

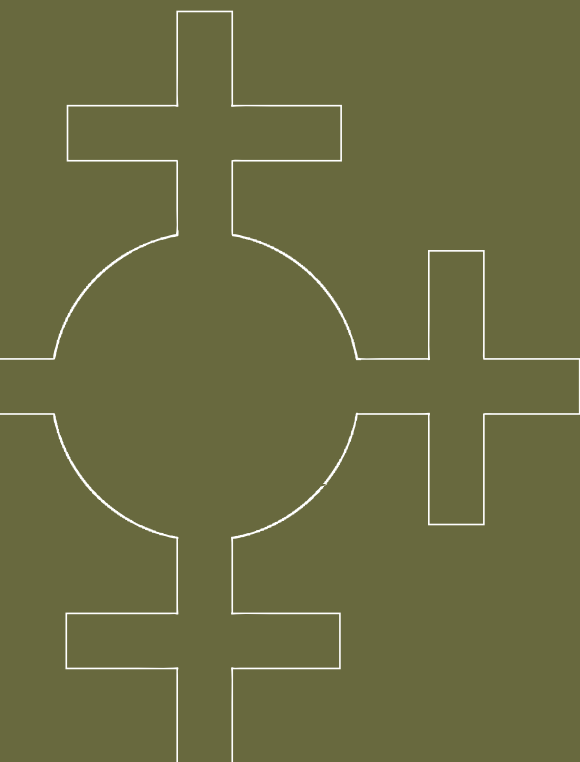


OneBody

VOLUME 1

North-South Reflections in the Face of HIV and AIDS





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One Body consists of a collection of reflections on the challenges, for the Church, of AIDS-related stigma. A second volume is devoted to resources for prayer, liturgy, worship and bible-study, combined with personal testimonies from people living with HIV and AIDS. Volume 1 is produced in English and Portuguese, volume 2 in English.

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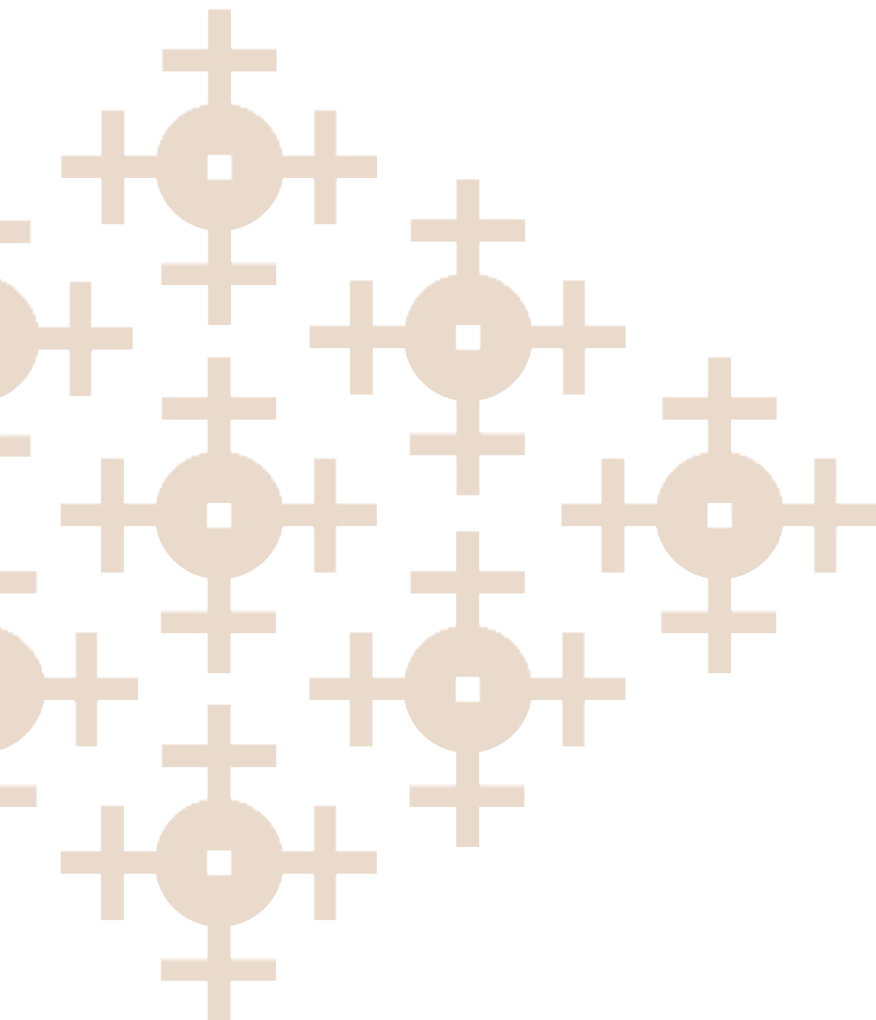
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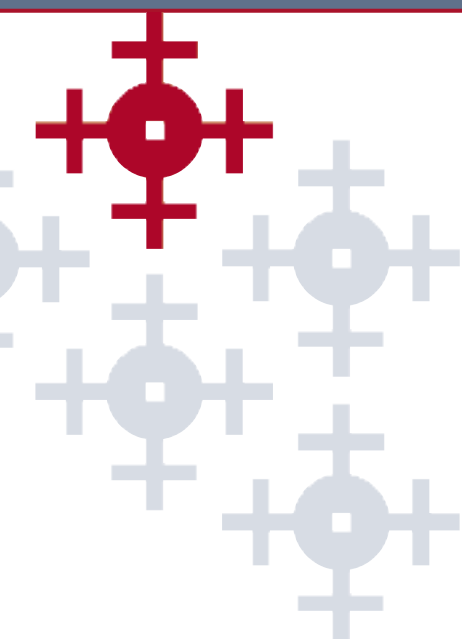
 **Human Sexuality**

 **The Inclusive Church**

 **Images of God**

THE NORDIC-FOCCISA CHURCH COOPERATION





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Opening Affirmation

'One Body' is the outcome of a close and collaborative dialogue between people from four countries: Mozambique, Zambia, Norway and Denmark.

We have been brought together by the Nordic-FOCCISA Church Cooperation. Our work was motivated by the call for ecumenical initiatives in response to HIV and AIDS both in Africa and elsewhere. It may be seen as a follow-up to an appeal from the World Council of Churches to work across regions, first of all in order to address questions of stigmatization.

We are lay and ordained, male and female, and come from a diversity of cultural, regional and denominational backgrounds. We come from churches, ecumenical and church related organizations, and organizations of people living with HIV and AIDS.

We share the pain of the HIV virus that has infected and affected us, both as individual human beings and as a church family. In a time of AIDS, we share the challenge of working theologically to overcome stigmatization by addressing issues of sexuality and gender, and by rethinking our mission and transforming our structures.

At the core of our work is the belief that we are, all of us, created in the image of God. God created us for one another and for Godself. Our bodies are temples of the Lord.

We affirm that God:

- is our Creator who embraces us with love, care and grace;
- suffers with us when we suffer;
- is present with us in life and death.

We affirm that the Church has a responsibility to combat AIDS-related stigma by:

- creating affirming 'points of presence' in areas of need, especially among people living with or affected by HIV or AIDS;
- working towards the creation of inclusive communities that draw on available human resources, including the resources and wisdom of people with HIV and AIDS;
- prioritising the empowerment of people living with HIV and AIDS;
- remembering that people with HIV and AIDS are the most powerful resource in the struggle against the epidemic.

We affirm that human sexuality is to be celebrated and enjoyed. We are created as sexual beings, but we are called to exercise stewardship over our sexuality, and to behave responsibly to one another and to ourselves. Honouring the integrity and dignity of each person, we also carry the responsibility for protecting each other against the virus and the stigmatization that so often accompanies it.

Coming from the Southern African and Nordic countries, we are aware that HIV and AIDS-related stigmatization occurs in a wide variety of cultural and regional contexts, and that the characteristics vary accordingly. A response that is appropriate in one context may not be appropriate in another. Reconciled in our diversity, we are aware that we need to work together. We therefore welcome the complex challenges that have emerged from our dialogue, believing that they mirror the global situation we are trying to address. We believe that the encounter with the dissimilarity of our contexts has enriched the work we do in each of our separate countries, and has contributed to the global struggle against the stigmatization that is associated with HIV and AIDS.



North-South collaboration in a time of AIDS

The Challenge of Stigma

BY JAPHET NDHLOVU, COUNCIL OF CHURCHES IN ZAMBIA, JAN BJARNE SØDAL, CHRISTIAN COUNCIL OF NORWAY, BIRTHE JUEL CHRISTENSEN, DANCHURCH AID DENMARK, AND ELIAS MASSICAME, CHRISTIAN COUNCIL OF MOZAMBIQUE.

One of the most powerful blocks to the prevention of HIV transmission, and to effective treatment, is the stigmatization and discrimination that is encountered by people living with HIV and AIDS, their families and their survivors. Religions have tended to reinforce rather than challenge that stigma.

There have been many calls for a global response to the epidemic's challenges. The present initiative was born out of a desire to respond to these calls: in particular, to support the fight against stigma, to promote inclusive congregations, and to strengthen North-South solidarity. The aim was to explore the opportunities and insights offered by a joint, North-South theological dialogue on the issues of AIDS – a dialogue in which, most importantly, people living with HIV and AIDS have been invited to participate actively.

In 2001, in Nairobi, the World Council of Churches organized a Global Consultation on the Ecumenical response to the challenge of HIV/AIDS in Africa. 'For the churches', it is said in the preamble to the Plan of Action of this meeting, 'the most powerful contribution we can make to combating HIV transmission is the eradication of stigma and discrimination.'

Our process of dialogue and cooperation was a direct response to that call. It was hoped that the new perspectives offered by this dialogue would help identify some of the theological and ecclesiological roots of AIDS-related stigma. An additional, but related part of the task was to produce some materials that could be of use to local communities, especially to those who are responsible for teaching, preaching, worship and other congregational work.

The Nordic-FOCCISA Church Cooperation is the product of a collaborative relationship between the Fellowship of Christian Councils in Southern Africa and the five councils of churches in the five Nordic European countries. Consisting of sixteen

national councils of churches, this cooperation was born in 1988 out of a desire to find new ways to contribute to the battle against apartheid in South Africa. In 2003, facing the challenge of HIV and AIDS in their respective regions, the sixteen general secretaries agreed to initiate a joint process of theological reflection on the experience of HIV and AIDS-related stigma and discrimination. National councils of churches in Zambia, Mozambique and Norway, along with DanChurchAid in Denmark, were asked to take the process forward on behalf of the whole group. A core group was appointed, has met and corresponded regularly, and is responsible for the material that you now hold in your hands.

Unity in Christ

This volume consists of a collection of reflective articles designed to address some of the theological issues which emerged in the course of the process. The second volume is devoted to resources for prayer, liturgy, worship and bible-study, combined with personal testimonies from people living with HIV and AIDS in both regions, South and North.

We have given these volumes the title 'One Body'. For in Christ we are all one. As individual human beings, we are one body made of flesh and blood. Christ the Healer, Christ the Reconciler is raising us up and giving us new life, both as individuals and in community. However fragile we are, however sick, however confused and difficult our real lives are, we are whole in the eyes of God, created in God's image and given new life in Christ and through the Holy Spirit. The same applies to the community of the Church.

Let there be 'no dissension within the body' is St Paul's injunction. And in John's Gospel Jesus goes even further, when he prays to the Father 'that they all may be one. As you, Father, are in me and I am in you, may they also be in us, so that the world may believe that you have sent me.'

God is reflected in the unity of the body, which in turn is the



image of our unity with God. So our image of God, our understanding of who we are as the Church and our view of human sexuality are all closely linked to one another. This one-ness is what we celebrate when we come together as a community.

It is in our liturgies, in our worship and in the message we receive in our sermons that the 'One Body' is celebrated and reflected upon. But this, unfortunately, is also where divisions are created and maintained, where stigmatizing attitudes are nourished and where God is portrayed as a vindictive creator. As Christians who identify with God's work of unity, we should be particularly sensitive to these forces of division. Where these take the form of stigmatization and rejection, we should focus particularly strongly on the ever-more-intense interdependence of the body of Christ.

The mirror of injustice

The Human Immunodeficiency Virus – HIV – is one of the greatest challenges the world is facing today, threatening the global human family by destroying the lives of individuals, families, societies and nations. For those who are living with HIV or AIDS, stigmatization is a key reason for reluctance to disclose their condition or to come forward for voluntary counselling, testing, healthcare, or medication to prevent transmission to an unborn child.

HIV and AIDS have affected human lives in ways that are complex and far-reaching. AIDS has become a mirror that reflects the injustices and inequalities, stigmatization and prejudices that already exist in society. In severely affected regions, it is a cultural phenomenon that is turning the world upside down and challenging the institutions of society at every level. Reflecting on HIV and AIDS is therefore also a matter of recognizing deep-seated cultural, political and economic realities.

The international discourse around AIDS is mainly driven by media and financial influences originating from the global North. Medical treatment is an example. Widely publicised

struggles over patents, intellectual property rights and access to antiretroviral treatment have occupied media headlines, and also encouraged new thinking and changing strategies in research and treatment. By drawing attention to the distribution of medicine and resources, the structure of health systems, access to research and the priority which is denied to local paradigms of treatment, AIDS has raised crucial questions about the global world order.

In the words of Ugandan priest Gideon Byamugisha, himself living with AIDS, 'It is now common knowledge that in HIV and AIDS, it is not the condition itself that hurts most, but the stigma and the possibility of rejection and discrimination, misunderstanding and loss of trust that HIV positive people have to deal with.'

For Africans, the racial question has also been crucial. The image of Africa as 'the cradle of AIDS' provides a powerful driver for discrimination and ostracism, and also confirmation of a racist mythology. There is a fear that racist attitudes are exacerbated by widely publicised statistical evidence of connections between African descent and a high prevalence of HIV. So the repercussions of AIDS-related stigma reach far beyond the individual, the family or the local community to colour the whole global dialogue about HIV and AIDS.

The stigmatization experienced is like a virus attached to an already-deadly virus. The fight against stigmatization saves lives, it relieves suffering, and it greatly increases quality of life even in situations where effective medication is not available.

Fractured Church, fractured world

In Christian circles in particular, HIV and AIDS have been a reason for social exclusion, discrimination and stigmatization. Many believers found - and still find - AIDS to be an indication of moral depravity and sin. When parents have died from or are living with HIV, their children have been excluded from church schools, and their families have been shunned by congregations.



AIDS has been used as an excuse to preach about morality and the right way of living, and at the same time to boost the self-righteousness of the so-called 'moral' majority. In the meantime, of course, church-related mission hospitals, schools and community health programmes were often engaged, patiently and quietly, in caring for people living with HIV and AIDS and supporting them in their struggle for proper care and basic human dignity. Nevertheless, it is not surprising that so many opt for silence and denial, rather than risk the avalanche of social stigmatization and rejection they have seen others forced to endure. And in the light of the suffering caused and the social catastrophe that is unfolding before our eyes, we can only wonder what 'the real sin' is.

The notion of stigma

Stigmatization means labelling someone as being unworthy of inclusion in the community. It often leads to discrimination and ostracization. This labelling doesn't need to be expressed openly, though. The more subtle forms of stigmatization can be just as expressive as the explicit ones: for example, attitudes, whispering campaigns, avoidance of physical contact or eye-contact, or apparently accidental exclusion from a group. It is inevitable that people who get this kind of treatment will internalise these stigmatizing messages, and experience the shame and guilt associated with self-stigmatization.

It is clear, therefore, that there are many reasons why one might wish to conceal HIV positive status or avoid taking a test that might confirm it. In some communities, though, the number of people infected can be so large that there is no way of hiding it. In others there is a level of 'unofficial' knowledge, where something is known and tacitly acknowledged at one level, but a pretence kept up that it is not the case. Nevertheless, however open people are about their status, it doesn't mean that the stigmatization will disappear. The reasons for stigmatization are many, they are culturally dependent and not always easy to identify. In the end, no outsider is capable of assessing whether it is there or not: only people who are infected or directly affected by the virus can tell if the stigmatization attached to HIV is still present within their communities.

The compassion of Jesus

The Church is called to be different. What insights does the Christian faith offer to us as we try to address the stigmatization and exclusion associated with AIDS?

Some New Testament texts are particularly helpful in the search for a truly holistic Christian response to fighting the silence, shame and stigma associated with HIV infection and

AIDS. In first century Palestine, for example, leprosy was regarded as a particularly horrible, uniquely stigmatized disease.

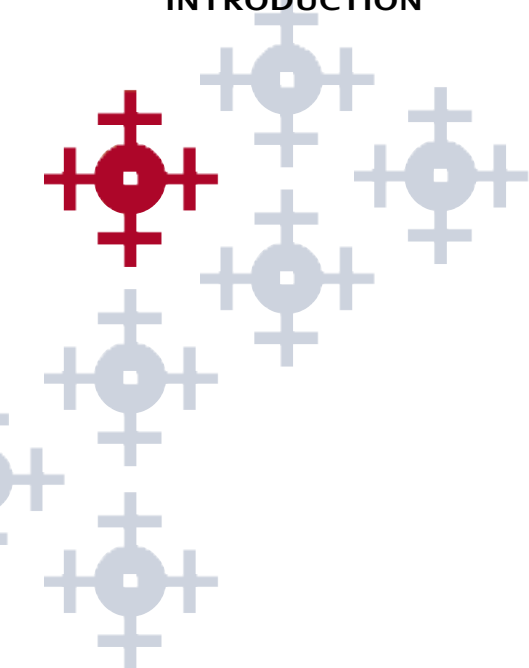
When Jesus encountered the leper on the Galilean pathway, he chose to extend his hand, to touch the leper as he healed him. In so doing, he defied social custom and disregarded the taboos and the possibility of contagion associated with leprosy. In short, Jesus chose to risk both health and social acceptability. Why did he act in this socially and medically unacceptable way?

The healing of the leper was no isolated incident. On the contrary, compassion characterized Jesus' entire life and ministry. Repeatedly he responded with compassion in the face of ignorance, hunger, sickness, and even death. It was compassion that gripped him, when he saw the sick and the blind among the multitudes and the sorrow of those who had lost loved ones. But Jesus' compassion did not remain merely at the level of emotion. On the contrary, it expressed itself in practical ministry. Out of compassion, he raised the dead, taught the multitudes, and healed the sick.

In ministering to the needy, Jesus was not afraid to make physical contact. He took the hands of the sick and the demon-possessed. His fingers touched blind eyes, deaf ears, and silent tongues. Most astonishingly of all however, Jesus touched the lepers - the outcasts of his day. And thereby he demonstrated the depth of his compassion.

The compassion of Jesus knew no boundaries, flowing out beyond his friends to encircle his enemies. According to the New Testament, Jesus is not merely an outstanding example of human compassion. More importantly, he embodies the compassionate heart of the God of the Bible. Divine compassion leads to divine action displayed above all in Jesus Christ. It is through this mirror that we should look at our churches - which are the Body of Christ - and the way in which they respond to the reality of HIV and AIDS.





Reconciled diversity

In the process that has produced these volumes, the main task has been to try to identify some of the theological and ecclesial roots of the stigmatization and discrimination as it is experienced, within the churches, by people living with HIV and AIDS or by their families and survivors. By making these reflections available, we hope to help to assist the development of true and fully inclusive communities permeated by the love of God.

From what has been said already, it must be clear that this is not a straightforward task. In Namibia, in 2003, UNAIDS organized a workshop on stigma for leading theologians from five continents. 'Christian theology,' said the agreed statement from this workshop, 'has, sometimes unintentionally, operated in such a way as to reinforce stigma, and to increase the likelihood of discrimination.' This situation, said the theologians at the Namibian workshop, needs to be addressed at the level of what Christians believe, what their clergy preach, what they sing and how they pray, and what is taught in their seminaries.

Our contexts in Zambia, Mozambique, Denmark and Norway are extremely different. Nonetheless, during the process we shared, we came to the conclusion that theological reflection on HIV and AIDS-related stigma raises common questions in relation to three major themes:

1. Our images of God
2. Our concept of the Church
3. The whole issue of human sexuality.

For example: If we think of HIV infection as a punishment from an angry and vindictive God, how does that check out against the God of our scriptures, or the God we meet in church? When people living with HIV infection or AIDS feel stigmatized and excluded from their own congregations, what does that say about our understanding of the church we believe in?

When the link between HIV and sexuality is said to be one of the reasons why many people infected or affected by HIV are stigmatized, does that reflect a Christian view of human sexuality or doesn't it?

The process has not been straightforward, though. The diversity of contexts has - perhaps unsurprisingly - resulted in a great diversity of contributions, some of which directly contradicted one another. But this is the reality of the Church's situation today. We hope that this diversified material will be a stimulus for genuine dialogue. It would be an interesting exercise for a group to read together a couple of the articles from different continents on one of the three main themes, together with some of the quotations, and to follow it up by sharing thoughts and reflections based on the real life situation of the participants.

We do not pretend that we have been able to address our three themes in the depth and theological complexity each of them deserves. We make no apology for that. It is up to you, the reader, to take it further.

Our hope is that these volumes can:

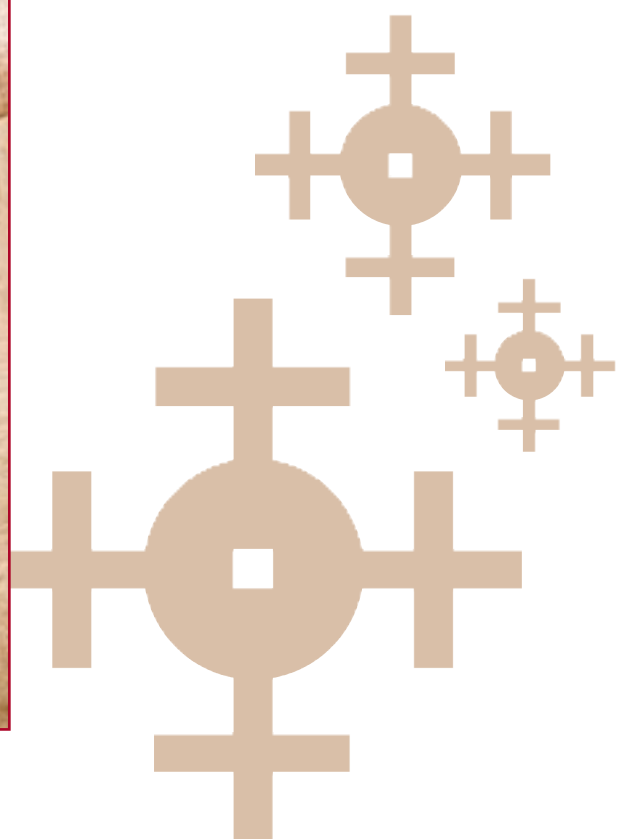
- generate new reflection and work on HIV and AIDS;
- give useful tools for study groups, liturgies, Bible studies and other activities;
- generate similar assessments and processes on other related issues causing stigmatization; and
- encourage other multinational and regional projects reflecting on the issues and producing further materials.

Hopefully, 'One Body' reflects a reconciled diversity that takes full account of our humanness and our ecumenical fellowship. We come from the South and the North, the East and the West, and from many churches. We are lay and ordained, male and female, both HIV positive and HIV negative. Together, we are called to live reconciled, as a sign of the love of God in this world. We are, indeed, One Body.



For the churches, the most powerful contribution we can make to combating HIV transmission is the eradication of stigma and discrimination. Churches engaged early with HIV/AIDS, and many have excellent care, education and counselling programs. But the challenge to the churches is felt at a deeper level than this. As the pandemic has unfolded, it has exposed fault lines that reach to the heart of our theology, our ethics, our liturgy and our practice of ministry. Today, churches are being obliged to acknowledge that we have - however unwittingly - contributed both actively and passively to the spread of the virus. Our difficulty in addressing issues of sex and sexuality has often made it painful for us to engage, in any honest and realistic way, with issues of sex education and HIV prevention. Our tendency to exclude others, our interpretation of the scriptures and our theology of sin have all combined to promote the stigmatization, exclusion and suffering of people with HIV or AIDS. This has undermined the effectiveness of care, education and prevention efforts and inflicts additional suffering on those already affected by the HIV. Given the extreme urgency of the situation, and the conviction that the churches do have a distinctive role to play in the response to the pandemic, what is needed is a rethinking of our mission, and the transformation of our structures and ways of working.

WORLD COUNCIL OF CHURCHES, PLAN OF ACTION, NAIROBI 2001





Sexuality, HIV and AIDS and stigma

Human Sexuality



THEME PAPER. THE NORDIC-FOCCISA CORE GROUP, LUSAKA, 2004.

Our churches have sometimes unintentionally caused stigma and discrimination by their silence about sexuality, or by the negative theological approaches they have taught. Sexual sin has been stigmatized above all other sins. And yet biblical faith understands sin relationally, namely as the breaking of our essential relatedness to God, to one another and to the rest of creation in all areas of our daily lives. Jesus demonstrated that sin, even the sin of adultery, was not a subject of instant justice, but of forgiveness. The church has played a condemning role towards sexual sin and it is for this reason that people have not opened up to talk about it.

The different cultural contexts have also contributed with different taboos around sexuality. It has been difficult to discuss these issues openly even in the church and this has not been challenged by the church. On the other hand, the church has denied reality around sexual behaviour, and has behaved as if sex does not happen. Yet we know it happens every day among the members of the church. The stigmatization of people living with HIV and AIDS has thus grown out of the mistaken link often made in Christian thinking between sexuality and sin. This has led to many people feeling abandoned and therefore staying away from the church. The condemnation and lack of openness has hampered HIV/AIDS prevention and care.

Human sexuality as God's gift

We are created in the image of God and sexuality is part of the creation of human nature. God created us as sexual human beings in all our differences and this sexuality is to be celebrated, enjoyed and treated responsibly. The church therefore needs to talk positively about sexuality and bring out good stories related to sexuality. People living with HIV and AIDS are also sexual human beings who need to be embraced.

In addressing issues of sexuality, the challenge to the church is to respond with care and compassion to those infected and affected by HIV, crossing the boundaries of fear and prejudice with the attitude of Jesus, reaching out and touching those in need. With a simple but profound touch, Jesus breaks down barriers, challenges customs and laws that alienate, and embodies his convictions about the inclusive meaning of the reign of God. This means action, perhaps starting a parish sup-

port group or supporting those who do this.

Ethics of sexuality

God created us for one another and for himself. Our bodies are the temple of the Lord and the abuse of these bodies is therefore an offence both against God and against God's creation. God created us to enjoy sexual relationships and in treasuring this gift, there are values that are to be attached such as respect, responsibility, caring, forgiving, loving and equality.

In discussing sexuality, there are issues to be addressed by the church such as misuse of power, exploitation, abuse, oppression, disrespect and sexual violence. In honouring one another as sexual beings, we are honouring life itself. The church must acknowledge that many people are forced or choose to live outside the sexual relationship sometimes as a result of stigma associated with sexuality. The church should therefore play a proactive role in dealing with these issues.

Individuals should take responsibility for their sexuality including responsibility for protection. The church has to acknowledge that sexuality is part of everyday life, and that people have to protect themselves. The simplistic strategies of prevention need to be challenged. The church should also encourage communication and openness among couples in sexual relationships.

Challenges to the church

The church should:

- Provide sexual education;
- Talk openly about sexuality from the pulpit;
- Provide sexual counselling for people - with a special emphasis on young people;
- Provide life skills that would encourage self-assertiveness;
- Listen to people's own experiences;
- Include the topic of HIV and AIDS in theological training;
- Encourage formation of support groups for those infected;
- Form solidarity support groups for those who are positive and those who are negative;
- Include HIV and AIDS in its liturgy;
- Tackle gender issues.

We believe that these suggestions will contribute to the reduction of stigma in relation to sexuality and HIV.



MOZAMBIQUE

The Church and its Role in Sexual Education

BY ELIAS ZACARIAS MASSICAME

HIV/AIDS continues to be a delicate issue to talk about in the church because of its sexual character. In Mozambique the difficulties that the Church faces have a lot to do with the way it is structured, as well as with African cultural factors with regard to HIV/AIDS.

It is difficult to talk about HIV/AIDS because certain groups see it as 'evil and punishment for sinners'. There are many reasons behind this, one of them being that in the process of socialization and in the religious context, Africans view sex as something belonging outside the domain of God's sovereignty. Hence, silence has come as a natural solution to issues pertaining to sex.

But a true way of seeking solutions in the fight against HIV/AIDS demands putting sexuality in its rightful place and regarding it as a factor linked to humanity and society itself. It must be addressed with care, as a good and delicate thing linked to procreation and to the holiness of the continuation of the human species.

Human beings are created in the image and likeness of God, and their bodies are a temple of God. They therefore have an obligation to respect reality.

In this era of technology and information highways, the need to demystify HIV/AIDS is urgent, in order to provide correct sex information to young people and curb the desire for free sex which is spread by the media. The juvenile's desire for freedom and emancipation at any cost has often led to anarchy and a break in the family link. When free access to infor-

mation is not accompanied by adequate training and education, it does not help young people to develop desirable life standards, values and ways of facing reality.

Breaking the silence

This places a challenge before the Church. However, it is important to note that a Church without a crisis is a Church without a history. Problems are always there and they must be viewed as opportunities to come up with new approaches in order to find solutions. What the Church needs to do today is to interpret, in appropriate language, what is behind HIV/AIDS, but to do this without distorting scientific content.

The challenge is, in the light of the Gospel, to find existing examples that can be used, in accordance with our cultural realities, in order to overcome the barrier and break the silence on human sexuality. The Gospel must be seen as a driving force in raising awareness and educating people about the HIV/AIDS pandemic.

With the so-called 'freedom ideals' of today, parents have lost their power to exercise authority over their children. Their line of authority has been distorted, as parents have been robbed of their parental role. This situation is cemented by the media, which feed the new generation with pictures that build up their appetite for irresponsible and premature sexual practices. The fragility of the education sector does not allow young people to have a sound soul in a sound body. As a result young people grow up with a fragile moral foundation and are not nurtured to grow into adults who have respect for sexuality in its holiness.



Rev. Dinis Matsolo, General Secretary of the Christian Council of Mozambique (CCM) says that the churches are called upon to provide sexual education. He says:

'Note that in many cultures the responsibility for sexual education was a duty for paternal uncles and aunts, and it was therefore taboo for parents to discuss sex with their children. But structural changes in society, including urbanisation, have created another reality and in the era of HIV/AIDS this kind of sexual education is no longer practical'.

Sexual education, therefore, must be seen as a critical instrument for preventing the spread of HIV/AIDS on the African continent, where more than 85% of HIV infections occur through sexual contact. Exercises or activities directed at sexually active groups like youths must be developed.

This type of education must include information on sexual and male reproductive health so that people know that apart from avoiding unwanted pregnancies, premature sex has other negative consequences. We all need to act responsibly in order to prevent and contain the spread of sexually transmitted diseases including HIV/AIDS.

The biblical attitude

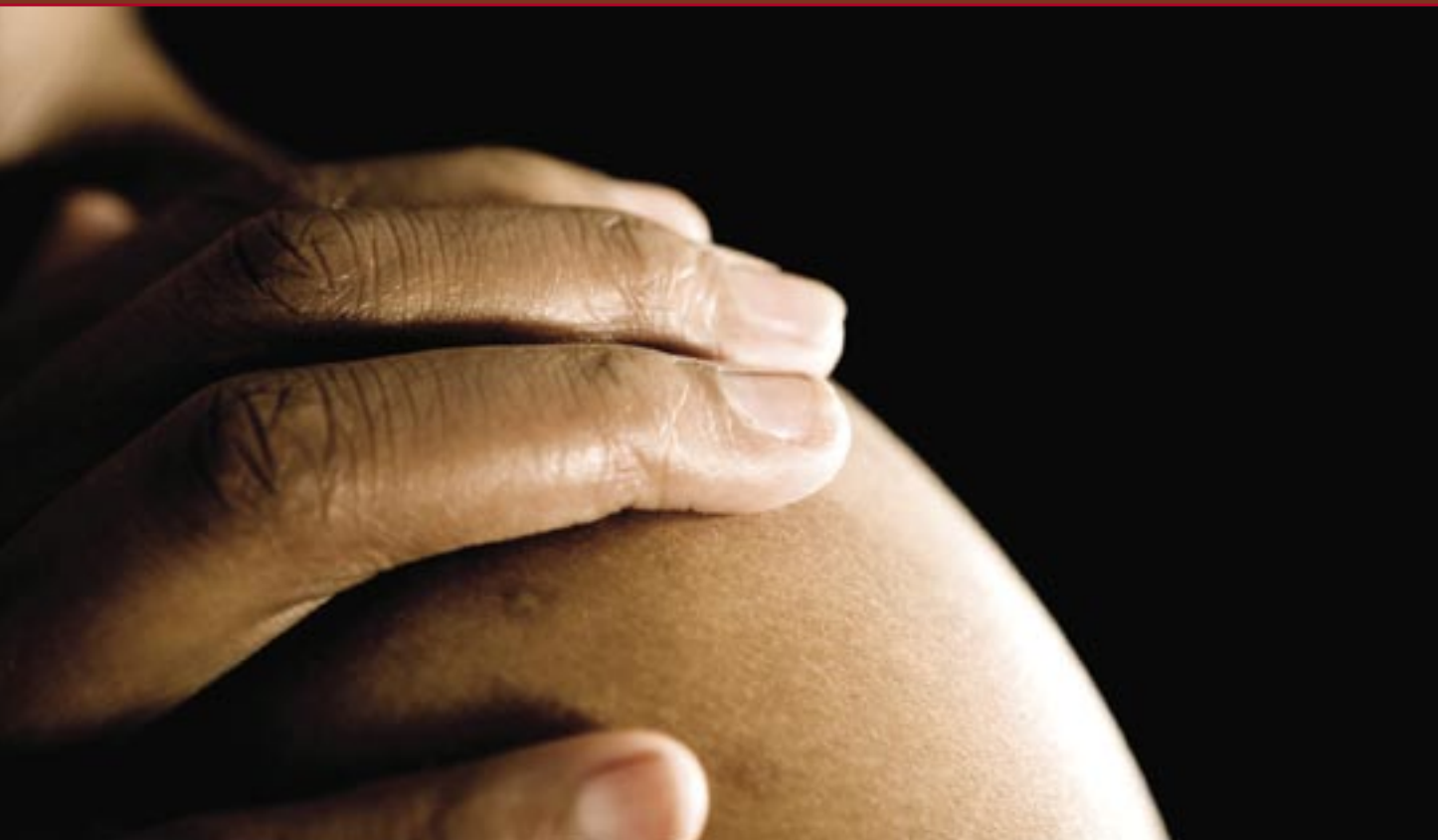
The Bible has a positive attitude towards sex as part of God's creation. It deals with sex in an honest and open manner while teaching that sex is to be enjoyed only within the institution of marriage (Gen 4:1; Prov 5:15-20).

Dinis Matsolo has argued: 'The reality of HIV/AIDS challenges humanity to change its attitude towards sexuality. Men and

women are called upon first of all to opt for abstinence before marriage, and for marital faithfulness for those who are married. The teachings of the Bible state that this is the correct manner of living and dealing with human sexuality. But these teachings are being misinterpreted. We are witnessing a great deal of sex abuse in society and this is the reality that we are faced with. And as we know, changing attitudes is not an easy thing, it is a process. This means that in prevention we must not only concentrate on change of behaviour but we must take behaviour training seriously. As in the English saying, 'You can't teach an old dog new tricks.'

Malawian theologian, Rev. Dr Augustine Musopole suggests that for the Church to promote behaviour changes in matters of sex and sexuality, it has to deal with its ambivalence: 'We need a clear theology of our social norms related to sexual development and behaviour, to include a theology of the body, of sexuality, of sexual pleasure, and of sexual ritual practices within the context of human inter-relationship in the cosmos', he states.

Since HIV is transmitted mainly through sexual intercourse, both the Church and society are urgently called upon to begin looking at human attitudes and behaviours concerning sex in order to break the silence. Theological reflections, debates and awareness campaigns, amongst other activities, are required. The so-called 'clear theology of HIV and AIDS' may be possible if churches and Christian communities promote and advocate a sexual education that integrates HIV and AIDS related issues.



Theological and practical reflections
on sexuality, gender and HIV/AIDS

ZAMBIA

Patriarchal Sins

BY JAPHET NDHLOVU

Much like the biblical world, the churches and African societies are still very patriarchal. Like many other societies in Southern Africa, the Zambian society still marginalizes women from access to property and decision-making. Many who are married or in relationships fear to insist on safe sex lest their providing husbands/partners desert them and leave them without food or shelter. Further, male violence has escalated so much in the HIV/AIDS era that many girls, women and elderly women are raped both in the home and in public. In such a set up, the formula of 'being faithful' becomes unworkable for many married and unmarried women. The formula of 'abstaining' is defeated by underlying social ways of distributing power unequally.

HIV and AIDS studies show that a major factor in the spread of HIV and AIDS is the powerlessness of women, especially their inability to make decisions about their lives due to lack of material ownership and decision-making powers. Indeed, the churches in Zambia, more often than not, are the guardians of patriarchal power and other unequal relationships. As long as men and women are defined as unequal, the control of HIV/AIDS will prove to be a challenge. This calls the church and

its leadership to repent from baptising patriarchal relationships and to struggle with propounding a theology that affirms both men and women as made in God's image and equal before God (Gen. 1:27). Jesus has long since set precedents by disregarding patriarchal power and calling into being a church that recognises the equality of man and women.

Inclusive understanding

It cannot be emphasised enough that HIV/AIDS is an issue of development.

Sexual behaviour in Zambia, including inside marriage, is very much influenced by the social-cultural-religious norms. For example a woman is taught never to refuse sex with her husband even when he is known to be involved in extramarital sexual liaisons or is suspected to have HIV or other STD's. Polygamy has also been implicated in women's vulnerability to HIV. Sex outside marriage by husbands is tolerated by society and does not seem to have any kind of 'impact' on a marriage: but sex outside marriage by a wife is an unforgivable crime. This scenario is also accepted in most churches as normal.

What is known as 'dry sex' is practiced throughout Zambia within and outside marriages. Some married women are com-

There is need for faithful leadership that can help to bring about non-judgmental attitudes. The churches must be places of openness where persons whose lives have been touched by AIDS can name their pain and reach out for compassion and consolation. The congregation is not fully representative of the body of Christ as long as any person with HIV or AIDS is excluded, barred or kept out. A healing Church should break down barriers.

JAPHET NDHLOVU

pelled, as a coping mechanism or strategy when socio-economic conditions are difficult, to exchange sex with other men for money or gifts. Widows are purged of the 'evil forces' assumed to have caused the death of a spouse and, therefore, a widow or widower for that matter is 'cleansed' through the act of sexual intercourse with a relative of the deceased. The belief that having sex with a virgin girl can cure HIV positive men has also increased the vulnerability of young girls and increased cases of incest. These practices amplify the risks of contracting HIV by both women and men but place women in a much more complicated position and renders them more vulnerable to HIV because they are not able to control their own bodies.

There is a serious intersection between Christian faith, marriage, gender and HIV/AIDS. Gender roles and relationships in marriage, have a significant influence on the course and impact of HIV/AIDS epidemic. The definition of gender roles affects the vulnerability of women and men to HIV transmission and mediates the impact on women and marriages. Therefore, if the church is to participate and contribute to the prevention of further spread of HIV, the issue of gender justice in the Church must be taken seriously.

The message to the churches articulated by women theologians in Zambia is that gender justice has not been given proper attention in the church. They are calling for a non-gender biased interpretation of scripture which informs people of God's love and expectation of all people. For instance, the insistence of preachers in most churches that women should submit to men is completely out of context and erroneous. Not only does such interpretation enhance the power of husbands over their wives in all spheres of life including sexual relations, but it also demeans the position of all women in the country, relegates them to subordinate positions and renders them powerless in taking control of their sexuality.

If there is to be hope for us in protecting families and building solid and healthy societies, people of faith must look beyond themselves. Faith in Christ can and does provide people with the inner strength to accept social and political responsibilities, find the will to apportion essential resources into gender justice programmes, to have good role models of marriages and to overcome the power of sexual desire that may lead into HIV and AIDS.

In Romans Paul states the problem and the solution in one breath:

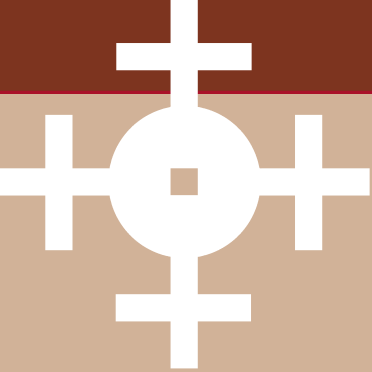
'So, I find this law at work; when I want to do good, evil is right there with me. For in my inner being I delight in God's law; but I see another law at work in the members of my body, waging war against the law of my mind and making me a prisoner of the law of sin at work within my members. What a wretched man I am! Who will rescue me from this body of death?' ROM 7:21-24.

In Ephesians 5: 22-33 Paul was cautious to balance his teaching by also instructing husbands to love their wives as they love themselves. Therefore, this scripture should be understood in the context that 'love' and 'submission' are two sides of the same coin. One has no effect without the other. It puts both husband and wife on equal footing.

Involvement of men

Men have a key role to play in preventing HIV/AIDS spread because they typically take the initiative in sexual relations and control the use or non-use of preventive measures, including condoms. Men play a major role in spreading the virus, and therefore they need to be mobilised as a vital part in the struggle to contain the epidemic.

Only when programs are designed that directly address men's sexual behaviour can there be a significant reduction in the rate at which the pandemic is spreading in Zambia. The main mode of transmission of HIV is through sexual intercourse. Hence, there is a need to positively influence men as the chief and powerful decision-makers in the family, especially in the patriarchal Zambian society. Men usually make decisions with whom, where and how to have sex. Men tend to have more sexual partners than women and men often do not use condoms consistently. Why do men behave that way? Mostly because society tells them that is how they should behave. Boys grow up expecting to have a lot of sex. Many men and women think that it is 'natural' for men to have more partners or that a man's sexual drive is so strong that it cannot be controlled. So boys grow up believing they have a 'right' to have sex whenever they want it and some girls grow up believing it is their duty to satisfy men. Women who want to protect themselves often feel they can not raise the subject with their partner.



God and Sexuality

BY JAPHET NDHLOVU

The presence and power of God, which Jesus announced as the reign of God, involves personal, social and cosmic transformation. The fact that God was not sexually described or defined was a notable and distinctive achievement of Hebrew religion.

However, the origins and development of human sexuality were related by that tradition, in its own distinctive way, to God's creative presence and power. In one Genesis account (Gen 1) when God created humanity, 'male and female he created, in the image of God he created them'. For love and companionship, for life-giving and co-creation this gift of sexual duality was given to humans as images of God.

This kind of human loving, sexual loving, is celebrated in itself as a gift in the Song of Songs. In other biblical writings it is recognised as mirroring God's love for Israel and as a sign of Christ's love for the Church, the community of his disciples.

The divine gift of sexuality implies a human call and task. The broader human goals of loving and giving life are specified more exactly in sexuality. These goals have to be sought over time by the development and integration of a person's sexual endowment into a fuller personal, relational and social life.

Sexuality is pure and profound. This means that it has to be recognised as part of the loving will of God. Sex is God's idea in the first place. It cannot be 'dirty'. Sexuality is all part of the creation that was pronounced by its creator to be 'good'.

It is a holy secret between two people deliberately designed to be physiologically and emotionally compatible with each other. It creates a bond that has psychological permanence to it and which requires a matching physical loyalty. The act is only part of the whole. It is the icing on the more substantial cake of a lifelong relationship. Individual sexual acts are oasis moments on a long journey, which expects its full share of desert stretches.

Such attitudes were reinforced by traditional polygamy, where a man could have more than one wife. When all partners respected traditional polygamy and were faithful, this gave men authority over their wives but limited the likelihood of transmission of any disease. Today, the tradition that condones polygamy is often interpreted as men's right to have sex with as many women as they wish. They do this without regard to obligations of fidelity or family responsibility. All women are viewed as sex objects for men. Furthermore men may not be afraid of their marriages breaking up, partly because their wives are in many cases economically dependent on them, and if the marriage does break up and lobola was paid, the children belong to the husband's family and not the wife's.

Men have considerable power in sex; they are seldom criticised for having several sexual partners. They are usually expected to take the lead in sexual matters and they often expect to have their sexual demands met. Abuse of this power is a primary factor behind the HIV/AIDS epidemic. It is thus important that men are encouraged to identify and prioritise their own issues in HIV/AIDS prevention, care and support, and to advocate for these issues. Due to Zambian men's position in society, it will be crucial to develop men's capacities to be responsive to HIV/AIDS prevention.

Shortcomings

Current HIV/AIDS prevention strategies commonly promote monogamy, fidelity and condom use, in connection with morality and religion - such as the ABC strategy which stands for 'Abstinence', 'Be faithful' and 'use Condoms'.

Since these strategies have failed to address the underlying concepts of masculinity and high-risk or even violent practices of sexuality, they have proven to be insufficient and even harmful. Due to systemic gender inequality and women's powerlessness, women have not been able to enforce these strategies vis-à-vis their male partners. Often, they have added to the existing burden on women's lives, as safe sex negotiation has become the exclusive responsibility of women. These prevention strategies have victimised and further marginalised infected women. An effective strategy will take the gender questions seriously.

HIV and AIDS is not just a health issue, but also a development, gender, social and economic issue, and should be regarded inclusively. It is therefore necessary to approach the HIV and AIDS crisis with a gender analysis and to look for gender-sensitive responses to the crisis. This requires comprehensive and contextualised programmes and a new language, avoiding stigmatization and marginalization.

JAPHET NDHLOVU

Empowering women is essential for a strategy which is holistic. Their exclusion from strategic conversations results in a partial view of the pandemic's challenge. It is in this context and with this in mind that the shortcomings of current prevention strategies should be dealt with.

There have been proposals to contextualise the ABC strategy and to extend it into an "ABCDE"- strategy. Instead of addressing and blaming individuals – particularly women – for the HIV/AIDS crisis, which in fact the frequently used ABC strategy is doing, the responsibility for change should be given back to the local community. It is necessary to work and promote dialogue within the local context taking into account existing power relations. Men must be held responsible for their sexual behaviour, and local authorities, churches or educational and social institutions must be challenged when they maintain and defend discriminatory and harmful norms and practices.

A B C D E:

- A. Advocacy for (gender) equality
- B. Attention to Body and sexuality
- C. Work with the Community and in Context
- D. Dialogue for Development
- E. Empowerment for sharing of power

A comprehensive and inclusive approach is needed that is based on advocacy for gender equality and that encourages women and men in the local communities to promote social change.

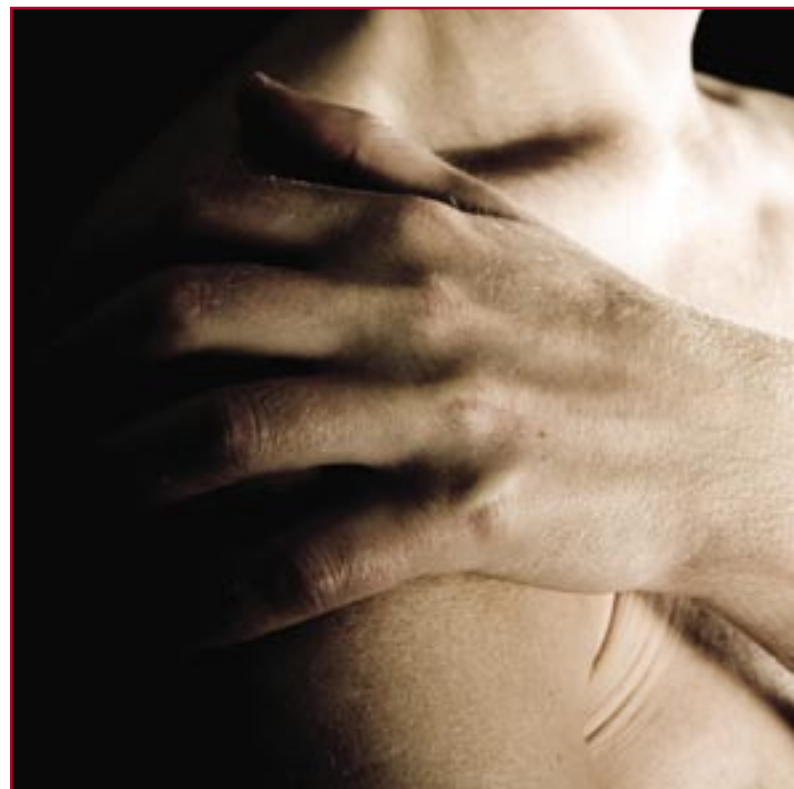
The call for leadership

The nature of the intersection of marriage, gender and HIV/AIDS calls for leadership in the church to challenge the social norms and values that assign an inferior status to women and girls and condone violence and abuse against them. The leadership is also challenged to promote equal power relations between women and men. In this way men will benefit from the process just as much as women. A terrible burden is imposed on men by gender roles which equate masculinity with sexual prowess, multiple sex partners, physical aggression and dominance over women, a readiness to engage in high-risk behaviour. If men can be encouraged to behave in ways, which are in accordance with the scripture and which reduce their own risk of HIV transmission, then they themselves will emerge

stronger, no longer stigmatised as drivers of the pandemic but enlisted as partners, as fellow leaders in finding the solution.

It is also necessary to recognise the role of patriarchy. Patriarchy has strong roots in both the Bible and culture. Despite the concerted efforts that are being made to reverse the unequal relations which exist between women and men, both in the Church and in the secular world, patriarchy still reigns supreme. It is widely acknowledged that the Church and religious institutions are custodians of culture and power.

This is the reason why patriarchal sins should be understood and removed. Instead, the Church needs to invalidate these trends by insisting on power sharing between women and men. In so doing, it will promote the conviction that responsible and respectful sexual behaviour for both women and men must be a foundational belief and a key strategy in preventing the further spread of HIV and AIDS.



Thoughts, reflections and experiences of groups of people living with or affected by HIV

NORWAY

The Vulnerable Taboo

In Norwegian society and in the Norwegian churches, HIV and AIDS tend to be associated in people's minds with sex or with sexuality. As a result, sexuality became an entry point for a conversation about God and ethics. In the group we asked ourselves: 'Is there a place for God in sexuality?' 'And what is the connection between our image of God and our understanding of sexuality?'

It is often thought, particularly - but not only - by religious people, that sex belongs to the 'dark' side of human existence. At one end of the spectrum of human experience stands God, who is light; at the other, hemmed in with guilt, shame and taboo, is sex. In western society, there has been a reaction away from this view. Sex seems to have become so freely available and so openly discussed, that it has become quite difficult to admit that one doesn't want it or one finds it difficult. The vulnerable, fragile, uncertain character of sexuality seems to have been banished. While this reaction against moralistic views is healthy, its unintended by-product is a culture of sexuality in which sex has completely lost its connection with faith, ethics or even - at times - with human relationship. So sex and God are still at opposite ends of the spectrum, and it seems difficult to find the rainbow that will bridge it.

Love and intimacy

Is there a place for God in sexuality? Of course, said participants: sex is part of the image of the incarnate God that is in us all. But it's not quite as easy as that. One problem is that our spirituality often neglects the body; another is that our image of God makes it hard for us to believe that God became incarnated in a human body with sexual feelings. 'Yes, sex is a gift from God,' said one participant. 'But at the same time it brings guilt and shame. It starts with affection and love; then comes the guilt and the shame.'

'We must be able to speak about sex as something normal,' said another. 'It's just as important to talk about HIV with language where words like affection, love, need for intimacy, forgiveness and love of neighbour predominate. But that is

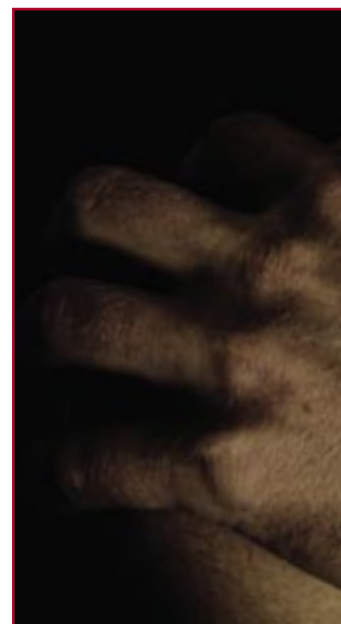
often not the situation today.' 'And yet lots of people get HIV from "ordinary sex" in a loving relationship. You don't have to have been particularly wild, or had a huge amount of sex.'

One focus of difficulty, particularly affecting Christian attitudes to HIV, was the way it is commonly connected, in people's minds, with sex, sexuality and sin. 'The word sin has become unusable,' exclaimed a participant. 'It has been corrupted and abused. It has been used by the strong to destroy and control the weak. People use it to enforce a set of rules that you can hide behind, without having to use your head.'

Sin alienates

Sin alienates us from other people, from ourselves and from God. In our discussions, we returned again and again to the question put to Jesus in John 9:3. 'Rabbi, who sinned, this man or his parents, that he was born blind?' This question underlines the human tendency to associate disability or sickness with moral blame. 'Behind this question there is the idea that some people are guiltier than others, and therefore deserve what happens to them. It's as if that makes the rest of us less guilty.' It became very obvious that those among us who live with the virus feel that they play this role.

Our HIV positive status operates as a moral stigma, allowing others to judge us as sinful, and thus enabling them to feel less sinful themselves. In this way the word 'sin' is in fact used by Christians to commit a sin: to break and destroy relationship and to create insiders and outsiders, whereas, on the contrary, the church should be at the forefront of the struggle to resist the notion of guilty and innocent carriers of HIV. 'Sometimes I have to acknowledge that I've made a bad choice, said one participant, 'and I carry the consequences; but hasn't every-





one made bad choices?’ ‘You have to be able to admit to mistakes, even in the church,’ said another. But there is a difference between talking about consequences and talking about punishment.

Values

Values and rules are needed as a basis for good and healthy relationships with ourselves, each other, the wider community and the whole of creation. We were not questioning that. ‘But the rules are there to help us interpret those basic values in real life situations, they are not there to condemn and exclude.’ In particular, the rules should be there to preserve life ‘in relationship’ by protecting and shielding the most threatened and vulnerable parts of the community and of creation. By this interpretation, ‘to sin’ is to break or destroy the wholeness of relationships, bringing about alienation from God, one another and everything created. Today, though, the concept of sin has become individualized in our culture, so that we urgently need a vocabulary that can pinpoint behaviour that undermines the integrity of relationships and places them in a wider moral context.

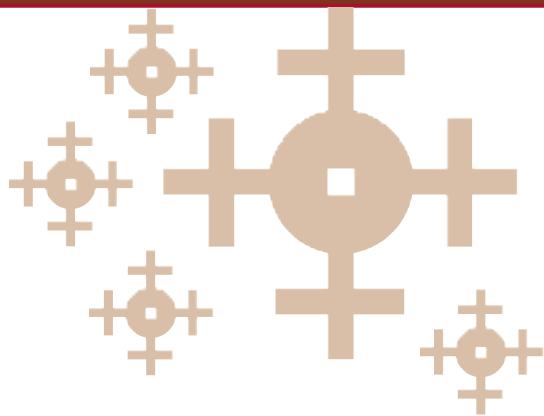
In this discussion, participants were helped by Jesus’ pronouncement that ‘the sabbath is made for humans, not humans for the sabbath.’ Here, Jesus is not saying that rules are unimportant; he is saying that their function is to help us find ways of interpreting basic values in the context of better and

more fulfilled lives. They are definitely not there to create categories of insiders and outsiders, or enable one group of people to feel more virtuous than another. Released from this understanding of the including/excluding function of rules, we can learn to speak more truthfully about sexuality and the relationships where sexuality is lived.

For the fact is that sex can be good and bad; it can be abusive or non-abusive; and so can marriage. As one participant put it, ‘The Church is not always truthful about the realities of marriage, especially regarding power and gender roles.’ Or in the words of an HIV positive woman, ‘There’s a lot of bad stuff going on in marriages, especially for women.’ ‘Which means,’ said another, ‘that we have to look at people’s real experience, and at our own experience, too, and not at the ideal images’.

Responsible stewardship

How then to understand the rules in a non-excluding way? The idea of responsible stewardship became important for us, and the discussion turned to the connections made in the Gospel between stewardship and ethics. We are not slaves or robots, and the guidelines are not intended to be followed slavishly. On the contrary, we are free and responsible stewards, trying to make the most out of the resources we have been given and the conditions in which we find ourselves. We need to remember that the world is in fact extremely unjust, our various starting points and conditions in life can differ hugely. And it is



never on the victim that God puts the main responsibility for fighting injustice.

'We do need guidelines,' said one participant, talking about the rules; 'and for the steward these guidelines and values are internalized. But it takes time to let these values become your own.' In helping us to live out the values of the Gospel, a function of the Church is to encourage in us the basic goodness we possess, and help us to satisfy our longing and thirst for the Kingdom. That means thirsting for justice and love for our neighbour. 'The process of internalizing these values is maybe like the mustard seed', said one participant. 'From being tiny and maybe fragile it can grow into something big and strong. Through confusion and uncertainty you can gradually arrive at recognition and understanding.'

The indivisibility of love

Reflection on sex and sexuality leads to reflection on life itself. 'I came that they may have life,' said Jesus, 'and have it abundantly.' The function of the commandments is to make this life possible for all. Between Life and Rules, therefore, the hierarchy is clear: the rules cannot be at the top, or we will become

legalistic and we will undermine our own calling - as well as that of others - to become stewards of life and of creation. If God-created human life and community are paramount in our hierarchy of moral priorities, then we are challenged to put a less rigid emphasis on the keeping of the rules and a stronger emphasis on our responsibility towards life, community and creation. In this way, the commandments come to be written on our hearts. God - who sees into our hearts and knows all our secrets - trusts us to interpret these commandments accordingly. It is our hearts of flesh, and not our books of rules, that enable the commandments to become incarnate in the real created world.

As churches and as individual Christians, God calls us to honour, accept and become responsible stewards of our own and other people's sexuality. To close with the words of an HIV positive participant: 'With the link it makes between love of God and love of the neighbour, that double commandment concerning love strikes a chord of response deep within human nature. But we need to remember the indivisibility of love. In order for us to love our neighbour and to love God, it is important that we can love ourselves.'

Self-stigma is an inner feeling of shame that may be experienced by those whom society stigmatizes. It is an internal response to the external experience of stigmatization, which stigmatized groups and individuals experience or believe to be present in the attitudes or reactions of others. In relation to HIV and AIDS, the images, ideas and 'meanings' that people carry - for example, sexuality, blood infection, and death - touch deep and vulnerable places in their consciousness. We cannot be open and honest about our stigmatizing or self-stigmatizing attitudes without exposing these vulnerable places.

FROM THE NORWEGIAN REFLECTIONS

To be infected by someone who didn't dare to tell the truth, was an overwhelming blow to my confidence in other people. How could I ever again dare to believe in anyone, when my trust had been betrayed so totally that it had even given me a deadly virus? How could I regain confidence in my own judgement? Would I ever again be able to rely on myself to take responsibility for my own life? These questions resulted in very low self-esteem and a feeling of apathy.

PREBEN BAKBO SLOTH, LIVING WITH HIV, DENMARK



DENMARK

A Divine Gift and a Human Task

BY CARINA WÖHLK

'It is not good that the man should be alone', the creating Lord says in Genesis 2:18. The best life is shared life. God has therefore created us to live together in relationships. And he has made it possible for us to unite ourselves with one another sexually.

Our sexuality and sensuality are natural, God-given ways in which life expresses itself. Two people who are drawn to each other can together transcend their individual selves and create something that is greater and stronger than each of them. A sexual encounter can be powerful and creative. It can give intimacy and intensity, proximity and pleasure, respect and roominess. Lovemaking really is a gift.

But the gift is also a task. We expose ourselves in our sexuality. We lay ourselves bare for the other person. Vulnerability can be a temptation in itself. It can make us misuse our sexuality selfishly, in order to satisfy ourselves or demonstrate our power – at our partner's expense.

When we reach out to each other in desire and playfulness, we must be careful not to abuse each other. God has given us the obligation to use our sexuality in a responsible way. He is a lover – and he wants sexuality to serve love.

Human beings are sexual creatures, because God wanted it to be so. In sexuality is the genesis of life – the possibility of a child being conceived and a greater love coming into being. It is up to us to preserve the spark of life.

If we want to approach God and discover his plan for us, we must take into account our responsibility to ourselves and to others. We must administer the freedom that God has given us. This means keeping our head cool and our heart warm. We must dare to live and to love.

And we must unfold our own life and our life together conscientiously. This means that we must look after ourselves and each other – emotionally, socially, psychologically and physically.



DENMARK

Sexuality and Death

BY ELIZABETH KNOX-SEITH

AIDS is a learning process – a series of intense but disconnected experiences that vary with unpredictable force. You can be wide awake and healthy the one day – and be thrown back again into illness the next, without warning. New symptoms appear continuously – and not even the otherwise so knowledgeable doctors can keep track of what is going on in the individual's organism. Every person is unique, and the only thing one can say with certainty is that one cannot say anything with certainty.

- Am I going to die tomorrow?
- Can I live for four more years?
- Perhaps.
- Ten?
- Well, it is possible...

It is impossible for people with HIV to plan their lives. The disease can break out at any time and sweep them off the scene – but on the other hand there is no point in preparing to die. Many people live well-functioning lives, though perhaps with occasional relapses – and in that case it is irritating to have given up your education and everything else, just because you thought you were not going to live much longer. Many stay alive for many years – perhaps longer than we are aware of today. HIV and AIDS has only been known for about 25 years, so it has not been possible to gather statistics about its development over a longer period.

Whereas sexuality is a requirement for life to begin, death is the symbol of how life ends. In many cultures death is not conceived as life's final conclusion, but only as the beginning of a new life in a different form. But even so the process of dying can be experienced as threatening and critical: a transition that is frightening because it involves pain, struggle and doubt.

Sexuality appears to be caught up in a mesh of highly charged, interacting ideas, and is thus even more difficult to deal with than death. Death is a threat to life, physically speaking – but on a deeper level it does not threaten our relationship with God and the things of God. Death can be felt like a punishment from God, but more often it can be seen as the opposite, a gateway to God.

Sexuality, on the other hand, is more complicated to deal with. It is the necessary prerequisite for new life and at one and the same time perceived as a 'threat' to our relationship with God. This tension is particularly noticeable in the Christian tradition – and the problem has been solved by maintaining that sexuality belongs within marriage and is primarily meant for insemination, that is to say for the propagation of the species. In the Catholic tradition this is so invariable and consistent that contraceptive devices are forbidden, even when they are used within marriage. Sexuality as pleasure, as a means of experiencing deeper, more intense contact between individuals is not acknowledged.

The HIV and AIDS epidemic is probably one of the most telling symptoms of our contemporary brokenness. There, love and death cling to each other in a violent embrace. Young people, desperate to find intimacy and communion, risk their very lives for it.

HENRI NOUWEN

Sexuality is seen as a 'thorn in the flesh', an example of bondage to the world. Celibacy has been regarded as the most direct and sincere way to God, since those who choose celibacy, choose thereby to liberate themselves from the bondage to the world that the needs of the body generate. According to Paul, the body is the temple of the Holy Spirit – but it seems as though the temple can be defiled if sexuality is allowed to express itself as unrestricted pleasure. To tame desire and to live only in and for God has been the aim that many people throughout history have set themselves – without thinking that God can perhaps also be found in sexuality.

When a phenomenon like AIDS appears on the scene, it is not surprising that centuries of historical struggle and pain come to the surface. AIDS is such an emotionally charged phenomenon because it raises such profound and often traumatic existential questions. When sexuality is connected with death, a short circuit occurs in the human psyche – and this is surely the main reason for the terrifying anxiety that AIDS creates in many people. The possible spread of the disease becomes a battlefield for repression – and here we must dare to face up to issues that otherwise get swept under the carpet.

The threat to love

Sexuality expresses a person's innermost being. It is a deeply-felt impulse that drives one individual close to another, in a desire to create something that is greater than either of them can embody alone. This creativity can include creating children – but it is not confined to producing physical fruits of sexuality. In the tenderness itself, in the intimacy, a boundary is crossed – I realise that I am more than myself, that I am also part of an other. In this intimate arena, where I am suddenly more than just myself, a qualitatively new depth of being is attained – and it is this new level of being that is sexuality's deepest and most beautiful purpose.

In the North, we have encountered AIDS at a time when this experience of sexuality is in many ways splintered and shattered. Sexuality has become a commodity among many others, and we trade bodies in the strangest ways, with more and more elaborate symbols and rituals. We are no longer together just in order to meet the other in a genuine and deeply felt now – we search, despairing and hurting, for a confirmation of our

own being, our own identity and meaning. Sexuality becomes a medium through which we hope to find what we are looking for: the assurance that we are loved, that we are more than the worthlessness that we can feel invading our soul.

AIDS did not arise in a vacuum, but at a time when love is already being smothered by death – not an external, physical death, but a subtle death deep inside us. This death occurs when we no longer experience being loved in a natural way, and life's meaning and coherence seem to fall to pieces. AIDS hits us like a well-directed punch, finding the tender spot in our consciousness where we already have unhealed wounds.

The anxiety that many feel about HIV/ AIDS is a result of the impressions created in our minds by many years of intense debate in the media. A multitude of images dance before our mind's eye when we hear the word "AIDS" – and it is these images, rather than the disease itself, that are the problem.

AIDS plucks away at strings in our deepest subconscious: fear of annihilation, fear of sexuality... fear of being humiliated by a disease that makes us powerless and out of control.

It is especially the sexual aspect of HIV/ AIDS that affects us. The idea that sexuality is part of our real world has been repressed for centuries, so that it rolls around inside us like an unexploded bomb – and when a deadly disease that is passed on by sexual contact comes on the scene, it brings deep layers of anxiety up to the surface.

AIDS is much more than a "disease" – much more than an array of symptoms that can be described and observed clinically. AIDS is also an "illness" – a social, psychological and emotional condition that causes radical changes, not only in the life of individuals but in the whole social process of interaction and the formation of meaning. AIDS is a catalyst for the creation of collective images, conscious or subconscious metaphors that distort the way we think about life and death.

The risk of infection and personal integrity

AIDS touches a tender spot – the most essential sphere of human life, through which all new biological life is born: sexuality. AIDS is caused by the HIV virus, which is transmitted by semen and blood – and these body fluids are now associated with a deadly disease.

Love and Sexuality

A lot is written in the Bible and a lot is said in church about love and love for your neighbour and love for other people. About God's love for us and our love for God. This is the foundation of the Christian faith – and it's rather sad that church people are so terribly afraid of sex. It's true that the eternal, divine love – as far as we know – has an incorporeal form. But when we live our lives we experience another kind of love, the sexual kind. And I think that we ought to take it into account, because it plays such an important part in a person's emotional life and consciousness. Sex creates just as strong feelings within us as for example our concept of God or our religious faith.

It's as though church people are very much afraid of the sexual aspect of what happens when two people meet – and that they on the whole only refer to it as an example of all that can go wrong. Instead, they could just as well say, Look how beautiful it can be, if you let yourselves love one another and show it in your spirit, your mind and your feelings... and also with your bodies. And then stand by what they say, so it isn't just half-empty words. I think it's sad to separate sex and love, because they belong together, deep, deep down.

TESTIMONY BY JESPER, WHO DIED OF AIDS, DENMARK

Love itself is not infected, but it feels as though the very source of life is. A repulsive physical disintegration threatens us like a troublesome demon in the body.

In order to discuss how to prevent the spread of HIV, it is necessary to consider the profound psychological factors that are the driving force behind sexuality – and not just think that the problem can be solved either technically by emphasising the need for condoms, or morally by preaching sexual abstinence. Either of these measures can be appropriate, according to what premises we have for our choice of remedy, but neither of them takes fully into account the painful field of tension in which sexuality often operates.

To abstain or to use a condom demands a solid capability to defend one's personal integrity – and this in its turn demands a relatively strong sense of identity, that is to say, a knowledge of who I am and what I want. In addition it demands a desire to live – that is to say, to take care of oneself on one's own premises. If a person has no identity, no idea of a meaning in life, no sense of having the right to live a life of dignity and happiness – well, all talk of a conscious choice in a sexual situation is then absurd, whether one here thinks of abstinence or condoms.

In other words, it is not possible to discuss the prevention of the spread of HIV without taking into account the social and psychological factors that contribute to a situation where seemingly rational courses of action are not taken. To spread practical information about how one can avoid being infected with HIV must of course be given high priority – but in addition it is necessary to go deeper. The low self-esteem that characterises many people in society today is a decisive factor in the lack of motivation to protect oneself and others – and the pri-

mary need here is to assure that vulnerable groups (especially young people) have a proper, efficient and supportive network around them.

Reliving traumas

It is well known that an ambivalent attitude to sexuality and an inability to draw a line in sexual situations is often a result of experiences of sexual abuse. Genuine love becomes unattainable, and is often confused with a need to give oneself sexually, unconditionally and without limits, not on one's own but on the other's premises. A subconscious desire to repeat the trauma becomes the driving force in sexuality – and the pain is relived through a sexuality that indirectly becomes a mirror of the violence one has experienced.

The capacity for empathy and caring, both for oneself and for others, presupposes that you as an individual have received and receive enough love and care. If this is lacking, you will find it difficult to show respect, tenderness and consideration for your surroundings – and not least for yourself. You feel that you are not worthy of real love and care – and you might end in a spiral of destructive verification of that feeling. The lack of self-respect makes it difficult for you to take care of yourself and your own personal integrity – especially in sexual situations.

For those who look upon themselves as lonely, sex can be the only way to find warmth and personal affirmation – and it will then be easy to assent to various partners' wishes.

Willpower is set aside: you take what you get and make no demands. You expose yourself to humiliating experiences – but for those who are emotionally weak, the longing for intimacy can be so great that it is impossible to object.



The very young have a special need for all possible forms of advice and support to enable them to make right decisions – and it is important to have a balanced view of the possibilities that each individual has. Adults who are in contact with young people every day have a special responsibility here, because the decisions that young people take are not taken in the course of one single day. The emotional ups and downs will be considerable – and it is again important to strengthen the young person's self-confidence, in the conviction that there are territories waiting to be explored by these new hands and feet. There is an identity, a space to fill, in spite of the fact that the expected life span appears to be shorter than most people's.

Nearness and longing

For most young people, the desire to find a partner and to explore their body and sexuality is an important driving force. In a partner, they find a mirror that can make them aware of their own identity and aware that they deserve to be loved – loved as someone other than mummy's and daddy's child. That which really makes the process of emancipation from parents possible is discovering the person with whom one will one day be able to share everything, as a grown up and on equal terms.

The longing to find one's own counterpart, the loving mirror for one's own identity, is basic and deep – and vibrates as an inevitable inspiration to live life. In their longing to find a partner, people living with HIV are not only infected with a virus, but are hindered in their basic zest for life, in the desire to discover their own self through another person. That which was associated with an appetite for life, with the desire to explore oneself and the possibilities inherent in one's own identity, suddenly becomes associated with death. A short circuit

of an interminably deep emotional character is the result.

Wagging fingers won't help here. No use saying, 'You could have said no!' – for who can tell young people to refrain from following their deepest inner drive, the urge to find themselves through another person? Sexuality is a force that contains many more dimensions than we often think about, and this dimension, connected with identity, is the last one we should forget. In sexuality we are polarised, stretched out in an intense being, at one with the other person and thereby coming to ourself in a new and quite often surprising way.

Many of us are not consciously aware of this – but even so it is the motive for our constantly eager search for that person who wants to be one with us, deep inside. Not many have good enough intuition to find the One and Only first time round. For many of us, the search is long and tough, even though we might catch glimpses of happiness and recognition. If you encounter HIV on the way, it can be very difficult to re-establish a positive attitude to your sexuality and to everything inside you that previously gave life hope and meaning.

Young people who manage to find a clear identity in other ways than sexually are better protected against HIV and AIDS than those who do not. They have something to live for, something to protect – and are better able to say no to unprotected sex than those who with a gnawing emptiness in their stomach are afraid of being rejected. The longing to be one with the other in order to find themselves can be so desperate that a condom feels like a repulsive and useless barrier.

Many people who have HIV find it difficult to re-establish a balance in sexual life, to reach out, search for tenderness and love, but at the same time respect the limits that ensure that others are not exposed to infection. Many choose to isolate



themselves and not seek physical contact with anyone – and if they do so after all, it takes a lot of courage to tell their partner that they have HIV. That is not the first thing you talk about when you find each other – and even though you consciously choose to practise safe sex, the question comes up if and when the relationship becomes more permanent. How am I going to tell what I didn't tell? And, how am I going to tell why I didn't tell it? The fear of being rejected, and of not being understood, makes you feel extremely insecure about saying anything.

The responsibility

The most effective – but also most demanding – way to prevent the spread of HIV is to empower individuals so that they can refrain from self-destructive choices. If you have registered love deep in your heart, then you are no longer in much doubt about how you should seek it – and you will also feel yourself too precious to get involved in a relationship where there is no mutual agreement to take care of each other.

Even though someone dresses in smart clothes and takes part in the career race, they can be emotionally fragile on the inside – and when talking about protection against HIV/ AIDS with young people, it is vital to be observant. This is especially true if you are a person who has contact with young people over a longer period, or are part of their immediate network, either as family, friend, youth leader or teacher. Leaders of church youth organisations have a particular responsibility – for what is the church, if not a refuge for those who may not dare to open up for their most personal problems anywhere else?

In talking about HIV and AIDS, you are on the wrong track if you think that you are home and dry just as long as you mention 'safe' and 'rational' solutions – whether you incline to the use of condoms or sexual abstinence, according to your views of morality and sexuality. It can be important to discuss the courses of action open to individuals, and to pose alternative

God's will is to break stigma, shame, denial, discrimination and all those values that deny life. Zambia has suffered from theological silence on the issue of HIV and AIDS. We have to confront two issues which our modern churches and our inherited cultures, both Western and African, have been unable to handle openly and constructively - death and sexuality. How can HIV, this weapon of 'mass destruction', be so closely connected with the very instrument for the procreation of future generations?

JAPHET NDHLOVU

solutions for the young people – but it is also important not to try to convince them that there is only one particular, limited way of behaving.

Whatever is said, they will choose to live their lives on the basis of the conditions that they have inside themselves – that is to say, the view of life and of themselves that they have been given through their upbringing, their social context etc. Those who feel themselves repressed and neglected in their family context will often react with rebellion – which is to say that they will behave in exactly the opposite way to that in which parents, teachers or others have tried to persuade them to behave. All information about AIDS must therefore be given on the young people's premises, starting from the actual situation they are in, here and now, and with deep sensitivity for the sorrow, pain and longing that each individual bears within himself or herself, in his or her own unique way.

The best AIDS worker is one who follows a group of young people closely over a longer period of time, so that he or she is able to get an impression of each individual's situation, heart-searching, practical ideas and actual experiences of sexuality. The church is needed as an alternative 'backrest' for young people who do not know where they can go with their deep longing for a fellowship that can support them through crises. There is a crying need for leaders who are open and are good listeners – and who are not least sensitive to the things that cannot always be expressed in words.

It is an all-embracing task to support young people, so that they can achieve an inner maturity that makes it possible for them to make positive choices, not only with regard to sex, but generally. The problem is often that the adults themselves have not achieved that maturity, and are in fact just as damaged and threatened as the young people. Their capacity for self-control may have developed over the years – but on the other hand they may not be aware of any other solution than

control. Their ability to empathise and listen is limited – and therefore also their ability to help.

In church circles it is important to be actively aware of the painful inner world that many people inhabit. Idealistic moral demands can be all right as demands that you set for yourself, but if you try to ram them down other people's throats without taking into account the situation they are living in, then the result will never be satisfactory. At worst you can fail to fulfil your vocation to help and to alleviate suffering – at best you will alienate those who need your help, so that they go elsewhere in the hope of being better understood.

Many people, both young and older, lack a network that can support them through crises of a more fundamental nature. The church, in its original form as a dynamic, living community, should really be the fellowship that people so desperately need – but in fact that is unfortunately far from the truth.

The church's foundation is a vision, a deep, intense vision of a human community that crosses all boundaries, a fellowship that also gives individuals meaning and spiritual healing. Through its long history, the church has been just that – but it has also been much else.

HIV and AIDS are a challenge, a cry to the church to re-establish meaningful communities – a home for those who no longer feel at home with themselves. A hand is needed, a hand that reaches deep into the heart – into hearts that are broken in the shadow of rejection. Chaos and confusion must be transformed into wholeness and cohesion – in relation both to people's inner self and to life itself.

This does not involve building fences to limit individuals in their self-expression, but on the contrary creating the conviction that everyone has a vision for his or her life. And on this basis, confidence in love can grow – and with it the ability to administer sexuality, so that it is no longer repression's chaotic battlefield but an essential source of life.





The concept
the nature
the relevance

The Inclusive Church

THEME PAPER, THE NORDIC-FOCCISA CORE GROUP, LUSAKA, 2004.

In the era of HIV and AIDS, the Church has been the recipient of many accusations concerning its leadership role in the field of care and support. It has been accused of being a 'sleeping giant'; of promoting stigmatizing and discriminating attitudes based on fear and prejudice; of pronouncing harsh moral judgements on those infected; of obstructing the efforts of the secular world in the area of prevention, and of reducing the issues of AIDS to simplistic moral pronouncements. Churches have not been recognised as places of refuge and solace, but places of exclusion for all those 'out there' who are simply 'suffering the consequences of their own moral debauchery and sin.'

As HIV and AIDS impact deeper and deeper into the very fabric of society, bringing with it untold grief and suffering, there is a growing need for the Church to go back to its roots to rediscover its real nature - what it means to be Church - and in this way become much more relevant in this era of HIV and AIDS.

The problem

The Church of today has, in many instances, lost sight of the original calling, to love and be loved by God.

There are many times when it seems to operate in isolation from many of the issues that the world is facing today. HIV and AIDS have often been viewed as a medical problem and not a spiritual, communal issue. But what affects one, affects all, 'for we are all one body in the Lord.'

The problem of dualism has created barriers between people both within and outside of the Church. An attitude of 'us' and 'them' serves to divide rather than to heal and unite. And the strong association between sex and sin leads to a sense of some people being condemned 'as sinners' who deserve punishment.

One people – a church from below

In the churches we sometimes have a dangerous image of ourselves as being special, as if we were better than other people. In so many ways we create an 'us' and 'them', isolating ourselves as though we were no longer 'in' the world. We need

to understand what it means to be inclusive. Why are people living with HIV/AIDS not coming freely and openly to church?

In the same way as Jesus Christ identified himself with those whose lives were most broken, sitting at the table with tax collectors, sinners and the sick, we as the Church are also called to identify with people who are despised. The church has to start with the ones with whom Jesus identified himself – the outcasts, the rejected ones, the marginalized and people in need. People in these life situations should not be 'objects' for our good deeds; they are not there to give us credit in the eyes of God. On the contrary, it is when we are in the midst of such life situations that God reveals Himself. This calls for a genuine solidarity with all human beings in need.

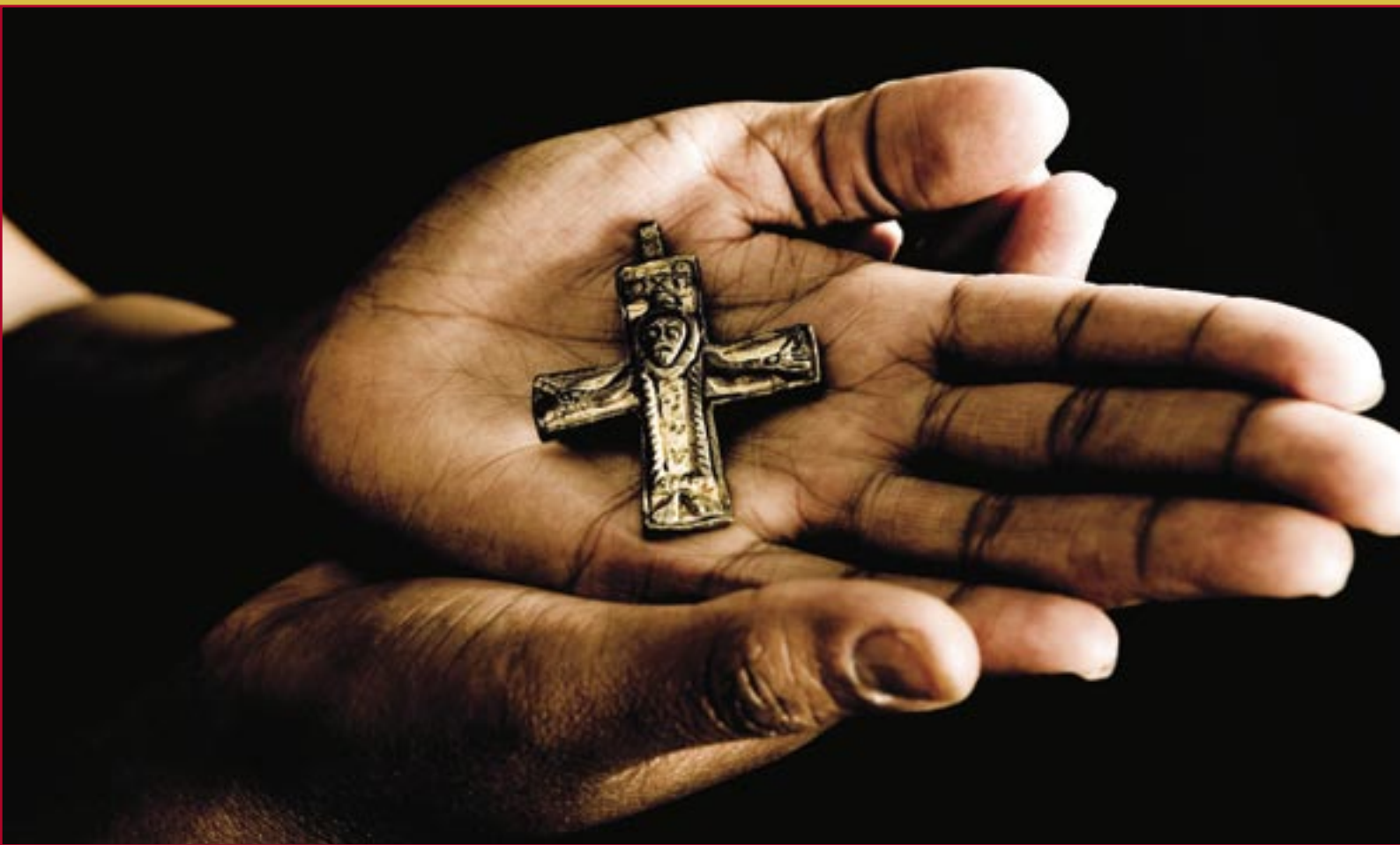
We also need to learn how to read the scriptures through the eyes of people living with HIV and AIDS; to develop a theology of compassion, acceptance and inclusion and to develop appropriate liturgies for this purpose.

A holistic and Christ-centred perspective

There is a tendency, too, for the Church to divide life into spiritual and physical segments – the former being regarded as the concern of the Church but not the latter. The Church needs to be liberated from this dualism. Christ came so that we may have life, and have it abundantly – and that involves every aspect of human life. The Church must be holistic in its approach, which means attending to the whole continuum of care.

In searching for the identity of the Church - what it is, at the heart of its heart - an important source is to be found in the Gospels – in the life of Jesus Christ. We need to look at what he did, who he met, how he related to people, how he listened, what he said, what his attitude was like and how he was present. For example, on the road to Emmaus. Jesus walked with people who suffered and was there for them.

Christ loved unconditionally. This, we believe, shows us the true spirit of diakonia – living with, walking with, touching, understanding, sharing, caring and 'struggling alongside'. What affects men and women, children and elderly people – created as we all are in the image of God – affects the Church and is therefore also a concern for the Church.



The listening Church

To be relevant to the lives that women and men are experiencing today, and to create a welcoming home as a place of solace and refuge for ALL in need, we have first of all to be present and listen: to hear the cry of God's people, to hear their needs and their thirst and hunger.

The 'doing' has to come from the 'being': we have to be humans who 'are' before we are humans who 'do'; and to BE the Church for people in need before we start on all the doing and talking. We believe this is true evangelism – making Jesus alive and giving hope and comfort to all people in need. Christ the Word needs to start with Christ the Body. We cannot, with integrity, preach the Word without recognising the Body.

Being one body

As Christ is not divided, we as the Church cannot be divided either. The present challenge is so huge that we can no longer afford to remain separated. When one suffers, we all suffer. The present Kairos-moment is an opportunity for true ecumenism, and for being one universal Church – North and South, East and West. In the end we should work together with all people of good will.

In the Church there has often been a suspicion of those outside our 'Church family membership,' a failure to engage in dialogue and to share experiences, to learn from one another and to interact with others from whom much could be learnt.

In relation to HIV and AIDS, lack of accurate information and appropriate skills has frequently led to attitudes of judgement, stigmatizing language, discriminating behaviour and silence over issues that are difficult to discuss openly in church.

Leadership needs training, guidance, resource materials, accurate information and better networking. It also needs a willingness to collaborate with others who are responding more effectively, and a readiness to address irrational fears and discrimination.

In addition, the secular world has recognised the need for the involvement of the churches because of their presence in the community, their credibility, authority and mandate.

Light of the world

The Church is called to be 'the Light of the world;' a light, not for itself, but for the world. To be a light, like a burning candle, means to sacrifice oneself in service.

Being a light, living our lives in the light, means also to live positively, and to break the silence over issues that we often don't want to talk about, like sexuality. The church also has an obligation to start talking about issues that are driving the epidemic such as poverty, unequal access, sexual abuse, domestic violence, gender and cultural challenges, amongst others. HIV and AIDS challenge us at the core of our beliefs. Raising the issues in our sermons, in a sensitive and compassionate way, can help to break the silence.



The Church cannot afford to bury its head
in the sand anymore. How can the
Church become a healing community?

ZAMBIA

The Healing Church

BY JAPHET NDHLOVU

The Church in Zambia, in common with the Church in the rest of sub-Saharan Africa, cannot afford to bury its head in the sand anymore. The impact of HIV and AIDS is being felt at all levels of society. This has posed a threat to economic progress and human development by attacking the most economically productive age group and reversing gains in life expectancy and child survival. AIDS is a national disaster. It cannot be managed without mobilising all the sectors within a nation. The Church in Zambia needs to make AIDS prevention a matter of compelling priority. Since some members of the Church are positively infected, we can safely say that the Church - the body of Christ - has AIDS.

But the Church is, by its very nature and teachings, a caring community and it should be involved in intervention strategies aimed at meeting human need. The Church is – as the body of Christ - called to be daring and different. In the light of the HIV and AIDS pandemic, the Church is called to fight against discrimination, stigma, prejudice, injustice and oppression. The Church is to be a representative of Jesus in ways of encouraging care, love, compassion for the sick and oppressed, understanding of those affected and infected in our communities, taking responsibility, speaking the truth and living as the light of the world (Matt 5: 13 –16).

To a large extent the Zambian Churches have not yet ade-

quately attended to the problem of HIV and AIDS. Once in a while, a seminar is held, and medical personnel are invited to give talks, but no theologically motivated response has yet been made. Apart from the caring role played, in the women's guild, by most women members of the Church, our churches seems to be in a denial stage. The pulpit has done very little to address this human scourge. One will listen to more condemning and judgmental sermons (particularly in condemning the use of condoms in the prevention messages) than concrete proposals of how the epidemic could be tackled.

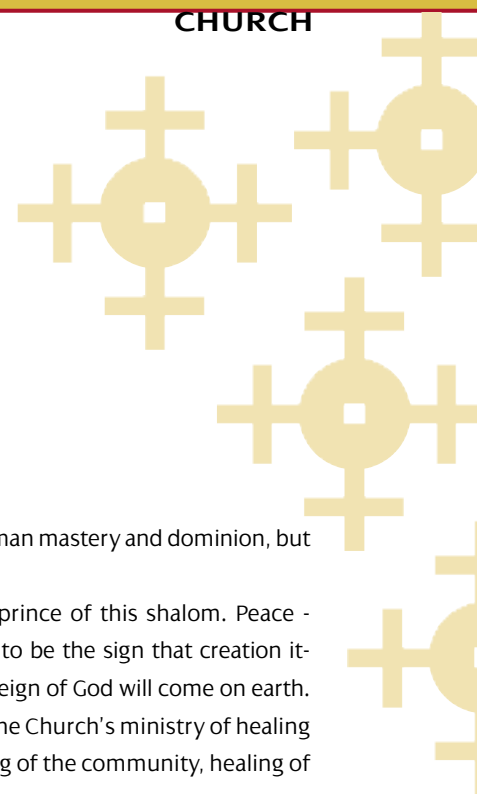
The lack of support groups at local congregational level is a huge challenge to the Church if it is to engage effectively with HIV and AIDS. The absence of support groups in local faith communities fuels stigma. Faith communities need to be empowered to discern God's will in contextual situations like the one that is posed by HIV and AIDS.

The problem is further compounded by the fact that the theological institutions where pastors are trained have just recently introduced a curriculum dealing with HIV and AIDS. Those ministers who got trained prior to the introduction of the HIV and AIDS curriculum are still in the majority, and there is a need to scale up the re-training program. This in itself poses a new challenge .

The presence of HIV and AIDS in the Zambian community, particularly but not exclusively in the Church community, re-

You can't deceive God, but with people you can try. I was two years alone with my secret. Two years in a psychological, spiritual and emotional hell. Two years with lies, excuses and repression. Two years that took me further and further away from friends and family, into a cold, dark loneliness. I fled from my church. I faced excommunication.

PREBEN BAKBO SLOTH, LIVING WITH HIV, DENMARK



quires Christians to find out who they are and how they are responding to the urgent need to act for inclusiveness and justice. Christians are not simply called upon to offer charity to those whose physical bodies have the virus. By the very fact of belonging to this community, the Church challenges them to acknowledge that the virus has come into the body of Christ, which thus needs to respond urgently with tangible and realistic intervention strategies. Denial, fear, betrayal, misinformation, exploitation and ignorance have been major hindrances in dealing with HIV and AIDS.

The healing acts of Jesus

The New Testament pictures the healing acts of Jesus. Healing is part of creating a new order in society. It announces salvation. It demonstrates justice. It points to shalom, God's intended wholeness for all creation.

By contrast, much of the healing carried out by churches today has been co-opted by 'the system'. Rather than witness to a new order based on God's justice it is easy to make an uneasy truce with the prevailing system.

Too often humans are locked in narrow, parochial, self-serving definitions of health care that are clearly unbiblical and reinforce a compartmentalisation of life that denies the wholeness of the gospel's message. When health is restricted to the individual, when people are imprisoned by the glittering promise of technological mastery, when there is failure to connect health care and social justice and when there is denial that healing has an intrinsic relationship to taking care of the earth, then, that is a clear indication that there is a resistance to the biblical definition of health, healing and wholeness.

From the very beginning of the Bible, it is clear that all creation is one, proclaimed as good, and intimately dependent on its creator. God's intention for creation is expressed in the Old Testament vision of shalom: a term which indicated a wholeness, fulfilment, harmony, and peace that characterised the earth and all its inhabitants. This is the root of the Bible's understanding of health; it provides a basis for the Old Testament understanding of salvation. This shalom is never individual but corporate, known in community. It is never just between people, but always incorporates a right relationship to all

creation. Its purpose is not human mastery and dominion, but the praise and glory of God.

Jesus Christ comes as the prince of this shalom. Peace - within the body of Christ - is to be the sign that creation itself has been redeemed. The reign of God will come on earth. Here is the foundation for all the Church's ministry of healing - healing of the person, healing of the community, healing of the earth, for the glory of God.

The concept of the Church as a healing community is rooted in the belief that the body of Christ is a global and ecumenical reality. While communities may have different visions and ways of working together to accomplish their mission, ultimately they all exist for the healing of the nations.

The healing ministry

As in the time of Jesus, the healing ministry of the church today must be grounded firmly within the context of the lives of the people. No form of human need, no area of suffering fell beyond the compassion of Jesus.

In the New Testament we are presented with the flesh and blood Jesus who finds himself embroiled in controversy over his healing ministries and the teachings of the temple. The touch of Jesus is the healing touch of the Most Holy One. He is born into a world in which disease and suffering are rampant. Very early he realizes that the temple's mandates regarding holiness will stand in the way of his works of healing. Jesus will have to decide whether to observe the laws of Torah and the temple or to be obedient to God.

Jesus redefined the meaning and activities of holiness. In Jesus, holiness included entry into the lives of others. Holiness became an act of engagement, not a state of separation. In Jesus, holiness took on the suffering of others; holiness associated with what was meek, lowly, despised. In Jesus, holiness' healing touch was the touch of inclusion and participation; the touch that said 'you belong.'

Into a world, so fascinated with the notion of affliction's sinful cause, Jesus entered, giving attention to illness and affliction as opportunities within which one could experience God's compassion and love. Into a world which so clearly judged some as sinners and made outcasts of others, came this man

Jesus who, in forgiving sin and in cleansing the leper, gave a preview of God's more just and merciful kingdom.

Historically, purity codes established external boundaries delineating the holy from the unholy, the clean from the 'unclean.' The most pure, holy and clean were priests and Levites, those associated with the service of the temple. At the other end of the spectrum was the leper. Stigmatized as the one in whom impurity ruled, the leper was the one most to be feared: the one to be announced by the words, 'unclean, unclean.'

Into such a world Jesus came and touched the leper. Into such a world Jesus came and brought an image of holiness defined not by its distance from what was considered to be unclean, but by its proximity to it. Into a world so divided and separated within itself came Jesus, who, with the touch of a hand, restored human community.

The radical, defiant Jesus violated the purity codes. He was rejected, forced out into the countryside for his association and physical contact with the leper. He was scorned by the temple because he took it upon himself to forgive the sins of the people. This Jesus of the healing miracles is the Jesus many people lost touch with early in the AIDS epidemic.

Early in the 1980's and 1990's, many felt obliged to preach God's wrath, to speak God's words of judgment and condemnation; to proclaim that AIDS is God's punishment for sin. That was surely contrary to the Jesus of the healing miracles, present always with those who were sick and suffering; the Jesus who always located himself and God's unconditional and unmeasured love precisely at the point where God's creation was most in anguish. If the historical Jesus were physically present today, he would present himself wearing the visible signs of Kaposi's sarcoma. So complete, so total, so inescapable would be his identification with all who are living with HIV and AIDS.

The healing miracles of the New Testament present us with a Jesus who broke down barriers, who took risks which challenge us today. Jesus risked all, unconditionally, for the neighbour, without fear for his reputation. He risked his life and lost it, then returned to reveal the promise of the scriptures for eternal life. Jesus' challenge is ever present in this Kairos moment. Jesus is found in the face of every person who is living with HIV and AIDS.

If the Church dares to work closely with people who are living



with HIV and AIDS, a deeper understanding of love will surface. AIDS has taught humanity things about love that transcend the debates of all churches of all centuries. The AIDS epidemic has given the Church an opportunity to learn about the character of the love that sustains and upholds in sickness and in health, and learning to care for one another and to love one another through the best and the worst of times, AIDS has brought to the community of believers experiences of love that are larger than anything ever experienced, understood or asked for. In the midst of all the pain, agony, fear, loneliness and loss the Church is captured by a love such as this.

A caring community

The Church needs to care about its healing ministry in the midst of the AIDS epidemic. The churches need to make a

The Church - in the deepest and most profound sense of the word - is not an institution, structure or denomination. The Church is a community - the communal witnessing to the ever present love of God in the lives of people. It is a community that is attempting to serve Christ in a world that every day sees the human family taunted, torn and tortured. The Church is a communal gathering of those who remember, follow, and serve the Christ who was a man of sorrow, who was rejected and despised.

JAPHET NDHLOVU

Covenant to Care, a concept which is so simple and yet so deeply grounded in the Old and the New Testaments.

So overwhelming are the larger social and political realities confronting the Church in Zambia today that there is a temptation to focus on the AIDS crisis in relative isolation from the multiple problems which are its firm foundation. The significance of the AIDS crisis cannot be diminished, but has to be put in proper perspective. Beyond the problem of the virus most of what the Zambian people are experiencing represents old problems that have been poorly patched and bandaged or ignored entirely.

Ideally, care for people living with HIV and AIDS must include a broad range of health care and social services designed to enhance the quality of life, maximize individual choice, and minimize hospital and institution-based care. Home based care services should be rendered with compassion in a manner that allows people living with HIV and AIDS and their loved ones to act as partners with their care givers. Those who have cared for persons with HIV and AIDS know that the disease, especially in its later stages, presents complex challenges. The host of opportunistic infections that characterize AIDS may attack virtually any part of the body, as it stubbornly refuses to be limited to any single organ or treatment strategy.

Care needs to vary also among different populations. HIV disease in women is manifested quite differently than in men; HIV disease in children is manifested quite differently than in adults. Neurological complications of HIV disease may pose unique challenges. Individuals with HIV disease also have unique social and psychological needs as a result of the dire nature of the illness and the stigma that accompanies diagnosis.

In reality, the health and human service systems (as well as many families) are already overwhelmed by the crises, or ill prepared to deal with it. It is doubtful if Jesus would have found himself at home in this untidy landscape, bordered on all sides by strict norms governing what is right and what is wrong, what is proper and what is sinful behavior, and who is to be welcomed or shunned at the doors of churches and temples.

Networking

Building networks and partnerships will be crucial elements of

the future process. The Church in Zambia has no choice in the fight against HIV and AIDS but to build strategic networks and alliances with NGO's of similar minds in order to strengthen the care for people living with HIV and AIDS.

There must be appropriate theological reflections that touch upon truth, freedom, justice, peace, sexuality, ministry and morality, companionship, care, and education. We can only discern God's will for the present situation through critical and sensitive leadership in order to bring about genuine healing. The role of the local Church and networking are essential components of a vision of a Zambia that is free of HIV and AIDS.

None of this can materialise and be sustained if there is not a process of continued facilitation, training and vision setting. Religious leaders who are already tasked with many other duties may not perform these additional challenges. At the level of all the above strategies, the Church in Zambia could offer valuable input by mobilising its social capital.

The Church has engaged the people at a profound level. In any given week, Christians from all walks of life interact in congregations and undertake various activities within the communities. In most of rural Zambia the Church is about the only social institution that people, Christian and non Christian alike, relate to. Fifty percent of all rural based health facilities in Zambia are provided by the Church institutions.

The Church in Zambia thus occupies a strategic social site and offers a broad network that links ordinary people in so many social and economic activities. Therefore galvanising the efforts of its members would release energy towards eradicating the stigma and discrimination associated with HIV and AIDS, and would help to build a Zambia which is free of HIV and AIDS.

As an HIV positive woman once said in Zambia, 'God has not called us to judge, but to guide, support, love, care and bring hope to people living with HIV. Please do not judge me, get close to me, know me, support me, for how do you expect me to grow if you do not give me a chance?'





People living with HIV
and the Christian community

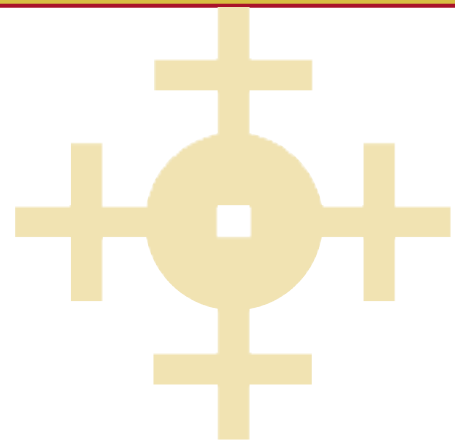
The Body

BY THEODOR JØRGENSEN

Paul compares the Christian community or the church to a body and calls it the Body of Christ (see 1 Cor. 12:12ff). It is a good comparison, worth taking note of when Christian fellowship is put into practice in everyday life. A body has many different parts with many different functions, but they all belong to the same body. When they share their life in that way, if one part suffers they all suffer, and if one part is happy they all share in the happiness. The same applies to the church as the Body of Christ, says Paul. Each individual is a part of the body and belongs together with every other individual in the common life in Christ.

Paul sees an intimate connection between the church as the Body of Christ and the celebration of the eucharist: 'The bread that we break, is it not a sharing in the body of Christ? Because there is one bread, we who are many are one body, for we all partake of the one bread' (1 Cor. 10:16f). In the celebration of the eucharist, the church's fellowship with and in Christ as his body is made tangible. The life in Christ that we take part in through the eucharist is also a life with and for one another, in joy and suffering – joy and suffering that are the joy and suffering of Christ himself.

There is something deeply disturbing about the ways in which Christ has said that he will be present in his church. But we are not disturbed, simply because we are so used to concentrating on only two ways: the preaching of the Word and the administration of the sacraments of baptism and the eucharist. But Jesus also said that he would be present in our suffering neighbour. This is a third way. In the parable of the final judgement in Matthew 25:31ff, Christ confirms this unequivocally in his answer to the righteous: 'Truly I tell you, just as you did it to one of the least of these who are members of my family (that is to say the hungry, the thirsty, the naked, the stranger, the sick, the prisoner), you did it to me.' And correspondingly to the unrighteous: 'Just as you did not do it to one of the least of these, you did not do it to me.'



DENMARK of Christ

In the same way that Christ is present for us in the eucharist, we must be present for him when he meets us in our suffering neighbour. This is what it means to share with Christ also in his suffering. But which local church really practises this?

Reflection on this question can perhaps lead to reflection on the whole question of what it means to be a Christian community.

It is on a local parish level that decisive action must be taken, because Christ meets us in people with HIV and AIDS, just as he meets us in every suffering human being. All suffering is Christ's own suffering. To pass by people with HIV and AIDS is to pass by Christ himself. To give people with AIDS all the help and love that we can give them is to give help and love to Christ.

Taboo in the Church

Once that is said, it should not be necessary to say anything else. Everything else should be obvious. But more does need to be said. And that is not least because AIDS is for the most part a sexually transmitted disease, and in the Nordic context, it has hit very hard in gay circles. But that is a sphere of life that has been taboo in the Church. Considerable progress has been made in speaking of sexuality as an expression of love for one's neighbour. There is now only a tiny minority of Christians who would legitimise sexuality only in connection with the necessity to propagate the species. Even so, sexuality in itself can still lead to conscious or unconscious feelings of guilt. And in the case of homosexuality, the road to a general recognition within Christian circles of expressions of love for one's neighbour by persons of that disposition seems long indeed. Quite the reverse: there are those who claim that AIDS is God's punishment of homosexuality, or who more indirectly maintain that this is nature's way of retaliating against what they see as an unnatural form of contact between human beings.

This means that many people who have been diagnosed as HIV-positive or who experience symptoms of AIDS will avoid

the Church. They are afraid in advance that they will be met with condemnation. And that applies also to friends and relations of those with AIDS.

Guilt and responsibility

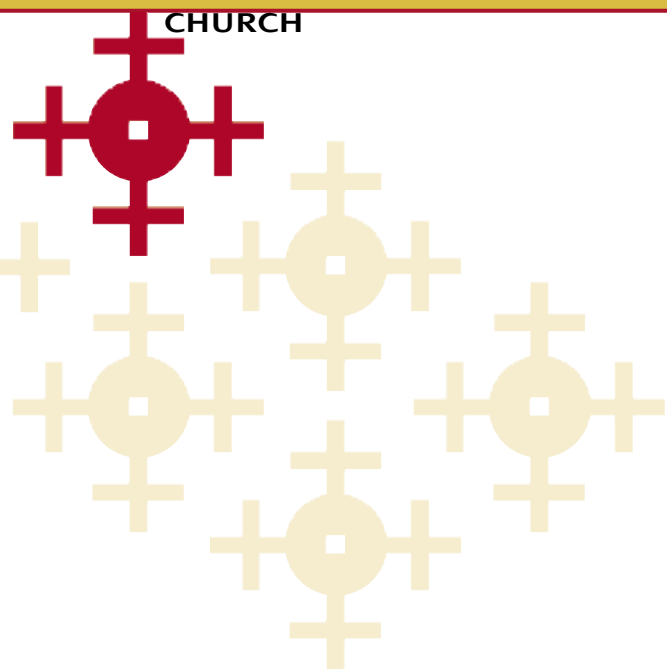
The Church must be the community where people living with HIV and their families can experience the opposite of what they otherwise experience. They are often isolated at their place of work and lose their jobs, they lose their friends and social circle, they are regarded as unclean beings. No-one dares to touch them, sometimes not even a doctor or a care-person. In short, they are treated like trash and are suspected of being a threat to their surroundings and a danger to society. Some people even think that they should be isolated and perhaps even put in prison.

The fear of death often goes hand in hand with feelings of guilt. In the Nordic context AIDS is called a lifestyle-sickness because the danger of being infected is to a large extent dependent on sexual habits. People with HIV/AIDS cannot therefore avoid the question of guilt and of responsibility for their own lives – and also for the lives of others whom they may unwittingly have infected.

'If I hadn't acted as I did, what might have become of my own life and perhaps also of another person's life?' All guilt leads towards death, because it lays waste an area of life for others and for oneself. None of us should forget that. But for people with AIDS, that fact is so painfully obvious that it can feel like a curse. And when the feeling of being cursed goes hand in hand with being rejected, a person is as low down as it is possible to be.

Not God's punishment

When the suffering of people with AIDS is Christ's own suffering, they should encounter in the Church the opposite of condemnation, the opposite of isolation, rejection and fear of



contact. What does this mean for the Christian community in its encounter with people living with HIV and AIDS?

It means most of all, that we take seriously what we often sing and confess about Christ in our worship. Like this passage from the Danish Hymn Book: 'You took our guilt and bore our shame, to keep our souls alive.' Since Christ on the cross really took our guilt upon himself, and in our stead once and for all suffered death as a punishment for that guilt, death can no longer be God's punishment of us, a fact that is clearly expressed in worship in the absolution.

Under no circumstances, therefore, may the suffering and possible death that people with AIDS must face, be described as God's punishment. From the perspective of Good Friday and Easter morning, death is the same as any other suffering and death: a death that God will save us from and through, in order to bring us to resurrection and eternal life. Since the suffering of people living with HIV and AIDS is also the suffering of Christ, everyone is included in the resurrection of Christ. Or, in the words of the same hymn, 'For us you died and rose again, you bought us with your precious blood, and you alone are bliss for us.'

The Christian community

How can the Christian community make this credible for people living with HIV and AIDS? Most of all by its attitude. Trust, openness, warmth, acceptance must be characteristic of the

Christian's attitude to people living with HIV and AIDS. One of the fundamental difficulties that people with AIDS must struggle with is to be able to affirm their own life just as it is, and to hold on to their own human dignity. In the face of misgivings, it is an invaluable help to realise that you are of value to others, that your life means so much to others that the others can't resist getting involved in it. Not in the form of 'charity', understood as having to be good to those who are less fortunate than oneself: there can be something terribly humiliating about that form of charity. Involvement must be in the form of respect and love. In its contact with people living with HIV and AIDS, the Christian community must make it clear and convincing for them, that their lives have been, and still are, of infinite value to God. People with HIV and AIDS must be included in the community, not just as those who are at the receiving end, but as people who have something to give. In God's fundamental acceptance of those with AIDS, he uses the Christian community as his hands. And as a part of the body of Christ, people with HIV and AIDS make their contribution to the body's common life and growth.

What is required is specific actions, just as specific as the examples that Jesus himself gives us in the parable of the Last Judgment (Matt. 25): to take care of daily needs, to visit, listen, talk together, to have time to discuss the immediate problems that will inevitably arise as time goes by, but also to have time to talk about life and death, guilt and forgiveness and eternal life. In



every way it must be made clear and convincing that a life does not just disintegrate at death, but is embraced by a living hope through the resurrection of Jesus Christ from the dead. The individual's life will therefore reach its fulfilment on the other side of death, how random and meaninglessly death may seem to have intruded into that life. And finally one simple, but in this context extremely important, factor: Christians must show tenderness physically by touching, by hugs and caresses. People with AIDS experience to a disturbing degree a fear of physical contact on the part of people they meet. This is quite simply hysterical and unrealistic, because we know what the mode of transmission is and thereby how little danger there is of infection. The fear of physical contact makes people with HIV and AIDS literally lonely unto death. In the Christian community such a fear of physical contact should be unthinkable.

But what if some nevertheless think that the danger of infection is greater than first supposed and the risk of becoming infected themselves correspondingly greater? 'Those who find their life will lose it, and those who lose their life for my sake will find it', Jesus said once (Matt. 10:39). There is therefore in the Church an ancient tradition of risking one's own life if necessary, when another person's life and welfare are involved. Monasteries proved this during epidemics in the Middle Ages, those caring for lepers have shown it since. And from olden days it has been a part of medical ethics. If the Christian hope is really to become convincing the Christian community has to

be liberated from the fear of death that shows itself in the fear of physical contact.

The local church

At the local church level, a trusting and inclusive fellowship can best be put into practice by forming support groups. These should consist of families and individuals who in co-operation with other support groups in the area are willing to open their homes, to give specific help, and to visit people living with HIV/AIDS in their homes or in hospital. These support groups must make their existence known in some way, so that people living with HIV and AIDS can know whom they can turn to in full confidence – if, for example, someone who has been declared HIV-positive wishes to remain anonymous to begin with, but needs someone to share this onerous knowledge with. These support groups should develop into fellowships in the form of grassroots communities that worship and not least celebrate the eucharist together – because the eucharist is the strongest expression of that fellowship in Christ where no-one is excluded.

HIV and AIDS are a challenge for the local parishes and can lead to a realisation of what it means in practice to live as the Body of Christ, experiencing together life's joy and pain, with a clear hope of eternal life made present by the loving service of one another in which we meet Christ himself in our suffering neighbour.

Global initiatives must be matched with grassroots activities in order to create support and solidarity for people infected or affected by HIV and AIDS.

MOZAMBIQUE

Stigmatization

BY ELIAS ZACARIAS MASSICAME

The stigmatization of people living with HIV/AIDS and the segregation of the affected families can only be fought if HIV/AIDS is taken into account in the cultural practices and current approaches demystified. A person affected by HIV/AIDS is still a human being and is entitled to life and dignity. Will there be a time when HIV/AIDS will be taken seriously and become one of the cultural realities of the world?

Any patient deserves support and solidarity from others in order to overcome the psychological impact of the illness. But the illness of a family member, however simple, affects other members of the family, especially if the one infected is the head of the family. Just like any other person, he has feelings and needs love, care and support from others, especially from friends and relatives. And it is in suffering that solidarity and love are most needed, because the despair is greater then.

The Church as a society is called upon to promote understanding, closeness, care, love and compassion, according to Jesus Christ's example. God is always with everybody and we know that He does not abandon those infected or affected by HIV and AIDS.

Christianity as a communion of Christ's faithful people must be an instrument of love for others and a refuge for those

who are ill. But in order to provide solidarity with one another, we need to learn to value life first and to value ourselves, in order to be better placed to offer love to others. In an HIV/AIDS situation the need to possess a sense of value and give value to others is very important.

In every society, changes in behaviour and attitude are deeply influenced by culture, and by the way a society's institutions embody its culture. The Church, as an institution that plays an important role in the process of socialisation, especially in times of crisis, must always find a more contextualised approach if it is to become the light and salt of the world.

What is sin?

Most people think that the major problem they would face if they tested HIV-positive is being seen as a sinner. This negative way of thinking has led many people into isolation. To see people living with HIV/AIDS with a condemning eye results in stigma and a total rejection by society.

Society needs to understand that HIV/AIDS are not synonymous with sin. On the contrary, it is a sin when we discriminate and reject our brother or sister because he or she is infected or affected by HIV.

Love and compassion characterise Jesus' ministry and this therefore becomes an imperative above all for those who are called by His name of Christ. As Christians we are called upon to love and not judge. Jesus Himself gave us the example by the way He showed love and compassion for the suffering. Jesus tells us, '...love one another as you love yourself'. Therefore, we must give compassion 'in the deliberate intention of suffering with another'.

The Church and Christians are incarnated in Christ and, therefore, are called upon to express the love of Jesus for those infected by HIV/AIDS and treat them with compassion and care. This means that as His representatives, Christ must be portrayed in us and that we should not act in a way that pleases us, but in a way that Jesus would act if He were to be physically present. We also need to understand that the virus is an enemy and recognise that people living with HIV/AIDS have a huge experience of the pandemic which can be used for the benefit of all.

The fight against discrimination and stigmatisation is not an easy task. It requires an understanding, consent and support of both the infected and affected and other groups of society which include the family, friends, the Church, non-governmental organisations, government, and legislators.

The role of the churches

The Church and Christian communities have an important role to play in fighting the HIV/AIDS pandemic and other sexually





A church is a place of worship, comfort and companionship. But in most cases HIV has been taken as a shameful status. Because we cannot talk about sexuality openly, many people are being stigmatized.

CIRCLES OF HOPE, ZAMBIA

transmitted infections. Since HIV/AIDS has affected all aspects of humanity: cultural, spiritual, economic, political, social, and psychological among others, we believe that the Church can play the following important roles:

- teaching and talking to communities about human sexuality;
- lobbying and advocating for people living with HIV/AIDS in order to reduce stigma and discrimination;
- counselling and taking care of the sick by offering them much-needed love and care;
- protecting orphans and vulnerable children;
- promoting and encouraging treatment for HIV/AIDS related illnesses.

The need for healthy living

The Anglican Archbishop of Cape Town, Njongonkulu Ndungane has stated that one reason for the reluctance to talk about HIV/AIDS, especially by parents to children and young people, is the fear of embarrassment by society and the Church. At the same time, the tradition of not talking about sex until a young person is about to get married, has also been an obstacle. This situation leaves children and young people vulnerable to HIV.

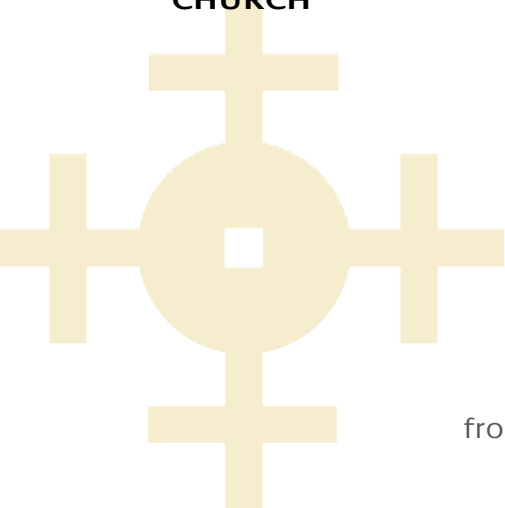
Luckily there is a growing awareness about HIV/AIDS and there are attempts to face it through the way people are included in a social, global context, where the quality of life in terms of access to water and sanitation, food and nutrition, employment, wealth sharing, access to health services and participation in the political life, among other things, determine a person's health status. Making the body strong, creating self-esteem and a sense of ownership in a person is the only basis on which people can lead decent and strong lives.

For a citizen to lead a healthy life it is not enough just to take precautions against infections. If the sanitation conditions are poor, if the water quality is inadequate, it will affect the environment where people live and this may provide fertile ground for endemic diseases like malaria and meningitis. Lack of financial means to respond to diseases may also lead to unsafe blood transfusions that may endanger the lives of citizens. Sensitisation and education of people about public health and HIV/AIDS can only be achieved when on-going initiatives are consistent and deal with the root causes.

The HIV/AIDS programme of The Christian Council of Mozambique has taken the first step towards a holistic approach by linking its activities on HIV/AIDS with the fight against other endemic disease like malaria, diarrhoea, sexually transmitted infections, skin diseases and malnutrition.

Small initiatives undertaken at ecumenical levels like the establishment of structures which deal with HIV/AIDS and the literature of prayer already produced must be disseminated through the official languages of the world ecumenical movement so that it is shared by everybody. African countries must also seek for ways through which African languages can be used in the dissemination of information on HIV/AIDS.

The problem can only be solved if there is a global will by those who own information, scientific knowledge, financial means and the political will to make a difference. Global initiatives matched with grassroots initiatives where local people are part of the solution, will lessen the psychological impact of any outbreak of disease.



Thoughts, reflections, experiences
from people living with or affected by HIV

NORWAY

No Fear

In our meetings between HIV positive and HIV negative people in Oslo, what we experienced was that as the participants grew closer, people gradually trusted each other more. We shared thoughts and questions, incidents, faith, despair and anger. Why then is it so difficult for the church to be a safe space for this healing kind of sharing?

The problem is that the Church is different things to different people. The media, the sermons, and the pronouncements of those with authority all combine to give the impression that many things in life have to be left outside because they have no place in the Church. As a woman living with HIV said, 'You get the feeling that your life has to go through a kind of censorship when you are talking to pastors.' Sex and HIV are things that just aren't talked about. As another participant put it, 'It's taboo.' A wish to preserve the identity of the Church - which is legitimate - seems to result in an obsession with 'the rules', and the exclusion or victimization of those who do not live up to them: and that makes it very difficult for the Church to fulfill that other role, which is to teach people to accept themselves and others in an honest way.

'The Church,' said one participant, 'can play an important role in offering a safe space where it is possible to be honest and to speak the truth about your own life, and about the questions and doubts you have.' This is not as simple as it sounds. 'Sometimes we meet attitudes and actions with which we disagree strongly. But we have to learn to accept differences, not to put people into separate categories and make judgments about them on which to base a view of who should be in and who should be out. And we should be willing to discover that we are all - at the level of our basic humanity - quite similar.' 'In the deepest sense, this is knowledge that is available to all people, but for people who live with HIV it is first-hand knowledge which they are able to offer, as a resource, to the whole community of the Church.'

Encouraged by this sense of openness and safety, the Church can learn to work with people at the more inaccessible levels where an arena is needed 'in which fear and muck can be

brought out into the light.' For this arena to exist, it is essential for it to be 'OK to come and talk about whatever our lives are filled with'. It is at this difficult and painful level that stigmatizing attitudes grow and flourish, and destructive patterns of living are forged among the 'desperate ones who are victims of other people's prejudices'. As one participant said, 'When no fellowship exists, the person with HIV can be dangerous to him or herself, and to other people. One can enter a dark mood and become destructive. What makes it possible to become responsible for oneself and for others is a safe and accepting environment.'

The values of a community

In exploring possible basic values for such a community, groups summarized their discussion in the form of three basic ideas that need to be held together:

- 1) The value of human diversity, expressed in a respect for the uniqueness of every single individual;
- 2) The common ground of fearfulness, vulnerability and common humanity that exists within that diversity;
- 3) The understanding that we are very different members of one and the same body.

Why is it so difficult for this to happen? 'Because instead,' said a participant, 'the Church often mirrors the values of competition, exclusion and economic success that you find in society. Then it actively supports those values through its hierarchical structures. But in fact the Church is called to have a hierarchy that is the very opposite of the world's hierarchy: Jesus stressed that those who are stigmatized by the world are the very ones who are called to shame the strong and the wise.' For our worth and our truest identity are to do with the fact that we are created and loved by God. This is also a part of the image of God in us: the God who says 'I am who I am'.

This view points to a contradiction at the heart of what we expect of the Church, and also a great challenge. On the one hand we want our churches to be strong communities that keep us safe from things we fear. On the other hand, we want

them to be open, accepting, and to help us face up to the things we fear, not to censor them. We deny our own vulnerability, and also that of others, because we fear it. 'So we will never totally get rid of stigmatization, because it stems from our understanding of what is threatening to ourselves.'

St Paul's image of the Church as 'the body' was thought to be a particularly powerful one. 'The human race is, in truth, one person, one universal body it is important we get to know,' said one participant. 'When we destroy another person, we destroy something within ourselves and, as a consequence, in all of humanity. What you do to others, you do to yourself and to all of us. But this does not mean that we humans are alike. There is great variety among us, in the same way that there is variety in each and every one of us.' Exclusion and denial occurs when this diversity is unacknowledged.

A safe space

The experience of exclusion was shared by most participants. 'The church authorities' - men, for the most part - have often established rules that define people as being on the outside by suggesting that we do not conform to the 'ideal image' referred to in the session on 'being human'. There was anger as well as confusion, as participants spoke of the sense of shame this exclusion created. 'How is it possible that even Holy Communion has been used to exclude people?' 'And if our life experiences make us unacceptable to the Church, then how do they think we feel about ourselves?'

It is crucially important, said our participants, for our churches to become places of hope, both for individuals who are excluded, and for those parts of our selves that we exclude or keep hidden. But how can we encourage this to happen? Participants suggested the following:

1) It is important to make HIV visible in our churches. 'Pastors have to speak about stigmatization and prejudice from the pulpit.' 'Sermons should address our daily lives, including life with HIV.' 'Someone should tell how daily life is for somebody with HIV: there is so much ignorance!' 'We



should make connections between what the Bible says and what we face today.'

- 2) Churches could try to become safe spaces where you don't need to be strong all the time, and where people can acknowledge and share their fears and their vulnerability.
- 3) There is an urgent need for churches to re-examine their attitudes to sex and sexuality.
- 4) The churches would benefit greatly from revisiting the question of how to live as one body, both in terms of the body as an image of Christian community, and in terms of the real life value of real, suffering, individual bodies.
- 5) Churches and their congregations need to think and live as if they were places of hope, not of exclusion. 'We are here,' they could say, 'as a gift from God to make life possible, to make life beautiful, and to be a welcoming committee for the healing powers.' Think if everyone thought like this!

Why does AIDS appear so frightening?

To work with HIV is to work with ourselves

– our fear and limits, and our capability to give in spite of anxiety

DENMARK

Overcoming Isolation



BY ELIZABETH KNOX-SEITH

If you are a member of a Christian denomination and want to get involved in the issues surrounding HIV and AIDS, you will meet many challenges.

First and foremost you will meet the challenge to expose the structures in your own way of thinking, so that you do not work with 'blind spots', that is to say with ways of perceiving situations that unconsciously determine how you tackle the tasks before you. If you are not aware that such patterns exist,

they can have a negative effect, not least in your relationship to the people you hope to be able to help.

It is especially important to focus on the concept of shame, guilt and punishment – because it is often our subconscious, deeply rooted feelings in this area that determine our attitude to disease and death.


An effective method of achieving a feeling of control, is to refer the reason for the onset of the disease back to the sufferer himself or herself. It is the individual whose behaviour has led to the illness. By changing the pattern of behaviour that gave rise to the illness, the illness itself can be overcome. This puts a degree of power and energy back into the hands of the person concerned – but at the same time it can provide a breeding ground for strong feelings of guilt. If a particular way of behaving causes people to be sick, they can easily be condemned by those around them – and those who are sick can all too easily internalise the condemnation and begin to condemn themselves.

Anxiety and condemnation are two dark sides of the face that AIDS has shown to the world – two sides that must be lit up.

How do we deal with our own inner schisms? Is our anxiety about death connected with our anxiety for sexuality? Are there any special factors in our anxiety about AIDS? Why does HIV and AIDS appear so much more frightening than other diseases where the physical course of suffering is the same? What can we do to meet people with AIDS without this anxiety?

To be a listener is to travel across borders

To work with HIV/AIDS is to work with yourself – your own limits, your own capability, your ability to give in spite of your own anxiety. Through meeting individuals you learn more about life and death than you could learn by reading a whole library of books – and even so, it is the interaction of knowledge and empathy that is alpha and omega in talking with people with HIV. Knowledge of how the virus spreads and the disease develops can be essential when you are confronted with your own and other people's anxiety – but this knowledge is not adequate when you meet the other person, face to face. Here



What wears me down is that my role in society has changed. It is no longer easy to meet friends especially in the same way as before. I am aware that they are thinking about me being infected. I often make the situation worse myself. I feel that I can live with my leprosy or HIV if you like, by withdrawing. It is not HIV itself that I am suffering from, it's people that make me suffer.

A STORY TOLD BY A WOMAN LIVING WITH HIV FROM LUSAKA

you often need to wipe your slate clean and meet the person with openness and curiosity, ready to learn what this unique human being has to give. To go through a crisis can be the most educative event in a lifetime – and those who live alongside someone in this process learn something profound and epoch-making for every step that is taken. To have your eyes open for new things to learn in each encounter with each new person is vital for personal renewal, for job satisfaction and for continued vitality.

In the course of their lives, many people with HIV and AIDS have had traumatic encounters with the church. It is important to find out how these encounters have sunk in and how they form the person's present thoughts about God, church and religion. If, for example, God is identical with a punishing father who prevented his son from loving and accepting himself, then there is no point in talking about a loving God. God will become the opposite of love in the listener's consciousness – and it is therefore essential to talk about their actual experience of God, rather than talking about God abstractly, in a language and a universe of ideas that will be totally incompatible with the experience that the person has within himself or herself.

To take part in conversations about these issues requires most of all that you dare to be near, dare to throw your dearly-loved conceptions and explanations overboard and look at the world anew, through the eyes of the person you are talking to. Compassion and sympathy can alienate and are inadequate – just as prompt and enthusiastic answers can be a barrier that prevents the other from opening up. You must be present and insightful; dare to follow the dying person into the sphere of being that is his or hers alone, uniquely and individually.

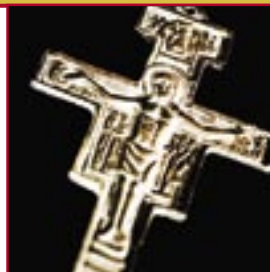
Illness weakens sexuality's physical dimension at the same time as the need for tenderness and nearness increases correspondingly. Sex can have replaced or fulfilled this need earlier – but it is no longer possible to turn a blind eye to the need for an intimacy that can include sex, but also exceeds it. This becomes even harder for people living with AIDS to live with, because it can be difficult to find anyone who dares to share such intimacy. It is easy to feel that it is because of the illness that it is impossible to find contact. The fear that a partner may

be afraid of being infected often prevents people from daring to ask for physical contact – and many possible partners find it difficult to become attached to a person whom they know will probably suffer. People with HIV and AIDS can find it difficult to impose on another the suffering and death that they both know will come – and this means that both partners feel insecure, and neither of them will attach themselves as deeply as they really want to. The awareness of death becomes a barrier – in the same way that the more or less subconscious ideas about the risk of infection etc, are a barrier preventing physical contact.

Breaking down barriers of fear

It is important to break down these barriers of fear – and especially to help people living with HIV to see that the body is still a temple of beauty that deserves attention, love and warmth, also in the form of physical contact and tenderness. If a person for example has developed Kaposi's sarcoma or other skin diseases, the impression of being repulsive can be so overwhelming that he or she does not want to be touched at all, or even to show his or her body to anyone. Even so, the longing and need for tenderness will usually be there beneath the surface, and it is therefore important to help the people concerned to deal with the contempt for their own body that is a consequence of some symptoms of the disease. To be able to reach out and ask for physical contact can be an important step in overcoming their self-contempt – and to be touched, gently and lovingly, in spite of feeling untouchable, can be an important step in regaining dignity, self-esteem and the will to live.

In Luke 4, Jesus comes to his home town Nazareth, where he is asked to read from the prophecy of Isaiah. The message is one of good news to the poor, release to the captives, recovery of sight to the blind. The well-known words from the ancient text come alive for the listeners: 'Today this scripture has been fulfilled in your hearing', says Jesus, inspired and prophetic. But his message is too great, too universal. The inhabitants of the town are filled with rage and lead him out to the brow of the hill on which Nazareth was built, intending to kill him. 'But he passed through the midst of them and went on his way.'



Jesus found out what it is like to be an outcast, even among relatives and neighbours in his home town Nazareth. People with HIV and AIDS often have the same experience when they go home to their family and friends in a small town; the place they left when they began to feel the pain of being 'different'.

Some have a different sexual identity: they are homosexuals, something they did not feel that they could tell their families. They fled from village gossip to the anonymity of the city – to a place where they could find acceptance and warmth, a life with new friends, a less rigid identity.

Others are young people who left for the city in order to get an education – not to flee from the village, but just to learn something new. When they get HIV they feel themselves stigmatized as 'promiscuous' – they dare not go back home to share the fear they experience. Whereas they before thought that they were 'normal', they are now also different. Within themselves they are super-sensitive to any reaction that can endorse their anxiety.

Others again are drug addicts, who often fled from their family and the village with a feeling of not belonging. In a destructive milieu in the city they find an echo of the chaos they fell inside themselves – and find an escape route that gives immediate release from pain. But they may get HIV into the bargain, and feel that they are scum twice over.

The invisible becomes visible

Experience from the North shows that HIV spreads most easily in milieus where pain and self-destruction are strongest. HIV is in a high degree a socially determined phenomena – even though the virus itself does not distinguish between gender, sexual preference, race or class. Everyone who practises unsafe sex or shares unclean syringes is in the danger zone, but social and psychological factors determine that some are able to take precautions, while others fall by the wayside, time after time, as an almost typical part of their lifestyle.

It will often be typical psycho-social patterns that are the reason why some people, even though they are well-informed, are unable to change risky behaviour.

This applies especially to those whose self-confidence has been weakened – in particular, those who have been exposed to sexual abuse or other forms of violence. Their boundaries have been threatened – the emotional barriers that children set up between themselves and the world around them. Their identity is fragile, and they long for love – and they often find it difficult to make qualitative demands of that love. They lack the ability to set limits which for others are natural, and they often think that they can find the intimacy and nearness they are looking for in short-term relationships of a sexual nature. Again and again their trauma is confirmed: I am not worth loving. They are abused and rejected.

AIDS is not only a problem for the city. It is also Nazareth's, the small town's, responsibility. They live here, the people who reject their offspring, directly or indirectly, by not accepting the dissimilarity among children.

Many parents today struggle with the question, Where did we go wrong? They had such good intentions, brought up their children with the Bible and Christian worship, and even so they experience that their children turn their backs on them, leave home, and seek out new milieus that are completely foreign to them.

Jesus came to the synagogue in his home town with a message that broke down all barriers. This is what people living with HIV and AIDS are doing for us today. It is a message, in the same spirit, about life and death, and about a longing for the church to abandon its ancient, rigid forms and become a church full of eagerness and life.

AIDS, as one of many diseases, is a mirror for our life, for our attitude to our neighbour and to ourselves. Dare we cross our own borders and enter a country with other ways of thinking, other values, unknown identities?

HIV and AIDS force us to think about existential issues that we normally avoid making up our minds about – and the heart of the matter is the question of love. How do we meet young people who live in a different way than the grown ups had hoped? With admonitions, or with the gentle understanding that we all know is the sturdiest bridge between people? To immerse

We who live with HIV can easily become victims and allow ourselves to be swarmed over. If we don't look after ourselves, and expect something of ourselves, we can't expect anything from other people. What we have to do is to make clear what we expect of ourselves and to say what we want. We're not miserable wretches who can be rejected, we're the same as everyone else. We need to be respected for what we are and nothing more. It's a matter of simply being human, of human compassion ... of love. It's easy to say it, but you need to love yourself before you can love other people. So those who reject us and thereby don't love us are saying, 'I don't love myself'.

TESTIMONY OF RONNY, WHO DIED OF AIDS, DENMARK

ourselves in a study of HIV and AIDS gives us the possibility to break down the stigmatising that the disease often brings with it; the possibility for parents to meet their children in a new way; a possibility for the church to abandon the many words and instead to act with loving care.

HIV and AIDS have come as a challenge to the church – a cry to pull down the walls, cross the borders, throw away the prejudices. Everybody has something to learn from a dialogue, for example about the pleasures, forms and responsibilities involved in sex. A common search for answers helps us all on our way forward, and we have a lot to share with those who are confronted with death.

The puzzling reflection

AIDS casts light on what is usually invisible – and thereby also on the disagreements that exist within church circles, within all denominations. Some Baptists, Methodists, Lutherans, Anglicans, Catholics and Orthodox can agree that it is necessary to be involved in the issue of AIDS – while they all meet strong and sometimes unbearable opposition within their own denominations. It is important to dare to meet across the borders – and at the same time to take up the existential and doctrinal questions that always appear in the wake of AIDS.

Each day brings new questions and new challenges – and it is important to be able to look your own anxiety and hesitancy in the eyes, as well as to be reasonable and balanced in meeting other people's. No-one has the final answer to all the questions that arise in the face of HIV and AIDS. Here more than in any other context, we only 'see puzzling reflections in a mirror' (1 Cor 13:12). AIDS is the mirror, the puzzle, symbolically and specifically.

Anxiety and alienation often reign in church circles – and there is a formidable task in overcoming isolation. Christ himself was the one who more than anyone else managed to break down barriers of anxiety and estrangement – not least by understanding the pain that is always at their root. In the church today we need to reflect upon how radical Jesus was

in his way of approaching not only the sick and the outcasts, but also those who despised and rejected

them. Christianity involves a challenge to put ourselves in others' shoes and understand the reasons why people act as they do – both other people and ourselves. If we do not understand the pain that makes us react as we do, the result is a destructive neglect – not only of others, but also of ourselves. Condemnation and neglect are two sides of the same coin.

The German theologian Dorothee Sölle captured this invitation to radicality, when she identified three implications in the words 'Take up your cross and follow me':

- to break with neutrality;
- to make the invisible visible;
- to have a common vision;

She emphasized how Christ, in every situation, was on the side of the victim. In this way death is transcended, by which she means the death-in-life that imprisons certain groups of people in certain roles: as 'sinners', 'outcasts', 'the disgraceful', 'the irresponsible'. To break with neutrality is not just to see things from the point of view of those who are despised and rejected, but to make the invisible visible – that is to say, to tear the veil away from thoughts and feelings within us that are repressed, the veil that in society's 'normal' way of thinking, makes these elements seem 'unworthy', 'not worth thinking about', and ultimately 'diabolical'. It means to see the value of things that seem worthless, that are repressed – and to struggle to bring them up to the surface, so that what we previously repressed can be acknowledged and given the right to exist. Here in the final instance is the vision – the vision that can bring what is unseen and hidden into the light, so that blind eyes can see the world anew.

Suffering is not just suffering, it is also an opportunity for that which is radically new, for a special kind of change. Suffering is an opportunity for struggle, for the vision of a different and better life. Here lie the opportunities and the hope in AIDS – not just on one but on many levels.





Grace, love and compassion

Images of God

THEME PAPER, THE NORDIC-FOCCISA CORE GROUP, LUSAKA, 2004.

Ever since the onset of the HIV pandemic, many people have seen it as punishment from God. This interpretation would imply a God who is judgemental and punishing. Ultimately, such an image of God fuels the stigmatization and discrimination of people who are infected or affected by the disease. Furthermore, this image has an impact on the self-images of people living with HIV and AIDS.

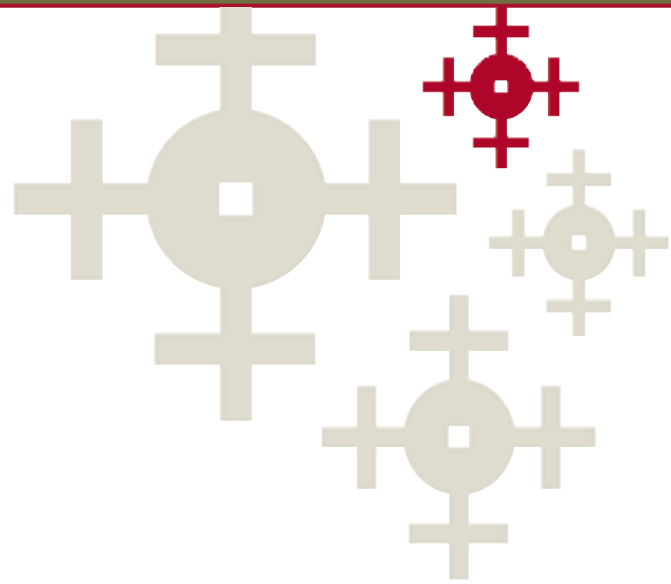
In humanity's quest for greater understanding of the suffering associated with HIV and AIDS, people are often inclined to revert to negative images of God, images which sometimes

are provoked even by the teachings of the church.

These negative images of God have included the following:

- A vindictive judge – due to mankind's misunderstanding of divine justice;
- A rigid bookkeeper of our mistakes;
- A sadistic brute who takes pleasure in our sufferings;
- A fateful force who has determined the destinies of all;
- An indifferent God who does not care about humanity's suffering.

The Church needs to proclaim and teach positive images of God in its struggle against stigma, discrimination and the sub-



sequent feelings of guilt and shame. Both in the Old and New Testament there are several images of God. For the purpose of our reflection we shall focus on the following:

From the Old Testament

God as Creator: God created all things good and he delights in his own creation. He created human beings fearfully and wonderfully in his image. The image of God in people infected with HIV is not shattered.

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

It seems as if God has abandoned Job, but Job insists on the divine presence. God is with Job throughout the time of suffering – as an attentive force that in the end restores him. God is with us even when we feel abandoned.

From the New Testament

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

A suffering God: In the crucifixion we see the image of a God who is vulnerable and suffering. He is powerless, and yet there is power in his powerlessness. With the resurrection, the power unfolds in which he offers hope to those who are suffering and in pain. He is a God who endures with us.

This solidarity appears in the story of the walk to Emmaus.

There we see an image of God as a companion. This is closely linked with God as Emmanuel (refer to the story of Job). Indeed, he is God on the cross as well as God on our journeys of uncertainty and sorrow. He is therefore with us in life as well as in death.

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

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

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

God as helper: God is always on the side of the weak and poor – he demonstrates that in his son Jesus. Jesus is always indignant towards self-righteousness and hypocrisy because he desires people to live their lives to the full. When Jesus criticizes Pharisees and teachers of the law, he does so to show how relationships between human beings are destroyed if we judge each other according to rigid rules and human interpretations of God's power.

Every human being is God's beloved child. And so that we could fully recognize this, God sent the Holy Spirit as our Healer and Helper.



NORWAY

Reflections on two
essential biblical stories

Our Deepest Identity is Love

BY HELGE FISKNES

The Creation

God said, 'Let us make humankind in our image, according to our likeness...' So God created humankind in his image, in the image of God he created them; male and female he created them... 'And God saw everything that he had made, and indeed, it was very good.' (See Gen. 1)

We are loved. We are created in love.

We are part of a world that rests upon love. Our deepest identity is love. We are more than our words and our deeds. We are loved much more than we realise. We have all heard God whisper in our ear at some time or another, 'It is very good'. We may not have recognised it as the religious voice, but even so... We have felt that something good is at one with us. We have felt it flow through our body, we have straightened up, we have let ourselves rest in it. Let it acknowledge us, long before anything else could do so. It has brought out smiles and laughter.

It's like seeing two people in love sitting on a bench. They can't help touching each other. They can't stop looking into each other's eyes. They smile and laugh. They can't help it. In just one second they have been more alive and happy than they have ever been before.

We who are watching have to smile too – and we feel a little pang of loss. Sometimes it can be an abyss of loss. Love gives us the strongest acknowledgement we can get. Years later, the

moment on the bench is gone. In our memory, stored deep down and only brought out on festive occasions, lies the powerful experience of a look, the powerful experience of having lived.

We are a story told by God. Behind and underneath the depths in us that we are familiar with, both the memories we can bring forth and the ones we can no longer reach, there is a depth that only God knows. In HIM we are bound to a love that is unmoved by what we have made of it all and what we haven't made of it all. We are loved at the moment of conception. We are loved in our mother's womb. We are loved at the moment when we see the light of day for the first time. Nothing that life can bring will take this away from us.

The Fall

They were naked, both the man and his wife, but they were not ashamed. But things change, and in a moment – with the eating of the forbidden fruit – we are flung into a world that we know inside out. Where confidence in love and the preservation of a little dignity lose more and more ground.

In the same way that human beings are an inexhaustible source of love, they are also an inexhaustible source of that which causes suffering. To be blunt: We choose death just as often as we choose life. Everybody does. We exist in the tension between good and evil, between life and death, between that which preserves life and that which destroys it, between



that which creates fellowship and that which isolates people – or to put it religiously: we exist between God and the devil. NO-ONE exists just on the one side and no-one exists just on the other side. You can be pleasantly surprised when some of your sublime heights come into view – and you can be more than terrified when you discover some of the diabolical depths within yourself.

We cannot tell the truth about human beings unless we all see ourselves as part of the divine that brings life and of its opposite that brings death.

But our deepest identity is love.

At the same time, we are part of the suffering, struggling and wounding world. We are children of swollen rivers and natural disasters, of wars and violence, of epidemics and famines. Children of slamming doors and raised voices, of intransigence and the exploitation of others. The myths make good and evil common property. For better or worse, we are woven together and must share one another's fate. Just as we are bound to goodness for ever and ever, we are also bound to evil.

But our deepest identity is love. That idea needs to be made more specific.

Faced with the HIV-epidemic, love is what those who were affected cried out for. There was too much shame. It was life-threatening. The virus threatened too much of their lives. They called out to the church. They wanted us who are in the church to be the ones to bring the epidemic down to earth, so

that the virus could be seen for what it was – without having moral judgements attached to it. They wanted us to keep a firm hold on human dignity when so many had lost all sense of it. But the church closed in on itself. It shut its doors. It didn't realise how important it was for the life of the world. It didn't see the suffering. Only 'immorality'.

Of course we need morality in order to live together. It helps us to set limits, to take care of one another and of ourselves. Some have said that AIDS is a sign of the collapse of moral values and of our lack of sexual morality. That may not be completely wrong, but it is wrong to make people with AIDS the sign of it. In that case we are no longer talking about morality, we are moralising. And just as morality is good, moralising is evil. It makes some people better than others and sticks a label on people.

The Bible tells the story of Jesus. It's clear that many people felt at ease in his company. It seems as though their self-esteem was strengthened through meeting him. He revived their faith in their own dignity.

At a time when human dignity seems to be on cheap offer, this must be one of the most important tasks for the church today: to increase respect for human beings as the beloved creatures of God that they are. This doesn't just apply to physical needs, but just as much to psychological needs.

To be acknowledged as a human being or to acknowledge yourself as a human being is to discover the good within you.

Our deepest identity is love.

The connection between our images of God and our images of ourselves

DENMARK

Constructive and Deformed Images

BY CARINA WÖHLK

During my eight years of pastoral counselling, as a chaplain to people who live with HIV and AIDS in Denmark, I have encountered two particularly destructive images of God and of ourselves. They are:

- 1) God as judge – human beings as punished criminals. Justice is the keyword. We are in a courtroom. Law rules. Power is exercised.
- 2) God as tyrant – human beings as victims. Injustice is the keyword. We are in a torture chamber. Lawlessness rules. Power is abused.

In both cases the image of God and of ourselves are related to the concept of justice – either being wrapped up with justice or wrestling against it.

In the Old Testament God says of himself: 'I am who I am!' – And in the New Testament he shows us, in Christ, that we too can be who we are. This is an important item of gospel truth. In my pastoral counselling I try to encourage my clients to adopt, instead, an image of God that is Christ-centred and a self-image that has its source in the Christian gospel, leading to:

- 3) God as lover – human beings as the beloved. Justicelessness is the keyword. We are in an intimate alcove within the divine spaciousness. Love and grace rule. Powerlessness is a condition of life.

God as judge – human beings as punished criminals

In many people's consciousness God is an actor in a legal system. Most of us have a deeply rooted sense of justice. We assume that life is basically just – and that we usually get what we deserve. In other words, we believe in a relationship of cause and effect between our actions and what happens to us. We are convinced of the boomerang effect – that what we send out will come back to us. We think that if we do good it will be good for us. And if we behave badly we will have to pay for it – in the form of sickness, accidents or other misfortunes.

When something bad happens, we interpret it on the basis of our personal life-history.

In my pastoral counselling I often meet people with HIV/AIDS, especially gay people, who think that they have been

infected because they have behaved badly. They believe that they are guilty of doing wrong and that they must suffer the consequences – and unfortunately there are many people who want to reinforce their belief.

The fact is that we find it difficult to tackle meaninglessness. When inexplicable suffering strikes us, we look for explanations that can give us the impression of coherence in a world that is falling apart.

Feeling guilty creates an impression of meaning in the madness. We no longer feel completely powerless in the face of what is happening to us. We ourselves have played a part in what has happened, and bear some of the responsibility for it. Guilt must lead to punishment, and many believe that God deals promptly with offenders. He estimates the extent of the crime and executes judgement on it. This image of God and of ourselves can seem attractive because both God and human beings remain powerful. The problem is that both the cause and the effect of the illness must be borne by the sufferers themselves.

The concept of God as an accountant and human beings as pluses and minuses in his black book is a variation on the same theme. God is conceived as reacting severely against those who deviate even a little from the strait and narrow way. And the forthright settlement is regarded as fair and proper – we get what we deserve. It's our own fault.

This whole concept of justice has its source in Old Testament theology. In the Old Testament, God is often portrayed as a jealous monarch who cannot tolerate faithlessness. When human beings fail, he doesn't hesitate to destroy his own creation: an example of this being the Flood, which did in fact cause God to think again and promise not to react in the same way in the future. There are scenes of judgement in the New Testament: for example, Matthew 25, which contains both the parable of the ten bridesmaids and the prediction of the Last Judgement.

Basically the New Testament conveys and proclaims a completely different image of God, an image that transcends the whole concept of justice. A good reflection of this is the Sermon on the Mount (Matt 5): 'He makes his sun rise on the evil and on the good, and sends rain on the righteous and on the unrighteous' or the parable of the Prodigal Son (Luke 15).

God as tyrant – human beings as victims

In some conversations with people with HIV I have found a perception of God and an accompanying understanding of themselves that is rooted in their experience of injustice in the way their lives have turned out.

God is not perceived as a strict, but just, judge – no, he is regarded as a brutal butcher, and we humans are the victims of his moods. He strikes out at us at random – and way beyond what we deserve. It's not humans that are evil, it's God! He punishes us as he sees fit, without any legitimate reason. And so we have suddenly moved from the courtroom with all its forensic language to a horrific torture chamber. God is no longer an actor in a judicial system, but a lawless sadist. We are subject to his madness. A God who sacrifices his own son on a cross must be mad, mustn't he? And if he is willing to sacrifice his son, why shouldn't he nail us to the wall if he feels like it? This perception of God involves a perception of ourselves that leaves us vulnerable and exposed. Meaninglessness and an ultimate loss of control rule the day.

An example of this is C.S. Lewis, 'A Grief Observed'. In this book Lewis portrays God as a vivisector who experiments with humans in the world laboratory. Human beings are no longer punished for their wickedness; God demonstrates his own wickedness by punishing defenceless human beings.

I have encountered this image of God and the self mostly with drug addicts infected with HIV. They have a strong feeling of being exposed and vulnerable. And in their extreme powerlessness God appears to them as a torturer.



God as lover – human beings as the beloved

As a pastoral counsellor for people with HIV it is important for me to provide a Christian corrective to these destructive images of God and oneself.

In this connection I find it useful to introduce the concept of

'justicelessness'. As I see it, God is beyond all conceptions of justice. God does not measure out justice in millimetres. He loves – and that is something qualitatively different. He is a lover. He loves human beings – and his love neither can nor will change that fact. A reflection of this is seen in 2 Timothy 2:13, 'If we are faithless, he remains faithful – for he cannot deny himself'.

God is neither reasonable nor unreasonable. He doesn't want to crush us, he wants to caress us. The image of God as a lover is found in feminist theology. The American feminist theologian Sallie McFague makes use of the image of God as lover, together with God as mother and friend, in her book 'Models of God'.

A reflection of this perspective is seen in John 15:13-15, where Jesus says, 'No one has greater love than this, to lay down one's life for one's friends. You are my friends if you do what I command you. I do not call you servants any longer, because the servant does not know what the master is doing; but I have called you friends, because I have made known to you everything that I have heard from my Father'.

1 John 4:17-18 emphasises that 'there is no fear in love'. Love

is fearless, and the frightful and frightening images of God and oneself must yield to the image of a God who is love. Those who believe in a God of love find it easier to preserve their self-esteem, an integrated feeling of being loveable, even when disaster strikes.

We might as well admit it at once: there is no process of cause and effect between guilt and fate. The account in John 9:1-15 of the healing of the man born blind emphasises this. And we are fully aware of it, if we just take the time to think. Sometimes it goes well for the bad guys and badly for the good guys. Reality is like that. God is

not bound by the law of cause and effect that dominates the horizon of human thinking. God loves us because he can't help it – not because we have done something to deserve his love, not because we give him reasons to love us. God is love itself – and love can never be as narrow and rigid as justice. He is with us – even when everything is against us.

Thoughts, experiences and
reflections of people living
with or affected by HIV



NORWAY

Meaning and Identity

For participants in the Norwegian meetings, our experience of God proved to be an important factor in the way HIV status and the stigma attached to it were experienced. Many of our discussions hinged on the images of God we have received during our formative years, those we have as adults and those we would like to have. Gradually, it became clear that there is a direct link between our understanding of humanity and our understanding of God. The way we see ourselves and each other, in our ecclesiastical and Christian contexts, depends to a great extent on how we see God.

Our images of God will depend on our experiences of our own parents, of our churches, and of other authority figures. Several of the discussion participants had met an angry God during their formative years: a God who is nice to some but angry with others; a God with two faces who places some people on the 'inside' and others on the 'outside'. Participants felt that when the crisis of HIV - or other bad things - hit them, it was this early, 'default' childhood image of God that emerged from the shadows and took control.


For participants in general, the dominant childhood image was that of a strict and exacting God: the judge, the lawgiver, the stern and angry teacher, and the one who punishes wrongdoing, the God who is, incomprehensibly, 'angry even when I try to do my best'. 'My parents used God to threaten

me: 'You'll go to hell if you're not good!' they said. 'God was in the picture as a lawgiver, enforcing a list of laws for many areas of life, especially when it came to sex.'

'Who sinned, this man or his parents, that he was born blind?' ask the disciples (John 9:2). When this God punishes, it is because we have sinned, whether we have done so deliberately or not, because this God is in charge of the law of cause and effect. HIV is punishment for and evidence of sin. This God is a capricious, angry, punishing God, responsible for seeing that you get what you deserve, however unjust this may seem.

Two participants related their early experiences of God to their reactions on learning of their diagnosis. As the one said, 'HIV is connected to sex, but I was infected through caring and love. At first, I hated God because of HIV and I saw it as a punishment from him. Where did I get that idea?' The other replied: 'I didn't deserve it. I was a good girl and I believed that God was there. But then all hell broke loose because I wasn't doing well at school and in my studies, and I wasn't resourceful. But still I experienced contact with this judgemental God. Then along came HIV, as a life-threatening pain, and I hit rock-bottom.'

In response to the question, 'Who sinned?' Jesus' reply was, 'Neither he nor his parents.' For these two participants, as for many others, HIV became a catalyst for a growing awareness that God is not, after all, the punishing, judging God of their



Many Churches have found that the witness of persons living with HIV/AIDS has enhanced their own lives. These have reminded the Church that it is possible to affirm life even when faced with severe, incurable illness and serious physical limitation, that sickness and death are not the standard by which life is measured, that it is the quality of life – whatever its length - that is most important. Such a witness invites the Churches to respond with love and faithful caring.

JAPHET NDHLOVU

childhood. As one said: 'I have chosen to be open and talk about it, I found the way to my God and eventually a meaning in what has happened and what this has done to me.' Or as another person puts it, 'When I accepted my situation, I was freed from condemnation. If others can't accept me, then that's their problem. And that was when I began to find my own image of God.' 'It's not God who turns HIV into punishment, it's people,' confirms a third participant.

Starting all over again

However, for many HIV positive people the process of breaking free from these early images of God has been a hard, painful and lonely journey. 'My understanding of God changed because of the need to accept HIV and to avoid taking my own life. But I had to start over again, right from the bottom, with people who accepted me. I had to force myself to believe that I still have worth, that I still deserve politeness and friendliness from other people. It was necessary to take that route away from self-contempt. It took a long, long time, especially before it was possible to take communion.'

It was also confusing. Where did these negative images come from, and with what – if we move beyond them - do we replace them? 'So where do we find God? By obeying the rules? We can't capture God: God doesn't operate with an "inside" and an "outside" where he either is or isn't. Maybe, after all, it's we humans who want to control God, and who use him to give legitimacy to our power and our attitudes.' And yet all the

time that 'other' God is waiting for us, calling to us. 'As an adult I came to a new understanding, of a God who has only one face. I have strongly experienced God fetching me back from the place where I live without him and where I am miserable.' So it is possible to move from the image of God as a 'strict Old Testament father type' to a new experience of God as 'a force who brings healing and in whom all of life is included.' Or as another participant puts it, 'Looking back, I can see now that God was there for me the whole time.'

Participants in the discussion groups pointed out that many people, deep down, have a faith in goodness, and believe that 'the real God' is a good God. 'My God', said one participant, 'is quite different from "the God of the church": and several others agreed. 'I had to arrive at my own image of God,' said this same participant; 'a God who loves, who does not judge and who helps me to be free from condemnation.' Several participants stressed the length and loneliness of the journey to - or back to - 'the good God'. As one person put it, 'It was my independent reading of the New Testament that led me to the conclusion that the God I found there was not the same as the God who was presented in the prayers and sermons I heard in church. And after that the church services weren't so painful anymore.' Or as another summed it up, 'I had to work on my own to change the picture of God I had grown up with. I had to make a break with other people's notions and expectations and then come back. In the end, I had to find God within myself, find my own truth, and stand up for it.'

The gospel and Christian faith break with the connection between cause and effect. God's salvation is precisely a matter of receiving what one does not deserve. This is the doctrine of grace. The church should be first in line to oppose the notion that there are guilty and innocent carriers of HIV.

FROM THE NORWEGIAN REFLECTIONS

The healing, loving God

So what, then, were the characteristics of this healing, loving God who is the goal of our journey as well as the road we tread? And what does it take to get rid of the image of an angry, rejecting God? For this loving, caring God is vulnerable, constantly battered not just by everyday experience but also by people's experience of the institutional church. Many participants said that they could pinpoint particular meetings with particular groups or individuals – lay and clergy – that brought about a gradual change in their image of God. They discovered communities, within the Church, where a loving, caring God began to seem more real than the angry God of their previous experience. For many participants, it had been wonderful to discover the transformative potential of Christianity and the gospel. As another participant put it, 'The gospels emphasize the importance of loving one-self and one's neighbour.' Or as another said, 'They can be such fantastic tools for life. To be set free; to be washed and cleansed from everything that can drag a person down; to be delivered from a fragmented view of humanity and from the things that create guilt and shame!'

It was in the search for these healing, cleansing, liberating images of God that we looked, during our first gathering, at one of the texts in Luke's gospel. In Luke 13: 10-17, we encounter the story of Jesus healing a crippled woman on the Sabbath. In later discussions, this story took on a particular meaning for the group. The fact that Jesus healed on the Sabbath proved important for the understanding of one of God's most significant attributes. Here we meet a God who opposes the authorities and loosens the chains of those who are bound. 'It is a God who is not only open for business from 9 to 5, but a force that will not let itself be limited.' In this story we see God himself breaking the rules of Scripture 'because God put people and compassion above the law. What Jesus implies is that the intent of the law is more important than absolute adherence to individual rules.' Or as one participant put it, 'It is God's nature to love, and the purpose of his words and actions is to loosen chains, to lift up the oppressed, to set people free, to heal and to save.'

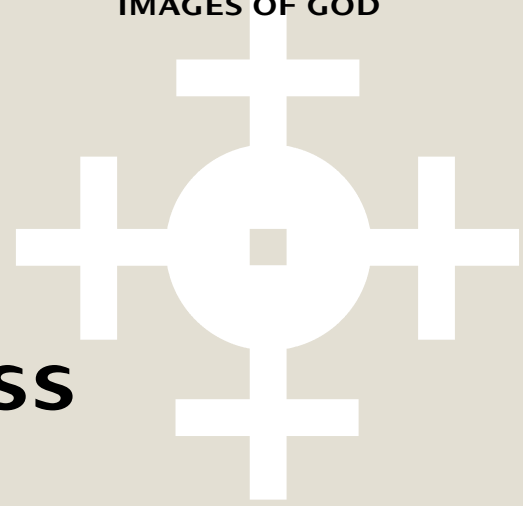
Being human – not least living together with other human beings – involves guilt.

BY CARINA WØHLK

The most important theme in my pastoral counselling is guilt. Most people living with HIV do not feel disturbed because they have failed to bear a real responsibility. They are grappling with unreal guilt – a strong, self-destructive feeling that is grounded in their need to take possession of and maintain control over their own lives.

It is extremely important to distinguish between genuine and false guilt. Genuine guilt is bound up with the responsibility that we all bear because we are human, that we hold one another's lives in our hands. Genuine, existential guilt is something that we all must take into account and learn to live with. We cannot go through life without making ourselves guilty – by a hurtful word, an unpremeditated violation, a stupid omission or perhaps something that is even worse.

In contrast to genuine guilt, false guilt is not part of the natural gravity of human life. Instead, it is a bothersome bulk, an inert mass that weighs us down till we sink – because false guilt involves taking upon ourselves more than



DENMARK

Guilt and Forgiveness

we are meant to bear. The burden becomes too heavy. And it is not in the right place. Therefore we must get rid of it.

Many people with HIV hear that their condition is their own fault. Unloving voices loudly interpret HIV and AIDS as God's punishment of people who live indecent lives.

Unfortunately, in their search for a cosmic frame of reference, many people with HIV internalise this false interpretation. The false guilt they then feel creates a meaning in the madness. They can see a connection between cause and effect, between what they have done and what is happening to them. Their illness is not just a result of the random ravages of coincidence.

But the internalising of this false interpretation exacts a high price, in its effect on the persons' images of themselves and of God. The price for the illusion of control over their fate is a shattered self-esteem. For those who are infected, HIV is not an expression of God's loving correction but a proof of their own unloveableness. They must live with an image of themselves as shameful and guilty – and with an image of God as a condemning, uncompromising master. Suffering is added to suffering.

Genuine healing

Genuine guilt leads to a need for forgiveness, a need to be able to live without the guilt overshadowing the rest of one's life. Forgiveness means to be able to continue to live together, be together and talk together with the person who has caused you pain. Or forgiveness means to be able to live with yourself – in spite of everything.

The Christian gospel has a lot to say about the healing power of love – also when one's whole life seems to be wounded and mutilated out of all recognition. Forgiveness always reaches out to others. Jesus Christ comes to us, and that means that we can be reconciled with our own and other people's life-histories, however frightful and frustrating they may be.

As Christians it is our duty to be the servants of life and light. That is to say, to enliven the sick and enlighten the prejudiced. HIV and AIDS cast the shadow of death over many human lives. Misconceptions about the virus darken many minds. It is up to us to scatter the darkness – hand in hand with the Lord of life.



Shame

DENMARK

BY CARINA WØHLK

Shame is a matter of being someone we ought not to be, while guilt is a matter of having done something we ought not to have done. Understood in this way, shame is in fact much more difficult to deal with than guilt, because it involves our identity, not just our behaviour.

We can be ashamed of many things – mental illness, alcoholism, suicide in the family, homosexuality or HIV. Shame makes us feel that we are wrong and reprehensible – and our surroundings add fuel to the feeling. If you are depressive, if your father drinks, if your brother has hanged himself, if your son is gay or your daughter is HIV-positive, then the danger is there, that society and your social network will make you feel ashamed.

The stain and the 'shame-mark'

Unfortunately, shame is what you get for even a tiny deviation from a pure and upright life. Shame and impurity or uncleanness belong together. We talk of a 'stain' on someone's reputation. In Danish the connection is even clearer: the word for stain in this context is literally a 'shame-mark'. But the dirty trick is that shame is added to the sum of suffering that people who are already sorely tried must endure. Shame is more than embarrassment, more than humiliation, more than an offended modesty, more than hiding your face and wishing you could sink through the floor. Shame is an attack on the individual's self-respect and human dignity.

In our culture shame is not a loss of honour but a loss of worth. Those who are shameful feel that they are worth-less, not worth loving. They bow their heads instead of holding them high in belief in themselves – and belief in the God who raised Jesus Christ from the dead in order to make it possible for us to stand tall in his love.

To feel ashamed is to feel you are not worthy of love. The feeling of shame, impurity and uncleanness belong together. How does God reconcile us with our humanity?

In the life and death of Christ, God has reconciled us with our own humanity. This means that we can be what we are – for better or worse. Whoever we are, whatever happens in our lives, God is with us and loves us. We have a dignity and a worth that is God-given.

Remember that there is plenty of room in our Father's house. We must not shrink in shame, we must straighten up and look our neighbours in the face. We must not close in on ourselves, we must dare to be open. We must not let ourselves be broken down, we must build ourselves up with confidence in life and in the living.

The agony of Peter

Shame and lies are closely connected. We discover this when we examine the apostle Peter in the New Testament. He is Jesus' trusted co-worker. He is the one who is shown the special favour of being with Jesus on the Mount of the Transfiguration and is given the honourable task of having the keys of the kingdom of heaven on his key-ring. He is the first to confess that Jesus is the Christ, the Son of God.

But even so, he lacks the strength to support our Lord when things get really hot. Jesus has even prepared Peter mentally for the possibility that he will deny him, but Peter dismisses the warning out of hand. How disappointing, that Jesus could think that of him! No way will he be so treacherous or abandon his master!

But when Jesus is arrested and Peter himself is threatened, that is what happens: He denies that he knows his Lord and master; he denies that he has ever had anything to do with him. He dissociates himself from Jesus in order to save his own skin. He tells a pack of lies in order to protect himself.



Not only has AIDS robbed people of their family members, loved ones and friends, AIDS has robbed the churches of their collective memory of the compassionate Jesus, the messiah of the marginalized, the prophet most at home among the people pushed to the periphery.

JAPHET NDHLOVU

When the awful truth dawns on Peter, when Jesus' prediction comes true, he bursts into tears. Jesus was right. That is the kind of person he is – a wretch who won't acknowledge his dearest friend. He is more concerned for his own life and his own safety than for Jesus. This realisation fills Peter with grief. He goes out and weeps bitterly, as the Bible says. The bitter tears are tears of shame – and Peter does what other people do when they are ashamed: he isolates himself.

Shame can arise as a result of denial and repression. Because we do not have the courage to accept who we are, acknowledge our own life-history and our own attitudes. Or because we forget our principles and values.

Hiding the painful truth

It is shameful to dilute or simply cover up the truth, and shame can lead to pretence and concealment. Those who are ashamed of their words or their deeds need to hide the painful truth. Those who are ashamed need to go into hiding. It should not be like that.

Bite the head off all shame and put your life in God's hands! He won't drop you on the floor. He is fond of you and he will hold onto you – even when you can't stand the sight of yourself, even when other people won't touch you with a barge-pole or shove you away.

Perhaps you don't have the courage or the strength of heart to stand by yourself. But God will stand by you – he won't abandon you. Perhaps you are ashamed of the choices you have made in your life. But God loves you as you are – without prejudices and reservations. And that's nothing to be ashamed of...

A relevant theology in

a time of HIV and AIDS

ZAMBIA

The Compassion of God



BY JAPHET NDHLOVU

A world crisis with its harrowing and heroic stories of human suffering requires Christian response and reflection. The HIV/AIDS crisis has some distinctive characteristics beyond its global range and savage suddenness, as it brings together in such a devastating mix the great human powers of sex and death. How this mixture affects theology should be of interest to those involved in doing theology for life.

The Church in Zambia is faced by a great challenge due to the pandemic of HIV/AIDS. There is no theology outside a relationship with God, for only those whose lives are drawn into the orbit of God's praxis can truly understand human existence. Faith seeks to comprehend what the living God requires of his people. The HIV/AIDS pandemic does seriously present us with a critical and dangerous time, a moment of truth as well as a moment of grace and opportunity – the time of *kairos*.

The Zambian faith community which has been hit hard by HIV and AIDS has to find an alternative transformative paradigm for the way forward.

God the creator is concerned about the situation because it has touched his image in the creation. By its very nature and mission, the Church cannot ignore the call to fight stigma, prejudice and oppression. The Church should live and witness even in this time of AIDS. Human beings were created in the image of God (Gen. 1: 26 -28) and the Church must be his body. Christ is the abiding head of this body and at the same time the one who, by the presence of the Spirit, gives life to it.

The lack of serious theological reflections in a time of HIV/AIDS is certainly a tragedy that has bothered the Church in the last two decades. When it comes to the question of the challenge of HIV and AIDS, our theologians have been slow and silent and the churches have been quiet too.

Theology is a community activity for both experts and laypersons; it grows out of life together of people of faith. It grows as people share together their lives and the interpretation of events that surround them in the light of faith.

Interest in 'people's theology' or 'theology of the pew' is likely to enjoy resurgence at this time as more and more Zambian Christians have been educated to a degree where they have

legitimate confidence in the value of their own ideas and critical reflection of interpreting the scriptures.

However, differences among people are real – even theological differences. We need to welcome and nurture the incredible richness and particularity of perspectives, backgrounds, and gifts. These differences include differences in the ways in which people experience and relate to and understand God in a time of HIV and AIDS, in the ways in which people make sense of their actions in morality and ethics and in the ways in which the one true God is worshipped. The unity of the Christian Church is and always has been God in Christ. We need to work together within the embrace of God's reconciling unity.

Theology is and always has been the living product of communities of faith wrestling with the meaning of their faith in the face of the ambiguities of life. In this process the faith journeys of other people and communities, both those who have gone before and those whose journeys are contemporary, are extremely helpful. Theology as produced by - or rather within - the Church has always emerged from a crucible of heated interactions between various views. These views have played against each other, resulting at times in compromise, at others in new formulations, and at still others in the inclusion of a variety of interpretations.

The struggle to discern God's will

Many people living with HIV/AIDS struggle to discern God's will for their present situation. Opportunities should be created for lay people to be prepared and equipped to think out the relationship of their faith to their daily situation. The community of faith is the place where theology emerges, as the people of faith share in the community their experiences of God, humanity and creation.

In the process of producing living theology that is authentically related to people's lives, there are no experts. Reflections on those experiences produce living theology. So how does this help us in the quest for an AIDS-relevant theology?

First, it is those who live the life whose reflections are the primary basis for the emergence of a theology relevant to that life. More to the point, if the Church seeks a theology of HIV and AIDS, it needs to listen to those who are living with the vi-

rus, those who provide care, as well as their friends and families. Indeed those who are closest to the virus are the ones to develop a theology of AIDS. This means that people living with HIV and AIDS cannot be driven away from the Church. They are indeed the resources required to do the task of theological reflection.

This is where members of this community of people of God, created in the image of God, are involved in a vocationally based critical and constructive interpretation of their present reality of living positively with the HIV-virus. If they are excluded, the richness of God's love and grace is denied not only to them, but also to the rest of the faith community.

The Christian community must make room for all God's people to seek God, to praise God, to reflect on their experiences in the light of faith and to discover their theological and moral bases as part of the theology, worship and morality of the whole community. Categorical exclusions also reflect a lack of trust in God and a lack of appreciation for the unconditional nature of God's love.

Jesus was consistently engaged in breaking down the categorical exclusions imposed against such people as women, Samaritans, lepers and the demon-possessed. That process has also been an ongoing feature of the community of faith wherever it has found itself. The community of faith is often found struggling with the issues of increasing inclusion and with breaking down the walls of partition that separate people from each other as they come to a renewed vision of God's acceptance of all people.

People of faith are called to examine themselves in the light of their experience of God and not to sit in judgement on others. Too much ethical material is produced by those to whom the issues are not a personal or community reality, but who have made up their minds beforehand on the basis of legalistic prescriptive rules.

Meaning emerges in the stories of individuals, families and whole societies devastated by the fears, the sufferings and the deaths experienced throughout the world over the last decade and more. To appreciate the real challenge to theology in a time of AIDS, it is necessary to listen to these stories, their tellers, persons living with HIV/AIDS themselves, the HIV affected, their families, partners, lovers and carers.



The suffering of Job and the compassion of Jesus

Doing theological reflection then in a time of HIV/AIDS must begin with God because all were created in the image of God and because the Church, by its very nature, must be his instrument in this world. It is plausible to hold that the pandemic raises no new questions about God. But at least it raises some old questions in new - and for the persons immediately involved very acute - forms. Questions regarding the relationship between God and suffering are central when we discuss HIV and AIDS. Intense pain like that which is brought about by HIV and AIDS creates the impression that God is absent.

The Book of Job (Job 1-42) may constitute the most profound reflection on the relation between human suffering and divine presence of power. Job's own bodily sufferings and mental anguish may awaken painful echoes in contemporary readers wrestling with the impact of HIV/AIDS.

Job's confrontation with the mysterious God of the whirlwind leaves him awed and humbled before the presence and power of his creator. He has won his argument. Personal sin is not the cause of his suffering and God is not punishing him for such sin. The lesson must be continually repeated and the Book of Job read again and again in the face of those Christians who still think of human suffering in terms of God's punishment for personal sin and see a particular application of this doctrine in the emergence of HIV/AIDS.

As the biblical teaching of The New Testament shows, the presence of God was not for the powerful and wealthy, first of all. The sinners and the prostitutes, the poor and the socially marginalised would be welcomed first. By identifying with these, by eating and drinking with them, Jesus overturned the accepted canons of religious and political respectability. It was eventually to cost him his life, as he was considered too subversive of the established order. After a show trial he was crucified outside the gates of the city, Jerusalem. For Christians who feel the urge to reject, avoid or neglect people living with HIV/AIDS the counter-example of Jesus should be a forceful reminder, saying: 'As you do to one of these least ones ...'

We are confronted with the mystery of God entering fully

into the human condition, even to the point of taking on human suffering and dying, in the passion and death of Jesus Christ. The crucial and cruciform revelation of God's co-suffering with human beings in the compassion of Jesus, manifests a new aspect of the mystery also called love. It is not easily comprehensible, but it does reassure about the presence of God. In times of desperation and pain God is present. Through Jesus, who died in his bodily fragility on the Cross, a healing and resurrection takes place. God's inexhaustible loving does not abandon those for whom Calvary was undertaken in the first place. The suffering changes the person's perspective and attitude and enables the person to experience God's loving care and presence.

Jesus did not simply seek the company of the excluded; he was also establishing a new set of relationships, a new kind of community, a new Israel that would embody the reign of God, which he announced. In this new community God's presence and power would be evident above all in the practice of love. And it would be effective love, feeding the hungry, setting the prisoners free, restoring sight to the blind, letting the lame walk, healing all manner of sickness (Luke 4: 16).

Jesus' ministry to the sick has inspired generations of Christians. He explicitly rejected the old mistake of Job's comforters who thought Job was suffering because of sin: 'Neither this man nor his parents have sinned,' he told his disciples of the man born blind (John 9). In this case as in others cases the healing manifested the power and the glory of God by attending to immediate needs of the suffering and the excluded.

In Christian care and human scientific development these God-given resources are to be harnessed in restoration of health and comfort of the afflicted. Love after the manner of Jesus, unconditional acceptance and care of the needy, must be expressed in the most effective way possible. This should be done medically, socially and personally and by all ministries of the church.

Hope

The Christian faith is a faith of hope. Christians are strengthened by this hope as they wrestle with profound questions

The Church as the body of Christ is to be the place where God's healing love is experienced and shown forth. The Church is bound to enter into the suffering of others, to stand with them against all rejection and despair. Because it is the body of Christ who died for all and who enters into solidarity with those affected by HIV/AIDS, our hope in God's promise is alive and visible to the world.

JAPHET NDHLOVU

about suffering. They affirm that suffering does not come from God. They affirm that God is with them even in the midst of sickness and suffering, working for healing and salvation in the 'valley of the shadow of death' (Psalm 23:4). Through the suffering of Christ on the cross the entire creation has been redeemed. Christian hope is rooted in the experience of God's saving acts in Jesus Christ, in Christ's life, death and resurrection from the dead.

Considering Christ as the suffering servant, Christians are called upon to share the sufferings of persons living with HIV/AIDS, opening themselves in this encounter to their own vulnerability and mortality. The response of Christians and Churches to those affected and infected by HIV/AIDS should be one of love and solidarity, expressed by both care and sup-

port for those touched directly by the disease and in efforts to prevent its spread.

Many Christians and Churches have shown Christ's love to those infected and affected by HIV/AIDS, but unfortunately some have also helped to stigmatise and discriminate against such persons, thus adding to their suffering. The greatest barriers to achieving HIV prevention are fear, denial and ignorance. Themes of hope, accompanied by spiritual and ethical exposition on the meaning of life beyond death, which uses the ordinary languages of the people, would greatly enrich the discourse on alternative ways of living with HIV and AIDS. A theologically holistic model will then continue to be open to questions and challenges that the pandemic has brought about.





Called to be different

Epilogue

BY GILLIAN PATERSON

A journey

The story of our faith is full of journeys: the journey to the Promised Land, the journey of the Magi, the journey to the Cross. There is a sense, about these journeys, of a destiny that is there to be fulfilled, even when the road itself is dark and confusing, and the goal is shrouded in mystery. There is also a sense that these journeys reveal vital truths about God's purpose for the world, and the ultimate meaning of things. There is urgency here, too: urgency generated by the feeling that now (and not next year, or ten years from now) is the time when they have to be made. The star that points us to Bethlehem will not wait. The narrative demands that the kairos moment should be seized.

The process that produced this book was born out of a similar sense of urgency, a similar sense that this was a journey that had to be undertaken. It was inspired by a conviction, among church leaders in Southern African and Nordic countries, that the stigma associated with HIV and AIDS is a challenge that invites us to find new ways of exploring our faith, our human relationships, and the kind of community the Church is called to be. In embarking on the process, a key element was that Northern and Southern churches should do it together: a risky and difficult step, at a time when the AIDS discourse is so full of anger and division and conflicting interests, with religions themselves accused of contributing to the epidemic by the exclusive nature of their communities and the moralist nature of their messages.

For AIDS has produced many narratives of division, especially in relation to the perceived differences between African approaches and North Atlantic ones. For example, Western bio-medical constructions of the epidemic are seen as struggling with African, community-focused ones. It is an unequal struggle, since Africa depends largely on Western finance and scientific expertise to support its own responses, and communications and publishing media use Western paradigms and European languages to disseminate ideas.

In theological terms, too, real differences may be obscured.

From a Southern perspective, Northern Christians may seem autonomous and individualistic, their faith coloured by either right-wing judgementalism or an 'anything-goes' liberal morality. Europeans (if they know anything about religion in Africa at all) may regard the cosmological and communitarian heritage of African culture as being something that needs to be suppressed in favour of more 'contemporary' philosophical and religious discourses. Such stigmatizing caricatures create anger and alienation; they sabotage effective dialogue; they lurk, like a virus, at the very heart of the international dialogue about AIDS.

But the Church, as the introduction says 'is called to be different'. This remarkable collection of reflections is one result of that conviction: the product of a two year process during which Nordic and Southern African Councils of Churches worked, separately and together, on three theological themes that have emerged in both regions (and elsewhere in the world) as being powerful 'drivers' of stigma and discrimination.

Beyond caricature

What these writings do, first and foremost, is to challenge the stereotypes referred to above, and to put them in perspective. For what we see here are groups of Christians and individual theologians entering passionately into the struggle to make sense of faith in their own cultural contexts: a struggle we are, all of us, right in expecting our churches to share.

Stigma is woven, at the very deepest level, into the fabric of society and into the patterns by which its members make sense of their lives. Challenge stigma, and you arouse passions that are profound, but may not be consciously understood. For stigma is the servant of taboo. Taboos are not harmful per se. On the contrary, it is through their taboos, deeply embedded as they are in the communal and individual consciousness, that societies, institutions or social groups protect themselves from harm, danger, and from risky encounters with 'the different' or 'the other'. Anthropologically, religion has functioned in such a way as to reinforce cultural taboos, and by doing so, to give cosmic meaning and

ritual expression to the values by which society orders itself.

However, of all elements in a culture, the ones that are most prone to taboo-thinking are sex and sexuality, gender, race, disease, sin and death. It is around these issues that AIDS-related stigma mainly gathers. Hence Japhet Ndhlovu's powerful claim for greater gender-equality in his own, Zambian culture, backed by a recognition of the patriarchal character of much scriptural interpretation; and also backed by a need to value sex as a gift that enables us to share, with God, the work of Creation. Hence Carina Wöhlk's insightful connections between AIDS-related stigma, and the guilt and shame associated with sexuality, especially in the context of homosexuality. Hence Elias Massicame's claim that Mozambican Africans view sex as something outside the domain of God's sovereignty, then seek refuge in silence, and thus become victims of a Western-inspired media glorifying 'free sex'. Hence Elizabeth Knox-Seith's vignette of the culture of death in which young people risk their very lives for longed-for sexual intimacy, and in the process, short-circuit the connection between the beginnings and the end of life.

We are privileged, in these pages, to meet Christians who – in order to address AIDS-related stigma honestly – have had the courage to look into the deepest recesses of their own souls and also deep into the 'souls' of their respective societies: or as Carina Wöhlk puts it, to confront 'I am who I am' in order that, in Christ, we too can be who we are.

One body

It can be argued that Christian silence about sex and sexuality is rooted in a much broader denial of the body itself, and that this is where we should focus our theological attention. In terms of the near-universal cultural taboos mentioned earlier, sex and sexuality, gender, race, disease, sin and death are all aspects of what our bodies are or do. It appears, then, that one cannot be 'in the body' without experiencing something of the guilt and shame associated with cultural taboo: without having a sense of sin. And yet it is in the body that we are carried in the womb, are born, live, love, get sick and die. In

the incarnation, the Word became – literally – human flesh and blood: which should have made it unbiblical, ever again, for Christians to denigrate their bodies. It is in our bodies, and not in buildings, that human beings become God's temple. It is the Eucharist – the celebration of the body and blood of Christ – that signifies inclusion or exclusion from Christian community. And yet cultural taboo is an extraordinarily powerful thing, and our ability to accept the reality of the incarnation is cloaked, still, in a profound ambivalence.

The exploration of the idea of the body has therefore been central to the journey described in this book. At the individual level, groups of HIV positive people meeting in Norway talked of the need for a faith that affirms embodiedness. In Zambia, Japhet Ndhlovu writes of the need for churches to approach their healing ministry as an embodied one: to see holiness as an act of engagement, not a state of separation; the image of holiness as 'proximity to' and not 'distance from' the unclean.

As ways of working cross-regionally were developed, St Paul's image of the Body of Christ as a metaphor for the universal church became a living reality.

Of course there were difficulties. For example, Northern openness about sexual orientation challenged taboos among groups in the South. Similarly, the prominence of the idea of sin in the writings from the South proved difficult for the Nordic participants.

In better resourced contexts, it is easier to find time for reflection and writing; while organizations that are overstretched may experience this kind of project, welcome though it is in theory, as the last straw that breaks the camel's back. Such are the embodied realities of

our different experiences, the stuff from which the reign of God is forged. But the journey had its own momentum, and always, when it seemed impossible to go forward, it seemed even more impossible to go back.

In the end, there was no disagreement at all about the title: 'One Body'. For just as the body is one and has many members, and all the members of the body, though many, are one body, so it is with Christ. And if one member suffers, all suffer together with it; if one member is honoured, all rejoice together with it (I Cor 12:12, 26).

Moving on

So where, in the experience of people with HIV/AIDS, is God?

Northern groups as well as Southern spoke of God as the prodigal's father, spotting the beloved child in the distance and running to meet him; of the God of Deuteronomy, who chose us not because we were deserving, or better than other people, but because we were loved. It is often among the marginalized and excluded bits of ourselves and our institutions and cultures that God is revealed to us, in the image of the embodied, suffering Christ.

And revelation is Trinitarian in character. It generates further insights, taking us back to the Word, and forward into the ongoing activity of the Spirit. Revelation then becomes part of a grace-filled invitation to engage with a narrative whose context is the unfolding drama of God's reign, but through a gateway that is specifically our own. Our own small journey then becomes part of the journey of the Church, in the context of Creation itself and the narrative of the pilgrim people of God.

I was invited to take part in this journey, at a late stage, as an adviser and friend. It has been a privilege, and I have certainly received more than I have contributed. In the cacophony of opposing voices that make up the international dialogue on HIV and AIDS, my moment of revelation has been a glimpse of the reconciling Christ travelling with the excluded ones, and inviting others to join the journey. In this book, in this collection of writings, that is the invitation which has now been extended to you, the reader.



OneBody

One Body was initiated by a joint core group that met in Lusaka 2004. From Zambia: Japhet Ndhlovu, Joy Lubinga, Munalula Akakulubelwa, Rose Malowa. From Mozambique: Dinis Matsolo, Elias Massicame. From Norway: Jan Bjarne Sodal, Estrid Hesselund, Steinar Eraker. From Denmark: Carina Wohlk, Birthe Juel Christensen.

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EPILOGUE

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