

Towards a Theology of Life within the Context of HIV and AIDS

As the title suggests, this paper intends to offer a theological framework within which the church can guide its relationship with those affected by HIV and AIDS and model its actions in the struggle against discrimination and oppression still experienced by HIV positive people. It also offers hope of abundant life and encouragement in the fight for proper medical provision for those living in the less affluent regions of the world. A theology of life is a more adequate model of theological thinking and practice for those who are confronted daily with issues of suffering, death and stigmatisation. This is a theology that will express in a better way the Good News of the Gospel as well as respond to the context where the enemies of life arise.

There is something quite telling and significant about the fact that in our churches we pray for people who are ill with all sorts of ailments, saying their names out loud, - sometimes with or without their permission - but we don't normally pray for people living with HIV and AIDS. To be sure, we do pray for people with HIV and AIDS in general, but not naming them, and thus it does not become personal. They are people without face, persons without a name. Surely, I am not advocating here the disclosure of their condition by HIV positive people. It is not their fault if they do not feel able to do so. It is the stigma that the condition of living with HIV and AIDS carries that prevents them from disclosing or even asking for prayers. This sadly demonstrates that despite all the advances achieved in our understanding of the HIV and AIDS the stigma is still an ever present reality for those affected by it.

This situation can be partly explained by the association made between HIV and sex and the initial assumptions about how the virus could be contracted. Often, people who live with HIV feel embarrassed to talk about their condition as if by sharing about their diagnosis other people will straight away make assumptions about their sexual life and behaviour. And despite the other ways in which one can contract the virus, the most recurrent assumption is that those who are HIV positive have acquired this condition through sex, especially non-mainstream sexual practices.

When the first cases of AIDS came to the public knowledge there was a certain panic given the seriousness of the disease and the lack of understanding about it. The Church's initial response was one of bafflement from the more progressive quarters and condemnation from the more conservative ones. It is important to acknowledge that it was society in general and not just the church that reacted in negative ways towards those who were falling ill with the newly found virus. It was a condition seen as belonging to a particular group in society therefore it could be easily isolated and purged. It was also seen as a death sentence and what was left

for those involved was a waiting game, allowing the sentence to be naturally carried out.

The Need for a Theological Framework

A theological framework to deal with the challenges posed by HIV and AIDS is of crucial importance. The diagnosis of the disease can shake the foundation of life for those who directly and indirectly are affected by the virus. Thus to provide those concerned with a conceptual framework that addresses the human spiritual dimension and helps them to understand their life in God is of utmost significance. Paul Tournier, a Swiss Christian physician, in the first half of the Twentieth century was already challenging an 'organic approach to illness and the failure of the medical profession to recognise the importance of other non physical aspects of health such as the psychological and spiritual. According to Tournier, "a physician who is a believer must accept responsibility for two diagnoses. The first diagnosis is objective, the second subjective; the first has to do with the patient's disease, the second with the meaning the patient finds in his experience of disease" (Thornton, E. Health and Salvation, Journal of Religion and Health, Volume 2, Number 3 / April, 1963).

This spiritual dimension is greatly affected by the HIV diagnosis. I know of cases where despite access to good medical treatment, the person diagnosed with HIV died because the psychological burden of guilt and shame was too great for them to bear. Here it is the 'spiritual death' that brings about the physical death. It takes away the *joie de vivre*, and may do away with the very *raison de vivre*. Because of the stigma associated with the disease, it becomes extremely difficult for HIV positive people to disclose their condition but also to accept it without the feeling of social condemnation. Here it should be pointed out that one does not need to be religious or part of a religious group to feel that kind of condemnation.

The advent of powerful drugs that have improved the lives of those affected by HIV and the consequent social redefinition of the disease actually make it easy for the church to affirm that there is life after the diagnosis. In this case life has been shaken, challenged and even reoriented, but life may continue to flourish, and in many cases with a deeper spiritual meaning. It is actually another opportunity for growth. Human beings when confronted with their own vulnerability and finitude tend to value their lives even more and may be led to appreciate aspects of human existence which before might have gone unnoticed.

The Inadequacy of a Theology of Cross and Prosperity Theology

In many ways, the church seems to have caught up with the medical understanding about HIV and started to respond in a non-condemnatory way. But this type of response has been framed by a theology of the cross which ultimately means a theology of death. The archetype of this theological model was Christ, the patient sufferer, the one who took up the cross and moved inescapably towards his own death. Theology of cross can be translated as a theology of suffering and death. This theology might have been useful in the first stages of the discovery of HIV and AIDS, and spoke to many who thought that their lives had been brought to an abrupt end, and as a consequence of their condition they felt misunderstood, discriminated and isolated because of the virus. They felt as though they not only had the medical condition to fight against but a whole gamut of social attitudes to confront.

Despite the losses we have had since the beginning of the HIV pandemic, life did not stop for all those affected. I have met people who contracted the virus during the 1980s and they are productive people with much to look forward to in their lives. With the advances in medical treatment and the advent of retroviral medication the condition is no longer seen as a death sentence but a chronic disease (Beaudin and Chambre 1996). It is a life-threatening illness but not the end of one's life.

It is true that this new status of the illness depends on geography, i.e., where one lives according to the division of wealth in the world. In the affluent countries, where access to medication and proper medical care is granted, HIV is still incurable but treatable. However, in many parts of the economically disadvantaged regions of the world HIV and AIDS still has the weight of a death sentence. But even in those more unfortunate contexts a theology of life is an appropriate conceptual framework and a pastoral tool that can and should be promoted. The fact that in some poor regions of the world people living with HIV and AIDS have not got access to proper medical care and life saving medication does not detract from the fact that life can still flourish. This should be affirmed within the struggle for medical resources and against discrimination. This will actually encourage those who have lost hope to say, 'Yes, life is still flourishing for us.'

A theology of the cross makes sense as a response to a disembodied, unsympathetic theology. It might serve as an antidote to a theology of prosperity which equates Christianity with success, wealth and the absence of pain and illness. However, a theology of the cross cannot really express what Christianity with its message of God's love to all humankind is all about. The cross was a means to provide and expand the possibility of life, and it is a transformed symbol. Before Christ's sacrifice it meant death and pain, after Christ's death and resurrection it has become the symbol of life. Life that has indeed overcome death. This is powerfully expressed by the Apostle, 'Death has been swallowed up in victory. Where, O death

is your victory? Where, O death is your sting?' Although one should not underestimate the meaning of the cross as a sympathetic symbol of suffering, the church holds on to the cross not because it is the symbol of pain and death but because it is the symbol of resurrection and life!

Life is still flourishing even amidst the pain caused by HIV and AIDS and a theology of life seems to be more appropriate and helpful to those involved than a theology whose emphasis is still in suffering and death. To insist on a theology of cross is to neglect the fact that there has been a medical and social redefinition of the illness, and that the church needs to catch up with it. Positive people are still able to live their lives to the full despite their illness.

For a Theology of Life

Our life derives from the life of God. From God comes 'the breath of life' (Genesis 2.7) and God calls us to live the life that he wants us to live. It is by decentring God from our lives that we lose contact with the source of life. This is what traditional theology calls 'original sin'. So Jesus' sacrifice is the means through which we are able again to have life and have it more abundantly (John 10.10). Christianity is about life, even in the midst of pain, oppression, poverty and death. It is this message that serves as fuel for those who are weary and despondent. It is the source of hope and courage to fight against the unjust structure of the world, to fight against the systems of death and promote life. The cross says to us that, yes, God is with us, God is suffering with us – and God knows the meaning of pain, suffering and death – but God wants to rescue us from any anti-life form or modes of living that negate life. This is a very powerful message against the stigma which society and the church as an integral part of it have created for those who are living with HIV and AIDS.

If the church preaches this message as a consequence of God's love, there will be no room for stigma, condemnation and judgement. It is the social and spiritual framing of a particular disease that can prevent the flourishing of life. I have been positively surprised by the level of enjoyment of life by those whose life seems impossible, but who have found in God and in the community the support and love that allows them to see themselves and their condition in a different way. A theology of life within the context of HIV and AIDS is not a theological framework arising from one particular perspective or created as an answer to those HIV positive people living in affluent countries. A theology of life is for all and should speak to all, especially to those who are facing death daily ('as dying, and see – we are alive' 2 Corinthians 6.9).

While prosperity theology or a theology of success, sometimes referred to as theology of glory (Orlov 2009) would say that Christ came to give abundant life, this life seems to be only possible for those who are healthy, and thus the message for those who are ill is that God does not desire anyone to be ill, and so one has to seek the miraculous cure. A theology of life by contrast says that life is always possible and available even amidst chronic diseases and the darkness of death. The church thus should be clear that even for those who may have contracted the virus through risky behaviour; ultimately their condition is not their fault. HIV and AIDS is not a reward for their actions neither is it God's punishment. I have met people for whom it is difficult to rid themselves from the burden of guilt, and still think that God might be punishing them. My question to them and others is why God would single out a particular behaviour or action to punish with such a terrible disease? And because in this case the discussion is led to the area of 'sinful behaviour', my question is turned to why God would single out a particular group of human beings to deny them the enjoyment of life when all human beings are sinners?

So the church needs to make it clear that HIV and AIDS does not offer us a simplistic and convenient theology of crime and punishment. We commit sin when we promote the stigma that is now part of the disease. That which prevents life from flourishing is sinful. The church is called not just to speak of life but to communicate life. God is at the centre of it all, in the pains and pleasures of life, in the joy and sorrow. Even more importantly, the church should not fall into the trap of speaking of God as a last resource, (resort??) as if God was an answer to suffering; as though God was at the extremes or periphery of life. As Bonhoeffer so appropriately states,

[God] must be recognized at the centre of life, not when we are at the end of our resources; it is his will to be recognized in life, and not only when death comes; in health and vigour, and not only in suffering; in our activities, and not only in sin. The ground for this lies in the revelation of God in Jesus Christ (Bonhoeffer 1972).

A theology of life is not about a triumphalist gospel that dismisses the difficulties and complexities of human living. It is a theology which acknowledges that life involves risks, it contains pain, suffering and even death, but these should not stop human flourishing. Life continues to flourish not only despite the adversity but also because of adversity.

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