

GOING BACK TO MY ROOTS:

**A critical understanding of the interplay between Christian Faith
and Shona tradition in the quest to find meaning within the HIV
pandemic.**

BY

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Declaration

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ABSTRACT

During the study there was an attempt to understand the interplay between Christian faith and Shona tradition in the quest for meaning within the HIV and AIDS pandemic. It was revealed that HIV/AIDS has caused unimaginable suffering among all segments of society in Zimbabwe but impacts more on women and children. The suffering caused by HIV and AIDS has inevitably raised the question of meaning which is urgent and widespread, making people turn to the Christian faith or to Shona tradition for answers to their suffering. During the study there was an attempt to find out why Shona Christians revert to Shona traditions in quest for meaning within the HIV and AIDS scourge. It has been revealed that one single answer does not exist and that the quest for meaning as the sum total of answers does not exist. The quest for meaning is about discovering a God-image which is appropriate to give meaning in suffering by being involved and engaged with the existential realities of people within the HIV and AIDS pandemic. It was made clear during the study that the quest for meaning within the HIV and AIDS pandemic has greatly challenged both belief systems to the extent that the Shona Christians, not only revert to tradition in quest for meaning but move back and forth, in and out of both belief systems and remain confused about who God is. The dilemma for the Shona Christians in quest for meaning therefore is a crisis of faith, a personal crisis of identity and a continuous search for meaning. In light of this devastating pandemic, it is an undeniable fact that the quest for meaning among the Shona Christians within the HIV and AIDS pandemic challenges the SDA church to reinterpret and reframe pastoral theology in a way that is relevant to discovering a God who can be trusted to give meaning in suffering.

OPSOMMING

In die studie is daar gepoog om die wisselwerking tussen die Christelike geloof en Shona tradisie te verstaan – veral in die konteks van die soeke na betekenis binne die MIV/VIGS pandemie. Daar is gevind dat MIV/VIGS ongekende lyding veroorsaak in alle sektore van die gemeenskap in Zimbabwe, maar dat die impak daarvan groter is op vroue en kinders. Die lyding wat deur MIV/VIGS veroorsaak word, het onvermydelik vrae laat ontstaan met betrekking tot die vraag na betekenis. Hierdie vrae is dringend en wydversprei en veroorsaak dat mense hulle tot die Christelike verloop of na die Shona tradisies wend vir antwoorde rakende hulle lyding. Daar is gepoog om uit te vind hoekom Shona Christene hulle tot die Shona tradisie wend vir antwoorde op hierdie kwessie. Daar is gevind dat daar nie een enkele antwoord vir hierdie verskynsel bestaan nie, maar dat die soeke na betekenis eintlik 'n soeke na 'n Godsbeeld is wat betekenis sal verleen deur betrokke te wees in die eksistensiële werklikhede van mense binne die MIV/VIGS pandemie. Dit het tydens die studie duidelik geword dat die soeke na betekenis tydens die pandemie beide geloofstelsels tot so 'n mate bevraagteken het, dat Shona Christene hulle nie net tot die Shona tradisies gewend het nie, maar ook heen en weer en in en uit beweeg tussen die stelsels en steeds verward bly oor wie God is. Vir die Shona Christen word die dilemma dus 'n geloofskrisis, 'n persoonlike identiteitskrisis en 'n volgehoue soeke na betekenis. In die lig van hierdie verskriklike pandemie en in die soeke na betekenis tydens die MIV/VIGS pandemie, word die Sewendedagadventistekerk uitgedaag om hulle pastorale teologie op so 'n wyse te herinterpreteer en te herbewoord dat dit relevant is tot die ontdekking van 'n God wat vertrou kan word om betekenis aan lyding te gee.

DEDICATION

To my two grannies: *VaMatongo* (The Ruins) and *VaMaDube* (The Zebra) in loving memory of the strongest women I have known in my life.

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- Glory and honor to the God I have discovered during the research who is a Friend, Partner and a Companion who can be trusted to give meaning in suffering because He is involved and engaged in our daily struggles by being with us.

DECLARATION

I declare that: **Going back to my roots: A critical understanding of the interplay between Christian Faith and Shona tradition in the quest to find meaning within the HIV pandemic** is my work and the sources that I have used or quoted have been indicated and acknowledged by means of complete references,

Farirai Tamirepi

Date

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CHAPTER ONE

INTRODUCTION

1.0 Introduction

According to the UNAIDS (2008:1) report, Zimbabwe is at the epicenter of the Human Immune Virus and Acquired Immune Deficiency Syndrome (HIV and AIDS) epidemic. Zimbabwe is experiencing one of the hardest AIDS pandemics in the world and has reached catastrophic proportions with around one in seven adults living with HIV. According to Rodlach (2006:1) the HIV and AIDS scourge is causing unbearable suffering and forms part of daily life with dire consequences on persons, families and communities affected by the pandemic in Zimbabwe. The Avert (2008:1) report states that Zimbabwe has to confront a number of severe crises in the past few years including an unprecedented rise in inflation, a severe cholera outbreak, high rates of unemployment, a tense political climate and a near total collapse of the health system. Hence, responding effectively to the pandemic has been difficult and the suffering on the people continues to amount to formidable and unimaginable heights affecting all segments of society but hitting hard on women and children. According to UNICEF (2005:2) report, in Zimbabwe, infant mortality rate has doubled since 1990 and the average life expectancy for women, who are affected by HIV and AIDS, is 34. HIV and AIDS has made its in road into all towns, cities and even to the remotest parts of the country inflicting not only physical pain as a disease, but emotional, psychological and existential crisis raising questions which are far from being purely medical or clinical. Therefore, the urgent quest for meaning among all segments of the population in Zimbabwe can never be overstated considering that there is no cure for the deadly scourge.

Hence, this chapter gives a general background to this study and a personal motivation for undertaking the research. The chapter states the research problem which further generated my interest to carry out the study. It also outlines the goals of the study and pertinent research questions. The chapter also includes the definition of key terms, the methodology used in the study, and contributions of the study to Practical Theology as well as the thesis outline.

1.1 Background to the study

This study critiques the interplay between Christian faith and Shona tradition in the quest to find meaning within the HIV/AIDS pandemic in Zimbabwe. The study proceeds on the assumption that the Shona Christians, go back to their Shona traditions in their quest to find meaning within the HIV/AIDS pandemic. The fact that one is a Shona Christian indicates two worldviews. In the context of the study, this assumption presupposes an interplay between Christian faith and Shona tradition experienced by Shona Christians in their quest for meaning within the HIV/AIDS pandemic. The burning question the study grapples with is, ‘Why do Shona Christians revert to Shona traditions in their quest to find meaning within the HIV/AIDS pandemic?’ To critically understand the interplay between the Christian faith and the Shona traditions in the quest to find meaning within the HIV/AIDS pandemic, the study is situated among the Shona Seventh Day Adventist Christians within the Zimbabwean HIV/AIDS pandemic. In light of this assertion, the following background to the study becomes very important and valuable to critically understand the interplay presupposed and its impact on the quest to find meaning among the Shona Christians within the HIV/AIDS epidemic.

According to Terry (2000:xvii), in 1980 Zimbabwe became independent raising the Zimbabwean flag officially for the first time. Terry goes on to state that the decades of the 1980 to 1990 witnessed the nation wrestle with varying degrees of success to find just solutions to political, social and economic issues and a strong sense of optimism helped steer the country through these issues. Terry (2000:xvii) adds, “yet, the most fundamentally difficult question facing the nation is one that nobody ever imagined, that is how to deal with the AIDS pandemic devastating the nation.” In addition, Rodlach (2006:39) asserts that although the first case of HIV was detected in 1985 in Zimbabwe, Jackson (2005:370) argues that the President Robert Mugabe only declared HIV/AIDS a national disaster in 2002.

However, the government of Zimbabwe started responding to the impact of HIV/AIDS in 1987 through the Ministry of Health and Child Welfare. Jackson (2005:370) establishes that in 1990, the President Robert Mugabe called for a multi-sectoral and multi-disciplinary response to mitigate the impact of HIV and AIDS on the people. Hence, the Government of Zimbabwe through the Ministry of Health and Child Welfare (MOHCW) established the National Aids Action Committee (NAAC) to coordinate the National HIV/AIDS programme. In 1999, the National HIV/AIDS Policy of Zimbabwe was put in place as indicated in the Republic of Zimbabwe (1999) and NAAC had to implement the national HIV and AIDS policy. In order to provide the AIDS services to the people, the government introduced the AIDS levy to be paid by all workers as to raise funds for the NAAC activities.

Jackson (2005:370) asserts that however, not much was accomplished by the AIDS fund due to misappropriation and mismanagement of the AIDS levy. Rodlach (2006:39) points out that at the same time, the government's response through NAAC has been compromised to some extent by numerous other political and social crises that have dominated political attention and overshadowed the implementation of the national policy. Hence, the people affected by HIV and AIDS feel abandoned by the government. Therefore, the urgency for meaning among the AIDS sufferers in Zimbabwe continues to reach unimaginable heights.

In another bid to respond to the HIV/AIDS epidemic, in 1992, the Government of Zimbabwe, through the Ministry of Education and Culture, in conjunction with UNICEF, introduced AIDS Education as a subject in both primary and secondary schools. However, according to a review conducted in 1995, by Gatawa (1995) not very impressive results have been realized from the schools programme. The teachers and the school heads have been reported to be unfamiliar with most HIV and AIDS concepts and they found the issues of sex, death and blood as taboo hence were uncomfortable discussing them with school children. To ensure that AIDS Education is taught in schools, the Government of Zimbabwe made the teaching and examination of AIDS Education compulsory in both primary and secondary schools. According to the Avert (2009:10) report although the children gained a bit of knowledge about HIV and AIDS, the AIDS

Education programme in schools does not cater for their emotional, psychological and spiritual needs which they experience from the impact of HIV and AIDS on their lives. Therefore, the children affected by HIV and AIDS continue to struggle with existential issues and their quest for meaning is beyond comprehension considering that Zimbabwe has a higher number of AIDS orphans in proportion to its population than any other country in the world according to UNICEF quoted in UNAIDS (2008:1).

Furthermore, the International communities had to intervene in mitigating the impact of HIV and AIDS on the people of Zimbabwe. As from 1992, various Non-Governmental Organizations (NGO) or The AIDS Service Organizations (TASOs) started operating in Zimbabwe offering various AIDS services ranging from HIV education, prevention campaigns to counseling. TASOs in Zimbabwe are registered with the Zimbabwe AIDS Network (ZAN) which was founded in 1992 with the main aim of combating HIV and AIDS. However, due to President Robert Mugabe's increasing hostility on the Western countries, some TASOs were dismissed from the country or their permits to continue operating in Zimbabwe were not renewed because they were suspected or accused of Western empirical conspiracy. But for some unknown reasons, the prevalence rate of HIV in Zimbabwe has been reported to have dropped from 24.6% in 2003 to 15.3% in 2007. However, according to the Avert (2009:2) report this is still very high.

At the same time, Meursing (1999:36) avow that, the mitigating programmes offered by the TASOs in Zimbabwe are designed with Western concepts which are strongly prescriptive and biomedical in nature, and their effectiveness in an African context has not been impressive. According to Rodlach (2006:21) the people of Zimbabwe have also reported the cultural insensitivity of the foreign concepts and language used by the TASOs when addressing the sexual issues involved in HIV and AIDS and the Zimbabwean people feel unrespected when such issues are discussed openly. This is supported by Jackson (2005:370) who asserts that most African languages use a lot of metaphors to relate to sex and sexuality of which most TASOs with their Western education are not familiar with. At the same time, people find it difficult to reveal their deepest secrets and sexual issues to a total stranger in counseling. Hence, the number

of people who voluntarily access the TASO services becomes limited leaving a great number of the affected in desperate search for answers to their suffering. Therefore, communities continue to suffer unbearably from the impact of HIV and AIDS on their lives. Again, Rodlach (2006:39) states that the people affected by HIV and AIDS in Zimbabwe feel abandoned by the TASOs.

On the other hand, communities affected by HIV and AIDS, are responding to the impact of the HIV/AIDS pandemic on the lives of the people by offering various community based services to the affected people. Home based support programmes were set up as early as 1992. However lack of financial support and inadequate training in HIV and AIDS issues and counseling skills has contributed to lack of recognizable impressive results from the community based HIV and AIDS programmes. Stigma and discrimination associated with HIV and AIDS also contribute to the unsuccessful impact of the community home based programmes on the lives of people affected by HIV/AIDS. According to Meursing (1999:36) HIV and AIDS is highly stigmatized in Zimbabwe and people living with HIV and AIDS are often perceived as having done something wrong related to prostitution, promiscuity and discrimination is often directed to them and their families. Most people are afraid of being tested and disclosing their HIV status for fear of being stigmatized which means that they do not have access to sufficient care and support. Therefore, vast communities of people affected by HIV and AIDS continue to experience meaninglessness and hopelessness due to lack of care and support.

Although the Zimbabwe National Healers Association (ZINATHA) was formed after independence, ZINATHA responded to the mitigating process on the people of Zimbabwe as early as 1988 as reported by Terry (2006:83). At that time, according to Terry 1500 traditional healers out of 50 000 attended healers HIV and AIDS workshops organized by NAAC leaving a large gap in information dissemination. Terry, (2006:83) declares that by 2006 there were 52 500 traditional healers registered with ZINATHA compared to 2000 Western trained physicians in Zimbabwe. Terry adds that it is impolite to call them witchdoctors in professional circles and as they outnumber the medical doctors, they are a force to be reckoned with in the AIDS discourse in Zimbabwe. Their other added advantage is that they can be found everywhere and at any time.

However, according to Jackson (2005:252) there have been various reactions on some traditional healers' methods of healing ailments (such as the use of unsterilized needles and biting) as contributing to the spread of HIV and AIDS but some have argued that they have been treating diseases that way since time immemorial. Similarly, Magezi (2007:33) is of the opinion that although people acknowledge the biomedical model of causes and treatment of HIV/AIDS, people still seek for answers to their suffering from the traditional healers in Zimbabwe. Aldridge (2000:70) argues that this is not a rejection of scientific medicine but an acknowledgement of its limitations and to highlight its impoverishment. In addition, Jackson (2005:252) quotes Peter Sibanda of ZINATHA who states that in Zimbabwe the traditional healers are called priests, lawyers, advisers and healers. Jackson adds that because the traditional healers are trusted and are such strong repositories of tradition and culture, they have enormous influence in the search for meaning of people affected by HIV and AIDS in Zimbabwe.

For some reasons, the Christian church as an organization has been very slow to respond to the mitigating process of people affected by HIV and AIDS in Zimbabwe. The Roman Catholic Church has been in the fore front in offering care and support to people affected by HIV and AIDS. However, not much success has been reported in terms of other churches in their fight against HIV/AIDS. The Seventh Day Adventist church through its Adventist Relief Aid project (ADRA) has been providing relief aid to people affected by HIV and AIDS. However, not much has been reported on the church's contribution towards the quest for meaning of people affected by HIV/AIDS. In a study carried out by Rodlach (2006:4) in Zimbabwe, he observed that,

The deep suffering and desperation caused by HIV and AIDS on the people of Zimbabwe cause them to struggle to make sense of the suffering and to answer persistently elusive questions. Why has HIV/AIDS caused so much pain? What is the origin of the disease? How can we support and eventually cure those who are suffering? Why has God let us suffer like this?

According to Rodlach (2006:4) the search for meaning in face of misfortune is a fundamental human quest in evidence across cultures and each culture, nation and locality affected by HIV and AIDS creates its own nexus of meaning. It is in quest for meaning that people turn to religion for answers since religious beliefs play a significant role in the search for meaning as purported by Aldridge (2000:70)

In Zimbabwe, like in most African countries, the two most prominent religions are Christianity and Shona traditional religion. Shona traditional religion has been there since time immemorial as asserted by Chavhunduka (2001:4). Christianity began with the missionary enterprise in the 19th century and according to the missionaries as stated by Mbiti (1987:3) Dyrness (1990:39) Saayman and Kriel (1992:4), Bediako (1997:8) conversion to Christianity meant denouncing African traditional religion as heathenism and accepting the Gospel of Jesus Christ. Chavhunduka (2001:1) adds that the missionaries tried during colonialism to eradicate African traditional religion in Zimbabwe but to no avail and the authority of the ancestors has survived to this day. Correspondingly, Chitando (2001:148) argues that it was during the Liberation War (*Chimurenga War*) that African traditional religion was openly revitalized in Zimbabwe. Rodlach (2006:36) asserts that the success of finally becoming an independent state is attributed to the Spirit mediums Nehanda and Kaguvi who are believed to have mediated to God and the ancestors on behalf of the Zimbabweans. At state functions both worship services are openly conducted starting with a Christian service and then the traditional ceremony. Chitando, (2001:147) asserts that, on various occasions the President Robert Mugabe, who along with many other Zimbabwean politicians received a very strong Christian education, always reminds the nation not to do away with the traditional beliefs and customs. Hence, Christianity and African traditional religion are given the same religious status in Zimbabwe.

Rodlach (2006:41) argues that through the many complex changes and challenges people affected by HIV/AIDS are experiencing in Zimbabwe, they seek a faith that is meaningful to them and can provide the answers they desperately seek. Therefore, in quest for meaning in suffering experienced from the impact of HIV/AIDS, Zimbabweans may use either Christianity,

traditional belief systems or both as observed by Rodlach (2006 41) in a study he carried out in Zimbabwe. In addition, Chavhunduka (2001:4) states, “many Christians in Zimbabwe continue to participate in traditional religious rituals, they continue to consult traditional healers, many Christians believe in witchcraft, some even practice it or attempt to practice witchcraft.” Has the church failed to provide answers to the people in quest for meaning?

It is against this background that I did a critical understanding of why Shona Christians affected by HIV and AIDS revert to traditional beliefs and customs in quest for meaning? The research focuses on how the interplay of Shona traditional religion and Christianity has evolved, is maintained and continues to evolve and how it informs the HIV pandemic and the search for meaning of people in Zimbabwe ravaged undoubtedly by HIV and AIDS. I acknowledge that this religious interplay has been going on for decades as pointed out by many theologians as stated by Chitando, (2007:5) and has never been resolved. In my search, I do not endeavor to resolve this old age interplay. I however, want to find out to what extent, if any, this unresolved interplay between Shona traditional religion and Christianity has informed the HIV and AIDS pandemic and how it assists in understanding the search for meaning of people, families and communities which are impacted by the HIV and AIDS scourge in Zimbabwe. My concern is that, the impact of the interplay between Christian Faith and Shona tradition in the quest to find meaning in the context of the HIV/AIDS pandemic in Zimbabwe has not been researched to some extent.

1.2 Motivation

A number of related events motivated me to carry out this study. These include the magnitude of the HIV and AIDS pandemic in Zimbabwe, the desperate search for meaning experienced by people within the HIV/AIDS pandemic, my personal experience as an HIV and AIDS counselor in Zimbabwe and the unresolved interplay between traditional religion and Christianity within the HIV and AIDS scourge. I worked with People Living with HIV and AIDS (PLWHA) as a counselor, orphan caregiver and facilitator, educator, Programmes Coordinator and as a founder member of an AIDS Service Organization. I observed persons, families and communities suffering in varying degrees due to the impact of HIV and AIDS on their lives. I witnessed that although AIDS is a physical disease, it affects the totality of the human being. PLWHA need more than medication. This is supported by van Dyk (2008: 268-269) when she states that people living with HIV and AIDS have emotional, physical, psychological and existential needs. They express their deepest search for answers and always ask the question "why?" I observed that the Shona Christians revert to traditional healers for answers to their suffering. I therefore wondered why the clients, seemed happy to use both traditional and Christian belief systems in quest for meaning.

I experienced this interplay at first hand when some of my clients, educated or not, admitted at Gweru Provincial hospital in Zimbabwe during 2006 to 2008 would during the day have their pastors and other church members come to pray with them and in the evening, the family members would sneak in the traditional healers to perform certain traditional rituals. The reasons for this, it appeared to me needed some clarification. These personal observations, suggested that there is a need to quantify, contrast and qualify the reasons why Shona Christians affected by HIV and AIDS revert to traditional beliefs and customs in quest to find meaning. I was particularly anxious to learn how, (if any at all) the interplay between traditional beliefs and customs and Christianity has informed the HIV/AIDS epidemic in Zimbabwe.

The dual use of Shona traditional beliefs and Christianity by some highly educated Christians particularly, intrigued me to carry out this study. Terry (2006:85) substantiates that urban educated Shona Christians vacillate between their traditional beliefs about illness and the influence of mass education about HIV transmission. According to Terry (2006:85), the Shona can recite the causes of HIV infection but may still relate to the belief that illness is an attack from disturbed spirits. I want to find out why traditional beliefs and customs persist and thrive even among Christians who have received Western education. As some of my highly educated clients were accessing the help of traditional healers in quest for meaning, I felt that this was important and worth studying in relation to the HIV and AIDS scourge. I agree with most theologians who purport that this interplay has been going on in many African churches since missionaries came to Africa and has been going on for decades untheologically challenged. Donder (1985:146) ascertains that every African country has its Christian believers in ‘back to the old heritage movement.’”

Therefore, I am curious, through this study to find out to what extent this unresolved interplay between traditional beliefs and Christianity has contributed and continues to contribute to the magnitude of the HIV and AIDS pandemic in Zimbabwe. Although it has been observed and noted that certain cultural practices contribute to the spread of HIV, I want to find out how HIV and AIDS has become anchored on the Shona theory of illness and what Shona Christians find helpful in traditional beliefs and practices which they could not find in the Christian church. I felt that there is need for more research that tries to identify and explicate traditional beliefs and customs that continue to contribute to the magnitude of the HIV in Zimbabwe.

My interest in this interplay between the use of Shona traditions and Christianity intensified when I experienced that in the HIV and AIDS discourse, the largely Western-oriented preventive messages of abstinence, condoms, Voluntary Counselling and Testing (VCT) and one on one counseling were often in stark contrast to the reality of the Shona theory of illness and healing in Zimbabwe. Living and working in Zimbabwe amid the AIDS pandemic for many years, I became intrigued by people’s search for answers and their interpretations of the diseases. My

observations are captured very aptly by Kraft in Magezi (2007:32) who states that people's worldview provides reason, interpretation, meaning, explanations, relations to others, adapting to or making decisions with regards to issues of sickness and HIV and AIDS. During client education on causes of HIV and AIDS most clients would express their belief that all illnesses including HIV and AIDS were caused by witches or evil spirits and no church or scientific medicine can treat that. I was amazed to hear them express their fear of witches, evil spirits angering the ancestors and God who would not protect them from the curses sent by witches. I also observed that the association of HIV with witchcraft seemed to be more common among people who are either infected or who have an AIDS sufferer in the family.

Zimbabwe is an ideal setting to observe the dynamics of attributing causes of illness to witches or evil spirits because of the magnitude of suffering people experience from AIDS which makes the search for meaning more urgent and widespread. I was convinced that a better understanding of the Shona theory of causes of illness which can be attached to the HIV and AIDS pandemic yields theoretical insights into how people explain and react to health problems and in turn benefits the healing process. I was convinced that a better understanding of the interplay between the Shona traditional religion and Christianity may advance the epistemologies of health planning, promotion and provision. The tragic history of the HIV and AIDS epidemic in Zimbabwe demonstrates this need. I wanted to interrogate the extent to which the interplay between Shona Religion and Christianity has inadvertently provided a fertile breeding ground for the HIV/AIDS epidemic in Zimbabwe.

At the same time, personally, this is a quest for answers and I want to search for them as I explore this interplay between Shona traditional beliefs and Christianity and how the interplay informs the HIV/AIDS discourse influencing the quest for meaning of people affected by HIV/AIDS. I am a Shona, third generation Seventh Day Adventist Christian Zimbabwean woman. Hence this makes me an insider researcher and a participatory observer as well but I do not claim to know exhaustively both the Shona tradition and the SDA Christian worldviews. As articulated by Terry (2006: xviii) "everyone in Zimbabwe has an AIDS story to tell and there are

no ‘Magic Johnson’ AIDS stories in Zimbabwe.” I have family members who died of AIDS. I saw highly educated Christian family members after testing HIV positive attributing their sickness to witches and sought the help of traditional healers to find out who bewitched them and why? I witnessed family members eventually succumbing to the disease and dying without taking anti-retroviral drugs because they believed they were bewitched. To me, this is in line with what Rodlach (2006:9) clearly asserts, “making meaning through blame is a widespread phenomenon that exists far beyond the AIDS discourse and for Zimbabweans it is a well established and familiar pattern within which interpretations of the HIV and AIDS pandemic become anchored.” As part of my personal quest for answers, I want to learn why traditional beliefs and customs continue to thrive and persist among Shona Christians affected by HIV and AIDS?

In this study, validity and a non-judgmental approach is accorded to both Christianity and Shona traditional religion. However, my experimental hypothesis which strongly motivated me was that, the church, theologically, morally and contextually stands out to be the best community to contribute to the quest for meaning of persons, families and communities affected by HIV and AIDS in Zimbabwe. In this regard, I take into account that the Christian church contributes a microcosm of society and considering the vanguard and prophetic role which the church has played in other areas. I take cognizant of the profound moral authority that the church has. The fact that the church is the older social service provider humankind has known means it should be acknowledged that the church has a crucial role to play in the efforts aimed at controlling the epidemic given that it is involved in the social pastoral work stirring towards social reform and restoration of human dignity. At the same time, Chitando (2001:149) ascertains that although Zimbabwe after independence embraced a constitution that guarantees freedom of worship to all faiths, Christianity has clearly asserted itself on the spiritual market. The fact that ‘The Church has AIDS’ as purported by Dowling (2002:94) in Louw (2008:417) means that the church is also in an urgent search for meaning as HIV and AIDS is disseminating the Christian Church one by one considering that HIV and AIDS seems to elude all attempts at treatment.

Therefore, the central rhetorical move that I focus on in this study is ‘Going back to my roots’ and it is a metaphor that gives the study its title. The metaphor stands for the religious regression experienced by Shona Christians as they revert to traditional beliefs and customs in quest for meaning within the HIV and AIDS pandemic. In my view, the metaphor represents a deep spiritual outcry of Shona Christians experiencing the unimaginable suffering HIV and AIDS has brought on their lives as they search for meaning in their suffering within the HIV and AIDS pandemic. Hence, ‘Going back to my roots’ is the underlying structure or the internal DNA as it were of the study which I found very motivational in this research. I assume that this religious regression or ‘going back to my roots’ while people profess to be Christians in times of crisis is experienced in all Shona Christians in Zimbabwe.

I am highly motivated that through the pages of this study, the Zimbabwe Christian Church would be encouraged to critically and introspectively evaluate whether her theologizing is still relevant and appropriate in a country, which is on the verge of extinct due to HIV and AIDS. The research had a mission component. The mission of the church is to proclaim God’s redemptive plan, which encompasses healing for humanity, and this study analyzes the Zimbabwean Christian church from the perspective of commitment to the Christian faith with the view to assist the church to be more effective in the task committed to her. Unquestionably, I am confident that the Christian church can still make a great contribution towards the search for meaning of persons, families and communities affected by HIV and AIDS in Zimbabwe.

1.3 Problem Statement

As the HIV and AIDS pandemic continues to unfold in Zimbabwe, it continues to cause unimaginable suffering and agonizing complex problems on the people of Zimbabwe as purported by Jackson (2005) Rodlach (2006) Chitando (2007) and Magezi (2007). In addition, Louw, (2008:419) states that, apart from its physical manifestation as a disease, HIV and AIDS affects the core of what it means to be human raising existential concerns. Persons, families and communities infected and affected by HIV and AIDS experience meaninglessness and hopelessness due to the suffering they experience from the impact of HIV and AIDS on their

lives. Louw (2008:419) adds that in most cases; they blame themselves and feel deeply guilty for having contracted AIDS and possibly for having infected partners or children. They feel separated or punished by God. They are afraid of death!

Louw (2008:419) purports that being HIV positive can become a predicament and a social reality requiring special treatment. Meursing (1999:37) points out that many people with HIV meet the news of HIV infection with deep fatalism which is very difficult to dispel in counseling. This implies that being HIV positive brings forth personal negotiations, compromises and outright surrender of one's beliefs, customs and practices in a bid to find both physical and spiritual break through as purported by Bongmba (2007:20). Additionally, Louw (2008:126) lucid that HIV and AIDS causes existential suffering which leads to asking the question why me and then try to justify the ways of God and His will in the face of the reality. Existential reaction to pain and suffering as well as endurance of pain is spiritual suffering which leads to spiritual outcry and a quest for meaning within the HIV and AIDS pandemic..

In light of this argument, the core problem this study seeks to explore is the dilemma experienced by Shona Christians affected by HIV and AIDS in their quest to find meaning and the impact and role of both the Shona tradition and Christian faith in this regard.

1.4 Research Question

According to Rodlach (2006:4), the search for meaning in the face of misfortune is a fundamental human quest in evidence across cultures and each culture, nation and locality affected by HIV/AIDS creates its own nexus of meaning. Rodlach (2006:41) continues to highlight that through the many complex changes and challenges people affected by HIV and AIDS are experiencing in Zimbabwe, they seek a faith that is meaningful to them and can provide the answers to their quest for meaning. It has been observed by Rodlach (2006:41) that the Shona Christians may use Christian Faith, traditional beliefs and customs or both in their quest to find meaning within the HIV and AIDS pandemic. To this the President of ZINATHA,

Chavhunduka, (2001:4) adds, “Many Shona Christians in Zimbabwe continue to participate in traditional religious rituals, they continue to consult traditional healers. Many Christians believe in witchcraft and some even practice it or attempt to practice witchcraft” Therefore, the main question this study proposes to answer is,

Why do Shona Christians affected by HIV/AIDS go back to Shona traditional beliefs and practices in their quest to find meaning in suffering from the impact of HIV and AIDS on their lives?

Sub-Questions

In this study, I also propose to answer the following sub-questions;

- To what extent (if any) does the interplay between Shona Traditional Religion and Christianity contribute to the magnitude of HIV and AIDS in Zimbabwe?
- What challenges the interplay between Shona Traditional Religion and Christianity poses to the Christian church in Zimbabwe within the HIV and AIDS discourse in relation to the search for meaning of people affected by HIV and AIDS?

1.5 Research Goals

1. The study may contribute to finding solutions to the dilemma experienced by the Shona Christians in their quest to find meaning within the HIV and AIDS pandemic by identifying missing gaps in the presentation of the Gospel to the Zimbabwean people within the HIV and AIDS context which contributes to the Shona Christians going back to Shona traditions in quest for meaning.

2. The study may contribute towards the search for an understanding of the role that traditional beliefs and customs play in people’s perceptions and beliefs towards the Western

epidemiological understanding and interpretation of the HIV and AIDS pandemic in Zimbabwe. This might contribute and advance the epistemologies of health planning, promotion and provisions in Zimbabwe.

3. The research aims to be a search for a pastoral care model that is relevant and contextual specifically in the context of searching for meaning within the HIV and AIDS pandemic in Zimbabwe.

1.6 Research Strategy

The study is Practical Theological in nature. This meant that Practical Theological methodology is applied in order to attain the research goals hence a hermeneutical approach was used. Gadamer (1975:263) asserts that hermeneutics is not a method for understanding but an attempt “to clarify the conditions in which understanding takes place.” Hence without understanding of the contextual situation, finding meaning in suffering for the Shona Christian affected by HIV and AIDS is merely theoretically explained within a logical system. In this research the hermeneutical process starts in the existential situation of the Shona Christians impacted by the pandemic and in quest for meaning. Chul-Min (2002:32) adds that hermeneutics helps us to clarify our human condition and our mode of approaching the Christian faith in God taking the biblical message seriously, but critically in terms of praxis. This gave me room to critically understand the interplay between Shona tradition and Christian faith in the quest to find meaning within the HIV pandemic.

Furthermore, to attain the research goals I also did a literature study which was aimed at providing the necessary theological framework and a better understanding of the study. This entails that to reach reliability and validity of the research goal, the empirical dimension of this research is important and is acknowledged. This is supported by Mouton (1996:28) when he states that the pursuit of valid knowledge, the scientific inquiry drives research to arrive at the results that are close to the truth as possible (i.e. most possible findings). However, as at now, this is future research due to the practical considerations such as the time frame and financial constrains and this could not be exhaustively be done at this stage. The empirical part is quite

involving and cannot be done without the methodological instruments, which at the moment cannot be accomplished. I therefore propose to further my research at doctoral studies. At this stage, I relied on what others have researched on the subject in question to assist me in developing my critical understanding of the interplay between the Christian faith and the Shona tradition with regards to the quest to find meaning within the HIV and AIDS pandemic. On the other hand, in this research, I am a participatory observer as I am a Shona SDA Christian and I am intensely involved with the subject matter within the field of study (August 2009:xix).

The selection of the sources was driven by the theoretical considerations such as the goals of the study, the problem statement, and the research questions as well as the practical considerations of the study such as time and level of the study. Furthermore, the identified chapters are supported by relevant literature sources, published, unpublished and internet sources throughout the study.

1.7 Contribution to Practical Theology

The research findings may make a meaningful contribution to the ongoing dialogue on the development of the African Christian Theology and strengthen the Christian Church in its praxis on HIV and AIDS in Africa. Hendriks (2001:76) in Magezi (2006:7) states, “Doing theology and being a church is a process where we accept that all theological formulations and institutional designs are influenced by their context.” This is in light of the fact that combined strength of theory and practice on AIDS is a significant contribution to Practical Theology in the 21st Century as stated by Louw (2008:9).

In addition, the study may contribute to Practical Theology by assisting the church to rediscover the importance of practicing a responsible practical theological interpretation of theological concepts. This in turn may determine strategies of action which effectively contributes towards the search for meaning in suffering of people affected by HIV and AIDS as supported by Osmers (2008: 4). In light with this thought, Edward (1982:11) asserts that it has been established that Practical Theology, pastoral theology can make a theoretical statement by not only engaging in

practical work but also by engaging in thinking about the principles of caring for the people in different situations. Hence, this study endeavors to make a contribution to Practical Theology by proposing a model which can assist the church in its challenge to help African Christians in their quest to find meaning within the HIV and AIDS pandemic.

Additionally, Gerkin, (1986:11) discusses the danger that theology can easily be reduced to abstract thinking or abstract theory where uneducated people can be taken out of theological engagement because it is preserved for the few, the professionals or the trained ministers. Gerkin (1986:11) adds that if this happens Practical Theology can lose its proper place in the church community involvement. However, Hendriks (2004:24) contends that the academic and the pastor are both using theory and praxis which are ultimately complementary because doing theology in a concrete situation does not only make theology alive and relevant, it also helps one to understand theology better. The study attempts to make a contribution to bridging this gap by bringing together in a theological engagement, the interplay between Christian faith and the Shona tradition in relation to the quest to find meaning within the HIV and AIDS pandemic. The study also endeavors to make a contribution to the balance between our Christian tradition and the modern situation (the HIV and AIDS pandemic) by arguing for a paradigm shift in terms of reframing and reinterpretation of certain Christian doctrines in order to effectively practice pastoral care in a way that will assist people to find meaning within the HIV and AIDS pandemic.

Similarly, Stone (1996:64) adds that apart from affirming the balance between theory and praxis in Practical Theology, there is another closely related understanding of Practical Theology as a 'correlational discipline.' This is, where theology is understood as a two-way conversation between culture or context and the Christian faith or Scripture. Stone (1996:64) defines the concept of correlation as, 'to correlate is simply to bring two discrete entities into mutual relation with each other. Correlating theology with the practice of ministry involves allowing the insights of theological thoughts to impinge upon, interact with and influence the actual, day to day tasks of ministry and vice versa'. In this respect, correlation is done through conversation. This study

through the correlation of Christian faith and Shona tradition (in a critique conversation) in the quest to find meaning within the HIV and AIDS pandemic will contribute to the practice of pastoral care by allowing the theological thoughts from the interplay interact with and influence pastoral care to Shona Christians in quest for meaning within the HIV and AIDS pandemic.

1.8 Definition of Key Concepts

The following definitions for key concepts in the study are given and are going to be used accordingly.

HIV an acronym for Human Immune Virus

AIDS an acronym for Acquired Immune Deficient Syndrome

Healing an intensely personal subjective experience of the transcendence of suffering involving a reconciliation of the meaning an individual ascribes to distressing events with his or her perception of wholeness as a person

Suffering: Refers to an inherently unpleasant experience reflecting an intensively personal narrative of hopelessness and meaninglessness and may alienate the sufferer from self and society engendering a crisis of meaning

Quest for meaning refers to the search for specific answers to the causes of present suffering within the HIV/AIDS discourse

Culture refers to the total manifestation of a people's self understanding and self expression through politics, economics, ethics, aesthetics, kinship and religion

Shona Traditional Religion: refers to the general Shona understanding of relating to God, ancestors and the mediators

Shona Christians: Refers to Shona speaking Seventh day Adventists in Zimbabwe

Christian church: Refers to the Seventh day Adventist church in Zimbabwe which has roots in the missionary enterprise that has risen out of the Western origin.

Going back to my roots: A metaphor, referring to the religious regression experienced by Shona Christians in times of crisis when they revert to their traditional beliefs and customs in quest for meaning.

Interplay: Refers to the reciprocal relationship between Shona tradition and Christian faith when they are put together and the way they exert influence on each other.

1.9 Thesis structure

The thesis comprises of five chapters. **Chapter One** presents a general introduction to the thesis highlighting the background to the study and the motivation to carry out the study. The problem statement was given and the pertinent research questions were outlined. The goals of the study, the methodology used as well as the definitions of key concepts used in the study were discussed. The study's contributions to Practical Theology were highlighted.

Chapter Two gives a brief history of Zimbabwe in order to contextualize the location of the study based on the assumption that the challenges HIV and AIDS poses are related to particularities of people's cultures and spiritual traditions as well as the broader political and economic contexts that impact on behavior and social values. Hence, the chapter goes on to examine the history of the HIV and AIDS pandemic in Zimbabwe indicating how politics, culture, dual medical system and the church have shaped the pandemic and contributed to its formidable and unprecedented magnitude in Zimbabwe. The chapter gave the concept of HIV and AIDS from a western epidemiological perspective and also gives the Shona and SDA church understanding and interpretation of the scourge. The chapter also indicates how HIV and AIDS has caused a human drama of suffering in Zimbabwe which makes the search for meaning urgent, persistent and widespread in Zimbabwe.

Chapter Three: The chapter explores the concept 'meaning in suffering' from a pastoral perspective and specifically benefitted from the work of Louw (1998; 2000; 2005; 2008) to

prevent the study from subsiding into mediocracy of generalizations. The conceptualization of ‘meaning in suffering’ explored here is important as it forms the conceptual theological theoretical point of departure for the thesis. The chapter proceeds on the assumption that suffering, being complex as experienced within the HIV and AIDS pandemic affects the core of what it means to be human and the understanding of God therefore raising the question of meaning which challenges the belief system of the AIDS sufferer.

Chapter Four: The argument in this chapter was that Shona Christians within the SDA church, in their quest for meaning in suffering within the HIV and AIDS pandemic revert to Shona traditions which present an interplay between Christian faith and Shona tradition. Therefore the burning question the chapter grapples with is why Shona Christians revert to their Shona traditions in quest for meaning in suffering within the HIV and AIDS pandemic? Hence a critical understanding of the interplay between Christian faith and the Shona traditions was done through identifying critical issues to confirm, contrast and challenge previous studies and conventional wisdom in the struggle to find meaning in suffering within the HIV and AIDS pandemic. The assumption here is that the pastoral experiences and challenges faced by the SDA church in Zimbabwe at present with the advent of HIV and AIDS in assisting members to discover a God who can give meaning in suffering, is a microcosm of the Zimbabwean/African church in its constant struggle to offer pastoral care to its congregants within their specific cultural and religious milieu

Chapter Five is based on the research findings which revealed the need for the church to reinterpret and reframe some of the church’s fundamental beliefs and Biblical texts in a way that would foster an appropriate image of God who is involved and engaged in people’ suffering and can be trusted to give meaning within the HIV and AIDS pandemic. The recommendations made are a proposal to the church in view of assisting the church to help people in desperate search for answers to their suffering within the HIV and AIDS pandemic discover an appropriate image of God who can give meaning in suffering.

CHAPTER TWO

THE HIV/AIDS PANDEMIC AND HUMAN SUFFERING IN ZIMBABWE

2.0 Introduction

Chapter one gave an introduction to the study by focusing on the background to the study as well as discussing the motivation to carry out the study. The chapter articulated the core problem the study endeavors to explore as the dilemma experienced by the Shona Christians in quest to find meaning within the HIV and AIDS pandemic. The research question is based on the assumption that Shona Christians in their quest to find meaning within the HIV and AIDS pandemic revert to Shona tradition. Hence the research question asks, “Why do Shona Christians in quest to find meaning within the HIV and AIDS pandemic revert to Shona traditions?” Therefore the objective of the study is to do a critical understanding of the interplay between Christian faith and Shona tradition in the quest to find meaning within the HIV and AIDS pandemic. This chapter becomes important to this study as it discusses the concept of HIV and AIDS with more focus on how HIV and AIDS has caused formidable and unprecedented suffering on the people of Zimbabwe. The chapter indicates how this human drama of suffering has turned into a predicament creating vast communities that are experiencing an urgent search for meaning.

The chapter traces briefly the unfolding of the HIV and AIDS scourge in Zimbabwe and discusses the suffering it has caused on all segments of the Zimbabwean society. The chapter assumes that highlighting the significant HIV and AIDS facts and information and how HIV and AIDS has impacted on the people of Zimbabwe provides the core backdrop for the critical understanding of the interplay between Christian faith and Shona tradition in the quest to find meaning within the HIV and AIDS pandemic. In order to create a context to the study, I will briefly give a history of Zimbabwe followed by a brief history of the HIV and AIDS scourge in Zimbabwe.

2.1. A brief history of Zimbabwe

This section of the chapter gives the geographical, socio-political, economic and cultural background of the pandemic, the epidemiology of HIV and AIDS in Zimbabwe and the factors related to the rapid increase of HIV and AIDS. The section attempts to locate the Zimbabwean Shona Christians under study within the broader historical and social context of the country. The aim is to contextualize the location of the study, as well as to give the reader an introduction into the social conditions that have shaped the pandemic in Zimbabwe. This is done with the realization that, although HIV and AIDS is a world-wide phenomenon, the challenges it poses are always related to the particularities of people's cultures and spiritual traditions as well as the broader political and economic contexts that impact on behavior and social values.

According to Martin and Johnson (1981), the name Zimbabwe is derived from *Dzimba dzamabwe* meaning "great houses of stones". The country Zimbabwe is a tribute to Great Zimbabwe which was the site of the capital of the Empire of Great Zimbabwe during the middle Ages. At the same time, there was a Bantu civilization in the region as evidenced by the ruins at Great Zimbabwe. Around the early tenth century, the Shona civilizations dominated the region and up to date in Zimbabwe 85% of the population identifies themselves as Shona, 12% as Ndebele and 3% as the minorities. However, according to Ndlovu-Gatsheni (2003), due to intertribal marriages, the majority of Zimbabwean population now practice similar cultural practices hence the Shona people can be found anywhere in Zimbabwe. According to SIDA (1998) report in MOHCW (2004:24) report, the population of Zimbabwe with reference to the 2002 census is approximately 11, 6 million with 51% female and 49% male.

Zimbabwe was a former British colony which became Zimbabwe after President Robert Mugabe won the elections in 1980. According to Terry (2000: xvii), in 1980 Zimbabwe became independent raising the Zimbabwean flag officially for the first time. Terry goes on to state that the decade of the 1980 to 1990 witnessed the nation wrestle with varying degrees of success to find just solutions to political, social and economic issues and a strong sense of optimism helped steer the country through these issues. However, Terry (2000: xvii) establishes, "yet, the most

fundamentally difficult question facing the nation is one that nobody ever imagined, that is how to deal with the AIDS pandemic devastating the nation”. In focus with this quote, in the next section, I will briefly trace the history of the HIV and AIDS pandemic in Zimbabwe.

2.2 The History of the HIV and AIDS pandemic in Zimbabwe: An overview

According to the Avert report (2009:1), the first reported case of AIDS in Zimbabwe occurred in 1985. The same report states that by the end of 1980s around 10% of the adult population was thought to be infected with HIV and this figure rose by 1997, peaking and stabilizing at 29% between 1995 and 1997. But since this point, the HIV prevalence is thought to have declined, making Zimbabwe one of the first African countries to witness such a trend. The UNAIDS (2008:4) report indicates that according to the government figures the adult prevalence was 24.6% in 2003 and fell to 15.3% in 2007.

Parirenyatwa in the Ministry of Health and Child Welfare (MOHCW) (2004:iii) report admits that the HIV/AIDS epidemic is the most serious challenge faced by Zimbabweans since independence. Zimbabwe is one of the worst affected countries in the entire world and the consequence has been widespread death and massive suffering among the people. Parirenyatwa in MOHCW (2004:1) continues to highlight that, “life expectancy at birth has fallen below levels that existed at independence, wiping out the gains of a generation and the consequences of the AIDS pandemic are going to be around for decades considering that there is no cure for AIDS.” According to the MOHCW (2004:1) report, it is approximated that 1.8 people in Zimbabwe live with HIV/AIDS and about 90% of the affected are not aware of their status. It is approximated that about 600 000 of those carrying the virus have the signs and symptoms of AIDS and require various degrees of care and support. The same report approximates that an average of 2 500 people die as a result of HIV and AIDS per week and life expectancy has fallen from 60 years in 1990 to 43 years due to HIV and AIDS. But one wonders why Zimbabwe has been so severely hit by the HIV and AIDS pandemic?

Firstly, the MOHCW (2004:23-24) report suggests that the HIV and AIDS pandemic in Zimbabwe is driven by socio-economic and socio-cultural determinants which I highlight below. In highlighting these key determinants, the major point to note is that the history and the spread of the HIV and AIDS pandemic in Zimbabwe is closely intertwined with the country's economic difficulties. This means that the economics, politics, social and cultural customs are so intertwined that it is difficult to discuss them in isolation. These will therefore be discussed in a similar intertwined manner. Several factors seem to have contributed to the rapid spread of HIV and AIDS in Zimbabwe. For instance, the high prevalence rate of sexually transmitted diseases, low levels of male circumcision, heterosexual networking to sustain the pandemic, poverty and the low social and economic status of women can contribute to the high risk sexual behavior and vulnerability to HIV infection.

In the same vein, the SIDA (1998:1) in the MOHCW (2004:24) report on HIV and AIDS in Zimbabwe had indicated that with respect to transmission dynamics of HIV in Zimbabwe, there are social determinants i.e. factors that play a robust, quantifiable role in shaping the course of the epidemic in Zimbabwe. The same report states that key among these include poverty and social inequality, migration, state capacity and gender relations. The report adds that due to gender inequality in Zimbabwe, Zimbabwean women are especially vulnerable to HIV infection. In Zimbabwe HIV and AIDS remains highly stigmatized and very rare do people acknowledge that a death was caused by AIDS.

In short, researchers Whiteside and Waal in Rodriguez (2004:2) argue that economic decline in Zimbabwe has produced extreme famine and a change in demographics resulting in an increase in poverty and AIDS. Whiteside and Waal stress the above point as they describe the inability of poor and AIDS infected households to cope with famine as a major stressor as the contribution of economic instability and changes in land demographics has crippled agriculture and health care since communities that work on the farms are now unable to due to starvation, malnutrition or HIV infection. The same researchers point out that due to the failing budget, the health sector is failing to respond to the HIV and AIDS pandemic in Zimbabwe and internationally Zimbabwe

has been excluded from benefitting from the Global Fund initiatives like the PEPFAR further limiting the country's capacity to fight the epidemic in the country. Ironically, social dislocation, widespread poverty and the inadequate funding of health services have fuelled the spread of the virus as well as offering a fertile ground for the pandemic, making mockery of the national sovereignty. According to Rodlach (2006), the pandemic in Zimbabwe therefore presents a social tragedy with huge implications for social and political stability, human security and economic development.

Although McGeory in Rodriguez (2004:3) admits that all the above factors are important as driving factors behind the HIV and AIDS pandemic in Zimbabwe, he however concurs that, it is President Mugabe's faulty leadership which is responsible for the increase in HIV transmission. McGeory in Rodriguez (2004:3) argues that the government of Zimbabwe has not emphasized the importance of fighting HIV and AIDS because he believes that there is a direct relationship between the amount of attention focused on an issue and its effect on public acknowledgement. McGeory in Rodriguez (2004:3) further strengthens his argument by stating that instead of the government of Zimbabwe to make HIV and AIDS a primary concern, the government has devoted time and financial support to other issues resulting in a decrease in international aid and motivation needed to help change cultural perceptions of sex, marriage and contraception. Hence without treatment, those with HIV will sicken and die and without prevention, the spread of HIV infection cannot be checked and McGeory in Rodriguez (2004:3) affirms that strong leadership is the only solution in assisting changes and according to him that is not evident in Zimbabwe.

McGeory in Rodriguez (2004:3) adds, "The contributions of these sociopolitical influences strengthen the discrimination associated with HIV and AIDS making it difficult for the pandemic to receive proper attention and it is the government's responsibility to decrease the denial and silence surrounding the HIV/AIDS pandemic in order to help open the door for improvement". For McGeory in Rodriguez (2004:3) it is the combination of economic insufficient and lack of government leadership that are the major causes of the expansion of AIDS in Zimbabwe. He

adds that it is the attitude of the leader that determines how the country responds to specific issues including the HIV pandemic.

In light of this discussion I would point out that several factors came together some of which have been noted that facilitated the spread of HIV and AIDS in Zimbabwe and many of these conditions persist and have helped to sustain the pandemic. In order to understand the severity of AIDS in Zimbabwe, it is important to understand the concept of HIV and AIDS from a Western epidemiological perspective, from the Shona traditional worldview and the Christian worldview in order not to undermine other and different ways of viewing the HIV and AIDS pandemic.

2.3 The Concept of HIV and AIDS

This section presents a brief account of what HIV and AIDS is from a Western epidemiological perspective to highlight the challenges that HIV and AIDS has brought to the medical system of Zimbabwe, traditional or western and to the Church in Zimbabwe. The nature of the study presents two worldviews i.e. the Christian and the Shona tradition worldviews. Both worldviews have a different understanding and interpretation of HIV and AIDS as a disease and this forms the foundation of the interplay between Christian faith and Shona tradition in the quest to find meaning within the HIV and AIDS pandemic. This section will give the Western epidemiological perspective of HIV and AIDS to provide the scientific facts about the disease and the Christian church's understanding of the disease is based on this perspective. I shall focus on the less technical facts about HIV and AIDS which I find more palatable and relevant to the study and the intended readers. What is important is to distinguish between HIV and AIDS and this will equip the church, people living with HIV and AIDS(PLWHA), their families and communities to respond to the pandemic in an effective and informed manner.

According to Bongmba (2007:9), the Human Immune Virus (HIV) that causes Acquired Immune Deficiency Syndrome (AIDS) first came to public notice in 1981. Researchers by 1983 identified various modes of transmission such as sexual intercourse, exposure to blood products, parent to

child transmission and intravenous drug use. According to van Dyk (2008:4), AIDS is an acronym, which stands for:

- A =acquired, because the disease comes from outside the body.
- I = immune, which refers to the body's ability to defend itself against foreign bodies.
- D = deficiency, because the body is not able to protect itself the natural protective elements in the blood are missing or are insufficient hence deficiency
- S =syndrome which refers to a group of diseases that appear together

According to Coleman (2006; 62) there are four stages of the HIV infection which can be summarized as follows;

Stage 1; The Infection stage: The HIV enters the body and invades the immune system attacking the CD4 T- cells whose count will be around 800-1500. An HIV test will be negative for a period of three months which is called the window period.

Stage 2: The Asymptomatic stage: There is loss of weight, minor chest infections and the infected person can be in this stage for ten years. CD4 T-cells are now under attack and the count drops to 200-800.The antibodies now form and the HIV test can be positive.

Stage 3; the symptomatic stage; the body experiences major weight loss and opportunistic infections like TB, diarrhea and thrush. The CD4 T-cell drops to 200-500.

Stage 4; AIDS. The immune system collapses. CD4 T-cell count is below 200 and the viral load is high. New infections attack the body like cancer pneumonia and thrush.

Jackson (2005:36) states that AIDS is the final stage of HIV infection and life expectancy depends on the conditions that develop and the treatment available. The MOHCW report (2004:7-8) states that AIDS itself is defined in terms of how much deterioration of the immune system has taken place as seen by the presence of the opportunistic infections. Infected people therefore die as a result of the opportunistic infections that attack the immune system. The same report highlights that in the absence of Anti Retroviral Therapy (ART); nearly all infected people will die from AIDS related causes within ten years or sooner. The MOHCW (2004:5) report ascertains that in Zimbabwe, the two most transmission mechanisms for new HIV infections in

the country are; heterosexual contact which accounts for 84% of the infected people and mother to child transmission which also accounts for the 15% of HIV infected people.

Van Dyk, (2008:35) purports that the major HIV transmission mode in Africa is through unprotected heterosexual sex with an infected partner and the fact that sex is a taboo subject in most communities in Africa, HIV and AIDS has been given names like “the killer disease”, “deadly syndrome”, “gay disease.” “The white man’s disease” or “Juliana’s disease”. The names are many and so varied within different communities expressing multitude perceptions, reactions, myths, misconceptions and fears about the disease, which have also contributed much to the stigmatization of HIV and AIDS as a disease (Rodlach 2006). In view of this argument, the following section will seek to establish how the Shona people understand and interpret the HIV and AIDS pandemic within their cultural and social constructs.

2.4 The Shona interpretation and understanding of HIV and AIDS.

Chavhunduka, (2001:6) alludes that the Shona people understand disease and illness according to the African theory of illness which is very broad because it includes African theology. In other words the African theory of illness not only attempts to explain illness and disease but also the relationships between ancestors, God and the Universe. The theory makes a distinction between two categories of illness: natural and social illnesses Natural illnesses are easy to understand because they are caused by natural agents such as germs, bacteria and viruses such as HIV as indicated below,

In Zimbabwe like elsewhere even HIV and AIDS is seen at times as a natural disease caused by an invisible biological agent within the bloodstream and bones of the body. The earlier stages of AIDS are more readily interpreted in terms of a natural disease because their symptoms come and go, and medical treatment appears to be successful (Rodlach 2006: 54)

However, as for full-blown AIDS, Ashforth (2002:131) and Drew et al. (1996:81) in Rodlach (2006:55) agree that it appears unnatural to the Shona people because both the able bodied, or the young and the strong, suffer from AIDS as a terminal disease. Chitando (2007:48) highlights that AIDS symptoms appear abnormal because they persist over a long period of time and do not respond to treatment positively and recur occasionally raising the suspicions that some unnatural agent is responsible or that something suspicious is happening. Green, (1999:34) contributes by stating that AIDS as a slow wasting disease is a clear sign of a sorcerer or witch at work according to the African theory of illness. Chavhunduka (2001:7) highlights that when social agents such as witches and spirits cause illnesses people turn to traditional healers who have the ability to communicate with the dead to find out more about the illness and how it can be removed or dealt with.

Viriri and Mungwini (2007:180) add that to the Shona the concept of causality is central to their understanding of illness because to the African everything has a cause, nothing just happens. The question that is asked is why must a particular event happen to a particular person at a particular place in a given time? Why to that specific individual and not any other? Hence the need to consult the traditional healer who will give the spiritual causes of the disease (i.e. AIDS) and the treatment plan. The purpose of therapy here is to say to the patient you have done something wrong or something wrong was done to you and therapy involves the whole family and community with the objective of restoring the broken tie in the relationship between the living dead and the living. In the same vein, in a study carried out by Rodlach (2006:65) in Zimbabwe, he observed that the association of HIV and AIDS with witchcraft in Zimbabwe seemed to be more common among people who were either infected with HIV or had an AIDS sufferer in the family.

Chitando (2007:48) challenges that the reality of HIV shakes the traditional Shona anthropological beliefs to the core. To the Shona, dying young constitutes a fundamental human problem signifying that relationships between the dead and the living are strained and therefore the services of the traditional healer are sort who may prescribe rituals to restore the broken ties

and prevent further deaths. Death is viewed as an enemy that must be fought vigorously which accounts for the use of charms and amulets. Shona tradition seeks to promote life and undermine death. But HIV and AIDS in Zimbabwe has struck a blow to the indigenous understanding of life because AIDS has become the leading cause of death within the economically active age.

In view of this backdrop, I am convinced that understanding the Shona beliefs that have become attached to the AIDS epidemic and their underlying rationales yields theoretical insights into how people explain and react to health problems and in turn benefits healthcare programs and pastoral care interventions in Zimbabwe. Although Lwanda (2006:20) points out that due to the failure by Western oriented health promotion agencies to engage localized traditions, some foci of HIV will prove difficult to dislodge, it is clear that both the western and traditional health systems acknowledge the complexities and the presence of HIV and AIDS among the people. Hence, I find it beneficiary to this study to also discuss how the Seventh Day Adventist (SDA) church understands and interpret the HIV and AIDS scourge in Zimbabwe. I will then proceed to show how HIV and AIDS has caused a human drama of suffering among the people of Zimbabwe raising inevitably the quest to find meaning within the HIV and AIDS pandemic.

2.5 The Christian church's interpretation and understanding of HIV/AIDS

According to the World Council of Churches study document (1997:6) the church understands the human immune virus (HIV) that causes Acquired Immune Deficiency Syndrome (AIDS) from the Western epidemiological perspective as already explained in 2.3 above.

HIV/AIDS as an illness can be understood as follows according to the Christian world view. Louw (2008:116) asserts, "When one becomes ill, it does not follow that one merely has an ailment or complains, one not only has a sickness but is ill." In the Old Testament, illness is associated with a process in which people are robbed of their strength becoming weak, defenseless and purposeless. For example illness is described in all its intensity and horror as Job cries out "The churning inside me never stops, days of suffering confront me 'Illness saps ones

zest for life and is a threat to living a meaningful life as supported by Louw (2008:116). This type of suffering is also experienced by those infected and affected by HIV and AIDS everywhere.

In addition in the Old Testament, there is an inseparable link between sin and illness and the link is often seen as causatively. Nkomazana and Kealotswe (2007:33) reaffirm this by stating that in the Old Testament the Jewish people recognized various causes of diseases. Louw (2008:112) purports that the believer believes that the purpose of the link between sin and illness is to bring the sick person back into covenantal communion with God. Louw (2008:112) asserts that the link between sin and illness may be misconstrued and may cause guilt, despair, meaningless and hopelessness especially to those living with HIV.

Furthermore, Louw (2008:113) points out that in the New Testament; the concept of illness is viewed as being part of the general weakness to which human existence is subject. Louw (2008:113) adds that illness is associated with physical weakness, feebleness and helplessness weakness, feebleness and helplessness and this is supported by (Lk. 13:11, Matt.10:8, John. 4:46. Acts. 9:37) the weakness and loss of functionality may then lead to meaninglessness and spiritual outcry which yearns for meaning and this is also experienced by persons affected by HIV and AIDS.

Correspondingly, Nkomazana and Kealotswe, (2007:33) elaborate that in the New Testament, besides the aspect of weakness, a special emphasis on the influence of demonic powers is shown as evident in Matthew 9:34; Luke 13:16; 2 Cor.12:7. In the New Testament, not only do we find a connection between illness and the general sinfulness of humankind, but also between illness and personal sin. The New Testament points out that illness is a sign of God's judgment over our fallen state but to be understood by the believer not as God's execution of judgment. The Scriptures teach the believer to regard illness as a sign of God's judgment that has been averted and that cannot destroy the believer because through Christ it has been relatives and finally

conquered giving the believer hope that finally there will be no more death or sickness. (Louw 2008:121)

Finally, illness, as an existential reaction to pain, as well as endurance of pain can be termed spiritual suffering which leads to asking the question why? Shorter (1987:37) ascertains that there is no ultimate explanation of why God permits suffering and evil. The believer understands that at the level of explanation he/she cannot go beyond God's answer to Job which Shorter sums up as "Who do you, think you are anyway to ask the question?"

Consequently the above discussion on the two worldviews' interpretation and understanding of HIV/AIDS as a disease is important to the study as it sets in motion the interplay between Christian Faith and Shona tradition in the quest to find meaning within the HIV and AIDS pandemic. What then could be the dilemma the Shona Christians may experience in trying to understand the HIV and AIDS pandemic?

2.6 HIV/ and AIDS and human suffering in Zimbabwe

It is clear from the above exposition that Zimbabwe is facing a number of challenges in responding to the HIV and AIDS pandemic and due to the failing budget; the health sector is currently unable to respond adequately to the HIV and AIDS crisis in Zimbabwe. As articulated in the UNAIDS (2008:1) report, Zimbabwe is at the epicenter of the epidemic hence the impacts of the pandemic are extreme in Zimbabwe affecting all segments of society. The assumption may probably be that the problem is worsening as more and more people are dehumanized by the pandemic and it's not possible to ignore it. From this context, the main focus of the study is to understand the human suffering HIV and AIDS has caused on the people of Zimbabwe and how urgent the quest for meaning is among the communities impacted by the scourge. My interest lies in exploring what the Shona Christians in their quest for meaning within the HIV and AIDS pandemic in Zimbabwe would do? A related concern of my study is finding out whether the Shona Christians in their quest for meaning would experience a crisis of faith between remaining

faithful to their Christian faith as well as to their Shona tradition. To this purpose, this section discusses the intensity of human suffering HIV and AIDS has caused on the people of Zimbabwe as backdrop to exploring the dilemma faced by Shona Christians in their quest for meaning the people are experiencing in their suffering within the HIV and AIDS pandemic in Zimbabwe.

2.6.1 Children and HIV and AIDS

According to the UNAIDS (2008:4) report, in Zimbabwe, more than 17,000 children are infected with HIV every year and the majority it's through mother to child transmission. As with VCT, the provision of services to prevent the transmission of HIV between mothers and their children during pregnancy is gradually being scaled up. The prevention of mother-to-child transmission (PMTCT) pilot programme was launched at four sites in 1999 and today the programme is nationwide. It aims to provide pregnant women with free VCT and give them access to nevirapine, a drug that significantly reduces the chances of transmission occurring.

Avert (2009:6) report adds that the provision of drugs to prevent MTCT in Zimbabwe rose from 4% in 2006 to 29% in 2007. Although this is an encouraging scale-up, the provision of PMTCT services remains severely limited by a lack of funding, and access to nevirapine remains low. Avert (2009) states that around 120,000 children are living with HIV in Zimbabwe, most of who became infected through mother-to-child transmission.

The scope of the impact of HIV/AIDS on children in Zimbabwe is profound as indicated in the UNAIDS ((2008:32) report. The children and youth of Zimbabwe are at the frontline the most vulnerable to HIV/AIDS, not just in terms of the infection but in taking the brunt of the epidemic. I agree with this fact because across Africa, millions of children are experiencing deepening poverty, enormous mental stress from witnessing illness and death of their parents, loved ones and care givers. Bongmba (2007:9) purports that children suffer mental anguish as they see their parents wither away and all around them is a cycle of illness, pain and death which inevitably raises the meaning question. In addition, Chitando (2007:24) cites *Raini renherera* (the orphan's village) in Masvingo Province of Zimbabwe as bearing the sad testimony to the

devastating effects of HIV and AIDS where the village elders are girls and boys aged 13. These children have the enormous responsibility of looking after their younger siblings. Chitando, (2007:24) continues to lament over these children, “forced to abandon their youthful dreams, they have had to face the harsh realities of life at an early age. They are children who have become parents overnight”.

Many facts about children affected by HIV and AIDS in Zimbabwe are very disturbing. Jackson (2002:132) elaborates that the trauma of watching a parent or guardian die while striving to cope materially may be by far the most stressful period in their lives. Chitando (2007: 24) adds that in Zimbabwe it is very common to see children with younger siblings strapped on their backs trying to coerce the earth to bring forth food. A mother’s death marks the beginning of trouble as indicated by the Shona proverb. *Nherera inoguta musu wafa mai* (an orphan has his/her last full meal the day the mother dies). In most cases these children struggle with little or no support. Chitando (2007:24) aptly captures this discussion with this quote,

Children as young as five collect water and firewood, harvest crops and prepare food. They leave school early to support siblings, dying parents and grandparents. They care for sick and dying relations with little or no support

Chitando (2007:24) further elaborates that although in the Shona tradition, orphans could be absorbed into extended family system, now with modernity and its vicious economic systems, children fall through the safety net. This has contributed towards many children being found on the streets in urban areas of Zimbabwe increasing the number of street children. James (2008:9) adds “while on the street, children become vulnerable to both physical and sexual abuse as they try to fend for themselves and their siblings”. Hence children see their future snatched away from them by the HIV and AIDS scourge and a vicious cycle of poverty has developed further impacting on their suffering which leads them to wonder why all this suffering?

Jackson (2002:160) elaborates that for some children, life gets worse after the parents die as they may be evicted from their home by unscrupulous relatives. Siblings maybe split up and their life maybe suddenly devoid of any continuity, security, regular food or shelter. In some instances the tired shoulders of the grandparents have to carry the burden. Chitando (2007:25) sighs,

Many orphans are cared for by the grandparents who normally would themselves be dependent on their adult children since in poor countries like Zimbabwe there are generally no provisions for old age through pensions and like. Moreover the grandparents are exhausted from a long working life and finally they have been psychologically strained by the death of their own children from AIDS.

On the other hand, Jackson (2005:286) indicates that some of the children orphaned by HIV and AIDS are accommodated in institutions run by the government of Zimbabwe or by NGOs. Ironically, according to Jackson, (2005:286) in a survey conducted of registered children's homes in Zimbabwe by Powell (2002) it revealed high death rates in some homes which were related to poor nutrition, poor sanitation and little access to health services. On the same note, Jackson (2005:286) highlights that a priest running a boy's home in Harare committed suicide and a search of his room found a range of implements he used to assault the boys. Medical examination of many of the boys in his care revealed sexual and physical abuse.

Unquestionably, it is clear that HIV and AIDS has greatly impacted on the lives of children in an agonizing and unthinkable manner. HIV and AIDS has indeed heightened human suffering. The suffering experienced by these children from the impact of HIV and AIDS on their lives unquestionably leads to meaninglessness and hopelessness hence the quest to find meaning is widespread and urgent among these children and communities affected by HIV and AIDS.

2.6.2 The impact of HIV and AIDS on women and girls

According to UNAIDS (2008:1) estimates, almost 60% of Zimbabwean adults living with HIV at the end of 2006 were females. This gender gap is even wider amongst young people – women make up around 77% of people between the ages of 15 and 24 living with HIV. The MOHCW (2004:45) report stresses that in Zimbabwe women are about 1.35 times more likely to be infected than man. The imbalanced sex ratio is partly attributed to women being more biologically prone to infection than men during unprotected sex as well as women being more vulnerable to other sexually transmitted infections, the presence of which greatly enhances the risk of HIV transmission.

Chitando (2007:7) reflects on the suffering and vulnerability of women and girls to HIV and AIDS by stressing that there are large social and economic gaps between women and men in Zimbabwe, and these inequalities have played a central role in the spread of HIV. Constrictive attitudes towards female sexuality contrast with lenient ones towards the sexual activity of men, resulting in a situation where men often have multiple sexual partners and women have little authority to instigate condom use. The Avert (2008:5) report adds that sexual abuse, rape and coerced sex are all common, and as the economy deteriorates more women are turning to sex work as a means of survival.

Jackson (2005:286) highlights the suffering of women in Zimbabwe by stating that prevention campaigns that emphasise safe sex and abstinence often fail to take into account the above mentioned realities, and are more applicable to the lives of men than those of women. Women are likely to be poorer and less educated than men, predisposing them to HIV infection and making it harder for them to access treatment, care and information. Chitando (2007:7) contributes, “AIDS has the face of a young African woman. Socioeconomic factors, including lack of access to education or personal income and unequal property rights perpetuate women’s greater vulnerability to HIV infection in Zimbabwe”

Chitando (2007:8) elaborates on the suffering experienced by women and girls by stating that in Zimbabwe, women often suffer a double stigma of being HIV positive and of being a female. Chitando further points out that women are usually accused of being 'dangerous' and 'disease carriers' in the contexts of HIV and AIDS. In Zimbabwe sexually transmitted diseases are often described as 'women's diseases'. Chitando (2007:8) laments, "The HIV pandemic has only worsened the plight of women. Their dream of a society where women are free from restraints of a patriarchal society, uncensored and free from guilt is turning into an unending nightmare". In addition, Chitando (2007:8) reaffirms the suffering of women and their vulnerability to HIV and AIDS by stating that married women have become more vulnerable to HIV as marriage has become a death trap to them. Phiri (2003:10) contends,

The most endangered people on earth are married women (especially church women) because they are the most lacking in power over their own sexual lives. Some AIDS activists say that getting married is the riskiest sexual behavior an African woman can engage in. There was a shocking discovery in Tanzania: sex workers often were more effective at protecting themselves from HIV than housewives because they had more power to insist on safer sexual practices.

Chitando (2007:14) continues to highlight the suffering experienced by women and girls within the AIDS pandemic by pointing out some cultural practices in Zimbabwe which have contributed to their vulnerability to HIV infection. For example widow cleansing, widow inheritance, pledging of young girls in marriage to placate an avenging spirit or to avert starvation as well as the practice of granting a bonus wife to a son in law, polygamy, female circumcision and dry sex have been identified as increasing women's vulnerability to HIV and AIDS and further contributing to their suffering within the pandemic and undoubtedly raising the question of meaning among the suffering women.

Furthermore, Mwaura (2008:128) contributes by stating that in most cultural arrangements women are the family care givers hence the burden of care falls disproportionately on the shoulders of the female members of the family, including mothers, wives, daughters and

increasingly grandmothers. Mwaura (2008:128) adds “the financial and medical burdens may be borne by the men while the woman bears the psychological and emotional burdens”. In Zimbabwe the situation is the same as indicated by the MOHCW (2004:46) which states,

The burden of care for the sick and ailing family members falls on women who usually lack the resources and training to provide adequate home based care. Rural women increasingly face competing demands to maintain crop production, care for family members suffering from opportunistic infections and protect their health. For social and cultural reasons girls are asked to leave school often than boys to care for the sick family members.

Ironically, as observed by Rodlach (2006:55) in his research in Zimbabwe, the suffering of women within the HIV and AIDS pandemic is heightened by the fact that, often women who are the care givers are mostly accused of bewitching the sick family members. Hence, Bongmba (2007:35) asserts that it is an understatement to describe the magnitude of the suffering HIV/AIDS has brought on African women as a tragedy hence the quest for meaning is very high and urgent among the women affected by HIV and AIDS.

2.6.3 HIV and AIDS and the economy of Zimbabwe

HIV and AIDS has dealt a severe blow on the economy of Africa making it difficult to calculate the impact of HIV and AIDS on the African economy but the effect is severe causing massive suffering on the people. Bongmba (2007:19) affirms,

It is no longer a matter of one or two populations at risk, civil servants, schoolteachers, members of the military army, hospital workers and HIV and AIDS have affected all people engaged in public policy

Bongmba (2007:19) goes on to quote the President of Zimbabwe Robert Mugabe who admitted that two members of his cabinet died of AIDS related complications. The MOHCW (2004:41) report contends that the economic impact of HIV and AIDS on the people of Zimbabwe results not only from high mortality but also from the fact that AIDS related deaths are concentrated

among the most productive working ages of 15 to 49. HIV and AIDS has brought about deepening of poverty because of reduction in economic output and increasing resource disparities between the rural and urban populations.

The MOHCW (2004:41) report states that in Zimbabwe studies show economic setbacks in households that have experienced an AIDS related death or illness. The MOHCW (2004:41) report affirms that,

A study in Eastern Zimbabwe looked at the households of adult terminal illnesses and deaths. About four out of five of those who died were primary household income earners and three out of five lost their jobs during their illness. In addition one in seven caregivers had to give up employment to provide care for the sick family member and about one in the household had to relocate soon after the adult death

AIDS is also having a significant impact on some firms as well as the government both by increasing expenditure and reducing revenues. Jackson (2005:289) points out that studies in Zimbabwe from the mid 1990's indicate that medical costs were the single largest AIDS related expenditures for Zimbabwean firms. The expenditure increases due to employee health care costs which includes anti retroviral treatments in some cases burial fees and recruitment and training replacement (MOHCW 2004:46).

On the other hand, the economic conditions in Zimbabwe have been described by many as deplorable and having a disastrous impact on the national health of the nation. Rodlach (2006: 45) ascertains that only a decade ago Zimbabwe had a health system which was above that of most nations in Sub Sahara. But since 2003, shortages of even the most basic drugs, temporary unavailability of food, and the breakdown of equipment were common in hospitals. Most people just stayed home when they were sick hoping that their condition would not worsen to warranty treatment or admission in hospital. To conclude this section, the following quote from one of the

interviewees in Rodlach's (2006:45) research clearly describes the despair experienced by an AIDS sufferer in Zimbabwe which makes the quest for meaning urgent and widespread,

In the radio they speak that there are pills which really help when you have AIDS, but who can buy them? We don't have enough food to strengthen our bodies. We can't even afford to see the doctor at the clinic. Everyone needs money to see the doctor, to get a prescription and buy medicine.

2.6.4 Stigma and Discrimination

According to the Avert (2008:9) report, despite a high level of awareness, HIV and AIDS remain highly stigmatised in Zimbabwe. Rodlach (2006:66) observed that in Zimbabwe traditionally, people living with HIV are often perceived as having done something wrong, and discrimination is frequently directed at both them and their families. AIDS is culturally associated with inappropriate sexual behaviour hence the attribution of blame to the sufferer is strong. Many people are afraid to get tested for HIV for fear of being socially alienated, losing their partner or losing their job. Those who do know their status rarely make it publicly known, which often means that they do not have access to sufficient care and support. This indicates that they suffer silently with all their anxieties and frustrations about the disease raising their search for answers to all this suffering.

Rodlach, (2006:66) further highlights the plight of the AIDS sufferer in Zimbabwe by stating that because of the negative meanings for HIV and AIDS many avoid explicit mention of it saying instead that someone has 'this disease'. In Shona they will just say, *warwara* meaning the person is very sick. Rodlach further argues that although people may know that the sick person has AIDS, the fear of being discriminated may lead them to say the person has been bewitched placing the blame outside the person or family. Hence the socially stigmatised disease is replaced by a socially accepted one. However some genuinely believe that HIV and AIDS is caused by witchcraft and will resolve to use appropriate channels for addressing the suspicions.

Nkomazana and Kealotswe (2007:28) purport that there is agreement among scholars that stigma is the greatest obstacle in the prevention of and treatment of HIV and AIDS in Africa. It is held that stigma is one of the most painful experiences of people living with the virus and the stigma is manifested in different forms. In expressing the suffering experienced by people living with HIV/AIDS. Nkomazana and Kealotswe (2007:29) identifies the following as manifestations of stigma “disapproval; condemnation; rejection of people living with HIV by family members, neighbors and faith communities; being sacked from employment; being denied access to services; and being excluded from all kinds of social gatherings and events” This is further supported by Byamugisha (2005:39) the first African religious leader to declare his HIV-positive status when he said,

It is now common knowledge that in HIV and AIDS, it is not the condition itself that hurts most (because many other diseases and conditions lead to serious suffering and death), but the stigma and the possibility of rejection and discrimination, misunderstanding and loss of trust that HIV-positive people have to deal with

Furthermore, Louw (2008:425) affirms that people living with HIV experience stigmatization and labeling which are synonymous with immediate isolation and hence HIV becomes the leprosy of the twenty-first century therefore the need for answers to all this suffering becomes desperate. Shisanya (2008:144) reaffirms this point and also likens the suffering experienced from societal stigma and discrimination by those living with HIV and AIDS to that experienced by those suffering from leprosy in Biblical times. Shisanya (p.144) points out,

As with leprosy, HIV and AIDS is an infectious disease. HIV and AIDS is transmitted through body fluids with the infected person. In many case it is assumed that those infected with HIV and AIDS are immoral people who have engaged in adultery, fornication, sex-work or abortion. Consequently, people living with HIV and AIDS in Kenya are stigmatized and condemned, thereby increasing their pain before they succumb to the disease.

2.6.5 HIV and AIDS and human sexuality

To further elaborate on the suffering impacted on the people by HIV and AIDS, Lwanda (2005:21) states, “HIV and AIDS has challenged human understanding of sexuality in ways that are difficult to comprehend and sexual initiation has become a path of death for many people in Africa.” In addition Louw (2008: 421) affirms,

HIV unmasks sexuality within the area of so-called private intimacy. It demonstrates that sexuality is also a public and social-cultural phenomenon. HIV exposes, in public, the danger of promiscuity and irresponsible sexual behavior. What people do in so-called private, affects the wider community. In this manner, HIV brings the entire connection between guilt and responsibility, private life and public life into public debate

In addition Bongmba (2007:21) adds, “HIV and AIDS has refocused attention on the link between Eros and thanatos and as such has complicated and compromised human desire, testing normative conceptions of love and lovemaking to their limits” Moreover, Bongmba (2007:21) quotes Musa Dube who purports,

It is everywhere-between men and women, boys and girls, husbands and wives. It is in the beds of intimacy- in the best moments of our lives. When we kiss and make love, the enemy is there. It is now in our veins, in our blood, in our cells, in our fluids in our minds. HIV and AIDS makes love drag us to death.

2.6.6 The predicament of being HIV positive

HIV and AIDS has become a predicament requiring special attention and care. Getting to know one’s HIV status requires a lot of soul searching to determine the next line of action (Louw 2008:419).The journey from denial to acceptance is a long and a difficult one considering the years it may take from infection to full blown AIDS. Bongmba (2007:20) articulates that coping with being HIV positive is a predicament and a social reality even where antiretroviral drugs are available. It brings to fore personal negotiations, compromises and outright surrender of one’s

beliefs, customs and practices in a bid to find both physical and spiritual break through which leads to asking the meaning questions. Why all this suffering and to what purpose is this suffering?

Consequently, people living with HIV and AIDS experience unbearable pain, which can be neurological, psychological and existential. The complexity of pain affects others in various ways. HIV and AIDS makes the body weak and less able to fight sickness. Louw (2008:420) adds that there are a number of opportunistic infections, which take advantage of the weak system. To support this point Louw (2008:420) quotes Dilley who states,

Evolving research has shown that in addition to the opportunistic diseases that can strike the central nervous system of people with AIDS, there are also degenerative neuropathological changes that occur as a result of the virus itself. These pathological changes can occur in the brain and spinal cord, and may eventually result in changes in thinking, feeling and behavior as the machinery of the brain begins to function in a less efficient manner.

Finally, HIV and AIDS causes existential suffering which leads to asking the question “Why me?” and to try and justify the ways of God and His will in the face of the reality of evil as articulated by Louw (2008:126). Existential reaction to pain as well as endurance of pain is spiritual suffering which leads to spiritual outcry affecting the core of being human which leads to a desperate search for meaning. Clearly, Louw (2008:126) continues to highlight,

Illness has a religious predicament when doubt, despair and loss of faith leads to rebellion, despair, disbelief and meaninglessness and hopelessness becoming the most profound form of crisis during sickness.

It is in light of the above quote that the suffering experienced by people within the HIV and AIDS pandemic in Zimbabwe inevitably raises the question of meaning in suffering. Hence the next chapter will discuss the pastoral theological understanding of meaning in suffering

2.7 Conclusion.

The chapter examined the history of the HIV and AIDS pandemic in Zimbabwe and identified how factors like politics, culture, dual medical system and the church shaped the epidemic itself and the response to it and consequently its magnitude. The chapter clearly indicated that HIV and AIDS has continued to spread in Zimbabwe as a mass destruction becoming a deadly force which has become a human catastrophe creating vast communities of people experiencing unimaginable suffering and urgently searching for meaning in their suffering. At the same time, the chapter implicitly highlighted the field of tension between the Shona tradition and the church's understanding and interpretation of the HIV and AIDS pandemic in Zimbabwe. I am interested in understanding how these two different worldviews can influence the Shona Christians' quest to find meaning in suffering within the HIV and AIDS pandemic? Hence, the following chapter will conceptualize 'meaning in suffering' from a pastoral theological perspective as background to critically understand the interplay between the Shona tradition and Christian faith in the quest for meaning in suffering within the HIV and AIDS pandemic in Zimbabwe.

CHAPTER THREE

MEANING IN SUFFERING: A PASTORAL THEOLOGICAL PERSPECTIVE

3.0 Introduction

Chapter two gave an overview of the HIV and AIDS pandemic in Zimbabwe with the discussion focusing more on human suffering HIV and AIDS has caused on the people of Zimbabwe. This chapter proceeds on the assumption that suffering, being complex as experienced within the HIV and AIDS pandemic affects the core of what it means to be human and the understanding of God. Suffering therefore raises the question of meaning and challenges our belief system. It is evident from chapter two that within the Zimbabwean context the question of meaning in suffering is very urgent and persistent. The current political and economic environment in Zimbabwe coupled with the devastating HIV and AIDS pandemic leads people to become confused and uncertain about the future. People affected by HIV and AIDS live daily with anxieties, fear of rejection, isolation, guilt and feelings of guilt and shame, despair and doubt. They see and experience death daily! The question of meaning surely prevails. In pastoral care to the AIDS sufferers, one will definitely often come across the question of meaning. Louw (2000: 8), states that,

Due to the fact that suffering tends to reveal and expose our understanding of God and often forces one to reassess the purposefulness and significance of one's life. Pastoral theology should pay attention to the following question. Is there any meaning in suffering?

This chapter endeavors to; explore the above question, within the context of human suffering from a pastoral perspective, as background to critically understand the interplay between the Shona tradition and Christian faith in the quest for meaning in suffering within the HIV and AIDS pandemic in Zimbabwe. The chapter benefits specifically from the following works of Louw, D. (1998) *A Pastoral hermeneutics of care and encounter: a theological design for a basic theory, anthropology, method and therapy*; Louw, D. (2000) *Meaning in suffering: a theological reflection on the cross and the resurrection for pastoral care and counselling*, Louw, D. (2005)

Mechanics of the human soul: *about maturity and life skills*; Louw, D. (2008) *Cura Vitae: Illness and the healing of life in Pastoral care and counseling*. The knowledge and expertise of Louw in this field will deepen the conceptualism of 'meaning in suffering' from a pastoral perspective thereby preventing the study from subsiding into mediocracy of generalizations.

Although Louw deals with the quest for meaning from the broad perspective of meaning in suffering with a South African flavor, I have opted to use Louw's work because he struggles to earth Practical Theology and pastoral care and counselling to African soil which I find accommodative, inclusive and appropriate even for the Zimbabwean context. One of the goals for this study is to search for a pastoral care model that is relevant and contextual specifically in the context of searching for meaning within the HIV and AIDS pandemic in Zimbabwe. In this regard I find Louw's work relevant. Louw is one of the practical theologians who advocates for a theological shift in Practical Theology from a cause and effect paradigm which implies a rationalistic and positivistic explanatory model with theoretical answers about the essence of life and the nature of the very being of God to a hermeneutical paradigm. The hermeneutic paradigm endeavors to try and link God to human life in order to deal with the spiritual dimension of significance and the question of the ultimate meaning of life in the face of evil and suffering which is evident within the HIV and AIDS pandemic.

I find Louw's (2008:153) theology in this respect appropriate for this study as it transcends cultural barriers by arguing for an intercultural hermeneutical model where we no longer work with the split between Christ and culture but with the interconnectedness between Christ and culture from a non-judgmental position. Louw (2008:154) states that interculturality is about the meaning of Christian spirituality within culture as well as the mutual influence and exchange of paradigms between the two without ignoring the tendencies of assimilation, accommodation, paradox and transformation, as well as the tension between exclusiveness and inclusiveness, between continuity and discontinuity which will always exist and cannot be resolved by rational categories. For this reason, Louw (2008:154) advocates that interculturality describes mutuality in terms of a hermeneutical process of understanding and interpretation, enrichment and critical

exchange without the sacrifice of uniqueness. To this purpose Louw's work in this chapter is important in that it forms the conceptual basis on which the study is grounded. In addition, it becomes the theological theoretical point of departure for the thesis that will be employed to critique the interplay between Shona tradition and Christian faith in the quest to find meaning in suffering within the HIV and AIDS pandemic.

3.1. The phenomenon of suffering

Louw (2000:9) describes suffering, as a complex and multifaceted issue, which is very difficult to summarize its essence in one sentence. Louw points out that suffering affects our human as well as spiritual identity that is our understanding of God. Hence our human dignity and even God's faithfulness are at stake. Louw adds that human suffering is not so much about the pain afflictions and tragic events which we meet along life's journey, but about the quality of our reaction to threatening and traumatic events. It affects one's disposition, attitude, norms and values. At the same time it challenges one's philosophy of life and the quest for meaning and significance. Therefore, suffering confronts the sufferer with a struggle to come to grips with the most painful question: WHY? Louw further stipulates that suffering becomes more traumatic when one experiences isolation and rejection by loved ones from whom one expects unconditional love, support and understanding which is mostly experienced by AIDS sufferers in Zimbabwe as indicated in Chapter two. Louw says that the worst thing for the sufferer is the experience that even God is absent then the theological question arises: But can I trust God? Where is God in my suffering? What is God's will in suffering?

Louw (2000:9) argues that suffering has many faces and chapter two has exposed us to the different faces of suffering in Zimbabwe within the HIV and AIDS pandemic. For instance, the way the political instability of the country has contributed to the spread of HIV and AIDS and continues to impact on the lives of people living with HIV and AIDS. We have also seen how some aspects of the Shona culture have contributed and continue to contribute to the suffering of those affected by HIV and AIDS especially women and girls. We also saw in chapter two how the church admitted to contributing to the stigmatization of those living with HIV and AIDS.

Those living with HIV and AIDS experience physical pain because AIDS is a physical disease. Louw (2008:194) adds that the AIDS sufferers also experience psychological suffering which can manifest in anxieties and fears about the disease and the future. Louw (2000:10) concurs, “Pain and suffering can signal deep loneliness, fear frustration and psychic dysfunction”

On the other hand, Louw (2000:11; Louw, 2008:208-209) adds that suffering does not always result in the negative. Suffering can generate patience and endurance. It can strengthen identity and develop maturity as well as a sense of meaning that enables the person to transcend the boundaries set by his/her present circumstances. Louw states that suffering can lead to a new orientation, which embraces a new sense of purpose and a change in attitude. Therefore, suffering, in that sense can be seen as a process of finding meaning and growth. Hence it can also become an opportunity to provide meaningful service to God and others (Louw 2008:226).

Louw (2008:126) contends that suffering has existential and religious dimensions because it affects the way in which one orientates oneself towards life’s realities. Louw states that existential suffering involves a person’s total psychic and spiritual reaction to deeply disturbing events. Suffering can also affect the person’s relationship with God and can raise questions about the existence of God and his fairness. In the process of wrestling with sin and repentance, suffering can take the form of doubt, despair and anxiety which can lead to a loss of faith. Louw points out that suffering at a more spiritual level, unmasking inappropriate God images which becomes a theological issue. Hence in the next section, I will explore suffering as a theological issue.

3.1.1. Suffering as a theological issue

According to Louw (2000:12) suffering as a theological issue signifies that people seek an explanation and a source of security that is able to carry them safely beyond the limits of this finite world. Louw (2008:224) stipulates that the sufferer’s concept of God is important to the way in which one works through his/her suffering. Louw (2000:12) explains.

There is link between our human quest for meaning and significance and our God images which implies that our human search for meaning is fundamentally a spiritual issue. We are in search of a future which guarantees security and human dignity. Even after death. Thus one can assume that the spiritual dimension of suffering is in some way or another linked to the theological question: Who is God?

Louw (2000:12) continues to highlight that suffering as a theological issue is also a search for solace and comfort because a search for meaning is also to find peace of mind and a new perspective, it becomes a pastoral issue. At the same time Louw adds that the question of meaning confronts the sufferer with the mystery of God's grace and compassion and the pastor cannot ignore the theological issue. Louw (2000:16) points out that during times of suffering, the person struggles with the following questions, why God? Who is responsible for suffering? And this question at a theological level becomes the quest for understanding of God's identity in terms of explanations of suffering. Then the how deals with God's pathos or empathy or God's solidarity and the where introduces the theological question regarding God's guidance and providence. When will suffering be overcome and transformed? This question reveals a yearning for the ultimate resolution to suffering thus God's triumph over suffering. Then the final question is what the purpose of suffering is? And it is linked to the quest for significance and meaning. All these questions reveal an attempt by the sufferer to link God to his/her suffering reflecting the link between theology and theodicy. Hence the next section will discuss theodicy indicating that in pastoral care some form of theodicy emerges whenever one attempts to articulate one's God image and test it in the context of concrete realities of life which undoubtedly is the case within the HIV/AIDS pandemic (Louw 2000:25).

3.2. Theodicy

As already pointed out above, suffering gives rise to the question, "WHY?" which Louw (2000:21) describes as an anguished cry that encompasses all the sufferer's distress, grief, pain and doubt. The distressed cry is directed to God for help and consolation. The cry is different between the believer and non believer. Louw points out that for the non believer, Why can be an

expression of total despair about the future and can lead to a total rejection of God. To the believer, Why? is an indication of the inner struggle with God's justice in the midst of all suffering and an attempt to find a reasonable cause and resolution.

Louw (2009:21) highlights that in Scripture, the clearest expression of why takes the form of the lament where God is severely accused and Job is a classical example. Therefore the experience of the why question as an expression of the human struggle with helplessness, pain and the existence of evil is not unknown in Scripture. Louw (2008:224) stipulates that even Scripture wrestles with our human attempt to link God to suffering and it is at this point that theodicy comes into the picture of human suffering and becomes a relevant issue to pastoral theology.

Louw (2000:24; Louw (2008: 224) states that theodicy as a theoretical and philosophical stance regarding the explanation of suffering does not appear in Scripture. However the notion and experience of theodicy, that is struggling with and accusing God in the light of the so called undeserving suffering is not unknown to believers. Therefore, the meaning of theodicy becomes important to the quest for meaning in suffering as an attempt to link God to suffering reflects the link between theology and theodicy. Hence below I will give the definition of theodicy.

3.2.1. Definition of theodicy

Louw (2000:25) defines theodicy as meaning, "a justification of God in the light of evil and suffering". Louw further states that theodicy is a human attempt to justify God's goodness and his handling of affairs and to reconcile belief in the goodness of God and His power with evil in the world. According to Louw, the theological problem is whether one can hold simultaneously that God is omnipotent, omnibenevolent and evil is real without contradictions. Therefore theodicy is viewed as an intrinsic part of religious life and cannot be denied as it unmasks the appropriateness of God images and belief about God and the world (Louw (2008:224).

The definition of theodicy given above creates a dilemma which can be summarized by the following question posed by Louw (2008:224), “Does God provide evil (then He is omnipotent, but not good), or does He not provide evil (then He is good and loving, but not omnipotent)? The dilemma creates a theological presupposed schism between God’s omnipotence and His goodness which according to Louw has been viewed as two different opposing attributes of God. Because of this tension, two different theories will be discussed below to explain the relationship between God and suffering.

3.2.2. The inclusive model (suffering: the will of God)

Louw (2000:29) asserts that in the inclusive argument, theologians try to link God and His will to suffering and eventually, to the existence of evil. In this view nothing happens without God’s permission in order to safeguard His omnipotence. Louw points out that three arguments can be traced here which are: suffering and its link to punishment and the wrath of God: suffering as a means to a higher end within a process of development or evolution; and suffering and the imperfection of creation under God’s permission. These three are further expounded below.

Suffering and evil as punishment for sin: In this view, for the sufferer and in this study the AIDS sufferer, suffering can be viewed as a means of discipline in order to attain sanctification. God is not necessarily seen as the direct origin of HIV and AIDS or of all suffering and sin. Sin remains against God’s will. Hence suffering as punishment for sin, does not place the AIDS sufferer beyond God’s will. Louw (2000:30) adds that in this view all suffering can be traced to God’s will or at least His permission. In this view, some theologians uphold the sovereignty of God and view evil as something God uses to achieve His purpose. Within this approach there is room for sin as a possibility allowed by God. However the origin of sin points to human beings and their misuse of freedom. Louw adds that in this view the AIDS sufferer may understand that God allows suffering and evil but is not necessarily directly responsible for it.

Suffering and evil: a means of attaining higher goal: In this view, all things are directed towards God's chosen purposes including unwanted negative aspects of life and sin. Louw (2000:30) affirms that in this worldview, humans are in the process of becoming perfect beings who conform to God's original purpose since there is an intellectual gap between God and humans which affords humans the space to grow towards perfection. In this view, the conflict between God and evil will be resolved eschatologically in the eternal life and within the context of the study the AIDS sufferer is consoled in his suffering by the fact that suffering is necessary for one to develop perfectionism and a futuristic day will come when evil will be abolished.

Suffering and evil as linked to the reality of creatureliness: In this view Louw (2000:32), elucidates that suffering and evil are viewed as a potential that is linked to, and incorporated in, the creatureliness of reality. Leibniz in Louw (2000:32) postulates that to God, evil is not an absolute necessity but a possibility and its reality lies on the level of physical and moral evil. Hence God is viewed as allowing evil as a possibility without causing it Himself. Bart in Louw (2000:33) adds that evil is part of the dark side of creation and results in humans having transience within their nature. Therefore, in this view, the AIDS sufferer will understand that suffering, misery and death are not the result of sin but an inherent part of creation from the beginning of time.

3.2.3. The exclusive argument

Louw (2000:33) said the proponents of this approach, argue that God does not will evil as such but He Himself even suffers in some way under evil to display his compassion or pathos. According to this argument God suffers under evil in solidarity with his creation hence He identifies with suffering and is not apathetic towards it. The cross of Christ which shall be discussed later is proof that God is deeply affected by evil. Louw cites some of the most important proponents of this approach as follows;

Bonhoeffer (1970) in Louw (2000:34) argues for God's weakness by suffering as well as His vulnerability and powerless in this world. He advocates that only Christ's weakness can help people to resist suffering in an attitude of protest and surrender. Solle (1973) in Louw (2000:34) argues for God's powerlessness portrayed in Christ as God's representative who introduces Himself as the one who suffers with humans. Jungel (1967) in Louw (2000: 34) argues for God's being as an event of becoming involved in the suffering of humankind and thus He becomes a suffering God for sinners in a dynamic act of revelation. Motlmann (1972) in Louw (2000:34) argues for God's forsakenness in terms of His dynamic involvement in suffering in a Trinitarian event character revealed in the cross. On the cross, the argument is God justifies Himself as the One who pronounces justification on humankind by completely identifying Himself with human suffering and displaying solidarity with human forsakenness.

For Wiersinga (1972) in Louw (2000:34), the connection between God and suffering is that God suffers with His people revealing Himself as the defenseless God in anticipation of the ultimate elimination of suffering. According to Berkhof (1973) in Louw (2000:35), God's defenselessness' is not just being powerlessness but displays God's overwhelming love. He further argues that God can withdraw because He knows He will win and has already emerged in Christ's resurrection as a supreme presence against sin and death.

Louw (2000:34) concludes by stating that the exclusive approach clearly links God with suffering. The cross completes this link and reveals God as a pathetic being or as a suffering God. However, the following conclusions from the above exposition of the two models in terms of theodicy can be made;

Louw (2000:38) stipulates that although the inclusive theodicies try to save God's sovereignty, they have a problem of casting a shadow on God's love. Hence, the notion of God's providence has been introduced in order to prevent God from becoming a passive spectator of evil. Louw argues that to declare that God does directly not will evil does not free these theodicies from the

question whether God is linked to evil. Therefore the AIDS sufferer will have this question: Is God not responsible for evil and is He a causative factor? Louw (2000:38) points out that the advantage of the inclusive approach is that it makes it clear that God is somehow connected to evil and evil is not a separate entity apart from the existence of God. The theological question would be how can this connection be interpreted and understood by those in quest to find meaning within the HIV and AIDS pandemic? Hence it becomes clear that the cause and effect model is insufficient and leads to a static and unsympathetic God image. Therefore the AIDS sufferer may view God as the author and origin of evil (Louw 2008:225).

The advantage of the exclusive model according to Louw (2000:38) is that it comprehends God in terms of pathos. It asserts that God does not want evil as shown and demonstrated by His identification and involvement with suffering. Evil is viewed as from some external evil principle or from the misuse of human power, freedom or responsibility. The problem cited here is that since suffering is limited to the human creatureliness, the question of God's defenselessness may be raised.

However, Louw (2008:224) contends that from the above discussion, theodicy can never explain suffering at a rational level and the human attempt to understand our misery. Theodicy can only describe and express the complexities of human suffering and the human attempt to interpret the agony of suffering. On the other hand, theodicy links theology i.e. the human quest for God to human experiences and daily existence which is our quest for meaning. Therefore Louw (2000:39) asserts that a conclusion can be made that, to try and justify suffering by using logic, reason or morality is unsuccessful from a pastoral perspective. Therefore suffering remains an insoluble but inevitable part of being human.

The following conclusions can be drawn about theodicy. Firstly as an all encompassing explanatory and rationalistic approach, it does not succeed pastorally to comfort people in their quest to find meaning in suffering within the HIV and AIDS pandemic. Arriving at a general

theory regarding the origin of suffering is very difficult. Louw (2008:225) purports that finding meaning in suffering does not necessarily mean a logical system of explanation. Hence meaning is discovered in the struggle of faith in the midst of suffering within the highly tense context of anxiety, despair, hopelessness, threat and insecurity as experienced by the AIDS sufferers in Zimbabwe. Secondly, theodicy does not offer a true perspective of who God is. Furthermore, theodicy creates a tension between whether or not God wills suffering presupposing a rational division between God's omnipotence and His love and yet both are manifestations of God's faithfulness to His people. At the same time, it is unnecessary to choose between the inclusive and the exclusive model because it depends on how one understands God's will and His revelation which is multifaceted and takes on different shapes according to contextuality and cultural issues.

Louw (2000:40) adds that theodicy makes it clear that suffering and evil are inexplicable and can only be experienced in terms of a challenge to discover meaning and to reframe one's spiritual identity. Louw (2000:41) contends that pastoral theology must take into account the aspect of God's involvement in suffering in terms of the notion of God's power and omnipotence and what it means that God is almighty and powerful. Louw (2000:41) finally concludes by stating that instead of theodicy, a pastoral theological assessment of suffering must be linked to an understanding of God's suffering in terms of the cross as well as to how God's pathos is instilled in people's lives by the indwelling presence of the Holy Spirit.

Therefore the dilemma created by theodicy between God and evil, God's involvement in suffering cannot be resolved analytically or rationally. Louw (2000:44) argues that it should be approached in terms of a relational and hermeneutical understanding. Louw advocates that a pastoral theology should therefore move towards a metaphorical understanding of God in order to gain clarity on the meaning of the presence of God in suffering even within the HIV and AIDS pandemic. Louw claims that a metaphoric understanding of God views theodicy as an honest existential struggle of humankind to come to terms with the burning issue of meaning in suffering as well as illuminating the meaning of metaphors regarding God's faithfulness within

the context of human suffering and misery. For this purpose, the next section will discuss metaphorical theology and its significance to the quest for meaning in suffering.

3.3. Metaphorical theology

Louw (2000:45) clarifies that the choice of a metaphorical model implies arguing for a hermeneutical paradigm which tries to clarify the significance of concepts within relations which is different from the explanatory model of determining the essence, substance and character of things. This means that a metaphorical model claims to be a paradigm shift to an understanding of the meaning and significance of the name of God within different context instead of understanding the Being of God in terms of a metaphysical ontology. Louw (1998:39) contends that in pastoral assessment the main task is hermeneutical in terms of determining the significance of God-talk with regard to the human quest for meaning. Braaten (1989:20) in Louw (2000:45) states,

The question of God arises out of the human quest for meaning. It is, thus a structural dimension of human existence. Statements and symbols about God functions to answer questions concerning the nature and destiny of human existence

Louw (2000:46) gives the underlying assumption for metaphorical theology as that all talk of God is indirect but not to imply that God is not real. Hence the use of metaphors invites people to speak of God symbolically in terms of concepts well known to them. This implies therefore to God images used in naming God in terms of real life issues. Hence the important issue is to identify metaphors in Scripture which shed light on those images which depict God in terms of identification with human needs and suffering (Louw 1998:39).

3.3.1. God images and metaphors

According to Louw (1998:39) four metaphors have been identified by pastoral theology which convey the pastoral dimension of God's involvement with human suffering i.e. shepherd, servant, wisdom and paraclete. The different metaphors shall be discussed below.

3.3.1.1. The shepherd metaphor

Louw (1998:39) articulates that in this metaphor, God is depicted as a shepherd meaning that God cares for the entire creation in a very special way and like a shepherd He cares for man. Psalm 23 is a classic example: "The Lord is my shepherd and I shall not want". In the Old Testament people knew that they were safe and secure in the shepherding of God. God was a Shepherd in terms of grace, love and faithfulness. The care of God for His people was manifested through God's covenantal grace and Israel expressed it as the people belonging to Yahweh for whom He shed many a tear (Jr 13:17). The Old Testament is full of the testimony that God proved His pastoral care to His people and that indeed He was their God and he remained faithful to His covenantal promise as evidenced in Ezk 34:31 " You my sheep, the sheep of my pasture, are people, and I am your God, declares the sovereign Lord"

At the same time, in the course of the history of Israel, the shepherd metaphor was also conferred to the Messiah who would act as God's Shepherd and this metaphor kept the hope of the Messiah and was fulfilled in the New Testament. Louw (2000:51) further explains that during the Old Testament times Jesus is the messianic Shepherd who gathers the lost sheep of Israel (Mt: 10:6). To prove His love for His people Jesus had to die for them (Mt: 26:31). In Mt 25:32 Jesus focused on the redemption and judgment when Jesus would judge the nations. Louw comments that the interesting thing about this eschatological dimension in the work of the shepherd is that, to qualify as a sheep, one must meet a social criterion not a worship one but a ministry to the needy fellow human beings to include those suffering from AIDS (Mt 25: 35-36). Louw (1998:41) affirms that the shepherding function of pastoral care represents the way in which God cares and supports people in distress and the AIDS sufferers are included as well.

3.3.1.2. The servant metaphor (wounded healer)

Louw (1998:41) contends that a servant metaphor in Scripture communicates the identification of God with human suffering. The servant metaphor indicates God's pathos and compassion for the human need as a result of sin, illness, persecution, disruption and death. Jesus Christ's work clearly shows how God identifies with human suffering. Louw (2000:52) states "he is God's *doulos* par excellence" (Mt 12: 18; Acts 4: 27). In Luke 22: 37 Jesus applies the 'suffering servant dictum of Isaiah 53 to Himself. In Mark 19:45 Jesus' service is linked to the fact that He gave his life vicariously for many. In the servant of God' redeeming work, He suffered on behalf of His people (Mk 14: 24). Philippians 2:6-11 concretely expresses the suffering of the Servant of God while fully identifying with human need and this gives comfort to the AIDS sufferers in distress from the impact of HIV and AIDS on their lives.

In terms of pastoral care, the servant metaphor conveys the idea of sacrifice and identification with human suffering and Jesus' therapeutic works are connected to God's promises regarding the suffering of humankind. In Jesus' work, the healing of the demon possessed and the sick clearly indicated God's sovereignty over all destructive powers. Louw (1998:42) contends that, this victory is no cheap expectancy (wishful thinking), but is linked to God's faithfulness. Therefore, God's faithfulness becomes a key concept in order to discover meaning in suffering within the HIV/AIDS pandemic. However Louw (2000:54) postulates that the servant metaphor or the wounded healer does not imply that suffering suddenly disappears. In fact according to Nouwen in Louw (2000:54) the suffering will grow to the point where it can be shared in an environment of love and understanding. However with the Crucified Christ, the suffering can be shared and hope and a new vision can be generated even among those living with HIV.

3.3.1.3 The wise fool metaphor

According to Murphy, (1990:121) in Louw (1998:44), in Scripture, wisdom plays a crucial role in Israel's experience of faith because it is based on the principle of God's actions in the creation and everyday life. Louw (2000:55) warns that Scriptural wisdom should not be interpreted

dogmatically because it is about the art of life (how must I live), morality (how should I act and deal with my neighbors?) as well as piety (how should I act in the presence of God?).

Louw (2000:56) enunciates that wisdom, is a metaphor for God's involvement in our human experience and creation and hence the attitude of the wise should be that of praise and wonder (Ps 19, Ps 104). In the New Testament, James 3:13-18 and Galatians 5: 19-23 clearly indicate that wisdom is related to morality and the development of virtues. Louw adds that the most important characteristic of wisdom is that it consists of contrasts and paradoxes as seen in 1 Corinthians 1: 18-25, where Christ is portrayed as God's wisdom. This according to Louw is revealed ambivalently, that is in folly and weakness. Louw (2000:56) states, "the wisdom metaphor unmasks reality with the aid of an apparent contradiction: a crucified and suffering God (weakness) is power of salvation". For pastoral care to the AIDS sufferer Louw (1998:46) alludes that the function of this metaphor is to enable one to assess reality in a different way using the humor which results from recognizing the contradictions and paradoxes involved in the situation which is usually the case within the HIV and AIDS pandemic.

3.3.1.4 The paraklesis metaphor

Louw (1998:47) contends that, "in the LXX *parakaleo* is mainly used for the Hebrew *naham* which denotes sympathy and comfort which was the prophet's task to comfort the people as indicated in Isaiah 40:1". In Ps 135:14 it expresses compassion, sympathy and caring. Braumann in Louw (2000:56) establishes that when *parakaleo* is used for other Hebrew equivalents, it means encouragement, strengthening and guidance but noted that in the Old Testament the emphasis is on comforting and supporting of which people living with the virus are in need of. In the New Testament, Louw states that the emphasis in meaning is summon, invite, reprimand, admonition, comfort, encourage, support, ask and exhort. He goes on to elaborate that there is a link in Philippians 2:1 between solace in Christ (*paraklesis*); encouragement through love; and communion with the Holy Spirit is significant. Therefore *paraclesis* is directly linked to Christology and pneumatology. Louw (2000:57) postulates, "therefore it could be said that *parakaleo*, as appeal, admonition and comfort always implies God's mercy and work of

salvation/redemption in Christ". First in Louw (1998:50) concludes that the paracletic mode is the way in which God meets human beings in the situations of anxiety, grief, sin, doubt, delusion and inadequacy which are existential issues experienced by those affected by HIV and AIDS, and he liberates them from their agony in order to restore the fellowship of believers. Louw consolidates this point by stating that paraclesis is a function of the church and is practiced with the view to mutual upliftment and consolation of the believers implying that the AIDS sufferer will find acceptance and comfort rather than discrimination within the church.

To connect the four metaphors discussed above, that is the shepherd, servant, wise-fool and the paraklesis metaphors, Louw (2000:58) states that an effective metaphor of God should bring to fore aspects of sensitivity and compassion (pathos); identification (woundedness); insight and understanding in terms of paradoxes (wise fool); as well as consolation, encouragement (paraclesis) and empowerment. Louw elaborates the above point by stating, "in this connection, the concepts 'God as Friend,' 'God as our Soul Companion'; 'God as Partner for life' should play an important role in pastoral communication of care to instill meaning in suffering". Louw concludes that a metaphor of God as a friend and His friendship is linked to the tradition of the church as it depicts God in terms of his faithfulness and identification with the history of Israel. And through the death of Jesus Christ, God is indeed our Friend and Partner for life (Louw 2008: 225). It represents the components of partnership, companionship, commitment and intimacy and tries to convey the shepherding perspective, the woundedness of the Servant, as well as the paradoxical wisdom and identification of a suffering and incarnate God as revealed in the cross. In light of this argument, the following exposition will discuss the theology of the cross and its relevance to meaning in suffering.

3.4. The theology of the cross

As indicated previously in this chapter, severe suffering affects the human identity as well as God's identity. Suffering clearly touches the fabric of Christian spirituality as it becomes a theological issue when it poses the question regarding God's identification with suffering. Then the burning question becomes 'can God suffer? Louw (2000:73) asserts that this question

expresses the need to reflect on the relationship between God and the cross making the theology of the cross an important component of a theology of pastoral care since it engages with the act of God's involvement, solidarity and identification with suffering. Louw contends that the theology of the cross lodges an emphatic protest against a metaphysical doctrine of a theistic God that places Him so high and far that the sufferer feels abandoned by Him.

In other words Louw (2008:229) argues that the theology of the cross bridges the distance between the sufferer and God hence the goal of pastoral care is not to eliminate suffering but to point the AIDS sufferer to the cross. Therefore, the theology of the cross becomes the revelation of how God deals with suffering (1 Corinthians 2: 23-25). Louw (2000:74) points out that a theology of the cross relates to both the existential dimension (our being human) and the essential dimension (the identity and characteristics of God's Being) affecting both our human misery as well as the mode of God's existence. Hence two options will be considered below.

3.4. 1. The existential dimension of the cross: Luther's *theologia crucis*

Luther in Louw (2000:75) declares that the theology of the cross describes essential reality and perceives being in terms of its essential characteristics that is the visible as well as the not yet revealed aspects concerning the presence of God should be perceived from the perspective of suffering and the cross. Hence the cross becomes a resource of comprehension and understanding. Luther in Louw (2000:74) also proclaims the pastoral dimension of the cross that is. God relates to human suffering as the cross does not only play a role in our salvation, but it is the very epicenter of all theological statements. Louw adds that the cross of Christ and the cross of the Christian belong together and the cross of Christ reveals the nature (the how) of the relationship between God and human beings.

Louw (2000:76) points out that Christ's suffering cannot be separated from God's suffering which implies a discovery of divine identification which sheds new light on our quest for meaning in suffering. This means that, without God's direct involvement, human life is without hope and

without fulfillment. The cross of Christ according to Louw has been argued that it creates a vivid understanding of Christian hope because it identifies God in human suffering in such a way that the cross of Christ undermines all attempts to spiritualize the meaning of salvation. Louw (2008:430) alludes that suffering as well as the HIV and AIDS pandemic is then viewed as against God's will and therefore the church should support AIDS sufferers because God is understood as a companion and the God image becomes God with us.

Luther in Louw (2000:76) further articulates that, the sole authentic locus of our human knowledge of God is the cross of Christ in which God is to be found revealed and yet, paradoxically, hidden in this revelation. God is revealed in the humility and shame of the cross. The hidden God according to Luther in Louw (2000:76) is only recognizable through faith. Faith therefore discovers that God's works are hidden under the form of their opposite. God is recognized by means of faith and not of natural knowledge. For Luther in Louw, faith discovers God's strength which is hidden under apparent weakness as well as His wisdom under apparent folly and the future glory of Christians under present suffering. It is this faith that empowers the AIDS sufferer to endure suffering believing that it is for a season.

Louw (2000:78) adds that the intention of Luther's theology of the cross is "to reveal on an epistemological level, the radical discontinuity between the empirically perceived situation and the situation as discerned by faith". For Luther again according to Louw, God the father suffers in compassion with the son in the Spirit of love between them. Therefore the Christian faith consists in the fact that God, in the passion history of Jesus Christ, has suffered the curse of death and misery on behalf of the AIDS sufferer and does not need to live with the anxiety and despair of the shadow of death.

Luther's emphasis according to Louw (2000:79) is on this "How of God: God with us and God for us' not the speculation of how God may be in and for Himself. Louw adds that the significance of Luther's contribution is that faith consists of both cognitive and existential

components. Hence Louw (2008:430) states that in order to discover meaning in suffering a person does not need to depend on human moral activity or created order, but should turn to the cross and the sufferings of Christ. Hence for Luther, true theology and knowledge of God are found in the crucified Christ (McGrath in Louw 2000:80). Louw adds that God therefore is only known through suffering and He is not an impassible God, He is a God of passion.

3.4.2 The ontological Dimension of the cross: Moltmann's eschatologia crucis

Louw (2000:82) stipulates that Moltmann's eschatologia crucis is multifaceted, and difficult to categorize as only the theology of the cross, theology of hope or a theology of resurrection. According to Louw Moltmann places all the emphasis on the resurrection and eschatology and the resurrection becoming the key to and the exegesis of, the cross. According to Moltmann in Louw (2000:88) without the cross eschatology evaporates into Utopia hence it is important to understand the meaning of the theology of hope as actually a theology of cross.

Moltmann in Louw (2000:84) reveals that eschatology is an integral part of history and the theology of the cross attempts to link God to the reality of history and the pain of suffering. Louw (2008:430) states that suffering as well as the HIV pandemic is viewed as against God's will. Louw adds that the intimate relationship and dialectic between the cross and resurrection stamps out clearly in Moltmann's theology as fundamentally an eschatologia crucis. Therefore the cross must be understood in the light of Jesus' resurrection because it reveals the meaning dimension of the message of salvation. It becomes clear then that the resurrection is grounded on the historicity of the cross meaning Christian theology finds its unique character in the crucified Christ. Louw states that hope therefore becomes a Person, based upon the fulfilled promises of a suffering and living God. Moltmann according to Louw bases hope on the nucleus provided by the historicity of the cross.

According to Louw (2000:84), Moltmann's intention is to make theology relevant to the question of suffering. Moltmann therefore sees the cross as the definitive point of identity for Christian

theology which attempts to bring pastoral comfort and liberation. In other words, the theology of the cross is a liberating theology of God whose intention is focused on the distress of suffering. The theology of the cross once again is seen as emphasizing the solidarity of God in the midst of the human suffering. Louw (2000:85) adds, “God’s identification with suffering is active resistance and a demonstration against suffering”. Louw (2008:430) expresses his conviction prolifically by adding that in comforting people living with HIV and AIDS, this model is very helpful since it enhances the notion of the identification of God with suffering of people with a compassionate understanding of reality. However, Louw points out that the problem is that we are still confronted with the reality of the virus and the suffering of people especially vulnerable women and children

Therefore the question to ask here would be; if God is so involved, present and concerned why the virus? It is also worth mentioning here that in some cases HIV is related to irresponsible and sinful behavior and the notion of guilt and sin cannot be left out of the HIV discourse (Louw 2008:431). The cross is indeed about punishment, sin and forgiven and any theological approach cannot ignore the reality of sin. Louw (2008:431) points out that however the notion of stigmatization in the HIV discourse requires us to move beyond the cross, incarnation, compassion, sin and punishment. Reflecting on this position, Louw argues that stigmatization invites theology to explore the implication of a theology of the resurrection. Louw articulates that without the resurrection, God’s identification with human suffering would be meaningless because the suffering on the cross becomes a source of hope for the sufferer when it is only seen in the light of the resurrection. It is clear that Moltmann in Louw (2000:85) does not isolate the suffering on the cross from the victory of the resurrection, because hope is essentially the hope of resurrection.

Louw (2000:85) concludes here by stating, “the cross of Jesus must be understood as the earthly life of Jesus leading to the cross, but it should be interpreted eschatologically from the viewpoint of the resurrection and Advent (Christ’s Second Coming)”. Louw adds that to the AIDS sufferer, the theology of the cross means all people are sinners and are lost as a result of their own guilt

and sin. At the same time the theology of the cross declares the punishment and judgment concerning sin. In Christ both God's divinity and humanity are involved in suffering. On the other hand, Christ's death means victory over suffering and his substitution eliminates guilt. Finally the theology of the cross reframes our understanding of God as vulnerable and wounded, meaning that God is there although suffering is not abolished but it is never final. God's vulnerability and faithfulness according to Louw makes the lament an important component of pastoral therapy. The theology of the cross which incorporates both Christ's reconciliatory work and God's mercy and grace provides hope and the fundamental framework in which the AIDS sufferer can discover meaning in suffering.

3.5 The theology of resurrection

According to Louw (2008:434), resurrection and suffering are two themes that cannot exist separately. Simon in Louw (2000:152) asserts that resurrection is not an easy way out of pain and suffering but it incorporates them into a new perspective on life and resurrection. Louw (2008:437) alludes that the theology of resurrection does not inspire HIV positive people to ignore their suffering but it seeks to encourage people in their struggle and urge them to find meaning in their suffering. Hence, faith does not retreat from the reality of suffering but confirms the tragedy of suffering. Motlmann in Louw (2000:152) emphasizes that the resurrection obtains an eschatological primacy over the cross which reveals the hope principle embedded in the cross summoning the believer to a strange kind of faith while facing the extinction of death, to hope when reality points radically to the contrary. Louw adds that a hermeneutics of the resurrection reveals that in Christ, the promises of God were fulfilled and life has been transformed radically from anxiety to hope, from nothingness to eschatology and from death to resurrection. Louw (2008:432) adds that people suffering from HIV can be empowered to live life positively and constructively despite the reality of the virus. Louw (2008:439) identifies the following theological indicators which he argues can function as important paradigms in a hermeneutics of HIV care to help the AIDS sufferers in understanding and interpreting suffering from the perspective of the resurrection.

Transformation: The resurrection, according to Louw is a pneumatological reality which has consequences for the finite human bodies as well as one's status before God which becomes transformed into a new being through Christ. The new status of our being in Christ is totally dependent on the faithfulness of God. Louw (2008:439) affirms that in the light of the resurrection, people are assessed from the perspective of life (affirmation) and not from the perspective of death. The affirmation of life is described here by Louw as having no conditions and can be realized and experienced daily by the Spirit in the modes of hope, faith, love and peace. This life is also viewed as realistic, full of contradictions and paradoxes but can be lived through the Spirit of the resurrection in hope. Stigma for the AIDS sufferer no longer determines identity; instead identity is determined by charisma (Louw 2008:439)

Freedom and liberation: According to Louw (2000:163), it is through the resurrection that the believers have confidence that in the atonement, God's forgiveness has cancelled sin and that the new life which they have received is a gift from God. Freedom and liberation are not seen as human achievements but a new condition which means to be reconciled with God and freed for serving fellow human beings. This kind of freedom entails dealing with failure and sin from the perspective of salvation meaning that all wrongdoings and sin even irresponsible behavior are all obliterated in the cross of Jesus. Hence sin no longer counts at all and the AIDS sufferer is no longer a victim of sin but an instrument of God's grace (Louw 2008:439).

Vision, imagination and future: Here the resurrection is not only seen as a promise but as its fulfillment as well. Therefore it embraces a new vision and promise which as resurrection hope aligns the believer towards a future which is concerned with Christ's Parousia, God's kingdom rule and resurrection life. It opens up a new orientation towards the future hope as the anticipation of God's fulfilled promises. Resurrection hope becomes an indication of a new stance in life; a new mode of being that is of who we already are in Christ (Louw 2008:439).

Faithfulness: Louw (2000:164) ascertains that the resurrection grounds faith and faith responds to the resurrection but does not firstly constitute the resurrection as a faith issue. Louw (2008:440) asserts that suffering will be present in people's lives but faith means that they can rely on God's faithfulness and the resurrection is the proof of the fact that God will never leave or forsake them.

Comfort: The resurrection hope brings patience and endurance without which suffering becomes unbearable (Louw 2008:440). It also motivates the AIDS sufferers not to resign but to face the challenges of suffering and to use it as an opportunity to grow. To do this Louw (2000:165) says that one needs the courage to be. Comfort is then seen as connected to a new status and condition of being which is to suffer in close communion with Christ.

Divine confirmation: The resurrection confirms Christ's divine nature and origin and it reveals His divine character of suffering. At the same time Louw (2000:166) affirms that the resurrection proclaims God's power over death and His love and justice attain a final form as a divine act which guarantees salvation. Resurrection is seen as a revelation of God's true nature that is as a living God. Therefore life overcomes the anxiety of death which then empowers the AIDS sufferer to live victoriously attaining a symbolic meaning (Louw 2008: 437).

3.6 Conclusion: Meaning in suffering

To conclude this exposition on the meaning in suffering, Louw (2008:225) points out that the question about meaning in suffering is about the purpose and direction of a person's life. Louw adds that, however meaning as the sum total of answers to all questions, does not exist as such because meaning can be discovered only within a loving relationship with God and other fellow human beings. This can only happen when the person has the security found in God's covenantal promises and the eschatological reality of salvation indicated in the cross and the resurrection of Jesus. Through all this the believer will come to know that God Himself is not the meaning of life because God is more than the sum total of meaning. Louw (2000:172) articulates, "Meaning

rather is the discovery of a God whom one can trust and who can bring meaning to life due to actual involvement and engagement with those existential realities which threaten humans in the very core of their being". In focus with the above quote, the above description of meaning in suffering becomes an indispensable endeavor in this study influenced by the pastoral perspective and this becomes the theological theoretical point of departure for critically understanding the interplay between Christian faith and Shona tradition in the quest to find meaning within the HIV and AIDS pandemic.

In the context of the study, the above quote implies that Shona Christians suffering from the impact of HIV and AIDS, in their quest for meaning, can discover a God who can be trusted, who brings meaning to life by being involved and engaged in their suffering in the context of their Christian faith. The burning questions become, why then do the Shona Christians revert to Shona traditions in their quest for meaning? Is it out of need, want or necessity? What is it that they find helpful in their quest for meaning in the Shona tradition? By going back to their roots, do they really discover a God who can be trusted to bring meaning into their lives which are being ravaged by HIV and AIDS? These questions indicate a dynamic interplay between Shona tradition and Christian faith in the quest for meaning in suffering within the HIV and AIDS pandemic. Hence, in the next chapter I will grapple with these questions in a critical analysis of this interplay between Christian faith and Shona tradition in the quest to find meaning in suffering within the HIV and AIDS pandemic in Zimbabwe.

CHAPTER FOUR

THE INTERPLAY: CHRISTIAN FAITH AND SHONA TRADITION

4.0 Introduction

Chapter two gave us a vivid picture of the catastrophic suffering HIV and AIDS has caused on the people of Zimbabwe especially on women and children making the quest for meaning very urgent and widespread. The chapter indicated a Western epidemiological perspective of the disease as well as a Shona and Christian understanding and interpretation of HIV and AIDS which revealed a difference of opinion creating a field of tension as well. Chapter three indicated that the suffering caused by HIV and AIDS is multifaceted and raises questions about human significance and purpose as well as God's identity. Louw (2000:172) articulates, "Meaning rather is the discovery of a God whom one can trust and who can bring meaning to life due to actual involvement and engagement with those existential realities which threaten humans in the very core of their being." This quotation becomes the point of departure for the study. It is very clear from the pastoral perspective in chapter three that Shona Christians suffering from the impact of HIV and AIDS on their lives, within their Christian faith can discover a God who can be trusted, who can bring meaning to life by being involved and engaged with their suffering and this discovery can be done in the context of a loving relationship with God.

The burning question this chapter endeavors to grapple with is: why Shona Christians revert to Shona traditions in their quest for meaning within the HIV and AIDS? The argument in this chapter is that Shona Christians in their quest for meaning within the HIV and AIDS pandemic revert to Shona traditions. Hence the rhetoric title of the thesis is 'going back to my roots'. The presupposition in this chapter is that, to be a Shona Christian clearly indicates the duality of two worldviews i.e. the Shona and Christian worldview. Worldviews influence the way we look at life and in turn influence our behavior. Worldviews are based on core religious beliefs and this is supported by Dewitt (2004:2) when he states,

Worldview refers to a system of beliefs that are interconnected in something like the way the pieces of a jigsaw puzzle are interconnected. That is, a worldview is not merely a

collection of separate, independent, unrelated beliefs, but is instead an intertwined, interrelated, interconnected system of beliefs.

In view of the above quote, the Shona Christians may be viewed as belonging to two worlds. The problem this study endeavors to explore is what could be the dilemma of this interplay of two belief systems in the quest to find meaning within the HIV and AIDS pandemic? To explore this dilemma, a critique of the interplay between Christian faith and Shona tradition will be undertaken. This will be done in view of the fact that worldviews are based on core religious beliefs hence core religious beliefs from both worldviews will be analyzed as critical issues. The critical issues identified here are informed by the theology of Louw as indicated in chapter three with reference to the quest for meaning within the HIV and AIDS pandemic. Louw (2000:172) has indicated that meaning is the discovering of a God who can bring meaning to life by being involved and engaged with the existential realities which threaten humans in the core of their being. Hence the concept of God becomes a critical issue in both the Christian faith and the Shona tradition in the quest to find meaning within the HIV and AIDS pandemic.

In my critical understanding of the interplay between Christian faith and Shona tradition, I want to acknowledge that this is a risky dynamic endeavor which requires critical openness, without losing the tension between continuity and discontinuity or the identity of the ultimate which is the eschatological truth of the Christian faith within and through the encounter with the Shona tradition. In my critical understanding of this interplay, the first critical issue I want to understand is the concept of God in the Shona tradition as well as in the SDA Christian faith and how God relates to human suffering within both belief systems. The question is, as the Shona people are converted into the SDA church, do they discover a different and appropriate God image who can be trusted and who is involved and engaged in their suffering to give them meaning? Hence the following section will discuss the Shona concept of God.

4.1 An overview of the Shona understanding of God: A holistic approach

As we have already seen in chapter three, the quest for meaning is about discovering a God who can be trusted to give meaning to life within the reality of the HIV and AIDS suffering. The crucial question is can the Shona God be trusted to give meaning and is He involved and engaged in our suffering? What is the Shona God image and how appropriate is it in giving meaning to those suffering within the HIV and AIDS pandemic? I will discuss below the Shona concept of God and how He relates to humans as perceived within the Shona tradition. I proceed on the understanding that when a Shona goes through suffering in this context, HIV and AIDS, the why question is preceded by “who?” The Shona wants to know “who” caused the suffering and then “why” it was done.

My first language Shona refers to God as ‘Mwari’ or ‘Musiki’ meaning Creator. The Shona language acknowledges God as the deity that created everything and having dominion over everything. He is viewed as being Supreme and no individual can approach Him except through the ancestors. According to Gelfand (1959:30) when a Shona speaks specifically of his own ancestral Spirit, he refers to his own *mudzimu* or *vadzimu*. Ancestral spirits are believed to govern the behavior and interests of the individual and are well trusted. Every Shona wishes to please his *vadzimu* becoming hidebound by the customs of his forefathers and afraid to change his habits. Rodlach (2006:55) states that witchcraft is seen as the most potent symbol of evil by the Shona people and the biggest felt need of many Shona people is relief from the effects of witchcraft and only the traditional healers are the experts to do that.

According to Ncube (2003: 98) although the natural causes of HIV and AIDS may be acknowledged, by the Shona people, the traditional healer gives the spiritual causes of the disease and the treatment plan. Harry Sawyer quoted by Scuttle (2001: 52) reflects that the worship of God through the ancestors, the attitude to birth, death, sin, sickness, forgiveness and health converge on the central role of the community. Hence the quest for meaning is not an individual issue, it’s a communal affair. The human person plays a central role in all African thinking but always in the context of the community. Hence the concept of the Shona God can only be understood holistically within the context of the community which involves the

ancestors, the traditional healers and the enemy of the community .i.e. the witches. To this purpose, the interplay between the Shona tradition and the Christian faith will focus on these aspects of religion which I consider as critical issues in understanding who God is in the quest to find meaning within the HIV and AIDS pandemic. The critical question to the Shona tradition would be is it possible to find meaning within the HIV and AIDS pandemic which has become a weapon of mass destruction creating masses of communities with orphaned children becoming parents over night?

The next section will discuss the concept of God according to the theology of the SDA Christian faith as background to understanding the teachings of the new religion to which the Shona people are converted to. The concept of God is discussed with focus on the God-human relationship. The critical question here is, do the new converts find a different image of God in Adventism who can be trusted to give meaning in suffering within the HIV and AIDS pandemic?

4.2 The SDA concept of God: an overview

According to the SDA Fundamental belief number two in the Church Manual (2005:23), there is one God identified as the Father, Son and Holy Spirit which is a unity of three co-eternal Persons. In this case God is described as immortal, all powerful, all knowing, above all and ever present. He is infinite and beyond human comprehension, yet known through His self revelation. He is forever worthy of worship, adoration and service by all creation. A distinction is made of the three Persons as follows; God the Father is the creator, source, sustainer and sovereign of all creation. He is just, holy, merciful gracious, slow to anger and abound in love. Fundamental belief number four (SDA church manual 2005:43) states that God the Son became incarnate in Jesus Christ. Through him all things were created and the character of God is revealed in Him. The salvation of humanity is accomplished through Him and the world is judged by Him. He suffered and died on the cross for our sins and was raised from the dead and ascended to minister in the heavenly sanctuary in our behalf. He will come again in Glory for the final deliverance of His people and the restoration of all things. God the eternal Spirit was active with the Father and Son in creation, incarnation and redemption. He inspired the written Scripture. He filled Christ's

life. He draws and convicts people and those who respond, He renews them and transforms into the image God. He was sent by the Father and the Son to be always with His children. He gives spiritual gifts to the people and empowers them to bear witness to Christ (Fundamental belief number five 2005:69).

Cause of suffering is explained in the SDA fundamental believe number eight (SDA church Manual 2005:113) which states that all humanity is involved in a great controversy between Christ and Satan regarding the character of God, His law and His sovereignty over the universe. The conflict originated in heaven when Satan rebelled against God and was expelled from heaven with a portion of angels who had followed him. He became God's enemy and the source of evil. Furthermore, God cannot be known in a vacuum and therefore the church becomes the vehicle to foster God- human relations. According to the SDA Fundamental Beliefs (12; 13; 14) in the Church Manual (2005:163-201), the church is described as the community of believers who confess Jesus Christ as Lord and Savior in continuation with the people of God in the Old Testament. The church is considered the body of Christ and the family of God with many members called from every nation, kindred and tongue who have become new creation in Christ with no distinction of race, culture, learning, nationality and no difference between, high and low, rich and poor, male and female.

In view of the above discussion, what I want to understand is, how appropriate is this God image to the Shona SDA in search for meaning within the HIV/AIDS pandemic? Can the Shona SDA Christians trust this God to give them meaning in their suffering? Is it possible to develop a loving relationship with this God and discover a God who can give meaning in suffering within the HIV/AIDS pandemic? What then could be the dilemma faced by Shona Christians in quest to find meaning within the HIV and AIDS pandemic? That will be the focus of the following section.

4. 3 The dilemma of the Shona Christian in quest for meaning

The dilemma of a Shona Christian in search for meaning is aptly described by Rodlach (2006: 41) in a study he carried out in Zimbabwe, when he observed, “Zimbabweans in their quest for meaning in suffering experienced from the impact of HIV and AIDS may use Christianity, traditional systems or both”. This is also confirmed by Chavhunduka (2001:4) who states, “Many Christians in Zimbabwe continue to participate in traditional religious rituals, they continue to consult traditional healers, many Christians believe in witchcraft, and some even practice it or attempt to practice witchcraft”. Why would people who have been converted to a new religion revert to traditional practices or rather use both religious systems in an attempt to discover a God who can be trusted, to give meaning to life by being involved in their struggles?

I will further illustrate the dilemma African Christians face in their quest for meaning, using the following examples which can apply to the Shona Christians. Tite (1982:32) reflects that the continent of Africa has a very big problem because Christianity in Africa is terribly syncretic and yet missionaries and pastors still preach the “pure” Biblical message. In addition, Emeka quoted by Healey and Sybertz (1996:294) contributes by saying, “Most Africans tend to uphold two faiths. They maintain the Christian faith when life is good and gay but hold onto their indigenous beliefs when the fundamentals of life are at stake.” Does this mean then that the Christian God image is only appropriate when there are no problems and inappropriate when there are problems? Upkong (1984:9) quotes Onuora Nzekwu, a Nigerian novelist, who states that in Igbo land, the heartland of Christianity in Nigeria, Christians switch from Christian practice to traditional religious practices in these words:

That is why even though Christianity claims many millions of converts among our people, real converts can be counted on your fingers and toes alone. Isn't it a shame that after a hundred years of missionary activity here Christianity can only boast of millions of hybrids, converts who are neither Christians nor traditional worshippers, religious bats who belong to no particular faith, only claiming to be one or the other when it suits their purpose?.

The above quote clearly indicates interplay of African tradition and Christianity. Hence in the context of this study, the question is to what extent does this interplay influence the quest for meaning in suffering within the HIV and AIDS context?

Healey and Sybertz, (1996:294) further articulate the dilemma of going back to traditional religion with the words of a Zairian poem which I find interesting,

Oh unhappy Christian

Mass in the morning

Witchdoctor in the evening

Amulet in the pocket

Scapular around the neck

In addition, this religious interplay is viewed by Upkong (1984:9) as he quotes Bishop Sarpong from Ghana who observes that,

Many so called Christians have no hesitation in going to the juju man or the fetish priest when it is considered expedient. New founded churches are thriving on the membership of the mainline churches. Some members of the latter abandon their mother churches; others retain their membership while they adopt a new church, and see no contradiction in their action.

Furthermore, Hendricks, (2004:97) highlights the dilemma by stating that it is not only the members who go to the witchdoctors but even the pastors go there. He quotes the testimony of Mr. Martin Shumba of the CCAP Mvera congregation which is as follows, “He was a wizard for twenty years whilst being a church member and an elder. Only after a miraculous conversion he testified to that.” Hendricks gives another example of a pastor from Zimbabwe who had inherited

magical powers from his mother and practiced concurrently with his pastoral ministry. He adds that it has been observed that in mainline churches many ministers wear charms and possess mystical instruments for example a horn packed with some concoctions in order to be in touch with familiar spirits. The SDA church is one of the mainline churches and inferences can be made here that both the congregants and the pastors may go back to traditional practices in quest for meaning in suffering.

Many theologians have reiterated that African Christians revert to their traditional religion in times of crises and this has been going on since Christianity was brought to Africa by the missionaries. The question becomes what then did it mean to the missionaries for an African to be a Christian?

4.3.1 In retrospect: The missionary enterprise and conversion

According to Kazembe, (2009:56) missionaries made the mistake of believing that for an African to become a Christian he/she had to be cut off from their traditional beliefs and practices before acceptance of Christianity. Togarasei, (2005:56) adds that the missionaries thought that salvation was only possible if the Africans renounced their past, that is their beliefs and practices and show willingness to live according to the Christian principles. Togarasei (2005:56) states that this involved a wholesale transformation of African ways of life for “Africanness or Blackness” was to the Europeans, a symbol of evil. The missionaries treated African traditions as evil which had to be eradicated. This is supported by Dyrness (1990:39) who articulates, “to be a Christian in Africa means to give up completely the pagan ways of the ancestors and take on the Christian ways”. Kazembe (2009:56) adds that Christian conversion was very shallow and did not always change African people’s understanding of life and relations with their ancestors, spirits and God. Kazembe (2009:56) continues to state that the attempt by missionaries to destroy African traditional religion has not succeeded as 60% of African Christians still continue practicing traditional religious practices. Mbiti in Kazembe (2009:56) alludes that this is difficult because religion is the strongest element in traditional African culture and exerts great influence upon the conduct of African people

In addition, William in Bediako (1997:68) continues to assert that since the missionary enterprise, Christianity is implanted by the method of substitution for the traditional worldview, what is a European worldview. Hinga (1994:346) affirms, “missionaries were convinced that Africa ‘f it had a religion’ at all, was in need of a substitute and they tried to eradicate African spirituality and culture in order to create a clean slate.” This was not effective and instead they managed to create identity crises in the minds of Africans and a gross sense of alienation and rootlessness. Togarasei (2005:60) adds that the missionaries did not respect the Shona religion and culture because for them the whole Shona way of life way a life of iniquity and all Shona ceremonies were demonized and participation in them was seen as participation in idol worship. Togarasei charges that the result of this has been a Shona identity crisis and the total colonization of Shona culture and religion.

Writing on the problems of pastoral care among the Shona urban Mucherera (2001:45) in Togarasei (2005:61) correctly notes that when the Shona Christians go to seek pastoral counselling often it is an issue of personal and religious identity confusion caused by the demonization of their traditional religion by the missionaries. Togarasei (2005:61) adds that with the demonization of their religion, the extended family has been broken up and in some cases rivalries have been created because Christians who no longer want to participate in traditional rituals are often accused of witchcraft by their traditional relatives. To this, Kazembe, (2009:59) adds that missionaries contributed to turning Christianity into an ideology which was used to convince Africans not to resist white domination using religion to legitimize, sustain and even promote political tyranny and oppression. Kazembe (2009:59) continues to state that missionaries did not differentiate between their faith and their own culture yet traditional religion remained part of the people. According to Kazembe (2009:59) this was resisted to some extent by the African and has contributed to what is today known as religious syncretism.

On the other hand, Hinga, (1994:346) eloquently depict that evangelization and colonization were two sides of the same coin of European presence in Africa and the 19th century Christianity was the religion of the imperialists and this affected the way Africa viewed Christianity. This is

supported by Amanze (1998:52) in Togarasei (2005:52) who asserts that Christianity in Zimbabwe as in most African countries is closely associated with colonialism. Hinga (1994:346) goes on to say that the situation was made worse by the fact that missionaries also identified themselves with the nations they came from and were not only concerned with propagating the good news to the heathens but also catering for the interests of their own nations in the conquered territory. Hinga (1994:346) goes on to highlight that the hand in glove relationship between Christianity and the colonizers led to a certain restlessness among Africans which led some to completely reject Christianity as they also attempted to resist imperialism that served to be its flipside. Many Africans therefore decided to go back to their roots.

Given the above exposition on the missionary enterprise and conversion, it is clear that the African people did not fully convert to Christianity and they continued to revert to their traditional religion. The penitent question becomes, has the situation changed since the missionary enterprise? Viriri and Mungwini (2007:190) assert that the Shona have found it very difficult to disentangle themselves from their tradition. Why then do the Shona traditional beliefs persist? Chavhunduka (2001) and Rodlach (2006) agree that Shona Christians still revert to traditional customs and practices in times of crises especially within the HIV and AIDS pandemic in quest for meaning. The burning question is why do Shona Christians revert to Shona tradition in quest to find meaning within the HIV and AIDS pandemic? Is there something in the traditional religion that the Shona Christians still find helpful in their quest to find meaning in suffering? What is it that the Christian church is failing to do for the African converts to find meaning in their suffering within the Christian faith? What could be the possible dilemma faced by the Shona Christian in trying to remain a Shona as well as being faithful to their Christian faith in the quest for meaning in suffering within the HIV and AIDS pandemic?

However, my argument is that, the pastoral experiences and challenges that face the SDA church in Zimbabwe at present with the advent of HIV and AIDS, in terms of assisting members to discover a God who can be trusted to give meaning in suffering within the HIV and AIDS pandemic, is a microcosm of the Zimbabwean/African church in its constant struggle to offer

pastoral care to its congregants within their specific cultural and religious milieu. Consequently, a critical understanding of the issues involved in the interplay between Christian faith and the Shona tradition can benefit the church and pastoral care to understand why Christians go back to their traditional practices in quest for meaning in suffering within the HIV and AIDS pandemic. I will proceed on the assumption that, a critical understanding of the issues involved in the interplay may assist the church to introspectively assess whether the God image the church presents to the people in quest for meaning can help the people to trust God and to discover a God who can give meaning in suffering. My presupposition is that God cannot be known in isolation and as such, I have identified critical issues which are significant in helping people to develop an intimate relationship with God. Hence the critical issues identified will be discussed below in a bid to critically understand the interplay between Christian faith and Shona tradition in the quest for meaning within the HIV and AIDS pandemic.

4.4 The critical issues

The burning question this section endeavors to grapple with is why Shona Christians revert to Shona traditions in their quest for meaning within the HIV and AIDS? The argument here is that Shona Christians who have been converted from the Shona traditional religion, into the Christian Faith, in their quest for meaning within the HIV and AIDS pandemic revert to Shona traditions. Hence the rhetoric title of the paper is ‘going back to my roots’. This brings us to the second question the study attempts to answer. To what extent does the interplay between Christian faith and Shona traditions impact on the quest for meaning in suffering among the Shona Christians affected by HIV and AIDS? In my critical understanding of this interplay, the critical issue I want to understand is the concept of God in the Shona tradition as well as in the Christian faith and how He relates to human suffering within both belief systems.

The question is, as the Shona people are converted to Christianity, do they discover a different and appropriate God image who can be trusted and who is involved and engaged in their suffering to give them meaning? What could be the dilemma faced by the Shona Christians in their quest to find meaning within the HIV and AIDS pandemic? Hence the following section on

the interplay between Christian faith and Shona Tradition in the quest to find meaning will help us to understand the dilemma experienced by the Shona Christians in their desperate attempt to find meaning in suffering within the HIV and AIDS pandemic.

4.4.1 The image of God within the Christian Church and the Shona Tradition

The Shona God *Mwari* is viewed as the creator and the Supreme Being who cannot be comprehended by the individual. Gehman (2005:316) adds that God is real and no African community lacks a name for the Supreme Being. Sawyerr (1997:5) describes Him as all powerful and as a Spirit. Mpagi (2002:210) states that the African people accorded the highest rank of authority and wisdom to God and believed that He was not to be bothered as long as things in the community were fine. On the other hand as observed by Anderson (1993:96) God is viewed as not interfering with or harassing people and because of this He was considered good.

The question arises as to whether or not the God of the African Traditional religion is personal or impersonal, is He someone the traditional African has a personal relationship with or is He a concept that the traditional African has a knowledge of? Gehman (2005:318) states, “there has been much controversy on the nature of the Supreme Being whether the Deity is personal or impersonal. The mysterious nature of God, combined with other factors may suggest an impersonal, transcendent, powerful rather than a personal being”. Jomo Kenyatta (1965:224) after describing the God of his people (the Gikuyu) writes, “the Being thus cannot be seen by ordinary mortal eyes. He is a distant Being and takes but little interest in individuals in their daily walk of life. Yet at the crises of their lives He is invariably called upon”. Gittins (1987:46) and Sawyerr (1970:5) agree that in the African religion, God is believed to be remotely situated from the everyday events of human life and can only be reached through intermediaries and in this case the ancestors. Hence, He is uninvolved and not engaged with the existential realities people struggle with daily even within the HIV and AIDS pandemic.

It appears then that the image of God within the Christian church is not different from that of the Shona people in terms of being the creator and the Supreme Being who cannot be understood by humans. Mbuwayesango (2001:67) asserts that the missionary translation of the Bible was aimed at replacing the Shona *Mwari* with the Biblical God in everything else except the name and if missionaries had introduced a new God they might have met much resistance as happened in the other mission ventures. The missionaries took the Shona captive by colonizing the Shona Supreme Being.

On the same note, Chitando (2001:151) alludes that when the missionaries adopted *Mwari* as the name for the Christian God of the Scriptures and *Ishe* (Lord) as a divine title, a radical theological statement had been made. Chitando adds “if the African names of God were the equivalent of the Christian God, the Africans had known His name before the arrival of the missionaries” This is supported by Mugambi (1989:61) who articulates that many people believe that the God they worship in Christianity is the same God they have been worshipping traditionally. The only difference is that the Christian God can only be approached through Jesus who is the mediator between God and man. According to Magesa (1997:40) this understanding can be interpreted by the African Christian to mean that since God is the same in traditional religion and in Christianity. He is the same God who is uninvolved in daily existential realities and He cannot be bothered, He is far removed from people and no relationship with him is possible. The reasoning here would be that, in quest for meaning in their suffering from HIV and AIDS the Christian or traditional God cannot be trusted because he is uninvolved and unengaged in their suffering. The dilemma would be, because of the urgent search for meaning within the HIV and AIDS pandemic, Shona Christians would not only go back to their tradition, but will vacillate between Shona tradition and the Christian faith in a continuous search for a God who can give meaning in their despair. They may still remain confused to who God is in terms of His appropriateness in giving meaning within the HIV and AIDS pandemic.

On the contrary, the metaphor of God in Christianity is Father as pictured in the Bible (John 6:27; Matthew 5:48; 1Corinthians8:6). Therefore the converts from the Shona tradition are

introduced to God who is called Father for the first. Mbiti (1969:268) does not mention the fatherhood of God and Magesi (1997:45) mentions other relations attributed to God besides father which reflects the African view of hierarchy of authority and power with the elders or ancestors having more authority over the person than the father. Viriri and Mungwini (2007: 180) asserts that the Shona have a hierarchy of existence with God at the top followed by the ancestors in their perking order of seniority and down to the living beings on earth of which one's father plays a significant role of representing the ancestors to the living therefore much respect is accorded to him. Christianity sets God in authority over the father and the father having authority over the child.

Van der Watt (2007:668) asserts that in every society the father as head of the family takes responsibility of the children and the children are expected to obey their father. His words and His will must live in them. Van der Watt (2007:669) articulates that on a spiritual level, a person is given life through divine birth thus becoming a child of God and this activates a whole set of socio-cultural associations relating to family life. Yet, they function as an analogy for what is being said on a spiritual level. Van der Watt (2007:669) adds that it is true that individuals receive their identity on the basis of their family membership. However belonging to two families simultaneously (a physical and spiritual i.e. African and Christian) inevitably creates problems and a dilemma especially to those in quest for meaning in suffering within the HIV and AIDS pandemic. The dilemma may manifest as questions in the mind of the Shona Christian in quest for meaning as follows. Which father must be obeyed? Whose tradition must be followed? Who are my real brothers and sisters? Which choice should I make? How should I behave towards my earthly family if I make this choice? What will it mean for me to be cut off from my community?

Mbiti (1969:3) alludes that for an African to be human is to belong to the whole community and a person cannot detach himself from the religion of his group for to do so is to be severed from his roots, his foundation, his context of security, his kinship and the entire group of those who make him aware of his own existence. To use Mbiti's (1969:3) own words, "this amounts to a

self excommunication from the entire life of the society.” A crisis of faith as well as a personal identity crisis may arise for the Shona Christians in quest to find meaning in suffering. Faced with such a dilemma, many Shona Christians may go back to their tradition because according to Chalk (2006:1) “African people do not know how to exist without their religion because their religion defines who they are and giving up their religion means giving up their identity and the support and security embedded in it.”

In addition, Louw (1998:84) asserts that it is very difficult to choose a metaphor for God because the Father metaphor may for example evoke negative association from childhood since concepts of God are established during childhood as a result of the child’s quest for objects that symbolize security and intimacy. Since parents act as role models they represent God to the child and have a very important role in helping the child understand God. Hence the Shona Christians may find themselves unable to relate to God the Father in their quest for meaning within the HIV and AIDS pandemic because of the respectful role fathers play in the Shona culture. Hence the dilemma would be that they may continue to search for an appropriate image of God whom they can relate to and find meaning within the HIV and AIDS pandemic.

Furthermore, Louw (1998:85) points out that the connection between God’s Fatherhood and patriarchal domination may also arouse negative associations. For instance, women may experience the term Fatherhood of God as a symbol of oppression which can happen among the Shona women as the Shona culture is strongly patriarchal (Chitando 2007). The metaphor of God as Father may cause the women to have difficulties in building a loving relationship with God which can assist them to discover the God who can impact meaning to their lives in the midst of the HIV and AIDS pandemic. I will argue therefore that some will find it easy to revert to their traditional religion where God has no gender without denotation of mastery over slavery or tyranny over women.

In addition, according to Chalk (2006: 213) in the Christian faith, God is also viewed as a judge and there will be a final judgment of all humanity at the end of time. To this Maimela (1985:65) asserts that according to the Christian faith sin is seen as something God punishes us for, instead of something that God rescues us from. Maimela (1985:65) adds, “this understanding of sin led missionaries to try to induce a sense of guilt of sin in their indigenous converts of which they had trouble managing to do and complained that Africans had no sense of religion and no sense of sin.” To this Hayes (1998:175), adds that in their failure to induce this sense of guilt for sin, the missionaries called Africans “incorrigible savages and various other uncomplimentary names.” This contradicts with the African worldview which believes that God rewards and punishes people temporarily as life is lived. Thorpe (1991:114) purports that what Christians call ‘sin’ or ‘evil’ is better expressed in African religion as ‘wrong doing’. Thorpe goes on to state that African concept of sin is therefore conditional and does not exist in an absolute sense but always within the community and creation. Magesa (1997:161) adds that sin depends on the context and community and if humans mistreat one another, it displeases God and when they reconcile, they are by the same token reconciled with God. In this regard Zulu (1998:191) highlights “the most striking aspect of African society is the willingness to forgive and not to avenge and there is no emphasis on punishment but on making friends”.

Kgatla (1995:126), affirms that the African view of sin is similar to that of ancient Israel where it could not be separated from the notion of the covenant relationship between Yahweh, the individual and society and any behavior which threatened any natural carrying on of life in the community was considered as a sinful deed. To this Miller (1989:17) asserts that this view has significant implications for the Christian church because if sin is indeed conditional and contextual, Christians need to revisit a concept like “The Fall”

What then does this contradiction in the understanding and interpretation of God and sin mean to the AIDS sufferer in search for meaning within the HIV and AIDS pandemic? Louw (2008:427) articulates that the central theological problem in the HIV debate is the notion of God images and because of the human’s quest for meaning within the HIV and AIDS pandemic people are often

inclined to revert to negative images of God which sometimes are provoked by the teachings of the church (as indicated above). Louw adds that these negative images of God include the following, a vindictive judge due to mankind's misunderstanding of divine justice, a rigid bookkeeper of all our sins, a sadistic brute who takes pleasure in our suffering and an indifferent God who does not care about humanity's suffering.

In line with this understanding, Bongmba (2007:22) argues that viewing God as a judge contributed to theologians and the church to respond to the HIV discourse from a moralistic approach as well as from the cause and effect paradigm which meant HIV was assessed as a punishment by God. This has given rise to discrimination, isolation and stigmatization of people living with HIV and AIDS. Hence the Shona Christian may find it better to revert to their traditional religion where they are accommodated on the understanding that sin is contextual as well as temporary and the rituals performed will immediately restore the broken ties in relationships with God, the ancestors and the community. However the challenge is will the restoration of broken relationships with the ancestors help the AIDS sufferers to find meaning in their suffering as AIDS continues to disseminate people as a weapon of mass destruction?

4.4.2 Jesus and the Shona ancestors

According to Chavhunduka (2001:4), the Shona religion believes that God takes very little interest in individuals in their day to day life although ultimate dominion over the whole world is in His hand. Therefore, when problems arise in social life, many people appeal to the ancestors for assistance. Magesi (1997:20) states that the role of the ancestors is dominant because of their close association with God and can never be accused of moral wrongdoing since they are believed to be able to control events on earth good or bad. Nyamiti in Stinton (2004:134) states that the natural relationship between the ancestors and earthly descendents is usually that of parents and children hence parents and grandparents are considered as direct ancestors. Stinton (2004:135) asserts. "the spirit of the ancestors stands in a personal relationship with the descendents and is not divine in nature but that together with their descendents worship God." Mbiti (1984:84) postulates that the ancestors are the mediators between God and their

descendents and even traditional healers operate through the mediation of ancestors. Mbiti goes on to state that the ancestors remain in contact with the descendents and are considered to take part in the daily routine of the family. Hence individuals frequently consult the ancestors for advice on daily decisions.

Stinton (2004:135) adds, “this sense of dependence on the permission and advice of the ancestors provide individuals with comfort and security. Advice from the ancestors help people cope with struggles and stress in life and dependence on ancestors also creates a sense of belonging.” Magesa (1997:20) goes on to say that the ancestors are the moral police of the individual, families, clan and societies with which they are associated. Hence the ancestors are to be remembered, respected and revered because of their status as the intermediaries between the living and God. HIV and AIDS as discussed in chapter two causes social, psychological existential and theological problems and as indicated by Rodlach (2006) in his study in Zimbabwe, people appeal to their ancestors for help. In other words the ancestors are concerned with the totality of what it means to be human and whatever problem concerns people the ancestors are directly involved and engaged in people’s lives. Chavhunduka (2001:5) asserts that in Zimbabwe people have seen the involvement of ancestors in active politics during certain periods of our history. The most recent example would be their involvement during the war of independence. Throughout the country Spirit mediums were regularly consulted by freedom fighters and political leaders who wished to receive protection, legitimacy and advice. At the end of the war at Independence ancestors were celebrated and applauded at ceremonies that marked the achievement of Independence.

To show that ancestors are involved in all areas of human live, I will give an example of the link between Shona people’s health and their ancestors. As we have seen above, in the Shona tradition, witches are considered to be the primary causes of illness and even HIV and AIDS has become anchored on this. The witches are only able to bewitch someone because the individual will have sinned against his/her ancestors and therefore their protection is removed. Restoration

of the broken ties involves rituals to appease the ancestors and when this is done, peace and healing is achieved.

However, I want to argue here that HIV and AIDS has become a challenge even to the ancestors because no matter how many broken ties are mended, people continue to die to include the innocent ones and the young. It can be construed that HIV and AIDS has become scandalous even to the ancestors making people's search for meaning more urgent and widespread. In his study in Zimbabwe, Rodlach (2006) found out that some of the interviewees attested that the ancestors cannot cure AIDS because they don't know the disease. In the face of the HIV pandemic, Bourdillion (1993) asks a very penitent question to the Shona religion, "Where are the ancestors?" as the title of his book. In this case it would appear like the ancestors don't have all the answers to people's questions. The dilemma for the Shona Christians here would be that, baffled by despair to find meaning in all the suffering caused by HIV the Shona people may turn to the church hoping to find a greater ancestor than their own as postulated by Louw (2000:9) that in suffering people seek a source of security that is able to carry them safely beyond the limits of this finite world.

Firstly the church denounces the worship of ancestors as pagan and as the worship of idols declaring that the dead no nothing and death is an unconscious state for all people (SDA Fundamental belief 26 Church Manual 2005:387). Then, the church introduces the people to Jesus as a substitute for the ancestors and according to the SDA Fundamental belief number three in the Church Manual (2005: 43). The following Bible verses support that Jesus Christ is the Son of God John: 1-3, 14; Col, 1: 15-19; Rom: 6: 23; 2 Cor, 5: 17-19. Jesus is first addressed as the eternal Son of God who became incarnate in Jesus Christ, forever truly God who also became truly man. He was conceived by the Holy Spirit and born of the Virgin Mary. Jesus manifested God's power through miracles and was attested as God's promised Messiah. He suffered and died voluntarily on the cross for our sins and was raised from the dead and ascended to minister in heavenly sanctuary on our behalf. He will come again in glory for the final deliverance of His people and the restoration of all things. The dilemma here would be who is

Jesus to the Shona Christians? Could there be any similarities between Jesus and the Shona ancestors? Is it possible for the Shona or African Christians to relate to Jesus as their ancestor?

Beyers and Mpahlele (2009:2) in an attempt to answer the above questions begin by reflecting on the question Jesus asked his disciples, “Who do people say I am?” (Mt 16: 13-20, LK 9: 18-21. Mk 8: 27-30). Beyers and Mpahlele state that the people’s answers reflected their different needs and expectations so some called Him John the Baptist, Elijah, Prophet and Christ and these answers were influenced by their context and knowledge and the names were not alien to their culture and religion. Beyers and Mpahlele (2009:2) stipulates that the question of who Jesus Christ is, is still very problematic for African Christians today. They go on to state that Africans use names like the Son of God, Lord, Saviour, Holy God and even Anointed One because they are taught that this is how you call Jesus and nothing else. In a study carried out by Kuster (1999: 63-64) in Mahlakenga in South Africa he discovered that the African people called Jesus the Great ancestor and he described this as uncommon among African.

Kuster (1999:63-64), indicates the parallels between Jesus as Ancestor and the role of ancestors in an African context as follows; Jesus can be ancestor because he mediates life because He is present among the living. He is simultaneously the eldest and mediates between God and human beings. For Africans, Jesus can be a Great Ancestor because for Africans, ancestors are something big and powerful just like Jesus is. Fotland (2005:37) advocates that for Africans Jesus can be called the ancestor because the ancestor is the, most visible and prominent aspect of the transcendent realm because the absent God can be closer to His creation through Jesus and the Bible testifies that Jesus is the first born among many (Romans 8: 29; Col 1: 15; Heb 2: 10:-18). Hence Africans can talk to God through their great ancestor Jesus and they can trust Him as an ancestor with everything from giving life, care, protection guidance to even giving punishment.

Nyamiti in Foullar (2008: 7) articulates that Jesus may be regarded as an ancestor because just as the human ancestor establishes link between the spirit world and the living, so Jesus by crucifixion and resurrection establishes a mystical link between God and the Christian church. He believes that in Africa the relationship between God and Jesus is more understandable if regarded as one between the ancestors and descendent than in traditional Christian imagery of father and son. Again Buju in Foullar (2008:7) agrees with Nyamiti by asserting that Jesus is best understood as the first ancestor by that he means Jesus fulfilled all the characteristics of the ideal ancestors but at the same time transcends them. The challenge posed here is how to teach the presence and manifestations of the Holy Spirit in the book of Acts to Africans without them thinking of the many spirits inhabiting their natural environment.

However the question arises, can Jesus be called ancestor? Beyers and Mpahlele (2009:4) argue that it is not so easy to equate Jesus as an Ancestor to the African Christians. The central question that may cause confusion and dilemma for an African Christian here in quest for meaning within the HIV and AIDS pandemic would be: can Jesus truly be an African and from what tribe? Pobe in Stinton (2004:139) asserts that to answer the above question will immediately exclude some tribes from worshipping Jesus because different tribes have different ancestors. Hence the moment Jesus is equated as an ancestor; the divinity of Jesus is negated or ignored. By addressing Jesus as Ancestor the relationship between God and humanity is bridged. Stinton (2009:15) purports that although it may be an honest effort to indigenize Christianity in an African context to call Jesus an ancestor, it creates too many problems because this goes beyond the meaning of life and work of Jesus as portrayed in the Bible. Hence Stinton (2009:105) takes the stance that to call Jesus an Ancestor it's inconclusive.

Another penitent question to the Shona Christian in quest for meaning within the HIV and AIDS pandemic which may cause confusion and pose as a dilemma would be, can the ancestors be included in the Christian faith? Foullar (2008:3) alludes that this theological issue is both pastoral and existential and the African Christian church faces this dilemma and if Christian faith is to have any real effect in African life, it must accept and address the spirit world. Foullar

(2008:3) goes on to state that African theologians are the first to admit that this agenda is extremely delicate because Biblical evidence concerning relations with the dead is scant and the issue has not been of major interest among Western theologians. Foullar (2008:7) adds that to incorporate ancestors into Christian theology is flirting with danger but the relationship to ancestors is so basic to the African sense of selfhood and society and the pastoral problems created by negative and foreign approaches to the issue are so widespread and destructive, that theologians feel compelled to attempt such a synthesis. What then does this mean to the African in quest for meaning in suffering within the HIV and AIDS pandemic? Who is Jesus to the suffering? Can they relate to Him as the son of God or their ancestor? Hence the confusion in this context may become a dilemma for the African Christians which may cause them to move back and forth the Church and traditions in search for a God who can give them meaning in their suffering within the HIV and AIDS pandemic.

4.4.3 The community and the church

The positive impact of the community on the individual's life is that it is the primary socializing agent and a vehicle to foster God-human relations (Chitando 2007). The Shona traditional community provides a safe and secure base for the individual in terms of solidarity. According to Gelfand (1975:123) the notion of *unhu* that is good ethical human behavior is central to Shona morality and a Shona knows the difference between right and wrong and he is fully aware of his responsibility to society. Gelfand (1975:123) adds that the Shona appreciates the values of virtuous kindly and friendly acts and is quite clear as to what contributes decentful behavior and what he prizes most is the *munhu chaiye* which means a good man. Mashiri et al (2002:226) articulates that to be *munhu chaiye* means living up to the expectations of the community some of which are communicated and enforced through oral didactic modes such as proverbs. Mashiri et al (2002:226) go on to state that the indirect and diplomatic devices of communication in taboo topics such as HIV and AIDS is derived from the collectivism of Shona culture in order not to invite stigmatization or violence. Shona culture emphasizes the goals, concerns and needs of vulnerable individuals and the family and community. The weak, unfortunate and vulnerable should be supported and protected emotionally, physically and materially and the group stability is maintained through the rules of pragmatic competence which are politeness rules, rules of

bashfulness, dignity, peaceful co-existence, co-operation and eloquence (Chimuka 2001:35). These rules are necessitated by the value attached to and the significance of reaffirming and strengthening relationships and social cohesion (Mashiri (2002:226).

According to Lin (1999:12), Gao and Ting Toomey (1998:77) in Mashiri et al (2002:221) the Shona create and use numerous euphemisms. Metaphors or colloquial expressions for naming HIV/AIDS or referring to its consequences since they perceive the acronym HIV and AIDS as too direct, highly unsettling and face threatening. These indirect linguistic forms are embedded with meaningful and poignant messages on the source, the physical symptoms and the tragic impact of HIV and AIDS on the individual, the family and community. According to Pflugwa (1997:26) the verbal and no- verbal behavior that maintains respect, stability and group solidarity and anything that undermines these values is censored. The names referring to the HIV and AIDS pandemic are few but one that stands out distinctively is that HIV and AIDS is *Shamhu ya Mwari* which means God's curse. Mashiri et al (2002:226) allude that the Shona interpretation of HIV and AID as God's curse or punishment for man's doings and according to the Shona worldview punishment for disobedience is justified. But the challenge within the HIV and AIDS discourse would be how to account for the numberless deaths of the innocent and young children dying from AIDS? At the same time it attributes God as the source of the disease hence discouraging the stigmatization of those affected or infected by the disease.

However, the dilemma of the Shona Christian in quest for meaning within the HIV and AIDS pandemic will be that, this concept of God may confuse the AIDS sufferer in quest for meaning to understand the link between God, the virus and the suffering and may to some extent hinder the development of an intimate relationship with a God who can be trusted to give meaning in suffering.

On the other hand some of the Shona names for HIV and AIDS for instance “ *Chakauya nemahure*” which means HIV and AIDS was brought by prostitutes. *Hure* in the Shona

discourse refers to women prostitutes exclusively. Mashiri et al (2002:227) asserts that in HIV/AIDS discourse, the African woman is the image and vector of AIDS and this stereotype is not unique to Shona. Such terms undoubtedly motivate the stigmatization and blaming of people affected by HIV and AIDS and this will bring disharmony to society and negatively impacting on the search for meaning within the HIV and AIDS pandemic. Another name for HIV and AIDS used by the Shona communities according to Mashiri et al (2002:229) is *gukurawindi* which originally refers to the autumn rains that erode all the debris from the threshing and this subtly reduces AIDS sufferers to 'dirt' or 'chaff' that death will sweep away from society. This metaphor if interpreted this way leaves patients feeling responsible for their illness and considering the illness as a death sentence. All these names typify the threat that HIV and AIDS poses on humanity as it sweeps across the world in a massive tidal wave of misery and death. Where does this leave the AIDS sufferer in quest for meaning in all this suffering within the HIV/AIDS pandemic?

The *Ubuntu* philosophy contends that the individual is understood within the networking of relations which are embedded within the cultural and spiritual context. In sickness, health or death the individual is assured of support. However I realize that HIV and AIDS has stroked a blow to the traditional community. HIV and AIDS demands individual responsibility in terms of behavior and decision making without necessarily consulting the community. HIV demands that the traditional caring community should take care of the numerous orphans left behind by mothers and fathers who have succumbed to the scourge (Chitando 2007:44). The study in chapter two indicated that the traditional community is failing to cope with the demands of the HIV and AIDS pandemic. According to Chitando (2007:44) "HIV and AIDS has made the sting of death to plunge mercilessly into communities causing heart rending, mind- numbing and faith shaking scenes which are replayed many times in Zimbabwe." The scourge has had the impact of demoralizing individuals and whole communities making the search for meaning urgent and widespread. The traditional community coping mechanisms are failing to provide answers to why there is so much suffering in Zimbabwe. Hence the reasoning here would be that the Shona Christians will turn to the church in quest for meaning in their suffering within the HIV and AIDS pandemic.

On the other hand, the church as a faith community acknowledges solidarity of believers as like in the traditional religion (SDA Fundamental belief 12, 13, 14 Church Manual 2005)). The church becomes the vehicle to enhance the God- human relationship. Sharing of a meal consolidates the togetherness as evidenced in the Lord's Supper which in the SDA church is celebrated once in four months. The Shona Christians may find these aspects of the church community familiar and meaningful to their Christian faith. The difference is seen in that, the traditional community is open and accommodative and everyone is a member of the community. Every person is appreciated and is important to some extent. A critique of the traditional community in terms of its solidarity pointed out by Rodlach (2006) is that there is always the danger of ethnocentrism and in Zimbabwe it is common. The stranger may not be genuinely welcome and accepted. Ethnocentrism is seen in Zimbabwean politics and has spilled over into the politics of AIDS as observed by Rodlach (2006) in his study in Zimbabwe. Chitando (2007) contends that among the Shona people, an orphan from another family or clan cannot be adopted because there will be conflict among the ancestors hindering the orphan from receiving proper care and support. Ethnocentrism is mostly emphasized and reinforced in the Shona conversational language for example *chawawana idya nehama mutorwa unokanganwa* meaning what you have found; eat with your relatives, if you give to the stranger, he will forget.

The SDA church is very conservative and maintains a separatist attitude as indicated in the Fundamental belief number 13 in the church manual (2005:181) where the church is identified as the "Remnant Church" which has the 'truth'. This can be construed to mean that the other denominations do not have the truth and SDA church being the remnant church means it is the true church of God since it keeps the Sabbath day as the day of worship and the final test for humanity to make it into the kingdom of heaven. The reasoning here would be that to some extent, the separatist attitude of the SDA church seems to reinforce the ethnocentrism of the traditional culture. People from other denominations may not find a 'home 'away from home' in the SDA church. My understanding here would be that the SDA church's attitude of being a peculiar people to some extent contributed to the church's delay in responding to the HIV and AIDS pandemic not only in Zimbabwe but worldwide as indicated in the Nairobi declaration

(2003). The critique here would be, with such an attitude can the church be able to foster an appropriate God image in the minds of the Shona Christians who can be trusted to give meaning within the HIV and AIDS pandemic?

4.4.4 The nature of man

The SDA fundamental believe number seven in the Church manual (2005:91) states that, although man was created in the image of God with individuality, the Genesis 3 story changed everything when the first parents disobeyed God. The image of God in them became marred and they became subject to death. The humans are described as sharing the fallen nature and its consequences. Humans are therefore born with weaknesses and tendencies to evil. In other words the church views humans as basically evil or as sinners because of the original sin. The reasoning here would be, before committing sin, you are already a sinner and in need of the baptismal waters to become a child of God. Even after baptism, the tendency to sin will be there making people live with guilty and feelings of guilt coupled with the inadequacies to measure to the high standard of heaven. The understanding here would be that, the human condition therefore is never good enough for God. How can the human person develop a friendship, partnership and companion with God with all His human faults and weaknesses? As a sinner, how can the human person hold communion with a Holy and righteous God who demands perfectionism? Wouldn't this be reason enough to go back to the traditional religion where the human is viewed as life which must always be celebrated? (Chitando 2007)

Furthermore, apart from burning in hell, the sinner is taught that the wages of sin is death (Fundamental belief nine SDA church manual 2005:121). What does this mean within the HIV and AIDS context when the sting of death plunges mercilessly into communities? How can the death of so many young people be normalized? Job 14:1-2 is sometimes used to reinforce the above theology of death. It states, "Man born of a woman is of few days and full of trouble. He comes forth like a flower and withers; he flees like a shadow and continues not" It would appear like death has the final say here. In the mind of the AIDS sufferers the question arises, is death and suffering the will of God? If suffering is the will of God, then who is God? Hence the

implication here would be that the search for an appropriate image of God who can be trusted to give meaning continues among the Shona Christians causing them to go back to their traditional religion.

On the other hand, in the Shona tradition, the human person is viewed as the centre of life and death is understood as a fundamental human problem which must be fought rigorously and this accounts for the use of charms and amulets. Therefore the death of a young person is considered a crisis which requires an urgent resolution. Shoko (2004:11) illustrates that even in death the Shona people value the dead body much more than a dead corpse. Shoko (2004:11) adds, “to the Shona a person’s dead body is sacred because the dead becomes more powerful after death as a material symbol of history that reorders the world of meaning and establishes cosmic order.”

According to Chitando (2007:47) the human life must be celebrated and enhanced. Chitando adds that in the Shona worldview life in its holistic sense is always promoted and death undermined. Shona religion is therefore considered world affirming and the world is not an evil place and human existence is not a burden. In this worldview the human life is a celebration and a positive attitude towards human earthly existence is maintained. The tension between the ‘now’ and the ‘not yet’ is recognized. Ramose (1999:29) explains that life is a shared enterprise among the Shona and one’s humanity is affirmed as one affirms the humanity of others and vice versa. To this Chaminuka (2001:31), asserts that this life is a like a heavy load and cannot be carried alone but that one needs the group approach to the challenges of life.

Therefore, Du Toit (2004) in Forster (2010:7) alludes that for an African to be human is to participate in life and respect the conditions that make life possible and personhood is identified by an individual’s interaction with other people. Du Toit adds that hence personal identity comes to the fore in one’s interaction with and one’s place in the community. However, Ndaba (1990:14) in Forster (2010; 7) states that the collective consciousness evident in African culture does not mean that the African person wallows in a formless, shapeless or rudiment collectivity

rather it means that the African individual develops and thrives in a relational setting provided by the ongoing contact and interaction with others

However, HIV and AIDS has stroked a blow to the indigenous understanding of human life. No longer can the charms and amulets protect people from death. The pain and loss of meaning has to be acknowledged and the failure to provide answers to the quest for meaning has to be acknowledged here by the Shona tradition. It can be argued here that people may feel let down by the traditional system. Where then do they go to in search for answers to their suffering? They want to know the cause of such unimaginable suffering which HIV and AIDS has brought on the people. Therefore, the following section will discuss the notion of 'cause and effect' specifically, witches and the devil and their impact on the quest for meaning.

4.4.5 Cause and effect paradigm:

4.4.5.1 Witches and the devil

Shorter (1985:95), defines witchcraft as “a kind of penumbra of human wickedness an inborn preternatural power to harm and kill for its own sake”. According to Chavhunduka (2001:4), Shona tradition acknowledges the presence of witches and fear of witches is a group nightmare. Nyirongo (1997:183) and Kgatla (2000:151) agree that in the African society fear of witches is evidenced by the number of visits the people make to the traditional healers to obtain omulets and protective charms. Moila (2002:23) alludes that it is sickness that is fatal which is caused by the witch and to use his own words Moila states “angered fellow humans are the sources of the sicknesses which are unto death”. According to Tatira (2004:89) in Zimbabwe the Witchcraft Suppression Act was passed in 1980 to endorse the witchcraft Law of 1890 which defines witchcraft as the practice of sorcery without reference to the consequences intended by the practitioners. The law criminalizes the practice of witchcraft, accusing persons of practicing witchcraft, hunting witches and soliciting persons to name witches.

According to Chavhunduka (2001:4) the witchcraft Law of 1890 was passed by the colonizers with recommendations of the missionaries whose intention was to dismiss the witchcraft theory as a myth based upon an essentially mistaken view of the world that witches do not exist except in the minds of certain primitive Africans. Chavhunduka (2001:7) argues that Shona tradition does not encourage the belief in witchcraft but it merely accepts the fact that witches exist in society and witchcraft is not a myth. HIV and AIDS has become anchored on the witchcraft theory as indicated by (Rodlach 2001; Chitando 2007; van Dyk 2008). Chavhunduka (2001) validates the above point by stating that some people in the Shona society practice witchcraft and these witches are regarded as sinners and it is the duty of religious leaders to discourage the practice of witchcraft.

What I find interesting is how witchcraft is dealt with in the Shona society. According to Chavhunduka (2001:7), there are two important aspects to be born in mind when dealing with witchcraft, the social or religious aspect and the legal aspect as well. Chavhunduka (2001:7) states that many people who accuse others of witchcraft are not seeking a legal ruling on the matter. This is supported by Tatira (2004:88) who indicates that Shona people realize that it is difficult to articulate certain feelings directly to other members of society and as such they do that through the practice of 'dog' naming. In this practice one can accuse the other person to be a witch but the accused cannot take the accuser to court because no one in particular is named. Witchcraft is the paradigm of all evil and social behavior.

When a person accuses others of witchcraft, he may be saying the person is a trouble maker which means he is a bad person and needs to be helped to change. At the same time dogs' names as articulated by Tatira (2004:90) help to alleviate the fear associated with confronting witches directly by offering a non- threatening way for people to vent feelings associated with witchcraft beliefs. The accuser maybe right. But the twist in this witchcraft theory is what Chavhunduka (2001:7) states, "Those who accuse each other of witchcraft are people who ought to like each other but in fact they don't. There is tension between them. Thus this accusation may be a means

for the expression of social strains and tensions or a means of social control". Chavhunduka (2001:7) contents that these are social and religious issue but, there are real witches as well.

With focus on the above quote, it can be reasoned that witchcraft accusations can negatively affect family and community ties as these accusations are mostly laid on family members. This is supported by Shorter (1985:93) who asserts that witchcraft accusations is a form of self justification and it feeds on fears and rumors encouraging attitudes which are the proponents of witchcraft i.e. enmity, envy, sorcery and revenge. This can be construed to mean the neighbor, the aunt, the uncle or one's mother is a threat to one's life because any acts of kindness may be interpreted to mean they want to accomplish their plan. How then does the *ubuntu* concept work in such a community where suspicion is generated which can give rise to hatred, aggression and revenge? Shorter (1985:93) adds that the fear and reality of witchcraft is an everyday experience and wicked appears to always have the edge over good. People's lives are governed and controlled by the fear of witchcraft or the fear of being accused as a witch. Ramashapa (1996: 358) points out that the movement of Church members from the churches that do not clearly practice faith healing to those which practice it is a sign of the fear of witches and other destructive powers.

However Shorter (1985:97) asserts that accusing people of witchcraft practices is to destroy their social personality and it is indeed condemnation and infliction of irreversible damage, stigmatization of the person and entire family. In their traditional religion they find it difficult to develop genuine love for one another which can help them to develop a relationship with a God who can bring meaning into their lives. The burning question is do witches exist? Manala (2004:1494) purports that in the minds of many African people there is no doubt as to the reality of witchcraft. Mwalwa (1998:6) states, "I am convinced that witchcraft is NOT imaginary or unreal, it is a strong force in Africa. It is an existential reality. The fear of witches is very real". Hence they may turn to the church for protection and deliverance from the machinations of witches.

On the other hand, HIV and AIDS on its own has raised so much fear in people everywhere. Van Dyk (2008:122) discusses that fear makes people build defence walls of myths, prejudice and blame around themselves and these denials makes people vulnerable to the HIV and AIDS pandemic. Van Dyk (2008:127) elaborates that people who believe that they have no control over their own health will be less inclined to get involved in prevention and proactive behavior than people who believe that they can do something to improve their health. The locus of control in many indigenous African countries is external and people are acculturated to operate on the assumption of an external locus of control. Witchcraft discourse is not surprisingly, frequently recruited for HIV and AIDS explanations and this becomes harmful to HIV and AIDS prevention by diluting and confusing the positive anti HIV messages. Blaming witches provide security, acceptance and shields the sufferer from being stigmatized, labeled and discriminated. Responsibility is shifted which can lead to denial of taking up responsibility as well as denial of the disease. Shorter (1985:95) adds that witchcraft accusations enables the individual to exculpate themselves and to receive public acknowledgement that they are on the side of angels and HIV infection is not due to their own mistake, incompetences or sin but it is work of an enemy who is an enemy of the whole community.

In church for the first time the Shona converts are introduced to the devil or Satan as the author of evil and suffering. Anderson in Mpagi (2002:219) found out in his research in South Africa that Christians see Satan (the devil) as the author of evil and misfortune, and suffering, the personification of everything that is wrong in their Christian lives. Mpagi (2002:219) adds that it is pointed in Anderson's research that Bible translators in Africa usually could not find an African 'dynamic equivalent' for Satan and kept the word Satan but Africanized it. This view in the SDA church is supported by the Fundamental belief number eight according to the Church Manual (2005:113) which describes the Great Controversy between God and Satan which involves all humanity. The conflict is believed to have originated in heaven when Satan rebelled against God and led into rebellion a portion of angels. This same Satan is believed to have introduced the spirit of rebellion into the world when he led Adam and Eve into sin. People are now involved in this great controversy and God sends Jesus, Holy Spirit and angels to guide and sustain people in the way of salvation.

My understanding is that fear of the devil is planted into the people as the church acknowledges the devil and his evil deeds. The spirit of fear is everywhere in the church and outside the church. Where can the AIDS sufferers find a power beyond that of witches and the devil? Again they ask where God is in all their suffering. In both worldviews, God is viewed as far and as uninvolved in their daily fears and struggles. Therefore, the search for meaning never ends. They will continue to go back and forth searching for a God who is more powerful than the devil and the witches hence, that is the dilemma of a Shona Christian in quest for meaning within the HIV and AIDS pandemic. The reasoning would be that the Shona Christians in quest for meaning within the HIV and AIDS pandemic may continue to use both believe systems in search for a God who can be involved in their daily anxieties and fears but may still remain confused about who God is to the sufferers.

4.4.6 Traditional healers

According to Chavhunduka (2001:6), in the Shona tradition, traditional medicine cannot be separated from the traditional religion and the main link being the traditional healers who are both religious leaders as well as health specialists. Chavhunduka (2001:6) adds that for the Shona, the primary causes of illness are within the religious realm and so is the healing and the two cannot be separated. Chavhunduka (2001:6) points out that the early Christian missionaries and some government administrators aimed to destroy the medical aspect of the traditional religion because it was viewed as unscientific. This is supported by Brand (2002:94) who states that Christianity casts traditional healers in the role of evil doers and yet people viewed them as religious specialists held in high regard that devoted their lives to search out the causes of evil and illness in the communities and suggested ways of healing and reconciliation. In fact they were the doctors, therapists and consultants of the people. With the coming of Christianity, their position was seriously undermined.

According to Chavhunduka (2001:4), some Shona Christians have continued to use the services of the traditional healers. Berinyuu (1988: 39) alludes that traditional healers have the ability to consult with the ancestors in assisting the afflicted in the African communities. Some Christian

denominations have in recent years shifted their official position with respect to the traditional healers. Chavhunduka (2001:4) states that they have no objection to people using the medicine from the traditional healers but they condemn the rituals and spiritual aspect of healing. Mbiti (1986:76) contends that the African Christian has nowhere to take their problems to .except under the wings of the church which usually does nothing about the spiritual world since the church holds the skeptical attitude imported from overseas. Yet the spiritual world is most important to the people because that's where they inquire about meaning. Mbiti (1986:76) adds that Christians from mission churches either go secretly and often at night to consult traditional healers or they attend worship services of independent churches in which the world of spiritual realities is adequately recognized and dealt with.

However, Gundani (2001:140), points out that some critics have challenged the credibility of the prophets in the independent churches by purporting that in Zimbabwe these prophets are mostly members of the Zimbabwe National Traditional healers Association (ZINATHA) which can be evidence that they are merely charlatans bent on widening their clientele base by claiming to be Christian prophets while in reality functioning as traditional healers. Gundani (2001:140) adds that another criticism is the issue of the prophets' healing methods which are not different from the traditional healers since their diagnoses also centre's on spiritual causes of disease especially from the family and other spirits, a belief also associated with traditional healers. Gundani (2001:140) further articulates that some of these prophets are considered dangerous as they resort merely to the use of psychological placebos making the clients dependant on people who rob them of their little savings as they gain temporary relief from pain. Such people only realize too late that they are being taken for a ride. Therefore the search for meaning for the Shona Christian continues and the dilemma becomes a daily struggle of meaninglessness and hopelessness.

According to Chitando (2007:83) the negative role of African traditional healers has been well documented. Some have claimed to be able to heal people suffering from AIDS. Others have instigated the rape of young girls by prescribing such acts as a cure for AIDS. Chitando (2007:83) agrees with Chavhunduka (2001:4) that most Christians still continue to utilize the

services of the traditional healers even within the HIV and AIDS pandemic. For Chitando (2007:83) he asserts that the reason is both cultural and pragmatic. Culturally, traditional healers are favored because they interpret health and well-being according to the indigenous worldview. Pragmatically it is because of the unavailability of Western biomedicine in their communities. For Aldridge (2000:70), some Christians continue to use the services of traditional healers not as a rejection of scientific medicine but as an acknowledgement of its limitations and to highlight its impoverishment. Jackson (2005:252) adds that because the traditional healers are trusted and are such strong repositories of tradition and culture, they have enormous influence in the search for meaning of people affected by HIV and AIDS. The reasoning here would be that although the church continues to discourage people from consulting the traditional healers because the church does nothing about the spiritual realities of the Shona people, they will continue to consult the traditional healers secretly indicating a lack of faith in the church to assist people find meaning in their suffering within the HIV and AIDS pandemic. Hence this may give rise to a crisis of faith as a dilemma for the Shona Christians in quest for meaning within the HIV and AIDS pandemic.

4.4.7 Gender stereotypes

The study in Chapter two indicated clearly how women and girls have been greatly impacted by the HIV and AIDS scourge and this implies that their search for meaning is very urgent and widespread among the women in Zimbabwe. Chapter two also highlighted how the traditional patriarchal Shona society has contributed to vulnerability of women to HIV and AIDS. It is also an observable phenomenon as stated by Chitando (2007:83) that women make up for the most membership in many Christian churches. Therefore, it becomes imperative in this study to critically understand the interplay between Christian faith and tradition in the quest for meaning within the HIV and AIDS pandemic among the Shona women reflecting more on the gender stereotypes. According to Kambarami (2006:3) patriarchal attitudes are also found in Christianity and these have strengthened the traditional customs, which men use to control women (Human Rights Monitor, 2001) in Kambarami (2006:4). Kambarami further argues that Eve's creation from Adam's rib has made women occupy a subordinate position in the church as well as in the family. It can be reasoned therefore that women can be viewed merely as second class citizens who were created as an afterthought for men. This is to say that if God had seen it fit for Adam

to stay alone, then Eve would never have been created and hence women would not have existed in this world. Such patriarchal attitudes have seen women being forced to be submissive to males. Kambarami (2006:5) adds, “To make matters worse once Eve was created she wreaked havoc by giving in to the Devil’s temptation and pulling Adam into sin. This portrayal of women as the weaker sex has made men to treat women as people who have to be kept under constant supervision lest they err”.

In her study in Zimbabwe, Kambarami (2006:5) found out that St Paul’s letter to the Colossians is one example of the letters which Zimbabwean men quote as a justification of their control over women. The woman is expected to submit to her husband (Colossians 3: 18) whilst the husband is supposed to love his wife (Colossians 3:19). Kambarami argues that in this case love is much more difficult to measure than obedience or submissiveness and as a result, men control their wives and justify their actions basing on Christianity. In the context of HIV and AIDS, Phiri (2003:10) has remarked that this Christian submission of wives to their husband has made many married women vulnerable to contracting HIV as they have no power to negotiate for safer sex with their husband. In their distress from the impact of HIV and AIDS on their lives where do these women go to find comfort? Where do they turn to, to find meaning in their suffering? Both religious systems have failed them. It can therefore be construed that these Shona Christian women will be found going back and forth, in and out traditional religion and the church but the search will still continue since in both systems patriarchal attitude becomes a hindrance for them to develop a relationship with a God who can be trusted to give meaning in suffering within the HIV and AIDS pandemic.

To further heighten the suffering of women in the traditional religion, Gundani (2001:41) discusses the issue of restitution within the Shona tradition where a young girl is given away as a wife of *ngozi* which means the angered spirit. On the other hand, if restitution has to be done using a boy, a herd of cattle is given to the angered spirit. Gundani (2001:41) describes it as a shameless violation of the dignity of a human being created in the image of God. He adds that the church watches helplessly while young girls are being dedicated to *ngozi* spirits and being

married to men they neither know nor loved. The anxieties, fear, despair and uncertainties experienced by these young girls is unimaginable especially within the context of HIV and AIDS. Where do they turn to for safety, security and comfort? Gundani (2001:41) again in terms of restitution states that, in the Shona tradition when people go to the *nanga*, they are simply validating what they are already convinced to be the cause of the suffering. Hence, insecurity and fear seems to provide the pillar on which restitution rests. Restitution in this case becomes an act of injustice, unwarranted victimization and blackmailing of innocent people. Once again the women may feel let down by the Shona tradition and the church and their quest for meaning may continue characterized by agony and shame.

Chitando (2007:46) asserts that Christianity like most other religions is patriarchal. Chitando adds that the church in Africa remains the bastion of patriarchal and male privilege when the women 'groan in faith'. Therefore the combination of Shona tradition and Biblical patriarchal has led many men to assert power and authority over women. The SDA church is no exception to this observation. The SDA church is organized as a World Church with its headquarters in Silver Spring in America. The President of the world church has always been a man and its organizational structure is male dominated from top to bottom. This critique is informed by the fact that, the SDA church upholds Ellen White's writings and as a founder member of the Church. According to the Church manual (2005), Ellen White is recognized by the church as having received the gift of prophecy and her works are considered as a continuing and authoritative source of truth which provide for the church guidance, instruction and correction. Surely, the reasoning here would be that the special role of the church founder Ellen White is proof to the church that women are able to contribute to the church life. Over the years now, a few women have been allowed to be ordained as elders but not as pastors.

To support the underpinning of women in the church the Bible continues to be read in ways that promote patriarchy. The church uses some of Paul's letters like 1 Cor.14:34-37 or 1 Timothy 2:12. Chitando (2007:47) points out that in the HIV/AIDS context male dominants encourages men to undertake risky sexual behavior that make women more vulnerable to HIV infection and

gender inequality is one of the major factors driving the pandemic in Zimbabwe. Chitando (2007:47) adds that in most cases, a wife's marriage and fidelity do not protect her from HIV because her husband's sexual behavior before or during marriage put her at risk. Women in abusive relationships continue to be sacrificed for the sake of upholding the sanctity of marriage. It is very clear that women do not find freedom and liberty to engage with men in discourses that concern their human dignity and rights both in the traditional culture and in church. Women feel let down by the traditional society as well as the church. Where then do they turn to in their quest for meaning within the HIV and AIDS pandemic when they are continuously being squeezed by the patriarchal dictates of the formal structures of the church? It can be reasoned that Shona Christian women in their despair may be found going back and forth, in and out the traditional religion and the church in search for meaning but to no avail. In this case the church is found wanting in creating a safe space for women which can encourage the development of a loving relationship with God who can bring meaning in their suffering.

4.5 Conclusion

The chapter, implicitly and explicitly indicated the importance of understanding the interplay between the Christian faith and the Shona tradition in the quest for meaning within the HIV/AIDS pandemic. In an attempt to understand the interplay between the Christian faith and Shona tradition, critical issues were identified and discussed to confirm, contrast and challenge previous studies and conventional wisdom in the struggle to find meaning in suffering within the HIV and AIDS pandemic. The chapter was able to indicate how HIV and AIDS has become anchored on the Shona and Christian traditions which revealed a gap in understanding and interpreting both traditions locally and contextually revealing that health and well being is locally and contextually driven

In essence, the interplay revealed that the quest for meaning among the Shona Christians is about discovering who God is and the central theological problem in the quest for meaning within the HIV and AIDS pandemic is the notion of God images. The interplay revealed that HIV and AIDS has greatly challenged both systems to such an extent that the dilemma of the Shona

Christians in quest for meaning within the HIV and AIDS pandemic is that, not only do the Shona Christians revert to their traditions but they may use both systems and still remain confused about who God is. The chapter clearly revealed that the Shona Christians revert or use both systems because they have failed to discover a God who can give meaning in their suffering within the HIV and AIDS pandemic. The SDA church has failed to foster an appropriate image of God in the Shona Christians who can be identified as a friend, companion and partner who is involved in their suffering (Chapter three).

The interplay, through the critical issues discussed, revealed that the Shona Christians revert to their traditions or use both systems because the church has failed to assist the Shona Christian develop an intimate relationship with a God who can be trusted and identified with in their suffering (Chapter three). Through the conformities and contradictions observed between the Shona traditions and the SDA church in the critical issues discussed, it seems that both systems present to the people inappropriate God images of a God who cannot be trusted, a God who is directly uninvolved and unengaged in people's existential realities hence the quest for meaning continues to be urgent and desperate for the Shona Christians. As such, the misunderstanding and confusion continue to cause frustration, anxiety, despair and fear among the Shona Christians in their search for meaning within the HIV and AIDS pandemic.

Admittedly, the chapter revealed that the nature of the interplay between Christian faith and the Shona tradition in the quest for meaning within the HIV and AIDS pandemic works in two directions and the interactions are myriad, complex and not fully understood. Therefore, it becomes imperative that a contextual analysis through an empirical research be done to gain a specific and better understanding of the interplay and its impact on the quest for meaning within the HIV and AIDS pandemic among the Shona Christians in the SDA church.

The interplay has clearly revealed that the dilemma of the Shona Christians in quest for meaning within the HIV and AIDS pandemic is a crisis of faith as well as a personal identity crisis which

results in a continuous use of both belief systems but still fail to discover a God who can be trusted to give meaning in their suffering by being involved with their existential realities. It is clear that Shona Christians are living in two worlds which are in some sense contradicting each other. It seems they want the good things from each side and the problem in doing this is that difficult as it creates the dilemma of not being certain of the limits.

Admittedly this research is far from resolving this problem. It however makes a contribution to opening the way of assisting people to discover a God who can give meaning in suffering within the HIV and AIDS pandemic. On the other hand, the chapter revealed that the quest for meaning within the HIV and AIDS pandemic has greatly challenged the SDA church to reflect on the fundamental beliefs, and Biblical understanding and interpretation in a way that would foster an appropriate God image in the Shona Christians who are experiencing a crisis, a war and a continuous emergency search for answers to their suffering. The question is how can the SDA church do that? This becomes the focal point of the next chapter.

CHAPTER FIVE

TOWARDS A PASTORAL THEOLOGICAL INTERCULTURAL HERMENEUTICAL SHIFT

5.0 Introduction

Chapter one gave the background to the study as well as outlining the motivation behind undertaking the research. The problem statement and the research questions were also discussed in chapter one. Chapter two proceeded to show how HIV and AIDS has caused unimaginable suffering in Zimbabwe among all segments of society but mostly on women and children which has made the quest for meaning very urgent and widespread. In the same chapter, the concept of HIV and AIDS was discussed from a Western epidemiological perspective but the Shona and Christian understanding and interpretation of the disease were also discussed to create a background to the interplay. Chapter three focused on understanding the quest for meaning in suffering from a pastoral perspective and the conclusion drawn from the exposition was that: meaning as the sum total of answers to all the questions does not exist. Therefore meaning is about discovering a God who can be trusted to give meaning to life by being involved and engaged in suffering and this, became the point of departure for the study.

Chapter four was about critically understanding the interplay between the Christian faith and the Shona tradition in the quest for meaning within the HIV and AIDS pandemic. In a nutshell, the interplay revealed that the Shona Christians not only revert to the Shona tradition, but they use both belief systems in their quest for meaning within the HIV and AIDS pandemic because the church has failed to present to the people an appropriate image of a God who can give meaning in suffering. Finally chapter five will give the recommendations which will be made under the heading: Towards a pastoral theological intercultural hermeneutical shift in the SDA church

Chapter four revealed that the quest for meaning within the HIV and AIDS pandemic among the Shona Christians has greatly challenged the church to reinterpret and reframe some of the church's fundamental beliefs and some Biblical texts in a way that would foster an appropriate

image of God who is involved and engaged in their suffering hence who can be trusted to give meaning within the HIV and AIDS pandemic. The research also became a search for a pastoral care model that is relevant and contextual specifically to the Shona Christians in quest for meaning within the HIV and AIDS pandemic. In line with this ascertainment, this research proposes a paradigm shift in pastoral theology from a cause and effect paradigm to a pastoral theological intercultural hermeneutical shift.

5.1 The need for a paradigm shift

The critique on the interplay between Christian faith and Shona tradition in the quest to find meaning within the HIV and AIDS pandemic makes it clear that there is need of a paradigm shift in theology and pastoral care in particular in order to help people discover a God who can give meaning in suffering by being involved and engaged in their suffering. The study has revealed that the urgent quest for meaning in suffering within HIV and AIDS pandemic in Zimbabwe has greatly challenged both the Christian faith and the Shona tradition. Hence there is an urgent need of a paradigm shift in order to make theology and pastoral care effective, contextual and appropriate. The research has shown that belonging to two worldviews by virtue of being Shona Christians creates a crisis of faith, a personal identity crisis and a confusion of who God is resulting in a continuous search for meaning within the HIV and AIDS pandemic.

In the context of this study I see the matter of a paradigm shift not as an optional extra for theology and pastoral care but as an absolute imperative if pastoral theology has to effectively address the desperate search for meaning within the HIV and AIDS pandemic. Louw (1995:29) affirms that pastoral theology has to undergo a fundamental paradigm shift especially in the African context in order to address the paramount issues. The shift in question is from the cause and effect paradigm to the pastoral theological intercultural hermeneutical approach. The strength of intercultural hermeneutical approach chiefly lies in its methodology which makes it possible for theology to respond to various circumstances and contexts. However the proposal for this particular paradigm shift proceeds in consideration of the warning given by Louw (2008:154) which states;

The prerequisite for such a dynamic intercultural approach is a risky critical openness, without losing the tension between continuity and discontinuity or the identity of the ultimate (the eschatological truth of the Christian faith) within and through the particular we encounter in culture.

The proposed paradigm shift will be presented under two broad headings which are the theological hermeneutical shift and the intercultural pastoral care approach. The recommendations proceed on the assumption that the pastoral experiences and challenges that confront the SDA church in Zimbabwe at present within the HIV and AIDS pandemic and the urgent quest for meaning among the Shona Christians, is a microcosm of the Zimbabwean/African Christian church in its struggle to offer pastoral care to its congregants within their cultural and religious milieu.

5.1.1 The theological hermeneutical shift

Capps (1984:113) stipulates that theological hermeneutics is directed towards the Bible as a collection of documents which appeal to the reader to respond with faith. Capps (1984:113) helps us to understand that people have become increasingly aware of how the worldview represented in the Bible and from which basis the biblical message was communicated differs from that of the people who today attempt to communicate that message clearly and effectively. Capps (1984:114) goes on to state that the text should therefore be translated for the people of today and this is the hermeneutical task of theologians to disclose a certain understanding of how God is revealed in the lives of human beings. Capps (1984:114) further asserts that the way in which the text opens up the world is through language and metaphorical thinking can therefore assist in providing a model for the understanding of life and what happens in the world of human action. According to Ricoeur (1981:228-247) explanation by means of metaphors shows how explanations in hermeneutics in general work. With this in mind, the following recommendations are made in order to assist the church to make the pastoral theological intercultural hermeneutical shift in its endeavor to effectively assist people find meaning in suffering within the HIV/AIDS pandemic.

5.1.1.1 The notion of God Images

Chapter four clearly indicated that the central theological problem in the quest for *meaning* within the HIV and AIDS discourse is the notion of God images. Nordic-Foccisa Core Group in Louw (2008:427) supports this point by stating that as people's quest for greater understanding associated with HIV and AIDS, they are often inclined to revert to negative God images which sometimes are provoked by the teachings of the church. Louw (2008:427) points out that to regard HIV as a punishment from God could lead to inappropriate or irresponsible and irrelevant theologizing. The problem which the church needs to deal with therefore is about life and meaning and not about sin. Chapter four identified some of these negative images which are provoked and reinforced by the church and their impact on the quest for meaning within the HIV and AIDS pandemic. Therefore the church needs to proclaim and teach positive images of God in its struggle to help people to find meaning in suffering and to assist them to realize how God is related and engaged with human suffering. Teaching positive God images will also help the church in its struggle against stigma and discrimination and the subsequent feelings of guilt and shame which cannot be ignore within the HIV and AIDS discourse in terms of their impact on the quest for meaning within the pandemic.

On the same note, Louw (2008:92) warns that God images in pastoral care are not predicated on theological correctness because appropriate God images denote existential and functional understandings and perceptions about God as related to basic existential issues experienced by people in their daily lives. How then can the church teach positive God images to the people?

- To answer the above question, Louw (2008:95) purports that, positive God images can be instilled into the people through the development of mature faith which, within the pastoral model is closely connected to a theology of the cross and the theology of resurrection (as discussed in Chapter Three). Louw (2008:95) adds that, this means that God is identified with suffering and He is active in overcoming it as well. On the other hand, through the cross, God is the compassionate and suffering God who identifies with human suffering through Christ. This implies that through Christ's Mediatory role, God expiated our guilt by

making Christ guilt and Christ died as the transgressor or HIV patient and this identification according to Louw (2008:9) is divine and not merely the attempt of a mortal human being. Hence God empowers The AIDS sufferers in quest for meaning with living hope which becomes a reality in their lives due to His inhabitational presence within our bodies (1 Corinthians 6: 16).

- It becomes imperative for the church to be aware that, understanding the meaning of God images and their role in faith is crucial to the quest for meaning in suffering implying that analysis of a person's God image helps to make a diagnosis of a person's faith. Louw (1998:120) contends that the objective of pastoral care is to help people to discover meaning in life, therefore, changing people's concepts of God generates a true transformation in their attitude to life and their understanding of life's problems.
- Consequently, it would appear that the theology of pastoral care within the SDA church should undergo an important paradigm shift. To support this Louw (1998:119) asserts that the encounter between God and human beings in suffering poses a challenge to the explanation model, i.e. the cause and effect model which tries to give answers to people's questions. In this line of thought Louw (2008:119) advocates for the use of systems thinking and a hermeneutic model and this changes our understanding of God. Hence, according to Louw (1998:120) a shift from the Father metaphor (fatherhood of God) to a Friendship metaphor is implied. Admittedly, a friendship and partnership between God and humans is conveyed. To cement the above recommendations, Louw (2008:429) argues that an understanding of God cannot be discussed without taking a theological anthropology into consideration. Hence below, I recommend how the SDA can shift its understanding of what it means to be human and how that re-interpretation and understanding can assist the Aids sufferers to realize their position in terms of the God human relationship and its impact on their quest for meaning within the HIV and AIDS pandemic.

5.1.1.2 Pastoral Anthropology

- In order to assist the Shona Christians to develop a friendship and partnership with God, it becomes imperative for the SDA church to shift its understanding and interpretation of what it means to be human. Chapter four indicated that the SDA church views human beings basically as sinners and the impact this perspective has on the quest for meaning within the HIV and AIDS pandemic. Louw (2008:429) discusses two theological approaches which can be helpful for the church to try and reinterpret what it means to be human. Firstly he discusses the creational paradigm which stipulates that human beings have the capacity for relationships and freedom and God is not only open to the joy and flourish of creation but also vulnerable to pain. According to the WCC Document (1977:29) in Louw (2008:430) the creational model should help the church to respond to the HIV pandemic in a model of acceptance and not stigmatization which is a move from being judgmental (chapter two) to an embracing of who we are individually. However, Louw points out that in this paradigm we can never get rid of the shadow of the instigator question therefore Louw (1998:121) advocates that we need to view the human person from the eschatological perspective which implies that the person has been transformed by the salvation of Christ and is now a moral being with certain responsibilities.
- To expand on the above point, Louw (1998:121) stipulates that eschatology describes a person as a new being in Christ although the eschatological tension remains between the 'already' and 'not yet' nether less, the new status before God implies that the Christians are also bestowed with charismatic gifts by the Holy Spirit. Louw makes an important observation here that eschatological perspective does not resolve the tension between the earthly inclination towards sinfulness and being a new person in Christ. He points out that people still do evil and good but the indwelling presence of the Holy Spirit makes growth and development possible and the new person in Christ is a spiritual being.

- Furthermore, Louw (1998:122) states that Scripture does not provide a systematic description or analysis of human beings but Scripture depicts humans as having a need to have a relationship with God. Hence Louw advocates that humans can be described within this relationship from a pneumatological perspective which allows the development of a realistic view of humans rather than the pessimistic one of regarding humans as sinners. Hence eschatology reframes anthropology in such a way that meaningful life is possible, despite the reality of HIV and AIDS, sin, guilt and death.
- Louw (2008:431) adds that pastoral anthropology should not restrict human beings to the pessimistic stance that humans are merely sinners, nor should it move to the optimistic stance that humans have all the necessary potential and freedom of choice within themselves to cope with the suffering and to triumph over the virus. Louw adds that in facing the HIV and AIDS pandemic, theology must be a theology of realism. Hence Louw advocates that because of stigmatization and its negative impact on the quest for meaning, theology is invited to explore the implications of the theology of resurrection for the theological understanding of what it means to be human within the realm of suffering and the quest for meaning. In this understanding, Louw stipulates that human beings are therefore assessed from the view point of constructive and realistic affirmation and validation of their human identity and dignity despite the past. They are assessed from the perspective of life (affirmation) and not from the perspective of death. In this line of thought, people suffering from HIV and AIDS and in quest for meaning should therefore be empowered to start living positively/constructively despite the reality of the virus.
- Hence, Louw (2008:430) argues for the theology of affirmation because it describes significance and ascribes human dignity and subject particularities which impact positively on people's quest for meaning in suffering within the HIV and AIDS pandemic. Louw adds that the presupposition behind a theology of affirmation is that it helps theology and the church to move towards a new public discourse beyond the "isms"

of our time e.g. gayism especially with its former links with HIV and AIDS. It can contribute to the gender debate and help the church to move beyond an exclusive focus on feminism and patriarchalism. It can contribute to the process of destigmatisation in the HIV and AIDS debate and make a meaningful contribution to the quest for meaning within the pandemic. Louw affirms that it can open up new and more constructive understanding of the human body and the place of human sexuality in a theological anthropology which has an impact on the quest for meaning within the HIV and AIDS pandemic.

- On the other hand, Louw (2008:78) makes it very clear that pastoral care deals with a very specific dimension of our being human which is called “soul” from a theological and anthropological point of view. In line with his argument, I recommend that there is need for the church to reinterpret the meaning of soul and Louw helps us with the following understanding of the soul which I propose to the church because of its positive implications to the quest for meaning within the HIV and AIDS pandemic. Louw (2008:78) points out that pastoral care address the whole person as an ‘ensouled body’ and an ‘embodied soul’. To further understand Louw’s standpoint, he explains that soul does not refer to an inward substance, but to the totality of life within the presence of God and because humans are created in the image of God, souls reveal attitude and aptitude representing subjectivity and responsibility. Therefore, the soul is an indication of the quality of our being functions determined by norms and values which make the human person reflect soulfulness because we are ethical beings which are directed to the ultimate the future posing the question of meaning in life.
- Furthermore, Louw (2008:80) postulate that in a pastoral and theological anthropology, the substantial approach in terms of the meaning of soul cannot be ignore since it refers to one’s authenticity and stance before God which depicts a state of being and a qualitative condition as determined by grace. On the other hand, a relational approach helps one to understand authenticity within the dynamics of networking. Louw (2008:80) argues that

one should opt for an inclusive anthropology which operates with both the mutuality of relationships as well as the identity of being qualities. Hence this leads to a hermeneutical and systemic understanding of soul which means the soul should be assessed and interpreted within the dynamics of interactive relationship (networking). Louw adds that soul designates a systemic network of functional positions which describe the mode of the human person. Within these positions, soul signifies vocation and a sense of directedness and significance and in relation with God, it signifies our understanding of God (God images) as enfleshed in behavior and social interactions. As such, it creates a space which reveals either nearness (intimacy), distance (separation and rejection) or neutrality (indifference) hence influencing the quest for meaning even within the HIV and AIDS pandemic.

- To further help us understand the reinterpretation of the soul, Louw (2008:80) goes on to assert that attitude (*phronesis*) plays an important role in revelation of God to humans which clearly indicate a close link to the quest for meaning in suffering. Hence a close relationship between attitude and soul is presupposed as indicated in Philippians 2:5 implying a decisive role within the being functions of Christians. *Phronesis* therefore becomes appropriate because it refers both to an eschatological understanding of the quality of our being human as well as to the existential consequences for our Christian identity. Louw asserts that as an existential and ontological category, *phronesis* indicates a schema of interpretations and a paradigm which takes account of the will of God in decision making. Louw argues that an eschatological interpretation of soul creates a space of reconciliation, grace and peace which is demarcated by the *koinonia*, the fellowship within the body of Christ (Phil. 4.2; Rom. 15: 5). The pattern of Christ's *phronesis* should therefore determine our being functions and positions which relates to our quest for meaning. Hence the human person is understood as a spiritual entity endowed with soul driven by ultimate norms, values and directed by significance and meaning.

5.1.1.3 The community of faith

According to Louw (2008:424) the most fundamental effect of the HIV pandemic is that it also challenges our understanding of being the church and it can be reasoned that fixed ecclesial doctrines and rigid clerical convictions have to be reframed. The statement that the ‘Church has AIDS’ implies that the body of Christ is suffering as well so that it is impossible to remain aloof. The quest for meaning in suffering within the HIV and AIDS pandemic is without any doubt a test to our ecclesial integrity and identity (our being the church) and the sincerity of our pastoral sensitivity. The following recommendations are made in terms of reframing the understanding of being a church in order for the church to effectively minister to the AIDS sufferers in quest for meaning and help the AIDS sufferers develop a relationship with a God who can be trusted to give meaning in suffering.

- Louw (2008:71) asserts that within the Christian faith, the question of *phronesis* wisdom is of paramount importance when dealing with the driving forces behind the actions of the church. Therefore, Louw (2008:71) reflects that, within the context of theological reflection, which is the human attempt to express and portray the presence and the will of God in such a way that meaning in life and comfort is contextually discovered and disclosed, practical theology becomes both a hermeneutical and communicative endeavor for the church. Here Louw (2008:71) means that practical theology becomes connected to the praxis and the will of God within the encounter of God and human beings and praxis is then expressed in the actions of ministry, care and communication. The church in its ministry, care and communication expresses praxis which is the intentional and meaning dimension of actions and being functions.
- For the church to be able to assist the AIDS sufferers to discover meaning in their suffering there is need for a paradigm shift in practical theology as indicated by Schleiermacher in Louw (2008:71). He advocates for a shift from the hierarchical and clerical paradigm to the empirical dimension of human experience and religious experiences. Louw adds that therefore practical theology deals with ‘applied’ Christianity

and is in this sense 'technical' which means the development of skills and strategies for ministry which should not be neglected. However according to Louw, the purpose of practical theology has become the normative, hermeneutical and communicative praxis of faith which Immick in Louw (2008:72) calls the religious praxis from the perspective of faith which includes the praxis of the church (ministry). Van der Ven in Louw (2008:72) refers to a functional and contextual ecclesiology which one can call a practical, theological ecclesiology that can be done through the various ministerial functions of the community of faith whose intention is the communication of the encounter, interaction and communication between God and human beings.

- Louw (2008:66) discusses the role of religion in terms of fostering meaning which becomes an important area for the church to reinterpret and reframe. Louw asserts that religion functions as a spiritual experience through which we exceed and transcend our human limitations and existential boundaries in time and space which leads to a feeling of being grounded and cared for and accepted within the very essence of one's being. Louw describes this as the deepest expression of meaning and describes intimacy which means being accepted unconditionally for who you are without fear of being rejected. Louw declares here that in this regard the unconditional love of God provides meaning in suffering through the therapy of intimacy.
- Louw (2008:67) affirms that when rejection and isolation are addressed through the unconditional love, change and human identity occurs which contributes to meaning making even within the HIV and AIDS pandemic. When the guilty is totally deleted and forgiven and when shame is removed through restoration and reconciliation with God then meaning takes place. When doubt and despair are connected to the eschatological hope founded in the resurrection of Christ then we start to anticipate the presence of God and the coming of his kingdom which gives hope and influences meaning formulation. When our helplessness and vulnerability to HIV and AIDS encounter the fellowship of the body of Christ, then all humans despite gender, race and religious differences are

exposed to a support system that cares and comforts and instills meaning making. When dehumanizing church structures are removed, overcome, transformed or addressed by the transforming impact of the Gospel through the notion of justice and the fulfilled promises of God as revealed in the biblical text, then people will find meaning in their suffering and will experience joy and gratitude (Louw 2008:67).

5.2 An intercultural approach to pastoral care

It is of a known fact that pastoral care is a Western dominated enterprise which is not effective, relevant and contextual to the Zimbabwean context within the HIV and AIDS pandemic. This is supported by Lartey (2002:318) who reflects that because of this Western domination, the pastoral care models that are in operation are characterized by a paradigm that focuses on individualistic, rationalistic that promotes the self (ego) above all else. It is clear that this paradigm is not consistent with the Shona worldview that focuses on communalism, relationships and mutual care and *ubuntu* that is also systemic (4.4.3). This research therefore proposes what is referred to as an intercultural approach to pastoral care as a shift which promotes respect for the universal cultural and unique aspects of all persons. This thesis recognizes the two worldviews of the Shona Christians, each equally valid and important in its own right and as a means of the self disclosure of God. Lartey (1987:182) adds that each worldview has something to offer in the task of our human self understanding and the healing of anxieties.

In light with the above thought, Cilliers (2006:7) describes interculturality as a 'set of process through which relations between different cultures are constructed on a basis of equality and mutual respect'. Cilliers (2006:7) highlights that this concept emerged towards the end of the twentieth century as a correction or expansion of the existing paradigm of inculturation. Cilliers (2006:7) adds that the theological rationale for inculturation can be found in incarnational theology which stresses that the gospel can and should be enfolded and embodied within the paradigm of a specific local culture. Cilliers (2006:7) points out that the danger of inculturation

though meant well, is that of Christianization where the dominant culture of those doing Christianization is imposed on the receiving culture.

Therefore, according to Cilliers (2006:7) in the intercultural approach, the separation between Christ and culture is no longer acceptable, nor the domination of one (Christian) culture over the other but rather the interconnectedness between Christ and culture. Lartey (1987:182) adds that the intercultural perspective recognizes the influence of different cultures on the choices people make and has a profound influence upon one's values, perceptions, views, experiences and lifestyles. The intercultural approach takes a non-judgmental stance that recognizes that none is superior to the other. Lartey (1997:13) articulates that the intercultural approach to pastoral care is an attempt to hold both worldviews in a creative and dynamic tension where the complex interrelatedness and interconnectedness of the two worldviews interact in living, growing and changing human persons is what is expected, treated as norm and attended to. To concur with Cilliers (2006:7) adds that the intercultural approach focuses on the meaning of 'Christian spirituality within culture as well as the mutual exchange of paradigms between the two, a sharing with the intention to empower within a relationship of reciprocity'.

Furthermore, Lartey (2002:327) gives the basic maxim for an intercultural pastoral approach as, "every human person is in some respects (a) like all others (b) like some others (c) like no other'. The maxim captures culture, individual uniqueness and human characteristics which work together simultaneously to influence the person, Lartey (2002:327) adds that intercultural pastoral care seeks to work with persons in the light of these pre-suppositions and realizations. Lartey (2002: 327-328) proposes that in intercultural pastoral care three kinds of issues are attended to which are;

- There is an attempt to inquire what of the common experience we all share as human persons is to be found in the particular situation in question. The aim is to recognize and affirm the fact that all human beings are created in and reflect the image of God. Hence despite variations, ambiguities and differences there will be evidence of humanity in all pastoral counselling.

- An attempt to figure out what in the experience being dealt with is the result of social and cultural forces. An affirmation, open as well as self critical exploration of these cultural views and practices as to be encouraged in an attempt to discover their influence on the issue being examined. Therefore questions of power, domination, benefit and suffering become imperative here.
- Attempts will be made to investigate what in the experience could be said to be uniquely attributed to the personal characteristics of the counselling partner.

Lartey (2002:328) highlights that at various moments in any pastoral encounter, one or other of these aspects of our humanity will be the focus of attention. It is with this understanding that the intercultural approach to pastoral care is proposed. Hence the following guidelines within the intercultural approach are proposed in a bid to help the Shona Christians in quest for meaning within the HIV and AIDS pandemic.

- According to Louw (2008:180) authors on pastoral care and counselling within an African context agree that pastoral care must be seen as a social and community issue where the community and networks of relations are in the centre and the individual at the periphery. Eybers (1991:207) in Louw (2008:180) asserts that there is need for pastoral care givers to be aware of the connection between the care- receivers and their relations in the hope of fostering appropriate images of God which can help clients find meaning within the HIV and AIDS pandemic. In line with this thought I propose that pastoral care in an African setting should incorporate the following changes as advocated by Louw (2008) which may assist clients in their quest for meaning within the HIV and AIDS pandemic.
- Louw (2008:180) contends that there is need to move from the so called authoritarian missionary pattern to collaboration with the client to avoid pastoral care from developing an aloofness which may lead to keeping a distance between caregiver and the client. Working in collaboration with the client helps the pastoral carer to practice interpathy but

with room to deconstruct beliefs which may be supporting the client's problem. In the same vein, Augsburger (1986:13) in Louw (2008:187) recommends what he calls the pastoral carer as an intercultural person where the counselor needs the basic skill of interpathy that enables one to enter a second culture cognitively and affectively to perceive and conceptualize the internal coherence that links the elements of culture and to respect that culture. As such Louw (2008:180) proposes that the mystic dimension of life must be taken into account and the role of the counselor is much more geared towards the community and relational issues where the therapists functions as a mediatory agent. Louw (2008:181) advocates that pastoral intervention then means intervening within the cycle of cause and effect in order to restore a relationship of trust between the individual and the others. Louw (2008:181) adds that this makes the intercultural approach which is sensitive to cultural embeddedness imperative and in this approach, the pastor then fulfils the role of a networker and bridge builder in order to change the cause and effect approach into a purpose and meaning giving approach.

- In addition, in terms of pastoral praxis, I also propose that pastoral care should adopt what Louw (2008:181) argues for when he states that a human being must be approached as a unity within the African context where the soul is viewed as a dynamic power and a total awareness of destination. In this line of thought, Louw (2008:181) adds that the association between illness and life forces being disturbed is more important than the needs of the individual and the concepts of fear and terror must be seen as closely associated with life forces and spiritual powers. Louw (2008:182) asserts that the sick person in an African context is a sick person together with his network of relationships and care must be directed to the total person in a systemic environment which is a chain that can be traced back to the ancestors and ahead to the future generations.
- Hence Louw (2008:188) argues that the healing power envisioned for pastoral care as *cura vitae* becomes important in the sense that its aim is to change the lifestyle, attitude and aptitude of the person within the systemic understanding of soul. To achieve this

Louw (2008:188) stipulates that pastoral care must move away from a one on one pastor/client relationship to being supplemented with group counselling which includes the family, the social group and other important figures in the community as part of a therapeutic process. This will enhance and cultivate a sense of solidarity, belonging, mutual love, affection and unconditional acceptance even for those living with HIV and AIDS. In this respect, Louw (2008:184) alludes that the for each other formula within *koinonia* creates a network of caring relationships which contributes to the healing of relationships that are pivotal to an understanding of pastoral therapy within an African context and may to some extent help to foster appropriate God images in terms of finding meaning within the HIV and AIDS pandemic..

- Furthermore, Louw (2008:183) asserts that in the African context, bringing an offering and compensation play an important role in regaining balance in human relationships. Hence, pastoral care must make a special effort to follow up the Christian concept of the vicarious grace of Christ's offering which brings about restoration of relationships. Louw (2008:183) advocates that since God punished the injustice through Christ and expects us to react in a loving and forgiving way, this can restore the imbalances in a disturbed societal order, not by paying a price or taking revenge, but by forgiveness and reconciliation. This understanding may help the AIDS sufferer in quest for meaning to discover a God who can give meaning in suffering within the HIV and AIDS pandemic. Hence, since life, energy and power play such a dominant role in Africans' concept of themselves, Louw (2008:183) advocates that the biblical notion of life as reconciliation and absolution must be communicated so that the clients' suspicion can be eradicated. Therefore, according to Louw (2008:183) the power of the resurrection normalizes life and offers a link with life hereafter and the ancestors and this aspect can be amplified with reference to Hebrews 12: 1, in which the deceased believers are described as a cloud or multitude of witnesses who encourage one to live in harmony with all people.

- Kiriswa (2002:23-24) in Louw (2008:184) acknowledges that in the African context the notions of balance and peace are extremely important hence liturgy as well as rituals can play an important role to help restore balance and create integration. Louw (2008:184) adds that Christian symbols like the cross could play an important role in the client's awareness of restored relationships. Holy Communion and other liturgical acts such as the laying on of hands and the singing of hymns could be implemented to make God's presence a reality in everyday life and enhance the God-human relationship. At the same time Holy Communion celebration communicates support, concern, grace, love, reconciliation and a sense of belonging which helps the wrongdoer to experience forgiveness. Hence Louw (2008:184) advocates that pastoral care should look afresh at the value of cultural initiation ceremonies and assess whether they can play a role in life care and baptism as a Christian ritual and initiation into the body of Christ should be explored from a therapeutic view in pastoral care.
- Louw (2008:185) asserts that the role of the pastoral therapist is of the utmost importance within the African context because the pastoral therapist may assume the role of 'prophet healer' whose task is to scrutinize the past in order to identify the spiritual and human agents responsible for the human and communal problems. In this regard, the 'prophet healer' plays an interpretative and listening role taking into consideration the unique cultural and religious milieu of the client. Louw (2008:185) adds that the role of the pastor is not to provide answers to the question as to why the clients are sick but to help them in the midst of mystery to assess the meaningful nature of relationships and emphasis should be more on life care and the development of relationships which may enhance the God-human relationship in the context of finding meaning within the HIV/AIDS pandemic. Louw (2008:185) also points out that time must be given for confession of sins and the announcement of deliverance from guilt in the light of God's unconditional love. Louw (2008:185) adds that this makes the empowering factor such as the Holy Spirit and the notion of God as the living God become important allies for pastoral dynamics in an African context in the endeavor of finding meaning within the HIV and AIDS pandemic.

5.3 Recommendations for future research

The research makes the following recommendations for future study;

- Having focused in this research on literature study, the study makes a recommendation that an empirical study be undertaken to arrive at results that are close to the truth. The empirical research will aim at generating information at primary level because the actual worldviews of the people can only be falsified or validated by obtaining firsthand information from concerned parties.
- The study has revealed that HIV and AIDS has greatly challenged the capacity of the Christian church to respond effectively in assisting the Shona Christians to find meaning within the HIV/AIDS pandemic. Hence there is need to develop and design training programmes for the clergy, laity and theology students which are relevant in assisting people to find meaning in their suffering within the HIV and AIDS pandemic.

5.4 Conclusion

The chapter made recommendations to the church based on the conviction that the church, theologically, morally, socially and contextually stands out to be the best organization to help people suffering from the impact of HIV and AIDS on their lives, find meaning in suffering. The recommendations are made in view of assisting the church in Africa to introspectively review its theology pastoral praxis within the HIV and AIDS pandemic in terms of helping its members to discover a God who is involved and engaged in their suffering who can give meaning to life within the HIV and AIDS scourge. The recommendations made are based on the challenges the quest for meaning within the HIV and AIDS pandemic has brought on the SDA church in Zimbabwe explicitly and implicitly on the Zimbabwean/African church. In light of this devastating pandemic, it is an undeniable fact that HIV and AIDS has its own peculiarities that makes the search for meaning urgent, widespread and continuous among the people, hence it becomes apparent that the Christian church reinterprets and reframes its theology and praxis in

terms of pastoral care to assist people to discover a God who can give meaning in suffering within the HIV and AIDS pandemic.

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