

**The relationship between Pastoral Care and Worship
in the context of HIV/AIDS:**

**A Study of the development and impact of the
liturgical material '*Worship and HIV/AIDS*' in
selected parishes of the Diocese of Cape Town.**

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Declaration:

I, the undersigned, Keith Leonard Griffiths, hereby declare that the work contained in this assignment is my own original work, and that I have not previously in its entirety or in part submitted it at any university for a degree.

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ABSTRACT

In September 2002, the Anglican Church of Southern Africa authorised a set of liturgical material for use in the church in an attempt to make congregations aware of the extent of the impact of HIV/AIDS on the church and the community in the nations in Southern Africa in which the CPSA is active. This research explores the relationship between Worship and Pastoral Care in the context of HIV/AIDS by examining the development of this liturgical material and offering a critique of it in the light of the impact it had on a number of parishes.

A general review of published material found little with a specific focus on the relationship between Worship and Pastoral Care, and the search was extended to approach this relationship from a number of directions in an attempt to find factors that had a bearing on the hypothesis that the community at worship is the primary point of pastoral care.

The hypothesis was examined from two directions. The first considered a biblical perspective. This approach considered the images of God presented in the Old Testament, a number of the healings of Jesus in the gospels, and Paul's comments on the celebration of the Eucharist in 1 Corinthians 11 against the social background of meals shared within the community. The imperative that worship should be inclusive, with a particular emphasis on the poor and marginalized was established.

The second direction considered a theological reflection on AIDS and established a number of criteria against which the liturgical material could be critiqued. An important section of this work considered the impact of prejudice and discrimination that has led to the stigmatisation of those living with HIV/AIDS and their reluctance to disclose their status and needs. This remains an important obstacle to the ability of the church to provide appropriate hospitality and care.

Interviews were conducted with the Rectors and leaders of the Parish AIDS Task Teams in six parishes within the Diocese of Cape Town to look at the ways in which the material was used, and the impact that it had on the pastoral work of those congregations.

The liturgical material is then examined in the light of the theological criteria established, and against the impact that it had on the pastoral work of the parishes. Particular issues recognised in this section were the use of inclusive language and the absence of any emphasis on Repentance and Confession.

The importance to Worship and Pastoral Care of compassion, personal contact with persons living with AIDS, grace and hospitality are some of the conclusions made. Suggestions were made for further research and development in terms of stigmatisation, language and appropriate liturgical formation and training.

OPSOMMING

In September 2002 het die Anglikaanse Kerk in Suider Afrika 'n stel liturgiese materiaal gemagtig vir gebruik in die kerk in 'n poging om gemeentes bewus to maak van die gevolge van VIGS op die kerk en die gemeenskap in die lande waarin die Anglikaanse Kerk in Suider Afrika werk. Hierdie navorsing ondersoek die verhouding tussen Aanbidding en Pastorale Sorg in die konteks van VIGS deur die ontwikkeling van die liturgiese materiaal te ondersoek en 'n kritiek voor te gee in die lig van die gebruik van die materiaal in verskeie parogies.

Die algemene oorsig van die gepubliseerde materiaal het min gevind met 'n spesifieke fokus op die verhouding tussen Aanbidding en Pastorale Sorg. Die ondersoek is toe uitgebrei om die verhouding te nader van verskeie rigtings in 'n poging om faktore te vind wat 'n houding het op die voorstel dat die gemeente by aanbidding die primêre punt van pastorale sorg is.

Die onderstelling is ondersoek uit twee rigtings. Eerstens is dit genader uit 'n bybelse perspektief. Hierdie benadering het die verskillende beelde van God soos dit in die Ou Testament voorkom, verskeie genesings van Jesus in die evangelies, en Paulus se kommentaar oor die viering van die nagmaal in 1 Korinthiërs 11 teenoor die agtergrond van die maaltye in die gemeenskap in aanmerking geneem. Die imperatief van inklusiewe aanbidding, met 'n besondere klem op die armes en ander wat dikwels oor die hoof gesien word, is hierdeur gevestig.

Tweedens is VIGS teologies oorweeg en verskeie kriteria gevestig waarteen die liturgiese materiaal gemeet kon word. 'n Belangrike deel van hierdie werk het die gevolge van vooroordeling en onderskeiding wat gelei het tot die bestempeling van mense wat met VIGS leef en hul huiwerigheid om hul status te openbaar, en dus hul nood te laat weet. Dit bly nog 'n belangrike hindernis vir die kerk om die geskikte gasvryheid en sorg te kan verskaf.

Onderhoude is met predikante and die lede leiers van die VIGS Spanne in ses parogies in die Bisdom van Kaapstad gehou om te sien hoe die materiaal gebruik is in eredienste, en die uitwerking daarvan in die pastorale sorg wat die gemeentes aangebied het.

Die liturgiese materiaal is dan beoordeel in die lig van die teologiese maatstawe gevestig, en die uitwerking van die materiaal in die pastorele sorg van die gemeentes. Die gebruik van inklusiewe taal en die afwesigheid van spesifieke materiaal in verband met Skuldbelyding is besondere sake wat in hierdie deel erken was.

Die belangrikheid vir Aanbidding en Pastorale Sorg van medelye, persoonlike kontak met persone wat met VIGS lewe, genade en gasvryheid is gevolgtrekkings wat gemaak is. Voorstelle vir verdere navorsing en ontwikkeling in terme van bestempeling, taal en passende liturgiese formasie en opleiding is gemaak.

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CHAPTER 1

STATING THE PROBLEM

1.1 The global AIDS pandemic

Two quotations by Edmund Browning, at a time when he was Presiding Bishop of the Episcopal Church of the USA, help to locate the AIDS epidemic into the context of the global economy and concern:

In his *Letter to the Episcopal Church, October 1991*

In the aftermath of the Persian Gulf War, I continue to wonder at the power, might and resources that were brought to bear on that fragile region of the world. I am struck, in contrast, at our often half-hearted response to the pain and tragedy of our society, especially the tragedy of HIV/AIDS. (Grieves, 1997, p.110)

Then, five years later, after progress in the development of medication and the opportunity to reflect on the immediate response by the church to the epidemic:

In *One World, One Hope, a statement released October 1, 1996*

We acknowledge and give thanks for the hope now breaking forth for those living with HIV/AIDS through new treatments, but we must confess that economic injustice and racism will make this hope stillborn for tens of millions in our own nation, and for most in the developing world.

I ask you to re-double your efforts for justice as we can no longer overlook or remain blind to the link between AIDS and poverty, AIDS and racism, and AIDS and human oppression. (Grieves, 1997, p.111)

Ten years after that second statement and twenty five years after the first identified cases, the Introduction to the 2006 Report on the Global AIDS Epidemic ends with the statement:

One of the greatest paradoxes is that, although it causes 11 000 new infections and (nearly) 8 000 deaths daily, in many ways the epidemic remains hidden. It is hoped that this report will help take this epidemic one step further out of the shadows and into the centre of the global agenda. In the 21st century, we are all living with HIV, and we must all be part of the response. (UNAIDS, 2006, p.6)

In the same chapter of that report, in a reference to the Millennium Development Goals, a concern is expressed that unless the global response to HIV/AIDS is strengthened, it is not only likely that the world will not meet the specific goal of halting the spread of AIDS and the reduction in the rate of HIV infection by the year 2015, but that the other goals of reducing poverty, hunger and child mortality will also be severely compromised. More than that, there is the conviction expressed that national economies and international security will also be at risk.

There are no simple answers to the situation that is faced by the global community, and it is not the aim of this thesis to attempt to suggest solutions to the situation. Indeed the

warning has been sounded already, "Please let us have no illusion that, one fine day, the world will return to what it was before AIDS. No, AIDS has simply rewritten the rules. And to prevail we too must rewrite these rules."(Peter Piot, UNAIDS Executive Director, quoted in UNAIDS, 2006, p.282)

What these figures and comments do is to present the global context within which we are living and to establish the simple fact that HIV/AIDS is a major pastoral problem that affects the very fabric of global society, and therefore of every community.

1.2 HIV/AIDS in Southern Africa

1.2.1 Introductory comments

The 2006 UNAIDS Report describes Southern Africa as the 'global epicentre of the epidemic' (UNAIDS, 2006, p.15) and produces a number of statistics that bear this out. Of particular significance is Figure 2.1 of the report, which indicates the HIV prevalence (%) for Adults aged 15-49 years. South Africa is the only country in sub-Saharan Africa where there is an increasing trend. All the other countries that have conducted population-based surveys in recent years show a trend to stability or a decline in this important measure.

With regard to sub-Saharan Africa, the UNAIDS reports that "a mature epidemic continues to expand beyond limits that many experts believed impossible" (UNAIDS, 2006, p.3). In addition, the report comments on two gaps:

- that between the number of people in need and the number being helped; and
 - that between what could be done to stop AIDS, and what is actually being done.
- (UNAIDS, 2006, p.3)

Even the positive comments in the report on the progress in the provision of anti-retroviral treatment in South Africa, which is estimated as being provided to 190 000 persons at the end of 2005, are qualified by the rider that this still means that less than 20% of those who are in need of treatment are receiving it.

1.2.2 Statistical reality - UNAIDS 2005 figures

The following table, drawn from figures in the UNAIDS 2006 Report, gives some indicators for the countries covered by the Church of the Province of Southern Africa. The explanation of the various categories listed is set out in Annex 2 of the Report on

pages 503 and 504. These statistics are recorded here simply to give an indication of the scale of the epidemic.

	Angola	Lesotho	Mozambique	Namibia	South Africa	Swaziland
Population	15 941 000	1 795 000	19 792 000	2 031 000	47 432 000	1 032 000
Adults & children living with HIV	320 000	270 000	1 800 000	230 000	5 500 000	220 000
Adult Women 15+ living with HIV	170 000	150 000	960 000	130 000	3 100 000	120 000
Prevalence rate % Adults 15-49	3.7	23.2	16.1	19.6	18.8	33.4
Young people 15-24 HIV+ as %	Women 2.5	Women 14.1	Women 10.7	Women 13.4	Women 14.8	Women 22.7
	Men 0.9	Men 5.9	Men 3.6	Men 4.4	Men 4.5	Men 7.7
Deaths in 2005 Adults & children	30 000	23 000	140 000	17 000	320 000	16 000
Living Orphans 0-17yrs	160 000	97 000	510 000	85 000	1 200 000	63 000

1.2.3 Socio-economic and cultural context

In 1997, the World Health Organisation estimated that 90% of people with HIV live in a context dominated by three factors. These are poverty, discrimination and the subordinate status of women and children. (WCC, 1997, p.13) This has a major impact on communities that depend on physical labour, either in subsistence farming or in migrant labour, for the survival of the community. In such poor communities, resources for the sick as well as for their dependents are already scarce, and large numbers of orphans are already evident, as well as social disruption of the community. (Snidle, 1997, p.9)

All of these factors together raise a number of fundamental questions at a regional as well as a global level.

1.3 Future trends in HIV/AIDS in Southern Africa

Peter Piot's words, quoted above in section 1.1, are especially applicable to the Southern African context. More than anywhere else, Southern Africa will not return to the way it was before AIDS. The rewriting of the rules here will need to be addressed at every level of society. At the same time, there is the prospect that "In southern and east Africa ... AIDS epidemics will continue to have serious consequences for at least another generation." (UNAIDS, 2006, p.23)

This confronts the region with the prospect of an escalating number of orphans, social services that will be unable to cope with them in the ways that have been used in the past, a declining labour force and the social disruption that could derive from such a scenario. There is certain to be a direct impact on the provision of formal health care. The scale of the epidemic is such that the present facilities will be unable to cope, and methods will have to be devised to care for people within the community.

1.4 The response of the church

The church occupies a unique position in society. Through denominational and ecumenical connections, there is a network of people and material resources already well established across national and international boundaries. The history of the church in such situations as are being faced with regard to HIV/AIDS is already well documented, both with regard to the epidemics of the second and third centuries in the Roman Empire and the Black Death in the Middle Ages. The position of the church in the ministry of healing and in the work of hospice would seem to indicate a primary role in the provision of services and support to people living with HIV/AIDS.

With regard to the response to the global epidemic, Donald Messer wrote, "What is still essentially sleeping on the sideline is the Christian church. Most communities of faith have not yet awakened to the cries of human need or the call of God." (Messer, 2004, p.149) His book, *Breaking the conspiracy of silence*, looks at the response of the Christian church to the AIDS epidemic, and considers how it still struggles to break free from its original position of judgementalism and rejection that had much to do with the perceptions that it was initially an exclusively homosexual disease that was then transferred into the wider community through sexual promiscuity.

Messer wrote to the church in the North American context, and his words have some echoes of Browning's comments earlier. While it may have taken some time to break free from a similar attitude, the church in Africa has been seen to be at the forefront of

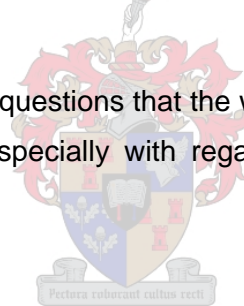
the response to the epidemic that has its main mode of transmission in heterosexual activity. The Church of the Province of Southern Africa is particularly well situated in this regard as it is represented in six countries in the Region.

However, it has been noted by Bate and by Richardson that the church has been singularly lacking in a response at the heart of its being, within the worshipping community. "A very disappointing number of comments focus on the importance of prayer and worship. It appears to be a disappointing lacuna (missing portion) in this work of the Church." (Bate, 2003b) He suggests that this could be a reason why people come to the Catholic Church for their material well-being and go to the "healing churches" for their spiritual needs.

Richardson links this lack of response more explicitly to the Eucharist when he writes,

It is the broken body of Jesus that Christian believers remember and celebrate in the Eucharist, which only the church can offer the world. Herein lies the importance of worship in the fight against HIV/AIDS. Mainstream accounts of Christian ethics, church and worship seem unable to grasp the profundity of this claim." (Richardson, 2006, p.43)

It is this that has stimulated the questions that the writer is asking about the link between Pastoral Care and Worship, especially with regard to the HIV/AIDS epidemic in the Southern African context.



1.5 Conclusion

There is no doubt that HIV/AIDS is having, and will continue to have, an enormous impact on the communities within which the Church of the Province of Southern Africa is represented. The focus of this exploration on HIV/AIDS might at times seem as if this is the only pastoral issue that has to be faced by the church. This is not the case. HIV/AIDS looms large in the context in which we find ourselves, but poverty, reconciliation, socio-economic equity and gender issues are as important if the church is to be the church in our broken society. HIV/AIDS is a vital issue faced by the church today, and a useful context in which to explore the link between Pastoral Care and Worship, but it is not the only one.

CHAPTER 2

HYPOTHESIS AND METHODOLOGY

2.1 Hypothesis

The hypothesis that is suggested through this research is in three parts:

- that Worship is the primary point of Pastoral Care and ministry;
- that the link between Worship and Pastoral Care has been broken; and
- that Worship and Pastoral Care are both diminished by this break.

2.1.1 Worship as the primary point of pastoral care

The report of the Anglican Consultative Council, “Being Anglican in the Third Millennium”, makes the following statement in its definition of Worship:

Worship is concerned with helping people to bring their lives to God, their whole lives, and having brought them, to find them transformed by grace. Worship is therefore about renewal. *Being Anglican in the Third Millennium*

The World Council of Churches publication, *Facing AIDS*, speaks of worship being a special moment of celebration that gathers up our daily life and presents it to the God in whose image we have been created. “Worship calls the body in its totality to express moments of daily life and to recognise God’s will and the importance of God’s commitment to care for people and creation.” (WCC, 1997, p.78)

This publication then goes on to a critical statement with regard to this hypothesis:

Worship can help churches to remove the barriers we create in the everyday life of our human communities by opening up our eyes, our ears and all our senses to the extraordinary significance of ordinary experiences and to ways of expressing God’s presence amidst the people and creation. (WCC, 1997, p.78)

These two statements about the worship of the church, from two very different perspectives, both capture the essential point that the gathering of the community of faith in worship is the primary point of pastoral care for those gathered in congregation, and through them into the wider community. This is not a question of priority for one or the other of these two essential tasks of the Christian faith, but it is a recognition that Pastoral Care without the perspective of Worship can become bogged down in just another presentation of a humanist concern for the greater good of people in community without offering any suggestion of transcendence. In the same way, Worship needs to be grounded in the real lives of people, and the perspective of Pastoral Care ensures that praise and intercession are not an attempt to escape from the reality that is being lived. (Anderson, 1998, p.53)

There is also an important reminder that, “In worship it is not only the people who are at work; God is also at work: changing, shaping, gracing God’s people.” (Brown, 1992, p.18) This is basis of the transformation that is remarked upon in the opening comments from the document of the Anglican Consultative Council, that worship is about transforming lives and therefore opening the possibility of changing situations.

The difficulty that faces too many Christians in their worship is that they seldom feel that their own experiences are included when they gather to worship, and so they do not feel that the act of worship changes very much for them, nor for the society in which they live. As has been suggested, “Faithful Christian people who regard worship as an obligation are regularly disappointed and unfed. They do not find themselves in the stories told and the rituals enacted in the Sunday gathering”. (Anderson, 1998, p.147)

2.1.2 The broken link between Worship and Pastoral Care

The social structures that govern lives in modern society are becoming beholden to an ever-increasing number of different departments and levels of organisation. This splintering of responsibility and sources of support has bred a society that honours specialisation, but neglects the general care and support of healthy ways of living. It is not surprising that this trend has permeated the church as well. Anderson and Foley speak of the ‘fragmentation of ministry’ (Anderson, 1998, p.ix) and within that scenario, Pastoral Care and Worship have each become a separate, specialised ministry within the church, with some unforeseen consequences for the church and for those who seek ministry.

There is now a void regarding the significant moments of crisis and transition in life, events that are no longer marked by ritual models that make sense. In a recent paper to the Congress of Societas Liturgica in Dresden, Benedikt Kranemann spoke of a “growing up celebration” hosted by the Catholic Cathedral in Erfurt. Essentially this is a Confirmation Service, but stripped of its vertical dimension of worship to accommodate a pastoral need in young people moving from childhood into the age of youth.

The standard public rituals in churches can easily degenerate into ceremonies that have little meaning to many attending, becoming ceremonies that do not engage with the lived stories of the participants, often because of the radically different contexts from those for which the rituals were developed. Such rituals have been described as dishonest “when (their) statements do not match the real-life experience of the participants, even when these are painful”. (Anderson, 1998, p.34)

Ultimately, there is little chance that such rituals and worship will ever be truly transforming, neither for the participants, nor for the world in which they live. There will be little empowerment of the worshippers “to influence the world’s transformation toward justice and peace, however weakly, and bestow on the world Christ’s joy and grace, however imperfectly” (Brown, 1992, p. 29)

2.1.3 Worship and Pastoral Care are both diminished by this break

Anderson and Foley capture something of the essential nature of the task of pastoral care in the suggestion that it is to help people weave together the stories of their lives, the common story shared by the community and God’s stories. When this is successful, there is the possibility that the individual story might be transformed and fashioned in a new way. In the process, the individual is confirmed in his or her sense of belonging, and strengthened to live responsibly as disciples in the world. (Anderson, 1998, p.47)

If, however, there is nothing to link the stories of the lives of the individual participants neither to the common life of the community nor to the God stories presented, then the worship of the whole community is deficient and diminished. At the same time, there is little chance of any liberation from the situation that causes anxiety for the individual, so the pastoral care of that individual will be little affected by their presence within the worshipping community.

This situation would then be multiplied in its effect on the community itself and the wider society in that the transformative power that should be released through the changes in the worshipping community will be lacking.

This fracture is well expressed by Anderson and Foley when they write,

If worship is focused on the divine narrative without attending to human stories, and if pastoral care is immersed in the human struggle without asking what God is doing, then these disconnected religious practices are likely to diminish rather than enhance the divine-human encounter. (Anderson, 1998, p.41)

2.1.4 Specific application of the hypothesis

For it to have any meaning, or practical application, any examination of this hypothesis must be located within a real pastoral issue, and within a particular pastoral experience. Without that context of application, the work remains purely theoretical. The specific context within which this hypothesis will be explored is that of the HIV/AIDS pandemic that has permeated every facet of society, particularly in sub-Saharan Africa. Despite the prevalence of HIV-infection, the issue is seldom raised as part of the worship of the

church, and, where it is raised, it is done so in a way that would suggest that it is an issue that concerns people outside the church rather than within it.

The particular emphasis will consider the means by which the worship of the church is able to proclaim a distinctively Christian response to the HIV/AIDS pandemic. In this regard this thesis will examine how liturgical material developed and used in the Eucharist in the CPISA might reflect the stated truth that “It is the broken body of Jesus that Christian believers remember and celebrate in the Eucharist, which only the church can offer the world. Herein lies the importance of worship in the fight against HIV/AIDS.” (Richardson, 2006, p.43)

2.2 Methodology

2.2.1 Literature Search

The nature of the research was such that the literature search was conducted in a number of directions that are dealt with individually in Chapter 3. These can be broadly divided into the following main themes:

- the relationship between worship and pastoral care;
- the link between theology and liturgy;
- the effect of stigmatisation on individuals and groups by the community;
- the question of wholeness and healing, particularly in Africa;
- the pastoral response to the HIV/AIDS pandemic.

In addition, a number of commentaries were consulted in the exploration of the background to the celebration of the Eucharist in the Corinthian church.

2.2.2 Consideration of the biblical basis

Three main areas were considered when looking at the biblical basis for the hypothesis, the images of God revealed in the Old Testament particularly, the healing ministry of Jesus, and the comments of Paul regarding the manner in which the church in Corinth celebrated the Eucharist as described in 1 Corinthians 11: 17 – 34.

2.2.3 Exploration of a theological response to HIV/AIDS

The liturgy of the church must reflect its doctrine, and the HIV/AIDS pandemic impacts on every aspect of life, which requires a careful examination of a number of different elements that together help to develop a theological response to HIV/AIDS against which the liturgies developed can be measured and critiqued.

2.2.4 The development and use of AIDS Liturgies for use within the CPSA

The process of development of a set of liturgies for use within the CPSA is described and the resultant liturgies for a season of six Sundays, and a specific Healing Service is described. The liturgies themselves are included as Appendix A of this thesis.

2.2.5 Empirical research into the liturgies developed

After discussion with Mr. Gerbrand Mans of the Unit for Church and Development Research in the Department of Practical Theology in the Faculty of Theology at Stellenbosch University, three different approaches were used to examine the response to the liturgies that had been developed.

- Initial Correspondence with Diocesan Bishops throughout the CPSA
All the diocesan bishops of the Church of the Province of Southern Africa were contacted by post, and elicited a range of responses received. These are considered briefly.
- Postal survey of parishes within the Diocese of Cape Town
The parishes of the Diocese of Cape Town were contacted by post, and again a range of replies was received. These are also considered briefly and the comments made were helpful in drawing up a series of questions for a closer examination of the response in six parishes of the diocese of Cape Town.
- Interviews with selected parishes in the Diocese of Cape Town
Using the questions developed from the postal survey, separate interviews were conducted with the AIDS Task Teams and the clergy in the parishes and their responses are recorded.

2.2.6 A critique of the liturgical material developed

The final stage was to critique the material developed in the light of the biblical basis, the theological response and the way in which the material was used in practice, and to make suggestions for future liturgical developments.

CHAPTER 3

REVIEW OF LITERATURE

3.1 Introduction

The initial stages of the Review of the Literature were not very fruitful in that there were few immediate books or articles that clearly linked Worship and Pastoral Care directly. Those that did make this explicit connection are included among the references in the following section. The direction that was then taken in this review was to consider a number of starting points that related to the specific investigation and then explore the literature as it pointed towards the other starting points. This approach revealed connections that provided insights that could be related to the specifics being investigated and allowed for some clear conclusions to be made.

The starting points that were used in various combinations included:

- Worship
- Liturgy
- Pastoral Care
- Stigma
- Wholeness and Healing
- The Church response to HIV/AIDS



The following sections comment on a number of the more significant books and articles and on their usefulness in the light of the questions being explored.

3.2 The relationship between Worship and Pastoral Care

In his book, *Worship as Pastoral Care*, William Willimon quotes Karl Barth:

It is not only in worship that the community is edified and edifies itself. But it is here first that that this continuously takes place. And if it does not take place here, it does not take place anywhere. (Willimon, 1979, p.20)

He then continues,

If the community does not worship, it is not a Christian community. If worship does not upbuild and sustain the community, it is not Christian worship. One reason that worship is the centre of the Christian community's upbuilding is that in worship, all the community's concerns meet and coalesce. (Willimon, 1979, p.20)

This is a very clear statement of the hypothesis that is held by the writer of this paper, and Willimon's book is an important starting point in the argument. However, there does not seem to have been any further development on this particular theme in his writing.

Paul Brown, *In and for the world*, published in 1992 does explore aspects of the debate, seeking to bring the 'contemporary into Christian worship'. Chapter two of this book was particularly helpful in his comments on the use of general and specific language used in the liturgy.

Michael Perham explored the developing liturgies of the Church of England in two books. *Liturgy pastoral and parochial*, (SPCK, 1984) looks at the pastoral implications of the Alternative Service Book taken into use in the Church of England in 1980, while *A new handbook of pastoral liturgy*, (SPCK, 2000) does the same for Common Worship which was authorised for use from Advent 2000. In the Foreword to the former book, the Bishop of Winchester writes,

It is not an apologia for the Alternative Services ... It is, rather, an invitation to lay people and priests together to seek intelligently and to find joyfully the forms of worship and the patterns of services that can most effectively serve their community. (Perham, 1984, p.xii)

Both of these books look at the practical implications of the new liturgies, but the latter book makes the important point that the basic task of the liturgy is not so much to control the way in which people pray together, but to provide the means by which those who come to worship can make connections between life and liturgy. "Liturgy reflects life that it may inform and transform life." (Perham, 2000, p.9)

Howard Roberts, *Pastoral care through worship*, (Smyth & Helwys, 1995), quotes J H Jungmann, (*Pastoral Liturgy* – New York: Herder and Herder, 1962) "for centuries, the liturgy, actively celebrated, has been the most important form of pastoral care", and also Don Browning (*The Moral context of pastoral care* – Philadelphia: Westminster Press, 1976) "There is no justifiable way of speaking about the care performed by the church unless one envisions this care in the context of an inquiring and worshipping church" (Roberts, 1995, p.14), again stating very clearly the conviction that worship and pastoral care are inextricably joined, or should be. While much of this book deals with the detail of the pastoral rites, the opening chapters cover the principles that are applied to those rites.

The more recent book by Herbert Anderson and Edward Foley, *Mighty Stories, dangerous rituals*, (Jossey-Bass, 2001) deals with the importance of linking the stories of individuals, the community and the divine in worship. He rightly suggests "worship and pastoral care are two complimentary aspects of ministry that have a special

capacity for respecting and merging the divine and human story.” (Anderson, 2001, p.19)

All of these books stress the importance of the close connection between worship and pastoral care, and explore different aspects of this link with some valuable insights into ways in which this link should and can be developed as part of normal practice in parochial worship and ministry.

3.3 The link between Theology and Liturgy

A number of books and publications deal with the link between theology and worship. This aspect is dealt with in the opening section of Chapter 5, which considers some of the points raised by Don Saliers in *Worship as Theology*. (Abingdon Press, 1994) As does Willimon earlier, Saliers explores this connection in the theology of Barth. In particular in Chapter 4, Saliers draws several inferences from his understanding of Barth’s position that theology is oriented to liturgy as the ongoing prayer of the church, and quotes Barth as suggesting that “The old saying, *lex orandi lex credendi*, far from being a pious statement, is one of the most profound descriptions of theological method.” (Saliers, 1994, p.71)

Paul Hoon in the earlier book, *The integrity of worship*, (Abingdon Press, 1971) considers the link between theology and worship in terms of the integrity of the process, using as a starting point Article 19 of the thirty Nine Articles of the Church of England;

The visible Church of Christ is a congregation of faithful men (sic), in the which the pure Word of God is preached and the sacraments be duly ministered according to Christ’s ordinance in all those things that of necessity are requisite to the same. (Book of Common Prayer)

Hoon continues that there is an interdependence between worship and ecclesiology in that “as Paul makes clear, it is only in relation to the Church that Christian worship is possible, and breaches in the Church’s fellowship makes worship impossible.” (Hoon, 1971, p.103) This particular aspect will be discussed fully in the exploration of 1 Corinthians 11 in Chapter 4 of this thesis.

Maxwell Johnson, in his article on Liturgy and Theology in the book of essays in memory of Ronald Jasper, *Liturgy in dialogue*, (SPCK, 1993), in discussing Schmemmann’s approach to liturgical theology, argues that

There is no need for specific kinds of theology called either ‘liturgical theology’ or ‘theology of liturgy’. Although theology should not be reduced to liturgy, all Christian theology should somehow be ‘liturgical’, in that it has ‘its ultimate term of

reference in the faith of the Church, as manifested and communicated in the liturgy. (Bradshaw, 1993, p.204)

3.4 The impact of stigmatisation on individuals and groups

It was quickly evident from the reading that any discussion of worship and pastoral care in an environment dominated by the present reality of the HIV/AIDS pandemic would have to deal with the issue of the initial response of the church, the ongoing response of the community and the lived reality of stigmatisation for those infected by or affected by AIDS. There is a growing volume of material exploring this aspect, and it was quickly evident that a thorough exploration of the impact of stigmatisation on worship and pastoral care would be beyond the scope of this present thesis.

A UNAIDS Theological Workshop in Windhoek focussed on HIV- and AIDS-related stigma and the proceedings of that Conference open up a number of avenues of concern that might be fruitfully explored in a wider context of other pastoral issues that tend to stigmatise individuals and groups. Papers by Denise Ackermann, Paula Clifford, and Gillian Paterson were particularly valuable in this regard.

Earlier work by Ronald Nicolson, *AIDS: A Christian Response*, (Cluster Publications, 1995) and Saayman and Kriel, *AIDS: The Leprosy of our time?*, (Orion, 1992) also examined the reality of stigma in the experience of people living with HIV/AIDS, and sought to examine the church's response to this situation. Denise Ackermann has suggested that for many people there is a four-fold stigma, that of being poor, black, female, and being HIV-positive.

There are a number of references throughout this thesis on the impact of stigma, without trying to deal with the question in its entirety as this is beyond the scope of this work.

3.5 Wholeness and healing in Africa

A natural starting point for examining the link between worship and pastoral care in an environment of HIV/AIDS is that of Healing and Wholeness. There is a wide range of material available in this field, and a number of avenues that could be explored as having a bearing on this thesis. Of particular interest has been the material that looks specifically at the question of wholeness and healing in an African context.

Saayman and Kriel contrast the western European, bio-medical approach that was brought to Africa by Christian missionaries, and the African approach to healing and

wholeness. Meredith Long developed this approach in his book, *Health, healing and God's Kingdom*, (Regnum, 2000). He explores the Old Testament concept of *Shalom* and argues that it is within this concept that one can get a better understanding of the wholeness of the individual within community. This is an important concept when dealing with the AIDS pandemic in an African context and within the Christian church. The initial response to HIV/AIDS by the church, as well as the ongoing silence that has resulted from the stigmatisation of those affected by the pandemic, has made this approach difficult.

A very recent paper in the *Journal of Theology for Southern Africa*, July 2006, by Neville Richardson, *A call for care: HIV/AIDS challenges the Church*, focused on the discussion by asking what the specifically Christian response should be, in contrast to an approach based on human rights or other factors that motivate the many NGO's working in this field at present. Richardson challenged a number of assumptions put forward by material published by the World Council of Churches listed in the Bibliography.

3.6 The pastoral response to the HIV/AIDS pandemic

Much has been written about HIV/AIDS, and it is difficult to keep up with the material that is being published. There are a number of distinct aspects of this material, each of which takes a different approach.

The early published material arose from the situation in the United States and considered an epidemic located specifically within the gay community. This particular situation directed the initial response of the church that has since been criticised quite heavily. Donald Messer, *Breaking the conspiracy of silence*, (Fortress Press, 2004) quite rightly tackles this attitude that still echoes in the approach of a significant section of the church. Nicolson, *AIDS, a Christian response*, (Cluster publications, 1995) and Saayman and Kriel, *AIDS: The Leprosy of our time?*, (Orion, 1992) also deal with this important aspect.

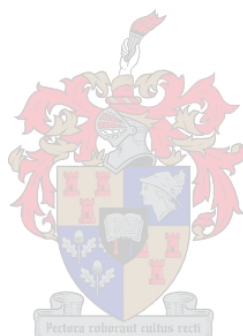
More recently, the Circle of Concerned African Women Theologians have published two books, *African Women, HIV/AIDS and Faith Communities*, (Cluster publications, 2003) and, *Grant me justice*, (Cluster publications, 2004), that have explored the pastoral concern for those living with HIV/AIDS from a particular approach that has tried to deal with the additional stigmas that so many bear, as mentioned earlier in this chapter.

Two other resources published by the World Council of Churches are of particular significance for the church. Edited by Musa Dube, *HIV/AIDS and the curriculum*, (WCC,

2003) looks at how HIV/AIDS can be integrated into the theological programmes that are used by those preparing for leadership roles in the church in Africa. The AIDS pandemic caught the church unawares, and many of the clergy busy in ministry in Africa were uncertain how to respond to the situation that threatens to overwhelm all that we do. This publication covers a number of issues and has already had an effect in the study programme developed by the TEE College. *AfricaPraying*, (WCC, 2003) contains a wide range of liturgical resources that can be used by those seeking to integrate the impact of the pandemic into their regular worship.

3.7 Conclusion

The difficulties encountered during the initial stages of this work have been largely overcome and the Bibliography lists a number of publications that have proved to contain much material around each of the starting points set out in the Introduction to this chapter. This brief survey has tried to give some indication of the range that is available and of the different approaches that were adopted in some of the more significant books surveyed.



CHAPTER 4

SCRIPTURAL BASIS

4.1 Introduction

In *Called to Care*, Robert Kysar notes a consistent theme, “The biblical God cares passionately about the local welfare of all humans”. (Kysar, 1991, p.8) He explores the images of God that are presented in scripture and relates these to the social ministry of the church.

This leads naturally into an exploration of some of the healings in the life and ministry of Jesus Christ in the gospels as these relate to healing in general and the restoration of individuals to the community of faith.

The final section explores Paul’s remarks to the Corinthians condemning the manner in which they celebrated the Eucharist against the background of the social environment and meals within the life of the wider community in Corinth.

4.2 Biblical images of the compassionate God

4.2.1 The God of Creation

The Genesis story makes a number of important points about the image of God as Creator. It establishes the fact that God created, and that creation was good. It establishes the relationship between God and humankind as that of Creator and created being (Genesis 2:7) in the image of God (Genesis 1:27). It establishes the relationship between humankind and the created order as that of steward over God’s good gifts, responsible and accountable.

4.2.2 The God of the Exodus

The individual relationships between God and the patriarchs as set out in Genesis, reveal a God who remains intimately concerned with the well being of humankind. The Exodus story continues this revelation as we are presented with the image of a God interacting with people in history. The image here is of a God “moved by the physical – the social, economic, political – conditions of the people”. (Kysar, 1991, p.12) Of importance to the discussion of AIDS liturgies is the fact that this is the image of a God who is aware of the suffering of the people in Egypt, and who acts to liberate them from their oppressive circumstances and accompanies them on their journey to the Promised Land. God calls Moses to lead the people to the Promised Land, and the Tent of Meeting goes with them throughout as God shares

in their suffering, in the cost of their liberation, and is shown to provide for their needs on the journey.

4.2.3 The God of the Covenant

The Exodus, the Covenant and the Law are interdependent. The liberated people were offered, and accepted the Covenant at Sinai, thereby establishing the nature of the relationship between God and the 'people of God'. Ashby notes that "a *mixed* group of people left Egypt". (Ashby, 1998, p.58) This is an important reminder that belonging to the 'people of God' depended on grace and not on birth, resulted from choices that were made to respond to the offer of God.

The Law reminds the people that the Covenant relationship with God is intended to encompass every aspect of their life as individuals and as a community. It fashions their culture and constantly holds before the people the image of the God with whom they are in a covenant relationship, one in which they have agreed to 'journey together' through life.

The Covenant firmly establishes the image of God as the advocate of justice in general and of the poor in particular, "committed to the promotion of the physical welfare of the people and the preservation of the physical environment". (Kysar, 1991, p.19) But the covenant binds God and the people together on that journey, and thus compels the community to exercise that commitment in their relationships with one another. This places the onus on those with plenty to take the initiative to alleviate the condition of the poor.

4.2.4 The God of the Prophets

There are three important features of the image of God conveyed by the prophets that have a bearing on this investigation. Firstly the prophets constantly remind the people of the need to maintain just relationships within the community, and especially with regard to those who are the most vulnerable in society. Thus there is a particular emphasis on the widows and orphans.

The second feature is the direct link between morality and worship. The ceremonies of the Temple are of no value or importance when there is no justice in their dealings with one another in society. (Isaiah 1:10-17; Amos 5:21-24; Micah 6:6-8)

The third feature of the God of the prophets is that the concern for others is not to be limited to the 'people of God' but is to encompass all people. The story of Jonah is one example of the intention noted in Isaiah, that the people are to be a 'light to the nations' (Isaiah 42:6) and that the promise that the temple will be 'called a house of prayer for all peoples'. (Isaiah 56:7)

As Kysar concludes in this section of his work, "The violation of God's will for social relationships is a matter of utmost significance. Its punishment arises from the very nature of God, for whom societal structures are of paramount concern." (Kysar, 1991, p.23)

4.2.5 The Counter-images of God

However, these images of God need to be balanced by some of the counter-images that are also to be found within the Hebrew Scriptures.

i. The exclusion of the afflicted and blemished

Just as the social concern of God elicited a similar concern for justice, so the holiness of God required holiness of those who would come to worship God. This led to the idea of ritual cleanness before God, and the laws concerning that which was unclean, as well as the process by which these could be made ritually clean again. The concern was that of contamination, and a list of that which contaminated was developed for the people. The result was that the merest contact with one who was unclean, such as one with leprosy, brought with it a danger to the religious standing before God.

Holiness was seen to require wholeness and health, which meant that anyone with a blemish or who was ritually unclean was excluded from worshipping the God who is holy. This implied an image of God as one who disdains those with certain afflictions, leading to a class or group whose physical condition precluded them from the possibility of worshipping with the community or of receiving any religious favour.

ii. The exclusion of foreigners

There are times when it would appear that God has little concern for those who are not of the people of Israel. It is usually at times of threat to Israel's very existence that this tendency to exclusivism comes to the fore. It does not

dominate in the end, but does appear as a reality. In the context of this exploration it is not of major concern.

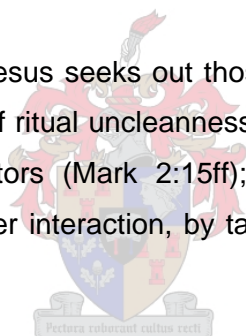
iii. The God who punishes wickedness with illness and poverty

Righteousness in the Old Testament is seen to be rewarded with material blessings, while God punishes wickedness with illness and poverty. This leads to an image of God as one who punishes and rewards by control of life's conditions. This also led to an understanding that the earthly condition of a person's life was an indication of faithfulness to the covenant and of the standing before God.

4.2.6 Response to the Counter-images of God

In the life and ministry of Jesus, there is ample evidence that the proclamation of the kingdom included the breaking down of several of the counter-images that continued into the thinking of the community within which he moved.

Throughout the gospels, Jesus seeks out those who would have been seen to be beyond the pale in terms of ritual uncleanness, by touching the leper (Mark 1:40ff), by eating with tax collectors (Mark 2:15ff); and in terms of the exclusion of foreigners and cross gender interaction, by talking to the Samaritan woman (John 4:7ff).



Jesus rejects the idea that physical illness or tragedy was a result of God's punishment for sin. The man born blind (John 9:1ff), the eighteen killed when the tower fell in Siloam (Luke 13:4), are two incidents when Jesus makes a clear statement that neither situation was a punishment for sin and that those caught up in the situations were no different from others.

Kysar acknowledges the counter-images of God in the Old Testament, but sums up this response, "The Jesus image of God affirms the Old Testament picture of a God who demands justice for all people, inclusive concern for all, and social morality as a prerequisite for proper worship." Kysar, 1991, p.55)

4.2.7 Conclusion

Kysar presents an overwhelming argument for the image of a God who seeks out the people in their distress and leads them out of their bondage into the freedom of a covenant relationship. This relationship is rooted in seeking justice for all people,

and especially the most vulnerable for whom God has a particular concern. The connection between worship and social justice is well established as a special feature of the relationship between God and those who would worship.

The next section will consider some of the healings of Jesus to see how these develop a number of these images giving a clear biblical basis for the development of a theological response to those marginalized by the AIDS pandemic.

4.3 The example of Jesus in worship

4.3.1 The man with the withered hand

Mark 3: 1 – 6

The commentators would seem to be ad idem that this is a Sabbath healing that raises the question of obedience to the Law, a particular issue in the confrontation between Jesus and the Pharisees. The question Jesus asks is specific, “Is it lawful to do good or to do harm on the sabbath, to save life or to kill?” (Mark 3:4) The man with the withered hand is not in danger of dying, so the letter of the Law is not being brought into question. It would seem that what Jesus is seeking to do is to extend the principle to make it justify healing work of all kinds, which would lead to other kinds of benevolent acts on the Sabbath.

Erdman makes the very interesting point that “in Jesus’ time works of mercy were looked upon by the religious leaders as inappropriate at public worship, considered to be “work” which was considered against the laws of the Sabbath”. (Erdman, 1945, p.65) Nineham suggests that the coming of the Kingdom proclaimed by Jesus “has inaugurated a new situation so urgent and unprecedented that the laws applicable in the “old age” are no longer always binding”. (Nineham, 1963, p.109)

It is this that is important for this paper, that Jesus confronts an attitude that would exclude such acts in public worship on the Sabbath, and clearly makes the point that where there is need, the law of love and compassion should take precedence. The religious authorities were silent, but immediately went out to seek to destroy him.

4.3.2 The healing of the crippled woman

Luke 13: 10 – 17

In this incident, Jesus takes the initiative and calls the woman, speaks the word of healing, and lays hands on her. The woman immediately stands up straight, and praises God. The response of the leader of the synagogue is indignation, and he

tells the people to come on another day and be healed, and not on the Sabbath. Effectively he is breaking any link between the congregational worship and the healing ministry of the community.

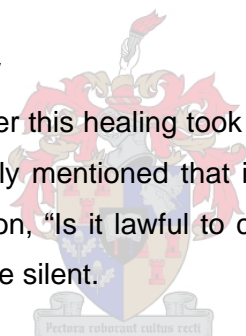
Jesus tells the congregation that the response of the leader is hypocrisy, in terms of their own actions. They are prepared to untie an ox to lead it to water on the Sabbath, why then not set the woman free from her bondage on that day? He then follows with a parable of the Kingdom, the new context in which they now live, even if they do not recognise the significance.

Michael Wilcock, commenting on this passage, writes, “The sabbath day was an epitome of Jewish religion: a gift from God, full of spiritual meaning, but so fossilised and encrusted with traditions that it had become practically lifeless.” (Wilcock, 1979, p.139) Instead of bringing new life to people, the traditions had caused their worship to prevent new life being embraced.

4.3.3 The man with dropsy

Luke 14: 1 – 6

There is no mention whether this healing took place within the synagogue or during worship, but it is specifically mentioned that it takes place on the Sabbath. (Luke 14:1) Again Jesus’ question, “Is it lawful to cure people on the Sabbath, or not?” And again the Pharisees are silent.



However the significant difference in this incident is that Jesus then personalises the question for each of them. Wilcock articulates this well when he writes,

Arguably Jewish law may forbid the rescue of an animal fallen into a well on the Sabbath; but if it’s *your* animal, says Jesus, you won’t think twice about it, will you? The law of mercy (or self-interest) will take precedence over the Law of Moses. So much for the inflexible religious principles to which they pay such ardent lip-service! (Wilcock, 1979, p.145)

4.4 The healings of Jesus outside the synagogue

The following two incidents remove the situation from the question of healing on the Sabbath, and deal with a second major factor in the healings of Jesus, that of restoration of the healed to the fellowship of the community.

4.4.1 The healing of the women with the haemorrhage

Luke 8: 42b – 48

The significance of the woman’s illness was not just the distressing and debilitating effect of the menorrhagia, but “it had the further devastating

consequence that it rendered her permanently unclean, and so unfit for human contact (Leviticus 15:19-30)” (Caird p 124)

The healing, and Jesus’ public acknowledgement of the healing, brought an assurance that “she owed her new health to her own faith in the saving activity of God.”

4.4.2 The healing of the lepers

Luke 17: 11 - 19

Both Caird and Wilcock suggest that this incident presents some difficulties both with regard to content and to its position. Wilcock (p 166) locates the passage within the context of Jesus’ words to the disciples and the Pharisees. Both have heard the words of salvation from Jesus’ own lips, yet the Pharisees have not responded to that proclamation, while others, like the penitent sinners and the tax collectors have done so wholeheartedly. He sees the incident as “a living illustration of what Luke has been describing. Of the ten men who are touched by the healing power of Jesus, only one realises that what has happened deserves a heartfelt response to the Saviour from whom that power has flowed; and that one thankful man is the Samaritan, the outsider.

Caird (p 194) notes that Jesus directed all ten to go to Jerusalem and present themselves to the priest, “who alone had the authority to certify their cure. “ It is this that is of importance to the argument of this paper, that the certification of the cure would restore the ten to fellowship in the community, would allow them to be free to associate with others, and to attend worship in the Temple.

That the only one to return and give thanks is a Samaritan makes several distinct points:

- that the kingdom proclaimed by Jesus impacted directly on the realm of disease and sin, and the benefits were for all people;
- that the healing would restore the relationship between those considered to be outside the community on account of their illness, and the community of faith;
- that salvation was more than a physical healing or cleansing, it brought a new relationship with God and his kingdom of grace;
- the response of the Samaritan gave a glimpse of that which was to be revealed later, the opening of the kingdom to the Gentiles as well.

However, there is one unanswered question that lingers in the mind in the context of this investigation. Even if the Samaritan does present himself to the priest, and even if the priest does declare that he is free of his leprosy, he will still not be restored to fellowship in the community, even with those who were healed with him, because he is twice stigmatised. This is the position of many who are HIV-positive today, that they carry the additional burden of the stigma of being poor, being black and being women. For such people there is a fourfold stigmatisation that must be broken down.

Kysar notes from these two examples that “Jesus’ healings and exorcisms effected social integration as well as individual wholeness.” (Kysar, 1991, p.40) and adds the comment that they “lived outside the mainstream of society, relegated to its margins, ostracised and feared” to which, in the case of those suffering from AIDS, one might add the comment, and stigmatised.

4.5 Paul on the Eucharist among the Christians in Corinth

4.5.1 The social background to shared meals in Corinth

Meals have always been important to the expression of faith, and for establishing status and position in society. In the Old Testament there are clear instructions for the Sabbath Meal, the Covenant Meal and the Passover Meal. These shaped the society and the culture of the people of God. In the same way in society in Corinth there were a number of different meals that had different functions and shaped the society in which they were celebrated. The Association meeting, or *collegium*, (Witherington, 2001, p.243), the free dinner, where the host provided the meal, the subscription dinner, where the guests paid towards the costs, and the private dinner where each brought their own food to eat (Winter, 2001, p.155ff).

Talbert examines the meals by considering three questions: What was eaten? Where was it eaten? and When was it eaten? (Talbert, 1987, p.74) He relates these factors to the life of the Christian community, made up of free persons and slaves, and to the context in which they celebrated the Eucharist, and came to the conclusion that the situation in the Corinthian church to which Paul addressed himself was:

The wealthy came early, joined the host in the dining room for the best food and drink. By the time the slaves gathered in the atrium to partake of the meagre amount they had brought or that was left, the early arrivals would be in their cups. (Talbert, 1987, p.75)

It was this situation that Paul addressed in his first letter to the Corinthians and Talbert suggests that the primary problem was that “The purpose of the supper forgotten by the Corinthians, customary social convention prevailed and divisions resulted.” (Talbert, 1987, p.75)

There is also the difficulty of the space that would have been used for worship, a private home. This would have exacerbated the divisions in that the dining room would probably not have been large enough to have accommodated the whole congregation, so the early arrivals, the wealthier members of the community, would have settled into that space, while the later arrivals, the slaves who would have been required to work later, would have been standing and eating in the atrium. It must be stressed that this was not just a difficulty for the Christian church, other religious communities were suffering from similar strains.

This is the background to the situation that Paul was addressing, and he seeks to make a clear distinction between the meals of the society in which they lived and the gathering of the church for this celebration. It does not matter where the church gathers, it is the sacred nature of the time and the occasion that is of primary importance. It is a gathering of the people who are bound together in community by their faith. Paul would have been guided by the ethos of the community that was described in Acts 2:44ff, “all who believed were together and held all things in common; ... they broke bread at home and ate their food with glad and generous hearts.” (NRSV) More directly the letter to the Galatians describes the confrontation between Paul and Peter over table fellowship, “After they came he drew back (from table fellowship) and kept himself separate for fear of the circumcision faction.” (Galatians 2:11 – 14, NRSV)

The meals described above, except for the Saturnalia “where normal social values were turned upside down for a day” (Witherington, 1995, p.241) were such that they entrenched the existing social strata. In his letter to the church at Corinth, Paul emphasises the need for the gatherings of the *ekklesia* to be recognisably different from those in society, because the values of the community they represent is to be radically different from the values in society.

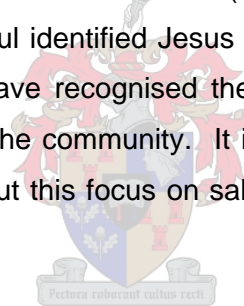
4.5.2 The Lord's Supper against the Passover Tradition

Franz Rosenzweig writes of the Passover, “the welding of people into a people takes place in its deliverance. And so the feast that comes at the beginning of its national history is its feast of deliverance” (Glatzer, 1953, p.xx)

The Passover remains for the Jewish people the sacrifice and festival of deliverance, and we read in the blessing of the second cup at the Passover Haggadah,

Therefore, we are bound to thank, praise, laud, glorify, exalt, honour, bless, extol, and adore Him who performed all these miracles for our fathers and for us. He has brought us forth from slavery to freedom, from sorrow to joy, from mourning to holiday, from darkness to great light, and from bondage to redemption. Let us then recite before him a new song: Hallelujah. (Glatzer, 1953, p.51)

Paul makes strong connections between Passover and The Lord's Supper. Earlier in the first letter to the Corinthians, he identifies Jesus with the Passover, “For our Paschal Lamb, Christ, has been sacrificed”. (1 Cor 5:7, NRSV) As a Pharisee, this would have meant that Paul identified Jesus and his death and resurrection in the same way as he would have recognised the Passover, that it was the focus for salvation and for building the community. It is not the intention to argue all of the implications of this here, but this focus on salvation and community do raise some important points.



We have already noted that it was a *mixed* group who came out of Egypt and met with God at Sinai, (Ashby, 1998, p.58) which raises the question of who was invited to participate in the Passover. There does not seem to be any real clarity with regard to outsiders participating in the original meal. If there was already some kind of separation of the Israelites from the surrounding peoples because of their oppression, the instruction that where a household was too small for a whole lamb, “it shall join its closest neighbour in obtaining one” (Exodus 12:4, NRSV) could be assumed to mean that only the congregation of Israel participated in the Passover Meal. That would then assume that others joined them on the Exodus after the Passover.

However, the later instructions for the celebration of Passover as a day of remembrance, “throughout your generations as you shall observe it as a perpetual ordinance” (Exodus 12:14, NRSV) reveal a number of specific instructions for the ‘outsiders’ who wish to be part of the celebration. Those who are outsiders, who

happen to be around at the time of Passover, and those who might be resident or employed among the people of Israel, are not to be included in the celebration, unless they are circumcised. (Exodus 12:48, NRSV)

There are therefore choices for those who are resident among the people. If they wish to remain outside the covenant people, they will simply be required to keep the law of the land, which would have meant that they would have had to remove the leaven and observe the period of Unleavened Bread. However, to celebrate the Passover to the Lord, that is to join in the worship of Yahweh, would require all males to be circumcised. Motyer goes on to write,

This is a community with two components, not two degrees or levels of membership...the covenant is true to its Abrahamic foundation that in Abraham all nations shall come to the blessedness they need. The circumcised alien is able to come into full membership under the same principle as the native-born. (Motyer, 2005, p.148)

4.5.3 The specific issues in Corinth

1 Corinthians 11:17 - 34

C K Barrett captures the essence of Paul's argument in his commentary, "So far short of the mark do your assemblies come that *instead of building up the community they damage it*; you are not better but worse off for having met." (Barrett, 1968, 260) The celebration that should be the focus for the celebration as the community of the faithful, the *ekklesia*, which should be a mark of their unity has become a cause for division among the Christians there.

Pectora roburant cultus recti

There are a number of comments regarding the use of the term body in verses 27 and 29. Morris comments on verse 29 that "there seems to be no real reason for thinking that the term means anything different from what it meant in verse 27". (Morris, 1958, p.164) Prior questions what 'discerning the body' means. He seems to make a distinction between 'the body' in verse 27, recognising "the special presence of the risen Lord in the worshipping community and, more particularly, in the sacrament of his body and blood" while the later reference is to the church as the body of Christ, a term that Paul will develop in the following chapter. (Prior, 1985, p.190)

However there is a common cause in the thrust of the whole passage as Morris, Prior and Talbert are agreed on "the marked stress throughout the passage on the corporate nature of the rite, and on the responsibility of each to all" (Morris, 1958, p.164) and Talbert suggests that the failure to discern the body "can mean only the

inability to perceive the Christian unity rooted in the sacrifice of Christ as actualised in the sacred meal". (Talbert, 1987, p.79)

The Corinthian church has allowed the standards of society to dictate the nature of their gathering such that there is no discernible difference between their celebrations and the excesses of the society in which they live. The result is that they have profaned the sacrament, not by liturgical error, nor by under-valuing that which has been passed down to them, but by attaching to it an uncharitable act. (Barrett, 1968, p.264) This attitude showed contempt for those who had already been treated in that way by society, and put them to shame in the one gathering where all should be treated equally before God. This means that they are no longer open to the 'power that flows from the sacrament' which then becomes destructive to the community. (Beardslee, p.109)

Paul stresses the understanding that the celebration of the Lord's Supper is open to all who have made the decision to respond to the Lord's invitation to follow. In that sense, as with the Passover, there might be various components within the community, but they are all to be regarded as full members of the community, of equal value within the community. Prior suggests that the main word that Paul uses in this context is *covenant*, and that this must be understood to mean that those who have entered into a covenant relationship with the risen Lord must be drawn into a covenant with all others who have responded in that way. "Thus the covenant community is established – and that is precisely what the Corinthians were undermining by their behaviour." (Prior, 1985, p.188)

4.6 Conclusions

The evidence of the scriptures examined in this Chapter point to a single imperative, that the God who is revealed in Jesus Christ and is worshipped in the Old and New Covenant is a God who has a passionate concern for the marginalized. This provides a firm foundation for the hypothesis that there is an intimate connection between the worship of the community of faith and the pastoral care that is to be exercised by that community.

It is an imperative rooted in the consistent image of God revealed throughout scripture, that of a God of compassion who is intimately involved in the lives of people:

- in the relationship between Creator and creatures made in God's image;

- in the God who liberates from oppression and accompanies through life;
- in the Covenant that encompasses all of life;
- in the particular bias for the poor and marginalized;
- in the direct link between morality, social justice and worship.

Even where there are counter-images, these cannot deny the overwhelming evidence of the compassionate God who cares for his people.

It is an imperative in that is it seen in the life and ministry of Jesus revealed in the gospels:

- that works of mercy and healing are to take precedence over the Laws of Sabbath observance;
- in revealing to the religious leaders how the rich traditions they have inherited and which they seek to sustain can become lifeless observances;
- in reaching out to those who are stigmatised and restoring them to fellowship within the community;
- that the works of healing are available to those regarded as being outside the covenant relationship.

It is an imperative that our worship should be inclusive with a particular emphasis on the poor and the marginalized:

- that within the body of Christ, each member has the same worth;
- in that worship should reveal God's values to society and not allow the values of society to dictate to the church who is welcome and who not.

The scriptural record demands that the church today examines itself with regard to the hospitality that is shown to those who are marginalized by society. "Where are the untouchable, the unclean, the impossibly unrighteous being welcomed into the realm of God today?" (Bouma in Cadwallar, 1992, p.159)

CHAPTER 5

THEOLOGICAL REFLECTION ON AIDS

5.1 Introduction

The close relationship between liturgy and theology has been well established. In his discussion on *Liturgy and Theology: Conversation with Barth* (Saliers, 1994, p69ff) Don Saliers quotes Barth, writing in *The Humanity of God*, as follows:

“It is imperative to recognise the essence of theology as lying in the liturgical action of adoration, thanksgiving and petition. The old saying *lex orandi lex credendi*, far from being a pious statement, is one of the most profound descriptions of theological method.” (Saliers, 1994, p 71)

This reflects the thinking of Dom Gregory Dix. In his seminal work published in 1945, Dix wrote, “The study of liturgy is above all the study of *life*,” and continued,

Christian worship has always been something done by real men and women, whose contemporary circumstances have all the time a profound effect upon the ideas and aspirations with which they come to worship. We must grasp the fact that worship cannot take place in an ecclesiastical Avalon, but to a large extent reflects the ever-changing needs and ideas of the worshippers. So it gives rise all the time to new notions by the interaction of these urgent contemporary ideas in the minds of those worshipping by ancient inherited forms. (Dix, 1945/2005, p.741)

Both would have agreed with Kavanagh, Lathrop and others that liturgical worship is a theological act; indeed it should be regarded as *theologica prima*, primary theology. This should not be construed as an attempt to establish some kind of hierarchy between theology and liturgy, which would be unhelpful to argue in this context, but it does raise a number of critical points for the development and critique of AIDS Liturgies.

In the first place it asks questions of a worshipping community where HIV/AIDS is not addressed at all in public worship, or is limited to a petition in the Intercessions which reflects HIV/AIDS as something happening to other people and in other communities beyond the gathered community of faith.

Secondly it asks questions of a community that is content to allow the focus of the theological reflection on HIV/AIDS to be contained within the response of the church hierarchy, Synod resolutions and outside organisations, with little input from or impact upon the local congregation.

It is for this reason that where liturgies are developed to conscientise congregations and individuals, and to initiate change, these liturgies themselves should be critiqued from the point of view of the theology they express. This chapter will seek to establish some

of the theological issues that should be addressed in the worship of the local community in a society ravaged by HIV/AIDS.

5.2 The process of developing a theological response

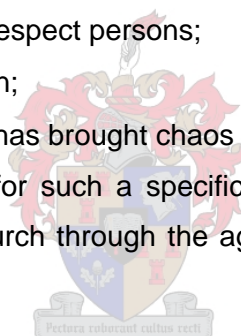
5.2.1 Introduction

Some would question the very idea of a “Theology of AIDS”. Different authors have adopted a variety of approaches to this enterprise; David Yeoman (Snidle 1997, p28) suggests it would be “more profitable to speak of a theological response to AIDS” while Paula Clifford (Clifford 2005) prefers “to ask fundamental theological questions in a new context, and expect to find some answers.” Gary Bouma (Cadwaller, 1992, p.153) writes of “the quest for an AIDS-relevant theology.”

Some of the factors that suggest that it might be necessary to explore a specific theology for AIDS would include:

- the sheer size of the pandemic;
- the fact that it does not respect persons;
- its means of transmission;
- the impression that HIV has brought chaos into the ordered lives of so many.

The danger is that the search for such a specific theology might imply that particular theologies developed by the church through the ages are somehow inadequate for this present situation.



The approach that will be taken in this section will be to follow that suggested by both Yeoman and Clifford and to explore the manner in which we ask the fundamental questions of theology in this new context. Particular attention will also be paid to the persons who should be engaged in the process and whose voices must be heard if the enterprise is to have any value or integrity.

The features of this approach will include:

- the theological response will be one of discovery (Snidle, 1997, 31) and must be allowed to emerge from the reflections of the whole faith community; (Bouma in Cadwaller, p 152)
- the theological reflection must be earthed in an encounter with the lived experience of HIV and AIDS; (Snidle, 1997, p 34)

- the encounter with God that is experienced not just in the Person or Being of Christ, but also in His relationship with the broken human condition; (Snidle, 1997, pp 27 &31)
- a pastoral concern that seeks not just to analyse the lived reality but also seeks to change it and transform it; (Snidle, 1997, p.34)
- a process that is a community endeavour, growing out of the shared experiences of God by the people of faith, and of their reflections on these experiences; (Bouma in Cadwaller, p 148)
- a process that will include the critical role of narrative in disseminating knowledge. (Ackermann, 2005, p.47)

5.2.2 A task for the community

Several of the features listed directly above stress the role of the community of faith in the process. Bouma suggests, "It is those who live the life whose reflections are the primary, not the only, but the primary basis for the emergence of a theology relevant to that life." (Cadwaller, 1992, p.153) But this immediately reveals one of the inherent difficulties to be faced as the church grapples with its response to HIV/AIDS. The initial response to the pandemic was one of rejection and condemnation, which stigmatised those infected and their families, put them outside the church. Thus it was that the very people who were essential to the theological enterprise, were excluded from the process.

For the community to be able to perform this theological task, there is an urgency to ensure that those most intimately involved in the pandemic have space to share their experiences and their reflections; for the community of faith to acknowledge past failures; and for all to acknowledge that the pain can and must be shared by the whole community. The first step in this process is for the community of faith to actively make room for and give a voice to people who are HIV-positive, people who care for those infected and affected by HIV/AIDS, and gay and lesbian persons, a group that was particularly judged and excluded in the initial response to AIDS.

Such persons are not strangers, but persons within the church, people who need to be recognised as "the churches most precious resource...the 'wounded healers' of our time." (Ackermann, 2005, p.17) Richardson regards such persons as "the intentional expression and embodiment of the broken body of Jesus", (Richardson, 2006, p.45) and it is contradictory to exclude them from the community of faith, and from the process of developing a theological response to HIV/AIDS.

The community of faith has a responsibility to listen to their stories, and to confront the pain that has been caused by the church. Bouma continues that if this does not happen,

The resources required to do the task of theological reflection are denied to the community. Moreover, the richness of God's love and grace is denied not only to them, but also to the rest of the community, which as a result of their loss will be unrepresentative, fragmented, less whole and diminished. (Cadwallar, 1992, p.153)

Church membership should not be determined by any human understanding of perfection or acceptability, but should reflect the kind of hospitality that was exercised by Jesus in the gospels where he is shown to be stretching beyond the artificial boundaries set by the religious authorities of the time.

When we understand the work of pastoral care as the church's response to the personal, relational, and spiritual needs of persons, then the community unquestionably emerges as both the context and the agent of this care. (Anderson, 1998, p.47) That context does not comprise the pure and the perfect, but rather those who acknowledge that they are included through God's generosity and unconditional acceptance of that which is often regarded as unacceptable to others.

5.2.3 A pastoral response

The impact of the HIV/AIDS pandemic is not confined to the lives of those who are infected or immediately affected. It is a pandemic that has permeated every level and every area of society. The Health Care system in many countries is already overloaded in caring for those infected and who have no immediate family to care for them; there are serious economic implications if a major proportion of the economically active population are sick, and will in time operate at a less than optimal level; a particular crisis exists in the education departments in some areas because of the number of teachers who are HIV-positive. These few examples bear out the fact that the pandemic already affects every aspect of life, and therefore impacts on the lives of everyone.

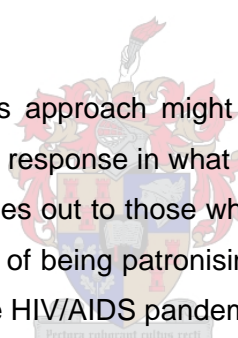
So the theological response must be pastoral at heart, because it will affect the way in which the church is called to minister to each and every member of the community of faith. What is sought will be a "pastoral theology that can mediate theology to practice and practice to theology". (Snidle, 1997, p.33)

While HIV/AIDS is a new crisis for humanity, something the church has not had to address before, there have been other issues that have demanded a similar, concerted response from the faith community that can give some direction for dealing with this new crisis. There is always the danger that church might be tempted by the sheer scale of the pandemic to retreat into an attitude that would suggest that the problem lies outside the church, and look to specific interest groups to engage with the issue. As has been suggested:

In some cases, congregations participate vigorously in community and global ministries, put funding for relief work in their budgets, and inform study groups about critical conditions worldwide, yet do not speak of these global concerns in their worship. (Brown, 1992, p.130)

Because of the all-pervading nature of the pandemic, and the need to mobilise the whole community in the response, the task is going to be to develop a theological response that will address the pandemic at the heart of the worshipping life rather than in the Synods and Conferences and other places on the fringes of the life of the congregation.

It has been suggested that this approach might enable the church to rediscover the principle of *diakonia*, rooting the response in what the church does as it builds fellowship within the community and reaches out to those who are in distress for whatever reason. This would eliminate any sense of being patronising or condemnatory of those who find themselves in need in facing the HIV/AIDS pandemic.



The aim must be a pastoral approach that

- has Christ as its focus;
- is rooted in the community and inclusive in its nature;
- is able to analyse critically conditions of life and give freedom and space to men and women to share and reflect on their lived experience;
- can interact critically with new perceptions about the meaning and quality of life in society at large.

5.2.4 A distinctively Christian response

The important feature of the theological response to AIDS is that it must be rooted in a distinctively Christian approach. It has been said that HIV/AIDS is the most studied pandemic in history, and the literature continues to proliferate. It would be easy for the church to attach itself to any of these approaches, to find common factors that can be supported and so to provide the care and support that is in line with a 'Christian

response'. However, the more difficult approach is to discern what it is that only the church can offer to those living with HIV/AIDS, those who are infected, those who are affected, and those who minister to them through medicine and social services.

The fact that all human beings are created in the image of God is one common feature, but it is not exclusively Christian, in that it is a doctrine shared with Judaism. Rather, the distinctiveness can only be found in the person and work of Christ, and of the ongoing work of the body of Christ. The two distinctive features here are the element of sacrificial giving that Richardson mentions as part of the work of the church as she responded to the Black Death of the 13th century (Richardson, 2006), and that Stark mentions as a factor in the growth of Christianity in the first four centuries as the early church responded to two plagues in the Roman Empire. (Stark, 1996) In both situations the church was seen to play a distinctive and decisive role in caring for those affected by illness, even at the cost of their own lives.

The second distinctively Christian feature is the basis of this thesis, the centrality of worship in the Christian community. At the heart of that worship is the Eucharist, the proclamation of the death and resurrection of Christ shared in the broken bread and the blessed cup. At the heart of our worship is a broken Saviour, who invites all who are broken to draw near and receive the gifts of God.

5.3 Prejudice and discrimination

5.3.1 Introduction

Stigma and discrimination are not only obstacles to HIV prevention, care and treatment for people living with HIV, but are among the epidemic's worst consequences. HIV-related stigma consists of negative attitudes towards those infected or suspected of being infected with HIV and those affected by AIDS by association, such as orphans or the children and families of people living with HIV. (UNAIDS, 2006, p.86)

Twenty five years after the first cases presented in America, and the church reacted with prejudice and judgement, the stigma has yet to be broken and the above statement from the latest UNAIDS Report acknowledges the major difficulty in the attempts to curb the rate of infection and to turn back the tide that threatens to engulf especially Africa.

Until the nature of stigma is understood and the consequences of stigma addressed, there is little chance of breaking the silences so that those infected can be treated and supported.

5.3.2 The reality of stigma

Ronald Nicolson wrote in 1995, "People with AIDS experience alienation. Because of community fears about AIDS they are likely to face discrimination and isolation. They become outsiders." (Nicolson, 1995, p.34) This continues today as evidenced by UNAIDS arranging a theological workshop focusing on HIV- and AIDS-related stigma in Namibia in December 2003 to tackle the issue.

That Conference acknowledged that stigmatisation leading to silence and denial is the major difficulty faced in HIV prevention and in the process of developing a comprehensive theological response to the HIV/AIDS pandemic. (Paterson, 2005b, p.2)

Saayman and Kriel explored this reality, and sought parallels in the position of the lepers recorded in the Old Testament and in the encounters between Jesus and lepers in the gospels. While there are a number of valuable insights from this study, it does require great sensitivity as there are those working in the treatment of leprosy who would prefer not to have any suggestion of a link today between the two diseases.

5.3.3 The effect of stigmatisation

Paula Clifford notes that HIV was first identified in Western Europe and America among homosexual men, and elsewhere came to be associated with women sex workers, and writes of the "spectacular theological error of the Church in the early days of the pandemic ... swift and unthinking: AIDS was a punishment from God, to be likened to the plagues which in Old Testament times he inflicted on disobedient communities." (Clifford, 2005) While great progress has been made and examples from a range of denominations can be cited to justify this, there is a concern that this progress at higher levels in the church is not always reflected in the local community where fear and superstition continue to be a controlling factor.

The effect of stigmatisation has implications for those infected with HIV/AIDS, for the church in this enterprise, and also for the wider community. These have been recorded by Paula Clifford as:

- silence – fear of stigma and alienation means that people dare not reveal their positive status by changing their behaviour;
- treatment is delayed until infection is acknowledged;

- people who do not fall into the stigmatised groups consider themselves to be free from risk;
- rejection of the infected, their families and their dependents by the community. (Clifford, 2005)

Donald Messer reminds us that these factors persist twenty years later by citing some examples of stigmatisation born of ignorance and fear from Thailand, India and Kansas, and continues with one at the heart of a Southern Baptist congregation in America, an infection caused by an infusion with infected blood. He writes,

Having HIV/AIDS is no longer likely to trigger quite the emotional fear in the United States that it did in the early years of the epidemic. In certain circles of society, acceptance and understanding prevail. Yet there remains enough antipathy and discriminatory practice that revealing one's HIV-positive status is still a traumatic experience, and fear keeps people from knowing the full love and care of the people of God. (Messer, 2004, p.61)

5.3.4 Dealing with stigma

Clifford, Saayman and Yeoman all deal specifically with the need to categorically reject any notion of AIDS being a judgement or punishment by God, and must resist any attempts by society to restrict the fully human existence of AIDS sufferers. (Saayman, 1992, p.79)

While this is important, and will be taken further in a following section of this Chapter, there needs to be a much more positive approach by the church in dealing with the impact of discrimination and stigmatisation, an approach that must be acknowledged and given its full context at all levels of the church. Church leaders have given the lead in a number of statements,

For the churches, the most powerful contribution we can make to combating HIV transmission is the eradication of stigma and discrimination: a key that will, we believe, open the door for all those who dream of a viable and achievable way of living with HIV/AIDS and preventing the spread of the virus. (Paterson, 2005b, p.2)

However, this principle is often difficult to transfer into the local congregation where the onus is always on individuals who are not always certain of how they will be received by their community, or by the local church. As Paterson notes, "There is a vital difference between statements from leaders and the situation within the community. Combating stigma involves highly personal commitment, and the courage to take a public stand." (Paterson, 2005b, p.2)

Even while there are signs that stigma is diminishing as significant members of the community acknowledge that members of their close family have died of AIDS-related illnesses, the latest UNAIDS report quotes Shisana et al as reporting that “almost one in three said they would prefer to hide the HIV-status of an HIV-positive family member”. (UNAIDS, 2006, p.17)

The UNAIDS report continues by reporting that stigma remains widely pervasive and is a key issue preventing the successful implementation of measures to prevent the spread of HIV/AIDS, as well as providing effective treatment and support programmes. (UNAIDS, 2006, p.57)

The report further suggests that the only real way to end the pandemic is to change social norms, and the attitudes and behaviours that drive them. This will demand that issues such as the empowerment of women, homophobia, and attitudes towards sex workers and those using drugs by injection are addressed at every level of society. Of particular concern are the social norms that affect sexual behaviour. (UNAIDS, 2006, p.285)

5.3.4 Jesus’ response to the stigmatised

The model for the church’s response must be Jesus. “We need to learn from the manner in which Jesus related to and responded to the stigmatised, for example, lepers, Samaritans, a menstruating woman, and those with physical and emotional disabilities.” (Ackermann, 2005, p.12) It is significant that the examples noted are not just restricted to lepers, nor to the location in the place of worship, nor the confrontation regarding the Sabbath, nor even to simply physical healing. Any one of these factors could easily cloud the over-riding principle in the details of the argument.

5.4 Covenantal Justice: the option for the poor, women, widows and orphans

5.4.1 Rooted in a relationship with God

In a statement to the media on 7 February 2003, the Catholic Theological Society of Southern Africa and others said, “Responsibility in a time of AIDS is vital, for many in our society refuse to take responsibility for the tragedy unfolding in our society”. (Quoted in Clifford, 2005) The thrust of their argument to the church was that “HIV/AIDS should be dealt with not within a framework of individual moral values, but within the framework of social justice”. (Clifford, 2005, p.12)

The Report on the UNAIDS workshop in Namibia introduces the topic of Covenantal Justice as follows,

The biblical concept of Covenant implies a reciprocal, binding relationship between God and human beings, which should be mirrored in the relationships that human beings have with one another. Just as God has given us the grace to ask for God's friendship, human beings can justly ask certain things of the societies they build. However, the needs of the powerless are easily overlooked, especially if they are carrying the double stigma of poverty and HIV or AIDS. (UNAIDS Statement, 2003, p.15)

W J Dumbrell roots the Covenant in Creation and describes the Sinai Covenant as a movement by which the Abrahamic covenant and the creation mandate now devolve upon Israel. (Dumbrell in *New Dictionary of Christian Ethics and Pastoral Theology*, 1995, p.266) The Covenant established a set of relationships with God and within the community, and the call of the prophets was always for a return to conduct appropriate to those relationships. (Dumbrell, 1995, p.266)

Basic to this is the understanding that each individual is created in the image of God, and is therefore of value to God and to the community of faith. Statistics must not cloud this truth. The criticism of the eighth century prophets such as Amos was always related to the failure of the people to keep to those requirements, and in particular the significant concern of God for the widows and orphans, the poor, and the aliens in the land. These were the marginalized of that generation, and Dumbrell concludes, "The final failure of Israel to rise to covenant expectations meant that Jesus, as the embodiment of Israel, assumed Israel's necessary servant role." (Dumbrell, 1995, p.267)

5.4.2 Shifting the focus from individual morality to covenantal justice

This shifting of the agenda from one of individual morality to covenantal justice has the effect of exploring the impact of HIV/AIDS in terms of the well-established principles set out in the Deuteronomic Law, with its options for the poor, the constant concern for the widows and orphans, the marginalized in society, and in the life and ministry of Jesus Christ.

As was concluded in the brief examination of biblical themes in Chapter 4, Covenantal Justice carries with it the imperative to engage fully with the marginalized, which will include those infected and affected by HIV/AIDS, without any judgement as to how and why they might be infected. However Saayman takes this a step further when he notes with regard to the lepers and the woman with the haemorrhage that Jesus brings not just healing, but also a restoration of the rejected into a proper relationship with the

community. Where lepers were concerned, their healing was looked for as a sign of the expected Messiah and he concludes that, “Seen in this light, the Christian AIDS ministry can become perhaps the outstanding sign of the victorious encounter of the reign of God with everything that diminishes our humanity in our time”. (Saayman, 1992, p.78)

In his analysis of the parable of the Good Samaritan, Richard Stearns suggests that “In truth we are bound by Scripture to respond to all those ‘beaten’ and ‘left by the side of the road’ by this devastating virus”. (Stearns in Yamamori et al, 2003, p.249) That response is not going to be sufficient if restricted to the leadership of the churches engaging in meetings and workshops. It will only become effective through the concerted action of the whole body of Christ living out their covenant with God and with one another in such actions as:

- advocating right theology in our churches and right policies in government;
- praying for and with people with AIDS, for those who care for them, and for the children and other dependents they leave behind;
- supporting the agencies working in the field in their efforts to stop the epidemic and care for those individuals and communities whose lives already have been shattered.

5.4.3 Gender inequality – a justice issue

A vital part of covenantal justice with regard to HIV/AIDS has to do with the vulnerable position of women in the communities that are carrying the most severe infection rates. Musimbi Kanyoro, in the Preface to *Grant me Justice* comments that, “Many women are vulnerable or made vulnerable by external issues, laws and cultures, which regulate low status for women. This is where injustice has to be challenged.” (Dube and Kanyoro, 2004, p.ix)

Stigma attaches itself strongly to women because of the negative assumptions made about sexual risk behaviour – even when a woman has not engaged in any – and its association with HIV. (UNAIDS, 2006, p.90)

More specifically, in a speech to a Conference at UWC in 2004, the Archbishop of Cape Town said,

Another tragic and shameful area of the Church’s spiritual blindness is in relation to women, and this too is having devastating consequences in relation to HIV/AIDS. Among 15-24 year olds in Sub-Saharan Africa, some three quarters of those infected are women. In some countries, the most high-risk group is married women – most of whom seem to be faithful wives. It is a fact of physiology that the

female body is more susceptible to infection. It is also a fact that men are physically stronger.

But we let men use their strength to the detriment of women. Christianity has been complicit in sustaining the patriarchal dominance of men and the subjugation of women in terms of politics, economics, culture, society and the family as well as within the institutional Church.” (Njongonkulu Ndungane, speech to Conference at UWC, July 2004)

The Archbishop’s comments on the different rates of infection for young women and young men is borne out by the statistics taken from the UNAIDS Report of 2006 quoted in Chapter 1, section 1.2.2. These are a reflection of the highly unequal social and socio-economic status of men and women, as well as highlighting an attitude that sees little wrong with older men using their power within the community against younger women.

This second paragraph of the Archbishop’s statement is an acknowledgement by a leader of the church that this aspect of our lived reality is not just an issue on which the church must confront the world, but rather one that the church must first examine within its own structures and methods of operation. It is no longer acceptable to most members of churches to simply fall back on the traditions that have always been there, or to make references to the scriptures, which were lived within a patriarchal society and recorded and edited by men.

In addition to the increased rate of infection for women, the gender inequality that persists in many developing countries gives means that the burden of AIDS care is especially heavy for women who continue their traditional roles of carers and homemakers. (UNAIDS, 2006, p.90)

5.4.4 Conclusion

The AIDS response is insufficiently grounded in the promotion, protection and fulfilment of human rights. Policies that interfere with accessibility and effectiveness of HIV-related measures for prevention and care ... legal systems also fail to provide adequate protection to children affected by AIDS and to elderly caregivers ... and where legal protections do exist, the capacity to put them into practice is often inadequate” (UNAIDS, 2006, p.57)

However, the Christian response must go beyond the issue of human rights and legal systems and root itself firmly in the fulfilment of the covenant that is witnessed in the life and ministry of Jesus Christ.

Covenantal Justice, and the task of confronting and dealing with the injustices that are evident in both the church and society, is an important pastoral consequence that has direct impact on the theological response to AIDS. At the heart of this response there is no place at all for any kind of rejection of any individual or group, nor for any form of discrimination or stigmatisation.

5.5 Human sexuality

5.5.1 AIDS is a sexually transmitted disease

HIV can be transmitted in a number of ways:

- by sexual contact which involves the exchange of semen and/or vaginal secretions;
- by infected mother to child during pregnancy, labour, delivery or breast feeding;
- by exposure to infected blood or blood products, transfusions or needle stick injuries;
- by blood to blood via cuts, abrasions, or skin lesions, which requires a lot of blood to enter the body;
- by intravenous drug use with contaminated needles.

Of these modes of transmission, the danger of infection from the last three are very limited given the technology now available to test all donated blood products, the volumes of blood that would be required to enter the body, and the minimal occurrences of transmission by contaminated needles. The initial detection of AIDS among the homosexual community, followed by its association with women sex workers led to the “swift and unthinking” response that was noted earlier. However the spread of the epidemic in sub-Saharan Africa is overwhelmingly through heterosexual transmission, through what Saayman has defined as “patterns of open sexual relationships”. (Saayman, 1992, p.29) This demands of the church that any theological response to AIDS must include an exploration of human sexuality.

5.5.2 The traditional teaching of the church

However, the traditional teaching of the church with regard to human sexuality has been muted in general, advocated abstinence and been condemnatory of any deviations from a very narrow norm. Nicolson refers to “a legalistic, rule-based sexual ethic” which leads to “the impression that sexual sins, especially pre-marital pregnancy, matter more than most other sins.” (Nicolson, 1995, p.20)

In this regard, a glance at the Introduction to the Marriage Service in the Prayer Books of the Anglican Church is revealing.

- The Book of Common Prayer – 1662

(Marriage) is commended of St Paul to be honourable among all men: and therefore not by any to be enterprised, nor taken in hand, unadvisedly, lightly or wantonly, to satisfy men's carnal lusts and appetites like brute beasts that have no understanding; but reverently, discreetly, advisedly, soberly, and in the fear of God; duly considering the causes for which Matrimony was ordained.

It was ordained for a remedy against sin, and to avoid fornication; that such persons as have not the gift of continency might marry, and keep themselves undefiled members of Christ's body.

This might seem strange language today, but it is as well to remember that the Book of Common Prayer remains the standard for worship in the church, and that many decry any movement from this liturgical standard.

- The South African Prayer Book – 1954

(Marriage) is commended in Holy Writ to be honourable among all men; and therefore is not to be enterprised, nor taken in hand, unadvisedly, lightly or wantonly; but reverently, discreetly, soberly, and in the fear of God; duly considering the causes for which Matrimony was ordained.

It was ordained that the natural instincts and affections, implanted by God, should be hallowed and directed aright; that those who are called of God to this holy estate, should continue therein, in pureness of living.

While terms such as *“to satisfy men's carnal lusts and appetites like brute beasts that have no understanding”* have been omitted, and Marriage is no longer seen as *“a remedy against sin, and to avoid fornication”*, the words seem to remain rather austere and legalistic, with little indication of the joy of God's gift of human sexuality.

- The Anglican Prayer Book – 1989

Marriage is a gift of God and a means of grace, in which man and woman become one flesh. It is God's purpose that, as husband and wife give themselves to each other in love, they shall grow together and be united in that love, as Christ is united with his Church.

It is given that they may know each other with delight and tenderness in acts of love.

Here there is a step in the right direction, in that the physical relationship in marriage is seen as a factor in building that relationship, rather than simply something to be controlled and ordered aright as a means for procreation.

While the Introduction to the Marriage Service is not the sum total of the teaching on sexuality by the church, for many it is often the public face of such teaching. Very few sermons are preached on human sexuality, and when they are they often focus on a condemnation of the excesses of the world, without any suggestion of the power of God's gift in building joyful, committed relationships of the kind that surely express the heart of the gospel.

The Archbishop, quoted earlier, sets this aspect in perspective when he writes,

The Church must take much of the blame for the issue of stigmatisation, and its attendant problems of fear, denial and silence. Christianity has too often espoused a destructive theology that links sex and sin and guilt and punishment. We must take the lead in overturning these distortions." (Njongonkulu Ndungane, speech to Conference at UWC, July 2004)

As with other factors, a full discussion on theology and sexuality is beyond the scope of this study, but there is one aspect that needs to be kept in mind in the teaching of the church. Saayman has suggested that "AIDS can be considered to be entirely dependent on open sexual relations for its spread". (Saayman, 1992, p.29) His premise is that the maintenance of closed sexual relationships, i.e. abstinence before marriage, and monogamy afterwards, would ensure that couples would be completely safe from contracting AIDS sexually. This is consistent with the traditional approach of the church, both in terms of an approach that links sexuality and procreation as primary, and with a more modern approach that would recognise that "the Churches are veering towards the view that human sexuality is primarily to be seen in its relational significance". (Dominian, 2001, p.38) The fact of this shift in approach is evident, but the way in which this is communicated is vital to the teaching of the church in the years ahead.

5.5.3 The gap between Church teaching and culture

Difficulties arise when the teaching of the church is significantly different to the reality that is being lived. Gillian Paterson notes this when she writes,

The chastity and abstinence scenario becomes a kind of parallel reality: intended for public consumption, backed by social and religious sanctions, and designed to conceal the real facts.

and continues

When cultural norms contradict religious teaching, especially in the case of something as near to home as sexual behaviour, then culture generally wins....Behaviour change starts with an acknowledgement of what really happens...This represents a real minefield for church leaders, who fear that 'accepting the reality of people's lives' will mean watering down traditional teaching,

and undermining their advocacy of faithful sexual relationships.” (Paterson, 2005b, p.3)

The cultural norms experienced in different communities will often create different tensions for those living that reality. The influence of the media, the ingrained practice of migrant labour, the patriarchal structure of society and the different standards applied to men and women in society, have all played a part in developing the situation in which people now live their lives. In addition, the influence of poverty can drive women to sexual practices that leave them particularly vulnerable to HIV/AIDS and other diseases. But whatever the background and particular circumstances, the result is that the experience of many in society today is that of open sexual relations being the norm by which people now live.

A recent Research Project among church-going youth between 12 and 19 years of age in the Anglican Diocese of Cape Town indicated that just on 30% are sexually active and reported a concern that “the general statistics for the Western Cape do not vary much between those identified as church-going and the general population”. (Mash & Kareithi, 2005, p.13) The church is obviously not making much of difference to the attitudes of young people in terms of their sexual practices, and it is likely that the situation is not much different with regard to other age groups either.

5.5.4 Human sexuality – God’s good gift

Too often in the past, the teaching of the church on human sexuality has been seen in a negative light, as part of a hierarchy of control, men over women, the elders over the younger members of the community, the church over society. Several writers, Saayman, Snidle and Paterson among them, have emphasised this need for the church to take the initiative for a more positive approach to human sexuality, and to recognise the importance of the proper use of that gift in developing stable, joyful and fulfilling relationships within the community. This is best presented as being “focused upon faithfulness, kindness and the care and protection of families” (Ackermann, 2005, p.14).

The primary focus of such an approach must be based in a theology of creation, that we are created male and female in the image of God (Genesis 1:27) and must be rooted in the gospel imperatives of building loving, truthful and non-exploitive relationships in society. Our sexuality is only one aspect of our being, and must therefore be subject to this overarching requirement born of our relationship with God. In the same way, the values that are presented must apply equally to male and female. Any other approach

would run counter to the discussion of covenantal justice in general, and of gender equality in particular.

It is suggested that the approach should be based on chastity rather than virginity. Even the term 'secondary virginity' used in the survey on sexual practices in the Diocese of Cape Town has decidedly negative connotations. The use of the concept of chastity, not as something distinct from virginity, but as a value to be promoted throughout life for single and for married persons, will ensure that the church is able to promote a single set of values for all aspects of human sexuality. It will also give space to apply the gospel values of forgiveness and the grace to start again, rather than an approach based on fear, judgement and condemnation of those who have 'fallen into sin' with no prospect of complete restoration.

Such an approach would provide an adequate base from which the church could support a number of initiatives without compromising a positive set of values that will present an alternative to the acceptance and tacit encouragement of open sexual practices.

5.5.5 Conclusion

Because AIDS is primarily a sexually transmitted disease, a theological response to AIDS must include a consideration of human sexuality. This demands an honest confrontation of the negative approach in the teaching of the church in the past and the judgemental attitude towards those who might not conform to a narrow definition of what is considered acceptable. It is also the opportunity for the church to join other faiths to develop and promote a more balanced and positive approach to human sexuality as well as providing a positive support for the work being done by other organisations in the containment of the pandemic.

Perhaps this might even be a good that comes out of the chaos and pain that seems to dominate the response to AIDS that engulfs so many at present, that it "may provide the trigger which will enable society in general to begin to question the assumption that sexual activity is merely for pleasure with no commitment being necessary". (Nicolson, 1995, p.23)

5.6 Repentance and Confession of shortcomings in previous attitudes

5.6.1 Introduction

As has been noted earlier, the immediate response of the church to the AIDS pandemic was caught up in the debates about homosexuality and sex workers, with the discomfort many in the church felt about any public discussion on sexuality, and with the fear and stigmatisation of those infected. The result was condemnation and silence. This has been well noted by Donald Messer in his book, *Breaking the Conspiracy of Silence*. He notes,

During the first twenty-five years since the advent of HIV/AIDS on the global scene, Christian theology has been dominated by an exclusive, judgemental perspective, contradictory to the very character or essence of the church of Jesus Christ. In response to this global emergency, Christians should instead move toward a new AIDS theology that emphasises inclusion, not exclusion – compassion, not condemnation. More Christian leaders must make the effort to link biblical teachings with the imperative of caring for people with HIV/AIDS and to embrace a theological perspective that harmonises with the radical love and action epitomised in Jesus, the Christ.” (Messer, 2004, p. 19)

The first step in this new direction for the church must be to acknowledge and accept culpability for the failures of the past and to embrace this move to a new beginning. The words that Dietrich Bonhoeffer wrote in *The Cost of Discipleship*, “Cheap grace is the grace we bestow upon ourselves...is the preaching of forgiveness without requiring repentance” (Bonhoeffer, translated by Fuller, 1948, p.36) apply as equally to the church as a community of faith, as it does to individuals within the church. It has been noted that many denominations and leaders have done this publicly, and these are recorded in the resolutions of Synods and other such gatherings. However, these have not always been received and resolved at the level of the local community. It is important that people living with HIV/AIDS feel welcome and are able to trust the local community in which they seek comfort and support. The knowledge that the local community has repented of the hitherto judgemental approach will be an important factor in that trust.

5.6.2 Specific issues of which the church must repent

i. Failures in teaching

In the area of human sexuality, there has often been a legalistic approach that gives the impression that sexual sins matter more than any other sins. (Nicolson, 1995, p.20) The focus on virginity, abstinence and prohibition has placed undue emphasis on the sex act rather than the development of a more wholesome and confident acceptance of God's gift of human sexuality.

In the area of gender, the church has failed “to accept responsibility for our role in the promotion and maintenance of gender inequality” (Ackerman, *Tamar’s Cry*). Even where the ordination and acceptance of women in leadership roles has been much publicised at the higher levels in a number of denominations, this has often not been matched by an acceptance of the same role in local congregations. Frances O’Connor writes of research in a Roman Catholic context into the discontent of women with regard to the liturgy. Her findings revolve around two issues; “women’s desire to serve their people, particularly in ways they were not being well served by their priests; and women’s exclusion from decisions affecting their lives in the Church and liturgy.” (O’Connor in Koester, 2002, p.87)

One particular issue in terms of gender inequality has been the slow response of the church to the spectre of the abuse of women and children in society. Denise Ackermann sets out this matter very clearly in *Tamar’s Cry*, and reminds the church that this is endemic in African society where patriarchal structures and attitudes have developed a silence around this matter. She comments on “the shocking fact that in many countries in Africa the condition that carries the highest risk of HIV infection is that of being a married woman”.(Ackermann, 2005, p.11) There are silences that need to be confessed.

ii. Failures in the initial response to HIV/AIDS

The initial response of the church to the AIDS pandemic was judgemental, condemnatory and exclusive. Several writers have noted that it was this that caused much of the silence around HIV and led to the stigmatisation becoming so deeply rooted that people remained ignorant about the method of spreading the virus. At every level, the main difficulty faced by the church has been how to change direction from that initial response. Paterson acknowledges that denominations have issued statements acknowledging past failures and committing themselves to change, (Paterson, 2005b, p.1) but one wonders how much of that was reflected in formal motions at Synods and Conferences, and how much was given substance in Confession of this failure in a public service.

A further failure was that of not speaking a prophetic word into the suffering of those infected. The debates that raged during the initial responses had as their focus the means of transmission, and there seemed to be a tardiness in bringing a message of God’s presence in suffering for those infected. The difficulty from the start has been the silence engendered by the stigma that surrounds HIV infection which makes it

difficult to speak words of hope to an unidentified audience. This silence was also at the heart of the initial lack of response to provide adequate pastoral care to those who suffered, and to those who were bearing the brunt of caring for them.

The major failure has been addressing the stigmatisation within the church and that caused by the church. Even as the church begins to mobilise the enormous potential that it has to provide support to those infected and affected by the pandemic, there is a need to break down the tendency to patronisation that can easily develop. Care for those infected must come out of a response to who we are in the infected body of Christ, and not what we are able to do for those who are infected, as if they were outside that body.

iii. Failure to locate concerns to local congregations

This third area of failure concerns the level at which the church has operated in dealing with the pandemic. There has been a failure of communication between the hierarchical structures and the local congregation. This has often been a two-way failure in that decisions are taken at a high level within the church and these are not conveyed effectively to the local congregation, and there is a failure to listen to the immediate needs of the local congregation when formulating the policies within the church structures. This has been well expressed by Bouma:

Too much of what passes for theology comes down from on high, rather than flowing from wrestling with God in our own lives. Too much theology comes to us highly distilled, purified and devoid of life experience. Such theology and ethic and their dictatorial use leads to the oppression of the faithful, rather than the liberation of their minds, hearts, spirits and wills to experience, to live and reflect on their lives in faith." (Bouma in Cadwaller, 1992, p 156)

Although this statement is now fifteen years old, it still reflects accurately the situation that exists in much of the church today.

iv. The use of discriminatory language

A major failure has been in the language that that is often used within the liturgy of the church. Careless composition of prayers, sermons and statements have often discriminated, stigmatised and destroyed the trust that is needed for all people to turn to their faith community for care and comfort.

5.6.3 Guilt and grace

When considering the issue of Confession, and particularly when this is applied at the local as well as higher structures of the church, it is important that we do so with the

humility to acknowledge that the abused are not innocent, the guilty are not without hope and we all share the responsibility for the social ills that have contributed to the situation in which many find themselves. All stand before God in need of grace.

John Piper, in his short contribution to *The Hope Factor*, sounds a very important warning against “a simplistic, unbiblical response. The abused are not innocent. And the guilty are not hopeless”. (Piper in Yamamori, 1997, p.243) This is not just a question of semantics but one of theology, and it would be easy to categorise those infected by HIV/AIDS into the innocent victims and the others, who are obviously guilty. All who are infected are in need of grace, and of the ministry of the church.

In the same way it is important to distinguish between *punishment* for an action and the *consequences* of an action. (WCC, 1997, p27) People are caught up in the AIDS pandemic because of abusive situations, poverty, wilfulness and carelessness. All of society faces the consequences of their actions and of the *circumstances* that led to those actions. It is essential that the language we use is consistent with scripture, doctrine and with the *circumstances* of the society in which we proclaim the kingdom of God.

5.6.4 Conclusions

However much the church may have changed its direction and engaged fully with the issues raised by the AIDS pandemic on the lives of individuals and the communities within which they live, however impressive the programmes that are being developed, without the primary step of confession and repentance, the Church and congregations run the risk of being seen to be seeking God’s favour through works of mercy towards the infected.

At the same time, confession and repentance over past failures must not lead to a reluctance to adopt a sense of urgency about the proclamation of the values of the kingdom of God, nor the promotion of virtues like faithfulness and commitment in sexual relationships.

5.7 Healing and wholeness, suffering and death

5.7.1 Introduction

An exploration of the link between Pastoral Care and Worship in the context of HIV/AIDS, must include some examination of aspects of health and healing, and an

awareness of death. In addition, when one locates the primary focus of the exploration within an African context, a major factor has to do with very different approaches to health and healing that are presented by an African and a western European worldview. A full examination of these topics is beyond the scope of this paper, which will be restricted to some of the implications for the development and critique of the liturgies developed.

5.7.2 Healing as part of our journey to wholeness

In his paper, *Healing as an integral part of salvation*, Adro Konig makes a number of important points. He looks at salvation as “the condition of wholeness, goodness and rightness which God intends for creation.” (Konig in De Villers, 1986, p.79) This concept covers a wide range of factors that could be summarised as:

- an emphasis on the unity of the human person, created in the image of God for relationship with God and with one another;
- the concept of ‘covenant as a comprehensive expression of salvation in which God created the earth as a place where humankind might share that divine fellowship and joy, and serve God in love;
- the Old Testament picture, where God and the people share both fellowship and God’s gifts when they are obedient, and suffering is a sign that the relationship has been broken;
- the New Testament picture, where there is a differentiated salvation, where people suffer persecution and hardship because they were faithful to the Lord. Christ’s victory over death is provisional and incomplete, a foretaste of what is to be in the final consummation.

Within this complex set of factors, the victory over illness experienced in this life must also remain provisional. While we enjoy a secure relationship with God in Christ, the full enjoyment of God’s gifts, what has been described as “a fully human existence within a community of free people”, is still to come. (Saayman, 1992, p.71) For this reason any healing in this present age will also be partial, and death is a reality that all will face until the coming of Christ.

5.7.3 The gap between biomedical and African understandings of healing

This is a vast topic that has been researched extensively by others. Saayman, in *AIDS: The leprosy of our time?*, devotes a Chapter to the distinctly different approaches, and how these continue to impact upon our multi-cultural society today. He quotes F

Staugard, *Traditional Medicine in a transitional society*, writing about Botswana, “Every time a Motswana falls ill, he has to face the difficult dilemma of ...whether to go to the hospital or clinic or whether to seek help from the familiar traditional health care system.” (Saayman, 1992, p.33)

The church is caught up in this gap in that the western, biomedical approach was brought to southern Africa and other areas by missionaries under the influence of the Enlightenment, an attitude that was bound up with a ‘scientific’ view of healing rooted in the cultural background of Western Europe. It was further understood to be rational and objective, and therefore superior to the health systems they encountered in Africa. The goals of the two systems were also different, that while western medicine primarily sought to cure the illness or ailment, the traditional African approach sought to restore the balance, by also healing the broken relationships that were part of the dis-ease that presented itself. “Healing among Africans has two goals: to cure the ailment and to restore the balance of the patient with his or her environment.” (Long, 2000, p.50)

There is a close correlation between the African understanding of health and the Old Testament concept of *shalom*, in that it is linked “to all of God’s blessings; prosperity, freedom from illness, fertility, and victory” as well as “a sense of inner peace.” (Long, 2000, p.20) These blessings, as well as the curses that are part of the complex of relationships within the African world-view, will involve “a characteristic blending of light and shadow, of hope and fear, and of wisdom and distortion.” (Long, 2000, p.21)

The important need is not just to understand the African approach to healing and wholeness, but in humility to learn from it and to find the common ground that will allow the proper blending of the biomedical and the traditional that will flow into a wholesome approach in the encounter with God in worship.

5.7.4 Healing in community

Compassion is the immune response of the body of Christ. The Church is a suffering community, first of all, because it is a human community. What sets it apart is not that its members suffer, but that the whole body responds to that suffering by sharing it. (Long, 2000, p.78)

This is an important starting point when considering healing and wholeness in the face of HIV/AIDS, that it is a shared responsibility because of who we are as the body of Christ. This sharing must be seen in two distinct aspects, sharing the suffering of those who are ill, whatever their ailment, and sharing the work of healing.

The importance of integrating people living with AIDS into the local congregation has been stressed at a number of places in this work, and this need is well expressed by Saayman,

Most AIDS sufferers will not experience salvation in the form of physical healing. The Christian community should nevertheless integrate them so unconditionally and so fully into their (human) community that at least they will die as people who have seen, even if only from a long way off, the wholeness which God has promised to human beings and human communities in and through the Messiah. (Saayman, 1992, p.75)

That this has been a neglected part of the response of the churches from the initial stages of the pandemic has been well documented and discussed earlier, but it remains one of the essential elements of the witness of the church, and establishes the need for liturgical expression that will be ongoing, inclusive and will expressly reflect the fact that it is a journey that is shared by the whole congregation.

In the same way, the ministry of healing in the church should be seen as the work of the whole congregation, rather than an esoteric ministry for a number of particularly gifted individuals. Too often this ministry is separated from the congregation in the regular services, who are considered to be an audience watching others at work, or is offered as a separate ministry at a place or time removed from the regular gathering of the worshipping community. "Concern for the well-being of the community and its members should be incorporated into the ongoing worship life of the congregation". (Evans, 1999, p.70)

To redress both of these situations is going to require teaching of the congregation as a whole, the training of those directly involved, and humility by all concerned. Of particular importance to the situation regarding ministry to people with HIV/AIDS is that they be included as ministers in the process, and not just as recipients of the ministry of others, "The most effective and trustworthy witnesses to both the despair and hope that are manifested by the HIV epidemic are people who are themselves living with the virus...their participation...their understanding is vital to the compassionate treatment of those who are fearful, stigmatised or alone." (Clifford, Theology)

5.7.5 Healing as an encounter with the crucified God present in suffering

Christians need to have before them this vision of a loving God who knows from within not only physical suffering but also all-embracing torment. (Clifford, 2005)

Just as it is vital to proclaim that AIDS is not ‘a punishment from God inflicted on a disobedient people’, so it is important to engage with people to give an assurance that neither is it evidence of an absence of God. Clifford and others have suggested that rather than to develop a specific theology of AIDS, it is more important “to ask fundamental theological questions in a new context, and expect to find some answers.” (Clifford, 2005) In this case we need to reflect on a theology of health in the face of this new crisis.

The task of the church in providing the essential care and support of a community infected and affected by AIDS is well set out by Louw in his comments on a pastoral ethics of love:

- a realistic insight and understanding which acknowledges the reality of the disease and works with the AIDS patient in the process of adaptation;
- acceptance of the AIDS patient unconditionally;
- the ministry of presence by a pastoral team that gives the assurance that they will not suffer or die in isolation;
- by imparting meaning to their lives by ministering an image of the suffering and living God that conveys hope, despite suffering and pain. (Louw, 1994, p.125ff)

Just as AIDS might be an opportunity for the church to reaffirm the virtues of closed sexual relationships, it must be just as emphatic with regard to the need to support and comfort those who are infected and affected by the disease in such a way that they are aware of the presence of Christ with them in their suffering.

5.7.6 Living until we die

Daniel Louw writes, “Life becomes more focused when considering diseases such as HIV/AIDS, and the scale of the pandemic” (Louw, 2005. p.1) while Donald Messer comes to the same point from a different angle when he quotes Daniel Baxter *The least of These my Brethren* “living a life that denies the relevancy and imminency of death actually robs that life of the wonder it should really have” (Messer, 2004, p.31)

Much has been learned of the HIV virus and the way that it affects the human body over the past twenty years of the pandemic, and it is no longer the case that an HIV-positive diagnosis is seen as an indication of imminent death. People can live for a long time with HIV/AIDS, and with the medication that is now available and being developed, can make a positive contribution to society while they live with the virus. That this life must

be properly managed is self-evident, but then so is every life if it is to be lived to the full. It is the silence engendered by stigma that delays declaration, hampers treatment and prevents a positive approach to the pandemic.

Archbishop Ndungane has appealed to Christians to recapture the concept of 'a good death', suggesting that "to die at peace is one of the greatest gifts anyone can have" (Njongonkulu Ndungane, speech to Conference at UWC, July 2004) To this end, the church should ensure that no one faces death alone, uncared for, in pain or afraid. Even medical professionals can, at times, become overwhelmed by feelings of failure when faced with death, and much more those who care at home. The association of the church with the work of hospice organisations is but one aspect of the sacrificial response to AIDS that will be needed in the future.

5.7.7 Conclusions

Of all communities, the church has the responsibility and opportunity to be seen to be actively caring for all who are infected and affected by the pandemic. The health services as presently constituted will not be able to provide the care that is going to be needed for those infected by the virus, nor can the social services provide adequately for those who are at present affected by the pandemic and who will need support when the bread-winners become too ill to continue to work and after their death. The church is ideally situated to make a significant contribution to both aspects of this work.



In his book, *The Rise of Christianity*, Rodney Stark sets out a convincing argument that one of the reasons for the growth in the Christian church during the first four centuries can be traced to the response of ordinary Christians to two devastating plagues that affected the Empire in the years 165 and 260. (Stark, 1996, p.73ff) It is not inconceivable that the opportunity exists for the church to play a similar role in the decade ahead, and with a similar response from the wider community

5.8 The Church as healing, inclusive and accompanying community

The response of the church to any crisis must be rooted in the local congregation.

This is where the Church exercises its pastoral ministry, where long term Christian formation takes place, where Christian community is built, where people are brought to God and souls are saved. (Paterson, 2005b, p.1)

Thus the first step that must be taken is for the local congregation to discover and exercise the gift of hospitality. This will require that the church takes the risk of allowing the stranger, or those who have been made to feel as strangers, to be received without

judgement, to allow them to come as they are. It is when those who have felt stigmatised begin to understand that they are welcome in the local congregation, that they will begin to believe the proclamations that they may have heard or read. Anderson and Foley, in a chapter on *Reconciling Stories and Rituals*, capture this concept when they write, "Hospitality is a part of a spirituality of reconciliation because it prepares damaged souls to discover the healing grace of God in their lives." (Anderson, 1998, p.182) However, it is important to recognise that the 'damaged souls' to which this refers belong both to those who have not felt welcome, and those who have been perceived to be unwelcoming.

So for the church to be an effective agent in dealing with the HIV/AIDS pandemic, the process of reconciliation must start within the local congregation and be aimed at reconciliation with the people living with AIDS in that community. As has been well stated,

There is an urgent need to build communities that are welcoming, supportive and capable of breaking the silence about HIV/AIDS. Many churches are committed, in principle, to do this. But it is hard to see how they can succeed without some painful soul-searching at the level of the institutions themselves, as well as of their hierarchies, clergy and members. For churches, truth telling may involve an acknowledgement that they have been party to stigmatisation. (UNAIDS, Framework, 2003, p.16)

This process will demand that the local church engages in ministry to those within the community who are living with HIV/AIDS, as well as listening attentively to them that all might learn from their suffering. It will be in the relationships that develop through this process that the impact of previous exclusion will become evident and the church will be able to engage further with others who have felt alienated and stigmatised. It will be an engagement with a process that will not provide a quick solution, but will demand a journey together that will probably change the face of the church in society. As another WCC document has suggested,

if through this relationship – out of fidelity to others who are suffering and because of the significance of those who suffer – we are again pushed back on ourselves, it is because in the gospels we are *required* to love: this is a demand, a requirement, not an option. (WCC, 1997, p.77)

In the helpful list of suggestions that the WCC gives of ways in which the church can provide this hospitality, it is significant that the list is headed by 'the celebration of life through the renewal of worship', and 'providing safe places for sharing, telling and listening'. If this change of heart in the local congregation is not seen in the public worship of that body, then the process of reconciliation will be stillborn.

5.9 A theology of Hope

The initial response to the HIV/AIDS pandemic was a disastrous combination of exclusivity and condemnation. So, too, twenty years later, as the extent of the pandemic becomes more and more obvious, can a response of despair be just as devastating. The unique contribution of the Christian faith to the current situation is to offer hope to all involved. "Hope is the antidote to the despair bred by stigma." (Ackermann, 2003, p.46)

She continues

This is a moment of truth. It encompasses crisis and opportunity, despair and hope, struggle and grace. It is in the very nature of our profound crisis that I find hope – hope in the Holy One who has promised to be with us always."(Ackermann, 2003, p.50)

Nicolson has helpfully set out three areas in particular (Nicolson, 1995, p.41) and these will be used to explore this part of the response.

5.9.1 Hope for the renewal of the church

The knowledge that God accepts each of us as we are, and invites us into a relationship that will transform us, must equally be a model for the church as a whole. This unconditional acceptance must also be the model for relationships between all members of the local Christian community. When one considers the initial response of the church to HIV/AIDS and to those living with the disease, this is a radically different approach which is likely to lead to a new relationship between the church and those who live on the fringes of society, people who would seem to have lost hope in the church.

The model that is established in Acts 4:32 must be revisited today if the church is to become a beacon of hope in a world that is becoming dominated by an individualistic attitude that suggests that any of us can live independently of the community. While the expression of that model will be different in the circumstances faced by the church today, it will be a model that should more closely reflect the values that are to be discerned in the ministry of Christ during his ministry in Palestine.

An essential element in this approach will be to provide the space for people to tell their stories, and to have the community listen and then reflect these against the accumulated stories of the community. As has been written, "When our stories intersect with the meta-narrative of our faith – the life, ministry, death and resurrection of Jesus Christ – despair can give way to hope, and God's caring presence can be affirmed, even in the midst of trying circumstances." (Ackermann, 2003, p.48) This applies as much to the church as a whole as it does in the lives of individuals within the church.

5.9.2 Hope for people living with HIV/AIDS

The church has to find ways of offering support in a loving and responsible way that will effectively break any cycle of alienation and stigmatisation for those living with HIV/AIDS, and for those who care for them. The link between worship and pastoral care is of particular importance in this process of bringing hope to people who feel alienated by the community. The pastoral care available within the church for those living with HIV/AIDS must be apparent in every encounter with the worshipping community.

The horizontal relationships thus developed within the community of faith will be reflected in the hope that each can have as their human story finds its place in the shared story of the community, and is then taken up in the living out of the divine story. "A holistic approach to pastoral care and worship as distinct but not separate facets of ministry is essential for establishing the human and divine linkage. It is also essential for the integrity of our ministry." (Anderson, 1998, p.147)

The hope that is expressed in this renewed pastoral encounter for the individual and the community, is a hope that must be appropriated as sufficient for this life and the life that is to come.

5.9.3 Hope for a medical cure and vaccine

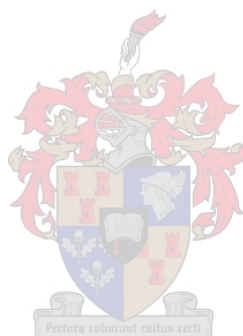
The theological response to AIDS such as has been the subject of this chapter, must not be seen to be separated from the intense work of many people gifted in the realm of medical research. The church must be seen to be supporting the efforts of such people in the search for a cure and for a vaccine, something that must always be acknowledged as a work of God that will bring hope to all.

It is essential that the healing ministry of the church is not seen as being set over against the gift that biomedical processes and therapeutic interventions provide to the community. It is a part of God's work of healing and wholeness that brings hope where there is often a feeling of despair. This is particularly important in the ongoing work of ensuring that the medication that is already available is distributed to those who are in need, in such a way that they are available at an affordable price to individuals and to the nations of the developing world most hard hit by the pandemic.

5.10 Conclusions

The purpose of this section has not been to develop a definitive theological response to the HIV/AIDS crisis, but to provide a set of criteria by which it will be possible to critique any liturgical material that is developed for use during the crisis in terms of its appropriateness in its theological foundations. In that sense the following important issues have been identified:

- the process by which the theological response has been developed;
- stigmatisation, alienation, lamentation, prejudice and discrimination
- covenantal justice, God's option for the poor, for women, for widows and orphans, for those pushed to the edges of society;
- seeking a more positive approach to human sexuality;
- repentance and confession of shortcomings in previous attitudes;
- healing and wholeness, suffering and death;
- the Church as healing, inclusive and accompanying community;
- a theology of Hope.



CHAPTER 6

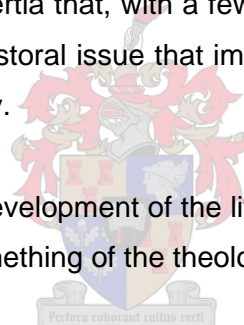
THE DEVELOPMENT AND USE OF AIDS LITURGIES IN THE CPSA

6.1 Introduction

There is little point in churches committing themselves to breaking the silence about HIV if the one place it is not mentioned is in the church itself. While much has changed over the past three or four years, the question remains inescapable: if nearly three million people are dying every year, should this not be reflected in Christian worship Sunday by Sunday throughout the world? Yet in many churches, from those in the worst affected countries to the least affected, HIV/AIDS is rarely mentioned. Social silence has its counterpart in Christian silence before God. (Clifford, 2005)

Clifford, Nicolson, Bate, and Richardson all recognise the important role of worship in the response of the church to HIV/AIDS, and all make the point that this is one area in which the church is conspicuously silent. The initial approach that resulted in the liturgical material that was developed in the Church of the Province of Southern Africa sought to address the matter. It was hoped that the provision of the material would encourage parishes to break free of the inertia that, with a few notable exceptions, seemed to stifle the response to the growing pastoral issue that impacted on every aspect of parish and social life in the local community.

In this chapter the process of development of the liturgies is set out, with some reflection on the way that this reflects something of the theological response discussed earlier.



6.2 The Process of Development

6.2.1 Development team:

The Group responsible for the development of the AIDS liturgies met for the first time shortly after Easter in 2002. The team comprised

- Members of Fikelela AIDS Team in the Diocese of Cape Town;
- the Writer as a member of the Provincial Liturgical Committee of the CPSA;
- the Regional Bishop of Table Bay, the right Revd Christopher Gregorowski.

The final book included some contemporary worship songs suggested by Mr Charles Groves as providing an emphasis on compassion and social justice aspects of worship.

The material was eventually published by:

Provincial Liturgical Committee of the Church of the Province of Southern Africa
and authorised for use by:

The Most Revd The Hon Njongonkulu Ndungane, Archbishop of Cape Town.

6.2.2 Aim of the material

A short summary of the aim of the material is:

- to make congregations aware of the impact of HIV/AIDS on individuals, the congregation, the wider local community and on the nation; and
- to encourage a congregational response to the pastoral needs of those infected and affected by the HIV/AIDS pandemic

6.2.3 Method for the course

The material was developed with a Lent Course in mind. This was seen as the most effective way in which whole congregations would be able to engage with the question for a number of reasons:

- a Lent Course is a regular feature in the life of congregations in the Anglican Church;
- it engages people for six weeks, and experience has shown that this is a time period to which most people can commit themselves;
- the format of Sunday Sermons and Small Group Work is a well developed method for many congregations in the Anglican Church.

6.2.4 Adaptability to local circumstances

Parishes are at very different stages in the process of engaging with the AIDS pandemic, depending on the situation in the community and the degree to which the congregation had been encouraged to engage with that reality. For this reason, the compilers of the material were of the opinion that the material had to be offered to the church with the maximum amount of flexibility so that parishes could use it as best suited their particular circumstances. It was felt that it was more important that all or some of the material be used and that the people in the local parish should own the process that was adopted, rather than having the material viewed as something imposed from above.

In the light of this, the following suggestions were made regarding the use of the material:

- As a series for Lent 2003 starting with Week 1 on Sunday 2 March 2003.
This would have meant that the six weeks would have ended on the Sunday before Palm Sunday, the final sessions of the Small Groups would have been held in the week before Palm Sunday and the material would therefore not have interfered with the normal Palm Sunday celebrations in the parish and the Small Groups would not interfere with the Holy Week programme.
- As a single AIDS Awareness Sunday on 2 March, the Sunday before Lent

If this option was chosen, either of Week 1 or 2 could be used on that day, again depending on the circumstances in the parish.

- As a six week Season at another time of the year to suit the parish programme, with the Month of Compassion in August being suggested as an appropriate alternative.
- As a single Service at another time of the year to suit the parish programme, with the suggestion that the material for Week 1 or Week 2 be used.
- As a Wednesday evening series during Lent or at another time of the year
The Small Groups could follow the Sermon and the congregation gather afterwards to share the Eucharist together.

6.2.5 Programme of development

After individual reflection on the task, the Fikelela Team and the writer met for a full day to explore the issues that needed to be addressed in such a course. This was a vital process for the writer so that the material addressed the needs that had been identified by those working within the communities most affected by the pandemic. From this exercise, the whole group was eventually able to set the six main themes for the season, and then to arrange these in a logical sequence.

The next step as a group was to consider in broad outline how best to develop each of these themes, with some suggestions of appropriate lections for each of the themes. This was to ensure that the themes would be rooted in scripture.

The next stage of the work was to develop the liturgical material for the six weeks of the season, and to explore other material that might be helpful for the services of Holy Week and Easter, as well as for a Healing Service that it was envisaged would be included in the material.

The draft of this material was then circulated, and the group gathered for a second full day of interaction during which the manner in which the themes had been developed, the lections proposed, as well as the liturgical material were again discussed by the whole team. In this interaction it was possible to consider how these would impact upon different congregations and communities. At this gathering the questions for the Small Groups that would explore the six themes were developed to give direction to the discussions, as well as leaving ample room for the groups to reflect on the particular circumstances that needed to be faced in their community. It was important that this process was led by those engaged within the community.

The final step in this process was for the Regional Bishop to join the group and reflect on the final draft of the material. It was fortunate that the Bishop concerned had experience of rural and urban parishes in the CPSA, as well as being able to speak English, Afrikaans and Xhosa fluently.

The material was then edited again by the writer, and circulated to the rest of the group for comment. At the same time the Small Group questions were translated into Afrikaans, Xhosa and Zulu in an attempt to make the material accessible to a wider cross section of the members of the CPSA. Time and space did not allow for the translation into any additional languages, nor for the translation of any more of the material.

The final book was printed locally and was made available at a price of R10 per book, making it accessible to most congregations in the CPSA. It was also decided that people could make copies freely within parishes in an attempt to make the widest possible use of the material. Even with that freedom, it was necessary to go to four printings of the book, and eventually over 4 000 copies were distributed.

6.2.6 The use of language

It was recognised quite early in the process that the use of language was going to be important. Patterson notes that, “the liturgy is probably the most public language produced by the church”. (Patterson, 2005b, p.2) The danger is that the language used could stigmatise and divide communities into ‘us’ and ‘them’, one of which was acceptable and therefore the other unacceptable. It was hoped that the material would alert people to the harm that language could do to any attempt to break down the exclusivity that was noted earlier.

The use of petitions such as, “We pray for those who are HIV positive or suffer from AIDS” immediately sets up a division within the congregation that could be likened to that caused by the terms Non-Europeans, or Non-Whites that were used as part of the Apartheid legislation and implementation. Such language defines a person and a group in terms of one aspect of their being, and also separates groups along the lines of whether or not they can be identified with that one aspect. It is from such divisions that alienation, prejudice and stigma develop.

Of particular concern in week 5 was the term that has been used quite extensively to refer to children as the ‘innocent victims’ of the HIV/AIDS pandemic. Reference has already been made to the comments of Piper, “The abused are not innocent, and the

guilty are not hopeless.” (Piper, 1997, p.243) In this case it was decided that rather than avoid the term in the material presented, it would be preferable to note the difficulties in using such language and hope that people would consciously make a decision not to use such terms.

Messer does warn that “Language, of course, has limits, and ‘political correctness’ can become absurd”, (Messer, 2004, p.153) and goes on to suggest that the object is not to censor, but to sensitise people so that there can be an open dialogue in terms that will reflect a deep desire to include all who seek a home within the Christian community. This question will be dealt with fully in the critique in Chapter 8.

There was little discussion in the development on the importance of the language of lament, and also little emphasis on the need for language that reflected repentance and confession. These omissions will be dealt with more extensively in the critique of the material in Chapter 8.

6.3 Weekly themes and lections

The discussion of the material specific to each week is presented with the background to the thinking of the theme, and the range of issues that could be explored from the lections presented. The final decision on the specific approach to each week was always left to the local congregation so that it could respond to the particular situation in the local community. The full text of the liturgical material is included as Appendix A of this document.

6.3.1 Week 1 AIDS – The New Apartheid

The starting point for the season was a quotation by Archbishop Desmond Tutu, “AIDS is the new Apartheid. We thought we could not defeat that, but we did.” The parallels between the effect of apartheid and of AIDS are most marked. Both scourges separate people and communities, generate fear, and permeate every aspect of life. AIDS will only be defeated by a concerted and united approach by the whole community. Until that happens the disease will continue to spread unabated and could overwhelm us completely.

The lections present a number of issues that can be explored:

- the Suffering Servant who takes our infirmities upon himself;

- the assurance that God knows us as we are, with all our imperfections, hopes and anxieties;
- the assurance for Christians that nothing can separate us from the love of God in Christ, important for those who feel cut off within the community;
- the image presented in the prologue to John's gospel, that there is a light in the darkness, and that the darkness cannot overcome it.

The additional material provided to parishes included a page of basic facts about the extent of HIV/AIDS and it was suggested that the first week should provide congregations with facts about the impact of HIV/AIDS on the nation as well as the community. Some parishes invited speakers who were able to provide such information to participate in the services, and then preached afterwards. This approach was to address an attitude that prevails in many communities that HIV/AIDS was an illness that was happening to other people outside the church, and was only of secondary interest to those not infected or directly affected.

The suggested ritual of the first lighting of the AIDS Candle is a symbolic action that reflects something of the gospel passage, the light that shines in the darkness.

6.3.2 Week 2 AIDS – Breaking the silences

From the first awareness of the epidemic, a number of factors caused barriers of silence to develop around those infected or affected by AIDS. Within these barriers, an environment developed in which suspicion and prejudice flourished. In the early response, leaders in National and Civil Government and in the Church did little to discourage this process, a matter that is well addressed by Donald Messer in his book, *“Conspiracy of Silence”*. In this atmosphere it becomes convenient to blame and judge others, by labelling and stigmatising them. So it was that at different times strangers, gays, blacks, exiles, refugees, sex workers were blamed for the AIDS pandemic. It was considered essential that the liturgical material address energetically the theme of breaking the silences about HIV/AIDS.

In the development of the material, the group identified three kinds of barriers, and each of them needs to be broken down by a different method. Barriers born of fear and prejudice need to be named, and then broken down by confronting them. Those that exist through ignorance will be broken down when accurate information is received, and continues to be updated regularly. The third set of barriers, born of the desire to protect

ourselves, can be broken down when we are able and confident enough to protect ourselves without the need to hide behind artificial barriers.

At the same time, the focus of this week must address the tendency to make judgements about others, often based on a minimum of evidence, and born out of our prejudices. Here the call must be to follow the teaching and example of Christ, and to show compassion to all persons whatever their situation or status.

The lections present the following themes to be explored:

- the breaking down of the physical walls of Jericho;
- the breaking down of the rigid barriers between groups within the community through the work of Christ; and
- the words of Jesus to disciples that they are not to judge one other.

It was suggested that the congregation might use the exercise of “Checking your attitude to AIDS” as an introduction to the sermon.

6.3.3 Week 3 Caring and the carers

The focus of the third week was firmly on the support of those infected and affected by HIV/AIDS. The fact that persons living with AIDS are in need of care is self-evident. However, it was recognised that those who care for people with HIV/AIDS are also under a tremendous amount of pressure, both from the physical need to support those living with AIDS, but also because they are unable or unwilling themselves to acknowledge publicly the situation of those for whom they are caring. The theme for the week thus needed to strike a careful balance that would provide direction and comfort to both of these groups of people.

In addition to the two groups that needed the support of the Christian community, it was also recognised that there were two kinds of support required. On the one hand people needed to be helped as they tried to make some kind of sense of the overall situation with regard to HIV/AIDS. On the other hand, there was the whole question of the provision of care and support for those who suffer and those who care for them.

There was a great deal of discussion within the group regarding the appropriate gospel passage for this Sunday, and it was only after some time that it was agreed that the encounter between Jesus and Martha and Mary after the death of Lazarus provided an adequate framework within which to discuss these two broad questions. Martha

engages with Jesus in a discussion of the overall questions regarding the death of Lazarus, and is confronted by the question of faith, “I am the resurrection and the life. Do you believe this?”. Mary’s needs are concerned with coping with the situation here and now, and encounters the Jesus who simply walks with her on her journey to the grave.

The lections present the following themes to be explored:

- the understanding that Jesus had of his ministry, set out in Isaiah 61;
- the image of the Good Shepherd that we find in Psalm 23;
- the exhortation to the elders in the early church to care for those in their charge in the same way as our Lord has shown compassion to them; and
- the conversations between Jesus and Martha and Mary when Lazarus died, as set out above.

The suggestion was made that this might be an opportune time to invite a person living with AIDS, either one who is infected or one caring for such a situation, to speak during the sermon to address the particular difficulties that are faced every day in such situations.

6.3.4 Week 4 Human sexuality – gift or curse?

In the planning it was recognised from the start that there would be a need to address the theme of human sexuality at some point in the season. AIDS is sexually transmitted, and it would be unrealistic to try to address the subject without an open discussion on this topic. It was also acknowledged that the church did not have a good record in this regard, as has been explored more fully in the previous chapter.

The lessons were selected to give both positive images of our sexuality, as a good gift given by God in the act of creation, as well as the means by which we can engage with God in the ongoing work of creation. It was hoped that this would engender a healthy and positive approach to our sexuality and to respect God’s gift in ourselves and in one another. The emphasis here was to be on a gift that God intended to be enjoyed in mutual pleasure in a committed relationship to give continuity and hope in procreation.

At the same time, it was felt necessary to draw attention to the clear message of scripture that the distortions of sexual abuse and violence are a denial of God’s good gift and that it is incumbent on the whole community to condemn such distortions, to stand

firm against the perpetrators and to provide support and protection for the victims and the survivors. It was stressed that it was important to maintain a proper balance in the sermon.

The lections present the following themes to be explored:

- the incestuous rape of Tamar by her brother;
- the children born of a loving relationship are seen as God's blessing;
- Paul addressing a situation of sexual immorality in the church in Corinth;
- the wholesome attraction depicted between the lover and the beloved; and
- the parable of the catch that contains both good and bad fish.

It was noted that this sermon could make a very powerful statement if a survivor of abuse or rape could be encouraged to speak of the impact of such incidents on the life of the individual, the family and the wider community.

6.3.5 Week 5 Can I hug a child with AIDS

The origins of Mothering Sunday or Refreshment Sunday are not at all clear. The Oxford Dictionary of the Christian Church suggests three possibilities. A reference to the custom in some places of paying a visit to one's mother on that day, a practice that might have been associated with the indenture of young children into service, which usually took place in October, and that the fourth Sunday in Lent was the time of their first visit home. It might also derive from the practice of visiting the cathedral, the 'mother church' on that Sunday. The third suggestion is that it derives from the traditional epistle for the day, Galatians 4:26, with the reference to the Jerusalem above in the terms, 'she is our mother'. (Galatians 4:26, NRSV)

Whatever the origins, there is a strong tradition in the Anglican church of honouring mothers on that day, with the giving of posies of flowers during the service and the eating of Simnel Cake to celebrate Refreshment Sunday. The services themselves have thus had an element of affirming the good relationships between children and parents. This also opens up the need to show compassion towards couples who want to have children, but are not able, as well as to children whose parents have separated, been divorced or have died.

HIV/AIDS has impacted on the traditional understanding of family life in a number of ways, all of which need to be addressed as the community seeks to provide support and

comfort. The aim of this Sunday is to gather these issues together and open up the different situations that might be encountered in the local community. The specific issues suggested include:

- the pain of those who have lost mothers and fathers to AIDS;
- the pain of parents with children who are HIV-positive;
- the pain of grandparents having to take responsibility for raising a second generation;
- the effect on teenagers having to take responsibility for younger siblings.

The language issue was particularly sensitive when dealing with this theme, as it is easy to fall into using the term ‘innocent victims’ when referring to the children involved. Such a description could be heard as being judgemental on other persons who were HIV-positive, and the very term ‘victims’ can convey a negative connotation.

The lections present the following themes to be explored:

- the constant call for the people of God to show concern under the Old Covenant for widows and orphans;
- the strong call for justice in the psalm;
- the call to an active faith in the early church, with an insistence again on care for the widows and orphans;
- the concern of Jesus for the children, rebuking the disciples who tried to keep them away.

The suggested ritual was aimed at directing the congregation away from themselves and towards the needs within the community, by making the children collect small, practical gifts as well as flowers and taking these to an orphanage or children’s home.

6.3.6 Week 6 I’m positive about AIDS

The emphasis in this final week was to be one of real hope for people living with HIV/AIDS and for the community as it shared the reality of the pandemic. The focus was on living positively with AIDS, rather than with an attitude that suggested that one was dying of AIDS related illness.

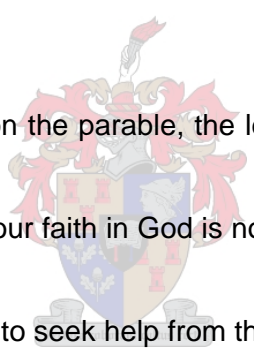
The lectionary focus was on the parable of The Good Samaritan, but confronting the two questions with which this parable confronts us. In the first place it presents us with the question of how we minister to those whom we meet who are in need, especially those

living with HIV/AIDS. But the parable also forces us as a community to face up to how we feel when we are in need, and whether we would allow those who are HIV-positive to minister to us. If we are not prepared to allow this, we deny those who are HIV-positive to live positively.

The further point that was made with regard to this final week was to return to the starting point of the parallels between the HIV/AIDS pandemic and the institutionalised prejudice of apartheid. The questions that need to be asked are what methods employed by the whole community during the struggle can profitably be used in the face of HIV/AIDS. The pandemic also presents the church with questions about unity as it faces a common purpose that should transcend denominational and even faith boundaries.

The issue of the barriers of silence in the face of HIV/AIDS is also a problem for living positively since so many programmes in terms of nutrition, medication, and spiritual support are not possible when stigmatisation prevents disclosure and keeps the matter hidden.

Besides the above discussion on the parable, the lections present the following themes to be explored:

- 
- the assurance that our faith in God is not dependent on good experiences in this life;
 - the encouragement to seek help from the Lord in a time of crisis;
 - the fact that we all have the treasure of the knowledge of God in very fragile human bodies.

The material suggested that the witness of a person living positively with HIV or AIDS would make a very strong contribution to the sermon at such a service.

6.4 Additional Material

6.4.1 Use of an AIDS candle

The suggestion that parishes set up an AIDS Candle in a prominent place in church throughout the Season remains a feature of many churches, whether they use the liturgical material or not. A full liturgy was provided for the first lighting of the Candle during the liturgy of Week 1, with a shorter liturgy for the subsequent weeks. These liturgies have been used in material provided for celebrations at other times since.

The additional material also sought to help people to make connections between the Sunday services and the home environment by encouraging families to light a candle daily to remember those living with HIV/AIDS, and for those who are caring for them.

6.4.2 Material for Holy Week and Easter

One of the dangers that was recognised by the group was that of overload and exhaustion. Rather than provide whole services for Holy Week and Easter, it was decided to provide material that could be incorporated into services such as Stations of the Cross, a regular feature in many parishes during this time. It was felt important that parishes be allowed to determine the themes and directions for the Holy Week and Easter services for themselves.

There was also some additional material for use as part of the Good Friday Reproaches that are used in the liturgy for Good Friday.

6.4.3 Healing Services

The wording of the material for a Healing Service presented particular challenges. There is as yet no cure for HIV/AIDS, and therefore those who are HIV-positive or living with full-blown AIDS are unlikely to find a physical cure in this life.

The material was based on the Eucharistic shape of the Anglican Prayer Book 1989 in use in the CPSA. The Collect written specially for the service stressed the need for humility on the part of the community as it sought to follow the example of Jesus, and also linked salvation with wholeness and healing.

The two other prayers suggested as being suitable for the Intercessions were adapted from the Australian Prayer Book. (A Prayer Book for Australia, 1995, p.691) It was felt that these expressed something of the frustration and uncertainty that is faced when confronted by an illness that is unlikely to be cured in this life.

6.4.4 Symbolism

Suggestions for the use of candles has been noted above. There were also suggestions regarding the use of crosses in a number of ways, nails bent in the shape of the AIDS ribbon, banners and bookmarks. All of these would serve to help participants to focus on the impact of HIV/AIDS on every aspect of daily life, and to encourage people to respond to the need among them.

6.5 Liturgical response to the theological issues raised

In the previous chapter a number of important theological issues were identified. Many of these were addressed in the process of developing the liturgical material and in the material itself. While a fuller discussion of this response is dealt with in Chapter 8, it should be noted that many of the issues raised were responded to.

6.5.1 The way in which the theology has been developed

The group developing the material was made up mostly of people who engaged with persons who were HIV-positive or who were living with AIDS. These people were being encountered within their own community environment and much of the discussion was led by considering how the material would impact on the lives of real people. The major concern was pastoral in that there was a deep desire to bring practical and emotional relief to people living with AIDS and those caring for them. The extent to which this was successful is explored in the interviews with the parishes with whom the writer interacted.

6.5.2 Prejudice and discrimination

The question of prejudice and discrimination was developed from the first Sunday of the Season by considering the parallels with the impact of apartheid on society, and suggestions that the community should consider what methods that were effective in that struggle were appropriate for the present crisis, and how these might be adapted for this new purpose. The second week builds on the first by dealing with the silences that lead to prejudice and stigma.

6.5.3 Covenantal Justice – the option for the poor, women, widows and orphans

The approach to the HIV/AIDS pandemic was not addressed directly as a justice issue. However, there were elements of that discussion that were evident in the consideration of the discussion of Week 4 on Human Sexuality and also Week 5 when the situation of children was addressed.

6.5.4 Human sexuality

Week 4 specifically addressed this question. From the start it was considered vital that the whole question of sexuality be seen to be integrated into the proclamation of the church so that it is presented within the context of the worshipping community.

The approach of this section started with the positive aspects of human sexuality, and contrasted these with the distortions and the misuse of this gift of God.

6.5.5 Repentance and confession of shortcomings

Little consideration was given to this question in the published material. This is dealt with in Chapter 8.

6.5.6 Healing and wholeness, suffering and death

Concern for those who were suffering, and those who suffered with them through caring in an often hostile environment, was evident throughout. The material for the healing services did seek to provide material that could be of use in the particular circumstances of a situation for which there was no known cure. However, the matter of death was not addressed directly in any of the weeks.

6.5.7 The Church as healing, inclusive and accompanying community

The whole Season was aimed at conscientising the whole church community to acknowledge that HIV/AIDS was not a disease that existed outside the church, but was present within. In addition, whether outside or in, the church has a responsibility to care for those who are marginalized for whatever reason.

6.5.8 A theology of Hope

From the start of the process, it was agreed that the final message must be one of hope. The fact that people are living positively with HIV/AIDS and are able to make a significant contribution to society is vital to the ongoing life of the Christian community.

CHAPTER 7

THE USE OF AND RESPONSE TO THE MATERIAL IN PRACTICE

7.1 Introduction

The liturgical material was authorised for use and distributed to Diocesan representatives at Provincial Synod in Bloemfontein in September 2002. All dioceses received a number of books, and opportunity was given for people to purchase additional copies. Further copies of the material were purchased from the Fikelela office in the Diocese of Cape Town, and, after a number of re-printings, approximately 4 000 copies were distributed in book form. Since then, the material has been sent to a number of overseas offices of both the Anglican Church and other denominations. It was recently forwarded to the Diocese of Toronto who distributed it to all their clergy during a major AIDS Conference there.

The following reports of the responses to the material have been recorded in a way that will respect the confidentiality of the persons responding as well as the parish or diocese they represent. This was clearly stated to all respondents in an attempt to get as clear a picture as possible of the impact that the material might have had on local situations.

7.2 Correspondence with Diocesan Bishops

At the start of 2006, letters were sent to the offices of the 24 Diocesan Bishops in the Church of the Province of Southern Africa asking for their response to the material in their Diocese and the impact on the HIV/AIDS work of which they were aware. The immediate response was quite small and did not allow for any conclusions that might be considered representative of the whole Province. What was of interest, was the range of views and attitudes expressed in the individual responses.

At one end of the range, there was a detailed response that revealed a knowledge that the material had been used in a number of parishes, and details of the people in those parishes who would be able to provide some indication of the practical applications of the liturgical material. This diocesan response also provided some additional liturgical material from other sources that was being used.

In the middle of the range, a number of Bishops indicated that they knew of the material, but that they had not encountered it at a practical level, and were not aware of the extent to which it had been used. A comment from these responses indicated that “I must say that my own impression has been that this material has not surfaced a great deal in

parish worship here, but of course that may simply be because it would not do so in my presence when Confirmation, etc is in view.” Such a response is in stark contrast to the sermon at a Confirmation in the Diocese of Cape Town where the Regional Bishop quite specifically addressed the issue with the young people to be confirmed as being of critical importance to their faith response to the world in which they were living.

At the negative end of the range, there was a response from a Bishop who acknowledged that, “As far as HIV/AIDS is concerned some clergy are simply not interested to preach or talk about it in their parishes. It goes without saying therefore that they will have no time to consider the way they should pray for them (liturgy) or shape their sermons accordingly.” This Bishop goes on to comment on the “silent denial by clergy to talk openly about HIV/AIDS.” (Underlining in original letter) Significantly, this diocese covers a region where the HIV prevalence rate in adults aged 15 to 49 is of the order of 24% according to the 2006 UNAIDS Report.

While the responses were disappointing in many respects, they did help to shape the particular method that was finally adopted for the empirical studies noted later in this chapter, as well as some of the questions asked in the interviews.

7.3 Postal Survey of Parishes in the three Regional Dioceses near Cape Town

A postal survey was sent to all the parishes of the Anglican Diocese of Cape Town as it was formerly constituted. The geographical extent of the diocese at the time extended from Alexander Bay in the north to Bredasdorp in east. It stretched inland as far as Ceres and Worcester parish, which included Touws River. This vast geographical area was divided into approximately 130 parishes, many of which, particularly in the rural areas, had multiple congregations served by a single ordained minister. Again the response was not extensive, and reflected a similar range of approaches in parishes as had been the case in the survey of the Diocesan Bishops.

The responses from the rural parishes indicated a number of ecumenical initiatives in the community, some of which had used the liturgical material, but in an adapted form to suit the local situation. It was evident that these situations would require a more focused approach that would best be conducted by persons familiar with the nature and working of a rural community.

The urban responses showed a similar approach to the material. Some parishes used the liturgies as a full Lent course, or at some other time during the year. Others used

some of the liturgies at different times, either as individual Sundays to mark World AIDS day, or at a time to suit the parish programme. What was difficult to determine from the survey was the impact the liturgies had on attitudes and practices in the parish or among parishioners.

However, the experience and the comments received were helpful in determining the final method that was used to test the response to the material that is described in the following sections.

7.4 Interviews with selected parishes in the Diocese of Cape Town

7.4.1 Introduction

The discussions with Dr Gerbrandt Mans and the responses from the Bishops and the Parishes set out above, served to focus the process by which the impact of the liturgical material could be investigated. It was felt that it was important that the investigation did not attempt to cover too many variables, as this would make it difficult to find common factors that could be identified and evaluated.

The interviews were designed to try to determine perceptions and attitudes towards the pastoral issue of HIV/AIDS that might have been shaped, affirmed or changed through the liturgy. Such things are not easily measured, and the interviews were not structured to get any statistical information. Rather the questions were framed to see if there were any significant differences between the perceptions of the clergy and the lay leaders engaged in HIV/AIDS work in the parish.

With the assistance of the Fikelela Team in the Diocese of Cape Town, six parishes within the newly constituted Diocese were identified where there were active AIDS Task Teams and a parish leadership who would be able to give an informed assessment of the impact of the liturgy on the work of the Aids Task Team, and of the contribution of the AIDS Task Team to the regular worship of the parish.

The following parishes were seen to fit the requirements of the above criteria:

- The Cathedral of St. George the Martyr, Cape Town
- St. Andrew's, Newlands
- St. Thomas', Rondebosch
- St. John's, Crawford
- St. Aidan's, Lansdowne
- St. Peter's, Camps Bay

Separate interviews were conducted with the Rectors and with representatives of the Parish AIDS Teams using the two sets of questions set out in Appendix B. The questions are very similar and it was interesting to get the two different perspectives from those interviewed. It was stressed that the responses to the interview would be presented in such a way that they did not identify the parish or person from whom they had come.

The responses from the interviews with the Rectors are recorded first, followed by those with the leaders of the Parish AIDS Teams, not repeating the common features but noting particularly where there were differences in the perceptions and emphases. Some conclusions and my own comments are then added before moving on to the following section of the interviews.

It was a conscious decision not to include my own parish among those to be interviewed, even though the Season did lead to a number of very positive initiatives. It was felt that the rector and the Community Outreach Team that undertakes the AIDS work in the parish are in such close contact that they would not necessarily be able to give an objective response to the interview.

7.4.2 Assessing the community in which the parish operates

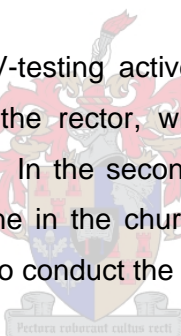
a. From interviews with Rectors

Most of the parishes interviewed were from communities with a fairly conservative, middle class background, which accounted for the remarks about the pandemic being largely hidden, almost non-existent, or for rectors acknowledging their uncertainty regarding the incidence of HIV/AIDS within their local community. Most reported that the prevalent attitude among parishioners is that HIV/AIDS was something out there in the community that required our Christian compassion, but was not something that directly affected the local church community to any great extent. Some commented on a surprising lack of understanding about HIV/AIDS among middle-aged parishioners.

Stigma was a real issue in most communities, and it was assumed that this lay behind the reluctance to disclose HIV-status, despite the publicity given about churches being 'HIV Friendly'. It was assumed that it would be particularly difficult for the first few persons in any community to acknowledge their status, since they would be moving into an uncertain response from the community however much the church might proclaim an HIV-friendly approach.

A breakthrough from this kind of attitude was seen in two of the parishes consulted, and in both cases this had come about after meeting in the parish setting a person who was open about their HIV-positive status. In one case it was the speakers during the Season of the liturgical material when a couple who are both HIV-positive were invited to tell their story during the services. The open response of the congregations to the couple gave the rector confidence to encourage someone else to share his status within a small group, and this person was amazed at the level of acceptance and support received. The second came in another parish where permission was given for the HIV-status of the deceased to be disclosed at their funeral, which led to a second person acknowledging his status before dying. This very conservative community then rallied to help this latter person through the final weeks of life, and carried the financial burden of this funeral in the parish. In both cases the congregations were able to move across a barrier when they discovered a person, rather than a statistic.

In only two parishes was HIV-testing actively promoted. In the first through the notices and a statement by the rector, who had been tested and was able to describe the process clearly. In the second there was an active AIDS Team that arranged for testing to be done in the church hall, with counsellors available from outside the parish community to conduct the counselling and testing.



This latter parish was atypical in a number of ways, and particularly in its mix of parishioners and people attending worship. There is a particular ministry to the gay community and individuals, and the regular congregations draw people from a very wide range of backgrounds and geographic communities. It is certainly not a local community church.

In general, most rectors were aware and very supportive of the activities of the Parish AIDS Task Teams. Some acknowledged power blocks within the Task Team and others commented that the Team was, at times, at odds with the parish leadership. But even with those comments, there was an appreciation of the energy that was being developed to address the pastoral issues. However, for most, the work was perceived to be mainly for people who were outside the parish.

The packing of Love Packs for adults and children, and the making of gifts and other necessities for specific projects for children and orphans, were among the most

frequently mentioned activities, with much of this work being channelled through Fikelela. In a parish where the Task Team was established as a result of using the material, there is still a strong support for its ongoing work three years later. The scope of their work is also much wider than that found in most other parishes.

Several parishes have forged links or formed partnerships with parishes in some of the townships where they are able to supply material resources and other support to those infected and affected by HIV/AIDS there. The link to Fikelela is strong, but this is not surprising as this diocesan group helped to identify parishes where the AIDS Task Teams, trained and supported by Fikelela, were flourishing.

The links with local AIDS support groups in the community was not always a feature of the work of the AIDS Task Teams, even where these support groups were acknowledged.

b. From interviews with Parish AIDS Task Teams

The Parish AIDS Task Teams placed a much greater emphasis on the links that had been established with other parishes where they could be actively engaged in the work, and on the value of the closer contact with people living with AIDS. In the same way, a visit to the home parish by a group of orphans had made a great impact on the support for the ongoing work of the Task Team.



When considering the awareness of the incidence of HIV within the local community, a number of Task Teams felt that the clergy might be aware of those who are infected, but were not able or willing to share that information with the Team.

There were variations in the perceptions of parish support for the work of the Parish Teams. Most spoke of good financial and practical support for projects that could be done within the parish bounds, but of difficulty in engaging people in work outside those boundaries. One Team spoke of the fact that between sixty and seventy persons were actively engaged in preparing sandwiches for distribution to the mothers of children with AIDS at the Red Cross Children's hospital.

It was also noted that some of the Parish Task Teams were very strongly dependent on the personality of the leaders, and concern was expressed that while people were prepared to follow these leaders at present, the energy could too easily vanish if and when the present leaders were no longer available.

c. **Comments**

The stronger emphasis on the links with other parishes expressed by the Task Teams could be explained by the fact that this was a fairly new experience for many lay people working in the parish teams, while such contact is quite familiar among clergy who are in touch with other clergy through a number of different forums. In such cases, this would have been seen as part of a regular interaction and therefore not commented upon at all by the clergy.

Similarly, the interaction between the clergy and the leaders of the Task Teams might have come about through other contacts in parish life, and there might not be an awareness of the relationships between these leaders and their team members.

7.4.3 The way in which the liturgical material was used

a. **From interviews with Rectors**

The liturgical material was used in a number of different ways:

- as a once off AIDS Awareness Sunday, usually making use of the first week of the material, “AIDS – The new apartheid”;
- as a Lent course using all the material, as it was designed to be used;
- as a single AIDS Awareness Sunday, but set up as the final event of a week-long awareness programme;
- one parish did not use the material at all, but does tap into a rich source of other liturgical material that sustains an ongoing awareness campaign regarding HIV/AIDS;
- a number continue to use the material on occasions, taking that which seems the most appropriate for the particular circumstances.

Where the material was used for a full Season, the results were good. In one parish, the rector acknowledged initial scepticism of the prospect of dealing with HIV/AIDS for the whole of Lent. There was amazement at the initial response of the congregations, and the whole parish remains encouraged at the ongoing sustained response of so many in the congregation to the work now being channelled through the AIDS Task Team. This has enabled a great deal to be done to provide material resources for a number of different institutions and individuals. Another parish found that the full Season gave impetus to a Task Team that was already at work, and drew in additional members of the congregation to the work already being done.

When considering permanent symbols, an AIDS Candle is a regular feature in most of the parishes, but not used every Sunday so that it does not lose its impact when it is lit. Banners, and a large quilt are also featured as permanent reminders of the impact of AIDS on the congregation and the community. One innovative practice that has developed is to bring seven Love Packs into the Sunday service once a month, and to bless these as representing the whole batch of seventy that are packed and sent out monthly. On this Sunday, the AIDS candle is lit throughout the service.

Most indicated that sermons were preached specifically on the subject of AIDS on at least one or two Sundays every year. Most parishes have celebrated International AIDS Day or Candlelight Memorial Day, often moving the former to a Sunday near World AIDS day. However, there were a number of comments that 1 December was not really a suitable date for this as it clashed with so many other emphases at that time of the year, Christ the King, Advent Sunday, St. Andrew's tide, as well as the end of the school year with its additional functions and pressures.

In addition, several have invited visitors to preach at AIDS services, Fikelela being the most frequent source for such preachers. There was also a strong emphasis on inviting HIV-positive persons to address the congregation in an attempt to make HIV/AIDS a matter of real people rather than statistics. Several commented that while only a small proportion of sermons were specifically aimed at issues about AIDS, the subject 'inevitably floated in and out of many sermons', especially where notice was being given of a forthcoming activity, or thanks expressed for one that was past.

It is in the Intercessions that the subject of HIV/AIDS was regularly introduced into services and most rectors noted that this was initiated by the Intercessors and not on any specific instructions from the clergy. The most common bidding included 'those infected and affected by AIDS', but there was uncertainty when pressed by the question of whether the language used tended to include or exclude such people as members of the local parish community. It was obviously not a question that had been considered before.

Two parishes reported that there is one weekday service dedicated to AIDS awareness, at which the Candle is prominent and lit, and the focus throughout is on

the response to HIV/AIDS in the community, and on the work of the Parish Task Team.

In response to the question of the more helpful elements of the liturgical material, several noted that the special Eucharistic Prayer had been a very good resource, and that the collects had been most helpful as well. The selection of lessons set out in the material had been used in a number of parishes as a resource for services since the initial use of the material

b. From interviews with Parish AIDS Teams

The debate about the symbols used in the church appeared to be more of a debate for the Task Teams than for the clergy. There was also comment about the use of the HIV-friendly posters in the foyers or on outside boards. The argument that was often presented by members of the congregation was that these symbols became divisive in the congregation, that AIDS Candles their impact by being always lit, posters by being always present. To this the Task Teams would respond that candles are lit at every service, whether they retain their significance or not, and that informing the world that the church is friendly to those living with HIV/AIDS cannot possibly be understood as being unfriendly to others in need. The comment from one Task Team member was that where parishes bury those who have died of AIDS-related illnesses with monotonous regularity, the lit AIDS-Candle is a very real symbol for the community.



One Task Team mentioned an ongoing debate in the parish on how people respond to the liturgy at any level, and to symbols that are put in place, or removed.

Another Task Team made mention of the Diocesan Indaba, at which the liturgical material was first presented to parishes, as being a significant step in the development of the Task Team as it allowed them to bring material into the parish that was approved, could be used immediately in their situation, and could be adapted to suit all of their congregations. This had been done, had made a huge impact on the congregations then, and continues to develop the work of the Task Team in the life of the parish.

For one Team, it was significant that there was literature available in the foyer that could be taken by parishioners and visitors. The availability of any literature was not mentioned at all by the rectors.

c. Comments

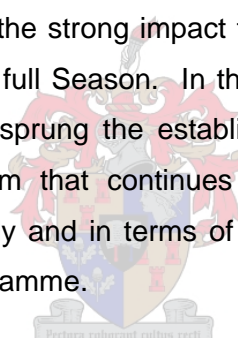
Beyond the fact that there were often inclusions in the Intercessions at public worship, there were distinct differences between the emphases of the Rectors and Task Teams. For the most part the Task Teams had not noticed the detail of the liturgy at all, beyond the fact that there was a coherent focus on HIV/AIDS. The symbols and the visual impact of specific items were of far more significance when looking at the detail of the material used in parishes.

This became even more significant when one received responses from lay people who assist in services, as Lay Ministers or Intercessors, and who became aware of the printed material that could be used. Some spoke of the need to develop additional resources, a factor that will be considered in a later section of this Chapter.

7.4.4 The impact of the liturgical material on AIDS work in the parish

a. From interviews with Rectors

Mention has been made of the strong impact that the material had on two parishes that used the material for a full Season. In the first, the full Season had been well presented and from it had sprung the establishment of a very strong, active and innovative AIDS Task Team that continues to have the strong support of the congregation, both financially and in terms of the creative initiatives that are being sustained in the parish programme.



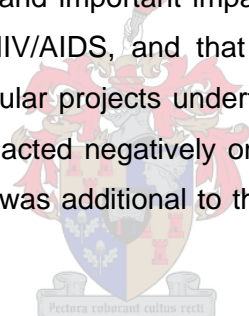
In the second of the parishes, the Season certainly gave an impetus to the work of the Task Team, but there was some difficulty in trying to assign any specific initiatives that emerged from that particular Lenten Season. This difficulty was noted by a number of the parishes, as the liturgy was seen as a support for work that was planned, or had started already. In the same way, some found it difficult to measure the impact of the liturgy on people's lives that had encouraged them to become actively involved in the work.

One response was very positive in the sense that the rector had noted the empathetic response that had developed in the parish. The concern was that it remained focused on the people outside the church who were HIV-positive, and did not seem to be seen as a response to those within the church who were infected or affected.

There was a general awareness in most parishes of changed attitudes over time, but that this change was due to a number of factors that included the regular inclusion of liturgical material that gave a specific emphasis on HIV/AIDS, but that it was difficult to assign any direct response to this particular factor.

The perceived link between HIV/AIDS and homosexual practices was also a difficulty in a number of parishes. While there was a preparedness to show concern and compassion for persons of homosexual orientation who were HIV-positive, this was still very dependent on them not being in a practising homosexual relationship at present. It seemed that 'the past might be forgiven, but the present would not be condoned'. There was still evidence of a judgemental attitude within many churchgoers, and an understanding that HIV/AIDS was a punishment inflicted on people because of their sinful actions.

One rector was emphatic in his perception that the use of the liturgical material on an ongoing basis had a direct and important impact on the pastoral concern for those infected and affected by HIV/AIDS, and that this was evidenced in the level of financial support for the regular projects undertaken by the Parish Task Team. He added that this had not impacted negatively on the regular giving in other areas of parish life, that this income was additional to that which was received in the normal way.



The full impact was not always easy to assess as many had noted that parishioners were also active in secular community projects. The rectors assumed that this was a further response to the encouragement that was given in services and through the activities of the parish.

b. From interviews with Parish AIDS Teams

One Task Team made the direct connection between the focused outreach to younger families and students, and the developing spirituality among these persons, with the response to the projects initiated by the Parish Task Team. This work was seen as being a practical outworking of the regular way in which the matter was addressed in services.

The general opinion of the Task Teams was that whenever the issue of AIDS was given some prominence in services, there was a marked increase in the response of

the congregation, both in terms of people giving time to particular projects or making financial contributions to their work.

One Task Team noted that there was an additional level at which parishioners responded, in that there was an Archdeaconry Task Team as well as the parish teams and that this allowed for a co-ordinated approach to projects that would have been too large for individual parishes. This had not been mentioned by any of the rectors interviewed in that Archdeaconry.

Identification with AIDS work was a factor for a number of Task Teams and they mentioned the proliferation of AIDS ribbons and t-shirts being worn by parishioners and especially young people.

Like the rectors, there was a strong impression that people were eager to do something about HIV/AIDS, but that this was to be done at arms length. The real frustration for many is the lack of numbers for projects that require a direct contact with people living with AIDS within their own environment.

c. Comments

This final comment sums up most of the conversations about HIV/AIDS in the interviews, that there is a desire to be involved, but at a distance. Whether this is born of fear, or of the perceived stigma, or out of ignorance, is uncertain. It would require a more intense investigation with whole congregations to determine the specific reasons and to suggest ways of addressing them.

There was one significant omission from the responses of both the Rectors and the AIDS Task Teams. The liturgical material included a specific approach to Healing Services that sought to give shape and structure when dealing with HIV-positive persons and those living with AIDS. The material also included two prayers from the Australian Prayer Book dealing with situations where people were not expected to be cured, one of which made specific mention of HIV/AIDS. There was no comment offered by either the Rectors or the Task Teams about the use of this material, or of the impact this might have had. It seems to indicate that the predominant attitude towards the pandemic among the parishes interviewed was one of outreach work beyond the boundaries of the parish, and not of pastoral care of persons among the congregation.

7.4.5 The Impact of AIDS work on other pastoral work within the community

This question arose from the first interview with a cleric who felt strongly that the church had entered with great energy and enterprise into pastoral and outreach work in the field of HIV/AIDS to the detriment of other pressing needs in the community. He cited examples of the high profile of Provincial and Diocesan groups working with HIV/AIDS, and the amount of money that was being channelled through these departments. His perception was that other issues such as poverty, the abuse of women and children, drug and alcohol abuse, poor education resources and opportunities and violence in the community were equally important, and were being neglected. It was out of this conversation that the matter was pursued in all other interviews.

a. From interviews with Rectors

There were several comments that HIV/AIDS was seen as a safe area with which to engage as it was towards people 'out there in the community' and demanded little face-to-face work continuing in all other spheres of parish life. The danger was recognised that the work of the church could become issue-based rather than an outworking of a response to God's grace received that had to be developed in all of life. It was suggested that for some this work helped to alleviate the individual conscience about doing something, without having to leave their comfort zone.

In one parish there was a strong suggestion that the greater need was to deal with a particularly strong drug culture within the local community. This was already impacting on HIV/AIDS because of behaviour patterns induced by the drug habit, such as the dropping of inhibitions while under the influence of drugs, as well as prostitution to earn enough money to feed the habit.

One parish has included a very active HIV/AIDS programme within the overall work that is embraced by 'The Ministry to the Needy'. This has included the work that was already being undertaken prior to the establishment of the Parish Task Team, as well as expanding into work that has been recognised through the work of the team.

b. From interviews with Parish AIDS Teams

The response of the Task Teams to this question was much stronger than that of the rectors. All of the Teams were able to cite examples of where the AIDS Task Teams had taken initiatives that were now being followed up by other organisations and groups within the parish. It was well expressed by one respondent who suggested that AIDS work had not so much obscured other pastoral needs in the parish, but

rather brought them to light, both the specific situations and the extent to which they were concerns within the local community. The parish had then started to address these issues.

One Team did mention that the AIDS Team was the only one that really reached out beyond the boundaries of the parish, and that all of the others restricted themselves to work within the church community, and left the other pastoral care to the Rector.

7.4.6 Liturgical needs for support of ongoing AIDS work in the parish

a. From interviews with Rectors

The Eucharistic material was the subject of much comment, and there was a request for further materials that would fit into that part of the liturgy. Collects, Proper Prefaces, Post Communion Prayers and Blessings were most often mentioned in this regard. A further group of requests were for creative ideas and symbols that could be set up and used within the parish context.

One request was for suitable hymns as they found that the traditional ones were limited in their application to pastoral care or social outreach situations such as are recognised in the work of HIV/AIDS. This was surprising as the first hymn suggested was in the parish hymnal, but had never been considered or read.

This led to a broader question of how much work was being done to find, adapt and use the material that was already available within each parish situation. Some were aware that the original material provided opportunity for adaptation and use in different situations but others had not used the material since their first engagement with it.

There were some requests for material that would be able to be used for other specifically pastoral issues.

b. From interviews with Parish AIDS Teams

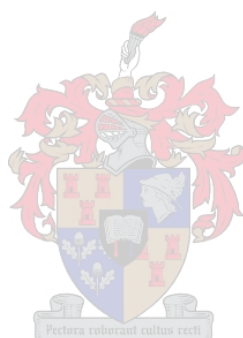
The only response to this question was the need felt for more resources to be made available with a greater local content. Those looking for additional material on the Internet were finding that it was written mainly for a western European or American context, and they did not have the expertise or confidence to adapt it to the local congregation and community.

c. Comments

The responses to this section raised a number of other questions regarding the ease with which clergy and worship leaders are able to adapt material to suit the particular needs of a service, and of the extent to which they are able to develop their own material for local demand. This raised the question of the level of liturgical training in the formation of clergy and the ease with which they are able to use the flexibility of the modern liturgies available to them.

7.5 Conclusion

The exercise of interviewing the Rectors and provided a number of interesting insights to the way in which people used the material that had been developed. These insights are dealt with in the critique of the material that follows in the next chapter.



CHAPTER 8

CRITIQUE OF LITURGICAL MATERIAL IN THE LIGHT OF ITS USE

8.1 Introduction

The hypothesis being examined in this thesis is the link between Worship and Pastoral Care. HIV/AIDS is the context in which this hypothesis is examined, and the emphasis of the critique will therefore be on the integrity of the liturgical material developed for the CPSA (Church of the Province of Southern Africa), and the manner in which the liturgical material facilitated worship that impacted upon the pastoral care that is needed in this particular context.

It must be noted that the material was designed to be used with the standard liturgical text in use within the CPSA, An Anglican Prayer Book 1989 (referred to as APB), and should be read in conjunction with that book. The structure of the Eucharist in this prayer book follows the classic pattern set out in the proceedings of the Fifth International Anglican Liturgical Consultation:

- Gathering of God's People;
- Proclaiming and Receiving the Word of God;
- Prayers of the People;
- Celebrating at the Lord's Table;
- Going out as God's People. (Holeton, 1998, p.284)

There are a number of references in the liturgical material developed to specific items in the APB, and other references to the lections that were set for the various services. These could then be adapted to preferred translations of scripture and used in a way that would be familiar to congregations.

8.2 A conservative liturgical response

The liturgical material developed was essentially conservative in its nature. This was a decision taken from the start with a view to making it available to a very broad cross-section of the CPSA. It was felt that this would ensure that the material, as published, would be accessible to the clerical and lay leadership in most parishes. In addition, there was a clear indication that, "It is important that each parish make its own choices with regard to how, and how much of the material will be used". (Worship and HIV/AIDS, p.2) It was hoped that those parishes that were more creative in preparing and presenting worship, and those that had the resources to provide printed sheets or

overhead projection, would adapt the material in different ways that would suit their particular situation.

It was further hoped that this would make the material sufficiently adaptable to ecumenical use, and the printed matter attracted interest from the Presbyterian Church in the United States, and the Catholic Church in Southern Africa. It has not been possible to get any assessment as yet on the success of these adaptations.

In retrospect, it would have been an improvement if an additional section had been provided giving some guidelines for the adaptation of the material for a range of uses. An additional four pages would have provided ample space for such suggestions and would not have increased the cost to the end users significantly. It would have made the material more accessible to those using it, and it would have helped to develop a more creative approach among those who prepare and lead worship on a regular basis. This was an opportunity that was missed.

8.3 Exclusive use of English in the Liturgies

An Anglican Prayer Book 1989 serves the Anglican Church in six countries across Southern Africa and is available in eleven different languages. This was a massive undertaking when first published, and the original dream of publishing it in all eleven at the same time was not realised then. Several of the current prayer books were only made available some years after the first publication. When confronted with this reality in terms of the liturgical material to be developed for *Worship and HIV/AIDS*, a decision had to be taken from the start regarding the extent to which the material would be made available in the different languages.

Taking into account the following factors:

- the time for development, six months from first meeting to publication;
- the size of the development team available;
- the lack of experience within the team of translation work; and
- the cost of publication in different languages;

a conscious decision was taken by the team to publish the liturgical material in English only.

However, recognising that there would be some situations where people would want to adapt the material to local languages and situations, specific steps were taken provide assistance and guidance to those wanting to follow this route.

These included:

- references were made to APB paragraphs and collects which were available in the eleven languages of the APB;
- scripture references were given for many of the Approach and Post-Communion Sentences and for the Peace. In some cases the scriptures upon which the blessings were based were also given.

These references would have given a good guide to those preparing the liturgy in another language besides English, since the actual texts of the APB and Scripture to which reference was made, were available in the local language. The only translation work that was done was to prepare the Small Group Questions in English, Afrikaans, Xhosa and Zulu. It was hoped that this would have given some direction for clergy in parishes to make the adaptations needed in their particular situations.

This approach did make the material less accessible to those who might have needed it more to address the situation in areas where the incidence of HIV/AIDS is at its highest. In particular, it might have been helpful to have translated the special Eucharistic Prayer into a number of languages, but this could have meant a long delay for the whole book, as it would not have made sense then to print this section separately after the initial launch.

This also highlights a particular problem in the development of any liturgical material of this nature in the CPSA. The process of writing in English and then translating into the other languages can often stifle the imagery and idiom that enriches all languages. It is a particular need for all churches, to discover and develop liturgists who will write and present liturgical material in their own languages. These might later be translated into English for a wider dissemination, and to enable others to discover some of the richness that exists in other languages that might also stimulate new directions for liturgical resources.

8.4 The use of inclusive language

When considering the question of inclusive language in the liturgy, the debate is often restricted to gender sensitivity. This was carefully observed when developing the texts that were presented in *Worship and HIV/AIDS*. However, the writing of Paul Brown opened up another debate that has an important bearing on the language of liturgy.

When the speech spoken and heard in the church's worship is inclusive speech, it serves to gather up within its own community the needs of all humanity, not only the

more acceptable, seemly, or popular segments. (Jesus') care went out to prostitutes, tax collectors, outcast lepers, and reprobate Samaritans as much as to the more respectable needy. Jesus freely touched the untouchables, but how often does the church's language embrace present-day untouchables? (Brown, 1992, p.131)

Brown considers the impact of 'general language' in worship, which tends to mention issues in the world in very general terms. So one hears of 'the poor, the marginalized, the unemployed' as if they were an amorphous mass somewhere outside the milieu of those gathered in worship. In terms of HIV/AIDS this would be expressed in the phrase so often heard in the intercessions, 'We pray for those infected and affected by HIV/AIDS.' He suggests that this kind of language smothers reality, or skirts the issue, or evades a real life matter.

He then contrasts that with 'specific language' that begins to name the reality of the life that is experienced. So one would pray for 'the poor *standing in line at the soup kitchen in the parish hall*, the marginalized *struggling to get their refugee papers from the Department of Home Affairs*, the unemployed *waiting at the street corners for someone to collect them for a day's casual labour*." These examples of specific language give an immediacy to the prayers, includes the poor, the marginalized and the unemployed present among the congregation, and opens the eyes of all people to the situations that surround them every day.

This question did not arise when the team was developing the material, but it is important to look at aspects of the material with this in mind. As an example, it is possible to examine the material used with the first lighting of the AIDS Candle. (Worship and HIV/AIDS, 2002, p.6)

The deliberate repetition of 'we', 'us' and 'our' is an attempt to locate the whole exercise within the local community and the congregation. In total these words are used 21 times in the prayer at the first lighting of the AIDS Candle, and some of the phrases used hold a special significance for the local congregation.

It starts, "We are here today to explore as a congregation the effect of HIV and AIDS within our community". This does locate the exploration within the congregation, and HIV/AIDS within our community, but it could have been even more specific, "within our church, our parish, and our community."

The first paragraph concludes, “it will challenge us to embrace the power of healing that is within each one of us.” Here the language is quite specific in its inclusiveness, and places a challenge to move from words into action as part of a community. It takes those who are present from witness, in the sense of watching what might happen, to participant, as part of that which can happen.

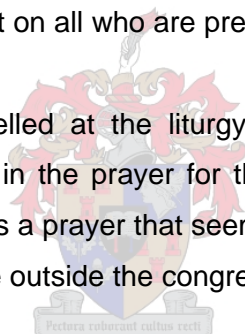
Then at the lighting of the candle there is the further reminder that the candle is lit for a number of people,

- for those we love;
- for those we care for;
- for those who care for others;
- especially for those who have been rejected;

and ends with the fact that it is lit for ourselves that it might be a call to us.

In this set of petitions the liturgy does become specific and inclusive in a way that should have a strong impact on all who are present.

The criticism that must be levelled at the liturgy is that this same strong sense of inclusiveness is completely lost in the prayer for the subsequent lighting of the candle throughout the Season. Here it is a prayer that seems to focus entirely on our call to hold before God other people who are outside the congregation gathered.



It would be beyond the scope of this thesis to look at every prayer in this regard, but an interesting inclusion is the second prayer at the Healing Service, which is adapted from the new Australian prayer book. (A Prayer Book for Australia, (The Anglican Church of Australia, 1995, p.691) It is a strong prayer that allows those praying to express something of their real feelings in the face of such an overwhelming pandemic. It mentions feelings of doubt, anger, confusion and fear. It was felt that this prayer helped people to truly engage with the compassionate God of our faith.

In conclusion, Brown suggests five ways in which the church should speak to the world in the language that will touch the reality being lived and strengthen its social outreach:

- It lays before God instances of human need and suffering that cry out to God for action. Prayer is not merely to ask; it is to participate with God in acting against evil and in establishing good;

- It gives witness to the church's engagement with the realities of its social existence;
- It is representative of the larger needs and conditions of our world culture;
- It invites worshippers to participate in the prayer;
- It effects changes in the lives of the praying congregation.

(Brown, 1992, p.68ff)

These principles were not applied during the development of the material, and could have had a stronger impact on the use of the material had it been included as part of the notes that were suggested in section 8.2 above.

It was significant that when questioned about the nature of the language used in the Intercessions, both the clergy and the leaders of the Task Teams were not quite sure of what was being asked. It was a subject that had never been considered of any importance, and could have been another useful tool for those who were called upon to lead the Intercessions.

This could have been a subject covered in the general guidelines that have already been suggested as additional material that could have been helpful if included in the material.

8.5 No emphasis on Repentance and Confession

In his book, *Breaking the Conspiracy of silence*, Donald Messer writes,

Confession needs to be the first liturgical step in the church's constructive engagement with HIV/AIDS. Honesty and humility dictate that the church not pretend it has been at the forefront of the fight against HIV/AIDS in the world. We have been moral laggards in the struggle, not only failing to contribute our substantial resources and energy, but worse yet, often creating pain and prejudice for the infected and posing roadblocks for public health officials. (Messer, 2004, p.151)

While Messer is addressing himself mainly to the church in the United States, and it is important to recognise that the circumstances there are different to the African context, there are some important warning signs for the Church in Southern Africa as well.

In the light of his statement, it is interesting to note that the Presbyterian Church in the USA, at its General Assembly in 1988 acknowledged that, "The church as a healing community, empowered by the Holy Spirit, is called to confession, celebration and action". This would agree with Messer's call that the first step should be to confession,

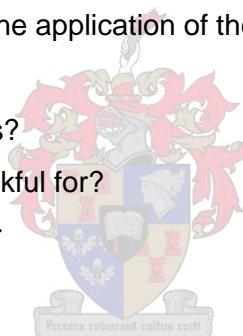
but, as discussed earlier in section 5.6.2, one wonders just how much that ‘confession’ became part of the action in local congregations.

The liturgical material developed in *Worship and HIV/AIDS* lacks any emphasis on repentance and confession. This is now recognised as a major omission and an opportunity missed. It is interesting that the format developed by Musa Dube in *AfricaPraying*, locates the Confession after the Proclamation, an option that is commended in the APB as an alternative to its position in the Gathering rite. *AfricaPraying* structures the service as:

- Introduction;
- We listen to the Word of God;
- We apply the Word of God to Ourselves;
- We apply the Word of God to the Congregation;
- Conclusion and Commitment.

This follows the same general structure of a worship service, but the interesting thing is that the confession is rooted in the application of the Word of God to ourselves:

- What can we learn?
- What can we confess?
- What can we be thankful for?
- What can we pray for
- What can we feel?
- What can we be?
- What can we do? (Dube, 2003, p.38)



Brown’s discussion on general and specific language (see section 8.4) has an important bearing on this aspect of the liturgies. He writes that, “General confessions do rightly acknowledge that we *are* sinners, but they do not name our sins or probe into the nature and extent of human evil”. (Brown, 1992. p.60) This is an aspect of leading worship that requires careful preparation, but can be very effective. He lists a number of suggestions in this regard, one of which will give an indication of the principle,

“*some of us* do not look at the signs of poverty all around us,
others of us see them but do not respond.” (Brown, 1992, p.61)

It is essential that such specific language in confession does not stray over the proper bounds of confidentiality and privacy, but too often the general confession in worship does not direct the congregants to consider specific issues of which there is a need to

repent. Perhaps one suggestion could have been a consideration of a Christian equivalent of the Jewish Day of Atonement at some point during the Season. This could have then been outlined as an additional service in the same way as the Healing Service outline.

One specific issue that should be dealt with on a continual basis is the fact that even where congregations are involved in ministry to people living with AIDS, it is often a work that is left to a small Task Team with little engagement from the wider congregation. This is particularly noticeable when people are asked to move out of their comfort zones.

It is interesting that there was no comment at all about this lack of focus on repentance and confession on the part of either clergy or task team leaders during the interviews, and interesting that the question was not asked. However, there was much information offered as to what is being done to try to bring some relief, to alleviate some of the suffering. Could it be that the church is too busy trying to make amends for past failures, trying to catch up with others engaged in this process, that we have lost sight of the need to repent of those past failures?

This was a notable omission in the material developed.

8.6 The use of the language of lament

Denise Ackermann asks the question, “Why is the church not lamenting? (Ackermann, 2003b, p.122) In her essay *On the language of lament* (Ackermann, 2003b, p111) she gives a broad definition of lament, and locates much of this kind of language in the psalms. There is an element of mourning in lament, but it is much more than that.

It is more purposeful than mourning. It signals that relationships and circumstances have gone terribly wrong. It is more than railing against suffering, a breast-beating or confession of guilt. It is a coil of suffering and hope, awareness and memory, anger and relief, a desire for vengeance, forgiveness, and healing that beats against the heart of God. It is our way of bearing the unbearable. (Ackermann, 2003b, p.110ff)

A full exploration of the nature and form of lament is beyond the scope of this thesis, but should provide some rich research from a number of angles. However, these quotations do reveal a level of sterility in the liturgical material developed, indicating that it does not reflect any of the real pain that should be felt in the church about the reality of HIV/AIDS, nor of the real hope that the church should be offering to those living with AIDS, those who care for them, and for those engaged in research and relief.

This is a reflection of a trend that Ackermann describes so well,

Instead of worship services that are unremittingly positive in tone, there is room for mourning and protest – not as an end in themselves – but as a holding together of loss and hope. Lament does not end in despair – it ends in affirmation and praise. (Ackermann, 2003b, p.123)

Ackermann, Saliers and Clifford all comment on the missing dimension of worship today, which makes it difficult for people in the midst of their suffering to find their stories reflected in the liturgies of the church, and they leave dissatisfied and unfulfilled. The language of lament should be an essential feature of the hospitality that the church offers the community that is wracked by HIV/AIDS, a place to allow others to share their pain, and for the people of God to bear something of that burden with them.

8.7 Assumption that parishes would adapt the set pattern to suit circumstances

There is little evidence of much adaptation of the material to suit the particular, local congregations. There could be two reasons for this. The first is that the set pattern of the material was taken and used as is, with those leading worship welcoming the focus of the words given to them, but feeling that this was the set limit of the variations that was permitted in the authorisation of the material. If this is the case, then the set pattern of material presented was a problem in itself, and again the lack of some guidelines was a real omission.

The second is that those preparing and leading the worship lacked the confidence to become creative with the material presented. Here one is dealing with the question of the formation and training of clergy and lay worship leaders in the use of the liturgy, and the flexibility that is available in general when using the services of the APB. This is a much broader topic than can be explored in this thesis, but has led to the development of training material that is currently being tested with clergy and laity within the Diocese of Saldhana Bay. It also highlights the need for congregations to be more aware of the range of possibilities that are offered in the APB and other modern approaches to liturgy.

8.8 Confined to six week season – with no follow up material

The liturgical material was confined to a six week season, with some additional material for Holy Week and Easter, and the outline of a Healing Service. There was no planned follow up to this material, and nothing has been provided from this source. There have been other departments within the CPSA who have provided occasional material to parishes and individuals, but there has been no connection to the original material.

This could have fed an approach by participants that this was just another course to be completed, and that the local congregation could then move on because they had dealt with this particular issue. This has been identified as a matter against which one needs to guard. The church can easily become issue-bound, dealing with the many issues that rightly need to be addressed as the church engages with the world in which we live. The difficulty that arises is that the issue, for example HIV/AIDS, then becomes the whole focus of the congregation and leadership. Week by week different facets of the issue are explored, and the question that is lost in the detail is how our response is rooted within the call of Christ to discipleship, and not to becoming another NGO dealing with HIV/AIDS. Richardson addresses this approach in his paper in the *Journal of Theology for Southern Africa* by asking the fundamental question, “What is the distinctive Christian approach to this matter?” (Richardson, 2006)

Having drawn attention to the need for engagement with this particular issue in worship, there was a need for a flow of resource material that would continue to remind congregations that HIV/AIDS is an all-pervasive reality that is being lived within the community, and that we need to confront it as Christians. This will require congregations to extend hospitality to those who are living with HIV/AIDS, without any kind of judgement on the way in which they became infected, and to provide spiritual, emotional and practical support. But the further requirement is to ensure that this is done in such a way that the focus remains firmly rooted in the fact that this response is first to Christ and then to this particular ministry. In addition, this ongoing work must be seen as part of a complete ministry to the community that will not allow the matter of HIV/AIDS to overshadow other areas of ministry.

8.9 Failure to address the varied cultural background and approach to healing

In the book, *AIDS, the leprosy of our time*, (Saayman, 1992, p.31ff) there is an excellent overview of the great difference in the approach to health and healing between a Western Enlightenment worldview and that of African culture. This is developed in Meredith Long's book, *Health, Healing and God's Kingdom*, and it is evident that these two approaches will have a very different impact on the worship of different communities.

The overall impression of the liturgical material developed reflected very much the western cultural approach, and there were obvious difficulties in applying it within an African cultural setting. This means that there was probably little impact on the parishes where the material was most needed, and those who lead worship in such settings, while having words to use, were probably not confident enough to translate them into the

language of the local community. There was the additional difficulty that was faced in the diocese quoted in section 7.2, where conservative clergy are unwilling even to address the question of HIV/AIDS at all in public worship.

This failure in the liturgical material reflected the nature of the team that was involved in its development. It is important that in the development of future resources in connection with HIV/AIDS, the team that is engaged in this work should be able to explore both approaches to health and healing so that the material that is presented can be used in a wider range of situations.

8.10 Conclusion

This critique has raised a number of issues that were not addressed during the development of the original material. It does not suggest that the material itself was not well prepared or presented, and the responses from the interviews would suggest that it was well received and used in a number of different ways in different parishes. Rather, this critique reflects a number of issues that have only been recognised through the literature review described in Chapter 3, the Biblical Basis in Chapter 4 and the Theological Response in Chapter 5 of this thesis.

Much of this thesis comes out of the reflection on the process of development and the application of this liturgical material, and has revealed a number of important factors that will need to be considered in developing similar material in the future.

CHAPTER 9

CONCLUSIONS AND SUGGESTIONS

9.1 The distinction between Pastoral Care and Community Outreach

Both Willimon, *Worship as Pastoral Care*, and Roberts, *Pastoral Care through Worship*, quote Don Browning, *The moral context of Pastoral Care* (Westminster Press, 1976), suggesting that “there is no justifiable way of speaking about the care performed by the church unless one envisions this care in the *context* of an inquiring and worshipping church.” (Willimon, 1979, p.47) The italics are as recorded in the quotation. This suggests that Pastoral Care is that which is exercised by the faith community within the context of that community.

If one defines Pastoral Care as ‘the care that is extended to those within the worshipping community’, and Community Outreach as ‘the care that is extended to those who might not regard themselves as being within the worshipping community, or who are perceived to be outside by the worshipping community’, this might be helpful in terms of making a distinction, but should not be seen as categories that would determine the kind of care that might be shown to people who are in need.

With that understanding in mind, it is evident that most of the parish work described in Chapter 7 does not fall in the category of pastoral care at all. It describes the actions of the congregation towards persons in need of compassion and help who are not seen as members of the congregation, and also records an uncertainty of whether there are any within the congregation in need of that specific help. There were only isolated examples of a congregation being able to respond to persons who acknowledged their status and to whom the congregation could minister. In both cases this was done as far as the person would allow.

Stark, in his book *The Rise of Christianity*, records how the church grew through the response to the two epidemics that swept through the Roman Empire at points in the first three centuries. While civil and other leaders left the towns and cities, the Christian community remained and reached out to the sick, providing care for both those who were members of the church, and those who were not. The recipients of that care who survived the epidemics were drawn into the church as active members who felt that they belonged within that community. This might be the case when the church becomes recognised as a safe haven for people living with AIDS. However, the general situation in the parishes interviewed, and in the wider community as recorded in the UNAIDS

Report quoted throughout this thesis, would seem to indicate that the stigma that persists towards people living with AIDS continues to make them very wary of disclosing their HIV-status in public.

A number of responses from the parishes interviewed indicated that the HIV/AIDS work has begun to draw people out of their comfort zone into the wider community and helped them to recognise that this is a vital participation in the *Missio Dei* to which all Christians are called. It is important that the ongoing work of the church in addressing the pandemic should not be hindered in any way by allowing the distinction between Pastoral Care and Community Outreach to divide the work.

9.2 The importance of compassion, contact, and the grace of hospitality

Following from the discussion above, it is apparent that a major factor in some of the changes in attitude of members of congregations can be traced to occasions when they were in contact with people who are HIV-positive or living with AIDS. In many congregations there is evidence of compassion for those in need, but also a frustration that this has been difficult to express in a practical way. The AIDS Task Teams have provided an outlet in this regard.

The next step for many has been direct contact with people who are HIV-positive or living positively with AIDS. That contact has had a marked effect in at least two of the parishes interviewed and it reflects the strong suggestion throughout the liturgical material that the congregations should be addressed by those living with AIDS. It is in such circumstances that the pandemic takes on a human face.

This highlights the question of hospitality in the local church. It asks how open congregations are to receive and accept within their number those who are perceived to be different. For many outsiders the church presents a monolithic façade that can be daunting at the best of times. It engenders a fear in people that they will not be acceptable for some reason or another, and for those already stigmatised by society and the perceived attitude of the church, this barrier can seem impenetrable. In the case of persons living with HIV/AIDS, there are still many whose sense of the church's attitude towards them is rooted in the initial response of judgement concerning their behaviour that leads to their exclusion. The church still has much to do break that image down. The HIV/AIDS pandemic might just be the opportunity for the church to reveal again a sincere compassion for all who are in need, whatever the reason for that need might be.

An open hospitality encourages people into a sense of belonging. Robin Green, suggests, “One of our deepest fears is that of being left completely alone. The other is the terror that my life will be taken over by another person so that I am stripped of my uniqueness.” (Green, 1987, p.15) It is therefore important that as the church welcomes the stranger into her midst, it is done in a manner that does not demand that they change in such a way that they lose their personhood to conform to the standards or norms that might have developed within that particular congregation. Indeed, each and every stranger who is welcomed brings the potential to contribute to the ongoing process of transformation that should be an essential feature of any Christian community.

9.3 The impact of the liturgical material in addressing HIV/AIDS

There were sufficient positive responses in the interviews to indicate that the liturgical material did have an impact on the way in which parishes are addressing the HIV/AIDS pandemic in the community. In this sense, there was a measure of success in conscientising congregations to a need that existed in society, and encouraging them to respond to that need in a way that was consistent with their Christian faith. These might be summarised as follows:

- it gave direction for new initiatives within parishes who saw the need, but were uncertain where to begin in response to that need;
- it gave impetus to initiatives that had already started, and could now be addressed to whole congregations rather than to the faithful few who were already part of an AIDS task Team;
- it provided an insight to many individuals of the nature of the pandemic and impacted on their response to community initiatives to address HIV/AIDS.

9.4 Suggestions for more effective use of liturgy in addressing HIV/AIDS

In the light of the experience of its use in the church at different levels, there are a number of aspects of the liturgy that could have been developed differently and other elements that could have been included. Several have been mentioned throughout the thesis and specifically in Chapter 8 above. These can be summarised as follows:

- a set of guidelines with regard to the use of the material and ways in which it could have been adapted to different situations would have been invaluable;
- guidelines to the use of language in liturgy to obviate some of the common errors that are a regular feature of many elements of liturgy;

- an exploration of the understanding and language of lament in the life of the church with directions as to how this language could inform our worship;
- a call to repentance and confession that will impact on congregations and individuals rather than simply being Synod motions.

9.5 Suggestions for the effective use of liturgy in addressing other pastoral issues

An interesting development during the interviews was the question of whether the church's approach to HIV/AIDS was leading to the neglect of other areas of pastoral concern in the broadest sense. It was here that the response of the AIDS Task Teams was unanimous that their work was opening up these other issues that were starting to be taken up by the parish. This would suggest that the approach to the development of the liturgical material with regard to HIV/AIDS could be effectively used in considering other pastoral issues that are encountered in society.

Some of the concerns that were mentioned were:

- drugs and the concomitant issues of prostitution and crime to feed the habits;
- poverty;
- health care issues other than HIV/AIDS, but often connected with the pandemic, such as TB;
- unemployment, job creation and development;
- gender issues, and the abuse of women and children.

Most of these questions are included in the Millennium Developmental Goals to which all member nations of the United Nations pledged themselves in 2000. It would seem that a similar approach could be used to make congregations aware of these goals, and relate them to actions that could be taken by one person, one small group, and one congregation. In this regard, the book, *What can one person do?*, by Sabina Alkire and Edmund Newell (Church Publishing, New York, 2005) might be a useful resource in that work.

It is important to note that this style of approach must never allow the proclamation of the good news of liberation to be obscured by the tendency to become an issue-centred church. The response to the issues that face the world today is to be rooted in the response of the Christian community to Christ, and to the commission to make disciples

of all nations. To deviate from that, is to lose the distinctiveness of the calling of Christians, and the specific response that the church can offer the world.

The more general question that has been raised in the assessment of the use of this liturgical material has concerned the formation and training of clergy and lay leaders in liturgy and worship. The assumption that newly ordained clergy will acquire these practical skills as they serve in parishes, and that lay leaders will be adequately trained by their parish teams, is not well founded. Too much is left to the skills of the current rector in the parish concerned, and this might not be a particular skill available. It is suggested that greater emphasis be placed on this aspect of formation than is currently the case.

9.6 Suggestions for further research

Several areas of concern have been raised throughout this exploration, and a number of these warrant further research and development. These might be summarised as follows:

- the impact of Stigma on Pastoral Care and Worship, particularly in terms of the celebration of the Eucharist;
- the nature of general and specific language, and its application to the liturgy;
- the specific use of lament in worship;
- the appropriate liturgical formation and training of clergy and lay worship leaders;

9.7 Conclusions

The hypothesis addressed in this thesis has been:

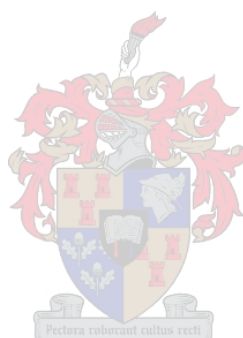
- that Worship is the primary point of Pastoral Care and ministry;
- that the link between Worship and Pastoral Care has been broken; and
- that Worship and Pastoral Care are both diminished by this break.

The literature review revealed a remarkable lack of material that dealt directly with the link between Worship and Pastoral Care, but also a number of comments from different sources that suggested that there was a gap that had developed as both Worship and Pastoral Care became specialist disciplines and ministries within the church.

The publication and use of liturgical material that addressed directly a pastoral issue that is of sufficient magnitude to demand the response of the whole congregation, was an

opportunity to explore this link directly. The material developed remained true to well-established liturgical principles, which showed how the integrity of Worship need not be compromised in such an approach. The recorded response from a number of parishes showed how this material initiated and gave impetus to a pastoral response that was worked out within the community.

The close examination of the development and response to the liturgical material developed and published in September 2002 has suggested a number of gaps in the material and new directions that could be developed further, but these do not deny the basic hypothesis that has been addressed and which can therefore be used as the basis for a number of other pastoral situations.



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APPENDIX A – AIDS LITURGIES 2003

THEME	WEEK 1: AIDS – THE NEW APARTHEID	
	<p>Desmond Tutu – “AIDS is the new Apartheid. We thought we could not defeat that, but we did.” Chris Hani – in 1990 – “AIDS is still in its infancy – by 2000 AIDS will be out of control.” It is. The Information Sheets in this package provide facts concerning the HIV/AIDS crisis in our country; Use these as needed on this Sunday and throughout the Season.</p> <p>Like Apartheid, AIDS separates people and communities, generates fear, and permeates every aspect of life. AIDS will only be defeated by a concerted and united approach by the whole community. Until that happens the disease will continue to spread unabated and could overwhelm us completely.</p>	
CREATIVE IDEAS	Use the ceremony for the first lighting of the special AIDS Candle. This can be placed in the Paschal Candle stand in a prominent place and be lit at all services until Good Friday.	
APPROACH SENTENCE	The prophet said of the Servant, “Surely he has borne our infirmities.” Let us worship the One who brings healing through his bruises.	<i>Isaiah 53:4,5</i>
COLLECT	<p>Living God, you are the source of all light and life, in your strength is our strength, in your health is our health, and in your being we have our being; grant your wholeness to the brokenness within us healing in our lives, your love in our pain and your peace in our hearts; through Jesus Christ our Lord. Amen</p>	
READINGS	<p>Isaiah 53: 3 – 6 Psalm 139: 1 - 11 Romans 8: 31 – 39 John 1: 1 - 14</p>	
PEACE SENTENCE	I am convinced that nothing in all creation will be able to separate us from the peace of God. May the peace of the Lord be with you always.	<i>Romans 8:39</i>
PROPER PREFACE	And now we give you thanks because he is the light who shines in our darkness giving light to our path as we grope for ways in which we can serve those who are infected and affected by HIV and AIDS.	<i>John 1:5</i>
EPICLESIS	Now, by the power of the Holy Spirit who continues his healing work in our community, may this bread and this wine be to us his body and his blood.	
POST-COMM SENTENCE	There is a light shining in the darkness, and the darkness cannot overcome it.	<i>John 1:5</i>
POST-COMM PRAYER	<p>Lord God, you show yourself to those who are without help and make your home with the poor and the weak; we thank you that you welcomed us to share in this Eucharistic meal with all those who believe in you. Grant that in the power of the Holy Spirit, we may joyfully accept the challenge that HIV/AIDS presents to us; and continue your work of bringing wholeness to a broken world; through Jesus Christ our Lord. Amen</p>	
BLESSING	<p>Stand firm now, assured of the love our Lord has for you; knowing that you have been made whole deep within your being; knowing that you are called to share that healing with those given into your care; and may the compassion of the Father, the tenderness of the Holy Spirit, and the guiding hand of the Lord Jesus be with you this day and always. AMEN</p>	

THEME	WEEK 2: AIDS – BREAKING THE SILENCES	
THEME NOTES	<p>The emphasis of the readings is on breaking down barriers –</p> <p>the physical walls of Jericho (Joshua)</p> <p>and the relational barriers between groups (Ephesians):</p> <p>and on the words of Jesus that disciples should not judge others.</p> <p>The barriers that separate us with regard to HIV/AIDS are born of:</p> <p>fear and prejudice – to be broken down when they are confronted;</p> <p>ignorance – to be broken down when accurate information is received;</p> <p>desire to protect ourselves – which can be done without hiding behind them</p> <p>We tend to judge others by stigmatising them, by putting labels on them;</p> <p>strangers, gays, blacks, exiles, refugees are easily blamed for AIDS</p> <p>but Christ calls us to show the same compassion to all persons whatever their situation or status.</p>	
CREATIVE IDEAS	Look at the Group Exercise on “Check your Attitude to AIDS” see page 2. Consider doing this exercise with the congregation as an Introduction to the sermon.	
APPROACH SENTENCE	Paul reminds us that Christ in his flesh has broken down the dividing walls. As we worship today, let us allow the Spirit to break down barriers that divide us.	<i>Ephes 2: 14</i>
COLLECT	<p>Father of justice and love you call the church to witness that you are in Christ reconciling the world to yourself: help us to proclaim boldly the good news of your love that all who hear it may be reconciled to you and work together for peace and justice, *breaking down the walls that divide us one from another; through Jesus Christ our Lord. Amen</p>	<i>APB p260 11th Sunday * Adapted</i>
READINGS	Joshua 6: 1 – 8, 15 – 20 Psalm 13 Ephesians 2: 11 – 22 Matthew 7: 1 – 5	
PEACE SENTENCE	Jesus created in himself one new humanity, thus making peace. May the peace of the Lord be with you always.	<i>Ephes 2:15</i>
PROPER PREFACE	And now we give you thanks because by the obedient action of your people at Jericho and the self-giving work of your Son on the Cross, you revealed for all time how any barriers can be broken down.	
EPICLESIS	Now, by the power of the Holy Spirit who continues his reconciling work in our community, may this bread and this wine be to us his body and his blood.	
POST- COMM SENTENCE	Jesus told disciples, “Do not judge, so that you may not be judged”.	
POST COMMUN PRAYER	<p>God our Creator and Redeemer, by your gift the tree of life was set at the heart of the earthly paradise, the tree of the cross at the heart of the gospel, and the bread of life at the heart of your Church: we thank you that we have been nourished at your table today and pray that , transformed by the power of the Cross, we might work to break down barriers in your world; through Jesus Christ our Lord. Amen</p>	<i>Adapted from The Christian Year – p128</i>
BLESSING	<p>Christ himself is our peace; He has reconciled us to God through the Cross and made us one in him; so may the blessing of God our Reconciler, the Father, the Son and the Holy Spirit rest upon you and remain with you that you might bring reconciliation in your community this day and always. Amen</p>	<i>Ephes 2:14</i>

THEME	WEEK 3: CARING AND THE CARERS	
THEME NOTES	<p>It is important to maintain a careful balance in the proclamation to reflect two groups in need;</p> <p style="padding-left: 40px;">those who need care because they are themselves HIV+ or have AIDS, those who need support because they are caring for people with AIDS;</p> <p>and in two kinds of support,</p> <p style="padding-left: 40px;">trying to make some sense of the overall situation with regard to AIDS providing care and support now for those who suffer and those who care.</p> <p>These parallel needs are reflected in the interaction between Jesus and the sisters when they are confronted by the enormity of the death of Lazarus:</p> <p>Martha engages in debate with Jesus and is confronted by the question of faith,</p> <p style="padding-left: 40px;">“I am the resurrection and the life. Do you believe?”</p> <p>Mary seeks comfort and support and is met by the Jesus who cares.</p>	
CREATIVE IDEAS	<p>This might be a good Sunday on which to invite a speaker to share the Sermon. Depending on the parish situation, it might be appropriate to invite:</p> <p style="padding-left: 40px;">someone prepared to share their status as HIV+ with the community; someone already involved in caring for those infected with HIV/AIDS.</p> <p>It is far more effective to get someone from within the community to do this.</p>	
APPROACH SENTENCE	The psalmist trusted, “The Lord is my Shepherd”. Let us worship the One who cares for us.	<i>Psalm 23</i>
COLLECT	<p>Heavenly Father, your Son has taught us that anything we do for the least of our neighbours we do for him: open our eyes to the needs of others, *especially those suffering from HIV/AIDS and those who care for them, and give us the will to serve you in them; through Jesus Christ our Lord</p> <p style="text-align: right;">Amen</p>	<p><i>APB p 277</i></p> <p style="text-align: right;"><i>*Adapted</i></p>
READINGS	<p>Isaiah 61: 1 – 3 Psalm 23 1 Peter 5: 1 – 11 John 11:17 – 37</p>	<i>See small group material for Scripture notes.</i>
PEACE SENTENCE	Cast all your anxiety on God, so that he might exalt you in due time. May the peace of the Lord be with you, and those for whom you care, today and always.	<i>1 Peter 5:7</i>
PROPER PREFACE	And now we give you thanks because your Son came to reveal your love for all people, and to be an example of the way in which we are called to show compassion to others. Through the gifts of the Spirit that have been poured out on us, we are able to show concern for those who suffer and support for those who care for them.	
EPICLESIS	Now, by the power of the Holy Spirit who continues his works of compassion in our community, may this bread and this wine be to us his body and his blood.	
POST-COMM SENTENCE	The Spirit of the Lord God is upon me to bind up the broken-hearted.	<i>Isaiah 61:1</i>
POST-COMM PRAYER	<p>Holy God, we see your glory in the face of Jesus Christ: we thank you that you meet us as we share this meal together, and pray that strengthened by this sacrament we may reflect his life in word and deed, by showing compassion to those infected by HIV and AIDS and support for those who care for them that all the world may know his power to change and save. This we ask through Jesus Christ our Lord.</p> <p style="text-align: right;">Amen</p>	<p><i>The Christian Year – p129</i></p> <p style="text-align: right;"><i>Adapted</i></p>
BLESSING	<p>The Sovereign Lord anoint you with his blessing: preach good news to the poor, go and bind up the broken-hearted, proclaim freedom for the captives and release to those in darkness, comfort all who mourn; and the blessing of God almighty, the Father, the Son and the Holy Spirit bless you that you might be a blessing to others.</p> <p style="text-align: right;">Amen</p>	

THEME	WEEK 4: HUMAN SEXUALITY – GIFT OR CURSE?	
THEME NOTES	The lessons have been selected to give both positive images of our sexuality and distortions that are condemned. It is important to maintain a proper balance in the sermon. The aim is to engender a healthy and positive approach to our sexuality as God's gift to us, to value that gift and to respect it in ourselves and in others. It is a gift to be enjoyed in mutual pleasure in a committed relationship; it is a gift that gives continuity and hope in procreation. The distortions of sexual abuse and violence are a denial of God's goodness in the gift of human sexuality and it is the work of the whole community to condemn such distortions, to stand firm against the perpetrators and to provide support and protection for the victims and survivors.	
CREATIVE IDEAS	A survivor of abuse or rape could provide a powerful testimony for this sermon.	
APPROACH SENTENCE	Paul writes, "Your body is a temple of the Holy Spirit within you." Let us allow that Spirit to guide us in worship today.	1 Cor 6:19
COLLECT	Heavenly Father, *you created us in your own image, *created us male and female that we might find wholeness in one another: because of our human frailty without you we cannot but fall, keep us always under your protection, and lead us to those things that make for our salvation; through Jesus Christ our Lord. Amen	<i>APB p 275 Second Collect *Adapted</i>
READINGS	2 Samuel 13: 1 – 22 Psalm 128 1 Corinthians 6: 13b – 20 alternately Song of Songs 4: 1 – 8 Matthew 13: 44 – 50	
PEACE SENTENCE	The psalmist said, "May you see your children's children. Peace be upon Israel." May the peace of the Lord be with you always.	<i>Psalm 128:6</i>
PROPER PREFACE	And now we give you thanks because in love you created us, in justice you condemned our misuse of the gifts that you bestowed upon us, but in mercy you redeemed us.	<i>APB p139 Preface 27(a) Adapted</i>
EPICLEISIS	Now, by the power of the Holy Spirit who continues to inspire to a wholesome enjoyment of the gift of our sexuality in our community, may this bread and this wine be to us his body and his blood.	
POST-COMM SENTENCE	On finding a pearl of great price, the merchant went and sold all he had and bought it."	<i>Matthew 13:46</i>
POST-COMM PRAYER	Loving God we thank you that as a mother feeds her children at the breast you have fed us in this sacrament with the food and drink of eternal life: help us who have tasted your goodness to value your gift of sexuality in ourselves and in others that we might grow together in grace within your household of faith; through Jesus Christ our Lord. Amen	<i>The Christian year – p 133 Adapted</i>
BLESSING	The Lord who made heaven and earth and created us male and female in the image of a loving God, watch over you remain close to your side, guard your life and keep you from harm; and the blessing of God almighty the Father, the Son and the Holy Spirit, bless you that you might be a blessing to others. Amen	<i>Psalm 121</i>

THEME	WEEK 5: Mothering Sunday- CAN I HUG A CHILD WITH AIDS?	
THEME NOTES	<p>The celebration of Mothering Sunday in the congregation must do a number of things: affirm the joy of good relationships between children and their parents; show compassion to those who would want to have children but cannot; be sensitive to children whose parents have separated, divorced or died.</p> <p>Within this range of situations in families today, special attention must be focussed on the impact of HIV and AIDS on family relationships: on the pain of those who have lost mothers to AIDS; on the pain of mothers with HIV+ children; on the pain of grandmothers having to raise a second generation; on the effect on teenagers of having to take responsibility for younger siblings</p> <p>The term "Innocent Victims" is an immediate thought in this regard but this can be heard as being judgemental of other HIV+ persons; and the very term "victims" also has a negative connotation.</p>	
CREATIVE IDEAS	Traditionally flowers are presented to mothers and grandmothers on this day. As a special thought, collect small practical gifts as well as flowers and arrange for children from the congregation to take these from the church to an orphanage or children's home.	
APPROACH SENTENCE	Jesus said, "Let the little children come to me...for it is to such as these that the kingdom of God belongs." Let us worship the One who calls us to be like them.	<i>Mark 10:14</i>
COLLECT	O Lord and Saviour Jesus Christ, you knew the life of an earthly home at Nazareth: reign in our homes as Lord and as king that we might be encouraged to build in our community homes for orphans and children infected with HIV and AIDS, that would assure them of your love and peace; through Jesus Christ our Lord. Amen	
READINGS	Deuteronomy 10: 12 – 22 Psalm 72: 1 – 14 James 1: 19 – 27 Mark 10: 13 – 16	
PEACE SENTENCE	Fear the Lord your God and serve him. He is your praise, he is your God. The peace of the Lord be with you always.	<i>Deut 10:20</i>
PROPER PREFACE	And now we give you thanks because you equip your people to take pity on the weak and needy for they are precious in your sight.	<i>Psalm 72:13,14</i>
EPICLESIS	Now, by the power of the Holy Spirit who inspires us to continue to care for the widows and orphans in our community, may this bread and this wine be to us his body and his blood.	
POST-COMM SENTENCE	Be quick to listen, slow to speak and slow to become angry.	<i>James 1:19</i>
POST-COMM PRAYER	Generous Lord we thank you that in word and sacrament today we have proclaimed the mystery of your love for all people: help us so to live out our days that we might fully accept all children into our fellowship and build true community for those who have no family of their own, that we may be signs of your compassion for all people; through Jesus Christ our Lord. Amen	
BLESSING	Fear the Lord your God, walk in his ways, love him with all your heart, serve him with all your soul, obey his commandments; and the blessing of God who is Father Son and Holy Spirit bless you that you might be a blessing in your community. Amen	<i>Deut 10:12</i>

THEME	WEEK 6: I'M POSITIVE ABOUT AIDS	
THEME NOTES	<p>The parable of the Good Samaritan confronts us with two questions – it asks us how we minister to those whom we meet who are in need, particularly those who are HIV+; AND it asks us how we would feel when we are in need, whether we would let them minister to us.</p> <p>The sermon needs to deal with attitudes and fears concerning those who are HIV+ in the community Individuals who are HIV+ and fear the judgement and rejection of the community Community attitudes and how we accept those who are HIV+</p> <p>The questions that the community needs to ask are: What “Struggle” methods can we apply to HIV/AIDS? What can we offer as a community? Can the Church find its unity across denominational boundaries as it faces a common purpose?</p> <p>Positive programmes - nutrition, medication, spiritual support - are not possible when HIV is hidden.</p>	
CREATIVE IDEAS	The witness of an HIV+ person living an active life in the community can be built into the sermon	
APPROACH SENTENCE	The prophet says, “I will rejoice in the Lord, I will be joyful in God my Saviour”. Let us rejoice as we worship today.	<i>Hab 3:18</i>
COLLECT	God our Father, your Son came in love to deliver us and to equip us for eternal life: free us from all that hinders us from running the race you have set before us; through Jesus Christ our Lord. Amen	<i>APB p 286</i>
READINGS	Habakkuk 3: 17 – 19 Psalm 121 2 Cor 4: 16 – 5:10 Luke 10: 25 – 37	
PEACE SENTENCE	God has given you the Spirit as a deposit, guaranteeing what is to come. The peace of the Lord be with you always.	<i>2 Cor 5:5</i>
PROPER PREFACE	And now we give you thanks that we can fix our eyes not on what is seen, but on what is unseen; not on what is temporary, but on what is eternal.	
EPICLESIS	Now, by the power of the Holy Spirit who continues his healing work in our community, may this bread and this wine be to us his body and his blood.	
POST-COMM SENTENCE	Jesus told him, “Go and do likewise”.	<i>Luke 10:37</i>
POST-COMM PRAYER	Lord Jesus Christ, you have taught us that anything that we do for the least of our brothers and sisters we do also for you: give us the will to serve others as you were the servant of all, and gave up your life and died that we might live; but are alive and reign, now and for ever. Amen	
BLESSING	Do not be discouraged, even though your world decays; be renewed in your spirit day after day, look forward to tremendous and eternal glory, fix your heart on your unseen home which will last for ever; and the blessing of the Father who created us for heaven, the Son who died to open the way to eternal salvation and the Holy Spirit in whom we are sealed for eternal life remain with you this day and always. Amen	<i>2 Cor 4:16</i>

EUCCHARISTIC PRAYER FOR AIDS LITURGY		
SURSUM CORDA	The Lord be with you And also with you Lift up your hearts We lift them up to the Lord Let us give thanks to the Lord our God It is right to give him thanks and praise	Standard for all Sundays
PREFACE	Blessed are you, Lord God, healer of the sick, comfort to the marginalized and source of our salvation. We praise you that by speaking the Word you brought the whole created order into being. You made us one in your image so that with all creation we may echo your praise. Through his work and life amongst us, your Son showed us the depth of your love, when you gave him to live on earth and to suffer for our sins. In this he revealed to us the fullness of your glory, took from us the sting of death, and has raised us with him to new and eternal life. Emptied of all worldly power, weak and yet still strong, wounded and yet still whole, human and yet still God, he gave us hope. He called us to be his community of compassion that we may continue to serve him by serving the weak, the powerless, the wounded and the rejected.	Standard for all Sundays
PROPER PREFACE		Variable – see weekly sheets
SANCTUS & BENEDICTUS	And so we join the whole company of earth and heaven as we say; Holy, holy, holy Lord God of power and might heaven and earth are full of your glory. Hosanna in the highest. Blessed is he who comes in the name of the Lord Hosanna in the highest.	Standard
EPICLESIS		Variable – see weekly sheets
INSTITUTION NARRATIVE	On the last night amongst us he ate with his friends. Taking off his tunic and wearing only a towel he washed the feet of all who shared his meal. During supper he took the bread, gave thanks and broke it. He shared it with his friends, saying, "Take this bread and eat it; this is my body which I freely give to you. Do this to remember me." After the meal was over he took the cup, gave thanks to God and shared it with them. "This cup is a new and everlasting covenant, sealed with my blood, poured out for you. As often as you drink it, you do this in memory of me."	Standard for all Sundays
ACCLAMATION	So let us proclaim the mystery of faith Christ has died Christ is risen. Christ will come again	Standard for all Sundays
CONCLUSION	Gathered together we celebrate our life in you. Recalling the sacrifice of your Son we remember all who suffer, praying for those who are living with HIV and AIDS. We thank you for the gift of healing, praying that, nourished by your body and blood, we may show our unity to the world. We pray for your pilgrim Church, that she may know the truth of your glory to all people. Be with our Bishops, clergy and people that, guided by the love of your Son, they may seek to bring the power of your love to all whom they touch.	Standard for all Sundays
DOXOLOGY	For all glory and honour are yours, Father and Son, with the Holy Spirit in the Holy Church, now and forever. AMEN	Standard for all Sundays

LITURGICAL MATERIAL FOR HEALING SERVICE

APB MATERIAL	The APB includes an excellent and extensive section on Ministry to the Sick and Dying. Reference should be made to the material there.	<i>APB pp 489 ff</i>
CREATIVE IDEAS	<p>The use of candles in the Healing Ministry can be very powerful. Elsewhere in this material there is a specific ritual for the lighting of an AIDS candle, and this could be used at the start of the service, or use could be made of the shorter prayer if this is a regular element of services throughout the Season.</p> <p>Besides candles that will be lit as part of the worship environment, many find it helpful to have opportunity to light them as part of their own prayer for specific persons. It is helpful to have such candles and space to put them at a number of points in the church so that it does not become too congested at one or two places.</p>	
GATHERING	<p>The congregation need to be welcomed and clear guidelines given:</p> <ul style="list-style-type: none"> • what opportunities will be available for ministry • when this will be available during the service • what specific ministry will be available, prayer, laying on of hands, anointing. • where this will be offered in the church. 	
PREPARATION	The Introduction to the Eucharist – APB pp 104 – 106 give an outline. If a less formal structure is preferred, the principles of praise, penitence and a gathering up in a collect should be followed.	
COLLECT	<p>Almighty and ever-loving God at his baptism you anointed your Son with the Holy Spirit and with power to bring all the blessings of the kingdom: Grant that same anointing to your church today that we might in humility follow his example and bear witness to the gospel of salvation as we minister to those who seek today that same assurance of wholeness and healing; through Jesus Christ our Lord. Amen</p>	<i>Either of the collects on page 508 can be used</i>
READINGS	A wide selection of readings is listed in APB 1989 – pp 492 and 493. A shorter selection is included on page 509 for the Eucharist.	
INTERCESSIONS	<p><i>The following two prayers are adapted from A Prayer Book for Australia – 1995</i></p> <p>God our refuge when human resources fail, you alone remain our sure hope and defence. Grant us the courage to place ourselves in your hands, confident that nothing can separate us from your love, in Christ Jesus our Lord. Amen</p> <p>Almighty God our heavenly Father, we find hard to understand why we have to bear some things. When your care and purpose seem distant we often feel angry and confused. and we fear that in our faith we have been deceived. Yet we believe that you are still our heavenly father, and we long to know that your love still surrounds us. Strengthen our faith and assure us of your gracious compassion; through Jesus Christ our Lord. Amen</p>	
MINISTRY	The Laying on of hands and prayer should be led by ministers who have been well prepared and who will be sensitive to those who request it.	
EUCHARISTIC MATERIAL	The Eucharistic Prayer, Proper Prefaces and other elements can be selected from material set out elsewhere in this resource.	

LITURGY TO BE USED WITH AIDS CANDLE

<p style="text-align: center;">AT THE FIRST USE OF CANDLE</p>	<p>We are here today to explore as a congregation the effect of HIV and AIDS within our community.</p> <p>This exploration will cause us to think of the many people, most of whom are unknown to us, who have died through this disease; it will raise within us many fears and uncertainties, born of our ignorance and also of our prejudices; it will reflect the fears and hopes of those who will suffer from this disease and of those who care for them; and it will challenge us to embrace the power of healing that is within each one of us.</p> <p>For the many have been touched by this illness, it seems at times like a never-ending darkness.</p> <p>The lighting of this candle is a symbol to remind us of the words of John's gospel that there is a light that shines in the darkness, and that the darkness has not overcome it.</p> <p>It is a candle that is lit for those we love, and for whom we care. It is lit for those who care for others, especially for those who have been rejected by their family and friends because of HIV and AIDS. It is lit for ourselves that it might be a call to us to respond to this great need that exists among us, and to be carers of those who are placed in our care.</p> <p>The light of the flame of the candle is a warming, embracing symbol of a light shining within the darkness or our pain shared, a symbol of hope through all our fears, hidden in the mystery of our lives and of the lives of those who we remember today.</p> <p>So come let us worship our Lord today the Lord who touched the lepers the Lord who touched the lonely the Lord who waits to touch our hearts today</p>	<p><i>At the start of the service the AIDS Candle is brought in as part of the procession and placed in the Paschal Candle holder.</i></p> <p><i>This ritual takes place after the Greeting and Welcome but before the Act of praise, or the Vesicles and Gloria.</i></p> <p><i>The AIDS Candle is lit as these words are said.</i></p>
<p style="text-align: center;">AT SERVICES AFTER THE INITIAL LIGHTING</p>	<p>Throughout this Season we hold before God those suffering from HIV and AIDS their families those who care for them those organizations dedicated to fighting AIDS in our community.</p> <p>The lighting of this candle is a symbol to remind us of the words of John's gospel that there is a light that shines in the darkness, and that the darkness has not overcome it.</p>	<p><i>This ritual takes place after the Greeting and Welcome but before the Act of praise, or the Vesicles and Gloria.</i></p> <p><i>The AIDS Candle is lit as these words are said.</i></p>

APPENDIX B - QUESTIONS FOR THE INTERVIEWS

12.1 Questions for Parish AIDS Task Teams

12.1.1 Assessing the community

- The background of the community:
 - the perceived extent of the HIV/AIDS pandemic in the local community;
 - the local support programmes within the community.
- The background of the parish AIDS Task Team:
 - the activity level of the parish AIDS Team;
 - the level of participation of the congregation in these activities;
 - the freedom with which people acknowledge their HIV status in the parish;
 - the frequency with which AIDS work is included in parish worship.

12.1.2 The way in which the liturgical material was used

- As a full season or on single Sundays at different times;
- As a Lent Course or at some other time;
- Where in the service is AIDS specifically mentioned on a regular basis:
 - Intercessions;
 - Notices;
 - Particular services;
 - Regular inclusions in the services;
 - Fixed symbols in the church.
- How often do you hear sermons that focus on AIDS?
- What aspects of the liturgical material did you find particularly helpful?
- What aspects were not all that helpful?

12.1.3 The impact of the liturgical material on AIDS work in the parish

- What impact did the liturgical material have on the response of the parish leadership to the work of the AIDS Task Team?
- What impact did the liturgical material have on the response of individual parishioners to the work of the AIDS Task Team?
- Have you seen any long term change of attitude and behaviour of individuals that can be attributed to the liturgical material?
- Have any long term support systems in the parish or the local community been established or significantly strengthened as a result of the material?

12.1.4 Impact of AIDS work on other pastoral issues within community

- To what extent has the parish AIDS work impacted on other pastoral issues within the community?

12.1.5 Support of ongoing AIDS work in the parish through worship

- In what other ways could the worship be helpful in addressing AIDS and other pastoral issues within the community?

12.2 Questions for Parish Clergy

12.2.1 Assessing the community

- The background of the community:
 - the perceived extent of the HIV/AIDS pandemic in the local community;
 - the local support programmes within the community.
- The background of the parish AIDS Task Team:
 - the activity level of the parish AIDS Team;
 - the level of participation of the congregation in these activities;
 - the freedom with which people acknowledge their HIV status in the parish;
 - the frequency with which AIDS work is included in parish worship.

12.2.2 The way in which the liturgical material was used

- As a full season or on single Sundays at different times;
- As a Lent Course or at some other time.
- How and how often did you adapt the material for your situation?
- Where in the service is AIDS specifically mentioned on a regular basis:
 - Intercessions;
 - Notices;
 - Particular services;
 - Regular inclusions in the services;
 - Fixed symbols in the church.
- How often did you preach sermons that focus on AIDS?
- How often did you arrange for others to preach specifically on AIDS?
- What aspects of the liturgical material did you find helpful?
- What aspects were not all that helpful?

12.2.3 The impact of the liturgical material on AIDS work in the parish

- What impact did the liturgical material have on the response of the parish leadership to the work of the AIDS Task Team?
- What impact did the liturgical material have on the response of individual parishioners to the work of the AIDS Task Team?
- Have you seen any long term change of attitude and behaviour of individuals that can be attributed to the liturgical material?
- Have any long term support systems in the parish or the local community been established or significantly strengthened as a result of the material?

12.2.4 Impact of AIDS work on other pastoral issues within community

- To what extent has the parish AIDS work impacted on other pastoral issues within the community?

12.1.5 Liturgical needs for support of ongoing AIDS work in the parish

- What other liturgical material would be helpful in addressing ongoing AIDS work in the parish?
- What other liturgical material would be helpful in addressing other pastoral issues within the community?