
Learning Unit 16:

Spiritual counselling and the meaning of life

**GUIDANCE
TRACK ONLY**



[Care Track students: go to learning unit 17]

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Introduction

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Spiritual and religious counselling is probably, for various reasons, the most neglected aspect of counselling in the HIV and Aids context. What makes this fact so tragic is that many HIV-infected people crave for such counselling as they struggle with the questions of life and death. Even when HIV-infected clients may, in many cases, shy away from directly touching on spiritual matters, or may even be reluctant to discuss these with their priest, minister, imam or religious leader, they nonetheless often have the burning need to discuss spiritual matters. It is in this context that the HIV counsellor has an important role to play.



Key Questions

Use the following questions as pointers to ensure that you retain your focus on the important issues in this learning unit:

- What is the task of the spiritual counsellor?
- How can the counsellor operate within different spiritual frameworks?
- Which factors may complicate spiritual counselling in the HIV and Aids context?
- How should one handle spiritual counselling and religion in the case of children?
- What is the role of religious institutions in the Aids context?
- How can religious coping mechanisms be beneficial to HIV-positive people?

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Key concepts

Pay attention to the following concepts:



World religions	Spirituality
Secularisation	Traditional religious frameworks in Africa
Sanctity of life	Syncretism

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The task of the spiritual counsellor

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In this section, we stress how important it is that the spiritual counsellor should not pretend to know all the answers of life or act as a “life coach” or guru in guiding the client towards ultimate “enlightenment”. The task of the spiritual counsellor is much more humble: “to facilitate the client’s search for life’s meaning”.

<p>Study</p> 	<p>Prescribed book: pp. 488-489</p> <p>Section 16.1: The task of the spiritual counsellor. Pay special attention to:</p> <ul style="list-style-type: none">• Victor Frankl and his logotherapy with regard to the search for the meaning of life. Click on the link http://goo.gl/Ve9Jyt to watch a video where Victor Frankl explains the basics of his views about the meaning of life. If you are interested in the subject you can search for more videos about the subject on YouTube.• How the broader concept of spiritual counselling differs from more specific religious counselling.	
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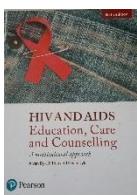
Operating within different spiritual frameworks

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Spiritual and religious counsellors often err by assuming that they and their clients share the same spiritual framework. Such an assumption is often mistaken, especially within the multi-cultural South African society, and may lead to a situation where counsellor and client speak “a different language” and where the client may experience the suggestions made by the counsellor as irrelevant or may misunderstand them.



Study



Prescribed book: pp. 490-493

Section 16.2: Operating within different spiritual frameworks. Pay special attention to:

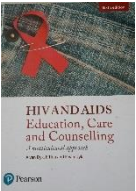
- The specifically religious frameworks of the different world religions as represented in Africa (e.g. Judeo-Christian or Muslim).
- Traditional African religious frameworks and their assumptions about disease and death.
- A general spiritual framework as opposed to a more specific religious one, which has become increasingly prevalent, especially in South Africa during the past few years.
- A secular framework where a client may not, for example, see disease as the result of some higher agent or God.

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Complicating factors

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The nature of the HIV and Aids context creates a number of complicating factors for the HIV counsellor, which may be especially problematic within spiritual counselling. These include negative attitudes, stigmatisation and stereotyping and the problem of death and how to deal with it.

<p>Study</p> 	<p>Prescribed book: pp. 493-496</p> <p>Section 16.3: Complicating factors. Pay special attention to:</p> <ul style="list-style-type: none">• The negative attitudes, double standards and taboos surrounding sexual issues.• The negative function of stigmatisation and stereotyping in dealing with fear and thereby the psychological attempt to separate oneself as far as possible from Aids.• The special challenges of counselling about death–and-dying issues.
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Children and religion

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As is also suggested earlier in Learning Unit 10, counsellors and educators cannot expect to confront young children with all the complexities of life and death and expect them to deal successfully and like adults with all the knowledge and emotions. The age and life stage of children, and the possibility of their understanding more abstract concepts, should therefore be taken into account when counselling them about religion and death.



Study



Prescribed book: p. 497

Section 16.4: Children and religion. Pay special attention to:

- The needs, perceptions and ability of children to understand various religious concepts at different ages.

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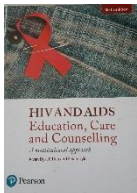
The role of religious institutions

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Common to all religious communities is the responsibility to preserve the sanctity of life. Within the Aids context this implies that such institutions will avoid their duty if they are indifferent or negative towards HIV infected members. Such indifference is especially sad if it goes hand in hand with negative attitudes and the indiscriminate labelling of all HIV infected people as sinners.



Study



Prescribed book: pp. 497-501

Section 16.5: The role of religious institutions. Pay special attention to:

- The general imperative to preserve life because it is sacred. Do the Activity on page 338 to enhance your understanding of how people see the task of religious institutions.
- Problems of confidentiality and trust and how counsellors can overcome this barrier.
- Capability and willingness of institutions to help people infected and affected by the Aids epidemic and practical ways in which they can help.

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Religious coping mechanisms

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This section wishes to emphasise the potentially beneficial effect of religion and spirituality on the physical, emotional and psychological health of people. Religious coping mechanisms should therefore be integrated into the interventions of religious leaders when counselling HIV-positive members.

Study



Prescribed book: pp. 501-502

Section 16.6: Religious coping mechanisms. Pay special attention to:

- Possible religious styles of coping with a crisis and their potential effectiveness.
- Positive and negative coping strategies

You are now finished with this learning unit. Click on [Assessment](#) to do some self-assessment questions.

Assessment

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Study reflection

After completing Learning Unit 16 (Spiritual counselling and the meaning of life), you should have acquired the following knowledge and understanding and be able to:

- facilitate a client's search for meaning without offering advice or by suggesting what the meaning of their life may be.
- act as counsellor and educator within different religious frameworks.
- address the possible complicating factors within the Aids context.
- appreciate the special religious needs of children and the role of religious institutions.
- explain the possible positive or negative effects of different strategies of religious coping mechanisms.

Self-Assessment 16

Now is the time to pause briefly and to assess whether you have acquired the necessary knowledge and skills. Click on the link [Self-assessment 16](#) to do a few questions on this learning unit.

You are now finished with the assessment. The next learning unit in the Guidance Track is Learning Unit 18.

Appendices

- Assessment
- Glossary

SELF-ASSESSMENT 16

QUESTION 1

Nancy goes to her local priest and confesses to him that she is HIV positive. She asks him what sin she may have committed to deserve such an illness. What would your answer as counsellor be to such a question?

- (1) She should look into her heart and identify the sin that she committed and confess it (e.g. unfaithfulness to her husband).
- (2) It doesn't matter which specific sin she has committed, but she should accept that all illness eventually is for the good of the believer.
- (3) It is not her individual sins, but the sins of her whole family that have caused the crisis in their family.
- (4) Sin and disease cannot be linked directly. Although we all sin in many ways, God loves us nonetheless if we repent and ask for forgiveness.

QUESTION 2

What are the possible problems, according to your prescribed book, with preaching **ONLY** morals (e.g. abstinence and faithfulness) while condemning safer sex practises such as condom usage?

- (1) It is unnecessarily prudish and old fashioned.
- (2) It does not take the fact that all people are sinners seriously, and it does not take sufficiently into account the ethical principle of the preservation of life.
- (3) It ignores modern Bible interpretations about acceptable sexual morals.
- (4) It is in contrast with the view of the majority of church and religious leaders.

QUESTION 3

Nomsa belongs to a Christian church, but believes that her HIV infection was caused by witchcraft. As a religious counsellor, what would you tell her?

- (1) Witchcraft has nothing to do with it and it is incompatible with Christian beliefs.
- (2) HIV infection is caused by a virus and not by witchcraft or religion.
- (3) It is sometimes difficult for believers to understand why bad things happen to them, but if it is important to her, she should consult a traditional healer to help her deal with the disease.
- (4) She should confess her sins and cleanse herself from thoughts about witches.

QUESTION 4

How would a religious counsellor answer **secularised** clients' questions about why they were infected by HIV?

- (1) God wanted to punish them for their sins. They should therefore confess their sins (e.g. an immoral lifestyle) and ask God's forgiveness.
- (2) God often brings illness and pain into life's way to make us better people and to teach us important truths about life.
- (3) We don't always understand why things happen to us, but "bad things sometimes happen to good people" and being HIV positive doesn't mean that one is a bad person.
- (4) The devil is constantly trying to attack us and we should therefore expect that illness and pain will sometimes come our way.

FEEDBACK 16

Feedback Question 1

Alternative 4 is correct, because it is taught by most religions that one should not directly link specific sins to specific diseases. Although we all commit sins, diseases have many causes and may have many functions within a religious framework.

Feedback Question 2

Alternative 2 is correct. The preservation of life is always an important ethical consideration. If one therefore takes into account that all people are sinners it is important to teach people about life-saving practices, even if one does not condone the sins they may commit and which put them in danger.

Feedback Question 3

Alternative 3 is correct. It is NOT the role of the religious counsellor to convert a client to his/her own beliefs. In many traditional African churches beliefs in witchcraft and Christian beliefs co-exist. Although the immediate cause of Aids is a virus, this does not preclude the fact that the ultimate cause of Aids may be seen in a religious framework, which may include witchcraft.

Feedback Question 4

Alternative 3 is correct. Within a secularised framework any reference to supernatural powers (God or the devil) as being the primary cause of disease is not accepted.

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Glossary

World religions

The term refers to the major worldwide religions. These usually include Buddhism, Christianity, Hinduism, Judaism and Islam.

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Spirituality

Spirituality is a broader framework within which specific religious beliefs may function or may not function. Spirituality usually entails the following views: 1) A sense of connectedness to the universe; 2) The belief in some kind of power or spirit outside one's self; 3) The belief that life has a purpose; and 4) The conviction that one can have a relationship with the divine. See p.331 in your prescribed book.

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Secularisation

Secularisation refers to a process where the world is increasingly interpreted only in terms of natural causes and effects, while ignoring any possibility of supernatural causes or God as a causal agent. This may be a temporary suspension of beliefs (e.g. in the case of religious scientists) or in its more extreme forms may be equated with agnosticism or atheism. Secularisation often (but not always) is associated with an estrangement from organised religion.

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Traditional religious frameworks in Africa

Traditional African religious beliefs usually emphasise belief in and veneration of ancestors and belief in spirits, demons and witchcraft. These beliefs are often combined with other world religions such as Christianity, Judaism and Islam.

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Sanctity of life

Many religions emphasise, as an ethical principle, the all-importance and sacredness of life. The taking of human life especially (but also animal life) is therefore condemned in most circumstances.

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Syncretism

Syncretism is the mixture of beliefs from more than one religious framework. For example, the mixture of traditional African beliefs with Christian beliefs is often considered as syncretism. The term usually has a negative connotation, although contemporary scholars of religion consider it as a neutral concept and point out that most religions contain forms of syncretism.

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