

THEOLOGY IN THE HIV&AIDS ERA SERIES



MODULE 8

A THEOLOGY OF HEALING IN THE
HIV&AIDS ERA

BY
NONTANDO M. HADEBE

SERIES EDITOR
MUSA W. DUBE



THE HIV&AIDS CURRICULUM FOR TEE
PROGRAMMES AND INSTITUTIONS IN AFRICA

© 2007 World Council of Churches

All rights reserved. No part of this handbook may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or any information storage or retrieval system, without prior permission in writing from the publisher.

Published by World Council of Churches,
Ecumenical HIV & AIDS Initiative in Africa
150 route de Ferney
P.O. Box 2100
1211 Geneva 2, Switzerland

Tel: +41 22 791 6321 Fax: +41 22 791 6122

E-mail: ttz@wcc-coe.org

Website: <http://www.wcc-coe.org>

COURSE DEVELOPMENT TEAM

Writer:

M. W. Dube

Technical Advisor:

G. S. Ntloedibe-Kuswani

Series Editor:

M. W. Dube

A NOTE TO LEARNERS, USERS AND READERS

The overall goal of this module is to contribute towards building HIV&AIDS competent churches and theological institutions. This module is part of a series of ten modules entitled, *Theology in the HIV&AIDS Era* which were developed for distance learners. The modules accompany the HIV&AIDS Curriculum for TEE Programmes and Institutions in Africa.

The process of production began with an all Africa training of trainers' workshop on mainstreaming HIV&AIDS in Theological Education by Extension (TEE), held in Limuru Kenya, July 1-7, 2004. The workshop called for the production of a distance learning curriculum and accompanying ten modules to enable the mainstreaming of HIV&AIDS in TEE programs.

Writers were thus identified, trained in writing for distance learners and given their writing assignments. In July 2-13, 2005, twelve writers gathered at the Centre for Continuing Education at the University of Botswana with their first drafts for a peer review and a quality control workshop. The result of the process is this series on *Theology in the HIV&AIDS Era* and the accompanying curriculum for TEE. The whole process was kindly sponsored by the Ecumenical Initiative for HIV&AIDS in Africa (EHAIA).

Although the target audience for these modules is the distance learning community, it is hoped that the series will also stimulate new programmes, such as diplomas, degrees, masters and doctoral studies in HIV&AIDS theological research and thinking in residential theological institutions. It is also hoped that the series will contribute towards breaking the silence and the stigma by stimulating HIV&AIDS theological reflections and discussions in various circumstances, such as in Sunday schools, women's meetings, youth and men's fellowships, workshops, conferences and among teachers and preachers of religious faith.

Musa W. Dube
Gaborone, Botswana
July 28, 2006

TABLE OF CONTENTS

Unit 1:	INTRODUCTION TO HIV&AIDS	7
	HIV&AIDS	11
	HIV&AIDS and Social and Structural Injustice	
	Initial Response to HI&IDS by Society, Religion and Governments	
	Impact of HIV&AIDS on PLWHA	
	• Stigma in the Context of HIV&AIDS	
	Challenges of HIV&AIDS to a Theology of Healing	
Unit 2	A THEOLOGY OF HEALING IN THE CONTEXT OF HIV&AIDS	23
	Theology in the Context of HIV&AIDS	
	Healing and Health in the Context of HIV&AIDS	
	Characteristics of a Theology of Healing in the Context of HIV&AIDS.	
Unit 3:	HEALING IN THE CONTEXT OF HIV&AIDS	37
	The Scale of HIV&AIDS	
	Healing as a Life Long Process	
	Palliative Care	
	Vulnerable Groups	
	• Women and HIV&AIDS	
	• Children and HIV&AIDS	
	• The Elderly and HIV&AIDS	
	• Sexual Minorities and HIV&AIDS	
Unit 4	TYPES OF HEALING	49
	Physical	
	Mental/Psychological	
	Spiritual	
	Structural	
Unit 5	THE CHURCH AND HEALING IN THE CONTEXT OF HIV&AIDS	61
	Introduction	
	Healing In African Initiated Churches	
	• Challenges of HIV&AIDS	
	Healing in Pentecostal Churches	
	• Challenges of HIV&AIDS	
	Healing in Mainstream Churches	
	• Challenges of HIV&AIDS	

Unit 6:	THEOLOGICAL MODELS OF HEALING FROM THE HEBREW BIBLE The Two Traditions in the Hebrew Bible Tradition One: Law of Retribution Tradition Two: Alternatives Theological Models of Healing from <ul style="list-style-type: none"> • The Story of Job • Tradition of Lament • Prophets and Prophecy • Women Resisting Oppression 	71
Unit 7:	MODELS OF HEALING FROM THE NEW TESTAMENT Models of Healing from the Gospels <ul style="list-style-type: none"> • Healing of the Man Born Blind • Healing of the Bleeding Woman • Healing of Zacchaeus Models of Healing from The Epistles <ul style="list-style-type: none"> • Paul’s Teachings on Illness and Afflictions • Paul’s Teaching on Healing (1 Corinthians 12) • Healing from James (James 5) 	85
Unit 8:	THE CHURCH AS A HEALING COMMUNITY The Church and Its Mission <ul style="list-style-type: none"> • Case Study: Reverend S. Xapile Inclusive and Equal Community Continuous Theological Reflection Holistic Ministries Prophetic Ministry	97
Unit 9:	HEALING IN AFRICAN INDIGENOUS RELIGION/S African Indigenous Religion, Disease/Illness and Health <ul style="list-style-type: none"> • Helpful and Unhelpful Aspects Methods of Healing Individuals <ul style="list-style-type: none"> • Helpful and Unhelpful Aspects Methods of Healing Communities <ul style="list-style-type: none"> • Helpful and Unhelpful Aspects Care-Giving and Community	110
Unit 10:	ISLAM AND HIV&AIDS Introduction to Islam <ul style="list-style-type: none"> • Five Pillars of Islam Islam, Health and Sexuality Islam and HIV&AIDS <ul style="list-style-type: none"> • Case Study: Positive Muslims Lessons for Faith Communities	123

MODULE 8

A THEOLOGY OF HEALING IN THE HIV&AIDS CONTEXT

MODULE OVERVIEW

Welcome to module 8 which develops a theology of healing in the context of HIV&AIDS. This module is part of a series of ten modules that deal with the challenges of HIV&AIDS in the church in Africa and the rest of the world. HIV&AIDS is one the greatest challenges that the African church has encountered. Over 70% of people living with HIV&AIDS are in sub-Saharan Africa, a region in which religion plays an important role in the lives of the people. Christianity, African Indigenous Religion/s and Islam are the dominate religions in Africa. Faith communities from these religions are found in every community; together they are the widest network and have the largest constituency. HIV&AIDS provides an opportunity for the religions in Africa to make use of their common/individual resources and to work together for the healing of the continent. Healing is a resource that is found in all three religions, though each religion has its own rituals, practices and beliefs.

The unique challenges of HIV&AIDS demand that religions communities develop a common theology of healing. Notably, HIV&AIDS is more than a biological or medical condition. HIV&AIDS is linked to the injustices that are found in all social and global structures, such as economics, politics, trade, culture, religion, gender and race. In other words, social and structural injustices are at the root of HIV&AIDS. Illustrating this point, Musa W. Dube, in *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*, states, “HIV/AIDS is an epidemic within other social epidemics of poverty; gender inequalities; national corruption; discrimination on the basis of race, ethnicity, age, sexuality, ability/disability and international injustice that promotes economic depravation and hinders access to drugs” (2004:90). As highlighted in this quote, a theology of healing in the context of HIV&AIDS needs to address social and structural injustice as well as the needs of People Living with HIV&AIDS (PLWHA) and the affected. The term ‘affected’ is

used to refer to persons who are directly impacted by HIV&AIDS, such as friends, family, loved ones, colleagues at work places and communities of PLWHA. HIV&AIDS affects the spiritual, mental, psychological, physical and social health of PLWHA and the affected. The voices of PLWHA and the affected will be incorporated into this module.

We will begin this module with the basic facts about HIV&AIDS and their relationship to social and structural injustice. We will also discuss the initial response to HIV&AIDS and the issue of stigma. From this unit we will have a better understanding of the challenges that HIV&AIDS presents for the development of a theology of healing. In unit 2 we will respond to these challenges by developing a theology of healing, including a definition of healing and health, that will meet the challenges of HIV&AIDS. Having established a theology of healing, in unit 3 we will study the challenges of HIV&AIDS in the practice of healing. In unit 4, we will look at the four types of healing for PLWHA and the affected. Next we will analyze the current healing practices in our churches, scrutinizing their relevance and impact on HIV&AIDS. In unit 5 we will discuss current healing practices in the church and the challenges of HIV&AIDS. In units 6 and 7 we will look at the Hebrew Bible (Old Testament) and the New Testament, identifying messages that can empower the church to better respond to the challenges of HIV&AIDS. In unit 8 we will investigate ways in which the church can become a healing community in the context of HIV&AIDS. We will define the church and its mission and describe the characteristics of a church that is a healing community. In our last two units we will learn from other faith traditions in Africa. Unit 9 will focus on African Indigenous Religion/s and unit 10 will look at Islam. I hope that this module will challenge you to implement a theology of healing in your faith community in the midst of HIV&AIDS.

MODULE OBJECTIVES:

At the end of this module you should be able to:

- ✂ Explain the basic facts about HIV&AIDS and be able to relate these facts to social and structural injustice
- ✂ Describe the impact of society, religion and governments' initial response to HIV&AIDS to PLWHA and the affected, especially as related to stigma
- ✂ Define theology and the impact of the initial theological response to HIV&AIDS
- ✂ Define health and healing in the context of HIV&AIDS
- ✂ Describe the characteristics of a theology of healing
- ✂ Explain the challenges that HIV&AIDS bring to the practice of healing
- ✂ Describe the practices of healing in the church today and evaluate whether the church is currently responding to the needs of HIV&AIDS
- ✂ Explain theologies and models of healing from the Hebrew Bible and New Testament and how these can empower the church to respond to the challenges of HIV&AIDS
- ✂ Describe the church and its mission and explain the characteristics of a healing church
- ✂ Explain and evaluate African Religious' perspectives on disease, health and healing, practices of healing individuals and the community, and lessons that the church can learn for these traditions
- ✂ Describe the five pillars of Islam and health and sexuality in Islam; and
- ✂ Outline lessons that can be drawn from our study of an Islamic response to HIV&AIDS

ACTIVITIES

This module contains questions and self-assessment exercises. Please make sure you attempt to complete all questions and self-assessment activities at the end of every unit. You will need a notebook to write down your answers. If you have any problems, seek help from your study group members and your tutor. Explore the resources around you, such as people in your community and relevant literature. Learn to ask and to read. The activities in the module are to help you assess and evaluate your understanding of the information in the unit. They also prepare you for your major assessments, tests, and examinations. There will be a *major assignment at the end of unit 5. At the end of the module, there will be a test and a final exam.*

When you hand in your work, please be sure that you are sending original work, which has not been submitted on a previous occasion. Make sure to avoid plagiarism.

The general aspects that examiners look for:

- a) Coherence in the organization and presentation of your work
- b) Evidence of a reflection on your personal and professional experience
- c) Investigation strategies: correctly fill your assignment submission form

UNIT 1

INTRODUCTION TO HIV&AIDS

OVERVIEW

Welcome to the first unit of this module. In this unit we will learn the basic facts of HIV&AIDS and their relationship to social and structural injustice. We will discuss society, religion, and the government's initial response to HIV&AIDS and the impact of these responses on PLWHA, especially regarding stigma. We will end this unit by listing the challenges of HIV&AIDS for a theology of healing. By the end of this unit you will have a better understanding of the basic facts of HIV&AIDS and related challenges to a theology of healing.

OBJECTIVES

Upon successful completion of this unit you should be able to:

- ✘ Explain HIV&AIDS and relate it to social and structural injustice
- ✘ Explain the initial response to HIV&AIDS from society, religion and governments
- ✘ Describe the impact of stigma on PLWHA and the affected
- ✘ Outline the challenges of HIV&AIDS for a theology of healing

TOPICS

HIV&AIDS

- ✘ Definition of HIV
- ✘ Definition of AIDS
- ✘ Relationship between HIV&AIDS

HIV&AIDS and Social and Structural Injustice

Society, Religion and Governments' Initial Response to HIV&AIDS

Impact of HIV&AIDS on PLWHA and the Affected

- ✘ Stigma in the Context of HIV&AIDS

Challenges of HIV&AIDS to a Theology of Healing

Summary, Self-Assessment Activity, Further Reading and Glossary

HIV&AIDS

In this section we will learn the basic facts of HIV&AIDS. In this section we will also introduce issues of social and structural injustice.

Definition of HIV

HIV stands for **H**uman **I**mmunodeficiency **V**irus. It is the name of a virus. When HIV is in the body, it slowly destroys the immune system. The immune system is made up of white blood cells and antibodies that protect our bodies from infections and diseases. HIV uses the CD4 cells of the immune system to replicate itself and then it destroys these cells. These cells are vital to the immune system. As HIV increases, these cells decrease; this weakens the immune system. How does a person get HIV?

HIV is transmitted through blood, semen, breast milk and vaginal fluids from someone with HIV. A person can only contract HIV in the following ways:

- From unprotected sexual intercourse with a person who already is infected with HIV. Unprotected sex means having sex without using a condom
- From parent-mother-to-child: an infected pregnant mother who has HIV can pass the virus to her unborn child through blood and, breast-feeding
- If you have broken skin or a cut (and are not wearing protective gloves) and have direct contact with the blood of a person living with HIV
- By sharing needles or syringes with a person who is HIV positive
- Through blood transfusion if you are given blood from someone with HIV and
- Untreated sexually transmitted diseases increase the risk of HIV infection

Anyone can get HIV; it does not discriminate by race, gender or social class. A person *cannot* get HIV through hugging, shaking hands or using the same utensils or toilet with someone who is HIV positive. Mosquitoes do not infect people with HIV.

ACTIVITY 1

Write down two myths from your community about HIV&AIDS.

Definition of AIDS

AIDS stands for “Acquired Immune Deficiency Syndrome”. AIDS is a collection of diseases that are “*acquired*” from HIV. These diseases are referred to as “opportunistic” infections because they take advantage of the “opportunity” of a weak immune system to attack the body. The most common opportunistic infections are severe diarrhea, fever, oral thrush, lung infections and TB. Most deaths associated with HIV occur as a result of opportunistic infections.

Relationship between HIV&AIDS

HIV causes AIDS. Without HIV there would be no AIDS. HIV often takes **a long** time to weaken the immune system; you cannot tell by looking at someone if they have HIV. According to the World Health Organization, there are four stages in progression from HIV to AIDS:

Stage 1	HIV enters the body and slowly starts to attack the immune system (CD4 cells). There are few or no signs that a person is infected. One of the signs is a swollen lymph gland.
Stage 2	Minor skin problems, head or chest colds and weight loss and shingles.
Stage 3	The increase of HIV in the body begins to destroy the immune system (CD4 cells). More serious problems begin to occur, such as profound weight loss, chronic diarrhea, fever, oral thrush and TB.
Stage 4	Very serious diseases, some of which are seldom found in HIV-negative person occur. Examples are lung infections, infections of the brain, severe diarrhoea, profound weight loss and rare cancers.

Looking at the stages, it is clear that the sooner a person knows their HIV status the better able they are to manage their health. Unfortunately, many people are afraid of being tested and discovering their HIV status.

To date, there is no cure for AIDS. However, a person diagnosed as HIV positive can take steps to keep themselves healthy and delay the onset of AIDS. This can be done through:

- Nurturing spiritual, psychological and mental health through supportive relationships
- A healthy diet, exercise and safe sex;
- Access to antiretroviral treatment (ARV), which strengthens the immune system. ARVs have to be taken for life and treatment cannot be interrupted
- Access to health care to ensure a constant supply of medication and diagnosis and treatment of opportunistic infections

ACTIVITY 2

Explain why some of the above practices are not possible for the poor.

Most of the above measures, such as a healthy diet, ARVs and good health care systems, are not available for most PLWHA in Africa and other poor countries around the world. This lack of access to basic requirements is an issue of social and structural injustice. Poverty is at the root of these problems. Unjust economic policies contribute to poverty; for example, Structural Adjustment Programs imposed by the World Bank and International Monetary Fund have caused widespread poverty in many poor countries. In addition, unjust international trade policies have contributed to the lack of access to ARVs. At present, only 1% of PLWHA have access to ARVs in Africa. Many poor countries have poor health care systems and are often unable to treat most of the opportunistic infections.

Prevention of the Spread of HIV

As there is no cure for HIV&AIDS at present, there has been a strong emphasis on prevention as a way of curbing the spread of HIV. We will focus on one of the most widely taught and publicized methods of prevention: the 'A-B-C model'. Are you familiar with this model of prevention? This method is based on three individual choices:

- A – Abstinence, abstaining from sexual intercourse
- B – Be faithful, maintaining a mutually sexual relationship with one partner
- C – Condomise, using a condom in every sexual encounter

ACTIVITY 3

In a paragraph, describe methods of prevention that are taught in your church and community.

The strength and weakness of the ABC method lies in its simplicity. The strength of its simplicity is its presentation (its use of the first three letters of the alphabet), which makes it easy to remember, and that it offers three clear-cut options. On the other hand, its simplicity is also a weakness because it fails to acknowledge some of the more complex issues involved in prevention. It does not take into account gender and other inequalities that shape people's behaviors and limit their choices. Gender and other inequalities are examples of social and structural injustice. For example, as a result of culture and economics most women are not in a position to choose any of the three options. Some poor women become commercial sex-workers in order to provide for their families, so abstinence may not be a choice. Survivors of sexual violence and rape and children born with HIV&AIDS have no choice. HIV&AIDS was imposed on them. These are a few of the complex issues that compromise the effectiveness of the A-B-C method of prevention. Because of the limitations of ABC, some people have added the following letters:

D–Drugs for opportunistic infections

E–Equality for all

F–Friendship not stigma

G–Good governance at all levels

In many faith communities condom use is controversial; some have changed the 'C' of the A-B-C- model from 'condomise' to 'Christian principles and teachings'. As illustrated above, the basic facts about HIV&AIDS are related to social and structural injustice. This issue will be further discussed in the next section.

HIV&AIDS and Social and Structural Injustice

Our discussions thus far have exposed the link between HIV&AIDS and social and structural injustice. It is clear that HIV&AIDS cannot be addressed without confronting the unjust global economic systems that keep poor countries in poverty. Further, all social inequalities need to be addressed—gender inequality, age oppression, racism, ethnic and sexual discrimination. These are all issues of social and structural injustice. Let us summarise these issues:

HIV&AIDS challenge	Area of social and structural injustice
Healthy lifestyle – diet, exercise and safer sex	Poverty, gender and economic injustice
Access to antiretroviral drugs and good health care systems	Unjust international trade policies and debt repayment
Prevention and transmission	Gender and other social inequalities, violence and poverty

ACTIVITY 4

Write down two reasons why social justice issues are important in dealing with HIV&AIDS.

We will now discuss issues that have contributed to the mental, psychological and spiritual suffering of PLWHA and the affected, namely the negative initial response to HIV&AIDS by society, religion and governments which resulted in the development of stigma.

Initial Response to HIV&AIDS by Society, Religion and Governments The Initial Response by Society

HIV&AIDS first came to the public's attention in the USA in 1981 in the context of the gay community. In this case, the gay community was predominately comprised of male homosexuals. Persons from this community were dying in unprecedented numbers; as a result, news about this disease spread around the world. In this period, the other groups that were affected by HIV&AIDS were intravenous drug users and

sex workers. HIV&AIDS was linked to these fringe social groups, already distrusted and rejected by the majority of society, and thus all affected persons were treated with fear, discrimination and rejection. The reaction in Africa was similar. HIV&AIDS was known to be transmitted through sexual contact—regardless of gender—and by blood (for example, through needle-sharing or blood transfusions). It was also believed that sexual transmission of the virus was related to having many sexual partners. The connection between sexual promiscuity and HIV&AIDS entrenched self-righteous, negative judgements about People Living with HIV&AIDS (WCC 1997:7). These initial responses to HIV&AIDS are largely responsible for stigma and discrimination against PLWHA. Let us now look at the initial response of the church, generally.

The Initial Response by the Church

Unfortunately, the response of the church in general was similar to that of society. Many believed that HIV&AIDS was God's punishment on sexual immorality, homosexuality and drug addiction. HIV&AIDS became associated with homosexuality, sexual immorality, sin, punishment and God's judgment. Society and religion were united against those with HIV&AIDS. Our challenge, as we look back at these early responses, is not only to condemn this theology but to develop a theology of healing that will respond to the challenges of HIV&AIDS.

ACTIVITY 5

Give two examples of biblical texts that were used by your church in response to HIV&AIDS that resulted in stigma. Explain.

The Initial Response of Islam

Statistics show that there is a very low prevalence of HIV&AIDS in Muslim countries. However, the initial reaction to HIV&AIDS in Muslim communities was similar to the churches response. The association of HIV&AIDS with homosexuality and sexual immorality resulted in a judgmental response, similar to those of the church. According to Positive Muslims, Muslims living with HIV&AIDS have experienced stigma, judgment and prejudice. We will discuss more about Islam and Positive Muslims in unit 10.

The Initial Response of African Indigenous Religion/s

Although different ethnic groups in Africa practice different religions, there are some beliefs that are shared. One common belief is in regards to sickness and misfortune. Africans in general believe that sickness has an immediate and ultimate cause. The immediate cause of sickness relates to the natural cause of sickness. The ultimate cause of sickness answers the questions, who caused it? and why me? The ultimate cause of sickness is often linked to witchcraft, sorcery or ancestral spirits. Thus, initially HIV&AIDS was linked to witchcraft, sorcery and the wrath of the ancestors. We will discuss further African Indigenous Religion/s and healing in unit 9.

ACTIVITY 6

Describe the similarities and differences between your own indigenous religion and the above description of African Indigenous Religion/s.

The Initial Response of Governments

When we talk about governments, we are talking about people. Persons who work in government departments belong to and are influenced by their communities. Since most communities had a negative reaction to HIV&AIDS, it follows that governments also adopted negative attitudes. Initially, some governments in Africa did not want to spend resources to deal with HIV&AIDS—the problem was cloaked in secrecy and denied. Without resources, such as health care, education and public support, HIV&AIDS spread quickly. In the face of rising death tolls, especially among the most economically active age group (20-45), governments were forced to act. However, by then HIV&AIDS had taken root in their countries and was devastating communities. Fortunately, some governments, such as Uganda and Senegal, accepted the challenge of HIV&AIDS and mobilized their countries' resources to this end. Both of these countries have had a marked reduction in the prevalence of HIV&AIDS. Their success prompted other governments to take similar action. Unfortunately, most poor countries are unable to provide basic health care. This is partly due to the social and structural injustice linked to debt repayment. Many poor countries spend a large portion of their budgets in repaying their debts to other

countries and/or international organizations. According to the Jubilee Debt Campaign, Africa annually spends *\$15 billion in debt repayment* (over US\$30 million per day!) It is estimated that *\$7-15 billion is needed annually to fight HIV & AIDS in Africa*. Africa spends four times as much on debt repayment as on healthcare. This is another example of the link between HIV&AIDS and injustice.

Impact of HIV&AIDS on PLWHA and the Affected

The previous sections will help us understand the impact of HIV&AIDS on the lives of PLWHA and the affected. We have seen how social and structural injustices, such as international injustice, poverty, gender inequality and lack of access to treatment, increase the suffering of PLWHA and the affected. In addition, the initial judgmental response to HIV&AIDS resulted in stigma. Stigma is responsible for the mental, psychological, spiritual, physical and social suffering of PLWHA and the affected. In this section we will discuss stigma in the context of HIV&AIDS.

Stigma in the Context of HIV&AIDS

Stigma is “a mark of disgrace associated with a particular circumstance or quality or person” (New Oxford Dictionary). Stigma has been attached to HIV&AIDS. According to Paula Clifford, stigma is:

- Based on fear, ignorance and misinformation
- Unjust because it often results in discrimination, abuse, prejudice and rejection
- The root cause of many of the psychological, mental and spiritual problems of PLWHA and the affected
- The basis of self-stigmatization---this happens when PLWHA stigmatize themselves and believe that they deserve to suffer. Self-stigmatization leads to self-condemnation and shame and in some cases has led to suicide (2004:8).

Stigma also contributes to the spread of HIV&AIDS in the following ways:

- Silence: Silence is a consequence of stigma. People are afraid of testing and afraid to disclose their HIV status. and This enables the virus to spread quickly
- Deception: people who are not HIV positive think that they are not at risk of contracting HIV and do not protect themselves (Clifford 2004:8).

Stigma is one of the key issues that must be addressed to overcome HIV&AIDS. To these ends, churches in Africa have made a commitment to eradicate stigma.

According to the *Plan of Action: The Ecumenical Response to HIV/AIDS in Africa*, “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” (2001:6).

ACTIVITY 7

Write a paragraph describing HIV&AIDS stigma in your community.

Challenges to a Theology of Healing in the Context of HIV&AIDS

A theology of healing in the context of HIV&AIDS needs to:

- Confront social and structural injustice which is at the root of HIV&AIDS
- Replace theologies that have linked HIV&AIDS with sin and judgment
- Include people living with HIV&AIDS and eradicate stigma
- Provide healing in all areas of life—physical, social, psychological, spiritual and mental
- Address issues of sexuality; and
- Affirm life and death

SUMMARY

In this unit, you learnt the basic facts about HIV&AIDS and how these facts are linked to social and structural injustice. For example, we saw how the issues of prevention and self-care are linked to poverty and gender inequality and the connection between access to treatment and poverty in poor countries and unjust economic and trade practices. The negative response to HIV&AIDS by society, religion and government caused stigma. We learnt that stigma is the root cause of the mental, spiritual, psychological and social problems of PLWHA. A theology of healing needs to respond to these challenges.

SELF-ASSESSMENT ACTIVITY

Write your answers in your notebook.

1. Define HIV&AIDS and explain the relationship between HIV and AIDS.
2. Describe three areas of social and structural injustice in the HIV&AIDS context.
3. Explain the reasons for the initially negative response to HIV&AIDS.
4. Describe the initial responses of the three religions to HIV&AIDS.
5. Define stigma in the context of HIV&AIDS.
6. Give two examples of the challenges of HIV&AIDS for a theology of healing.



FURTHER READING

Dube, Musa W. 2004. "Introduction: Towards Multi-sectoral Teaching in a Time of HIV/AIDS," pp.vii-xiii. In Musa W. Dube. Ed. *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*. Geneva: WCC.

Musopule, Augustine C. 2004. "Stigma-Sermon Text: Job 3:1-26," pp.125-127. In Musa W. Dube. Ed. *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermons and Liturgy*. Geneva: WCC.

WCC. 1997. *Facing AIDS: The Challenge, The Church's Response*. Geneva: WCC.

WCC. 2001. *Plan of Action: The Ecumenical Response to HIV/AIDS in Africa*. Geneva: WCC.

GLOSSARY

HIV	the Human Immunodeficiency Virus that attacks and weakens the immune system. It is the name of the virus that causes AIDS. HIV is a virus not a punishment from God!
AIDS	the collection of diseases that are ‘acquired’ from HIV because of a weak immune system. A weak immune system is unable to protect the body from infections.
Immune System	white blood cells and antibodies that protect the body from infections and diseases. It also heals the body after sickness or injury.
CD4 cells	are part of the immune system. When the immune system is strong, the CD4 count is strong. HIV breaks down the immune system and affects the CD4 count.
PLWHA	an abbreviation for People Living with HIV&AIDS.
Social Structures	refers to the institutions, structures, laws, norms, values, and religion of any society. the human configurations that constitute a society, such as family, race, class, culture, law, religion, politics, economics and government.
Social and Structural Injustice	the lack of equity and justice within a society and its structures.
Gender	the social and cultural beliefs used to distinguish between male and female. Gender is not natural. Gender is created by society.
Gender equality	people receiving equal opportunities to take part in social, Economic, cultural and political activities and benefiting equally, irrespective of gender.
Gender inequality	discrimination and the lack of equal opportunities in society because of one’s gender.
Stigma	a mark of disgrace associated with a particular circumstance, characteristic or person. Stigma has been attached to HIV&AIDS and PLWHA suffer mentally, psychologically, spiritually and socially because of stigma.

UNIT 2

A THEOLOGY OF HEALING IN THE CONTEXT OF HIV&AIDS

OVERVIEW

Welcome to unit 2! In our last unit we covered the main issues relating to HIV&AIDS and the challenges that these issues bring to a theology of healing. In this unit, we will develop a theology of healing that will respond to the challenges of HIV&AIDS. We will define theology in the context of HIV&AIDS and look at the initial theological response to HIV&AIDS and its impact on the church today. Then, we will define healing and health in the context of HIV&AIDS. Lastly, we will describe a theology of healing that responds to the challenges of HIV&AIDS.

OBJECTIVES

Upon successful completion of this unit you should be able to:

- ✘ Define theology in the context of HIV&AIDS
- ✘ Describe the initial theological response to HIV&AIDS and its impact on the church
- ✘ Define healing and health in the context of HIV & AIDS; and
- ✘ Describe the characteristics of a theology of healing that responds to the challenges of HIV&AIDS

TOPICS

Theology in the Context of HIV&AIDS

- ✘ Theology
- ✘ Initial Theological Response to HIV&AIDS
- ✘ Impact on the Church Today

Healing and Health in the context of HIV&AIDS

- ✘ Relationship between Healing and Health

- ⌘ Definition of Health
- ⌘ Healing in the Context of HIV&AIDS

Characteristics of a Theology of Healing in the Context of HIV&AIDS

- ⌘ Critical Interpretation of the Bible
- ⌘ Commitment to Justice
- ⌘ Holistic Sexuality
- ⌘ Affirmation of Life and Death

Summary, Self-Assessment Activity, Further Reading and Glossary

Theology in the Context of HIV&AIDS

Theology is the study of God and God's activity as revealed in the faith traditions of all religions. One of the aims of theology is to connect beliefs about God to current social contexts and life experiences. Each religion has resources that they use to develop their theology. For example, in African Indigenous Religion/s theology is oral and is developed and taught by proverbs, rituals, teachings, cultural practices, songs and poems. In Islam the Qur'an and the teachings of Mohammed are the main sources of theology. In Christianity the bible, nature (creation), church traditions and the writings of theologians throughout history are some of the key resources for theology. In our discussions we will focus on Christian theology. We will begin our discussion by looking at the initial theological response to HIV&AIDS.

ACTIVITY 1

Write a paragraph describing how theology is developed in your church.

Initial Theological Response to HIV&AIDS

In unit 1 we saw that the initial theological response interpreted HIV&AIDS as punishment from God for sexual immorality and sin. HIV&AIDS was seen only as an issue of individual morality. No connection was made between HIV&AIDS and the wider cultural, economic, political, gender practices in society. This initial theology resulted in fear, stigma and discrimination instead of healing, compassion and hope.

Although the church has officially moved from this initial theological response, its impact is still felt today.

Impact on the Church Today

The influence of this initial theology is still strong and has resulted in the church giving conflicting messages. As an illustration, we will refer to two separate but related studies on the Church and HIV&AIDS done by two faith-based organizations in Pietermaritzburg, South Africa, the Pietermaritzburg Agency for Social Action (PACSA) and the Kwa-Zulu/Natal Church and Aids Network (KZNCAN) (an initiative of the Kwa-Zulu Natal Christian Council). Though their research is broader, we will focus on the theological responses to HIV&AIDS by ministers, lay leaders, PLWHA, caregivers and women's groups. In particular, we will focus on the following two research questions: 'Is HIV&AIDS a punishment from God?' and 'Do you think that God has allowed the HIV&AIDS pandemic to occur?' We will discuss these two questions separately.

Is HIV&AIDS a Punishment from God?

PACSA found that 90% of ministers and 70% of lay leaders and caregivers said that they *did not believe* that HIV&AIDS was a punishment from God. However, between 30-40% of PLWHA thought that their ministers believed that HIV&AIDS was a punishment from God. This illustrates the church's mixed messages because there is a difference between what the ministers said they believed and what PLWHA in their churches thought they believe (2004:22). Using the same research question, KZNCAN came up with the similar results: only 5% of ministers and 17% of women's group members believed that HIV&AIDS was a punishment from God (2005:23). In other words, 95% of ministers and 83% women's group members *did not believe* that HIV&AIDS was a punishment from God. It is encouraging to see that churches are moving away from the initial response.

ACTIVITY 2

Write down your answer to the above question. Justify your response.

Do You Think that God has Allowed the HIV&AIDS Pandemic to Occur?

In their research KZNCAN found that 80% of interviewed ministers believed that God had allowed the HIV&AIDS pandemic to occur. The ministers gave the following justifications for their belief:

- *Free choice*: people have the choice to be infected or not
- *Prophecy*: incurable diseases were prophesied in the bible as a sign of the end times
- *A lesson from God*: God uses HIV&AIDS to teach love and acceptance
- *Sin*: human sin is responsible for HIV&AIDS
- *A fallen world*: HIV&AIDS does not come from God but from Satan; and
- *Mystery*: no one knows where HIV&AIDS came from thus, like suffering, it is a mystery (2005:21-23).

The above responses send mixed and conflicting messages. In their research, PACSA rephrased this question, asking instead, “Why is God allowing the HIV/AIDS Pandemic?” They found that most of the ministers gave judgmental responses, blaming the individual for contracting HIV&AIDS (2004:23).

Let us now explore the responses of PLWHA. According to KZNCAN, 97% of People Living with HIV&AIDS believed that God allowed the HIV&AIDS pandemic to occur. 83% believed that HIV&AIDS was a fulfillment of biblical prophecies. The rest believed that it was part of the will of God, an expression of God’s love and a punishment for sin (2005:23-4). Similarly, PACSA found that PLWHA predominately blamed individual sin for HIV&AIDS. From these responses we see that “the association of the virus with personal immorality is a deeply-seated belief amongst Christians and even amongst Christian PLWHA” (2004:23). These responses do not consider the relationship between social injustice and HIV&AIDS.

ACTIVITY 3

Do you agree or disagree with the reasons given by the ministers for their answer to the second question. Give reasons for your answer.

The responses to the two questions revealed conflicting and mixed messages and an understanding of HIV&AIDS that does not take into account wider social issues. Recall that in unit 1, we stressed the link between the basic facts about HIV&AIDS and social and structural injustice. It is important to base our theology on a holistic understanding of HIV&AIDS. Let us now discuss another area that is important to our theology of healing, which also requires a holistic paradigm, namely healing and health.

Healing and Health in the Context of HIV&AIDS Relationship between Healing and Health

There is a relationship between healing and health. Healing is the restoration of health. All communities have their own definitions of healing and health. The definition given to health determines how healing is practiced. For example, in African Indigenous Religion/s health is defined as the presence of harmonious relationships within the community and with the divine beings (God and ancestors). This, in fact, is a profound understanding of health, particularly in the context of HIV&AIDS where bad relationships (poverty, international exploitation, gender inequality etc) are at the core of the disease. Health also includes the physical and material well being of the community and all its members. Healing, therefore, is the restoration of this kind of health. In the context of HIV&AIDS we need a definition of health that will respond to its unique issues.

ACTIVITY 4

Define healing and health from your faith and cultural tradition.

Definition of Health

According to the World Council of Churches, health is “a dynamic state of well being of the individual and the society, of physical, mental, spiritual, economic, political and social well being: of being in harmony with each other, with the material environment and with God” (1990:6). Health therefore, is not simply the *absence* of disease, but the *presence* of well being in all areas of life. Health encompasses the wholeness of life. The bible agrees with this definition of health. In the Hebrew bible *shalom* represents health and wholeness. The New Testament equivalent is *salvation*. According to Wolterstorff, shalom is,

the state of flourishing in all dimensions of one’s existence; in one’s relation to God, in one’s relation to one’s fellow human beings, in one’s relation to nature, and in one’s relation to oneself. Evidently justice has something to do with the fact that God’s love for each and everyone of God’s human creatures takes the form of God desiring the shalom of each and every one. That’s why God’s justice and ours, is manifested in getting food to the hungry, liberating prisoners, curing the blind, lifting up the sorrowing and humiliated, being welcoming to the stranger, and supporting widows and orphans (1999:113).

From this quote we can see that God’s love for humanity is expressed in the desire for all to live in shalom. Justice brings shalom; where there is no justice, there is no shalom. The presence of justice is judged by whether there is shalom for the most vulnerable groups in society, such as widows, the poor, aliens and orphans. The idea of shalom is expressed in the New Testament’s concept of ‘salvation’. Salvation is liberation from social, personal and structural sin (Luke 4:17-18). According to Atkinson and Field, “[salvation] has a strong political and social dimension. To be concerned for salvation is to be politically and socially aware and to liberate people from oppressive conditions” (1995:29). The goal of shalom and salvation is to bring fullness of life. Jesus said that he had come that all may have life and life in

abundance (John 10:10). This holistic understanding of health meets the challenges of HIV&AIDS because HIV&AIDS impacts every aspect of life.

Healing in the Context of HIV&AIDS

Healing is the restoration of health in every area of life, mental, physical, emotional, social, spiritual and structural. According to Linda L. Barnes, “[healing] is a process of restoring a person and/or group to wholeness and well-being and relates to the experience and outcome of that effort and its effects. Healing permeates virtually every religious culture around the world and can occur within and outside of conventional religious boundaries” (Barnes 2004: ii). In this definition, healing is the restoration of health, wholeness and well-being for both the individual and their community. Healing is a practice that is found in all religions and cultures. Healing is not always the same as curing. The difference, according to Obed Maula in *God breaks the Silence Preaching in Times of Aids*, is that “to cure means the physical restoration of a person.” “In contrast, healing touches different aspects of one’s life. There is a social, an economic, a spiritual, a political, a psychological and a physical dimension to every disease” (2005:88). Healing recognizes all dimensions of a given disease and seeks to restore health to all areas. In the context of HIV&AIDS, healing necessitates the restoration of health in all aspects of life. Restoring justice is an important aspect of healing because healing confronts the causes of suffering and ill-health.

ACTIVITY 5

Explain the relationship between health/healing and injustice. Give examples from your own context.

In the next section, we will explore the components of a theology of healing that can empower the church to meet the challenges of HIV&AIDS.

Characteristics of a Theology of Healing in the Context of HIV&AIDS

We will focus on the following components of a theology of healing: critical interpretation of the bible, commitment to justice, holistic sexuality and affirmation of life and death.

Critical Interpretation of the Bible

Our first component relates to the manner in which the bible is read, interpreted and applied. Earlier in this section we addressed the initial theological response to HIV&AIDS. This initial theological response resulted in conflicting and mixed messages, as reflected in PACSA and KZNCAN's research. The initial theological response does not connect HIV&AIDS to social and structural injustice. How can a theology deal with these inconsistencies and empower the church to respond to the social and structural injustices related to HIV&AIDS? One way of doing this is to empower church members with skills that enable them to read the bible critically. I would like to introduce you to a method of reading and interpreting the bible that is critical, practical and can be used by members of our local churches. This method of reading the bible was developed by the Institute for Contextual Theology in South Africa and was used during the apartheid era. Using this method of reading and interpreting the bible, Christians were able to develop a theology of liberation which confronted the challenges of their context. This method, the bible study method, was based on six commitments which we will discuss and apply to the HIV&AIDS context:

- Commitment to the *life experiences and concrete realities* of people. In other words, people were encouraged to reflect on their life experiences and relate these to their faith. This encourages people to tell their stories as well as to raise questions about their social context. In the context of HIV&AIDS this commitment creates opportunities for PLWHA and the affected to be heard. PLWHA also have the opportunity to hear the stories, experiences and struggles of others. Through the sharing of stories, members find common ground and together they read and interpret the bible in a way that mutually empowers.
- Commitment to *read the bible in groups* rather than alone. This commitment makes it possible to share stories and exposes members to different perspectives. For example, many PLWHA have identified with the experience of lepers in the bible who were stigmatized and treated as outcasts. Jesus' positive response to

lepers is a source of encouragement for PLWHA and a challenge to the church. A group reading of the bible allows for the presentation and discussion of such perspectives. In this case, this interpretation has the ability to transform, challenge and unite people.

- Commitment to a *critical reading of the bible*—which encourages people to ask questions, pose challenges and to express their views. The bible has many stories of people expressing doubt, anger and frustration to God and in all instances God responded with compassion (e.g. Genesis 18:23-33 and Luke 10:38-42). In unit 6 we will discuss this topic further.
- Commitment to *seek knowledge and resources from other disciplines* to gain deeper understanding of both the biblical context and the current context. For example, a bible study group can invite a bible scholar to respond to questions about the bible, a medical professional to explain issues around HIV&AIDS or a lawyer to explain legal questions. This commitment ensures that our theology is based on a firm foundation, which is crucial in the context of HIV&AIDS.
- Commitment to the *poor and oppressed*—this commitment ensures that the bible is read and interpreted in solidarity with the poor and oppressed in order to participate in their struggle for justice. In the context of HIV&AIDS, the poor, women, children, the elderly and sexual minorities are the oppressed. Our theology must empower them and the church to work together for their liberation
- Commitment to *action*--this is a method that combines theological reflection with action. In other words, after every bible study session, the group comes up with an action plan the manner in which they will implement the lessons they learnt. HIV&AIDS context needs both theological reflection and action.

ACTIVITY 6

Choose any three of the commitments of a contextual bible study and explain how these could be applied in your faith community.

Commitment to justice

Our second component of a healing theology encourages the church to be engaged in confronting injustice and restoring shalom/health to all. Working for justice is not

something ‘extra’ for Christians, it is fundamental to our call. Our faith and worship needs to inspire us to struggle and promote justice. God is just and executes justice. For example, Psalm 146:7-9 reads, “[God] executes justice for the oppressed; who gives food to the hungry. The Lord sets the prisoners free; the Lord opens the eyes of the blind. The Lord lifts up those who are bowed down; the Lord loves the righteous. The Lord watches over the sojourners, the Lord upholds the widow and the fatherless; but the way of the wicked the Lord brings to ruin.” As faith communities, we are called to fulfill God’s mission in the world which is to confront injustice and promote justice. A commitment to justice is a commitment to holistic healing for PLWHA and the affected. There can be no healing without justice. In unit 1, we discussed the specific areas of injustice that must be confronted. Some of these areas are:

- Gender injustice and inequality- faith communities need to restore justice within their own structures by replacing theologies that marginalize women with theologies that affirm the dignity and equality of all people. In units 6 and 7 we will discuss some theological resources regarding justice for women.
- Lack of access to antiretroviral drugs for all---as stated in unit 1, only 1% of people in Africa have access to ARVs.
- Poverty and unjust economic systems that create and sustain poverty.
- Debt cancellation--faith communities need to network with others towards these ends (e.g. Jubilee Campaign); and
- Solidarity with vulnerable groups and engaging in advocacy work for their rights and the restoration of shalom.

ACTIVITY 7

Describe two ways in which your church can be involved in justice work.

Holistic Sexuality

Our third component of a theology of healing is a commitment to a holistic perspective on sexuality that responds to the challenges of HIV&AIDS. Sexuality refers to the sexual nature of human beings. God created human beings as sexual beings. Sex originated from God and is a gift from God. Sexuality also refers to sexual practices, gender, class and sexual orientation. HIV&AIDS have exposed the wide range of sexual practices in

our communities. These practices include multiple partners, survival sex, trans-generational sex (between older men and young girls), sexual violence against women and children, men’s power over women’s bodies, rape, sexual orientations (gay, lesbian, bi-sexual...), commercial sex work and some cultural practices such as widow cleansing and polygamy. Most of these practices are not discussed in our faith communities. Often when churches discuss sexuality it is to advocate for abstinence before marriage and faithfulness within marriage. These principles are important. However, UNAIDS statistics have shown that the highest rate of HIV infection is among married women who are faithful to their husbands. This challenges the teachings of faith communities. It also highlights the link between sexual practices and gender inequality. Sexual orientation in our communities is rarely discussed. HIV&AIDS requires faith communities to discuss and respond to sexual practices in our communities. The bible has stories of sexual practices that are similar to the practices in our communities. These stories help us to break the silence about sexual issues. Here are some examples from the bible:

Rape and sexual violence---the story of Tamar and Amnon	2 Samuel 13:1-21
Male power over women’s bodies---story of David and Bathsheba	2 Samuel 11:1-5
Survival Sex---the story of Tamar and Judah	Genesis 38:1-26
Sex as a gift from God---the story of creation	Genesis 1:26-31
Healthy sexuality based on equality and mutual love	Song of Songs

ACTIVITY 8

Read one of the above stories and explain how you would use the story to discuss sexuality in the context of HIV&AIDS.

Affirmation of Life and Death

Our last component of a theology of healing is a commitment to affirming life and death. HIV&AIDS is an attack on life and our theology needs to affirm the goodness of life as created by God and to confront everything that is against life. According to Musa W. Dube (*AfricaPraying; A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*), “[we] need to reclaim the right to life from the plunder of HIV/AIDS.

We need to reclaim our right to live a good life. We need to heal and resurrect our communities from fear, hopelessness and HIV/AIDS stigma” (2004:85). We have seen that HIV&AIDS is an attack on life and health. The commitment to affirm life is a challenge for pastoral ministry in faith communities.

Pastoral ministry is concerned with all the processes that affirm and sustain life, such as nurture, care, sustaining, guiding, reconciling and counselling. This is done through pastoral activities, such as preaching, liturgy, mission, evangelism and social ministries. HIV&AIDS challenges pastoral ministry to be holistic, promoting fullness of life. In the context of HIV&AIDS, compassion must be central to pastoral ministry. Compassion does not mean feeling sorry for someone. Compassion means suffering with those who are suffering and entering into their hurt with sincerity and solidarity. To have compassion in the context of HIV&AIDS means to journey with PLWHA and the affected in their struggles, pain and victory.

Affirmation of life includes affirmation of death. HIV&AIDS challenges faith communities to prolong life where possible and prepare people for death. Preparation for death affirms faith in a life beyond death. All faith traditions have rituals and beliefs about life after death. In Christianity, as in many other religions, there is hope for life after death. The assurance of life after death is the central message of hope that enables people to accept death and to die with dignity. Pastoral care for the dying and bereavement counselling are ways of helping people to accept death and dying. In the context of HIV&AIDS, our theology of healing needs to affirm life and death.

SUMMARY

In this unit, we began by looking at the impact of the initial theological response to HIV&AIDS and we saw that it has caused conflicting messages, illustrated by PACSA and KZN CAN’s research. This challenges the church to develop a theology of healing that will not only deal with these inconsistencies but will empower the church to respond to the challenges of HIV&AIDS. Equally important to a theology of healing is a definition of health and healing that responds to the specific context of HIV&AIDS. We developed a definition of health tailored to HIV&AIDS and defined healing as the restoration of holistic health. From this understanding of healing and health, we saw that justice is central to healing and that our theology of healing must

be committed to justice. Finally, we discussed the components of a theology of healing in the context of HIV&AIDS. The four components we focused on were: a critical interpretation of the bible, commitment to justice, holistic sexuality and affirmation of life and death.

SELF-ASSESSMENT ACTIVITY

Write your answers in your notebook.

1. Explain the meaning of theology.
2. Using the research findings of PACSA and KZNCAN, describe the conflicting messages in the initial response to HIV&AIDS.
3. Explain the relationship between healing and health.
4. Define health, using concepts from African religion and shalom.
5. Name the four components of a theology of healing.
6. Describe the six components of a contextual bible study.
7. Explain the relationship between spirituality and justice.
8. Describe how issues of sexuality can be discussed from a biblical perspective.
9. Explain the commitment to affirmation of life and death.



FURTHER READING

Dube, Musa W. 2004. "Life: In the Beginning....." pp. 84-91. In Musa W. Dube. Ed. *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Geneva: WCC.

Khathide, Agrippa A. 2004. "Teaching and Talking about Our Sexuality: A Means of Combating HIV/AIDS," pp. 1-9. In Musa W. Dube. Ed. *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*. Geneva: WCC.

Maluleke, Tinyiko S. 2004. "The Gifts of Sexuality: Let Him Kiss Me..." pp. 133-135. In Musa W. Dube. Ed. *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Geneva: WCC.

The Christian Medical Commission, WCC. 1990. *Healing and Wholeness. The Church's' Role in Health*. Geneva: WCC.

GLOSSARY

Theology	the study of God and God's activity as revealed in the faith traditions of all religions.
Contextual Theology	is a methodology of developing theology that starts with the concrete experiences of people and applies these to their faith tradition. It is committed to the poor and oppressed. Its goals are liberation and social transformation.
Healing	the restoration of health in every aspect of life, mental, psychological, physical, spiritual and socially.
Health	not the <i>absence</i> of disease, but the <i>presence</i> of well being in all areas of life. Health is wholeness of life.
Shalom	more than peace or the absence of hostility. It is the state of flourishing in all dimensions of one's existence.
Salvation	deliverance and liberation from personal and structural sin in order to be restored to health, wellbeing and wholeness. Salvation applies to both individuals and society.
Sexuality	the sexual nature of human beings. Sexuality also refers to sexual practices, gender and sexual orientation.
Pastoral ministry	includes healing, sustaining, guiding, reconciling and nurturing persons through counselling, preaching, visitation and other forms of practical ministry.

UNIT 3

HEALING IN THE CONTEXT OF HIV&AIDS

OVERVIEW

Welcome to unit 3! In our last unit we developed a theology of healing in the context of HIV&AIDS. In this unit we will focus on three challenges that HIV&AIDS brings to the practice of healing. The challenges that we will discuss are: the scale of HIV&AIDS, healing as a life-long process that needs palliative care and the impact of HIV&AIDS on vulnerable groups, such as women, children, the elderly and sexual minorities.

OBJECTIVES

Upon successful completion of this unit, you should be able to:

- ⌘ Explain the difficulty of healing in relation to the scale of HIV&AIDS
- ⌘ Describe the challenge of healing as a life-long process
- ⌘ Describe and explain the goals of palliative care; and
- ⌘ Describe the impact of HIV&AIDS on women, children, the elderly and sexual minorities.

TOPICS

The Scale of HIV&AIDS

Healing as a Life-Long Process

Palliative Care

Vulnerable Groups

- ⌘ Women and HIV&AIDS
- ⌘ Children and HIV&AIDS
- ⌘ Elderly and HIV&AIDS
- ⌘ Sexual Minorities and HIV&AIDS

Summary, Self-Assessment Activity, Further Reading and Glossary

The Scale of HIV&AIDS

According to the United Nations Program on HIV&AIDS, at least 34 million Africans have been infected with HIV. More than 95% of new infections occur in Africa and 11.5 million Africans have died from AIDS. It is also estimated that there are 5,500 funerals a day. 90% of all AIDS orphans are African. According to Avert, 90% of the care for AIDS patients in Africa is done in homes. Religious leaders in all faith communities are spending more of their time conducting funerals and counselling surviving family members. Many are experiencing stress and burnout. Traditional family structures are struggling to absorb the high number of orphans. The immensity of HIV&AIDS is a problem and a challenge for faith communities. In many faith communities ministers do most of the counselling, preaching, services, funerals and visitations. HIV&AIDS provides opportunities for faith communities to train their members to carry out different ministries that will respond to the challenges of HIV&AIDS, such as counselling, visitation, advocacy and care. HIV&AIDS is too large and complex an issue for religious leaders to deal with alone. HIV&AIDS challenges faith communities to become healing communities in which all members are active in the healing ministry of the church. We will discuss the characteristics of a healing church in unit 8.

ACTIVITY 1

Identify three ways in which the active participation of all members of your faith community can improve response to the needs of PLWHA and the affected.

Healing as a Life-Long Process

Healing in the HIV&AIDS context is not a single event; it is an ongoing, life-long experience. PLWHA need care and healing at each stage of their life with HIV&AIDS. HIV&AIDS affects every aspect of life. The chart below explains the needs at each stage:

Progression of disease (physical aspects)	Emotional/psychological experience	Care and healing need
Diagnosed as HIV positive	Shock, denial, fear, anxiety, depression, suicidal thoughts, fear of disclosure	Crisis counselling–mental, psychological and spiritual, family counselling
First symptoms	Fear, loneliness, anger, helplessness, loss, fear, physical pain, body changes	Counselling, healing and health care, financial support
Full blown AIDS	Self rejection, powerlessness, chronic pain and fear of the future	Home-based care, counselling, spiritual, mental and psychological care
Terminal Phase–dying	Fear of death, chronic pain, loss of bodily functions	Spiritual and practical preparation for death

ACTIVITY 2

Explain in a paragraph why fear is experienced in every stage of HIV&AIDS. Give reasons and examples for your answer.

The affected also experience similar emotions to PLWHA and need similar care. In addition, they need bereavement counselling to cope with the death of their loved one. The chart highlights that PLWHA need unique forms of care at different stage of the life with HIV&AIDS. To be able to meet these different needs the church needs to adopt a palliative-care approach to healing. In the next section we will describe palliative care.

Palliative Care

The World Health Organization defines palliative care as “an approach which improves the quality of life of patients and their families facing threatening illness, through the prevention, assessment and treatment of pain and other physical psychosocial and spiritual problems” (2005:1). Palliative care is effective in the

HIV&AIDS context because it is patient and family centred care, it emphasizes an interdisciplinary team approach to care and it addresses physical, emotional, social, psychological and spiritual needs. In addition, palliative care:

- Affirms life and regards dying as a normal process
- Considers the psychological and spiritual aspects of patient care
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the family cope during the patient's illness and their bereavement
- Uses a team approach to address the needs of patients and their families, including counselling if needed
- Will enhance quality of life and may positively influence the illness

It is a model of care and healing that the church can use because it provides a comprehensive response to the care needs of PLWHA and the affected. We saw from the chart that PLWHA have different needs at each stage of their life with HIV&AIDS. This model also encourages faith communities to work together with other health care providers, such as clinics, traditional healers and hospices. HIV&AIDS requires a team approach to providing care. No institution can operate alone.

ACTIVITY 3

Describe how you would organize a palliative care program in your church and community with PLWHA. Give examples.

Vulnerable Groups

HIV&AIDS have worsened the situation of vulnerable groups in society. We will now look at the impact of HIV&AIDS on women, children, elderly and sexual minorities.

Women and HIV&AIDS

In sub-Saharan Africa 57% of adults living with HIV are women and in southern Africa about three-quarters of young people living with HIV are women. In addition, 90-100% of caregivers are women. Many factors contribute to women's vulnerability to HIV&AIDS.

We will discuss the following factors: physiological and biological vulnerability, gender inequality and the burden of care. We will also look at the important role of men.

Physiological and Biological Vulnerability

Women are twice as likely to become infected with HIV from men as men are from women. Why is that? The answer lies in biology and physiology. Women's reproductive systems make it easier for them to be infected with HIV and men are more effective at transmitting HIV. The vagina has large areas of exposed and sensitive skin, which allows HIV to enter the body easily. In addition, semen stays in the vagina for a period of time after sex, increasing the risk of transmission. The penis has a small surface area and is in contact with vaginal fluids for a shorter period.

Gender Inequality

Sex refers to the biological differences between women and men. According to Ute Hedrich, "gender is a social and cultural concept. It expresses the social roles of women and of men, which define the ways in which women and men interact with each other" (2005:42). For example, there are different expectations for women and men in regards to sexual relationships. Men are expected to be dominant and women passive. Men can have multiple partners and women cannot. Because gender permeates every aspect of life, it is often perceived as 'natural' and therefore defined as an expression of 'God's will'. This is not true; gender is created by society and can therefore be changed. Why is gender a problem in our society?

The problem is that the construction of gender has resulted in gender inequality. It has privileged one gender over the other. In the context of HIV&AIDS, this inequality has become one of the key factors contributing to the vulnerability of women. In unit 1 we noted that culture and religion can strip women of the ability to negotiate for safer sex. As a result of poverty, some women feel forced to engage in survival/commercial sex to feed their children. The question should not be, why are these women doing this; rather, we should ask why are the resources for survival in the hands of men?

ACTIVITY 4

Explain how gender constructions in your culture affect women.

Burden of Care

- 90% of AIDS care happens in the home and women bear the burden of care
The burden of care also extends to the girl-child and grandmother
- The girl child carries the burden of care for parents with AIDS and, in the event of their death, carries the burden of care for her siblings
- Grandmothers also carry the burden of care for their children with AIDS and the grandchildren that are left behind when they die

From the above it would seem that HIV&AIDS has placed a 'life sentence' on women; they are vulnerable throughout their lives. This has social, health and economic consequences. Women and girls:

- Miss opportunities for education, advancing their skills and running income-generating projects
- Become poorer, increasing their vulnerability to HIV and other diseases
- Experience psychological traumas associated with caring for dying parents and children that compromise women's health (www.unaids.org)

The vulnerability of women requires both palliative care and gender and economic advocacy. In addition, governments can no longer rely on women to bear the care costs of HIV&AIDS without financial compensation and the provision of needed resources. A theology of healing that affirms the dignity of women can empower and support women in their struggle for equality and justice. HIV&AIDS challenges faith communities to name and reject theologies that are responsible for the oppression and marginalisation of women. African women theologians have been in the forefront of the struggle for justice for women within faith communities. Their voices need to be heard if faith communities are going to be places where women experience justice.

ACTIVITY 5

Explain using examples from your own context why HIV&AIDS have placed a life sentence on women.

Important Role of Men

Men and boys need to play greater roles in the fight against HIV&AIDS. Men shape the world in which women and children live; according to UNAIDS, they can be partners in social change because “men and boys are best placed to challenge and recast harmful stereotypes of masculinity, to confront the scourge of violence against women, and to assume their share of responsibility for HIV prevention and protection especially within intimate relationships.” Transformation will come when men and women work together for justice.

Children and HIV&AIDS

One of the most devastating consequences of HIV&AIDS is its impact on children. Children suffer multiple traumas because of HIV&AIDS. According to UNICEF, “neither words nor statistics can adequately capture the human tragedy of children grieving for dying or dead parents stigmatized by society through association with HIV & AIDS, plunged into economic crisis and insecurity by their parents’ death and struggling without services or support systems in impoverished communities” (1999:8).

Here are some of the facts:

- By the end of 2003, there were *15 million AIDS orphans*
- There are 2.2. million children under 15 living with HIV&AIDS
- 90% of these children live in Sub-Saharan Africa
- In 2004, an estimated 640,000 children, 14 years and under, were infected by HIV&AIDS
- Infections can be avoided if the antiretroviral drug prophylaxis is given to mothers and children. Currently only 1% of pregnant women in heavily affected countries are offered services aimed at preventing mother to child HIV transmission

ACTIVITY 6

Describe the suffering of children affected by HIV&AIDS in your community.

Let us discuss three issues that cause great suffering to children and create special needs for healing. We will focus on three of the above issues that affect children.

Children and Stigma

Children suffer from stigma relating to their own status as HIV positive and that of their parents or caregivers. Research indicates that stigma and discrimination lead to orphans and affected children being denied or discouraged from accessing basic services, such as health care and welfare services (Smart 2003:176).

Children and Bereavement

According to Liesel Jewitt, a child living in an HIV&AIDS affected family not only has “to face the anxiety and psychological stress of living with a sick parent(s), sick grandparents or caregivers, but they also have to deal with uncertainties about the future. Usually the children are not told what is happening to their parents or why they have died which leaves them feeling confused and frightened” (2004:3). As a result of stigma, fear and shame, there is secrecy and silence in the home. This lack of communication makes children feel confused, afraid and anxious. Children need to be informed about what is happening; this will help them to cope better. According to Jewitt, children need to be given the opportunity to express their grief, anxiety, and fears about the future: “children should be given the opportunity to treat death and dying openly, in order to acknowledge fears and other distressing emotions” (2004:4).

ACTIVITY 7

Give two ways that can help PLWHA communicate with their children about their status.

Poverty

Most of the children living with and affected by HIV&AIDS are in poor countries where there is severe poverty. Children born into poor families unfortunately inherit all the ills connected to poverty. The circumstances of their birth deny them their basic rights to food, development, and protection (Defilippi 2003:164). In many cities in the developing world there are *street children*, children who because of poverty have left their homes and now live on the streets. These children are vulnerable to drug abuse, commercial sex work, exploitation, alcohol and crime.

The plight of children in the context of HIV&AIDS requires a special kind of palliative care that understands the unique needs of children. Faith communities need to be informed about the impact of HIV&AIDS on children so that they can identify ways in which they can contribute to the wellbeing of children.

Elderly and HIV&AIDS

We will now look at the impact of HIV&AIDS on the elderly population:

- More grandmothers are now caring for orphans than they did a decade ago. They provide care under extreme poverty, stigma and lack of support
- Female-headed households take in a greater number of orphans than male-headed households. For example, in Botswana grandmothers care for over half the children who have lost a mother or father
- Poverty and poor public services, such as the lack of welfare, have turned the care burden into a crisis. Grandmothers must cultivate crops and seek other forms of income to sustain households
- There has been an increase in HIV infection among married women over 50

The elderly need palliative care; financial and community support in raising their grandchildren and bereavement counselling for the loss of their children. Part of working towards healing with them is advocating for their rights.

ACTIVITY 8

Describe two ways that your faith community could respond to the needs of the elderly.

Sexual Minorities and HIV&AIDS

HIV&AIDS have brought the issue of sexual minorities and sexual identity to the public's attention. In many African countries sexual minorities were rarely acknowledged or discussed. In most faith traditions, cultures and societies, heterosexuality is the only sexual identity that is acceptable. Heterosexuality refers to people who are attracted to and have sexual relationships with members of the opposite sex (e.g. a heterosexual female is attracted to males and a heterosexual male is attracted to females). Most people are heterosexual. A minority of people have other sexual preferences, such as homosexuality (i.e. attraction to members of the same sex). Other sexual identities include bisexual (i.e. those who are attracted to both sexes).

There are many who believe that sexual minorities are un-African. With the advent of HIV&AIDS these issues have been brought into the open and discussed. These discussions have divided faith communities, families and society but have provided opportunities for sexual minorities to have their voices heard. In some countries sexual minorities have been able to organize openly and to fight for their rights. The link between homosexuality and HIV&AIDS continues to further stigmatize them.

ACTIVITY 9

Write a paragraph on the beliefs of your community on homosexuality and sexual identities.

SUMMARY

In this unit we learnt about the three challenges that HIV&AIDS pose for the practice of healing. The immensity of HIV&AIDS is a problem and a challenge for faith communities. It is a challenge that can be turned into an opportunity for faith communities to include their members in ministry activities in order to meet the challenges of HIV&AIDS. Secondly, healing in the context of HIV&AIDS is a life long process; PLWHA and the affected need unique care and healing at each stage of living with HIV&AIDS. We learnt about the palliative care model as one way of enabling faith communities to meet the diverse needs of PLWHA and the affected. Palliative care is a holistic, life-affirming approach to health and healing that relies on teamwork. Faith communities can be part of the healing team, working with other health practitioners, to respond to the needs of PLWHA and the affected. The last challenge that we discussed was about the impact of HIV&AIDS on vulnerable groups, such as women, children, the elderly and sexual minorities. Through understanding their experiences we will be better able to respond to their healing needs.

SELF-ASSESSMENT ACTIVITY

Write your answers in your notebook.

1. Describe the challenge that the scale of HIV&AIDS presents for the church.
2. Explain why healing in the context of HIV&AIDS is a life long process.
3. Describe palliative care and its main characteristics.
4. Describe the impact of HIV&AIDS on two of the vulnerable groups above.
5. Describe a healing program for PLWHA in your church.



FURTHER READING

Dube, Musa W. 2004. "Culture, Gender and HIV/AIDS: Understanding and Acting on the Issues," pp. 84-99. In Musa W. Dube. Ed. *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*. Geneva: WCC.

Dube, Musa W. 2004. "Services For/By/On Children," pp. 151-157. In M. W. Dube. *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Geneva: WCC.

Hedrich, Ute. 2005. "Gender and Aids" in United Evangelical Mission" pp. 41-44. In *God breaks the Silence: Preaching in Times of Aids*. Basel: United Evangelical Mission.

Kanyoro, Musimbi R.A. 2004. "Preface: Reading the Bible in the face of HIV and AIDS," pp. viii-xiv. In Dube, Musa W. and Musimbi Kanyoro. Eds. *Grant Me Justice: HIV/AIDS & Gender Readings of the Bible*. Pietermaritzburg: Cluster Publications.

GLOSSARY

Palliative Care	an approach to care that is patient and family-centred, emphasizes an interdisciplinary team approach to care and addresses physical, emotional, social, psychological and spiritual needs.
Psychosocial	a term that combines psychological and social needs.
Trauma	a situation or event that causes great distress and disruption.
Hospices	care providers that provide quality care for terminal patients in their homes. Hospices address the physical, emotional, social and spiritual needs of patients while attending to the needs of the family and caregivers.
Physiology and biology	terms that refer to elements of the human body, for example, heart, head, legs, etc.
Sexual Orientation	a person's sexual preference, ranging from heterosexual to homosexual.
Heterosexuality	a category of sexual orientation that refers to a person who is attracted romantically and sexually to persons of the opposite sex.
Homosexuality	a category of sexual orientation that refers to a person who experiences romantic and sexual attraction to persons of the same sex.

UNIT 4

TYPES OF HEALING

OVERVIEW

Welcome to unit 4! In the previous unit we learnt about the challenges of HIV&AIDS to the practice of healing. We also studied the importance of palliative care, a holistic approach to care. In this unit we will define and discuss physical, mental/psychological, spiritual and structural healing. These types of healing are interconnected. Health is the presence of well-being and wholeness in all of these areas.

OBJECTIVES

Upon successful completion of this unit you should be able to:

- ✂ Define and explain physical, mental/psychological, spiritual and social healing in the context of HIV&AIDS
- ✂ Describe how the various forms of healing are interconnected

TOPICS

Physical Healing

- ✂ Knowledge
- ✂ Antiretroviral Treatment
- ✂ Health Management Skills

Mental and Psychological Healing

- ✂ The Importance of Stories
- ✂ The Healing Power of Stories
- ✂ Rob Smetherham Bereavement Service for Children

Spiritual Healing

Structural Healing

Interconnectedness of the Four Types of Healing

Summary, Self-Assessment Activity, Further Reading and Glossary

Physical Healing

Physical healing is the restoration of the body to its normal functions. In the context of HIV&AIDS, physical healing is related to maintaining good health as long as possible. In unit 1 we noted that HIV attacks the body, allowing AIDS to develop. Opportunistic infections attack the body until the person eventually dies. Persons of all ages can be affected by HIV&AIDS; AIDS attacks the bodies of children as young as two months. AIDS related death is a painful and agonizing experience: a person with AIDS loses control over his/her bodily functions (diarrhea) and experience profound weight loss, contract painful diseases and are forced to depend on others. This is the reality of AIDS. As of yet, there is no cure for HIV&AIDS. However, as developed in unit 1, there are ways in which PLWHA can maintain their health and prolong their lives. We will further discuss this issue, focusing on three important areas that can help PLWHA to maintain good health as long as possible: knowledge, anti-retroviral treatment and health management skills.

Knowledge

Knowledge is a vital step in maintaining good physical health for PLWHA. Essential health knowledge is as follows:

- The four stages in the progression from HIV to AIDS, as discussed in unit 1
- Detection and treatment of opportunistic infections---it is important to know the symptoms of opportunistic infections so that one can detect the illness and seek treatment immediately
- Nutrition---knowledge about nutrition is essential for a healthy diet
- Hygiene---maintaining personal hygiene and cleanliness is important
- Sexual health---practicing safer sex to protect others and oneself from sexually transmitted diseases

ACTIVITY 1

Describe three ways in which your church could support PLWHA in accessing the knowledge and resources for their health.

Antiretroviral Treatment

Antiretroviral drugs (ARVs) do not cure HIV; however, they do prolong life and strengthen the immune system. This enables the person living with HIV to continue working and living an active life. Anti-retroviral treatment is comprised of a combination of drugs that require strict compliance with instructions to be successful. For example, the medications must be taken daily at exactly the same time, in specific quantities and according to instructions. ARVs must be taken for the duration of life. Treatment cannot be interrupted. For ARVs to be successful there must be a guaranteed supply of drugs and 100% compliance to instructions, regular appointments with a doctor and good eating. As discussed in previous units, only 1% of people in poor countries have access to ARVs. The lack of accessibility of ARVs is an issue of social and structural injustice.

Health Management Skills

From our discussions so far, we have concluded that PLWHA require particular health management skills in order to best deal with HIV&AIDS. Health management skills enable PLWHA to take responsibility for their health. For example, maintaining a healthy diet not only requires nutritional knowledge, but also skills in budgeting and financial management to maximize their purchasing power. In addition, they could be assisted in planting their own vegetable gardens. Antiretroviral treatment requires time management skills because of the strict instructions that require 100% compliance. In addition, in order to be able to detect and treat opportunistic infections, one should regularly visit a clinic. This requires time management, keeping records of one's health and complying with treatment. From the time that someone is diagnosed as having HIV, they need to be empowered with particular skills and knowledge so that they are able to take responsibility for their health. It is

difficult for individuals to manage alone. Support groups can enable PLWHA to be supported in their efforts to comply with health requirements.

ACTIVITY 2

Describe ways in which your church could support PLWHA in managing their health. Give examples.

Unfortunately, poverty and social, economic, trade and gender injustice have resulted in the inability of many PLWHA in poor countries to comply with the above ways of keeping healthy. This illustrates the importance of justice in healing.

Mental and Psychological Healing

Mental and psychological healing are not as frequently discussed as physical healing. Some people may think that this type of healing is only for those who are mentally ill or who have severe emotional problems requiring professional help. This is not true for everyone. Mental and psychological health is essential. What is mental and psychological health and how does it relate to the HIV&AIDS context?

According to Kahn and Fawcet, mental health is a positive state and can be described as the “successful performance of mental function which results in productive activity, fulfilling relations with other people and ability to cope with adversity and adapt to change” (2001: ix). As this definition highlights, a person is mentally healthy when they can carry out productive work, have good relationship with others and are able to cope with problems and crisis in their lives. One sign of a mental health problem is when someone is unable to cope with a crisis in his or her life.

ACTIVITY 3

Describe three events in life that can result in mental health problems.

Psychological health includes mental health and, more broadly, biological aspects of behaviour, personality types, life development and social aspects of life. In the following section, we will focus on the mental health aspect of psychology. The event and development of HIV&AIDS is traumatic and life-changing and can threaten mental and psychological health. Stigma, rejection, fear, isolation, anxiety and deteriorating physical health make it extremely difficult for people to cope with HIV&AIDS. HIV&AIDS, as we have seen in the last unit, are life long experiences that have different impacts during the stages of development.

HIV&AIDS also threaten the mental and psychological health of caregivers and loved ones, including children. From the time they learn of the HIV status of their loved one, they experience continual emotional turmoil, continuing even after the death of their loved one. For those affected by HIV&AIDS and PLWHA, silence and stigma can worsen their mental and psychological health.

ACTIVITY 4

Describe the impact of HIV&AIDS on the mental and psychological functioning of PLWHA and the affected.

Let us now look at some of the emotions that PLWHA and their caregivers experience that cause mental and psychological problems. We will focus on just four of these emotions: anger, anxiety, fear, and self-stigmatization.

Anger

Anger is one of the first emotional responses to learning of an HIV status. Anger is directed at those whom they feel are somehow responsible, such as God, the person who infected them, themselves and/or the world. There is nothing wrong with being angry.

Anger is a healthy and normal emotion. The problem arises when anger leads to risky and self-destructive behaviors, such as taking drugs, excessive drinking, or reckless sexual activities. Loved ones also experience anger. Some express their anger through rejection and abuse. These actions have caused great suffering for persons with HIV.

Anxiety

Anxiety or feelings of dread are experienced throughout the stages of HIV&AIDS. The first feelings of anxiety are often associated with disclosure, such as telling family members about their HIV status. Anxiety frequently focuses on the future, employment, provision for family members and death. For caregivers and loved ones there is also anxiety and fear about every aspect of the disease. Their anxiety worsens if the person with HIV&AIDS is the sole breadwinner or a single parent with children.

ACTIVITY 5

Describe an event that made you angry and an event that made you anxious. In what ways can you identify with the feelings of PLWHA?

Fear

Fear is a dominant emotion throughout the course of the disease. Society fears HIV&AIDS generally. Stigma and the association of HIV with death produce fear. For PLWHA, there is fear of rejection, the future, the disease, and death. Fear is often accompanied by withdrawal, suicidal thoughts and depression. It paralyzes and often prevents the person from making positive changes. These same fears are experienced by caregivers and loved ones.

Self-stigmatisation

Some PLWHA and their families internalize and accept the negative beliefs about HIV&AIDS. They believe that they deserve suffering as punishment for wrong-doing. Self-stigmatization is not about feeling sorry for yourself, it is about harbouring destructive/negative attitudes about yourself because of HIV&AIDS. It can lead to

self-destructive behaviour like isolation and refusal to accept the love of others and God, and in some cases suicide.

ACTIVITY 6

Describe self-stigmatization and explain how it can be a mental health problem for PLWHA. Give other examples of self-stigmatization.

The goal of healing is to restore mental and psychological health. This type of healing is often referred to as inner healing because it deals with the emotions and thoughts of an individual. The process of inner healing begins by creating a safe place for people to share their feelings, emotions and thoughts freely. The goal is to replace negative emotions and thoughts with positive ones such as hope, faith self-acceptance, confidence, forgiveness and altruism. In their research, PACSA found that PLWHA repeatedly expressed their desire for safe spaces to share their stories and struggles without fear or judgment. There is healing in the telling of stories. Let us discuss the importance of stories and the healing power of stories.

The Importance of Stories

Stories are important because we are able to understand who we are and interpret/make sense of the events of our lives by telling our life-stories. According to Alice Morgan, “[human beings] are interpreting beings. We all have daily experiences of events that we seek to make meaningful” (2000:5). In other words, it is our nature as human beings to interpret and give meaning to the events in our lives. When something happens to us, we try to understand its meaning so that we can make sense of the event. Our stories do not occur in a vacuum; according to Morgan, “there is always a context in which the stories of our lives are formed. This context contributes to the interpretations and meanings that we give to events. The context of gender, class, race, culture and sexual preference are powerful contributors to the plot of the stories which we live” (2000:9). Our social context influences our stories. For example, the story of a middle-class man with HIV&AIDS will differ from that of a poor woman with HIV&AIDS.

ACTIVITY 7

Explain why stories are important for PLWHA and the church.

The Healing Power of Stories

Storytelling is healing because it allows people to express their emotions, create meaning for their lives and re-interpret events so that they can find hope, meaning and courage. An accepting and non-judgmental attitude is important for healing. In the context of HIV&AIDS in which large numbers of people need inner healing, faith communities need to become healing communities where people are loved, accepted and encouraged to share their stories. Storytelling is important for the healing of adults and children. As shown in unit 3, children face multiple traumas because of HIV&AIDS. They too need to share their stories. It is not easy for children to share their stories. To help us understand ways of working with children we will look at an organization that works with children's bereavement. This organization is called The Rob Smetherham Bereavement Service for Children (RSBSC). This organization is based in Pietermaritzburg, South Africa.

Rob Smetherham Bereavement Service for Children

The mission statement of RSBSC is to "bring hope and healing through therapeutic play to bereaved orphaned and vulnerable children in communities affected by death and loss" (2004:4). They use play therapy to help children. They define play therapy as:

a specialized form of counselling for which the therapist needs professional training. Play is a natural form of communication for children. Through creative mediums the child/young person is encouraged to express feelings, concerns, thoughts and ideas in a non-threatening environment. Play also allows for non-verbal expression for the child who finds it difficult to express him/herself verbally (RSBSC pamphlet).

Play is a natural form of communication for children. Children play all the time! Through play therapy children are able to share their stories. In order to deal with the

large numbers of children who need play therapy, they train volunteers in basic play therapy techniques so that they can reach out to vulnerable children in their communities. The organization compliments their work with two other activities. They provide support for families and adults of bereaved children and raise public awareness about the needs of bereaved children. The contact information for RSBSC is available in the reference section of the module.

ACTIVITY 8

Describe two activities from RSBSC that you could implement in your church and community.

Spiritual Healing

Spiritual healing is the restoration of one's spirituality. This may take many forms, such as restoration of peace with God, self and faith communities or it could be a process of reassessing previously held beliefs and replacing these with new ones that promote hope, peace and reconciliation with God, self and others. In the context of HIV&AIDS, spiritual healing refers specifically to the trauma caused by a judgmental theology that linked HIV with punishment and sin. Replacing this theology and listening to PLWHA and their caregivers is essential to spiritual healing. To further explore this issue, we will listen to the voices of PLWHA and their caregivers through PACSA and KZNCAN's research on Churches and HIV/AIDS. We will focus on their research on the spiritual needs of people living with HIV&AIDS and the spiritual resources that they found helpful. Below are spiritual needs identified by their interviewees:

- *Prayer*: 93% said that prayer was "their primary source of hope and ability to cope" (PACSA 2005:31). 100% of caregivers also saw prayer as their most important spiritual need
- *Visitation* and a deep desire to be cared for by ministers and other members of their churches. For example, one interviewee said, "The moments I cherish most are when members of my congregation visit me, to pray with and for me" (PACSA 2004:32)

- *Meals:* most of the interviewees were poor and did not have enough to eat;
- *A safe environment* where they could disclose their status and talk freely about their status and struggles (PACSA 2004:20)
- *Unconditional acceptance:* they asked to be treated like “normal people, with no exceptions and not [to be] discriminate against...” (KZNCAN 2005:24)

ACTIVITY 9

Describe an action plan for your faith community that would meet the needs of PLWHA.

Structural Healing

Before we can understand structural healing we need to understand structural wholeness. Structural wholeness refers to a society whose structures (politics, economics, laws, culture, and religion) are based on equity and justice for all its citizens and in its relationships with other societies/nations. In such a society, human dignity and rights of all—women and men, children and adults, young and old, black and white, heterosexual and homosexuals---will be respected. Similarly, where there is structural healing, all of our institutions respect the human dignity of all and empower them to live fulfilled lives.

ACTIVITY 10

Think about how your culture organizes relationships in the family. Do you think All people are empowered? Give reasons for your answers.

Structural healing is a long-term process of working towards transformation and justice that needs to be sustained, guided and rooted in shared values, such as:

- *The dignity and equality of all human beings:* Equality and dignity mean that all human beings have fundamental social and economic rights, such as a right to an adequate standard of living (food, housing and health care)
- *Distributive justice* which ensures that the world’s resources are distributed to those who need them the most. For example, antiretroviral

treatment should be accessible to all who need it, regardless of where they live and who they are

- Global justice in trade and economics and the cancellation of debts
- Shalom, health and wholeness as a fundamental human right for all, especially for vulnerable groups such as the poor, women, children, the elderly and PLWHA
- “*Ubuntu*,” an African term for humaneness---for caring, sharing and being in harmony with all of creation. It is a basis for cooperation between individuals and nations

Interconnectedness of the Four Types of Healing

In practice, the four types of healing that we have been discussing are interconnected. Healing in one area has an impact on the other areas. For example, spiritual health and wellbeing has a positive impact on mental and psychological and physical wellbeing. Structural healing, resulting in justice (gender equality, eradication of poverty, accessibility of anti-retroviral drugs, good health care systems...), has a positive impact on all areas of life. Together these types of healing respond to the challenges of HIV&AIDS.

SUMMARY

In this unit we have learnt about the types of healing that respond to the impact of HIV&AIDS. HIV&AIDS affects all aspects of life, mental/psychological, spiritual, physical and structural. In our discussion on physical healing we discussed ways in which PLWHA could stay healthy for a longer period of time. We noted the importance of knowledge, health management skills and antiretroviral treatments, acknowledging that structural injustice prevents many poor PLWHA from being able to access the means of maintaining their health. We then went on to discuss the psychological, mental, spiritual and structural aspects of healing in the context of HIV&AIDS. HIV&AIDS is a threat to all aspects of life. In our discussions on psychological and mental healing we described the emotions that PLWHA experience and the healing power of stories, stressing that children also need to tell their stories. We looked at the work of an organization that works with bereaved children. We learned that PLWHA identified spiritual healing as their most important source of

hope. The research done by PACSA and KZNCAN found that prayer, bible reading, visitation and the creation of safe spaces for them to tell their stories are important for spiritual healing. Finally, we addressed structural healing. Structural healing focuses on bringing justice to all structures of society as a path to healing. We concluded our unit by noting the interconnectedness of the forms of healing; all of the identified forms of healing work together to bring health and wholeness to PLWHA.

SELF-ASSESSMENT ACTIVITY

Write your answers in your notebook.

1. Describe the goal of physical healing and important aspects of health for PLWHA.
2. Explain why HIV&AIDS is a threat to mental and psychological health.
3. Define any three emotions that a person with HIV&AIDS experiences.
4. Describe the importance and power of stories in healing.
5. Describe the work of an organisation that works with children and bereavement.
6. Name the five spiritual needs expressed by PLWHA and their caregivers in the research done by KZNCAN and PACSA.
7. Describe structural wholeness.
8. Explain four of the shared values that need to be part of structural healing.
9. Explain the interconnectedness of the four types of healing.



FURTHER READING

De la Porter, Andre. 2004. "Hopeful Compassion: Spiritual Care for the Person Living with HIV/AIDS," pp.122-142. In Musa W. Dube. ed. *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*. Geneva: WCC.

Dube, Musa W. 2004. "Social Location as a Story-telling Method of Teaching in HIV/AIDS Contexts," pp. 101-112. In Musa W. Dube. ed. *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*. Geneva: WCC.

Phiri, Isabel Apawo. 2004. "Fear and Desperation," pp.121-124. In *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Geneva: WCC.

UNIT 5

THE CHURCH AND HEALING IN THE HIV&AIDS CONTEXT

OVERVIEW

Welcome to unit 5! In the last unit we learned about different types of healing in the context of HIV&AIDS. In this unit we will discuss healing in the church in the context of HIV&AIDS. We will learn about healing in African Initiated Churches, Pentecostal Churches and Mainline churches. The goal of our discussions is to understand the challenges of HIV&AIDS for the practice of healing in the church today.

OBJECTIVES

By the end of this unit you should be able to:

- ✘ Describe healing in African Initiated Churches and the challenges of HIV&AIDS
- ✘ Describe healing in Pentecostal churches and the challenges of HIV&AIDS
- ✘ Describe healing in the mainstream churches and the challenges of HIV&AIDS.

TOPICS

Introduction

Healing in African Initiated churches

- ✘ Challenges of HIV&AIDS

Healing in Pentecostal Churches

- ✘ Challenges of HIV&AIDS

Healing in Mainstream Churches

- ✘ Challenges of HIV&AIDS

Summary, Self-Assessment Activity, Further Readings and

Glossary

Introduction

Healing has always been a part of the ministry of the church. Churches today differ in their beliefs and practices of healing. In this unit, we will discuss the healing practices in three different church groups, namely African Initiated Churches, Pentecostal and Mainstream churches. Though there are differences within these groups, there are also a few common practices and beliefs. We will focus on the commonalities. We will now discuss African Initiated Churches (AICs).

Healing in African Initiated Churches (AICS)

African Initiated Churches were formed by Africans in protest against the missionary church's rejection of African Indigenous Religion/s and culture. AICs incorporate African culture, beliefs and values into their Christian faith. Most members of AICs are from the poor and marginalized groups of society. Healing is *the central* practice in AICs. Their practice of healing is based on the following beliefs:

- Many diseases are a reflection of broken relationships with other people, the community, the environment and Divine powers.
- Many diseases have a spiritual cause, such as Satan, demons, evil spirits or sorcery and therefore requires a spiritual solution
- Healing is possible through faith in Divine powers and taking responsibility to build healthy relationships
- Healing is based on attending to all the needs of a person—social, psychological, spiritual and physical
- Healing is drawn from African and biblical perspectives
- Healing is a demonstration of God's power over evil, demons and Satan who are the cause of sickness and misfortune
- The gift of healing is given to a prophet/healer but is not limited to him/her, members of the congregation can also pray for the sick. However, prophet/healers are central to AICs as they are often seen as messengers from God, with special powers and revelations (Anderson, 2000:222)
- The use of symbols similar to those used by diviners in African Indigenous Religion/s; examples include water (which represents cleaning, purification from evil, sin, sickness and pollution), strings (tied to parts of the body), badges (protection from disease, evil, etc), ropes and staffs. For example, the Zion

Christian Church in South Africa makes extensive use of symbols such as tea, coffee, copper wires, pricking needles, sand, etc. God is understood to be the healer; the symbols are only a means to healing (Anderson and Otwang 1993:75-77).

- Emphasis on community and mutual support through visitation, prayer and meeting practical needs

ACTIVITY 1

- 1. Describe the beliefs of AICs regarding diseases, healing and symbols*
- 2. Compare the beliefs of AICS with the beliefs of your faith community.
What are the similarities and differences?*
- 3. How can one apply these beliefs to someone with HIV&AIDS?*

Challenge of HIV & AIDS

Since AICs share the same cultural beliefs as their members and emphasize the spiritual and communal nature of healing, they have the potential to exercise a positive ministry to PLWHA and the affected. However, HIV&AIDS challenges AICs on the following issues:

- The importance of knowledge and information about HIV&AIDS, especially about the stages of living with HIV&AIDS
- The importance of encouraging personal responsibility for HIV health, for example encouraging voluntary testing, counseling and health management
- The importance of understanding the social and structural injustices at the root of HIV&AIDS

Healing in Pentecostal Churches

Pentecostal churches were born out of the Pentecostal movement which began in 1901 in the United States of America. This movement emphasized baptism in the Holy Spirit and special gifts of healing, prophecy and speaking in tongues (O'Collins and Farrugia, 2000:197). Pentecostal churches are found all over the world. They are the fastest growing churches in Africa. According to Anderson and Otwang, "one of the reasons for the attraction of the Pentecostal and Pentecostal-type churches for

African people is that these churches provide answers for “‘worldly’ needs like sickness, poverty, unemployment, loneliness, evil spirits and sorcery” (1993:17). Like AICs, Pentecostal churches respond to the worldview of Africans and the concrete needs of life. Healing is a central aspect of Pentecostal churches.

ACTIVITY 2

- 1. Describe how your church responds to ‘worldly’ needs?*
- 2. What can your church learn from Pentecostal churches?*

Pentecostal churches share similar beliefs about healing with AICs such as the spiritual cause of disease and healing through absolute faith in God. For both, healing is based on the healing miracles in the New Testament and both understand healing as a demonstration of God’s power over evil. They differ in the use of symbols and the incorporation of African culture and beliefs. Most Pentecostal churches do not use symbols and practice healing through the laying of hands and prayer (Anderson and Otwang, 1993:73).

Pentecostal churches have their own theology. I will focus on their theology which is related to healing, health and prosperity (there are differences between Pentecostal faith communities and so I will generalize). This theology holds that healing, health and prosperity are the will of God for all who believe and have faith. Failure to receive these gifts is blamed on lack of faith and, in some cases, sin. There are people in Pentecostal churches who have testified to being completely healed from HIV&AIDS. There are others who, despite their faith and prayers, have not been healed.

Challenges from HIV&AIDS

HIV&AIDS present many challenges to Pentecostal churches. HIV&AIDS encourages them to:

- Develop a theology of healing that provides hope for those who are not healed
- Broaden their understanding of health and healing to include social justice
- Understand the structural injustices at the root of poverty and illness

There are many aspects of church life and practice in Pentecostal churches that have great potential for meeting the needs of PLWHA and their care givers, such as their

emphasis on communal and caring relationships and practical ministries. Pentecostal churches are involved in many ministries that address the spiritual and practical needs of HIV&AIDS, such as orphan care, support for PLWHA and home based care.

ACTIVITY 3

Explain how you would apply the three challenges from HIV&AIDS in your local church. Give examples.

Healing in Mainline Churches

Mainstream churches in Africa are churches that were started by overseas missionaries, such as Anglican, Methodist, Presbyterian and Lutheran. Each mainstream church has its own tradition and theology. These churches emphasize preaching, teaching and mission. This is confirmed by KZNCAN's research, which found that 97% of ministers in mainstream churches defined their role as "being a preacher or teacher of biblical doctrine" (2005:15). Medical intervention is the central practice of healing. In many of the poor countries these churches, have established hospitals and schools. These mission hospitals offer holistic healing, combining faith and medicine. In poor countries, mission hospitals play an important role in providing quality health care for the poor. Their service to the poor is an example of justice in healing. Increasingly, mainstream churches are including spiritual healing as part of church services. Prayer, laying of hands and anointing with oil are some of the ways that healing is practiced.

Challenges from HIV&AIDS

Mainstream churches, such as AICs and Pentecostal churches, are being challenged to adopt a holistic understanding of health and to be engaged in confronting social and structural injustice that fuels HIV&AIDS. Many churches are responding to these challenges. We will look at an example of a church responding to HIV&AIDS. This example is taken from an Anglican Church in Africa and is based on their vision statement in 2001. Following is a section from their vision statement:

We are living with AIDS. As the body of Christ, confronted by a disaster unprecedented in human history, we share the pain of all who suffer as a result of AIDS. Faced by this crisis, we hear God's call to be transformed. We confess our sins of judgement, ignorance, silence, indifference and denial.

Repenting of our sin, we commit ourselves to:

- Breaking the silence in order to end all new infections
- Educating ourselves at every level within the Church
- Confronting poverty, conflict and gender inequalities
- Ending stigma and judgment, and
- Holding ourselves accountable before God and the world.

Only then can we live out the Good News of the all-embracing love of Christ.

The above vision statement from the Anglican Church in Africa seeks to respond to the challenges of HIV&AIDS and promote healing in every area of life. There is a commitment to addressing the following areas of healing:

- Mental, psychological and spiritual health of PLWHA and the affected: the Church's focus on the sin of judgment and a commitment to ending stigma will contribute to the healing of PLWHA and will transform the church into a healing community
- Social and structural injustice: the commitment to confronting poverty, conflict and gender inequalities will contribute to the restoration of justice. Justice is required for the healing of vulnerable groups most affected by HIV&AIDS.

The vision statement by the Anglican Church of Africa is one example of the faith communities' commitment to respond to the challenges of HIV&AIDS. Many churches in Africa have similar vision statements.

ACTIVITY 4

Write a vision for your church from the above example.

SUMMARY

In this unit we have learnt about the healing practices in the church today and the challenges of HIV&AIDS. We discussed healing in African Initiated Churches (AICs), Pentecostal and mainstream churches. We learnt that each of these groups had their own beliefs and practices of healing and that HIV&AIDS is a challenge for all the churches.

SELF-ASSESSMENT ACTIVITY

Write your answers in your notebook.

1. Describe the main beliefs about healing in AICS and the challenges of HIV&AIDS.
2. Explain the Pentecostal churches' belief about healing and the challenges of HIV&AIDS
3. Describe healing in mainstream churches.
4. From the Anglican vision statement, describe two aspects that need to be implemented in your church's mission statement.
5. Compare healing in AICs, Pentecostal and mainstream churches and explain the lessons that they can learn from each other. What lessons can your church learn?



FURTHER READING

Dambala, Obed Maua et al. 2005. "Embracing, not Excluding-Mark 1:40-45," pp. 87-90. In United Evangelical Mission. *God breaks the Silence: Preaching in Times of Aids*. Basel: United Evangelical Mission.

Dibeela, Moiserale P. 2004. "Poverty and Economic Justice," pp. 220-222. In Musa W. Dube. ed. *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Geneva: WCC.

Mbiti, John S. 1986. *Bible and Theology in African Christianity*. Nairobi: Oxford Press.

World Council of Churches. 2001. *Plan of Action: The Ecumenical Response to HIV/AIDS in Africa*. Geneva: WCC.

Internet Resources

Anglican Church vision statement

http://www.aco.org/special/hivaids/words_to_action.htm

GLOSSARY

African Initiated

Churches churches formed by Africans that incorporate African culture, beliefs and have a strong emphasis on healing. There is great diversity within AICs.

Pentecostal

Churches churches that emphasize the baptism of the Holy Spirit and special gifts, such as prophecy, healing and speaking in tongues. There is great diversity among Pentecostal churches.

Baptism of

the Holy Spirit

the Pentecostal tradition is a separate experience from salvation and represents receipt of the gift of the Holy Spirit. Some Pentecostals also believe that everyone who is baptized in the Holy Spirit will speak in tongues.

Speaking in

Tongues

is the gift of being able to utter words or sounds of a language unknown to the speaker.

Prophets in

African Initiated

Churches leaders who have received a special revelation from God and are often also healers. Most AICs are founded by prophets.

Mainstream

Churches

churches in Africa that were established by missionaries from outside of Africa. There is great diversity within mainstream churches and each has its own theology and founder.

Symbols

visible signs that represent a belief or a concept. For example, in Christianity, the dove is a symbol that represents the Holy Spirit.

ASSIGNMENT

Choose one topic out of the following three. Write 15 – 20 pages. Use information from the module, your readings and information, stories and examples from your own context.

1. You have been asked to present a paper to a group of ministers who strongly believe that HIV&AIDS are *moral issues* and that the *only* lasting solution is to promote Christian moral teaching on sexuality. In your paper, discuss the basic facts about HIV&AIDS in the context of social and structural injustice; refer PACSA and KZNCAN's research. Outline the challenges of HIV&AIDS for the church and the need for ministers to develop a theology of healing adapted to the context of HIV&AIDS.

1. Reverend S. Phila is a minister of a large congregation in your community. At a recent ministers' monthly meeting, he expressed his frustration and discouragement at the lack of miracle healings of PLWHA in and outside his church. You have been asked to prepare a paper entitled 'Can We Talk about Healing in the Context of HIV&AIDS?' In your paper, define health, healing and the types of healing in the context of HIV&AIDS and relate these to a theology and practice of healing in the church today.

2. Your church has decided that the emphasis for World Aids Day this year should be on, *People living with HIV&AIDS*. You have been asked to be the keynote speaker. In your paper, focus on PLWHA and discuss the initial response to HIV&AIDS, the impact of HIV&AIDS, stigma, the links with social and structural injustice, vulnerable groups and healing, health, types of healing and how the church can respond to the challenges of HIV&AIDS through a theology of healing.

UNIT 6

THEOLOGICAL MODELS OF HEALING FROM THE HEBREW BIBLE

OVERVIEW

Welcome to unit 6! In unit 5, we discussed different practices and beliefs about healing and the challenges of HIV&AIDS. In this unit we study theological models of healing from the Hebrew Bible that can empower the church in its response to HIV&AIDS. We will discuss two traditions in the Hebrew Bible that provide ways of understanding disease, healing and health. We will look at theological models of healing from the law of retribution, the book of Job, the tradition of laments, prophecy and women's stories of resistance.

OBJECTIVES

Upon successful completion of this unit you should be able to:

- ✠ Explain two traditions in the Hebrew Bible that deal with disease, healing and health
- ✠ Describe a theological model of healing based on the law of retribution
- ✠ Describe alternative theological models of healing from the book of Job, the tradition of laments, prophecy and women's stories of resistance

TOPICS

The Two Traditions in the Hebrew Bible

Theological Models of Healing:

Tradition One: Law of Retribution

Tradition Two: Alternative Theological Models of Healing

- ✠ The Story of Job
- ✠ Tradition of Lament
- ✠ Prophets and Prophecy
- ✠ Women Resisting Oppression

Summary, Self-Assessment Activity, Further Reading and Glossary

Two Traditions in the Hebrew Bible

The Hebrew Bible does not speak with a single voice nor does it present one theology about disease, suffering, healing and health. According to Daniel Harrington, in the Hebrew Bible there are two main theologies: 1) retribution-based and 2) challenging the law of retribution (2000:1-4). We will call these the *two traditions* of the Hebrew Bible. We will first look at the law of retribution. The law of retribution stated that a person received the punishments/blessings that he deserved. For example, a righteous person who lived and obeyed the laws of God (Yahweh) would be continuously blessed with prosperity, health and a good life, while an unrighteous person would be punished with disease, poverty and sickness. The second tradition challenged the law of retribution, finding that the law of retribution did not reflect reality; unrighteous people prospered and enjoyed good health while righteous people suffered from disease and poverty (Harrington, 2000:16). The second tradition is comprised of different theological approaches. We will discuss theological perspectives from the story of Job, the tradition of lament, prophets/prophecy and women resisting oppression. We will start with the theological model based on the law of retribution.

ACTIVITY 1

Describe types of suffering that can be explained by the law of retribution and those that cannot be explained by the law of retribution.

Tradition One: The Law of Retribution

In the Hebrew Bible, the law of retribution held that if you obeyed God (Yahweh) and the law, you were guaranteed a life of blessings and if you disobeyed, you would be punished. This belief is based on teachings in the Hebrew Bible that link sin and punishment, disease and punishment, obedience to the law and health and prosperity, and social justice and healing. Let us look at each of these topics separately.

The Link Between Sin and Punishment

There is a strong link throughout the Hebrew Bible between sin and punishment. God (Yahweh) punished sin. Two examples of Yahweh's punishment for sin are the story of Adam and Eve (Genesis 3:1-24) and the history of the Hebrew nation. In regards to the latter, consider the following example from the Bible: "then the Lord sent venomous snakes among them they bit the people and many Israelites died. The people came to Moses and said, 'We sinned when we spoke against the Lord and against you. Pray that the Lord will take the snakes away from us.' So Moses prayed for the people" (Numbers 21:6-7). Yahweh not only punished sin but he also offered the sinners healing. In the Hebrew Bible, punishment was followed by a promise of healing. Healing and restoration were always linked to sin and punishment.

ACTIVITY 2

Give two reasons why it was important to link punishment to healing.

The Link between Disease, Sin and Punishment

There are many texts in the Hebrew Bible that link disease with punishment. Yahweh used disease as a punishment for sin. This is first seen in Genesis 12:17 when Yahweh punished the household of Pharaoh. Genesis 12:17 reads, "But the LORD inflicted serious diseases on Pharaoh and his household because of Abram's wife Sarai" (NIV). Other references include Deuteronomy 7:12-16, Exodus 32:35, Numbers 12:10, Deuteronomy 7:15, 28:58-61, 1 Samuel 5:9, and 2 Samuel 12:15. Yahweh also healed diseases and forgave sin. We see this throughout the Hebrew Bible. For example, in Psalm 103:3 the psalmist praises Yahweh "who forgives all your sins and heals all your diseases".

The Link between Obedience to the Law, Health and Healing

Throughout the Hebrew Bible obedience to the law of God was linked to health and healing. Consider Exodus 15:26: He said, "If you listen carefully to the voice of the Lord your God and do what is right in his eyes, if you pay attention to his commands and keep all his decrees, I will not bring on you any of the diseases I brought on the Egyptians, for I am the Lord, who heals you." In Exodus 23:25, we see the same

promise: “worship the Lord your God, and his blessing will be on your food and water, I will take away sickness from among you.” Other references include Deuteronomy 28:1-4, Deuteronomy 30:1-10, Leviticus 26:3-13, and Psalms 125, 128.

ACTIVITY 3

Give examples of blessings that would come to faith communities if they obeyed God in the context of HIV&AIDS. Give examples.

The Link between Social Justice and Health

Social justice was central to the law. The Hebrew nation was commanded to uphold justice, especially towards the most vulnerable groups (the poor, aliens, widows and orphans). For example, in Exodus 22:21-22 God commands them to refrain from “mistreat[ing] an alien or oppress[ing] him, for you were aliens in Egypt. Do not take advantage of a widow or an orphan. If you do and they cry out to me, I will certainly hear their cry.” The Hebrew nation was called to be just because Yahweh was just. According to Psalm 146:7-9, “[Yahweh] upholds the cause of the oppressed and gives food to the hungry. The Lord sets prisoners free, the Lord gives sight to the blind, the Lord lifts up those who are bowed down, and the Lord loves the righteous. The Lord watches over the alien and sustains the fatherless and the widow but he frustrates the ways of the wicked.” The health and blessing of the Hebrew nation was dependent on whether they acted justly towards vulnerable groups in their society.

ACTIVITY 4

*Is your community and nation healthy?
Is there justice and shalom for vulnerable groups?*

This theological model challenges today’s church to develop a theology of healing that combines the teachings of obedience to God, healing, social justice and forgiveness of sin. In the context of HIV&AIDS, the law of retribution was used to judge and condemn. In our earlier discussions, we have seen that this same theology

can empower the church to respond positively to the challenges of HIV&AIDS. Healing and restoration of justice, wholeness and health (shalom) were central to God's relationship with people. Faith communities need to make healing, justice, wholeness and health central to their ministry in the context of HIV&AIDS.

Tradition Two: Alternative Theological Models of Healing

In this section we will look at theological models that challenge the law of retribution, drawn from the story of Job, the tradition of lament, prophets and stories of women's resistance. Let us begin with the story of Job.

The Story of Job

The story of Job is about the suffering of a righteous person. The facts of this story are as follows:

- Job was a righteous man who pleased God. Job 1:1 reads, "In the land of Uz there lived a man whose name was Job. This man was blameless and upright; he feared Yahweh and shunned evil"
- He lost all his children and wealth (1:13-19)
- He contracted a disease that affected his whole body (2:7)

According to the law of retribution, the sufferings that afflicted Job should have indicated his unrighteousness. His friends believed in the law of retribution; they told him that his suffering was the result of his sin, that God was disciplining him. Let us read a few examples of his friends' comments.

Blessed is the man whom God corrects; so do not despise the discipline of the Almighty. For he wounds, but he also binds up; he injures, but his hands also heal (Job 5:17-18).

Yet if you devote your heart to him and stretch out your hands to him, if you put away the sin that is in your hand and allow no evil to dwell in your tent, then you will lift up your face without shame; you will stand firm and without fear (Job 11:13-15).

In response to his friends' accusations, Job replied, "How long will you torment me and crush me with words? Ten times now you have reproached me; shamelessly you attack me" (19:1-3). Job was not convinced by their arguments and maintained his innocence. He believed that his suffering was unjust and he challenged God, demanding an explanation. Let us read his challenge to God: "Does he not see my ways and count my every step? If I have walked in falsehood or my foot has hurried after deceit, let God weigh me in honest scales and he will know that I am blameless" (Job 31:4-6).

In response to Job's challenge, God did not address Job's questions about his suffering or offer any explanation. God revealed God's character to Job, God's power, greatness and justice (chapters 38-41). Job did not receive the answers that he wanted. Instead, he received something of infinitely more importance, a new and deeper understanding of God (Job 42:1-5) (Harrington 2000:48). God rebuked Job's friends, saying, "I am angry with you and your two friends, because you have not spoken of me what is right as my servant Job has" (42:7).

Job's story brought a new understanding of the causes of suffering, disease, ill health and poverty. His healing came through his encounter with God, in the midst of his suffering. People living with HIV&AIDS struggle with similar questions; like Job, they do not understand why they have contracted HIV&AIDS. In this story are important lessons for the HIV&AIDS context, such as:

- Not all cases of suffering, disease and poverty are a result of individual sin
- There is a spiritual dimension to suffering that transforms suffering into a test of faith and an opportunity to have a transformative encounter with God
- Job's friends teach us that we cannot pass judgement on the causes of suffering
- There is no easy answer for suffering, God is present in the midst of it.

In the context of HIV&AIDS, the story of Job is a hopeful model of healing. It provides us with an alternative understanding of suffering that is not linked to sin.

ACTIVITY 5

Write a paragraph explaining how the story of Job can be applied to the context of HIV&AIDS. Give examples for your answer.

Prophets and Prophecy

Prophets and prophecy played an important role throughout the history of the Hebrew Nation. Just over a third of the Hebrew Bible consists of the writings of the prophets. Prophets were called by Yahweh and spoke on Yahweh's behalf. They were fore-tellers; they spoke about events that would happen in the future. They were also forth-tellers; they brought Yahweh's message to the context in which they lived. In our discussions, we will focus on the forth-telling aspect of the prophets. Prophets were also called *seers* and *visionaries* because they saw what others could not see and offered alternative visions for society. Prophets were unpopular because their messages challenged the kings, priests, the people and false prophets. Let us read an example of a prophecy from Jeremiah 5:31: "The prophets prophesy lies, the priests rule by their own authority, and my people love it this way. But what will you do in the end?" Although prophets were active throughout the Hebrew Bible, they became prominent during the period when the Hebrew nation was ruled by kings. This period was characterised by significant socio-economic and political changes which resulted in economic injustice, exploitation of the poor and a widening gap between the rich and the poor. The spiritual life of the nation was centred on the temple. The priests were occupied by rituals and maintaining the temple. The prophets took the law of Yahweh to the kings and the people and challenged the injustices in their political, economic, religious and social practices. Their message was clear---spirituality and worship cannot be separated from social justice. To illustrate this point, let us read passages from Isaiah and Amos:

Is this the kind of fast I have chosen, only a day for a man to humble himself? Is it only for bowing one's head like a reed and for lying on sackcloth and ashes? Is that what you call a fast, a day acceptable to the LORD? Is not this the kind of fasting I have chosen: to loose the chains of injustice and untie the cords of the yoke, to set the

oppressed free and break every yoke? Is it not to share your food with the hungry and to provide the poor wanderer with shelter---when you see the naked, to clothe him, and not to turn away from your own flesh and blood? (Isaiah 58:5-7)

"I hate, I despise your religious feasts; I cannot stand your assemblies. Even though you bring me burnt offerings and grain offerings, I will not accept them. Though you bring choice fellowship offerings, I will have no regard for them. Away with the noise of your songs! I will not listen to the music of your harps. But let justice roll on like a river, righteousness like a never-failing stream! (Amos 5:21-24)

ACTIVITY 6

Describe how worship in your church can promote justice in the context of HIV&AIDS. Give examples.

The prophets provide us with a theology of healing tailored to contexts in which there is social, economic and political injustice. This theological model of healing teaches us that:

- Where there is injustice, the law of retribution cannot be used to explain the suffering of the poor and marginalized or the prosperity of the rich. Injustice is responsible for both poverty and prosperity. In such a context, the church is called to confront the practices of injustice in all structures of society. The church cannot be neutral where there is injustice
- Worship and religious practices such as fasting need to be focused on promoting justice and ministering to the oppressed. In the context of HIV&AIDS, the church is being challenged to link its rituals and practices to acts of social justice. The passage from Amos warns us that rituals that are not justice seeking are worthless

The Tradition of Lament

Lament is the public and personal expression of pain. According to Walter Brueggeman, a lament is the refusal to be submissive to pain. It is a voice that does

not silently accept pain but is bold enough to confront Yahweh (1992:27). Laments are based on a relationship of faith with Yahweh.

Let us look at an example of a lament in Psalm 13:1-6:

How long, O LORD? Will you forget me forever? How long will you hide your face from me? How long must I wrestle with my thoughts and every day has sorrow in my heart? How long will my enemy triumph over me? Look on me and answer, O LORD my God. Give light to my eyes, or I will sleep in death; my enemy will say, 'I have overcome him,' and my foes will rejoice when I fall. But I trust in your unfailing love; my heart rejoices in your salvation. I will sing to the LORD, for he has been good to me.

Laments are found throughout the Hebrew Bible. Many Psalms are laments. This is notable because the book of Psalms was the *worship book* of the Hebrew nation; laments were an acceptable form of worship. What can we learn from this theology of healing? In the context of HIV&AIDS, in which stigma has silenced the pain of many, laments offer spiritual healing. Through laments people can express their true feelings before God and the church. Let us read a lament based on Psalm 55 from the book *God breaks the Silence: Preaching in times of AIDS*:

A cry for hope

Listen to my prayer O God do not ignore my plea;
Hear me and answer me,
As I am down with the disease.
The virus attacks me.
It brings down suffering upon me;
Today its pneumonia tomorrow it's sore.
My heart is in anguish within me.
When will the virus have eaten me up?
I am alive but death is waiting for me (2005:73).

ACTIVITY 7

Explain ways in which laments can provide healing for PLWHA and how your faith community can include laments in worship services.

Women Resisting Oppression

The Hebrew Bible has many stories of women resisting oppression. An example is the story of the midwives in Exodus 1:15-17. This is the story of two midwives who refused to co-operate with oppression and defied Pharaoh. Other examples are found in Numbers 27:1-11 and Joshua 17:3-6. Please read Numbers 27:1-11 (shown below):

The daughters of Zelophehad son of Hephher, the son of Gilead, the son of Makir, the son of Manasseh, belonged to the clans of Manasseh son of Joseph. The names of the daughters were Mahlah, Noah, Hoglah, Milcah and Tirzah. They approached the entrance to the Tent of Meeting and stood before Moses, Eleazar the priest, the leaders and the whole assembly, and said, 'Our father died in the desert. He was not among Korah's followers, who banded together against the LORD, but he died for his own sin and left no sons. Why should our father's name disappear from his clan because he had no son? Give us property among our father's relatives.' So Moses brought their case before the LORD and the LORD said to him, 'What Zelophehad's daughters are saying is right. You must certainly give them property as an inheritance among their father's relatives and turn their father's inheritance over to them.' Say to the Israelites, 'If a man dies and leaves no son, turn his inheritance over to his daughter. If he has no daughter, give his inheritance to his brothers. If he has no brothers, give his inheritance to his father's brothers. If his father had no brothers, give his inheritance to the nearest relative in his clan, that he may possess it. This is to be a legal requirement for the Israelites, as the LORD commanded Moses.'

In this story Mahlah and her sisters challenged Yahweh's law, which prohibited them from inheriting property because they were women. The sisters presented their case

before the whole community. Moses presented the case to Yahweh. Yahweh agreed with the sisters and changed the law for them. Though it was only a partial victory for women (they could only inherit if their father did not leave sons), it was a total victory for Mahlah and her sisters. They had challenged the law and won! Yahweh upheld justice over the law.

ACTIVITY 8

Write a paragraph explaining why justice is more important than the Law and relate your answer to the HIV&AIDS context.

In a Bible study based on this story. Many aspects of the story surprised the participants, such as:

- The boldness, courage, and organizational ability of these women. They were also surprised that these women were familiar with the law and were able to articulate it. Our Bible study had a lot of discussion about how these women had learned the law, community organizing and public speaking
- The response of the whole community: the whole community responded to the call of the women, including the elders and Moses
- The response of Moses: he did not assert his authority or silence the women. He acknowledged his inability to deal with the case and referred it to God
- God's response to the women's protest: God was not angry with the women for challenging the law but, surprisingly, agreed with them and changed the law! There was a lot of discussion on this point in the Bible study group, especially in regards to the character of God, who at all times maintains justice and is not bound by law. For many of the participants, the realization that God could change in response to injustice was truly liberating

ACTIVITY 9

Write down three aspects of the story that surprised you.

A theology of healing that is based on the stories of women resisting oppression provides valuable resources for women's empowerment within faith communities. It encourages women to:

- Study the bible, especially the texts that are being used to oppress them; and
- Mobilize and confront the church and demand justice.

This theology is a source of hope for women because it shows that God upholds justice over biblical laws and teachings that promote injustice. In the next unit, we will see that Jesus has a similar commitment to justice over the law, when necessary.

SUMMARY

In this unit, you learned that the Hebrew bible does not have only one theology addressed to suffering, sin, disease, punishment, health and healing. There were different theological models that responded to different situations of suffering. The theology based on the law of retribution held that the righteous were blessed with health and prosperity and the unrighteous were cursed with disease, suffering and poverty. We looked at references that supported the law of retribution and saw that healing, restoration of justice and health were an important part of the law of retribution. We learned about the second tradition, the alternative models of healing that challenged the law of retribution. These models were taken from the story of Job, the tradition of lament, prophets/prophecy and stories of women resisting oppression. All of these theological models of healing provide us with different explanations for suffering and open new ways for healing that can empower the church to meet the challenges of HIV&AIDS.

SELF-ASSESSMENT ACTIVITY

Write your answers in your notebook.

1. Explain the law of retribution and give two Biblical examples.
2. Describe the two lessons that you have learned from the theologies of healing taken from the story of Job, the tradition of lament, prophets and women's resistance to oppression.
3. Select two of the above theologies and describe how you would use them to. Response to HIV&AIDS in your church.



FURTHER READING

Dibeela, Moiserale P. 2004. "International Justice," pp. 256-258. In Musa W. Dube Ed. *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Geneva: WCC.

Masanya (ngwana' Mphahlele), Madipoane. 2004. "Prophecy as a Method of Speaking about the HIV/AIDS Epidemic in Southern Africa," pp.35-42. In Musa W. Dube. Ed. *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*. Geneva: WCC.

Nadar. S. "'Barak God and Die!' Women, HIV and a Theology of Suffering," pp. 60-79. In Musa W. Dube & M. R. A Kanyoro. Eds. *Grant Me Justice: HIV/AIDS & Gender Readings of the Bible*. Pietmaritzburg: Cluster.

Nadar. S. 2005. *Studying the Hebrew Bible in the HIV&AIDS Contexts*. Geneva: WCC.

Stiebert, Johanna. 2004. "Does the Hebrew Bible Have Anything to Tell Us about HIV/AIDS?" pp. 24-34. In Musa W. Dube. Ed. *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological*. Geneva: WCC.

GLOSSARY

Yahweh	the name of God used by the Hebrew nation, found in the Hebrew Bible.
Law of retribution	states that we live in a just world in which the righteous people are rewarded for their good deeds and the unrighteous are punished for their wrong doings.
Prophets	persons called to speak on behalf of Yahweh. They were also called <i>seers</i> and <i>visionaries</i> .
Prophecy I	the words or proclamation of prophets.
Lament I	the communal and individual expression of pain before Yahweh. Laments are based on the belief that Yahweh hears, heals and restores.

UNIT 7

MODELS OF HEALING FROM THE NEW TESTAMENT

OVERVIEW

Welcome to unit 7! In our last unit we learned about two theological traditions in the Hebrew Bible that offer different perspectives on healing in unique response to situations of suffering. The variety of theologies is a great gift because it allows us to treat each case of suffering differently. In this unit we will discuss models of healing from the New Testament, focusing on the gospels and selected teachings about healing from the epistles of Paul and James. We will relate these models to the challenges of HIV&AIDS.

OBJECTIVES

Upon successful completion of this unit you will be able to:

- ✠ Describe the models of healing from the ministry of Jesus and their implication for the church in the context of HIV&AIDS
- ✠ Describe and explain the models of healing in the epistles of Paul and James and their implication for the church in the context of HIV&AIDS

TOPICS

Models of Healing from the Gospels

- ✠ Healing of the Man Born Blind
- ✠ Healing of the Bleeding Woman
- ✠ Healing of Zaccheaus

Models of Healing from the Epistles of Paul and John

- ✠ Paul's Teaching on Illness and Afflictions
- ✠ Healing in 1 Corinthians 12
- ✠ Healing in James 5:13-16

Summary, Self-Assessment Activity, Further Reading and Glossary

Models of Healing from the Gospels

Healing permeated everything Jesus said and did. His preaching was not separate from his healing. His words themselves healed and transformed. For example, he spoke of God's love for every human being (John 3:16). In the Sermon on the Mount (Matthew chapters 5-7) he encouraged relationships between people based on truth, forgiveness, and non-judgmental attitudes. In Matthew 25:32-40 he linked spirituality with active support for the vulnerable groups in society. He healed people from all kinds of diseases and delivered those who were possessed by evil spirits. His association with the marginalized groups in his community, such as tax collectors, sex workers, lepers, women and children, empowered and healed them. At the height of his suffering and on the point of death, he forgave and spiritually healed the thief on the cross (Luke 23:42- 43), he provided for his mother through his disciple John (John 19:25-27), he forgave those who nailed him to the cross (Luke 23:34), and, after his resurrection, he healed and restored Peter (John 21:15-18). Through his experience of suffering and death, Jesus is fully able to identify with the suffering of humanity. Through his resurrection, he demonstrated the victory of life over death and suffering. He, therefore, offers us hope for this life and the next. His mission on earth was to transform life so that all may have life in abundance (John 10:10).

ACTIVITY 1

Write down three ways in which Jesus healed and give examples of how you can apply these ways of healing in your church.

The three models of healing that we will discuss are taken from the following stories:

- The man born blind (John 9:1-31)
- The bleeding woman (Mark 5:25-34)
- Zacchaeus (Luke 19:5-10)

Healing of the Man Born Blind (John 9:1-31)

The healing of the blind man is the longest healing story in the gospels and raises a number of theological questions. We will limit our discussion to one question, which arises out of the first three verses of this chapter. Let us read these verses together:

As he went along, he saw a man blind from birth. His disciples asked him, ‘Rabbi, who sinned, this man or his parents, that he was born blind?’ ‘Neither this man nor his parents sinned,’ said Jesus, ‘but this happened so that the work of God might be displayed in his life.’ (John 9:1-3)

The disciples’ question revealed the widely held belief which linked sin to suffering (as we saw in the Hebrew Bible). According to John Pilch, this belief also linked the suffering of children to the sins of their parents (2000:132). Let us try to picture the lives of the blind man and his parents: his parents were probably stigmatized for having a blind son, particularly because his blindness was most likely believed to have resulted from their sin. Can you imagine their pain, shame and guilt? Their guilt and shame must have had an impacted on their son; perhaps he felt trapped in a hopeless situation. It was in this context that Jesus and his disciples encountered them.

ACTIVITY 2

Write a paragraph explaining the views of your church and community towards children living with HIV&AIDS.

It is interesting to note that when the disciples saw the blind man they did not ask Jesus to heal him; rather, they wanted to know whose sin was responsible for his blindness! In response to their question, Jesus stated that the man’s blindness was not caused by his sin or his parents’ sin. Jesus was not saying that the blind man and/or his parents were perfect or sinless. He was specifying that their sins were not the cause of the blindness. In other words, Jesus was challenging the belief that sin was the root cause of *every instance of suffering*. We know that there are cases in which suffering is a consequence of sin; however, not all suffering is a consequence of sin.

For example, Jesus healed the paralytic man by forgiving his sins (Luke 5:17-24). Jesus was able to respond to each situation differently. In the case of the blind man, Jesus made it clear that sin was not the cause of his blindness.

Jesus' answer to the disciples was a new interpretation of suffering: suffering presented an opportunity for God to act and change the situation. In other words, the man's blindness was not a curse but a door through which God could change his life. Jesus healed the blind man. Let us read how Jesus healed the man:

Having said this, he spit on the ground, made some mud with the saliva, and put it on the man's eyes. 'Go', he told him, 'wash in the Pool of Siloam' (this word means sent). So the man went and washed, and came home seeing (John 9:6-7).

Jesus started the process of healing and then gave the blind man instructions on how to complete the process. The man had a choice whether to accept the healing or not. It was only when he was prepared to do his part and to take responsibility for his healing that he was healed. We see this pattern repeated in other stories of healing, such as Matthew 9:6, John 11:43 and John 5:8-9. Jesus demonstrated the importance of partnership and corporation in healing. Let us look at two lessons that we can learn from this model of healing:

- Our attitude towards suffering should be the same as that of Jesus who saw suffering as an opportunity for ministry, healing and transformation. The vast suffering caused by HIV&AIDS provides the church with opportunities for ministry and healing. Through this story, Jesus offers us a different perspective on suffering
- Our healing practices need to provide opportunities for PLWHA and the affected to be partners in their own healing

ACTIVITY 3

Describe three ways in which PLWHA can be involved in healing ministries in your church. Give examples in support of your answer.

Healing of the Bleeding Woman

Let us read the account of the healing in Mark 5:24-27:

And a woman was there who had been subject to bleeding for twelve years. She had suffered a great deal under the care of many doctors and had spent all she had, yet instead of getting better she grew worse. When she heard about Jesus, she came up behind him in the crowd and touched his cloak.

To understand her suffering, read the purity laws from Leviticus 15:19-20:

When a woman has her regular flow of blood, the impurity of her monthly period will last seven days, and anyone who touches her will be unclean till evening. Anything she lies on during her period will be unclean, and anything she sits on will be unclean.

According to the purity laws this woman was ritually unclean. Everything and everyone she touched became unclean. Since her bleeding was continuous, she was perpetually unclean. She had been unclean for twelve years. What did it mean to be *unclean* in her community? It meant that she was deprived of social interaction, excluded from participating in religious rituals or celebrations, stigmatized, and lived in loneliness and shame (Pilch 2000:48). For this particular woman, the situation was worse because she was infertile, unmarried and destitute. Yet, despite her poverty and destitution, she did not give up hope. When she heard about Jesus she pushed her way through the crowd until she came close to him. She reached out and touched him. She risked her life by touching Jesus because nothing unclean could come into the presence of God without being destroyed, as shown in Leviticus 15:31, “You must keep the Israelites separate from things that make them unclean, so they will not die in their uncleanness for defiling my dwelling place, which is among them.”

ACTIVITY 4

Write down three examples of the purity laws that your society and faith communities have applied to PLWHA.

How did Jesus respond to her touch---the touch of someone who was ritually unclean?

Let us read what happens:

Immediately her bleeding stopped and she felt in her body that she was freed from her suffering. At once Jesus realized that power had gone out from him. He turned around in the crowd and asked, 'Who touched my clothes?' 'You see the people crowding against you,' his disciples answered, 'and yet you can ask, 'Who touched me?'' But Jesus kept looking around to see who had done it. Then the woman, knowing what had happened to her, came and fell at his feet and, trembling with fear, told him the whole truth. He said to her, 'Daughter, your faith has healed you. Go in peace and be freed from your suffering' Mark 5:29-34.

Jesus provided her with an opportunity to come forward so that he could publicly confirm her healing. The woman was terrified; the realization of what she had done dawned on her---she did not know whether she would live or die. In great fear, she told her story to Jesus and the crowd around him. Jesus reached out to her in tenderness and love. He called her daughter, affirming that she belonged to the family of God and publicly restored her to her community (Miller 2004:60).

Jesus' actions went beyond healing. He upheld justice for the oppressed over the law. In unit 6, we saw that Yahweh showed a similar commitment in the story of Mahlah and her sisters. By accepting her touch, Jesus set aside the purity laws in favour of restoring wholeness to one who was condemned by these laws.

ACTIVITY 5

Write down two examples of how your local church can uphold justice for PLWHA by setting aside 'purity laws' that cause stigma.

Our lesson is that the church needs to identify its own purity laws, laws which label certain groups as unclean (such as commercial sex workers, homosexuals, PLWHA and foreigners), and create an accepting and non-judgmental environment that will make the church a place of healing and transformation.

Healing Of Zacchaeus

The story of Zacchaeus has socio-economic implications. Let us read the story together:

When Jesus reached the spot, he looked up and said to him, ‘Zacchaeus, come down immediately. I must stay at your house today.’ So he came down at once and welcomed him gladly. All the people saw this and began to mutter, ‘He has gone to be the guest of a ‘sinner.’ But Zacchaeus stood up and said to the Lord, ‘Look, Lord! Here and now I give half of my possessions to the poor, and if I have cheated anybody out of anything, I will pay back four times the amount.’ Jesus said to him, ‘Today salvation has come to this house, because this man, too, is a son of Abraham. For the Son of Man came to seek and to save what was lost’ (Luke 19:5-10).

Zacchaeus was a tax collector. As we can see from the text, tax-collectors were referred to as *sinners*. They were despised and stigmatized because they collected taxes for the Roman government and made themselves rich by overcharging people. When Jesus publicly declared that he was going to stay at the home of Zacchaeus, the people opposed his action. Through Jesus’ public show of friendship with Zacchaeus, Zacchaeus was transformed. In response, Zacchaeus made a commitment to give half of his wealth to the poor and to repay those he defrauded (four times the amount he owned them). Jesus said that salvation had come to Zacchaeus. In unit 2 we saw that salvation refers to liberation from sin and restoration to wholeness, fullness of life and wellbeing. Salvation for Zacchaeus had economic and social implications. For Zacchaeus to restore his relationships with his community, he had to put things right. His conversion resulted in economic restitution for those he had exploited.

ACTIVITY 6

Explain the importance of Zacchaeus' healing for the church today.

Let us look at some of the lessons that we can learn from this model of healing:

- This is a model of healing that most of us are not familiar with. It focuses on our economic and social relationships. It calls us to acknowledge our economic and social sins and to take concrete steps towards putting things right. It is a costly commitment, as we saw from the story of Zacchaeus. Imagine the social impact of having church members saved 'economically'. For example, if they paid their workers a living wage and refunded them four times the amount that they had wrongfully deprived them
- In the HIV&AIDS context, the issue of debt cancellation and reparation for poor countries is a moral issue that is linked to this model of healing. This calls for the prophetic ministry

Models of Healing from the Epistles of Paul and James

Let us now turn to the epistles and focus on two models of healing: the first model of healing is from Paul and the second model is drawn from the practice of healing in the church, as defined in James 5:13-16.

Paul's Teaching on Illness And Afflictions

Before discussing Paul's teaching on healing, let us look briefly at what he taught about illness and sickness. The chart below lists his teachings and their references:

Teaching on sickness, illness and afflictions	References
Part of the fallen order	2 Corinthians 4:17
Part of his suffering as a servant of Christ	2 Corinthians 11:23-12:10
Motivator for preaching the gospel	Galatians 4:13-14
Messenger from Satan	2 Corinthians 12:7
Judgment or discipline for sin	1 Corinthians 11:27-32

Paul identified many different causes for illness and afflictions, similar to the ones in the Hebrew Bible. All of them offer ways of responding to different situations of suffering.

ACTIVITY 7

Explain how your faith community can learn from Paul's teaching on illness and afflictions in the context of HIV&AIDS. Apply

Paul's Teachings on Healing

Paul mentions healing in 1 Corinthians 12:7-9 in his description of the church as the body of Christ.

Now to each one the manifestation of the Spirit is given for the common good. To one there is given through the Spirit the message of wisdom, to another the message of knowledge by means of the same Spirit, to another faith by the same Spirit, to another gifts of healing by that one Spirit.

In this passage, Paul spoke of the gift of healing in the context of a healing image of the church. He portrayed the church as the body of Christ, in which all members are intimately related to one another and are interdependent. Each member is given a unique gift from the Spirit in order to minister to the other members. Healing is one of these gifts. The gift of healing, therefore, operates within the body of Christ, in cooperation with other gifts, such as giving, discernment, preaching, caring, hospitality and preaching. Whilst all of the gifts are of equal worth, the gift of love is the greatest of all. Paul highlights the supremacy of love in 1Corinthians 13:13, "And now these three remain: faith, hope and love. But the greatest of these is love" (NIV). *It is love that heals. Since all members are called to love, all are called to heal.*

ACTIVITY 8

Why is it important for the gift of healing to operate in conjunction with other gifts and not in isolation? Give reasons and examples for your answer.

Healing in James 5:13-16

The instructions for healing in James 5:13-16 have become a model of healing for many faith communities. Let us read the text together.

Is any one of you in trouble? He should pray. Is anyone happy? Let him sing songs of praise. Is any one of you sick? He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord. And the prayer offered in faith will make the sick person well; the Lord will raise him up. If he has sinned, he will be forgiven. Therefore confess your sins to each other and pray for each other so that you may be healed. The prayer of a righteous man is powerful and effective.

In this passage James encouraged prayer, songs of praise, confession, faith and the anointing of oil as means of healing. He did not link sin to sickness despite the fact that he said, "If he has sinned..." We see that James presents both sides of suffering: suffering as a consequence of sin and suffering which is not a consequence of sin. The elders of the church are given the responsibility of praying for the sick. James was not limiting the ministry of praying for the sick to the elders. He was highlighting the importance of the healing ministry of the church. It is also interesting to see that he links prayer with righteousness. In the preceding chapters, James outlined his definition of righteousness. For him, righteousness was a concrete and practical value that was displayed in actions, such as caring for widows and orphans (1:27), treating everyone equally (2:1-2), meeting the material needs of the poor (2:14), paying just wages (5:1-6) and enduring faith through times of suffering (1:2-4, 5:7-11). James affirmed the prophetic message which stated that spirituality cannot be separated from concrete actions of justice. So what resources can we gather from James?

- Caring, praying and ministering to the sick are an essential aspect of ministry
- Righteousness must be linked to concrete actions of justice that change the lives of vulnerable groups, such as the poor, women, orphans and PLWHA

SUMMARY

In this unit, you learned about models of healing from the New Testament. We looked at three models of healing from the life and ministry of Jesus. Jesus' healing revealed his commitment to the marginalized, to upholding justice over laws that oppressed and marginalized people. He also showed that salvation in the context of economic exploitation results in reparations and restoration. Jesus provides us with a model of healing that can empower the church to meet the challenges of HIV&AIDS. From the epistles we discussed Paul's teachings on disease and afflictions. We learned that he had different explanations for suffering, similar to those in the Hebrew Bible. These different understandings of suffering are empowering because they enable the church to respond uniquely to each situation. We also learned that Paul discussed the gift of healing in the context of the church as the body of Christ. The greatest gift, however, is love. Since all people are called to love, all are called to heal. Our last model of healing comes from one of James' letters. Here we studied the link between prayer, anointing of oil, confession and righteous and healing. Righteousness is defined in James in terms of social and economic justice. In our discussions on the models of healing in the New Testament, we have learned many lessons that can empower the church to respond to the challenges of HIV&AIDS.

Self-ASSESSMENT ACTIVITY

Write your answers in your notebook.

1. Describe the role of healing in Jesus' ministry.
2. Choose one model of healing from the gospels and describe how you could use it in your church.
3. Explain the importance of healing as a gift within the body of Christ.
4. Describe the important aspects of healing according to the teachings of James 5:13-16.



FURTHER READING

Dube, Musa W. 2005. *Reading the New Testament in HIV&AIDS Contexts*.

Geneva: WCC.

Dibeela, Moiserale P. 2004. "Stigma: Neither This man Nor His Parents Sinned,"

pp. 128-130. In *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon*

Guidelines and Liturgy. Geneva: WCC.

Kgalemang, M. 2004. "John 9: Deconstructing the HIV&AIDS Stigma," pp.141-

168. In M.W. Dube. Ed. *Grant Me Justice: HIV/AIDS & Gender Reading s of the*

Bible. New York: Orbis.

Mosupole, Augustine C. 2004. "Love," pp. 117-120. In M.W. Dube. Ed.

AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy.

Geneva: WCC.

GLOSSARY

Purity Laws

ritual purity laws are found in Leviticus 13-15. They addressed diseases and discharges that caused contamination such as leprosy, seminal discharge, discharge of blood, and contact with corpses. People with these impurities were ostracized from the towns and from the temple. They could not participate in religious and community affairs.

Leper

someone who had leprosy, an incurable and disfiguring disease. Lepers were shunned, had to live outside the city and were not allowed into the temple.

Tax Collectors

in the Gospels served the Roman government by gathering taxes from their communities. Their fellow Jews, in the province of Judea, saw tax collectors as collaborators who enabled the Romans to continue to impose their will on the land of Israel. Tax collectors were especially hated because they increased their profit by collecting more taxes than their masters actually demanded. They were considered evil and not allowed to serve as judges or to give testimony in court and not accepted as part of the community.

Afflictions

a state of great suffering, ill health and distress due to adversity.

UNIT 8

THE CHURCH AS A HEALING COMMUNITY

OVERVIEW

Welcome to unit 8! In our last two units we developed resources from the Hebrew Bible and the New Testament to build a theology of healing that can empower the church. These resources form a challenge to the church to become a healing community. We will begin with a definition of the church and its mission. Then, we will learn about a church in South Africa that was transformed through its HIV&AIDS ministry. We will discuss the church as a healing community able to meet the challenges of HIV&AIDS.

OBJECTIVES

Upon successful completion of this unit you should be able to:

- ✠ Define the church and explain its mission
- ✠ Based on our case study, describe the challenges of implementing an HIV&AIDS ministry in a local church in Africa
- ✠ Explain and describe the characteristics that will empower the church to be a healing community

TOPICS

The Church and Its Mission

- ✠ Case Study: Reverend S. Xapile and J.L. Zwane Memorial Church

The Church as a Healing Community

- ✠ Inclusive and Equal Community
- ✠ Ongoing Theological Reflection
- ✠ Holistic Ministries
- ✠ Prophetic Ministry

Summary, Self-Assessment Activity, Further Reading and Glossary

The Church and Its Mission

The church is not a building but a group of people who are gathered because of their common faith in Jesus. 1 Peter 2:9 reads, “But you are a chosen people, a royal priesthood, a holy nation, a people belonging to God, that you may declare the praises of him who called you out of darkness into his wonderful light” (NIV). The New Testament has many other descriptions of the church, including the following:

- The ‘body of Christ’ (Ephesians 1:22-23, 1 Corinthians 12:12 and Colossians 1:24)
- The household of God and the habitation of God (Ephesians 2:19-22)
- A community of equals (Galatians 3:24 and 1 Peter 2:9)
- The bride of Christ (Ephesians 5:25-33 and Revelations 21:9)

All of the above descriptions of the church are about relationships. The relationship between Christ and the church is intimate and loving. Christ, as the head of the church, has a relationship with each member and with the body as a whole. Each member of the church is intimately and lovingly connected to the other members. According to James Dunn, the church is a community of believers who are diverse and yet are interdependent (1998: 555). This communal identity of believers is also found in African Indigenous Religion/s, exemplified in the common saying *I am because we are*. In the language, Ndebele, they say, *‘umuntu ngumuntu ngabantu’* which means *a person is a person through others*.

The church is diverse, international and local. The multitude of denominations reflect its diversity. Its unity is seen in the beliefs that are common to all churches, such as the centrality of Jesus, the Bible and the Eucharist. The international church consists of believers from all denominations throughout time. The local church consists of a group of believers from local communities. The local church makes the church’s mission *visible*. The mission of the church is to practice the will of God, as expressed in the teachings and ministry of Jesus, the Epistles, and the Hebrew Bible, and to make God’s will visible. In units 6 and 7 we discussed some of these teachings. For example, we learned that justice, especially for the marginalized and oppressed, is an essential aspect of spirituality and worship. The church, therefore, is called to advocate for justice. The church is called to apply its beliefs contextually. In our time, the church is called to define its mission in relation to HIV&AIDS.

ACTIVITY 1

Describe the mission of your local church in the context of HIV&AIDS.

We will now look at a local church in South Africa which applied their beliefs contextually to meet the challenges of HIV&AIDS. We will reflect on Reverend Xapile's testimony, as presented at a conference in Pietermaritzburg, South Africa.

Case Study: Reverend S. Xapile and J. L. Zwane Memorial Church

Our case study is based on the experiences of Reverend Spiwo Xapile in implementing an HIV&AIDS ministry in his local church in Gugulethu, Cape Town (South Africa). Gugulethu is one of the poorest suburbs in Cape Town and is a home to more than a million people, mostly black South Africans. This community also has a high rate of poverty, unemployment and HIV&AIDS. The J.L. Zwane Memorial Church has over 1,000 members. Let us look at how Reverend Xapile began the HIV&AIDS ministry in his church.

Starting point: Reverend Xapile became aware of the serious threat of HIV&AIDS to his community because of the increasing number of deaths among his friends, members of the church and community. He knew that he had to respond and realized that his theological education had not prepared him to deal with the challenges of HIV&AIDS (2004:42).

First step: He invited a person living with HIV to his church to share his testimony. After that particular service, a few members of his congregation disclosed their HIV status to the speaker. A decision was made to set aside fifteen minutes every Sunday for PLWHA to address the congregation and share their stories.

Response from the congregation: Initially, there was resistance in the congregation. However, as the congregation listened to the stories of PLWHA, the barriers caused by stigma and denial began to crumble and a spirit of acceptance, love and commitment emerged. This is how Xapile described the change in his congregation:

We have listened to stories of lives torn apart, of rejection of individuals by loved ones, of Christian families going to Church on a Sunday morning having locked up someone living with HIV/AIDS in their backyard without food and water. We have also listened to wonderful moments of reconciliation between husband and wife, parent and child, partners and so on. We have as a family – the JL Zwane Memorial Church – cried and laughed together and searched for better ways of making a difference. As this process continues, issues around denial, judgementalism, stigma and breaking the silence are addressed (42-3).

The stories of PLWHA provided a reference point for members of the congregation to speak about HIV&AIDS in their homes and with their children. Sexuality is also a taboo subject. The stories of PLWHA helped members of the congregation to address sexual issues as well.

ACTIVITY 2

Describe three lessons from Xapile's experience that can be applied to your faith community.

People Living with HIV&AIDS (PLWHA): PLWHA began to participate in the activities of the church. They formed their own support groups, which advised the church on their needs and appropriate programs. This is what Xapile said about PLWHA in his congregation:

What is interesting is that most often the things people ask from the congregation are not to do with money or things, although when in deep crisis people do ask for help with food. Mostly, their main need is to be loved, accepted and taken care of. Many say they are dying of isolation and loneliness. They want to matter, to be somebody, to be taken seriously. Sometimes they ask for help with relationships in their family. The Church as an important reconciliatory role to play because people lose each other through HIV/AIDS.

Lessons learnt: Here are some important lessons Reverend Xapile learnt from this experience:

- The importance of listening and the power of listening: PLWHA need to be heard. They are the best authority on HIV&AIDS and can best advise the church on how to respond to their needs
- There is a need for ongoing theological, ethical and cultural reflection on the experiences of PLWHA and others in the congregation. Theology needs to respond to reality—the realities of people’s lives
- The church needs to have practical ministries that meet the needs of PLWHA and their families, such as providing meals, clothing and meeting other practical needs
- The importance of partnering with other churches and community organizations that have more resources
- The need for the church to engage in advocacy and the fight for justice with and for PLWHA

Personal cost: He paid dearly for his commitment. The following is his testimony:

I was prepared for the inevitable criticism that we were condoning promiscuity by openly and without judgment accepting people with HIV/AIDS. [A neighboring church goes so far as to institute disciplinary hearings when they discover a member is HIV positive.] But what I was not prepared for was that I would become the target. I became promiscuous myself, in the eyes of the people. I personified every evil associated with HIV/AIDS and stigma. Stories abound about how I am dying of AIDS myself and how I am developing this ministry simply to justify my own condemnation... People feel so threatened by HIV/AIDS because it is linked to sex, and they cannot imagine that a minister would dabble in such taboo things unless there was something fishy going on! (46)

Despite opposition, he resolved to continue with his ministry because of his commitment to Jesus. He said, “There is no turning back; I know that we are doing what Jesus would have done. And that is enough” (46).

ACTIVITY 3

Write down three questions that you would like to ask Reverend Xapile.

The story and experiences of Reverend Xapile are important because they help us to understand some of the challenges that go with transforming a church into a healing community. We will refer to his experiences as we discuss the four characteristics of a healing church.

The Church as a Healing Community

We will discuss four characteristics that help the church become a healing community.

Inclusive and Equal Community

Our first characteristic of a church as a healing community is equality and inclusiveness. This means that the church should be an embracing community where all are welcomed and equal before God and each other. PLWHA have experienced exclusion from the church. In unit 7 we saw how Jesus treated the bleeding woman who was excluded from her community because of her health. We also learned that Jesus healed lepers, also excluded from society. Many PLWHA have identified with the lepers in the Bible because they share the experience of being excluded from their community of faith. In the book entitled *God breaks the Silence-Preaching in times of Aids* the church is challenged with this statement: “as followers of Jesus, we do not have the power to say to those living with HIV/Aids: ‘Be clean!’ in the sense of ‘Be healed physically!’, but we can say: ‘Be clean!’ in the sense of: ‘You belong--- socially, spiritually and physically to the community of the believers’” (2005:89). This unconditional acceptance is what will make the church a healing community for PLWHA and the affected. The HIV status of one members of the church means that the body of Christ has HIV&AIDS. 1 Corinthians 12:26 reminds us that if one member of the body suffers, all suffer. There is no division in the body of Christ.

HIV&AIDS have also exposed other practices of exclusion and inequality in the church. In many churches, women are not accepted as equal partners. Theologies that exclude women and maintain the power of men sustain inequality in the church. A

healing church in the context of HIV&AIDS is challenged to follow the example of Yahweh and Jesus who, when confronted with religious laws that were oppressive, chose to uphold justice and change the laws. It is encouraging that the ecumenical churches in Africa made a commitment to confront gender inequality. We will read a section from the *Plan of Action*, agreed to by churches in Africa:

1. We will challenge the traditional gender roles and power relations within our churches and church institutions which have contributed to the disempowerment of women, and consequently to the spread of HIV/AIDS
2. We will address gender roles and relations in families that contribute to the vulnerability of women and girls to HIV/AIDS (2001:11)

ACTIVITY 4

Describe ways in which your church could be 'equal and inclusive'.

Ongoing Theological Reflection

The second characteristic of a healing church is a commitment to ongoing theological reflection on issues in society, especially HIV&AIDS. In unit 2 we looked at a method of Bible study that empowered members of the church to reflect on their context. This method is an example of how a local church can engage in ongoing theological reflection on the challenges of HIV&AIDS. In our case study, we saw that church members in Reverend Xapile's church were involved in theological, ethical and cultural reflection on the challenges of HIV&AIDS. The church needs an ongoing program to provide information and education on issues related to HIV&AIDS. This will enable members to embark on theological reflection and will ensure that they are able to respond with actions that bring justice and healing. For a church to be a healing community, able to provide an effective response, it needs to be educated and informed about the issues of HIV&AIDS. For example, there are still many churches that believe that HIV&AIDS is *only* an issue of sexual morality and that the best way to prevent the spread of HIV is through promoting morality. These churches are uninformed about other issues, such as gender inequality, poverty and unjust

economic policies, that influence people's choices. By insisting on morality, they miss the root causes of HIV&AIDS which lie in injustice. The research done by KZNCAN showed that 97% of ministers believed that immoral lifestyles were the foundation for the spread of HIV&AIDS (2005:21). This is clearly an area that urgently needs to be addressed if the church is to become a healing community. It is encouraging to see that the church in Africa has made a decision on this issue. We will once again refer to *The Plan of Action* which reads, "We will seek out current and accurate information on HIV/AIDS, and develop systems for ensuring that it is widely available throughout the churches" (2001:7).

ACTIVITY 5

Describe ways in which ongoing education and theological reflection can help the church to move away from moralizing HIV&AIDS.

Holistic Ministries

The third aspect of a church that is a healing community is the practice of holistic ministries. Holistic ministries are the compassionate face of the church, seen in acts of practical care and ministry to those within and outside the community. We saw in unit 7 that Jesus taught his disciples that suffering provided an opportunity for God to show compassion and to bring healing. Likewise, HIV&AIDS is an opportunity for the church to bring compassion and healing to communities. We will now look at four examples of holistic ministries that respond to the challenges of HIV&AIDS, counselling, liturgy and preaching, practical assistance for PLWHA, and caring for orphans.

Counselling

Counselling is an important aspect of care. We saw in unit 3 that PLWHA and the affected need continuous counselling to deal with their emotional, mental and spiritual needs. There are different kinds of counselling needed to respond to the many crises caused by HIV&AIDS. Examples of the different kinds of counselling include: *crisis counselling*---this form of counselling is particularly pertinent just after a person learns that they have HIV; *crisis counselling* helps them deal with the shock

of the news; *family counselling*---the family and those affected need counselling to deal with the HIV status; and *death, dying and bereavement counselling* are need for the person dying and the surviving members of the family. These multiple counselling needs require the church to form partnerships with other organizations, such as hospices, and to invest in different forms of counselling training for their members.

Liturgy and Preaching

Liturgy and preaching are opportunities to make HIV&AIDS an important part of church life. The following are three examples of how liturgy and preaching can be used in the context of HIV&AIDS:

- To overcome stigma and create opportunities for PLWHA to participate in church services, for example by sharing stories, prayers and leading services
- To create a non-judgmental, caring and supportive church
- To educate all members of the church on aspects of HIV&AIDS, especially social and structural injustice
-

The PACSA and KZNCAN's research has shown us that many ministers need resources and training before they will be able to use liturgy and preaching to accomplish the above three goals. According to the book *God breaks the Silence: Preaching in the Times of Aids*,

Preachers must not underestimate the effects of their preaching: sermons do influence and shape the thinking and the lives of congregation members. In places where the battle against HIV/Aids has already yielded successes, sermons preached in the churches were part of this battle. Therefore, be aware that as preachers you have a direct responsibility to the many people in your congregation who live with HIV or Aids or who are affected in any way (2005:36).

This quote can also be applied to liturgy; both preaching and liturgy are powerful resources for change in the church.

ACTIVITY 6

Explain in your own words the importance of liturgy and preaching in the context of HIV&AIDS.

Practical ministries

Practical ministries are one of the visible signs of a healing church. Over 70% of PLWHA live in poor countries in sub-Saharan Africa. HIV&AIDS have devastated poor communities and increased poverty. In our pervious discussions, we learned that unjust economic policies contribute to poverty in poor countries. Thus, the church needs to partner with other organizations that are struggling for economic justice. Equally important is the need to address the immediate practical needs of people, such as food, clothing, housing, medication, sanitation and health care. Once again, these challenges provide opportunities for creative ministry within the church and partnerships with other organizations and churches. Holistic ministries are the costly aspect of ministry because they require sacrificial giving and sharing.

Orphan Care

In unit 2, we learned that at the end of 2003 there were 15 million AIDS orphans in the world and that 90% of them lived in sub-Saharan Africa. Grandmothers care for over half of the AIDS orphans. Governments in poor countries do not have the resources to support orphans. Many churches and community-based organizations have programs that support orphans but the need is still great. The burden of care on grandparents is a ministry opportunity. It has been said, *it takes a village to raise a child*. The church needs to find its role in the village, particularly regarding orphans. The church could be a place where orphans are nurtured, loved and cared for---a safe place surrounded by a community that supports them and takes responsibility for their ethical, spiritual and moral nurturing.

ACTIVITY 7

Write down two things that your church can do to become a place that takes responsibility for orphans.

Prophetic ministry

In unit 6, we studied the role of the prophet in the Hebrew Bible. We will apply what we learnt to the prophetic ministry of the church. In the context of HIV&AIDS, the church is called to be prophetic in the following ways:

- To be *seers*: In unit 6 we saw that the prophets were able to see the injustices in society, religion, politics and economics which were creating hardship for the poor. They spoke on behalf of Yahweh. In the same way, the church is called to ‘see’ the injustices in society and to defend justice on behalf of vulnerable people. Churches in western countries are called to fight for the rights of poor nations and challenge economic and trade injustices that keep poor countries in poverty and in-debt to rich countries
- To be *visionaries*: Prophets pronounced judgment and offered alternative visions for their nation. The church is also called to offer an alternative vision in its struggle for justice. We need an alternative vision of society that can inspire our struggle for justice. For example, the church needs to present alternative principles for just economics that focus on the just distribution of wealth and eradication of poverty
- To be self-critical and confront false prophecies within the church that sustains injustice, such as theologies that sustain gender inequality and ignore the call for justice in the context of HIV&AIDS. Churches are called to be self-critical in the context of HIV&AIDS in order to transform their own theologies and become agents of transformation. For example, the church cannot advocate for gender equality in society if it does not reflect gender equality in its own practice and theology

SUMMARY

In this unit, you defined the church and its mission in the context of the New Testament. For example, the church is described as the body of Christ in which all members are related to Christ and to each other. As the body of Christ, the church's mission is to make God's kingdom and will, as expressed in the Bible, visible. Each context requires a new application of the principles of God's kingdom. The HIV&AIDS context needs the church to apply the principles of the Bible in specific response. We looked at a church in South Africa that is applying these principles. We learned many lessons from the experience of Reverend Xapile. This led us to discuss the characteristics of a church as a healing community, namely, equal and inclusive community, holistic ministries, continuous theological reflection and a prophetic ministry.

SELF-ASSESSMENT ACTIVITY

Write your answers in your notebook.

1. Define church using some of the descriptions of the church found in the New Testament, such as *bride of Christ*.
2. Explain the mission of the church.
3. What is the difference between the universal and local church?
4. What four lessons did you learn from Reverend Xapile and how would you apply these lessons in your church. Give examples for your answer.
5. Describe the four characteristics of a healing church and list ways in which you can apply these in your faith community.



FURTHER READING

Beya, Bernadette Mbuy. 2001. "Women in the Church in Africa. Possibilities for Presence and Promises," pp. 207-221. In Nyambura J. Njoroge and Musa W. Dube. Eds. *Talitha cum! Theologies of African Women*. Pietermaritzburg: Cluster Publications.

Dambala, Obed Maua et al. 2005. "Embracing, not Excluding," pp. 87-90. In United Evangelical Mission *God breaks the Silence: Preaching in Times of Aids*. Basel: United Evangelical Mission.

Maluleke, Tinyiko S. 2004. "Hope: Prophecy to These Bones," pp. 103-105. In Musa W. Dube. Ed. *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Geneva: WCC.

Xapile, Spiwo. 2004. "Accepting the Challenge to Live our Theology: A Case Study of J.L. Zwane Memorial Church, Gugulethu, Cape Town," pp. 42-46. In Gladys Ryan. Ed. *Gender, Poverty and HIV/AIDS Conference Report 18-18, February 2004*. Pietermaritzburg: PACSA Publications. (This report is available on request – write to PACSA , P.O. Box 2338, Pietermaritzburg, 3200, South Africa).

GLOSSARY

The Church	is not a building but a group of people gathered together because of their common faith in Jesus.
The mission of the church	is to practice the will of God, as expressed in the teachings and ministry of Jesus in the New Testament and the Hebrew Bible, and to make God's will visible.
Advocacy	taking action in support of a just cause.
Inclusive	means creating a space where everyone has a place in the community.
Holistic ministries	respond to the physical, mental, psychological, and spiritual needs.
Counselling	the skill of helping someone resolve problems or a crisis in their lives. A good counsellor learns many skills that will enable her/him to build a trusting relationship with their client. Some of the skills include listening, formulation of a problem, building relationships and, in some cases, disciplines such as psychology and psychotherapy.
Liturgy	a prescribed form or set of forms for public religious worship. One form of liturgy common to all churches, is the Eucharist or the Lord's Supper.

UNIT 9

HEALING IN AFRICAN INDIGENOUS RELIGION/S

OVERVIEW

Welcome to unit 9! The hope is that you have been encouraged by this module to develop a theology of healing that will empower your faith community to respond to the challenges of HIV&AIDS. In this unit we will further enrich our knowledge by studying healing in African Indigenous Religion/s (AIRs). We will learn about beliefs related to disease/illness and health and the role of indigenous healers and diviners. We will identify the helpful and unhelpful aspects of these beliefs. Secondly, we will learn about methods of healing individuals and communities and some of the helpful and unhelpful aspects of these healing methods. We will end our unit by looking at caregiving and community. It is hoped that you will be encouraged to work with African Indigenous Religion/s in the struggle against HIV&AIDS.

OBJECTIVES

Upon successful completion of this unit you should be able to:

- ✚ Explain what African Indigenous Religion/s believe about disease and healing
- ✚ Describe and explain the role of indigenous healers and diviners
- ✚ Explain the method of healing individuals and communities
- ✚ Describe the helpful and unhelpful aspects of healing individuals and communities
- ✚ Explain the importance of community life and care in African Indigenous Religion/s

TOPICS

Introduction

African Indigenous Religion and Disease/Illness and Health.

⌘ Helpful and Unhelpful Aspects

Methods of Healing Individuals

⌘ Helpful and Unhelpful Aspects

Methods of Healing Communities

⌘ Helpful and Unhelpful Aspects

Caregiving and Community

Summary, Self-Assessment Activity, Further Reading and Glossary

Introduction

African Indigenous Religion/s are found in every community in Africa. Each ethnic group practices their own religion. The religion of each ethnic group is expressed in their unique cultural practices, songs, traditions, rituals and belief systems. There are many similarities within African Indigenous Religions. These similarities enable us to discuss these religions together, as if they were one religion. We need to remember that there are also differences which make them each unique. In this unit we will discuss beliefs and practices that are found in most African Indigenous Religions. We will discuss African Indigenous religious beliefs in the context of HIV&AIDS. HIV&AIDS are devastating African communities. According to Alta Van Dyk, “80% of people in Africa rely on traditional medicine for their health care needs” (2001:126). The vital role that indigenous healers play is evidence of the importance of African Indigenous religion/s in the daily lives of most people in Africa. In our discussions, we will focus on beliefs and practices of healing. Let us begin our discussion with our first topic, African understanding of illness, disease and health.

ACTIVITY 1

Write down three reasons why you think that 80% of people in Africa consult indigenous healers.

African Indigenous Religion, Disease/Illness and Health

Disease/Illness

According to Masamba Ma Mampolo, the African religious worldview or cosmology is “perceived and lived as one composed of seen and unseen spirit beings, life-forces that constantly interact with and influence the course of human life for good or ill” (1994:23). In African religion/s there is no separation between the spiritual and natural world. There is a community of ancestors, over which God governs as the Supreme Being. There are intermediary spirit beings and ancestral spirits. Ancestral spirits protect the family from harm and destructive forces and can withdraw their protection if they are displeased. This occurs if someone does not respect the land, elders or neglects the ancestors. In addition to spiritual beings, there is also a neutral life-force or mystical power, which can be used for good or evil. Disease, illness, misfortune, death, and loss are believed to be a result of the manipulation of this mystical power by witches and sorcerers. People use witches and sorcerers to send misfortune and disease to their enemies. Consequently, “[many] ills misfortunes, sickness, accidents, etc are caused by the use of mystical power in the hands of a sorcerer, witch or wizard” (Mbiti 1999:195). These cause harm, not only to the individual who is the victim but to the community as well. For the victim, the community is no longer a safe place because of the presence of an unknown enemy. The community too experiences disruption and disharmony until the source of harm is found, dealt with and prevented from carrying out further harmful actions. The healing of the individual results in the healing of the community. Healing and the restoration of harmony are critical to the survival of the community.

ACTIVITY 2

Explain the advantages and disadvantages of linking individual wellbeing to community wellbeing. Give examples from your own context.

Indigenous healers and diviners are agents of healing in African Indigenous Religion/s. They are the custodians of African values, beliefs and rituals that sustain communal life. Their main function is to preserve the harmony of the community, deal with threats to the harmony and protect the community. Let us now define the African concept of health.

Health

The African concept of health is one of abundant life, prosperity and harmonious community life: “One lives abundant life when he/she shares life with others and lives in community with others” (Mampolo 1994:19). This includes harmony with the spiritual and natural world. It is a resounding affirmation of a life lived holistically. Healthy communities contribute to the health of the individual, just as individuals contribute to the health of the community. African’s self-identity is rooted in their community, as encapsulated in the saying, ‘I am because we are’. Traditional healers symbolize “hope of society, good health, protection and security from evil forces, prosperity and good fortunes” (Mbiti 1999:167).

ACTIVITY 3

Explain in a paragraph whether or not the African concept of health is helpful for faith communities. Give two reasons for your answer.

We have seen from our discussions that disease and illness in African Indigenous Religion/s are believed to be ultimately caused by witchcraft, sorcery or broken relationships. In other words, broken relationships, natural and supernatural forces are responsible for diseases. Most people understand the immediate cause of illness. For example, people generally understand that malaria is caused by mosquitoes. However,

they would want to know “why the mosquito stung him/her and not the other person” (Mbiti 1999:165). The ultimate question asked is, ‘Who and what causes my illness?’ Many people will go to the clinic to receive medical treatment for malaria and will also consult a traditional healer for answers to their questions. The presence of disease means that there is a broken relationships---someone in the community or family may have malicious intent or the sick person may have neglected his/her relationships with her elders or ancestors. The former can cause disharmony, suspicion and division within the family and community. However, AIRs insistence on good relationships, in fact, challenges people to build and maintain good relationships within the family, community, the environment and with Divine beings. In the HIV&AIDS era, understanding the importance of restored relationships in health is pivotal.

ACTIVITY 4

‘Who is the cause of my illness?’ Write down an example of when this question would be helpful and another example when this question would not be helpful.

Helpful and Unhelpful Aspects

In this section, we will look at some of the helpful and unhelpful aspects of the African Indigenous Religion/s concept of health, disease and illness. One of the most helpful aspects of the African understanding of health and disease is that it is holistic; it does not make any distinction between the spiritual and natural, the individual and community and the private and public world. The African understanding of health and illness is the same as the holistic concepts of health found in the bible. In the context of HIV&AIDS, a holistic understanding of health and healing is critical. For example, the question ‘who is the cause of my illness?’ provides an opportunity to explore the connections between disease and structural justice issues.

Another helpful element of the African perspective of health is that the individual is held responsible for his/her own health and the health of others, through relationships. However, externalizing disease can be unhelpful. Locating the cause of the disease

outside of the individual may not encourage people to hold themselves responsible for their health. This belief prevents individuals from acknowledging their own responsibility for their health. HIV&AIDS require people to take responsibility for their health, both in terms of prevention and living with HIV.

ACTIVITY 5

Explain in a paragraph one positive and one negative aspect of externalizing a disease like HIV&AIDS.

Methods of Healing Individuals The Healers

Indigenous healers and diviners are responsible for healing individuals from disease and sicknesses. Indigenous healers are either *called* or *chosen* by their ancestors or community. Most of them receive training from other traditional healers. Diviners are also *called*. They focus mostly on healing through supernatural powers. Some traditional healers are also diviners. These healers function as counsellors, priests, reconcilers, advisors, conflict managers and many provide other forms of support which enable them to restore wholeness to individuals and their communities.

Methods of Healing

The method of healing by traditional healers and diviners is comprised of the following tasks:

- Identifying the cause of the disease/illness
- Finding out who was responsible for the disease/illness
- Applying the right treatment
- Supplying the means of preventing the misfortune from occurring again
- Mediating conflict and restoring relationships and harmony within the family and community

In the process of accomplishing the above tasks, traditional healers and diviners establish a strong and trusting relationship with their clients and help them work through their emotional, physical, mental, relational and social problems. These healers respond to the

unique needs of each person. Counselling is enhanced by the fact that they share the same cultural beliefs. Healing is inclusive and relates to all aspects of the person's life, such as the provision of herbs for physical ailments, rituals for ancestors, conflict resolution to bring about reconciliation with loved ones or community members, naming of the source of the disease (e.g. a person, ancestral spirits, witches, sorcerers, etc.), and providing charms to prevent the disease from reoccurring.

ACTIVITY 6

*Write a paragraph and evaluate the healing methods of the traditional healer.
Describe two strengths and two weaknesses.*

Western Medicine and HIV&AIDS

Indigenous healing and western medicine work together in most African communities. In the earlier example of a person with malaria, we saw how most Africans use both western medicine and indigenous healing. In addition, there are some accepted disease classification systems among Africans that distinguished between diseases best treated by western medicine and diseases best treated by traditional healers, diviners or by both. For example, many hold that surgical procedures, blood transfusions and TB are best treated by western medicine and that indigenous healers are best able to treat other diseases, such as sexually transmitted infections and African illnesses which are caused by broken relationships, witchcraft and sorcery (Green 1994:14).

In the context of HIV&AIDS, this classification system is a major challenge because of the strong link between sexually transmitted infections and HIV infection. Let us look at the facts:

- Sexually transmitted infections STIs make it easier for people to be infected with HIV
- Sub-Saharan Africa has a very high incidence of STIs
- Sub-Saharan Africa has the highest incidence of HIV&AIDS in the world (*ibid*)

Since there is a strong link between STIs and HIV infection, control and prevention of STIs is critical to the prevention of HIV. Due to their skill in treating STIs, indigenous healers have a critical role to play in the prevention of HIV. Another area of concern is that HIV, though a sexually transmitted disease, does not affect the sexual organs. Thus, HIV&AIDS pose new problems for African indigenous healing practices. These problems need to be seen as an opportunity to create a network between western medicine and other healing practitioners.

ACTIVITY 7

In the context of HIV&AIDS, name two reasons why it is important for indigenous healers to work closely with western medicine.

Helpful and unhelpful aspects

The traditional model of healing, as practiced by traditional healers, is effective because it is:

- Holistic and client- centred---The whole person is treated and all areas of life are covered, physical, mental, psychological, social and spiritual. It is client-centred because it is tailored to the needs of the person
- Culturally appropriate---The healer and client share the same world view; thus cultural aspects associated with illness are understood and appreciated
- Accessible---Traditional healers and diviners live within their communities and are easily accessible
- Inclusive---Includes members of family and community in the healing process (Green 1994:38; van Dyk 2002:228 & Mbiti 1999:165)

ACTIVITY 8

Name three ways in which this counselling method challenges the counselling method practiced in your faith communities.

Some of the unhelpful aspects include the following:

- The ‘infallibility’ of the indigenous healer---Indigenous healers are expected to be able to treat every ailment. Sometimes even their best efforts do not work
- HIV&AIDS presents many unique challenges which require indigenous healers to work closely with western medicine, especially in the area of sexually transmitted diseases
- Managing HIV&AIDS requires specific knowledge---Many indigenous healers are able to treat the opportunistic infections but they need more information about the disease so that they can develop their own effective ways of dealing with it
- Sometimes innocent people are accused of being responsible for diseases. Many individuals and communities have suffered because of wrong diagnosis

Most of these shortcomings provide new opportunities for networking with other healing traditions. Unfortunately, many faith communities do not have a working relationship with the indigenous healers in their communities. Faith communities must develop these relationships because, as we saw in our introduction, indigenous healers provide for 80% of the health-care needs of Africans. They are significant partners in the health of the community and we need to find ways of reaching out to them. Part of the problem is that our theology has made them *unclean*.

ACTIVITY 9

Write a paragraph explaining the relationship between your faith community and indigenous healers. Explore one way in which you can foster this relationship.

Methods of Healing Communities

We have seen that in African Indigenous Religion/s the life of the individual is inseparable from that of their community. Their health, disease, illness and misfortune have a direct impact on the community. The wellbeing of the individual reflects the wellbeing of the community and the suffering of the individual is a sign that something is wrong in the community. According to Masamba Ma Mpolo,

The traditional doctor understood that the sickness of the patient was an indication that something was wrong with the corporate body. The patient could not get better until the injustices; tensions and aggressions in the group's inter-relations had been brought to light and exposed to ritual reconciliation (1994:31).

The above quote confirms that communities can also be. Examples of community illnesses include injustice, tensions and violence within the community. Healing for the community starts with confrontation and the exposure of the causes of illness. It ends with reconciliation and restoration of justice and harmony. It is interesting that diviners, ancestral spirits and healers initiated some liberation movements in Africa. This is evidence of the link between the experience of injustice in the community and the inspiration to liberate the community from oppression. Thus, whatever ailment is disrupting communal life, it is the responsibility of these healers to restore the community to wholeness and health.

A process of communal healing often follows the same pattern as individual healing. The main difference is that in the former the entire community is involved in every aspect of the process. Ritual is central to this process. There are rituals for cleansing, exorcising the harmful forces and celebrations for reconciliation and restoration.

ACTIVITY 10

Write down a communal sin of the church (e.g. stigma) and describe what we can learn from African Indigenous Religion/s on dealing with communal disharmony.

Helpful and Unhelpful Aspects

We will now focus on helpful and unhelpful aspects of communal healing. The most helpful aspect of communal healing is that it is a mechanism for communities to deal with issues that affect the community as a whole. This mechanism provides an opportunity for communities to strengthen their relationships and to deal with sources of disruption and ill health in their communities. We saw the same mechanism in the Hebrew Bible. There is much we can learn as faith communities about standing in

solidarity against an injustice in our communities. Faith communities have done this before. HIV&AIDS provides another opportunity for faith communities all over the world to stand together against injustice associated with HIV&AIDS.

Another useful aspect is the central role of rituals in raising issues and transforming communities. Most faith communities have rituals. It is difficult, however, to know how to use these rituals for social transformation, confession and reconciliation in the context of HIV & AIDS.

ACTIVITY 11

Choose one ritual from your faith community and write a paragraph explaining how it can be used to address one aspect of HIV&AIDS.

Similar to the danger in individual cases, there is a danger that innocent people can be accused of being witches, sorcerers, sell-outs and may be punished.

Care-Giving and Community

At the centre of African religious life is the practice of generous giving, hospitality to the stranger and strong kinship which ensures that charity begins at home. In its emphasis on caring for the stranger, the alien, the poor and outcast, African religion is similar to the teachings of the Hebrew Bible. Consider the following traditions: always leaving food in the pot for the stranger, allowing the hungry traveller to eat from your field, adopting children whose parents have died and maintenance of a close relationship with the extended family and community.

ACTIVITY 12

In a paragraph explain the relationship between the African community and the church---do you think that the church has replaced the community?

SUMMARY

In this unit you have learned the following:

- Basic worldview of African Indigenous Religion/s (AIRs) and cosmology
- Disease/illness and health in AIRs and helpful /unhelpful aspects of these beliefs
- The role of traditional healers and diviners
- Healing of individuals and the helpful and unhelpful aspects
- Healing of communities and the helpful and unhelpful aspects
- The importance of care-giving and community

SELF-ASSESSMENT ACTIVITY

Write your answers in your notebook.

1. Describe the basic beliefs of African Indigenous Religion/s.
2. Explain the basic beliefs on illness and misfortune.
3. What is the role of the indigenous healer?
4. Describe the healing practices of indigenous healers for individuals.
5. Explain two helpful aspects of healing in African Religion/s.
6. How does the indigenous healer heal communities?
7. Explain helpful and unhelpful aspects of communal healing.
8. Describe care and community.
9. Describe three things that faith communities can learn from AIRs.



FURTHER READING

Chitando, Ezra. 2005. *African Indigenous Religions and HIV&AIDS*. Geneva: WCC.

Dube, M.W. 2005. "On Becoming Healer-Teachers of African Indigenous Religion in HIV&AIDS Prevention," In *Journal of Constructive Theology* 10/2.

Masamba ma Mpolo, Jean and Daisy Nwachuku. eds. 1994. *Pastoral Care and Counselling in Africa Today*. Bern: Peter Lang.

Mbiti, John. 1999. *African Religions and Philosophy*. Oxford: Heinemann

GLOSSARY

Cosmology or worldview	beliefs about the world, humanity and creation.
Traditional healers and diviners	are responsible for healing individuals from disease and sicknesses. Traditional healers are either 'called' or 'chosen' by their ancestors or community.
Witchcraft	causes harm, misfortune and sickness through supernatural means.
Sorcery	causes harm, misfortune and sickness through artificial means (e.g. poison).
Ancestral spirits	the spirits of the dead who live within families and communities. They have an interest in the affairs of their families. As spiritual beings, they are best able to communicate with the spiritual realm and with God. They are the guardians of family affairs and they have the power to punish and bless the living.
Infallibility	means exempt from any form of error and being correct all the time.

UNIT 10

ISLAM AND HIV&AIDS

OVERVIEW

Welcome to the last unit of this module! I hope that this module has encouraged you to develop your own vision of a theology of healing in the context of HIV&AIDS. Your theology should be best suited to your faith community. In unit 9, we learned about healing and the challenges of HIV&AIDS from African Indigenous Religion/s. In this unit, we will learn from Islam, exploring an Islamic response to HIV&AIDS. We will learn about the five pillars of Islam, the teachings of Islam on health and sexuality and Islam and HIV&AIDS. HIV&AIDS provides an opportunity for the religious traditions in Africa to work together for the healing of the continent.

OBJECTIVES

Upon successful completion of this unit you should be able to:

- ✎ Describe the five pillars of Islam
- ✎ Discuss Islamic beliefs on health and sexuality
- ✎ Explain the Islamic response to HIV&AIDS, based on our case study of Positive Muslims
- ✎ Identify lessons for other faith communities

TOPICS

Introduction to Islam

- ✎ Five Pillars of Islam

Islam, Health and Sexuality

Islam and HIV&AIDS

- ✎ Positive Muslims

Lessons for Faith Communities

Summary, Self-Assessment Activity, Further Reading and Glossary

Introduction to Islam

Islam is one of the main religions in Africa. In Arabic, the word 'Islam' means 'self-surrender' to Allah as revealed through the message and life of his prophet Muhammad (Ruthvern 1997:2). The Prophet Muhammad is the founder of Islam. The sacred text is the Qur'an. The five pillars of Islam are:

- *Shahada* means confession of faith. Braswell (1995) defined *Shahada* as a declaration of the faith of Islam, encapsulated in the saying '[there is] no god but God' and 'Muhammad is the messenger of God'
- *Salat* means prayer or worship. It is the name of the obligatory prayers which are performed five times a day by Muslims. The prayers are recited at dawn, noon, mid-afternoon, sunset and nightfall. Muslims can pray anywhere (e.g. in their homes and places of work)
- *Zakat* means almsgiving or 'poor-due'. It requires every Muslim to give a portion of their wealth to the poor. Some Muslims suggest giving 2.5%
- *Sawm* means abstinence or fasting. Every year during the month of Ramadan all Muslims fast from dawn to sunset. They abstain from food, drink and sexual relationships
- *Hajj* is the pilgrimage to Mecca during a special annual season. All Muslims are required to participate in the Hajj once in their lifetime

ACTIVITY 1

Give one way in which the five pillars can be used to encourage relationships between different faith communities in the struggle against HIV&AIDS.

Islam, Health And Sexuality

Health

In Islam, human life is highly valued and is considered a gift from Allah (God). A healthy body is seen as a gift from God. It is the duty of human beings to look after and respect their bodies. In his teaching, the Prophet Mohammed stressed the importance of health. Examples of his teachings on health are as follows: "No supplication is more pleasing to Allah than a request for good health" and "Abbas ask

Allah for health in this world and in the next” (Positive Muslims 2004:12). According to the Qur’an, maintaining good health requires abstinence from forbidden activities and the adherence to the commandments of Islamic law. For example, Islam forbids the eating or drinking of blood and prescribes a way of slaughtering animals that removes most of the blood from the meat. Another example is the religious practice of saying prayers five times a day. This practice promotes spiritual, mental and psychological wellbeing. Muslims have a holistic understanding of health. Health requires wellbeing in all aspects of life, spiritual, physical, mental, psychological and social. Personal responsibility for maintaining one’s health is encouraged as well as seeking medical help for ill health.

Sexuality

Islam has a positive view of sexuality. Sexuality is affirmed as a gift from God. Human beings were created as sexual beings. Islam does not see sexuality as the opposite of spirituality. Sex is a sign of God’s mercy and bounty to be enjoyed and celebrated within marriage. According to the Qur’an, “And among His (God’s) signs is this, that He created For you mates from among yourselves, that ye may dwell in tranquillity with them, And He put love And mercy between your (hearts). Verily in that are signs for those who reflect” (30:21). Sex within a male-female marriage is the only acceptable sexual practice. Sex outside of marriage and homosexuality are forbidden by the Qur’an. Muslims have different opinions in regards to the status of women in Islam. Some Muslims believe that Islamic teachings affirm the equality of men and women. Others disagree.

ACTIVITY 2

Describe the differences and similarities between Islamic teachings on sexuality and the teachings of your faith community.

Islam and HIV&AIDS

In the following sections, we are going to look at one of the first Islamic organizations to respond to HIV&AIDS in South Africa. This organization provides us with an example of how Islam and Muslim communities can respond to HIV&AIDS. This organization is called Positive Muslims.

Positive Muslims

Positive Muslims was founded in June 2000 in Cape Town, South Africa. It was created in response to the increasing numbers of Muslims with HIV&AIDS and to challenge the judgmental and negative attitudes towards HIV&AIDS in the Muslim community.

Mission of Positive Muslims

Positive Muslims' mission statement reads:

Developing a theology of compassion; a way of reading the Qur'an and understanding the Sunnah (the path of Prophet Mohammad, peace be upon him) that focuses on Allah who cares deeply about all creation. This is Allah who, according to Hadith (prophetic tradition), said at the time of creation, 'Indeed, my mercy overcomes my anger.' Such compassion, we believe, must be accompanied by a critique of, and the challenge to, a society that forces people to the margins...

They aim to:

- Develop a theology of compassion
- Interpret Islamic teachings in the HIV&AIDS context
- Challenge social injustice

ACTIVITY 3

Briefly explain your understanding of the organization's mission.

A Theology of Compassion

Positive Muslims base their theology of compassion on the character of Allah, as revealed in the Qur'an and the teachings of the Prophet Mohammad. Islam is a religion of compassion and love. This is exemplified in the following Qur'anic verses:

What will convey unto you what the difficult path is? Liberating others, providing food on a day of hunger to an orphan or relative, or to someone disadvantaged and in a bad situation. Then you become of those who (truly) believe, who encourage one another to persevere and encourage each other to become compassionate (90:12-17).

The prophet Mohammad encouraged visiting and caring for the sick. Examples of his teachings include: “Whoever visits a sick person is walking along the road to heaven” (*Bukhari*) and “A visit to a sick person is only complete when you have put your hand on his forehead and asked him how he is” (*Tirmidhi*). This teaching promotes love and compassion towards PLWHA. In response to these teachings, Positive Muslims offer healing services to Muslims living with HIV&AIDS (MPWA), such as:

- A wide-range of counselling services (individual, couple, family and bereavement counselling and support groups)
- Access to affordable treatment
- Creating awareness among Muslims in their community about the prevalence of HIV&AIDS
- Providing a *buddy* for persons living with HIV&AIDS. A buddy is a personal friend who will offer ongoing spiritual support

ACTIVITY 4

Describe acts of compassion that your faith community is involved in and lessons that you can learn from Positive Muslims.

Interpreting Islamic Teachings in the HIV&AIDS Context

HIV&AIDS have presented Islam with new challenges that require new interpretations of Islamic teachings. One of the challenges for Islam in the

HIV&AIDS context is the use of condoms and supplying clean needles for drug addicts (2004:40). The use of condoms and preventing drug users from sharing needles prevent the spread of HIV. There is much controversy among Muslims around the use of condoms. There are two major concerns:

- Promoting the use of condoms may be interpreted as encouraging ‘duty free’ sex and promiscuity
- The safety of condoms – condoms are believed to be unsafe and to offer no protection against HIV

There are similar concerns raised concerning the provision of clean needles to drug addicts. Some believe that this encourages drug use. Islam prohibits the use of drugs, such as heroin and alcohol, and prohibits sexual immorality. For Positive Muslims, these issues required a creative Islamic response, based on a commitment to justice and compassion. They referred to principles in Islamic law, such as *maslaha al-‘amah* (the common good), *daf’ al-mafsadah* (repelling shame) and *akhaf aldararayn* (choosing the lesser of two evils), that have been used in the past to arrive at new solutions, previously unacceptable to Muslims (2004:40). In response to the issue of condom use and providing clean needles to drug addicts, Positive Muslims re-interpreted Islamic theology, finding that, “exchanging a dirty needle for a clean one or providing condoms can mean the difference between life and death. And from those lives that continue may emerge people who will inspire others. It is our responsibility to choose the lesser of the two evils” (2004:42).

ACTIVITY 5

Describe the principles used by Positive Muslims to respond to the issues of your condom use and offering clean needles to drug addicts. What lessons can you apply in faith community?

Challenging Social Injustice

Positive Muslims have a strong commitment to confront and challenge the social injustices that are at the root of HIV&AIDS, such as poverty, gender injustice, lack of access to treatment and unjust economic and trade policies. We will discuss their

approach to gender injustice and the lack of access to treatment. In regards to gender injustice, they argue that “when women are completely dependent on their husbands for income or when society demands that women be available for sex to their lawful husbands regardless of the doubts that the wife may have about her husband’s fidelity, then we have the task to work towards a more just world” (2004:37). The powerlessness of women and the power of men over women are issues of justice. Overcoming gender inequality is part of the struggle against HIV&AIDS.

Another area of injustice in which they are involved is economic injustice and most people’s lack of access to treatment in poor countries. They are advocating for a global health-care system and just economic systems. This statement represents their beliefs and vision:

A global health-care system that is truly consistent with a commitment to human rights is one in which the same treatment is available to all regardless of their race, religion, nationality, gender, sexual orientation or ability to pay. Moreover, no matter what measures are adopted to stop one health crisis, the conditions which bred new crises – unemployment, poor sanitation, poor housing, lack of clean water, malnutrition-are continually being reproduced by economic systems that put profit ahead of people.

ACTIVITY 6

Explain in your own words their vision of a global health-care system and just economic systems.

Lessons for Faith Communities

There are three lessons from Positive Muslims that can assist other faith communities in their response to the challenges of HIV&AIDS. These are:

- The importance of a clear mission statement and goals that are rooted in one’s faith traditions. Positive Muslims have a clear mission statement for their ministry in the context of HIV&AIDS based on their faith tradition, Islam

- A theological commitment, based on justice and compassion, to re-read and interpret faith traditions and sacred texts in response to the challenges of HIV&AIDS as well as to challenge oppressive structures
- Ministries that meet the needs of PLWHA, their families and communities

SUMMARY

In this unit we studied the following issues:

- The five pillars of Islam and Islamic teachings on health and sexuality;
- Islam and HIV&AIDS through the work of Positive Muslims, an Islamic organization that is responding to the need of Muslims Living with HIV&AIDS
- The mission and goals of Positive Muslims which are based on a commitment to compassion, re-interpreting Islamic teachings in the context of HIV&AIDS and challenging social injustice
- Lessons from Positive Muslims for faith communities

SELF-ASSESSMENT ACTIVITY

Write your answers in your notebook.

1. Define the five pillars of Islam.
2. Describe the Islam perspective of sexuality and health.
3. Write down the mission statement and goals of Positive Muslims.
4. Give examples of the compassionate ministries of Positive Muslims.
5. Explain how Positive Muslims responded to the question of condoms and supplying clean needles to drug addicts.
6. Give examples of the social injustices that Positive Muslims are targeting.
7. What lessons have you learned that you can apply to your faith community?



FURTHER READING

Positive Muslims. 2004. *HIV/AIDS & Islam. Reflections based on Compassion, Responsibility and Justice.* www.positivemuslims.org.za

GLOSSARY

Allah	the name for God in Islam.
Prophet	
Muhammad,	Prophet Mohammad, is the founder of Islam.
Qur'an	the sacred text of Islam.
Five pillars	
of Islam	are faith-related activities that are practiced by every Muslim.
Muslim	someone who believes in Islam.
Positive Muslims	one of the first organizations in South Africa to respond to HIV&AIDS among Muslims. It was founded in June 2000.

TEST AND FINAL EXAM

Congratulations for completing this module. I hope that you are encouraged by what you have learned in this module and will implement the knowledge you have gained in your faith community. Your final task is to write a test and final exam. The test and final exam will assess your knowledge and understanding of the module. Go over the module and assessment activities before you write the test and final exam.

TEST – MODULE 8

This test has fifty questions. Answer all questions. All of the questions require short answers. The purpose of this test is to see whether you have understood the content of this module. This test will also prepare you for the exam.

1. What is the difference between HIV&AIDS?
2. Explain two ways in which HIV can be transmitted and one way in which it cannot be transmitted.
3. Describe three areas of social and structural injustices that relate to HIV&AIDS prevention, treatment and care.
4. What was the initial reaction to HIV and AIDS by society and the religions?
5. What is stigma?
6. Describe the impact of stigma on PLWHA.
7. Define theology and the purpose of theology.
8. Using PACSA and KZNCAN's research, give one example of a conflicting message from the initial theology of the Christian church.
9. Define health.
10. What two words describe the biblical concept of health?
11. What is healing in the context of HIV&AIDS?
12. List the four characteristics of a theology of healing.
13. List the challenges of HIV&AIDS for the practice of healing.
14. What is palliative care?
15. Name three reasons why women are vulnerable to HIV&AIDS.
16. Give two examples of the impact of HIV&AIDS on children.
17. Give two examples of the impact of HIV&AIDS on the elderly.

18. Name three important aspects of physical healing in the HIV&AIDS context.
19. What is mental health?
20. Why is HIV&AIDS a threat to mental and psychological health?
21. What is inner healing and why are stories important to inner healing?
22. What is play therapy?
23. Name the five spiritual needs that were expressed by PLWHA and their caregivers in the research done by KZNCAN and PACSA
24. Describe two aspects of structural wholeness and two values that support structural healing.
25. Describe the similarities and differences between the beliefs of AICs and Pentecostal churches in regards to healing.
26. What is the emphasis on healing in mainstream churches?
27. Name two challenges that HIV&AIDS bring to healing in the church today.
28. What is the law of retribution?
29. Give two examples in the Hebrew Bible that support the law of retribution.
30. Name the four theological models of healing that challenged the law of retribution.
31. Explain how the four theological models of healing challenged the law of retribution.
32. What was the role of healing in the ministry of Jesus?
33. Name the central teaching on healing in each of the following stories: the healing of the bleeding woman, the healing of the blind man and the healing of Zaccheaus.
34. Name any three teachings about illness and afflictions from Paul.
35. What was Paul's teaching about healing in 1 Corinthians 12?
36. Name three aspects of healing from James.
37. Name any three metaphors in the New Testament for the church.
38. Describe the mission of the church.
39. What two lessons did you learn from Reverend Xapile's experience?
40. Name the four characteristics of a healing church.
41. Explain the central beliefs in African Indigenous Religion/s on disease/illness and health.
42. Describe the process traditional healers use to heal individuals.

43. Describe the process that traditional healers use to heal.
44. List and describe two helpful and two unhelpful aspects of healing individuals in African Indigenous Religion/s.
45. List and describe two helpful and two unhelpful aspects of healing communities in African Indigenous Religion/s.
46. Describe the relationship between traditional healing and western medicine in the context of HIV&AIDS.
47. List the five pillars of Islam.
48. Explain the central teachings of Islam on health.
49. Explain the central teaching of Islam on sexuality.
50. Give three examples of how Positive Muslims are responding to the challenge of HIV&AIDS in the Muslim community.

EXAMINATION – MODULE 8

This examination consists of two sections: Section A and Section B.

Section A consists of twenty-five questions which can be answered in one or two sentences. Each question is worth two marks. There are a total of fifty marks possible.

Section B consists of eight questions. You are required to answer five questions. Each question is worth ten marks. There are a total of fifty marks possible.

SECTION A

1. What is the relationship between HIV&AIDS?
2. Name two ways in which HIV can be transmitted.
3. What is stigma?
4. Describe the impact of stigma on PLWHA.
5. What is theology?
6. Describe the main purpose of theology.
7. Name the four challenges of HIV&AIDS for the practice of healing.
8. What is palliative care?
9. Name two examples of the suffering of children in the context of HIV&AIDS.
10. Give two examples of the impact of HIV&AIDS on the elderly.
11. What is the difference between a heterosexual and a homosexual person?

12. What are the main aspects of physical healing in the HIV&AIDS context.
13. Name two characteristics of mental health?
14. Give two reasons why HIV&AIDS are threats to mental and psychological health?
15. Name two reasons why the telling of stories is important to inner healing.
16. Give two purposes for the use of play therapy for children in the context of HIV&AIDS.
17. Name the two most important spiritual needs expressed by PLWHA and their caregivers in the research done by KZN CAN and PACSA.
18. Name two common beliefs on healing shared by AICs and Pentecostal churches.
19. What was the law of retribution?
20. Give two examples in the Hebrew Bible that support of the law of retribution.
21. Name any three teachings about illness and afflictions from Paul.
22. Name any three metaphors used in the New Testament for the church.
23. Describe the mission of the church.
24. What two lessons did you learn from Reverend Xapile's experience.
25. Name the five pillars of Islam.

SECTION B

ANSWER FIVE (5) OF THE EIGHT (8) QUESTIONS

1. Write a letter to the head of your church explaining why, in the context of HIV&AIDS, your church needs to be prophetic and active in confronting social and structural injustice.
2. Describe the four characteristics of a theology of healing in the context of HIV&AIDS?
3. You have been asked to lead the ministry of healing in response to HIV&AIDS in your faith community. Write a paper that will explain healing, health and types of healing in the context of HIV&AIDS.
4. "The wages of sin is death!" This is a biblical quotation that is often used by ministers to condemn PLWHA. Write a challenge to this teaching based on lessons from the Hebrew Bible and New Testament, including some of the basic facts about HIV&AIDS and stigma.

5. Describe the four characteristics of a church that is a healing community in the context of HIV&AIDS.
6. Describe women's vulnerability to HIV&AIDS throughout their lives and give examples of stories from both the Hebrew Bible and the New Testament that can empower women in their struggle for justice.
7. Write a paper for your local ministers' meeting explaining the importance of networking with other faiths in the struggle against HIV&AIDS. Give examples of lessons that the church can learn from African Indigenous Religion/s and Islam.
8. Describe five ways in which the lessons that you learned from this module can be used to empower your faith community to respond to the challenges of HIV&AIDS.

Selected Bibliography

Anderson, Allen H. 2000. *African Reformation: African Initiated Christianity in the 20th Century*. Trenton New Jersey: Africa World Press.

Anderson, Allen H. and Samuel Otwang. 1993. *Tumelo The faith of African Pentecostals in South Africa*. Pretoria: University of South Africa.

Atkinson, David J. and Field David H et. al. Eds. 1995. *New Dictionary of Christian Ethics and Pastoral Theology*. Illinois: IVP.

Barnes, Linda L. ed. 2004. Teaching Religion and Healing. In *Religious Studies News – AAR Edition*. May, pp ii-iii.

Braswell Jr., George W. 1996. *Islam: It's Prophet, Peoples, Political Power*. Nashville: Broadman and Helman Publishers.

Brueggemann, Walter. 1997. "A Shape for Old Testament Theology, II. Embrace of Pain," pp.27-48. In Miller, P.D. Ed. *Old Testament Theology: Essays in Structure, Theme and Text*.(pp. 27-48) Minneapolis: Fortress Press.

Brueggemann, Walter. 1978. *The Prophetic Imagination*. Minneapolis: Fortress.

Byamugisha, Gideon et. al. 2002. *Journeys of Faith Church-based responses to HIV and AIDS In Three Southern African Countries*. Pietermaritzburg: Cluster Publications.

Clifford, Paula. 2004. *Theology and the HIV/AIDS epidemic*. London: Christian Aid.

Collins, Gerald SJ. and Farrugia, Edward G. SJ. eds. 2000. *A Concise Dictionary of Theology. Revised and Expanded*. Edinburgh: T & T Clark.

Dambala, Obed Maua et. el. 2005. "Embracing, not Excluding-Mark 1:40-45," pp. 87-90. In United Evangelical Mission. *God breaks the Silence: Preaching in Times of Aids*. Basel: United Evangelical Mission.

Defilippi, Kath. 2003. "Dealing with poverty," pp. 164-173 in Uys, Leana and Sue Cameron. eds. *Homebased HIV & AIDS Care*. Oxford: Oxford Press Southern Africa.

Douglas, J.D. et. al. eds. 1996. *New Bible Dictionary Third Edition*. England: Intersarsity Press.

Dube, Musa W. ed. 2004. *AfricaPraying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy*. Geneva: World Council of Churches

- Dube, Musa W. ed. 2003. *HIV/AIDS and the Curriculum: Methods of integrating HIV/AIDS in Theological Programmes*. Geneva: WCC Publications.
- Dunn, James. 1998. *The Theology of Paul the Apostle*. Grand Rapids: William B Eerdmans.
- Gennrich, Daniela. 2004. *The Church in an HIV+ World: A Practical Handbook*. Pietermaritzburg: Cluster Publications.
- Green,Edward C. 1994. *Aids and STDs in Africa: bridging the gap between Traditional Healing and Modern Medicine*. Pietermaritzburg: University of Natal.
- Harrington,Daniel, SJ. 2000. *Why do we Suffer: A scriptural approach to the human condition*. Sheed and Ward: Wisconsin.
- Jackson, Helen. 2002. *AIDS: AFRICA*. Harare, Zimbabwe: SAFAIDS.
- Kahn, Ada P. and Jan Fawcett. eds. 2001. *The Encyclopedia of Mental Health* 2nd ed. New York: Facts on File.
- Jean-Yves, Lacoste. 2005. *Encyclopedia of Christian Theology Volume 3*. London: Routledge
- Jewitt, Liesel. 2004. "Bereavement – our children's lives affected by death." pp. 3-5. In *Bereavement-The partnership*. Pietermaritzburg: Youth for Christ.
- Khomanani, Government of South Africa Publications and Soul City Institute of Health and Development Communication. 2004. *HIV and AIDS*. Johannesburg: Soul City Publications.
- Kwazulu Natal Church AIDS Network. 2005. *Churches and HIV/AIDS: A Research on KwaZulu-Natal Christian Council member church initiatives and strategies in response to the HIV/AIDS crisis in KZN – Draft Report*. Pietermaritzburg: KZNCC.
- Martey, Emmanuel, Daisy Mwachuku and Kasonga wa Kasonga. Eds. 1994. *The Church and Healing Echoes from Africa*. Berlin: Peter Lang.
- Ma Mpolo, Jean Masamba and Daisy Nwachuku. eds. 1991. *Pastoral Care and Counseling in Africa Today*. Bern: Peter Lang.
- Mbiti, John S. 1986. *Bible and Theology in African Christianity* Nairobi: Oxford University Press.
- Morgan, Alice. 2000. *What is narrative therapy? An easy-to-read introduction*. Adelaide:Dulwich Centre Publications.
- O'Brien, Kevin and Peter Clark 2002. "Drug Companies and AIDS in Africa," pp. 8-12. In *America*. Volume 187. Issue 17.

Pietermaritzburg Agency for Christian Social Awareness. 2004. *Churches and HIV/AIDS Exploring how local churches are integrating HIV/AIDS in the life and ministries of the church and how those most directly affected experience these.* Pietermaritzburg: PACSA*

Pilch, John J. 2000. *Healing in the New Testament: Insights from Medical and Mediterranean Anthropology.* Minneapolis: Fortress Press.

Smart, Rose. 2003. "Planning for orphans and HIV & AIDS affected children." Pp. 174-195. In Uys, Leana and Sue Cameron(Eds.) *Homebased HIV & AIDS Care.* Oxford: Oxford Press.

Stone, Bryan P. 1996. *Compassionate Ministry.* New York: Orbis Books.

Van dyke, Alta. 2001. *HIV/AIDS Care and Counselling: a multidisciplinary Approach.* Cape Town: Pearson Education SA.

Wolterstorff, Nicholas. 1999. "The Contours of Justice: An Ancient Call for Shalom" pp. 108-138 In Lampman, Lisa Barnes and Michelle D. Shattruck. *God and the Victim.* Michigan: William B. Eerdmans.

Veddeler, Angelika and Abedinego Keshomshahara "A Welcoming Church: What every preacher should know," pp.36-38. In United Evangelical Mission. 2005. *God breaks the Silence: Preaching in Times of Aids.* Basel: United Evangelical Mission.

RESEARCH DOCUMENTS Contact Information:

Kwazulu Natal Church AIDS Network (May 2005) Churches and HIV/AIDS

A Research on KwaZulu-Natal Christian Council member church initiatives and strategies in response to the HIV/AIDS crisis in KZN - Draft Report

Contact Details: KZNCAN - Coordinator: Ms Bongiwe

Dumezweni Email address: kzncan@mweb.co.za

Address: P.O. Box 2035 Pietermaritzburg 3200

Telephone: 033-3454819 Fax: 033-3949965

Pietermaritzburg Agency for Christian Social Awareness (December 2004)

Churches and HIV/AIDS Exploring how local churches are integrating HIV/AIDS in the life and ministries of the church and how those most directly affected experience these.

Contact Details: PACSA - Director - Ms Daniela Gennrich

[Email:danielag@pacsa.org.za](mailto:danielag@pacsa.org.za)

Rob Smetherham Bereavement Service for Children (RSBSC) Private Bag X9118, Pietermaritzburg 3200 South Africa [Email: rsbsc@polka.co.za](mailto:rsbsc@polka.co.za)

Contact person: Lulu Hlophe

