

The Church has AIDS: Towards a Positive Theology for an HIV+ Church

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The Church has AIDS

One of the most controversial statements in the contemporary Church is surely the assertion that ‘The Church has AIDS’! This statement challenges Christians to recognize that it is impossible to do theology and engage in Christian life and ministry without taking into account the impact of HIV and AIDS on the world. Susan Rakoczy reminds us that theologians, and all Christians who take their belief in Christ seriously, have a responsibility to forge a positive theology of HIV/AIDS, since sadly so much of the Church’s official and popular rhetoric has sent the false message that at best God is silent on HIV and AIDS, and at worst God is either punishing persons with AIDS or has abandoned us in our suffering.²

Within the Church – the Body of Christ – there are many persons who are HIV+. This reality changes not only who we are as a Church, it also changes how we *are* the Church. In our creeds we affirm that the Church is ‘One’ – this unity is more than just a structural unity. Solidarity is central to the unity of the Church. It was out of this reality of true solidarity that the Methodist Church of Southern Africa adopted the following statement at its annual conference in 2005: ‘The Church has HIV/AIDS: We care. “When one part of the body is affected the whole body suffers” 1 Corinthians 12:26.’

Schillebeeckx notes that without true solidarity the ‘gospel becomes impossible to believe and understand’.³ The notion of true solidarity cannot be divorced from contextual solidarity. Our solidarity is not merely some spiritual concept that has no bearing on our real lives. So, in relation to HIV/AIDS Haight reminds us, ‘Jesus cannot be Christ and salvation cannot be real without having some bearing on this situation.’⁴

The Southern African context is not unfamiliar with suffering and solidarity. Albert Nolan wrote, during the height of the atrocities of apartheid in the 1980s, that solidarity with the suffering will be ‘the new starting point for modern theology and spirituality in most of the Christian world today’.⁵ This statement is refreshingly real, and a significant encouragement in a world where the triumphalism of the popular theologies of televangelists and faith healers deny the very real struggles of so many Christians, compounding their struggle, alienation and guilt.

Indeed, if the Church is to have a Christian voice in this context, it will need to come from a Church that has AIDS, a Church that is HIV+. This voice will need to be a positive voice in an HIV+ world, and that means that it will need to be more than just a Church that cares for persons who are HIV+.

An HIV+ Church in an HIV+ world

HIV infection is highest in those areas of the world where the Christian faith is growing most quickly (Africa, South America, India and Asia). The relationship between the spread of HIV and the growth of the Christian faith is complex and varied. The reasons for the spread of HIV in the under-developed world are quite clear. HIV is most frequently spread through sexual intercourse. This is not surprising when one considers that two of the most significant problems in the under-developed world are reproductive care and the empowerment of women to have a say in their sexual activity. The simple fact is, however, that in most of the under-developed world people turn to Christ for healing and hope, and to the Church for support when they discover that they are HIV+.

South Africa's HIV/AIDS statistics are fairly well known.⁶ Sub-Saharan Africa has the highest prevalence of HIV infection in the world. Where it is left completely unchecked the HIV infection rate has risen to as high as 1 in every 2 persons (50 per cent of some population groups in Botswana).⁷ Of the estimated 33.2 million persons living with AIDS globally, more than 22.5 million live in Sub-Saharan Africa – that amounts to 68 per cent of all HIV+ persons in less than 10 per cent of the world's geographic land mass. Each day more than 1,600 persons are infected with the virus. In most government hospitals more than half of the patients are HIV+. By 2009 the life expectancy of a person living in Swaziland⁸ had declined from 60 years of age to just 32 years.⁹ Compare this to the United Kingdom where the life expectancy of the average person born in 2009 is 79 years.¹⁰ Approximately 4,500 people in Sub-Saharan Africa die of HIV/AIDS-related medical causes each day.

One could go on discussing the gloom and doom of these statistics in Southern Africa. What good would that bring? However, it would be much more fruitful and prudent to ask 'What would God want in this situation?' As surely as God did not approve of the dehumanizing ideology of apartheid in South Africa, so too God has a clear and perfect will for the Church to engage with HIV/AIDS in Southern Africa.

Some understanding of the ministry of the HIV+ Church

The Church's response to the pandemic of HIV/AIDS has traditionally been divided into two broad categories namely, prevention and mitigation. Understanding these two broad approaches helps us to understand the three stages of theological development that inform most of the Church's ministry in an HIV+ world.

The South African Church has been historically more successful at dealing with mitigation than it has been in developing an effective prevention strategy.¹¹ The Church has found it easier to provide care and support to persons infected and affected with HIV. Prevention in any context is challenging, particularly when HIV is spread through sexual intercourse. However, the influences of African culture, fertility, the expectation of procreation and poverty have complicated the Church's prevention campaigns significantly.

In spite of the challenges, the Church has made some significant contributions towards engaging in tangible acts of prevention and care for HIV+ infected and affected individuals and communities. In 2002 the South African Council of Churches adopted the following statement as a guide and encouragement to its member churches as they developed and implemented Christian responses to HIV/AIDS:

- We delight in the statement of our Lord Jesus, 'I have come that you may have life, and have it abundantly' (John 10.10).
- We commit ourselves to helping all people to have life and have it abundantly.
- We embrace all people living with HIV and AIDS, and celebrate their presences among us.
- We believe that HIV and AIDS can, if we allow it, lead the Church to a deeper and more meaningful ministry in responding to the love of God.
- We call on all Southern Africans to embrace people infected and affected with HIV and AIDS, who live with us, as living examples of hope. We invite them to share their stories and journeys of struggle with us.¹²

It has taken some time to move from a lack of recognition of the impact of HIV/AIDS upon society and the Church, to a more positive position. The Church understood the need to engage in Christian ministry towards HIV+ persons; nonetheless, it still saw this ministry as being directed towards people who were 'other' than the Church. It was only in 2005 that the Methodist Church of Southern Africa adopted the truer statement

that 'The Church has HIV/AIDS.' This shift was a significant one since it changed the way in which ministry was done; from a condescending, self-righteous approach by the 'moral' and 'pure' Christians to the 'immoral' and 'impure' HIV+ persons, to a position of mutual suffering and solidarity.

The research on the Church's involvement in HIV/AIDS ministry, conducted by Denis (2009), is the most up-to-date and comprehensive research of its nature at present. It charts that shift in emphasis and approach in Church-based and Church-initiated HIV/AIDS ministries (from lack of awareness à ministry to the 'other' à ministry to the HIV+ Church and wider community).

When considering the kind of ministry that the three categories of Church have engaged in over the years one can broadly differentiate it into the following areas:¹³

Education and training: The Church has been keen to engage in preventative education. Thus, many of the churches and church ministries and bodies have developed and deployed extensive HIV prevention campaigns that have dealt with a wide range of issues, such as the encouragement of sexual abstinence before marriage and sexual faithfulness in marriage. Among some Church groupings and denominations the responsible use of condoms is promoted for persons who are sexually active. Because of the nature of the spread of HIV in Southern Africa these campaigns have, out of necessity, needed to address persons of various ages and various levels of education and literacy. Furthermore, a strong emphasis in almost all churches has been placed on educating persons to overcome the stigma associated with HIV/AIDS. So, for example, clergy in most denominations are encouraged to undergo voluntary AIDS tests and to declare their HIV status to their congregations. Stigma and rejection by one's community compounds the HIV+ person's suffering – not only is the individual aware of the impending suffering that comes from AIDS-related death, but he or she faces isolation, judgement and rejection by the community.

Medical care: The churches have tended to operate within two broad categories of medical care. First, many churches have established HIV testing and counselling clinics. Second, there have been many church-led projects that offer medical support in the form of hospitalization, palliative care, HIV medication, prevention of parental transmission, and a host of interventions for secondary illnesses associated with HIV and AIDS (such as tuberculosis, which is the most common cause of death in HIV+ persons

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in Southern Africa). Medical support is frequently provided in established clinics (either situated on Church premises, or funded by churches) and by means of home-based carers that go into the homes of HIV+ persons.

Support and poverty alleviation: There is a clear link between HIV/AIDS and poverty. There are two major areas in which the churches in Southern Africa have sought to offer support and care in this regard. First, with such a high rate of infection and death many families have been decimated by the spread of HIV. In situations where both parents have died as a result of AIDS there is a great concern about orphans and child-headed households. In some instances children as young as 10 are taking care of two or three younger siblings (some of whom may be HIV+ themselves). This is a massive concern for the Church. The establishment of orphanages and community-based, care-giving structures has been central to the Church's strategy to deal with the disastrous effects of HIV/AIDS. A second high priority among the churches has been the provision of sanitation services and nutrition. Sadly, even where persons can get access to antiretroviral treatment, many do not have adequate nourishment to make the treatment effective. In some communities simple necessities such as clean water are a priority (a high rate of death is recorded in HIV+ infants and children because of diarrhoea caused by the consumption of unsanitary water from polluted rivers and streams). Of course, the provision of spiritual care and counselling is also a widespread and significant contribution towards supporting persons who are infected and affected by HIV/AIDS.

It is heartening to see how the Church has exercised its responsibility to offer care and support to HIV+ persons within the Church and in broader society with such diversity, commitment and care. Such activity, however, should not be praised as exceptional or extraordinary. The Church is bound by the gospel to engage in the *missio Dei*, the mission of God. It is the responsibility of every Christian to engage in such compassionate action in the face of *any* form of hardship and suffering.

An HIV+ theology for the HIV+ Church

The practical shift in ministry has not only been a shift in the functional response of the Church to HIV/AIDS, it also charts a significant theological shift in the Church's understanding of this disease. This is important because the Church is regarded as an institution that shapes, to a different extent in each context, the discourse of societal morals, values and society's response to suffering. In regions such as Southern Africa and Latin America the Church is considered one of the primary guiding voices

in society in relation to such matters. However, one cannot discount how even in the most secular of societies the general populace, and even formal structures such as governments, will turn to faith-based groupings to offer both support and guidance in relation to what it may perceive as a moral crisis, or a growing prevalence of suffering and struggle. Denis comments that ‘... the church’s most durable effect on the epidemic may lie less in what it does (or does not do) in response to HIV/AIDS than in the manner in which its beliefs and practices shape societal understanding of the disease’.¹⁴

In most developed nations, where medical and social care is of a high quality, frequently nationalized or at least state subsidized, Denis’ statement rings true. Simply because HIV testing is accessible, and counselling and support (both emotional and medical) are provided for HIV+ persons does not mean that the problem of HIV/AIDS is adequately addressed in society! In fact, my experience has shown that in such contexts (like the United Kingdom, for example) persons who are HIV+ face extreme stigmatization and emotional suffering as a result of their HIV status. So, even though they may have better medical care and nutrition which should contribute to a longer life and better overall health, the quality of life can be drastically impacted through prejudice, fear and alienation. In these situations the Church, and other faith-based organizations, can make a significant contribution towards formal policy and general societal perceptions of HIV+ persons.

In less developed nations, or developing nations with inadequate responses to HIV/AIDS (such as South Africa), Denis’ statement is equally valid. In many communities in the less developed world the Church (or the churches) are the most widely spread and significant cohesive structure in society. For most Africans the Church is a much more accessible and significant an institution than a government clinic or hospital. Practically this means that both denominations and local congregations, and to a lesser extent Christian and faith-based AIDS ministries, offer the most structured and meaningful practical response to HIV/AIDS. This response is both preventative and mitigating in nature. Moreover, it is frequently much more creative and far-reaching than government projects in these regions.¹⁵

However, the impact that the Church has on shaping societal responses to HIV/AIDS as a disease, and HIV+ persons is equally important! Sadly, this is not always a positive contribution. For example, the Roman Catholic Church’s stance on the use of condoms is hugely problematic in a context with such a high prevalence of sexually transmitted HIV. Then there are

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issues of stigmatization as a result of bad theology.¹⁶ In response to this reality the mainline denominations in Southern Africa agreed to make the course 'A Christian response to HIV/AIDS' a compulsory credit for all students who do the Bachelor of Theology degree at the largest Southern African theological training college, the Theological Education by Extension College. This was adopted into law by the South African Qualifications Authority (SAQA) and is now standard as part of the qualification design for the Bachelor of Theology degree in South Africa.¹⁷

One further certainty that should be emphasized is the reality that churches and church-based ministries are frequently in contact with persons who contract HIV. Persons will frequently turn to the Church or a faith-based organization to find or create 'meaning' of their status. Taking these points under consideration we can see just how important the Church's role is in engaging responsibly and deeply with a specific theology of HIV/AIDS that will inform both the Church's actions and society's perspectives and values.

Two common mistakes made by the HIV+ (and HIV ignorant) Church

Before turning to some theological pointers that can guide us in developing a positive HIV+ theology it is worthwhile considering the two common mistakes that the HIV+ (and HIV ignorant) Church makes.

Denis' research points out that religious 'institutions shape the discourse on HIV/AIDS in two ways: by individualizing it and by moralizing it'.¹⁸

First, the Church frequently falls into the trap of reflecting, perpetuating and reinforcing dominant social and cultural values by adding a 'theological' spin to them (i.e. a particular societal bias, such as the bias against persons of a same-sex orientation, is given theological credence through the misapplication of certain theological and biblical precepts and texts). In this manner churches '... individualise HIV/AIDS in the sense that they spread and reinforce the representation, common in public health institutions, of the disease as the result of multiple instance of individual risky behaviour caused by lack of information and poor decision-making'.¹⁹

This individualized representation of HIV/AIDS does not take cognizance of complex sets of phenomena such as gender violence, wars, migration, social inequality, cultural norms and poverty that prevent individuals from exercising real control over their individual sexual lives, which in turn leads to the spread of this disease. Increased information, alone, is not sufficient to prevent the spread of HIV. Churches can exercise a great deal of influence in transforming and redeveloping overly simplistic prevention

strategies such as those common in many regions of the world. The great danger is that most government agencies (and even churches) consider their work done when they have delivered a 'simple' message about sexual choices and risky behaviour, when in reality such a campaign forms only a very narrow part of a far-reaching and effective HIV/AIDS prevention campaign. This tendency to individualize moral choice and behaviour is a common theological trait in contemporary theology. Much of popular theology is directed towards dealing with the conversion and discipleship of individuals in society; however, the Bible, and the gospels in particular, are clear that Jesus came to transform *both* individuals and the structures of society that enslave and oppress.²⁰

Second, the Church frequently makes the mistake of moralising HIV/AIDS:

Despite attempts by some theologians and Christian AIDS activists to bring to the fore the socio-economic factors of HIV transmission and to call for a new theology of sin and redemption in the light of the HIV/AIDS epidemic,²¹ the dominant discourse in the Church has been of HIV/AIDS as a matter of individual responsibility. Religious institutions have powerfully contributed to the moralisation of the AIDS discourse.²²

Bad theology has mistakenly linked God's punishment to HIV/AIDS. The reasoning is simple: when suffering as a result of AIDS is moralized it has to be viewed either as a curse or a punishment, i.e. it is consequence of the choice of an unjust God, or the result of poor moral behaviour. The theological catch is that, since God is the cause and originator of everything in existence, the punishment must come from God. However, this does not present God in a good light! Certainly it does not present God as loving and gracious (particularly not in cases where persons are infected with HIV/AIDS via means that society would not regard as morally dubious, e.g. blood transfusions, or a doctor or nurse who gets pricked with an infected needle by accident while caring for an HIV+ patient). As a result popular theology vindicates God by placing the guilt on the infected individual and his or her choices. In some instances it is even suggested that a person may be punished because of the sin of a loved one or relative (e.g. in the case of a child who contracts AIDS from their mother, or a wife who is infected by her husband). These prejudices are widespread in society. Even in supposedly more educated and enlightened contexts HIV is still associated with punishment for some form of deviant behaviour (e.g.

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socially unacceptable sexual behaviour, such as male homosexual sexual intercourse, or drug use).²³ In South Africa gay white men were initially blamed for the spread of HIV/AIDS through what one Dutch Reformed minister called a 'devious form of sexuality'.²⁴

The sad reality of such a prejudiced and deformed theology is that it allows many Christian groups and individuals to feel vindicated for not caring for HIV+ persons – this is the initial reaction that is referred to above as a denialist approach. Since it is 'their' sin it is accepted that their suffering is deserved or warranted in some form or another.

Denis notes that as the shift from denial towards some form of care (even if it was somewhat condescending) came when the '. . . churches understood that their members, and not only some remote 'others', were affected by the epidemic and they changed their discourse, putting the emphasis on the need to minister to the 'victims' and 'sufferers' of HIV/AIDS and to treat them with love and care'.²⁵

Theologians led the way in helping the Church to piece together a 'positive' HIV+ theology in the years that followed those first responses. The result has been the development of a number of books and scholarly articles that have informed policy, ministerial education and, of course, also lay education on the matter of a Christian response to HIV/AIDS. It is interesting to note that the general 'moralistic' tone of the popular discourse on HIV/AIDS has not shifted very much at a local church level. In part this gives an indication of how challenging it is to pass values through all levels of church structure. It is also a reflection on how strong the moral bias of society is, and how this enforces and shapes popular theology. At a higher level, though, it also shows that to a large extent prevention and care strategies have not been well connected. 'The church makes HIV infected people feel guilty, but as soon as they become sick it gives them support, conveniently ignoring the reasons why they became infected.'²⁶

In conclusion, the Church must guard against simplistic individualization of HIV infection and it must engage in a responsible deconstruction of the discourse of moral culpability that has become inappropriately linked to HIV infection.

A positive, African, HIV+ Church

The statement that the Church is HIV+, in light of the discussions above, means very little if the Church does not craft a positive theology of being HIV+. I do not presume to be either spiritually or intellectually astute enough to make any significant contribution towards a positive theology for an HIV+ Church, but I would like to make the following suggestions

that could form the basis of further thought, discussion and theological discourse. Much of what I discuss below is influenced by my own theological perspective, that of an African Christian.

A Christlike orientation towards the reality of suffering and death

The ethicist Stanley Hauerwas coined a wonderful phrase in his Gifford lectures ‘. . . the God who would rule all creation from Christ’s cross.’²⁷ The image of Christ triumphant in a moment of great suffering and pain is so powerful. It speaks to me of the reality of life that contains both joy and suffering, and the reality of life and death. One of the reasons why Christians objectify HIV/AIDS is because of fear. We are afraid of those who bring death into our midst, we’re afraid that we will die. So, we objectify persons who are HIV+, we regarded them as ‘other’ in all sorts of ways. They are sinful while we are pure, they have been punished while we have been spared, they are not Christian while we are The list could go on and on.

However, this image of Christ gaining victory and true life through suffering is a powerful reminder that life and death are part of one cycle. Joy and suffering are also part of that cycle, as are sickness and health. Perhaps it is best expressed by Paul in 2 Corinthians:

. . . always carrying in the body the death of Jesus, so that the life of Jesus may also be made visible in our bodies. For while we live, we are always being given up to death for Jesus’ sake, so that the life of Jesus may be made visible in our mortal flesh. So death is at work in us, but life in you (2 Corinthians 4.10–12 NRSV).

From a biblical perspective, as well as an African perspective, death is a normal part of every person’s life. Just as every person is born, so too every person must die. This does not imply a nihilistic determinism: ‘I’m going to die anyway, so why worry about what I do.’ However, neither does it imply that we should be so fearful of death (and death in our midst) that we separate ourselves from any persons or situations that remind us of our own mortality. For African Christians there is an acute awareness that death does not mean the end of life – rather it means going from living in one context to living in another context (from ‘earthly’ life to ‘eternal’ life among the ‘living dead’ or ancestors).

‘The whole African society, living and living-dead are a living network of relations almost like that between the various parts of an organism.

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When one part of the body is sick the whole body is affected.²⁸ As such, sickness is not terminal in the same sense that it is perceived and regarded in western culture. Rather, it is understood as suffering without separation, of which the ultimate goal is true transformation. Sickness and suffering draw the afflicted person into the community of the living and the living-dead rather than separating and rejecting them.

This perspective on life and death is entirely orthodox and in keeping with the Paschal Mystery, that journey of Jesus through death into the new transformed life through the power of God. The Bible is clear that death is not the last word: ‘When this perishable body puts on imperishability, and this mortal body puts on immortality, then the saying that is written will be fulfilled: “Where, O death, is your victory? Where, O death, is your sting?”’ (1 Corinthians 15.54–55 NRSV).

This theological perspective is not a simplistic opiate intended to placate the grief and loss of those who have lost a child or a spouse to AIDS. In reality it is likely not to offer much consolation in the early stages of grief. However, if a positive theology of life and death is integrated into the Church’s theological discourse it can make at least two significant contributions. First, it can help us to face the reality of our mortality that is often an underlying cause of fear that causes us to reject persons who are HIV+. Second, it does offer the correct perspective that death and life are one continuum and that just as one’s loved ones were accepted and embraced in life, they are now also embraced among the living-dead. This gives both life and death a great deal of dignity and a much deeper meaning, it shows us that our greatest weakness can be a source of great power, courage and even triumph – in the same dialectic of ‘the God who would rules all creation from Christ’s cross’.²⁹

God’s mission: An appropriate Christian response to suffering

I have been deeply touched by the South African Council of Churches statement in which we find the following challenge: ‘We believe that HIV and AIDS can, if we allow it, lead the church to a deeper and more meaningful ministry in responding to the love of God.’³⁰

This epidemic is teaching the Church (in Africa at least) a new perspective on what it means to be faithful to God’s mission. The role of the Church has been transformed in recent decades from a ‘church growth’ model for the sake of numerical increase to a model of ‘effective Christian care’ for the sake of transforming the lives of individuals and whole communities. Suffering has the capacity to bring focus and intensity, and

at the same time dispense with everything that is unnecessary and an encumbrance.

Here in South Africa, where more than 1,600 persons are infected every day and approximately 4500 persons die from AIDS each day, the Church cannot simply continue to function as it has done for decades! God's perfect and gracious will in this situation demands that the Church revisits every aspect of its identity and ministry. This calls for a reshaping of the structures of the Church towards becoming more of a centre for life and wholeness than centres of hymnody, liturgy and preaching. What good are hymns, liturgies and good sermons without tangible expressions of the truths they communicate?

I have experienced that we can have an HIV+ Church that makes no positive contribution towards the world in which it lives! This cannot honour God! I am convinced that in this context the mission of the Church cannot be solely directed towards 'church planting' and evangelization. Rather, the structures, efforts and resources of the Church should be directed towards the establishment of kingdom communities, places of acceptance, care and true salvation (that transforms the spirit, the morals and the bodies of individuals and also transforms the structures of society).

The creation of a true community of solidarity – *perichoresis and ubuntu*

True liberation is a multifaceted reality. Simply walking free from prison cannot be equated with living a truly free life. This is where the Church is challenged to move from proclaiming freedom, and setting people free, towards becoming a community of true freedom and life! Rakoczy notes in this regard that the

. . . Christian community has the responsibility, in the name of Christ, to speak the truth to the government, to health officials, to the nation as a whole about the dignity of each HIV positive person. Its prophetic voice must echo in the Parliament, in government committees, in local councils, in NGO meetings, in the press, the media – and from the pulpits of its churches. In a fearless ecumenism, Christians must come together with their brothers and sisters in Christ, and with those of other religious faiths, to speak and to act in the name of Christ, of a true humanity . . .³¹

A community of solidarity requires solidarity with the suffering of every person in creation – not just Christians, and not just persons who are not

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infected with HIV. This acknowledges that all persons are created in the image of God (Genesis 1.27), and that gender, age, race, geographical location and health status are not qualifiers (or disqualifiers) for God's grace. König writes of the importance of true relationships in Christian life that '... our relationships are extremely important. They are essential to our humanity ... we can only come into our own in relationships ... The anthropology developed here deliberately bases our humanity on our relationship with God. To be human means to be in the presence of God.'³²

Our relationship to God gives us our true identity, and it also shapes our relationships with those with whom we are in community, as God has created us to be, and gives us a further insight into our true identity. This point cannot be underestimated for African Christians. Kasenene writes that in African tradition, '*Muthu u bebelwa nunwe*, 'A person is born for the other.' This shows that according to African philosophy, a person is a person through, with and for the community.'³³

Since God is most truly God (as Trinity) in relationship, we cannot be truly human, truly ourselves, until we are truly in relationship with other persons. Kwame Gyekye relates the African proverb that says, 'When a man descends from heaven, he descends into a human society.'³⁴ This African emphasis on the ontological necessity of community is an essential element of being created in the image of God. Relationship is not only our God-given destiny, it is our true identity. Du Toit best sums up this element in African thought when he writes:

In Africa, a person is identified by his or her interrelationships and not primarily by individualistic properties. The community identifies the person and not the person the community. The identity of the person is his or her place in the community. In Africa it is a matter of 'I participate, therefore I am' ... Ubuntu is the principle of 'I am only because we are, and since we are, therefore I am.'³⁵

The other essential element for us to consider in relation to a positive theology for an HIV+ Church is that true identity arises not only from a harmonious relationship with other living human persons, but also through harmonious relationships with God, those who have lived before us, and all of creation. As Ngubane notes, wholeness means much more than just a healthy body and good relationships with one's neighbours, it 'pertains to all that concerns the person including the perception of a harmonious, co-ordinated universe'.³⁶

This emphasis of harmony and wholeness with the material world, and

the spiritual world under God, is surely the 'eternal shalom' that is spoken of in Isaiah 11.6–9. König speaks of such a harmonious relationship with God in terms of a covenant relationship, and a respectful, loving relationship with all persons and creation in terms of recognizing the image of God in all such created beings.³⁷ His summation of this two-fold relational anthropology has a great deal of synergy with the relational ontology expressed in the African view of 'humanness' – *ubuntu*. König writes about Christian anthropology saying: 'The theological concepts of God's covenant relationship and the image of God provide us with an integrated concept of true humanity as constituted by relationships: relationships with God, humanity and nature.'³⁸

The relational element of the community is fundamental to an understanding of how true identity is shaped. Truest identity comes not just from a moment of encountering another person (called relating), it comes from a continuum of shared being (called having a relationship). Who I am is shaped by who I am in relation with. Within the Trinity this form of ongoing engagement is referred to as *perichoresis*. It is a shared life that gives rise to both common identity and individual expression. One *ousia* with three distinct *hypostaseis*;³⁹ a common substance in three subsistences, existing in eternal self-emptying relationship.

The fundamental unity of the Trinity presupposes that relationship is an essential element of the being of the Godhead. If it were not so, there would be three completely separate Gods who 'relate to one another'. Rather, in the Trinity one finds three persons who have their common being (one divine nature) in interaction. Gaybba describes this model of the Trinity as follows: '... a single undivided substance, existing simultaneously in three different ways, each of which is unceasingly flowing either into or out of the others. The flow is known as the divine *perichoresis* or *circumincessio*.'⁴⁰

Shutte's expression of identity in the African context resonates so strongly with this understanding of God. He writes:

It is truer to the African idea, however, to see self and other as co-existing, each in the other in the sense of being identified with each other. The fundamental human reality must be seen as a field of personal energy in which each individual emerges as a distinct pole or focus. The field of life is the same in each; in each it is their humanity. All persons form a single person, not as parts for a whole, but as friends draw their life and character from the spirit of a common friend. They have a common identity.⁴¹

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Thus, the African view of personhood which sees persons as fundamentally shaped by being in relationship (not just having relationship) has strong theological ties to the doctrine of the Trinity, where true identity comes to the fore in and through relationship, and where relationship is a primary aspect of the being.

When one considers this theological reality it gives new depth and meaning to the slogan that the Methodist Church of Southern African adopted in 2005: 'The Church has HIV/AIDS: We care. 'When one part of the body is affected the whole body suffers' 1 Corinthians 12:26'. We are truly one in Christ. The illness, rejection, objectification and suffering of one person is the shared reality of all humanity.

Thus we cannot deny the reality of HIV/AIDS since we will be denying a part of ourselves. Neither can we be condescending to HIV+ persons by caring for 'them', since in reality our very nature and identity are tied in one single relationship. The only possible response is the self-emptying response of the Trinity in which each person lives for the other, where none dominates and all share equally in the true blessing of what it means to be fully alive.

HIV+ and positive

By this stage you may be asking how one assimilates all the thoughts and ideas discussed above to make a positive contribution towards and HIV+ positive Church in an HIV+ world?

We have seen that the Church needs to be encouraged and supported to operate in three different categories: the 'whole Church' (denominational policy, ecumenical cooperation etc.); the 'local churches' (preventative and care-based ministry that is shaped by, and shapes the theological discourse around HIV/AIDS); the need to develop and support specialised Church- and faith-based 'HIV/AIDS ministries and projects'.

We must avoid are the two pitfalls of simplistically individualizing our response to HIV/AIDS, and we must also take care that we do not moralize the discourse around HIV/AIDS. The best possible way to avoid both of these pitfalls is to develop a positive theology for an HIV+ Church that emphasizes a Christlike perspective on the reality of suffering and death, thus avoiding the fear and objectification of death and the dying. Next we need to reshape the mission and structures of the Church in order adequately to align them with God's mission in an HIV+ world. Finally, we must create communities of solidarity in which our relationships give shape to a shared identity of life in all its fullness.

What about other contexts?

A large part of this discussion has used the Southern African context as its framing narrative. This context is unique in two instances, namely, it has the highest HIV infection rate in the world, and it has a very high adherence to the Christian faith. Of course, this does mean that there will be a need to do some meticulous and careful theology if your context differs from that of Southern Africa. What is certain, however, is that the experience of HIV+ persons throughout the world has some common struggles that are shared in spite of geography. Moreover, it is absolutely certain that God has a perfect desire and will for the Church to be creatively and passionately engaged in encountering both individuals and structures in society in order to facilitate fullness of life for all creation.

So, while the kinds of stigma, health problems and social complexities of HIV+ persons may differ from place to place, God's ultimate will remains the same – Christians are to turn from a 'life as usual' attitude to recognize that we are HIV+, and that this is a gift to transform our theology and our mission. The end result must surely be the same in every part of creation? And that same result is the fullness of being in a true living relationship with the Christ who died to offer us true life.

NOTES

- 1 Dr Dion Foster is
- 2 Rakoczy, S., 'Christology in the context of the HIV/AIDS pandemic' in *Grace and Truth: a journal of Catholic reflection*, Volume 18 no. 2, 2001, p. 5.
- 3 Schillebeeckx, E., *Jesus: An experiment in Christology*, translated by Hoskings, H., New York: Vintage books 1981, p. 623.
- 4 Haight, R., *Jesus, symbol of God*, Maryknoll, New York: Orbis Books, 1999, p. 26.
- 5 Nolan, A., *God in South Africa*, Cape Town: David Philip Publishers, 1988, p. 43.
- 6 For the most up-to-date statistics on the global AIDS pandemic please see Report on the global AIDS pandemic 2008, Geneva, UNAIDS, 2008 <http://www.UNAIDS.org.za> (accessed 8 August 2008, 21.06).
- 7 'Half of Pregnant Women at Durban Clinic HIV+,' Kaiser Daily HIV/AIDS Report, 9 March, 1999.
- 8 Swaziland is one of the six independent nations that form part of the Methodist Church of Southern Africa's territorial reach.
- 9 See <http://www08.wolframalpha.com/input/?i=life+expectancy+at+birth+Swaziland> (accessed 24 June 2009, 11.09).
- 10 See <http://www08.wolframalpha.com/input/?i=life+expectancy+at+birth+United+Kingdom> (accessed 24 June 2009, 11.10).
- 11 Denis, P., 'The Church's impact on HIV Prevention and Mitigation in South Africa. Reflections of a Historian' in *Journal of Theology for Southern Africa*, Vol. 134, July 2009, p. 70.

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- 12 Quoted in Jacob, S., *The Methodist response to HIV/AIDS in Southern Africa: Strategy and implementation plan*. Pietermaritzburg: Methodist Church of Southern Africa – Mission Unit (Connexional task force on HIV/AIDS) 2002, p. 16.
- 13 The chapter referred to in the previous footnote discusses one of the most successful HIV testing, counselling and support clinics in Pretoria. It is run from the Central Methodist Church in Pretoria under the care of Bishop Gavin Taylor. Then, to gain some more detailed insight into the Methodist Church of Southern Africa's HIV/AIDS strategy please refer to Jacob, S., *The Methodist response to HIV/AIDS in Southern Africa: Strategy and implementation plan*. Pietermaritzburg: Methodist Church of Southern Africa – Mission Unit (Connexional task force on HIV/AIDS) 2002.
- 14 Denis, P., 'The Church's impact on HIV Prevention and Mitigation in South Africa. Reflections of a Historian' in *Journal of Theology for Southern Africa*, Vol. 134, July 2009, p. 70.
- 15 See as an example the 'Methodist Love Box (Methcare)' project initiated by the Methodist Church of Southern Africa. While the Church could not erect enough clinics to prove antiretroviral medication in all regions of Southern Africa it did two things. Firstly, it formed part of a legal coalition that took the South African government to court to ensure that the government provided this necessary medical care (and where it was able to it made both buildings and personnel available for the rollout of such clinics). Secondly, one of the major objections from the government of the time was that antiretroviral medication would do more harm than good in most communities since there was inadequate sanitation and nutrition to allow the antiretroviral medication to have a positive effect on HIV+ persons. In response to this the Methodist Church of Southern Africa (which already had widespread home-based care networks) introduced the Methodist 'love box' (Methcare) project. A lovebox is a plastic ice-cream container that contains preventative educational material, condoms, water sterilization chemicals, some basic nutritional supplements and simple medical supplies to treat opportunistic infections associated with HIV/AIDS: pneumonia, diarrhoea, thrush, herpes, retinitis and skin infections. This box is refilled at Methodist clinics under the supervision of nurses, community health workers or trained caregivers. For many HIV+ South Africans this lovebox is the most structured and helpful medical care that they receive.
- 16 Frequently biblical texts are moralized (particularly those from the Old Testament). The result of this is that AIDS-related suffering is seen as a punishment from God upon the suffering person. For a good article on this please see White, J., 'AIDS, judgment and blessing' in *Themelios*, Vol. 15 no 2 (Jan/Feb) 1990. Another interesting statistic is that the most common text that is used at funerals in Southern Africa (of which the largest number of deaths are as a result of AIDS-related secondary infections) is Job 1.21. I have heard this text preached hundreds of times in the last number of years – the emphasis almost always falls on the fact that it is God who has taken the deceased's life (by means of HIV/AIDS, although it would never be stated as directly as that because of African cultural values. However, it is clearly implied). Such 'bad theologies' do not offer any comfort or hope in suffering. Rather they cause the suffering population to fear a God who punishes people for sin with a deadly disease, taking the lives of the innocent in anger (it must be remembered that frequently persons do not contract HIV from sexual indiscretion. In South Africa mother-to-child transmission is extremely high, as is the rate of infection through an unfaithful marriage partner). The Church has a responsibility to address such bad theology publicly and clearly.
- 17 This was not an easy battle to win since when we designed both the qualification and the specific course 'A Christian response to HIV/AIDS' there was a variety of

perspectives on HIV/AIDS and on the purpose and intent of theological education. The course itself is designed to have a healthy balance between historical theology on suffering and disease, biblical theology and practical skills (such as conducting a needs analysis, identifying possible interventions in HIV/AIDS education and care, writing up a project plan, conducting leadership development and training, and sourcing funding for the project). This module was further developed during my time as the Dean of John Wesley College so that every Methodist student minister had to initiate, develop and sustain at least one HIV project during their five years of training for ministry as a requirement for ordination to the ministry of the Methodist Church of Southern Africa. Please see <http://www.tee.co.za> (accessed 19 June 2009, 13.07) for the Bachelor of Theology qualification design and the core course 6/7006 'A Christian response to HIV/AIDS'.

- 18 Denis, P., 'The Church's impact on HIV Prevention and Mitigation in South Africa. Reflections of a Historian' in *Journal of Theology for Southern Africa*, Vol. 134, July 2009, p. 70.
- 19 Denis, P., 'The Church's impact on HIV Prevention and Mitigation in South Africa. Reflections of a Historian' in *Journal of Theology for Southern Africa*, Vol. 134, July 2009, p. 71.
- 20 One of the most common examples that I use to illustrate this subtle shift to my students is by pointing them to Luke 19.10. In most translations it reads 'For the Son of Man came to seek and save the lost.' In such a reading the emphasis almost always falls upon individual human persons. However, in more grammatical and syntactically accurate translations of this text it reads, 'For the Son of Man came to seek and save what was lost' or 'For the Son of Man came to seek and save that which was lost' (being in the second perfect tense, i.e. ἦλθεν γὰρ ὁ υἱοῦ τοῦ ἀνθρώπου ζητῆσαι καὶ σῶσαι τὸ πᾶν ὃ ἐπολώληεν). When the latter translation is taken it places the emphasis on the salvation of individuals and structures. The Bible records only two instances in which Jesus wept, namely at the death of an individual (Lazarus, Luke 11.35) and upon his entry into a city (Jerusalem, Luke 19.41). Paul expresses this sentiment most clearly in Colossians 1:20 '... and through him God was pleased to reconcile to himself all things, whether on earth or in heaven, by making peace through the blood of his cross' (NRSV). Surely this is an element of our theology that we need to recapture and re-emphasize?
- 21 See Nicolson, R., 'Responsibility: The prevention of HIV/AIDS', in Bate, S. (ed.), *Responsibility in a time of AIDS: A pastoral response to Catholic theologians and AIDS activists in Southern Africa*, Pietermaritzburg: Cluster Publications, 2003, pp. 41–42.
- 22 Denis, P., 'Sexuality and AIDS in South Africa' in *Journal of Theology for Southern Africa*, Vol. 115, March 2003, pp. 63–77.
- 23 Denis, P., 'The Church's impact on HIV Prevention and Mitigation in South Africa. Reflections of a Historian' in *Journal of Theology for Southern Africa*, Vol. 134, July 2009, p. 71.
- 24 Please see White, J., 'AIDS, judgment and blessing' in *Themelios*, Vol. 15 no 2 (Jan/Feb) 1990 and Nicolson, R., *AIDS: A Christian response*, Pietermaritzburg: Cluster Publications, 1995.
- 25 Grunlingh, L., 'HIV/AIDS in South Africa: A case study of failed responses because of stigmatisation, discrimination and morality, 1983–1994' in *New Crownree*, Vol. 46, November 1999, p. 61.
- 26 Denis, P., 'The Church's impact on HIV Prevention and Mitigation in South Africa. Reflections of a Historian' in *Journal of Theology for Southern Africa*, Vol. 134, July 2009, p. 72.

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- 26 Denis, P., 'The Church's impact on HIV Prevention and Mitigation in South Africa. Reflections of a Historian' in *Journal of Theology for Southern Africa*, Vol. 134, July 2009, p. 73.
- 27 Hauerwas, S., *With the Grain of the Universe*, Grand Rapids: Brazos Press, 2001, p. 17.
- 28 Ruch, E.A. and Anyawu, K.C., *African philosophy*, Rome: Catholic Book Agency, 1984, p. 143. Please also see Forster, D., 'Validation of individual consciousness in strong artificial intelligence: An African theological contribution', Doctoral Thesis. Pretoria: University of South Africa, 2006, pp. 246–98 for a detailed discussion on the intricacies of African cosmology and African Christian understandings of the rites of passage and stages of life (from birth to death and beyond).
- 29 Hauerwas, S., *With the Grain of the Universe*, Grand Rapids: Brazos Press, 2001, p. 17.
- 30 Quoted in Jacob, S., *The Methodist response to HIV/AIDS in Southern Africa: Strategy and implementation plan*, Pietermaritzburg: Methodist Church of Southern Africa – Mission Unit (Connexional task force on HIV/AIDS) 2002, p. 16.
- 31 Rakoczy, S., 'Christology in the context of the HIV/AIDS pandemic' in *Grace and Truth: a journal of Catholic reflection*, Volume 18 no. 2. 2001, p. 14.
- 32 König, A., 'The broken human image of God' in de Gruchy, J. and Villa-Vicencio, C. (eds.), *Doing theology in context: South African perspectives*, Johannesburg: David Philip Publishers, 1994, pp. 103–104.
- 33 Kasenene, P., 'Ethics in African Theology' in de Gruchy, J. and Villa-Vicencio, C. (eds.), *Doing theology in context: South African perspectives*, Johannesburg: David Philip Publishers, 1994, p. 141.
- 34 Geykye, K., *An Essay on African Philosophical Thought: The Akan Conceptual Scheme*. Philadelphia: Temple University Press. 1987, p. 155.
- 35 du Toit, C.W., 'Technoscience and the integrity of personhood in Africa and the West: Facing our technoscientific environment' in du Toit, C.W. (ed.), *The integrity of the human person in an African context: Perspectives from science and religion*, Pretoria: Research institute for Theology and Religion, University of South Africa, 2004, p. 33.
- 36 Ngubane, H., *Body and mind in Zulu medicine: An ethnography for health and disease in Nyuswa-Zulu thought and practice*, London: Academic Press, 1977, p. 28.
- 37 König, A., 'The broken human image of God' in de Gruchy, J. and Villa-Vicencio, C. (eds.), *Doing theology in context: South African perspectives*, Johannesburg: David Philip Publishers, 1994, pp. 103–109.
- 38 König, A., 'The broken human image of God' in de Gruchy, J. and Villa-Vicencio, C. (eds.), *Doing theology in context: South African perspectives*, Johannesburg: David Philip Publishers, 1994, p. 111.
- 39 The terminology of this phrase was coined by Tertullian to show clearly that reference to the distinction of the three persons of the Trinity does not divide the one common substance that they share. See Gaybba, B., 'Trinitarian experience and doctrine' in de Gruchy, J. and Villa-Vicencio, C. (eds.), *Doing theology in context: South African perspectives*, Johannesburg: David Philip Publishers, 1994, p. 78.
- 40 Gaybba, B., 'Trinitarian experience and doctrine' in de Gruchy, J. and Villa-Vicencio, C. (eds.), *Doing theology in context: South African perspectives*, Johannesburg: David Philip Publishers, 1994, p. 78.
- 41 Shutte, A. *Ubuntu, An ethic for a new South Africa*, Pietermaritzburg: Cluster Publications, 2001, pp. 52–53.