd ed.* Cape Town. Pearson Education South Africa. 2001.

Van Niekerk, E, Van Eeden, C and Botha K. "Reflections on Psychological Strengths and Vulnerabilities." in Eugene van Niekerk and Annette Prins (eds). *Counselling in Southern Africa. A Youth Perspective.* Cape Town: Heinemann. 2001.

Weinreich, S and Benn, C. *AIDS-Meeting the Challenge: Data, Facts, Background.* Geneva: WCC Publications. 2004.

Whiteside, A and Sunter C. *AIDS the Challenge for South Africa.* Tafelberg: Human & Rousseau. 2000.

Wills, D. *Walking in God's Dream.* Nashville: Jossey Bass. 1999.

World Council of Churches. *Facing AIDS: The Challenge, the Churches' Response.* Geneva: WCC. 1997.

Relevant unpublished research (dissertations/theses)

Brandberg, B. *Lutheran Development Service Half Year Report for 2004*: Director's Remarks.

Central Statistics Office. *Education Statistics 2003.*

Edwina Ward, Interview conducted by Celiwe Dlamini on 23 October 2006 in Pietermaritzburg.

ELCSA Development Services. 2003.

ELCSA-ED Strategic Plan for HIV and AIDS. 2002.

Health and Development Africa Ltd. and JTK Associates. "Study of the Health Service Burden and Impact of HIV/AIDS on the Health Sector in Swaziland." Mbabane. 2005.

Mahaye, N. *The Evangelical Lutheran Church in Southern Africa-Eastern Diocese HIV and AIDS Programme.* 2006.

Microsoft ® Encarta ® Encyclopedia 2005 © 1993-2004 Microsoft Corporation. All rights reserved.

Poverty Reduction Task Force. The Ministry of Economic Planning and Development. "Social Protection of Vulnerable Children Including Orphans." 2002.

Poverty Reduction Task Force. The Ministry of Economic Planning and Development. "Draft-Poverty Reduction Strategy and Action Plan." 2005.

Sharpe, P. *Stress and Burnout in the Methodist Ministry- Towards a Holistic Helping Model.* Masters Thesis. Pietermaritzburg: University of Natal. 2002.

Student Counselling and Careers Centre. "Assertiveness Workshop." Pietermaritzburg Campus. 2006.

Towards HIV/AIDS Advocacy Action. "A Capacity-Building Workshop for the Lutheran Church." 2004.

UNICEF. "UNICEF Annual Report 2001." Mbabane. 2001.

Ward, E. D. *The Contribution of CPE to Pastoral Ministry in South Africa: Overview and Critique of its Method and Dynamic, in View of Adaptation and Implementation in a*

Cross Cultural Context. Unpublished PhD Thesis. Pietermaritzburg: University of Natal. 2001.

WHO and MOHSW. "A Situation Analysis of the Health Workforce in Swaziland." Mbabane. 2004.

Zengele, B. Siyaphila C.B.O. 2003 - 2004 Annual Report. 2005.

Relevant published research

Cozzens, D. "When Ministry Becomes Therapy." *Human Development: The Jesuit Educational Center for Human Development.* (V4) (4) 1983.

Flannelly, K. J, Roberts S. B and Weaver A. J. "Correlates of Compassion Fatigue and Burnout in Chaplains and other Clergy Who Responded to the September 11th Attacks in New York City" in *Journal of Pastoral Care and Counseling.* 59, 3 (2005) 213- 218.

Gillespie, D.F. *Burnout Among Social Workers.* New York: Haworth Press. 1987.

Gill, J. J. The Stresses of Leadership. *Human development. The Jesuit Educational Center for Human Development.* 24, 1 (2003) 10-17.

Hawkes, G. "The Relationship between Theology and Practice in Southern Africa." *in Journal of Theology in Southern Africa.* 10, 68 (1989) 29-39.

Jennings, D. E., "Ministering to Ministers." in *Human Development: The Jesuit Educational Center for Human Development.* 13, 2 (Summer 1992) 12-14.

Murray, P. C. "Effects of Bereavement on Physical and Mental Health- A study of the Medical Records of Widows" in *British Medical Journal,* II (August 1964) 274-79.

Pieterse, H. "The Empirical Approach in Practical Theology: A Discussion with Van der Ven." *Religion and Theology.* 1, 1 (1994) 79.

Vaughan, R. P. "Counseling Religious in Crisis" in *Human Development: The Jesuit Educational Center for Human Development.* 14, 1 (1983) 7-13.

World Wide Web pages (Online database)

ANERELA. "African Network of HIV-Affected Religious Leaders Living with or Personally Affected by HIV and AIDS."
<http://www.cpsajoburg.org.za/hivaids/anerela1.html> Accessed: September 2006.

Barry, A.W and William J. Connolly, J.W. "What is Christian Spiritual Direction?" <http://www.sdiworld.org/what_is_spiritual_direction2.html > Accessed September 2006. p1.

CIA. "World Fact Book." <http://www.cia.gov/cia/publications/factbook/index.html> Accessed: July 2006.

Croucher Rowland. "Stress and Burnout in Ministry." <http://www.churchlink.com.au/churchlink/forum/r_croucher/stress_burnout.html> Accessed: September 2006.

Ginindza, C. "The Social Impact of HIV/AIDS in Swaziland." <http://www.observer.org.sz/main.asp?id=24605&Section=main> Accessed: July 2006.

Ginindza, C. "Condom use still not popular – survey." <http://www.observer.org.sz/main.asp?id=24605&Section=main> Accessed: July 2006.

Green, S. "Nurses Dying as they Fight AIDS." August 13 2006.. <http://www.edmondtonsun.com/News/Canada/2006/08/13/1752239-sun.html > Accessed: September 2006.

Hart, A. Stress and Burnout. <http://www.churchlink.com.au/churchlink/forum/rcroucher/stressburnout.html> Accessed: September 2006

Hart, A. Coping with Depression in the Ministry and Other Helping Professions. The Success Factor. (Revell, 1984). <http://www.churchlink.com.au/churchlink/forum/r_croucher/stress_burnout.html> Accessed: September 2006

Help Guide, Mental Health Issues. "Burnout: Signs, Symptoms and Prevention." <http://66.49.93.104/search?q=cache:9XA4mrVDHEJ:www.helpguide.org/mental/burnout> Accessed: July 2006.

Human Metrics. Jung Typology Test. <http://www.humanmetrics.com/cgi-win/JTypes1.htm> Accessed: October 2006.

Sentinel Surveillance 2004. <http://www.alertnet.org/db/crisisprofiles/SZ_HUN.htm?v=at_a_glance> Accessed: July 2006.

The Lutheran World Federation. "Compassion, Conversion and Care: Responding as churches to the HIV/AIDS pandemic An Action Plan of the Lutheran World Federation." 2002. <http://www.lutheranworld.org/LWF_Documents/HIVAIDS-Action-plan.pdf> Accessed: July 2006.

UNAIDS, "2004 Report on the Global AIDS Epidemic." <http://www.unaids.org/bangkok2004/GAR2004/GAR2004_00_en.htm> Accessed: July 2006.

"Unity and Division among Lutherans in South Africa." <http://www.geocities.com/Heartland/Meadows/7589/liyth_div_en.html> Accessed: March 2004.

Whiteside, A.et al. "What is Driving the HIV/AIDS Epidemic in Swaziland, and what more can we do about it?" 2003. <http://hivaidsclearinghouse.unesco.org/ev_en.php?ID=4693_201&ID2=DO_TOPIC> Accessed: July 2006.

Zwane, P. "The Road Safety Council." <http://www.observer.org.sz/main.asp?id=23752&Section=business> Accessed July 2006.