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### Role of the Church in Fighting HIV-Aids Stigmatization Among Women In Kenya

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ROLE OF THE CHURCH IN FIGHTING HIV-AIDS STIGMATIZATION AMONG WOMEN  
IN KENYA

A Thesis Presented to the Faculty of  
Concordia Seminary, St. Louis,  
Department of Practical Theology  
in Partial Fulfillment of the  
Requirements for the Degree of  
Master of Arts

By  
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May 2015

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## ABBREVIATIONS

HIV— Human Immune Deficiency Virus

AIDS— Acquired Immune Deficiency Syndrome

ARC—AIDS Related Complex

NPH—National Policy on HIV/AIDS

NMSF—National Multisectral Strategies Framework on HIV

ARV—Antiretroviral

PLWHA—People living with HIV/AIDS.

STI—Sexually Transmitted Infections

ICRW—International Centre for Research on Women

ELCK—Evangelical Lutheran Church in Kenya

## ACKNOWLEDGMENTS

A Chinese philosopher, Lao-tzu (604 BC-531 BC) once said that a journey of a thousand miles begin with one step. It is, therefore, with immense gratitude that I acknowledge the support and priceless encouragement of the following individuals in this thousand mile journey: my advisor, Dr. Richard Marrs, under whom I took my Practical Theology classes and who also helped me develop my thesis prospectus as well as introducing me to many literary resources, Dr. Joel Elowsky for his useful insights of the early church fathers and the history of epidemics. I am indebted to my thesis committee for your brilliant comments and suggestions which were indeed helpful in this research. I am unable to put words to my feelings of gratitude and sincere appreciation to: my spouse Mr. Richard Ngare for your personal efforts behind my success, Sister Evelyn Ouko and my entire family for your support with the children who also dealt with my absence from many family occasions with smiles and courage. I extend my profound thanks to Dr. T. Joseph Omolo, and the Hammonds for your tireless motivation and seminarian Spaulding Nathan for proofreading this document.

It is my hope that this Thesis will ignite more debate geared towards shunning stigmatization of women elsewhere in Africa and correct both theological errors and cultural prejudice that lead to AIDS stigmatization.

## ABSTRACT

Ouko, Christine Adhiambo. "Role of the Church in Fighting HIV-AIDS Stigmatization among Women in Kenya." MA thesis, Concordia Seminary, 2015, 116 pp.

Practical Theology, a discipline under which this thesis is based, is the application of God's word in real life problems. HIV/AIDS stigmatization is a persistent and pernicious problem to any effective response to the pandemic. It is, therefore, a perennial danger confronting the church. The peril is acute when women and children struggle in alienation and despair in familial, social, and religious places believed to be lifesaving stations. Apparently, it is not easy to bear the burden of secondary stigmatization because it inevitably exposes us to our own vulnerabilities since the pain of those people who are stigmatized resonates our own pain. However, it is in relating to those in pain that we become growth enablers in their lives. It is within this context that this thesis questions the role and response of the church to AIDS stigmatization. This thesis provides important insights and challenges Christian communities, not only in Kenya, but also in all situations where people are stigmatized and suffer from being treated as "others." It is with the conviction that christian community is a movement that provides refuge to the needs of those lying on contemporary Jericho Roads, robbed of their self-esteem, identity, and dignity, and beaten by the crises and tragedies of AIDS stigmatization that the church should be an active participant and not a mere observer or good speck removers in this movement. The church should address aspects of people's lives that have been shipwrecked in their daily storms of living with AIDS stigmatization, broken in the hidden coral reefs of anxiety, lack of integrity, and guilt.

## CHAPTER ONE

### INTRODUCTION

While HIV/AIDS is a current epidemic in society, Leprosy was a major pandemic in the Biblical times. The two epidemics attract stigmatization. Dealing with the problem of HIV/AIDS stigmatization remains a daunting task and the best way to respond to AIDS pandemic, is still an ongoing debate. Women are the most people affected by stigmatization in Sub-Saharan countries. Being the backbone of any African family, they are charged with such responsibilities as care for the family members not only in times of sickness but also in the absence of sickness. Therefore, whatever affects a woman affects the whole household. Such caring responsibilities expose them to risks and vulnerabilities. An example of this risk is HIV infection that happens in the course of providing care for a sick family member. In the event that she is infected through such means or any means that are culturally oriented, she is not spared the agony of stigmatization. This evokes denial, non-disclosure and continuous spread of the disease. It is with this concern that this thesis seeks to examine the response of the Christian community to AIDS stigmatization. There is a need for the Christian community to intervene not just in deed; through social action but also in breaking the silence surrounding stigmatization and advocacy or doing justice to the stigmatized.

The church in her practical ministry is confronted with the task of ministering to the physically challenged, spiritually vulnerable, and psychologically perturbed HIV/AIDS infected members. When HIV attacks the body, a person's physical health is affected; her mental and spiritual worlds are shattered. The person becomes unable to cope with the reality of her

anticipated death. The psychological struggles that the infected person goes through, with the realization that the virus is in the body and the fact that cure may not be a possibility, causes, self-pity, anxiety, and depression. The social dimension of this pandemic entails suffering inflicted by family, friends, and colleagues. The person is, therefore, tempted to question the presence of God in her suffering. As the medical fraternity engages in a zealous attempt to control the pain, one is left with the question: how does the church community respond to help the person find meaning and purpose in her suffering? This thesis will propose that the church needs to be a refuge and a place of healing and hospitable community for those affected by AIDS stigmatization. In order to do this, it must employ a holistic approach to help the suffering and curb AIDS stigmatization.

In his play, *Romeo and Juliet*, Shakespeare says that there is nothing significant in a name. His argument is that, calling a rose flower by any name will not affect its sweet scent. However, HIV/AIDS stigmatization has proved that a name holds one's identity, dignity, self-worth as well as self-efficacy. When a person becomes infected with HIV, she is identified by her health status, and her identity changes to "a person living with HIV." Furthermore, her image becomes tainted, which is a stark contrast of the image of God that human beings possess. Names given to people living with HIV/AIDS indicate their affected relationships with others and their lost identities. Labels such as "eating plastic, winning the Lotto, joining the World Wide Web (www) of HIV/AIDS"<sup>1</sup> are some of the names used to show the seriousness of the level of stigmatization.

In the second chapter, this paper will discuss the general background information about HIV/AIDS. It will look at both historical and scientific information about the disease, and the

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<sup>1</sup> Uys Leana et al "Eating Plastic, Winning the Lotto and Joining WWW": Description of HIV/AIDS in Africa." *Journal of The Association of Nurses in AIDS Care* 16(2005) 11-21.

factors that have led to the escalating number of people infected. It will also explore the labels with which the infected are branded and the struggle that exists between the “normal” and the “abnormal” with the quest for inclusion. Chapter three examines the relationship of the church community with the stigmatized. It looks at compassion as a way of enhancing solidarity with the stigmatized so as to bring them relief. Chapter four explores various ways by which a Christian community instills hope in a stigmatized person.

Chapter five will discuss the church’s initiatives and shortcomings in addressing AIDS stigmatization. It will argue that the church has mainly been responsive through mercy work with minimal pastoral and spiritual care. This has put many stigmatized at the mercy of those who support them, jeopardizing the essence of charity, and giving way to stigmatization. This chapter also provides practical solution to the problem of stigmatization.

In Chapter six, this paper will provide a summary of the discussions on the previous chapters as well as the general opinion of the researcher. The goal of this thesis is to understand AIDS stigmatization and to explore practical means by which the church can minister to the stigmatized. Hopefully, this thesis will stimulate further discussion on the issue of stigmatization as well as become beneficial to the church.



## CHAPTER TWO: BACKGROUND INFORMATION AND DEFINITIONS—HIV/AIDS

Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome have been a global threat that continues to create a state of urgency in all issues related to what it is to be a human person and what it means to live together in a community. “HIV/AIDS epidemics affect all aspects of human lives: cultural, spiritual, economic, political, social and psychological. It raises spiritual questions: “Does God care? Does God hear prayers or heal, is God punishing us?”<sup>2</sup> The stigma that it has on both the infected and those affected by the disease is a great challenge to the church and her ministry. Responding effectively to these challenges posed by HIV/AIDS continue to be a dilemma to nations and organizations following the dynamics of the scientific facts and socio-cultural issues related to its infection and rapid spread. This pandemic “works through social injustice [and it is] an epidemic within other social epidemics of injustice.”<sup>3</sup>

Theories have been formulated about the emergence of HIV and AIDS. Many questions have been asked why it affects humans ever since it was reported by the US Centers for Disease Control in 1981. Various findings indicate that HIV belongs to an unusual group of viruses that include leukemia viruses in humans, cattle and other animals.<sup>4</sup> Earlier on, there was misguided information where some people attributed HIV/AIDS to God’s punishment for sexual

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<sup>2</sup> Musa W. Dube. *HIV/AIDS and The Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes* (Geneva, Switzerland: WCC, 2003), vii.

<sup>3</sup> *Ibid.*

<sup>4</sup> Helen Jackson, *AIDS AFRICA—Continent in Crisis* (Harare, Zimbabwe: SafAIDS, 2002), 3.

promiscuity. Most of these attributions also arose out of fear. Helen Jackson in *AIDS AFRICA-Continent in Crisis* says that, "other people have blamed biological warfare experiments that released the virus into the global population either deliberately or accidentally."<sup>5</sup> Another line of thought is that polio vaccines widely given in central Africa in 1950 and 1960's using monkey serum could have been rapidly passed on to thousands of humans through vaccination.<sup>6</sup> Due to the magnitude of the problems currently experienced with the disease as the plague of the century, Gilbert Herdt referred to this pandemic as the most "devastating epidemics since the black plague of the middle ages."<sup>7</sup>

The distinction between HIV and AIDS becomes improper when the two terminologies are confused or separated. While HIV is a virus, AIDS is the medical consequence of viral infection. As for AIDS, the syndrome is a collection of conditions or complications that result from immune deficiency. In this case therefore, people with HIV do not necessarily have AIDS since AIDS is one of the many stages in HIV infection. When symptoms of a weakened immune system emerge, those who are infected are said to have AIDS Related Complex (ARC).

### **HIV/AIDS Prevalence**

From a geographical point of view, the rate of HIV infection varies from one continent to the other. In other instances, the virus has spread faster or slower in various populations according to differing risk factors. For example, in the US, the disease was linked to homosexual behavior which involves risk groups, while in Sub-Saharan countries, it is associated with heterosexuality which is a wide spread practice among various groups despite their marital

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<sup>5</sup> Ibid., 3.

<sup>6</sup> Ibid.

<sup>7</sup> Gilbert Herdt, *The Time of Aids: Social Analysis Theory and Method* (Newbury Park, CA: SAGE, 1992), 3.

status. This therefore, explains why the impact of the disease varies in different regions at different rates. According to UNAIDS and WHO reports 2000, Sub-Saharan Africa is the hardest hit regions in the world. The three East African countries south of Sahara are equally affected by the pandemic. These countries include Kenya, Uganda and Tanzania. In 2012, Uganda's total number of people living with HIV/AIDS was 1.5million. The number of women infected were 780,000 while children were 190,000.<sup>8</sup> "National policy on HIV/AIDS (NPH) and the National Multi-Sectoral Strategic Framework on HIV (NMSF) estimated that more than two million people were living with HIV/AIDS in Tanzania in 2002. Among those who were infected 70.5 percent were in the age group of 25–49. Tanzania's prevalence rate is about 7 percent which varies from one region to the other; some with higher rates others with lower."<sup>9</sup>

Kenya being the main focus of this paper as one of the affected regions covers a total area of 582,646 square kilometers. It is boarded by Indian Ocean and Somalia in the East, Tanzania in the south, Ethiopia and Sudan in the north and Uganda in the west. "The first HIV case in Kenya was recorded in 1984, and in 1987, antiretroviral drugs were made available in the private hospitals. The then president of Kenya declared HIV/AIDS a national disaster in 1999 and thereby called for the establishment of the national AIDS Control Council. In 2003, Antiretroviral (ARVs) were introduced to the public sector in Kenya."<sup>10</sup> Since then, HIV infections in different parts of Kenya have been linked to different variables that include culture, mobility, poverty, political unrest and urbanization. In addition to being a public health issue in

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<sup>8</sup> "UNAIDS," Online: [http:// www.unaids.org](http://www.unaids.org).

<sup>9</sup> Elia Shabani Mligo, *Jesus and the Stigmatized: Reading the Book of John in a Context of HIV/AIDS-Related Stigmatization in Tanzania* (Eugene, OR: Pickwick, 2011), 81.

<sup>10</sup> National AIDS Control Reference Manual, The Government of Kenya, 2008, 36.

this country, this pandemic also has developmental, spiritual and economic implications on the population.

Economic impact of HIV–AIDS pandemic is alarming. It is a consequence of poverty in a situation where a person uses all of her resources in seeking treatment while she is economically unproductive due to her health conditions. Poverty issue also arises from exorbitant cost of funerals that leave the family of the diseased with nothing on which to depend. In families where the head of the household charged with the responsibility of providing for the family become sick and unable to work, household's incomes sometimes drop to almost nothing. "Many affected families must spend the limited financial resources they have caring for loved ones, leaving them unable to pay for basic necessities or invest in their children's futures."<sup>11</sup>

Circumcision is one of the strategies that has since been used to reduce the infection rates in Kenya. Male Circumcision among the Bantus<sup>12</sup> speaking group is a cultural practice that has since been embraced because of its impact on the reduction of HIV infection. However, female genital mutilation which is also a cultural initiation rite into adulthood is unsafe for the young girls and at the same time psychologically troubling besides being a fueling factor to the spread of HIV. If this practice is done without anesthesia and in unhygienic conditions, it renders the young girls prone to infections and subjects them to untold pain. Nilotes practice wife inheritance in which case a wife is inherited after the death of her husband to fulfill some cleansing rites that are deemed important by the community. In such communities that embrace

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<sup>11</sup> Linda K. Fuller, *African Women's Unique Vulnerabilities to HIV/AIDS: Communication Perspectives and Promises* (New York, NY: Palgrave, 2008), 13.

<sup>12</sup>There are various groups in Kenya categorized depending on their original homeland before the migration and the places where they finally settled. For example, the Nilotes were originally from Sudan but when they arrived in Kenya there was further subdivision that saw other groups settle along the Rivers and Lakes hence called the River Lake Nilotes and those who settled on plains therefore are referred to as the plain Nilotes. Highland Nilotes settled on higher grounds such as the mountainous regions.

this practice, traditions demand that brothers of the diseased have to inherit the widow to ensure that the property of the diseased remain within the family. “Professional inheritors”<sup>13</sup> would be called to perform the ritual in cases where there is no one to inherit the widow. In the event that the inheritor’s health status is unknown, the widow ends up being infected with the virus. Linda notes that, “As widows, they might have to undergo cleansing experiences with family member... under a system known as Levirate, the stated purpose being to rid them of poison.”<sup>14</sup> However, this has exposed many widows to the risks of infection.

Urbanization and interaction of people from urban and rural areas have contributed to the spread of HIV/AIDS in Kenya. Higher concentrations of vulnerable groups coupled with in and out movement of infected individuals have fueled the spread of the disease. Urban areas constitute regions where commercial sex thrives especially in major cities with economic activities such as mining towns, port and refugee camps. While the risk of infection in rural areas is culture driven, the urban risks are associated with socio-economic factors.

Political unrest has directly or indirectly increased the risk of HIV infection by disrupting infrastructure and increasing social instability in conflict prone areas. The realities of the conflicts and strife were evident during the 2008 post-election Violence in Kenya. However, there are also exceptions where this pandemic has also affected the most peaceful areas of the country. An example of such area is the western part of Kenya which does not frequently experience war or major tribal conflicts.

Religious taboos are vital for social control of immorality. However, these taboos have also contributed to the spread of the disease. Open discussions about sexuality have been limited

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<sup>13</sup> Fuller, *African Women's Unique Vulnerabilities to HIV/AIDS*, 13.

<sup>14</sup> *Ibid.*, 6.

although awareness is being created on protective measures. Patrick Dixon says that “when people start talking about HIV, how it spreads, about testing, treatment and how people can protect themselves, then infection slows down.”<sup>15</sup> In the recent past there was silence about the pandemic. Dixon notes that “in Nigeria and Democratic Republic of Congo, many people in rural areas believe that AIDS-related illnesses are caused not by HIV but by a curse from a witch doctor.”<sup>16</sup> Although awareness has been created, the spread of the disease still continues.

The effect of this pandemic is enormous. Family as a basic unit in African society is adversely affected by the disease. This is because if an individual becomes ill the whole family is made vulnerable. One resident of Zimbabwe comments, “if we are to have a long term solution of the problem, let’s not treat the symptoms. We’ve to go deep to the roots of the problem.”<sup>17</sup>

In summary we have seen HIV/AIDS spelt out, its wide spread in different regions stated and the factors that have contributed to its prevalence noted. However, stigmatization remains a social problem, a spiritual challenge and a psychological dilemma to both the affected and the infected.

### **Towards a Definition of Stigma**

Stigmatization of people living with HIV/AIDS continues to be a global challenge to the church as well as the secular world. It impedes the reduction of HIV/AIDS, the efforts to prevent new infections and the need to compassionately and effectively care for and respond to the plea of those who are affected and infected. Gillian Paterson acknowledges that stigma is a theological issue that touches on core matters that pertains to the church. She writes:

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<sup>15</sup> Patrick Dixon, *AIDS Action* (Brentford, Britain: Acet, 2010), 27.

<sup>16</sup> *Ibid.*, 40.

<sup>17</sup> Debbie Dorzbach, *AIDS in Africa: The Churches Opportunity* (Nairobi, Kenya: Map, 1996), iii.

For theology, stigma is first and foremost an ethical issue; it is about truth; and it connects with our broad understanding of what it means to be human being. AIDS related stigma also invites reflection from the sub-discipline of ecclesiology, missiology and public theology: it has implications for church as a community or communities, its mission in the world, and its role in relation to the rest of civil society. It has implications for church history and for biblical studies ... Stigma is also a Christological question raising the issues about incarnation, salvation, and about what it means for the church to be the body of Christ.<sup>18</sup>

From Paterson's perspective, we can rightly observe that stigma compromises the human need to be relational beings thereby raising ethical issues such as rights of humanity as well as evangelism. Musa W. Dube in agreement with Paterson's stance asserts that "our interdependence as human beings is displayed in all its destructiveness. The personal is devastatingly communal and political."<sup>19</sup>

The HIV/AIDS stigma in the society has a parallel in the Bible. It is compared to Leprosy which was a dreaded disease and whose victims were stigmatized among the people. In the Old Testament, those who were suffering were secluded from the community. The book of Leviticus portrays the plight of a leper vividly well. "The person with such an infectious disease must wear torn clothes, let his hair be unkempt, cover the lower part of his face and cry out, 'Unclean! Unclean!' As long as he has the infection he remains unclean. He must live alone; He must live outside the camp" (Lev. 13:45-46 NIV). Such stigmatization led to ambiguous interaction between those who were infected and the society members. With the quest and zeal to define stigma, every discipline must question its persistence and delve into its cause and effect. This section will define stigma as an interdisciplinary concept with the conviction that this approach will give clarity about the problem of stigma in general and stigma related to HIV/AIDS for the

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<sup>18</sup> Gillian Paterson, *AIDS Related Stigma: Thinking outside the Box* (Geneva, Switzerland: The Ecumenical Advocacy Alliance and the World Council of Churches, 2005), 6.

<sup>19</sup> Dube, *HIV/AIDS and The Curriculum*, 68.



Churched and the unchurched. Looking at stigma in a broader perspective, this section also highlights various issues that have been stigmatized in the society since time immemorial. To narrow down to the main title of this research, the section also focuses on AIDS related-stigma and its manifestations on women.

Webster's College Dictionary defines stigma as an "obvious trait that is characteristic of a defect or disease." On the same front, American psychologists Brenda Major and Collette P. Eccleston perceive stigma as a "mark" or "sign" of disgrace or discredit upon an individual or group of people with a particular status."<sup>20</sup> This definition depicts the Greco-Roman belief that mental illness was tantamount to impurities which were believed to be the cause of psychotic disorders. The Crucifixion of Jesus Christ may also be seen as stigmatizing but then it was through the stigma that Jesus suffered that divine favor was won for all human kind. Like in ancient Greece, stigma remains pervasive in the society and attracts a great sense of shame, loss of face and humiliation. In his book *Stigma: Notes on the Management of Spoiled Identity*, Erving Goffman says, "The Greeks who were apparently strong on visual aids, originated the term stigma to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier."<sup>21</sup> According to Goffman, "abomination of the body or physical deformity"<sup>22</sup> is normally the result of illnesses which leads to stigmatization. It is, therefore, by the way that others treat the rest that one forms the judgment that the person carries a stigma. The Sociologist, Emile Durkheim first explored about stigma in 1895. He writes:

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<sup>20</sup> Brenda Major and Collette P. Eccleston, *Stigma and Exclusion: The Social Psychology of Inclusion and Exclusion* (New York: Taylor & Francis, 2005), 24.

<sup>21</sup> Erving Goffman, *Stigma: Notes on The Management of Spoiled Identity* (Englewood, NJ: Cliffs Prentice-Hall, 1963), 1.

<sup>22</sup> Ibid.



Imagine a society of saints, a perfect cloister of exemplary individual's crime or deviance, properly so-called, will there be unknown; but faults which appear venial to the layman, will there create there the same scandal that the ordinary offense does in ordinary consciousness. If, then this society has the power to judge and punish it will define this acts as criminal and will treat them as such.<sup>23</sup>

Although Durkheim does not give the definition of stigma, he illustrates that, every society has a way by which it gauges its members either through the set standards of norms or by socialization.

The same sentiment is echoed by the sociologist Anderson Margret and Taylor Howard, "stigmatized individuals are measured against a presumed norm and may be labeled, stereotyped, and discriminated against. Seen by others as deficient or inferior, they are caught in a role imposed by stigma."<sup>24</sup> Anyone who goes against these norms deviates from the societies' recognized expectations and that attracts stigma and ostracism. Goffman unlike Durkheim gives an elaborate description of stigma by noting that stigma is, "the phenomenon whereby an individual with an attribute which is deeply discredited by his/her society is rejected as a result of the attribute."<sup>25</sup> He further notes that "stigma is a process by which the reaction of others spoils normal identity."<sup>26</sup> From Goffman's definition, stigma being a "process" means it is a gradual occurrence and may be explained in terms of a continuum in the event that certain manifestations of a given behavior or attributes appear with time. An example of such cases is during illness where certain symptoms of that illness are bound to attract stigma. Gerhard Falk sheds more light on why some attributes are considered discrediting by different communities. He contends that "all societies will always stigmatize some conditions and behaviors because doing so provides

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<sup>23</sup>Emile Durkheim, *The Rules of Sociological Method* (New York: The Free Press of Glencoe, 1938), 68.

<sup>24</sup>Margret Anderson and Tylor Howard F., *The Essentials Sociology 2<sup>nd</sup> Edition* (Belmont: Thompsons Wadsworth, 2003), 160-61.

<sup>25</sup>Goffman, *Spoiled Identity*, 3.

for group solidarity by delineating 'outsiders' from 'insiders.' ”<sup>27</sup> From this outsider-insider distinction we realize that the society comprises two categories of people: those who belong and those who are considered non-members because they do not measure up to the set standards of the society. Those who have the stigmatized attributes are secluded by those who do not have such attributes which are considered as abomination. According to Falk, the society is socially constructed through human interpretation resulting to insider –outsider perspective. In essence, when people live together they interact harmoniously because of the common good. However, when this “common good factor” is deliberately or accidentally ruined, then terms of harmonious interaction are revised through interpretation of either behavior or attribute and stigmatization therefore, arises. Consequently, through the interpretation of one another’s behavior, they either bond with or rebel against each other. The complexity and the contextual nature of stigma involve attitude formation that enhances discrimination because it contributes fully to the perception, reaction and internalization of one’s environment. Given that stigma is embedded in social interactions, there is clearly an aspect of superiority and inferiority whereby failing to strike a balance between the two leads to stigmatization. But who defines stigmatizing characteristics in a community?

Angelique Harris in *AIDS, Sexuality and The Black Church*, in agreement with Goffman, says “the medical establishments often create stigmas by defining certain bodies as “unhealthy.”<sup>28</sup> It is therefore, by the way that others treat the rest that one forms the judgment that the person carries a stigma. Also quoted by Harris, American sociologist Talcott Parsons

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<sup>26</sup>Ibid., 3.

<sup>27</sup>Gerhard Falk, *Stigma: How We Treat Outsiders* (New York: Prometheus, 2001), 13.

<sup>28</sup> Erving Goffman, Quoted by Angelique Harris, *AIDS, Sexuality and The Black Church: Making the Wounded Whole* (New York: Peter Lang), 38.

says that when we become ill, we take on a “sick role.”<sup>29</sup> These roles dictate whether a person is to be fully accepted or excluded in the group. It therefore, means that for anybody to enter a doctor-patient relationship the society places the role on an individual and one aspect of this role is that one is not responsible for his or her illness. “The lack of an individual’s responsibility for her ailment [means] the person cannot be blamed for her injuries or physical conditions while being sick.”<sup>30</sup> This sentiment may not necessarily be true owing to the fact that some of the stigmatized medical conditions such as HIV–AIDS are still blamed on those individuals who are ailing. For example, despite the fact that the society may be knowledgeable about the causes of such illnesses as Tuberculosis which are caused by pathogens, these diseases are still viewed as problems of moral decay rather than medical problems. This is because of the impact that they have on people who have been infected with HIV–AIDS. Elia Shabani Mligo in his book *Jesus and The Stigmatized* indicates that there are varies kinds of stigma. He points out that, “Existential [stigma] is an attribute that those individuals did not choose, [it can also be] “achieved,” [hence] an attribute whose attachment involves some sort of contribution from the one to whom it is attached.”<sup>31</sup> Edward T. Welch clarifies Mligo’s explanation from a theological perspective by noting that, “sin shame is something we bring on ourselves [and] victimization shame is done to us.”<sup>32</sup> These categories of stigma may be experienced in different contexts, such as social relations, politics and institutions.

In the African society, cases of childlessness are treated with a lot of hostility, and infertility may become an issue to be pursued by the entire community. Childless couples do not

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<sup>29</sup> Ibid., 38.

<sup>30</sup> Ibid.

<sup>31</sup> Mligo, *Jesus and The Stigmatized*, 40.

<sup>32</sup> Edward T. Welch, *When People Are Big and God is Small: Overcoming Peer Pressure, Codependency, and (continued next page)*

fit in the pattern of family. They may feel that making their interaction with other childbearing couples ambiguous. Penninnah's reaction to Hannah shows this as the Bible states: "And because the Lord had closed her womb, her rival kept provoking her in order to irritate her." 1 Sam 1:6. Still, there are cases where a child's gender is more of a concern to the community, similar to what happened in *Pride and Prejudice* or *Downton Abbey*<sup>33</sup> where the daughter could not inherit the family property. In the parts of Kenya where this culture is in place, every time there is a newborn baby in a family, the first thing that one would hear people ask about is, "Is it a boy or a girl?" In these communities, the birth of a baby girl continues to be a disappointment although modernity is changing this perception. Furthermore, some people may also be discriminated on the grounds that they are either illiterate, uneducated or with all due respect, primitive.

Places may attract stigma especially when there is a negative fact about the place. In such cases, it is easy to ask, "Can anything good come out of Nazareth?" (Jn 1:46.) In this era of HIV/AIDS and stigmatization, we are quick to ask "Can those who are living with AIDS be productive in society? This has led to loss of jobs; friends and families have given up on their loved ones because they are deemed inactive to pursue any meaningful course. People living with disabilities such as visual impairment, mental illness, autism, and epilepsy are cases that are discriminated against. Epilepsy is a chronic non-communicable disease with repeated and unprovoked seizures that occurs quite frequently. Florence Gichoya in an article posted by *The People in Features*, dated May 2, 2014 explains stigma associated with epilepsy. She says, "Due to stigma, many patients [do not] seek medical attention whereas others go to the doctor when

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*Fear of Man* (Philipsburg, NJ: P&R, 1997), 26.

<sup>33</sup>In these stories, which are set in England at the turn of the 19<sup>th</sup> century and circa 1912–1923, respectively, there is a father who owns a significant amount of property who must relinquish it to a distant cousin upon his death due to a lack of sons and an abundance of daughters.

the situation is near fatal.”<sup>34</sup> The society may assume that their presence is a sign of a bad omen and yet the biggest barrier is lack of information about this disease which is not only a medical condition but also a social issue which should be managed at social level. Albinos who are frequently rejected or discriminated against in certain communities in Africa are stereotyped, the claim being that they are not fully human. In a society where “keeping fit”<sup>35</sup> is the order of the day; obesity is shunned and looked down upon leading to stigmatization. The famous Kenyan show “Slim possible” on Citizen Television explains this struggle to fit into the society.<sup>36</sup>

Anorexia which is an eating disorder characterized by food restriction and obsession with having a thin figure is equally an issue in certain communities. It is associated with disease and can attract stigmatization. In Uganda emaciation resulting from HIV infection is called “slim disease.”<sup>37</sup> In this case therefore, those who are anorexic are associated with having this ailment. Currently, people traveling from West Africa are living in fear of stigmatization because of the outbreak of yet another new disease; Ebola that is also lethal and attracts stigma because of its mysterious spread and its unknown cause. In respect of all these examples, it can be said that stigma is not tied to any one particular area of life nor is it unique to any one community. Yet one may argue that the HIV/AIDS stigma is more acute due to the nature of the disease and the general perception of it in many communities. Why is HIV/AIDS stigmatized?

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<sup>34</sup> The People, Features, Fighting Stigma linked to people living with Epilepsy, May 2, 2014.

<sup>35</sup> Keeping fit is a slang used by many people especially in Africa to denote a state of health or being healthy.

<sup>36</sup> Obesity is discouraged for health reasons. Obesity may sometimes be genetic and so is inevitable. One may develop low self-esteem and thereby attract stigmatization. Slim possible is one of the television shows in Kenya that seeks to help people reduce weight through constant exercise and motivation through rewards for every weight loss per session. It has become so competitive that it has attracted majority of those who want to reduce weight for health reasons and partly to evade stigmatization.

<sup>37</sup> Jackson. *AIDS AFRICA*, 5.

## Stigmatization of HIV/AIDS

### Causes and Effects of AIDS Related Stigma

The religiosity of the current modern society is both detrimental and supportive for those people who are living with HIV/AIDS. Despite the fact that many people have found refuge in the church in a time of AIDS crisis, religious institutions have successfully linked sexuality and AIDS with sin and immorality where those who are infected have been associated with immoral behavior, thereby labeling them as “sinners” among the “saved” who are sinful recipients of “their just desert from God.”<sup>38</sup> Dube also makes this observation in reaction to the unconscious and ideological assumptions made in stigmatizing those who are ill. He notes that, the saved are HIV-negative and the unsaved being HIV-positive and those with full blown AIDS.<sup>39</sup> These misguided thoughts depict God as an enraged terrorist who fashions and throws bombs<sup>40</sup> at innocent children born of HIV-positive mothers, victims of unfortunate circumstances such as rape and incest, blood recipients who never contributed to mistakes committed by medical personnel and care givers who accidentally get infected in the course of caring for their sick relatives. Indeed, not all who are infected with the HIV virus have been immoral in their behavior. Ann Burgess and Lynda Lytle Holmstrom illustrate that, “the person is leading a normal everyday life [but] a split second later that life is shattered and that individual is a victim.”<sup>41</sup> Lynda’s view contradicts Jerry Falwell’s theodicy that AIDS is God’s “judgment.”<sup>42</sup> These misconceptions of the mode of infection that have seen some pastors excommunicate

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<sup>38</sup> Alex Waal, *AIDS and Power: Why There is no Political Crisis-Yet* (London, Palgrave: Zed Books, 2006), 14.

<sup>39</sup> Dube, *HIV/AIDS and the Curriculum*, 68.

<sup>40</sup> Robin Gill, ed., *Reflecting Theologically On AIDS: A Global Challenge* (London: SCM, 2007), 62.

<sup>41</sup> Ann Wolbert Burgess and Lynda Lytle Holmstrom, *Rape Crisis and Recovery* (Bowie, London: R.J Brady, 1979), 10.

infected members on the grounds that they are sinners, fuel stigmatization. Therefore, one can deduce that this battle is lost and could be won at the theological and cultural levels. Dube acknowledges this fact by noting that “we cannot hope to change the action and non-action of the church without understanding and seeking to change its assumed, professed and lived theology.”<sup>43</sup> The Anglican Primates succinctly admit that the church plays a role in stigmatization. They write:

We raise our voices to call to an end to silence of fear. We confess that the church herself has been complicit in this silence. When we have raised our voices in the past; it has been too often, a voice of condemnation. We now wish to make it clear that HIV/AIDS is not a punishment from God. Our Christian faith compels us to accept that all persons, including those who are living with HIV/AIDS, are made in the image of God.<sup>44</sup>

Condemnation is not the only response that the church has amidst such pervasive and fundamental human crisis. The church has also practiced exclusion by failure to recognize the unique contributions that PLWHA have in the community and the church. The symbolic danger that HIV carries has enhanced stigmatization in many communities in Africa and to a larger extent, globally. In most cases where it is called polluting disease, it reflects a negative association with the routes through which it infects a person. This polluting quality of the disease becomes the stigmatizing response which culminates into avoidance and isolation.

Gender issues have always contributed to stigmatization of those who are living with the disease. Musa W. Dube asserts that, “the question of gender and the powerlessness of women is key to the development of a theology of HIV–AIDS. In many parts of Africa the spread of HIV/AIDS among women and children is greatly enhanced by the cultural and the economic

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<sup>42</sup> Waal, *AIDS and Power*, 14.

<sup>43</sup> Dube, *HIV/AIDS and the Curriculum*, 66.

<sup>44</sup> Gillian Paterson. *AIDS Related Stigma: Thinking Outside The Box: The Theological Challenge.* (Geneva: *continued next page*)



powerlessness of women. "Even when women are not themselves HIV-positive, they still bear the brunt of caring for those who are ill."<sup>45</sup> In traditional African society, women are expected to submit to the needs of their husbands, cook for the family and bear children. Most women, therefore, depend on their men for food shelter and clothing because the society dictates what they do. Women are, therefore, expected to be monogamous and yet this does not protect them from infection from their polygamous husbands. In the event that they are known to be infected with the virus, the impact of the stigma is greater on them than it would be on their husbands.

Communal life in the African society has been embraced for its immense benefits in team work. The supportive function of the communal life ensures that those who are sick are well cared for by the family members and their needs are met. However, in this era of HIV-AIDS, it poses a dilemma because of stigmatization that accompanies it. PLWHA refrain from interacting with other family members because of fear of being exposed.

Stigma related to AIDS has evoked a lot of reactions from individuals, communities and nations. Even with the ongoing sensitization and the availability of life prolonging medicines, that may be expected to reduce stigma and its devastating effect, such reactions as fear, violence, anger and sympathy still dominate. Blame has become rife as a manifestation of stigma. Fuller depicts such blames as she quotes Jin Tinker who writes:

Denial has in nearly every country been followed by tendency to blame others for introducing and spreading HIV. The United States has blamed homosexual men and Haitians; Europeans and Indians have blamed Africans; Africans have blamed Europeans; Asians have blamed American seamen; others have blamed students or foreigners or prostitutes, or ethnic minorities, or capitalists or unbelievers."<sup>46</sup>

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The Ecumenical Advocacy Alliance and The World Council of Churches, 2005), 3.

<sup>45</sup> Dube, *HIV/AIDS and the Curriculum*, 67.

<sup>46</sup> Fuller, *African Women's Unique Vulnerabilities to HIV/AIDS*, 133.



In Africa therefore, women have always been blamed with the perception that they are the vectors of this pandemic. In reaction to these blames, Arthur J. Ammann notes that, “there is failure to affirm the equality of persons that the Christian faith upholds. Gender, race and status do not make or undermine the value of human life.”<sup>47</sup> This perception of women being “vectors” is stigmatization that is void of relationship and the context when it is only understandable that, women cannot be in this blame alone. The American Sociologist Herbert Blumer argues that, “one primary condition is that action takes place in and with regard to a situation. Whatever be the acting unit—an individual, a family, a school, a church and so on—any particular action is formed in the light of the situation in which it takes place.”<sup>48</sup> One may therefore rightly question the part played by those who blame and stigmatize women in the context of HIV/AIDS. This enacted stigma has enhanced secrecy and denial among many infected women. In conversations one cannot avoid hearing the impact of the magnitude of stigma. Wherever one is psychologically and spiritually burdened, the reaction of family members may be detrimental when they portray negativity towards an infected member since one’s family is the source of unconditional love and support. In the event that she experiences stigma within the family, this hinders her fundamental right to belong and hence secrecy follows. This secrecy is a real catalyst for infection since many mothers will go ahead and even breastfeed their babies normally to conceal their status.

### **Stigmatization and Disclosure**

AIDS-Related disclosure is such a sensitive issue that calls for equal sensitivity, value of one’s dignity and worth as well as confidentiality. The church should not let such mothers cry

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<sup>47</sup> Arthur J. Ammann and Julie Ponsford Holland ed., *Women, HIV and the Church: In Search of Refuge*, (Eugene, OR: Cascade Books, 2012), 2.

like the Biblical leper carrying a sign and a bell confessing their uncleanness in the name of disclosure. Yet in a number of ways the church has also been a participant in stigmatization after disclosure. The summary by the International Centre for Research on Women (ICRW) reveals this fact. The summary states:

A great number of people believe that it is unfair to stigmatize people living with HIV/AIDS; yet they themselves do the stigmatizing. Most people know for sure that HIV does not casually pass from one person to another; yet, they themselves continue to have reservations about associating with PLWHA. Most families commit themselves well to providing the genuine care for people living with HIV/AIDS; yet they themselves stigmatize them through their words and actions in the caring process. Most leaders in some sectors are vocal advocates of anti-stigmatization programs in their areas of work ... yet, they themselves stigmatize PLWHA in their own words and actions."<sup>49</sup>

This summary is a typical reflection of the risk and dilemma of disclosure of HIV status. While disclosure has profound benefits, its impact can also be devastating if confidentiality, of who to disclose to and what to disclose is not put into consideration.

The following story shows how some people view disclosure not necessarily in the context of HIV/AIDS but generally in life. In this case the author uses Participants and facilitator for the sake of discussions. Both of the characters are non-existing in reality.

It is one of those rare Fridays that the group meets to discuss empowerment strategies to improve their economic well-being and have fellowship. On such a day, the facilitator comes up with any impromptu discussion topic geared towards creating awareness and at the same time involving the group to own this discussion for their own enlightenment. The first thing he asks this day is "What do you know about disclosure?" The answers he receives are numerous and varied. While one person says disclosure is when she has to confess to her pastor that she has

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<sup>48</sup> Mligo, *Jesus and the Stigmatized*, 42.

<sup>49</sup> *Ibid.*, 83.

sinned, which she would do depending on the magnitude of the sin, another participant says, “disclosure reminds me of a mistake I did and I would not advice any other person to do whatsoever.” The discussion takes a different turn raising everyone’s curiosity when she mentions that her son fell ill and was “diagnosed”<sup>50</sup> [with HIV], she disclosed this to the community hoping they would empathize and encourage him. She says, “Everybody refrained from using the community sink outside the apartment for fear of infection. The landlord was compelled to move him [her son] out of the apartment claiming that he was highly contagious and would infect the rest of the tenants.” One participant said, “Why would I be tested when I know for sure that I will not get the necessary treatment and support there. Besides if I have to be tested, then I have to go to a facility far away from where people know me because I cannot stand the gossip, I will die of that the following day.” The other participant stated that, “disclosure involves consequences. I have several things I can disclose in my life but one thing that I would rather die without disclosing is my HIV status because of the ridicule that I have seen people go through in families and places they thought would be safe as the church. Let it be found out when I am “dead meat” already. Let the sleeping dog lie!” The last participant noted that, “telling one’s acquaintances and pastor may be a good idea. However, who knows, who else he will tell. I would not like other congregants to stop taking communion for fear of contagion.” The facilitator picks it up to enlighten the group about the benefit of disclosure on various issues of life and how to disclose any necessary information to who and when.

Relating to what is witnessed in society today, some women decline HIV testing because of lack of confidentiality which ultimately leads to unwanted disclosure to family members,

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<sup>50</sup> “Diagnosed” is metaphorical term that denotes infection with HIV. Note that she uses this term assuming that everyone else knows what it means.

employers and others in the community. This then leads to rejection and discrimination. In all circumstances, health care providers are expected to be knowledgeable about HIV/AIDS and its infection. In cases where they portray an action that suggests stigmatization, PLWHA become disappointed and distressed. Withdrawal has been a coping mechanism for many PLWHA who are stigmatized. Psychological withdrawals for these people prove helpful where they anticipate any negative outcome from the society but then it is detrimental to their well-being even as it complicates every effort to combat this disease.

### **Language and Stigmatization**

When HIV/AIDS came into limelight in the United States, people had the perception that it had everything to do with homosexuals and so “GRID” (gay related immune deficiency) or even “gay plague”<sup>51</sup> was commonly used. In Africa with specific reference to some ethnic groups in Kenya, HIV/AIDS was associated with curse in some communities, and so metaphorical terms used to refer to people living with HIV-AIDS have since persisted with new terms being used. It is embarrassing that negative connotations dominate daily conversations in rumors and gossip when people talk about PLWHA. Fuller observes that:

Speakers are not aware that they are stigmatizing with their words or of the damaging impact of what they are saying. Nonetheless, the phrases highlight deviant behavior in connection to HIV or euphemisms for death and physical appearance only reinforce perception that people with HIV are unproductive, useless, and responsible for their infection and a burden to those around them.<sup>52</sup>

This very perception has been used in society to seclude and prejudice those who are living with this disease as noted by Helen Epstein in her book entitled, *The Invisible cure*. She contends that, “occasionally, those known to be HIV positive would be thrown out of their houses, scorned by

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<sup>51</sup> Kathryn Greene, *Privacy and Disclosure of HIV in Interpersonal Relationships: A Source Book for Researchers and Practitioners* (Mahwah, NJ: Lawrence Erlbaum, 2003), xii.

their relatives, or quietly fired from their jobs when their status became known or even suspected.”<sup>53</sup> Many women have suffered the same fate while ailing and at the same time facing brutality from their hostile husbands. In such situations, some women console themselves that it is because of the children they are stuck in those loveless marriages. In this era and time nobody would have expected such terms to exist following the wide spread of Christianity and the teachings of Christian values. When God made the universe, the only verdict that he had was “good.” Sickness and plague were not his plans for his creation. However, man in his deviance has manipulated language to belittle fellow human beings by using derogatory terms. A Christian value of love for one another is wanting for every country has so far had PLWHA being called by different names. Common metaphors that have since come up to describe PLWHA are both dehumanizing and demoralizing. These metaphors describe the nature of the disease or the expectation of its effect following an infection. In Ethiopia PLWHA are called, “moving skeletons”, “almost dead although still living”, or ghost. In Zambia, one cannot avoid hearing terms such as “keys to the mortuary”, or “say goodbye to your mother”. In Tanzania, such stigmatizing phrases include, “walking corpse” and “a dead person to be.” In Kenya, PLWHA are described by different names. Most of these phrases used include, “wasting disease,” “a dead end” and please call me among others. Felistas Becker and P. Wenzel in an interview with one old lady in Kisumu show how stigmatizing this disease is in that neighborhood. They write, “One elderly lady could not use the word Ukimwi (AIDS), but would instead speak of *Ule ugonjwa uchafu*, i.e., that dirty disease.”<sup>54</sup> Cathryn Green and co-authors demonstrate this

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<sup>52</sup> Fuller, *African Women's Unique Vulnerabilities*, 136.

<sup>53</sup> Helen Epstein, *The Invisible cure: Africa, The West and The Fight against AIDS* (New York: Ferrar, Straus and Giroux 2007), 141.

<sup>54</sup> Felistas Becker and P. Wenzel Gessler ed., *AIDS and Religious Practice in Africa* (Leiden, Boston: Brill, (continued next page)

change of phrases by saying that, "...phrases were developed to focus on people living with HIV (PLWHs) or people living with AIDS (PLWA) or some combination of people living with HIV or AIDS."<sup>55</sup> From the judgmental attitude that these phrases portray in common, it is apparent that it is not the disease that kills in most cases, but such derogatory words and metaphors stigmatize and render many people hopeless affecting them psychologically, socially spiritually and physically. Following research done by Charles Nzioka in Kenya, those people living with this disease are not scared about death, but they are scared about the stigma attached to dying because of this pandemic. Nzioka affirms that, in this community death resulting from AIDS is a "permanent [and] shameful death"<sup>56</sup> because having AIDS is synonymous to being sinful in this context. Since HIV/AIDS is attributed to moral decay in this society, any mention of family member suffering from the disease automatically sends a conceptual signifier that such a person is immoral. According to Nzioka, PLWHA fear societal stigmatization which makes them unhappy with life, angry with God, resulting to their unwillingness to disclose their HIV-positive status. Herdt in response to this sentiment expresses his concern that, "HIV has exposed the hidden vulnerabilities in the human condition."<sup>57</sup> These vulnerabilities have fueled stigmatization of women in all spheres of life especially in Sub-Saharan countries.

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2009), 212.

<sup>55</sup> Kathryn Greene, *Privacy and Disclosure*, xii.

<sup>56</sup> Charles Nzioka, "The Social Meaning of Death from HIV/AIDS: An African Interpretative view." *Culture, Health and Sexuality* 2 (2000), 1-14.

<sup>57</sup> Herdt, *The Time of AIDS*, 2.

## Vulnerability and Stigmatization

Ammann and Holland define vulnerability as “susceptibility to emotional and physical injury.”<sup>58</sup> Stigmatization yields vulnerability and in order to understand how it occurs and who is most susceptible is significant in understanding why women are uniquely susceptible. The works of philosophers, early Christians and theologians have immensely contributed positively to the contemporary theological worldview. However, most of these scholars’ works and both the Old and New Testament Scriptures including cultural issues have been misinterpreted to feminize HIV/AIDS as well as stigmatize women. Some people have said that women are susceptible to sin and that they are intellectually inferior to men not only in body and mind but also in soul. Plato says, “The fate of men who are cowards or who lead unrighteous lives is to be reincarnated as women.” Aristotle on the other hand, argues that, nature ideally prefers to generate a male and that the female is deformed male...Females are imperfect, accidentally produced by the father’s inadequacy.” Furthermore, the Jewish Historian Josephus appealing to the Old Testament writes that “the woman says the Law, is in all things inferior to the man.”<sup>59</sup> Tertullian, a prolific early Christian author calls women the “devils gateway.” Luther writes that women are weaker in body and intellect than men...inferior to man both in honor and dignity.”<sup>60</sup> Despite the fact that these scholars wrote in different context with different objectives, some people have used their views to stigmatize and feminize HIV/AIDS thereby creating a fertile ground for exclusion—having the “us” and “them” exclusively visible in all spheres of women’s lives with exception of a few cases if any.

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<sup>58</sup> Ammann and Holland, *Women, HIV, and the Church*, 63.

<sup>59</sup> *Ibid.*, 30.

<sup>60</sup> *Ibid.*



Although the pangs of stigma related to HIV/AIDS cut across gender, race, status and age, women disproportionately experience its effect more than men in an African context. Linda asserts that, "HIV places African women in triple jeopardy impacting them as individuals, as mothers and as caregivers"<sup>61</sup> As individuals, women have to put up with the emotional turmoil resulting from social rejection and elimination in case of an infection. As a mother she is not spared the agony of being a bread winner in the demise of her spouse. Caregiving roles are basically left for her because the society bestows on her such responsibilities as a woman. In a situation where a member of the family is infected, a woman, owing to her empathetic nature takes the initiative to get into solidarity with the sick one. In cases where hospitalization is not an option, she does home-based care which puts her to uncounted risks and yet the societal stigma is one thing she has to face too. In laying emphasis on the overwhelming responsibilities bestowed upon African women, Fuller quotes one Olayinka Koso Thomas. She writes:

African women are the matrix of their societies. The pillar of strength in many homes, financial wizards in business, architects of the family destiny and the great defenders of traditional practices, some of which are detrimental to their own health and that of their own children."<sup>62</sup>

It is true that economic and social circumstances of many women around the world have improved. However, many women in Africa are still economically challenged hence creating dependency. The cultural practices in some communities that hamper their health and well-being are still rife. Physiological challenges that come with early marriage and preteen genital mutilations make young girls susceptible to HIV/AIDS and hence stigmatization. Young girls in most parts of Kenya even with the free primary education have been deprived of this opportunity partly because of culture and poverty which plays a major role in school dropouts. In most cases

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<sup>61</sup> Fuller, *African Women's Unique Vulnerabilities*, 6.



their struggle to achieve basic education at odds does not guarantee them employment. This then results to social vulnerability being manifested as a heavy dependency on husbands hence stigmatization. “With a low level of education and a few marketable skills, and subsequently with no legal rights to inheritance of property and other forms of wealth,”<sup>63</sup> she becomes susceptible to being infected especially if the only option she has is to get married. The situation becomes complicated when the relatives take bride price which could also deter her from returning to her family. This, therefore, implies that she gets screwed to a life she never chose. The fact that one has no option in this situation is also stigmatizing especially in a conservative society that embraces marriage and shuns divorce and unmarried individuals. These vulnerabilities can be summarized in Arthur’s words and with all due respect, “Being a woman, being poor, and being sexually ‘tainted’ being pregnant —each layer adds a greater burden to millions who suffer from cultural and spiritual isolation, condemnation, and neglect.”<sup>64</sup> Without power over sexual lives, women have little control over occasions of infection. The silence on sexuality coupled with the fact that such discussions can only be done through a third party such as aunties or grandparents, makes it difficult for young girls to learn about the subject. Therefore, young girls become ill prepared for any eventuality. A Western Africa author, Dr. Joshua Bogunjoko affirms that, it becomes “difficult to do any form of effective counselling and education”<sup>65</sup> since any discussions about sex is considered dirty. The realities of AIDS related stigmatization that confronts women, therefore, take different forms that include gossip, curse ostracism, blames and shunning. All these forms of stigma are malicious, demeaning, degrading

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<sup>62</sup>Ibid., 75.

<sup>63</sup> Ibid., 2.

<sup>64</sup> Ammann and Holland, *Women, HIV, and the Church*, 3.

<sup>65</sup> Dorzbach, *AIDS in Africa*, 33.

and harmful. These forms of stigmatization result to physical and emotional isolation. Consequently, this in turn removes infected women from the desperately needed social, spiritual and community support.

### **Conclusion**

HIV/AIDS stigmatization as an over-arching problem in this thesis is a social injustice to the infected and the affected that by extension affects the church. From the perspective of different authors discussed previously in this chapter, stigma is a term that conveys a deep shameful mark related to being a member of a discredited group that a society devalues for various reasons. We have seen how different disciplines perceive and define stigma and how contextual and complex the concept of stigma is. Following different authors' positions, we can deduce that stigma is, therefore, the perception of others in terms of the undesirable differences they have as opposed to the one that is considered unique in a negative sense. It implies the labeling or branding of people or a person with the assumption that they are unworthy of inclusion in a society which then results in discrimination and ostracism. From these authors' contributions, it is apparent that there is attempt to achieve normalcy both from the stigmatized and one who stigmatizes because the society considers those without defects as "normal" people and those with defects are seen as having abnormalities. Ambiguity, therefore, arises in the interaction when those that are normal protect their social structure from those with defects by exclusion. In this case exclusion serves to reduce any emerging discomfort that comes with the deviant's presence in the community. This may be seen as a defense mechanism to desist from admitting any painful reality especially if those who are considered as having deformities also strive for acceptance by hiding those defects that hinder them from being part of that normal group. In this struggle of exclusion versus inclusion, there is certainly a gist that those who the

society considers to be normal are also vulnerable because they do not want to create any awareness of their vulnerability neither do they want a reminder of these vulnerabilities. In Edward T. Welch's expression of this kind of stigma, "we are more conscious of our fear of others ...we really are afraid of thoughts, opinions, and actions of other people. But under that, we hide as best we can the more desperate fear of God."<sup>66</sup> In this case terminal illnesses such as HIV/AIDS are conditions that patients have in their bodies and attract stigma because those who do not have such conditions design the difference and dictate the rule of interaction for their own sake. When the society defines economic stability or excellence, gender equality and a given way of life as the "normal" then there's an obvious struggle for inclusion in the "normal" category. With this consideration in mind those who are economically deprived struggle to achieve even through illegal means for fear of exclusion. In the case of HIV/AIDS, the fear of being stigmatized because of health condition yields secrecy and denial as the rest try to conform to the norms so they are not deemed unsuitable. It is with this regard that they are considered irresponsible and therefore must face the dire consequence of their action and hence stigmatization arises creating the inferior-superior kind of situation. This vicious circle of vague interaction fuels stigmatization and makes the situation serious and unbearable for both the church and the community that then calls for intervention.

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<sup>66</sup> Welch, *When People Are Big and God Is Small*, 33.

**CHAPTER THREE:**  
**CHURCH AND LIFE TOGETHER: COMPASSION AND THE STIGMATIZED**

**Introduction**

In the previous chapter, we discussed the meaning of HIV/AIDS, the historical overview of the disease and the stigma that comes with being infected with the HIV virus as well as living with AIDS. We saw that stigma is a complex issue that is embedded in culture and the meaning that society attaches to the disease, affecting the church and the way it relates with those who are infected. Its devastating effect on general PLWHA is enormous but the magnitude of its impact on women is great and traumatizing. Additionally, the cultural aspect of the society that creates imbalance on gender and the association of this disease mainly with sin attract stigmatization. This section will look at “church as a community of people [believers] where interpersonal relationships belong to the sphere of God’s redemptive intent”<sup>67</sup> and also define compassion as a component of the church’s practice to embrace togetherness as one body of Christ. Furthermore, the story of the Good Samaritan will be depicted as the way of being compassionate with those who face AIDS stigmatization.

**Church’s Community and Compassion to the Stigmatized**

In the history of Christianity, people sought refuge in the church for their physical, spiritual, and social needs. Tertullian, the Latin Church father in northern Africa, notes that,

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<sup>67</sup> Martin H. Scharlemann, *Healing and Redemption: Toward a Theology of Human Wholeness for Doctors, Nurses, Missionaries and Pastors* (St. Louis, MO: Concordia, 1965), 36.

“deacons were set apart for the support of the sick, infirm, poor and disabled.”<sup>68</sup> The poor, the sick, and the afflicted saw the church as a place of rescue. The sick went to church to be healed and the poor got provision for their basic needs from the church. Eberhard Arnold affirms that, “to the early Christians, discipleship was a path away from the ‘self’ ... To them it demanded solidarity in which men and women of all backgrounds, creeds, and cultures would join hands. He further notes that, early Christians “saw themselves as soldiers under oath; as fighters under deadly battles against the prince of this world.”<sup>69</sup> Modern Christianity is no exception. People resort to receiving care from the church in times of calamities, political unrest, and hard economic times. Church, therefore, is seen as a supportive and a healing community. In essence, the church meets the physical, social, and spiritual needs that result from these instabilities. These interventions dispensed by the church become possible only if the church acknowledges the needs of others.

### **Towards a Definition of the Church**

Christopher Green notes that the word “church” comes from the Greek word *kyriakon*, meaning “the Lord’s.”<sup>70</sup> One can, therefore, deduce that church is a gathering of God’s people; a stark contrast of being scattered, lost, lonely, loveless and stigmatized. In 1 Cor. 12:27, St. Paul speaks of the church as the body of Christ, while Ruben Zimmermann and Jan G. Van Der Watt concur that “the family imagery is the major way in which the relationship between God, Jesus and believers are described.”<sup>71</sup> If Zimmerman’s and St. Paul’s perspectives are correct, then

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<sup>68</sup> Stark Rodney, *The Rise of Christianity: A Sociologist Reconsiders History* (Princeton, NJ: Princeton University Press, 1996), 89.

<sup>69</sup> Eberhard Arnold, *The Early Christian in Their Own Words* (Farmington PA: Plough, 1997), x.

<sup>70</sup> Christopher Green and Derek Tidball, ed., *The Message of The Church, The Bible Speaks Today: Bible Themes Series Editor* (Downers Grove, IL: InterVarsity Press, 2013), 13.

<sup>71</sup> Ruben Zimmermann, Jan G. Van Der Watt, and Susanne Luther, *Moral Language in the New Testament* (continued next page)

church is a family where unity is prevalent and people experience the belongingness and compassion as well as relief from their burdens. In essence, the central vision of the church, as Robert Benne states, is to “proclaim the gospel in both word and sacrament.”<sup>72</sup> Benne notes that “when churches teach and preach the gospel purely and administer the sacraments properly, that is enough to identify the essence of the church.”<sup>73</sup> This, therefore, prompts us to define compassion and examine how the church becomes instrumental in being there for the AIDS stigmatized.

In James 5:11, we read that “the Lord is full of compassion and mercy.” In Christ Jesus, God has revealed his compassion by choosing to be with humanity, thus “God –with– us” (Matt. 1:22-23). A compassionate life, therefore, is living a life together as opposed to solitude life, it is not an individual character trait neither is it some sort of a special talent in an individual but it is a way of sharing one’s life with fellow believers. According to Garry L. Sapp, compassion comes from the Hebrew word *rehem* which means “womb,” while the same word in Greek, *oiktirmon*, denotes being sympathetic. Sapp notes that compassion “refers to the inward feeling that abides in the heart.”<sup>74</sup> He adds, “The compassion of God is more than comforting, it is creative. As the womb brings to birth, life with all of its possibilities, so, divine compassion brings to rebirth life that was threatened or perhaps even lost.”<sup>75</sup> One thing we can learn from this statement is that compassion creates a new what could have been depleted. As is the case with forgiveness of sin, “the goal of God’s compassion [is] restoration. This restoration would include

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(Tubingen: Mohr Siebeck, 2010), 403.

<sup>72</sup> Robert Benne, *The Paradoxical Vision: A Public Theology for The Twenty First Centuries* (Minneapolis, MN: Fortress, 1995), 101.

<sup>73</sup> Ibid.

<sup>74</sup> Gary L. Sapp, ed., *Compassionate Ministry* (Birmingham, AL: Religious Education, 1993), 10

<sup>75</sup> Ibid., 25.

re-establishment of covenant union; commitment to God and to all others in covenant with God; and a life of fullness that comes from restored harmony.”<sup>76</sup> While compassion may be seen as a human sentiment, biblical perspective portrays it as going beyond that.

A Christian’s compassion is grounded on the belief of a compassionate God who because of his love came to be in solidarity with humanity. The protestant theologian Karl Barth rightly argues that “the image of God in human beings is the reflection of God’s way of being-in-compassionate-relationship with humanity.”<sup>77</sup> The church, therefore, sees all people as created in the image of God despite their gender, class, race, age and religion. According to Gen. 1:27, God says, “Let us make man in our own image.” This sentiment does not elude Edward Schillebeeckx’s observation, who is in agreement with Barth, that, “God’s concern for man becomes the criterion, the standard, and at the same time the boundless measure of our concern for the needy.”<sup>78</sup> These theologians’ perspectives provide a solid ground for being in solidarity with those who are afflicted in the society such as those who are infected with HIV/AIDS; who also face stigmatization. This kind of compassion demonstrated by Jesus for his love for humanity as the Scripture illustrates “I have come that they may have life, and have it to the full” (Jn 10:10 NIV). Jesus came on earth so as to be in solidarity with those who are afflicted. Paul, in his letter to the Christians in Philippi gives a full description of what he means to live a compassionate life. He writes:

Do nothing out of selfish ambition or vain conceit, but in humility, consider others better than yourselves. Each of you should look not only to your own interest, but also to the interest of others. Your attitude should be the same as that of Christ Jesus: who being in very nature God, did not consider equality with God something to be

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<sup>76</sup> Ibid., 24.

<sup>77</sup> Ibid., 38.

<sup>78</sup> Ibid., 39.

grasped, but made himself nothing, taking the very nature of a servant, being made in human likeness (Phil. 2:3-5).

Looking at compassion in terms of reaching out to people and pointing them to Christ, theologian Arthur H. Becker defines compassion as “a hallmark of our discipleship and the sign of God’s care for us.”<sup>79</sup> The great commission in Mathew 28:19 depicts this kind of compassion where one is willing to move from her comfort zone “into the maelstrom of anxieties, doubts, pain, terror and loneliness of the sick person’s world.”<sup>80</sup> This is exemplified in Mark 1:29-34 where Jesus’ ministry is characterized by unconditional healing of all diseases. With regard to this view of compassion, we can, therefore, say that one can only be compassionate to the afflicted by being willing to share in their burden and suffering as in the case of the Good Samaritan. Later on in this chapter, this paper will examine how the story of the Good Samaritan is applicable in the context of HIV/AIDS stigmatization.

Being in solidarity with those who suffer requires the acknowledgement that indeed the person is in pain. In this regard, Wendy Farley asserts that compassion is the “sympathetic knowledge as a precondition of compassion, an enduring disposition, and articulation of love.”<sup>81</sup> Farley’s perspective denotes that having compassion is being sensitive to the needs of those who are around us, with the quest to alleviate the pain and suffering that they are going through. This view is seemingly in line with Enda MacDonagh’s perception that compassion is closely linked with companionship. She notes that “companionship will only persist if the suffering is shared. Companionship is always at the service of the others’ personal self-respect, integrity and

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<sup>79</sup> Mligo, *Jesus and the Stigmatized*, 375.

<sup>80</sup> Ibid.

<sup>81</sup> Ibid., 69.



autonomy.”<sup>82</sup> This perspective has the connotation that confidentiality is fundamental in this type of relationship, acknowledging self-worth for those who suffer any form of affliction.

From the psychological point of view, American humanistic psychologist, Carl Rogers, in Person Centered theory, attests to the fact that being compassionate to “the client has a healing effect and awakens resources within her, allowing her to pursue an authentic form of her existence.”<sup>83</sup> This view is useful in helping us to understand that being in solidarity with the one who suffers is essential and indeed beneficial. However, healing by “releasing inner resources” may be a flawed ideology in theological context because the healing comes from the empathic suffering of Jesus Christ on the cross that yields salvation to human kind. His incarnation leads to a blessed assurance that one is not alone in the suffering. The essence of not being alone gives solace that Christ offers companionship in the whole process of suffering.

In summary of these varied perspectives; compassion is, therefore, a loving fellowship exclusively towards those who are suffering. This type of love, agape, is different from other forms of love which are “affective unity with the beloved.”<sup>84</sup> Compassion also involves sacrifice where one goes “out of self in order to participate and become directly united with the sufferer.”<sup>85</sup> Henry J.M Nouwen notes that “compassion is where ministry and spirituality touch each other [thus] compassion is the fruit of solitude and the basis of all ministries.”<sup>86</sup> Generally, issues that are evident here include the fact that we are all made in the image of God and nobody

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<sup>82</sup> Robin Gill, *Reflecting Theologically on AIDS*, 56.

<sup>83</sup> LeRoy H. Aden Robert G. Hughes, *Preaching God's Compassion* (Minneapolis, MN: Augsburg Fortress, 2002), 10.

<sup>84</sup> Sapp, *Compassionate Ministry*, 179.

<sup>85</sup> Ibid.

<sup>86</sup> Henry J M. Nouwen, *The Way of The Heart: Desert Spirituality and Contemporary Ministry*, (San Francisco, CA: Harper Collins, 1981), 33.

is superior to the other despite the health conditions. When God created man, the only verdict he had was “good” and so these health conditions have defied the will of God. The image of God, therefore, emphasizes the equality of humanity. God’s concern for man as a criterion and need to care for others depicts the fact that if God can care for a poor miserable sinner, then there is a need for the church to embrace oneness even with those who are infected despite their gender and origin. Doing so reflects the oneness of the body of Christ.

As for compassion being one aspect of discipleship, Jesus’ instruction to his disciples in the Great Commission is vividly clear, “Therefore, go and make disciples of all nations...” (Matt. 28:19 NIV). Jesus does not say “make disciples of the healthy and those who are of a given gender.” Instead he says, “Make disciples of all nations” who encompasses sinners, the sick and the healthy, children and adults, both young and aged.

Compassion as empathizing with the sufferer means being there for and feeling with those who are in pain and suffering. Nouwen in *A Spirituality of Care Giving* gives a reflection of his story that relates to empathy for those who suffer. He says that “the moments of greatest comfort and consolation were moments when someone said, ‘I cannot take your pain away, I cannot offer you a solution to your problem, but I can promise you that I won’t leave you alone and will hold onto you as long and as well as I can.’ ”<sup>87</sup> As a church this is the compassionate attitude that should be shown to the PLWHA who are facing stigmatization to give them a reason and a purpose to live even when the permanent physical healing is not yet a possibility.

### **Motivation for Compassion**

Why people get motivated to offer compassion is as varied as the needs of the afflicted. Dianne Bergant, quoting the *Encyclopedia of Religion*, notes that “the whole idea of compassion

is based on a keen awareness of the interdependence of all these living beings, which are all part of one another and all involved in one another.”<sup>88</sup> Robert Wuthnow affirms that “whether we believe in God or not or whether our political beliefs are similar or completely opposed to each other, the one common denominator that we do have is our humanity.”<sup>89</sup> While Christians may believe that acts of compassion come naturally to believers, some biblical stories such as the envy of Cain to Abel in Gen. 4:1-16, the jealousy of Joseph’s brothers in Gen. 37-50, and the Priest and the Levite who passed an injured man on their way from Jerusalem to Jericho (Lk 10:30-37) contradict the naturalistic aspect of human compassion.

While believers in Christ may agree that everything about being a Christian including being sick as a Christian or caring for a sick person has to do with being connected to others, Thomas Hobbes has a different opinion. His view is that “contemporary society is attracted to acts of compassion because of ‘friendship’ service, of gaining reputation for magnanimity, of heavenly reward, and freeing the mind from pain.”<sup>90</sup> Hobbes’ perspective helps us to understand that people often engage in activities such as volunteer work as a way of showing compassion, partly because they need job experience, and maybe because it provides a sense of satisfaction. Nevertheless, looking at compassion from the lenses of gain or fulfilment of one’s own needs is beneficial, although it reflects a sense of selfishness where one anticipates some kind of remuneration for one’s own fulfilment. This, therefore, compromises the act of genuine compassion. As for the church, motivation for compassion entirely depends on the church’s belief in reaching out to those who are suffering. Wuthnow asserts that “theologians had long

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<sup>87</sup> Henry J. Nouwen, *A Spirituality of Care Giving* (Nashville, TN: Upper Book, 2011), 20.

<sup>88</sup> Sapp, *Compassionate Ministry*, 9.

<sup>89</sup> Robert Wuthnow, *Acts of Compassion: Caring For Others and Helping Ourselves* (Princeton, NJ: Princeton University Press, 1991), 183.

contended that 'certain beliefs or imagery are more conducive to caring behavior than others. A God thought to be caring and loving serves as a role model for the believer to imitate.'<sup>90</sup> It is with the same mentality that Christians have engaged in compassionate care for the needy in order to emulate Jesus as their role model. However, this must be distinguished from acts of good works which contradict empathetic and genuine compassionate involvement with the stigmatized. The implication of good works will be discussed later in chapter five. So, how does the church uphold compassion in reaching out to the AIDS stigmatized?

### **Church as a Refuge, Healing, and Inclusive Community**

The church being connected with individuals, families, and community puts it at the center of concern and caring for those who suffer from stigmatization. AIDS stigmatization poses an extra challenge to a person's normal function besides the health conditions that these people wrestle with. A person who is stigmatized experiences a sense of worthlessness, loss of meaning or purpose in life, need for justification, lost efficacy and a sense of not belonging. These feelings result from metaphorical language that dehumanizes, restricts their freedom and offers no hope for their survival. Discrimination bars them from experiencing the free gift of life with the others. For this reason, Tokunboh Adeyemo says, "Where people are bruised, the church supplies the balm; where people are battered, the church restores with dignity; where people are broken, the church brings healing; where people are buffeted, by the scourge, the church soothes; where people are banned from society, the church provides a home."<sup>92</sup> This is indeed the opportunity for the church to reflect the body of Christ with the AIDS stigmatized. As an

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<sup>90</sup> Ibid., 54.

<sup>91</sup> Ibid., 127.

<sup>92</sup> Dortzbach, *AIDS in Africa*, 45.

inclusive community where compassion and healing takes place, the church provides counseling and pastoral care to those who face stigmatization.

On caring for the needy, theologian Thomas E. Reynolds' notes that the "identity of the church is rooted in welcoming and caring for those at the margins,"<sup>93</sup> who in this case are the AIDS stigmatized individuals who face marginality. The church can only send two messages to those who face stigmatization because of the HIV infection and AIDS pandemic, if they relate with them judgmentally. The uncaring message is, "We will avoid you, shun you, not touch you, and not accept you as fully human; you are a second class citizen at best." The compassion we should show says, "While you are shackled in the death trap called AIDS, we want you to know that Jesus loves you and we really are brothers and sisters."<sup>94</sup> It is crucial to admit that being compassionate is difficult and it "can never coexist with judgment because judgment creates distance and distinction which prevents [the church] from really being with the suffering."<sup>95</sup> Nevertheless, the fundamental responsibility of the church is to help the PLWHA who are stigmatized to move from the nagging question of "Why me?" to "Where is God in my suffering?"<sup>96</sup>

Some churches in Africa have lived outside the community of pain and suffering. Stigmatization of PLWHA is still rife and has distanced PLWHA from being the body of Christ. By failing to be in solidarity with these people and help restore their "self-worth" as human beings, the church has missed the mark in living out the teaching of Christ concerning "the least of these." Becker reinforces that "being compassionate is not usually a pleasant experience; it

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<sup>93</sup> Mligo, *Jesus and the Stigmatized*, 390.

<sup>94</sup> William E. Amos, Jr., *When AIDS Come to Church* (Philadelphia, Pennsylvania: Westminster, 1988), 72.

<sup>95</sup> Nouwen, *A Spirituality of Care Giving*, 19.

<sup>96</sup> Richard C. Eyer. *Pastoral Care under the Cross: God In the Midst of Suffering*, (St. Louis, MO: Concordia, (continued next page)

means hurting with another's hurt."<sup>97</sup> Quite often it becomes impossible to feel the pain of the other just because one is not "in that shoes." LeRoy H. Adens and Robert G. Hughes note that "persons [stigmatized] stricken with grief, pain, and injustice feel abandoned [and may say],

Nothing makes us feel as lonely as suffering does, whether it is physical or emotional. The loneliness is there even in the midst of family and friends. Even though they say, "I know how you feel," they do not. They cannot. They are not in [our] shoes. [Our] pain, [our] grief, our questions are unique."<sup>98</sup>

However, John 5:1-18<sup>99</sup> depicts Jesus' compassionate love manifested in his encounter with the paralyzed man from Bethsaida. The man might have been lonely in a crowd of friends and relatives who could not heed to his plea. So he said to Jesus, "Sir, I have no one to help me into the pool when the water is stirred."<sup>100</sup> The man needed compassion, but amidst the crowd, nobody could be sensitive to his suffering and bring him to the water. The water had to be agitated first or it would remain ineffective. Many people around him must have said they knew how he felt, but in reality they did not or else they would have helped him in his suffering.

PLWHA face stigmatization similar to the paralyzed man. They are crying out loud in anguish with words that may sound like, "We have no one to confide in amidst the physical pain of HIV/AIDS, the psychological dilemma of revealing or concealing our HIV status, and the spiritual depravity arising from seclusion and stigmatization." Compassion demands that the church as a community of believers charged with the responsibility of living together with those

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2014), 26.

<sup>97</sup> Mligo, *Jesus and the Stigmatized*, 375.

<sup>98</sup> Adens and Hughes, *Preaching God's Compassion*, 14.

<sup>99</sup> The Book of John is said to have been written by John himself. This is evidence from the description that states, "The disciple that Jesus loved."

<sup>100</sup> The pool at Bethesda in John 5:1-18 had a healing effect; it had to be troubled first before anybody entered in the water. From time to time the angel of the Lord would come down and stir up the waters. The first person into the pool after such disturbance would be cured of whatever disease they had. The paralyzed man in agony says, "Sir I have no one to help me into the pool when the water is stirred."

who suffer, befriend the PLWHA, and stir up the calm waters. It requires the church to break the silence about stigmatizing attitudes and respond to their desperate plea in deed and words. This should be done in consideration of the fact that “Christ himself did not stand apart from the suffering, but also identified God as a God who suffers”<sup>101</sup> with humanity in their suffering.

Thomas C. Oden speaking on the compassion and empathy of God asserts:

God overcomes the deception of humanity by doing what only God would think of doing and what only one who was incomparably good and powerful could have done. God entered fully and bodily into the alienated human situation, participating in its limits and struggles, sharing its condition, redeeming it by participation—all without ceasing to be God. This engaging image reverberates through much Christian reflection on compassion and empathy for others.”<sup>102</sup>

The Apostle Paul confirms Christ’s consoling words in 2 Corinthians 12:9, “My grace is sufficient for you for my power is made perfect in weakness.” This is an encouraging statement to the PLWHA who face stigmatization that they surely are not alone and it is only through the suffering that they are bound to be strong.

Stigmatization renders one to believe that there is no purpose to live and that life has no meaning. The way the church sees and handles the needs of the stigmatized individuals portrays its seriousness with its urge to proclaim the gospel. Virgilio notes that “church is not just important for its liturgies but because it is a “sacred place” where all kinds of people can come together, become friends and discover a new life.”<sup>103</sup> Virgilio’s view is important in understanding that the integral part of the church is providing the liturgy which provides healing to the hurting and solace to troubled hearts. However, if the main objective of the church meeting is to make friends and discover a new life other than the Christian life, then there are many “new

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<sup>101</sup> Aden and Hughes, *Preaching God’s Compassion*, 9.

<sup>102</sup> Thomas C. Oden, *Classical Pastoral Care Volume III* (Grand Rapids, MI: Baker Books, 1987), 12.

<sup>103</sup> Aden and Hughes, *Preaching God’s Compassion*, 96.



lives” which are likely to be discovered, including the art of stigmatizing those who may be considered as “outsiders,” such as the PLWHA.

From the definition of the church highlighted earlier on, the church must be grounded in the gospel and the sacraments must be administered according to that gospel. “Where that does not occur, there is no such thing as the church of Jesus Christ”<sup>104</sup> and so healing and consolation of the stigmatized is bound to diminish. The new life found in the proclamation of the pure word and sacraments offer solace to the stigmatized and a meaning and purpose to live, which leads to spiritual growth. Virgilio further says that “in the church, there are no ‘illegals,’ marginal, or an untouchable, for everyone is welcome in the house of the Lord.”<sup>105</sup> Theologian Jackson W. Carroll echoes Virgilio’s sentiment by noting that “churches are places where people belong, ...relationships [are made, where] people can experience acceptance, care, and support as well as deal with issues of meaning and discover what it means to live as God’s people”<sup>106</sup> and reflect the body of Christ with the rest. In defense of these views, one can rightly say that God created human beings to be relational beings. Stigmatization of PLWHA disrupts the aspect of both vertical and horizontal relationship because the relationship of human beings with one another reflects on the human relationship with God which is also a sign of humanity’s dependence on God. This type of relationship with the PLWHA can only survive in an atmosphere of compassion.

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<sup>104</sup> Gerhard O. Forde, *Theology is for Proclamation* (Minneapolis, MN: Fortress, 1990), 187.

<sup>105</sup> *Ibid.*, 96.

<sup>106</sup> Mligo, *Jesus and the Stigmatized*, 391.



## Church, Gender and Compassion for the Stigmatized

Biblical teachings of the gospel of Jesus Christ and church traditions provide adequate framework for the church to live together with the AIDS stigmatized. The gospel stories of women in Jesus' ministry inform our understanding to love one another as God himself has loved us (Jn 14:34-35). The unambiguous message of Christ is simple, and taken at its simplicity; the church is to care for people who are needy, widowed, suffering and orphaned. Jesus' ministry to those who were shunned from the community, the disadvantaged, the outcasts and women provides the church with an example of how to act in such situations and alleviate the pain and suffering of the stigmatized. Arthur gives a summary of Jesus' ministry with the marginalized who are equivalent of the stigmatized women in our society today. He writes:

Jesus challenged the practice of easy divorce and urged monogamy, fidelity, and love. He welcomed Mary, Martha, and Mary Magdalene into his group of followers. He urged that the homes of widows not be "devoured," as the teachers of the law were in the practice of doing. When Jesus accepted water at the well from a Samaritan woman, his own disciples were surprised to find him talking with a woman (John 4:27, NIV). Paul wrote to Timothy –and James also wrote –to remind the church to care especially for women who had lost their husbands and were vulnerable (Timothy 5:3; James 1:27).<sup>107</sup>

Although the context in which Jesus was ministering may be different from today's context, the stigmatization and the experiences are the same. Women as widows who have lost their husbands to HIV/AIDS and themselves falling victims of the same pandemic are still relevant cases that the church struggles with. In Jesus' ministry and his encounter with the Samaritan woman, he breaks the gender stigma that is attached to being a woman and finally admits her to his discipleship. Mligo affirms this by noting that "Jesus removes the woman from

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<sup>107</sup> Ammann and Holland, *Women, HIV, and the Church*, 65.

the status that the ethnic social norms had imposed upon her, and makes her an insider.”<sup>108</sup>

Following this example, the church as a community of the redeemed people, should combat stigmatization of the PLWHA, by embracing togetherness through acts of unconditional and non-judgmental compassion.

The act of removing the stigma and inclusion of the Samaritan woman into discipleship is an example that there should be consideration to allow the stigmatized into the community of believers as being part of the body of Christ. William E. Amos alludes to the fact that “the ministry of the church simply must reflect the kind of acceptance, the kind of sensitivity, the kind of relationship that will result in their finally being free, not just physically in death but also free because they have made peace— with themselves, with their God and with their families and friends.”<sup>109</sup> The theologian Elizabeth Johnson says that it takes one to be in solidarity with the afflicted so as to create relief for the individual who is suffering. She notes:

In our own time, with our awareness of the compassionate nature of his ministry and with our reading of the cross as the event in which God’s solidarity with those who suffer came to an unsurpassed focus, we can say of Jesus that the divine quality of the compassion of God became incarnate in him.<sup>110</sup>

Jesus took sides with the poor and the marginalized without discriminating against them, “Many tax collectors and sinners came and ate with him and his disciples” (Mathew 9:10-13). Although tax collectors were grouped as sinners with the rest, Christ did not exclude them instead he urged them to follow him.

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<sup>108</sup> Mligo, *Jesus and the Stigmatized*, 232.

<sup>109</sup> William E. Amos, *When AIDS Come to Church*, 67.

<sup>110</sup> Mligo, *Jesus and the Stigmatized*, 372.

## **Social Functionalism Theory**

### **Functionalism: A church's Response to AIDS-Stigmatization.**

In this section this paper demonstrates the sociological theory of structural functionalism as an example of how church structures ought to function to create harmony and help those who face stigmatization. This theory ties up with St. Paul's perspective of the church being a living organism. In social functionalism, a society is an interconnected system where each part works together as a functional whole. Just as the body has legs, head, and brain, each has its neurons and systems of working, but they benefit the body as a whole. Sociologist Robert Merton once pointed out that the criminal system, education, and economy, as well as the politics all have functions to perform. When all parts are performing their functions correctly, society runs smoothly so is the church.

Similar to this theory, members of the body of Christ share a common bond with all other Christians, regardless of their race. There should be no division in the body and its parts should have equal concern for each other in accordance with 1 Cor. 12:25. Christians as members of Christ's body function as a unit that is made up of many parts to alleviate pain and suffering of individuals through compassion and all-inclusive love. For a church to effectively minister to the afflicted, every ministry must be functional to enhance relief for the person suffering. The ministry of teaching, counselling, and preaching, as well as the social ministry, must perform their functions in harmony with the other ministries. To illustrate this unity as a church though from a sociological context, Antony Giddens in agreement with other theorists argues that the body is one of a whole. He writes:

To study the function of a social activity is to analyze the contribution that that activity makes to the continuation of the society as a whole. The best way to understand this idea is by analogy to the human body, a comparison Comte, Durkheim and other functionalists authors made. To study an organ such as the heart, we need to show how it relates to other parts of the body. When we learn how the

heart pumps the blood around the body, we then understand that the heart plays a vital role in the continuation of the life of the organism.<sup>111</sup>

The Kenyan theologian Nyambura J. Njoroge seems to be in agreement with Giddens not necessarily in the same context but on the strength of unity of churches working together to address the AIDS stigmatization. She expresses her concern about working together with the ecumenical agencies to reduce stigmatization and HIV/AIDS. She avers, "If there is anything that HIV/AIDS in Africa has revealed is our inability or our unwillingness to work together ecumenically most of the church leadership seems not to recognize that as Christians challenges in our lives must be addressed in unity despite our many differences."<sup>112</sup> Therefore, the church, which may be equated to the heart in the functionalist theory in this case, plays a major role in caring for the suffering, the afflicted, and the poor only if there is proper functionalism as one body of Christ.

To maintain this functionalism, even with the stigmatized individuals, each ministry in the church must ensure participation of each individual so as to exhibit compassionate love for one another just as Christ portrays in his ministry. In the context of HIV/AIDS, the stigmatized are made whole in terms of spiritual and pastoral care and all-inclusive love. Each distinctive role that each member of the church plays aids in maintaining that aspect of wholeness in Christ. One area that believers may exhibit compassion and unity as the one body of Christ with those who have been stigmatized is in the Lord's Supper.

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<sup>111</sup> Antony Giddens, Michelle Dunia, and Richard P. Appelbaum, *Introduction to Sociology 5th Edition* (New York, NY: Norton & Company, 2005), 19.

<sup>112</sup> Nyambura J. Njoroge. "Towards Ecumenical Theological Education in Africa" Churches' Commission on Mission Africa Forum 2002 Consultation of Scottish Churches, Donablane Scotland. Online <http://www.geocities.com/ccom-africa-forum/doc-files/wcc-Njoroge-on-HIV-AIDS.htm/>

Holy Communion is a covenant of God's love for His people. As we partake of Christ's body and blood, we recall his mercy on us as a church. His death on the cross signifies his merciful act demonstrating compassion for human beings and making the forgiveness of our sins possible. Sharing this mercy and compassion is an aspect of both love and generosity. The Lord's Supper brings the church to close relationship with Christ's divine and human life and at the same time enhances the sisterhood and brotherhood in Christ even with those people who are infected. The Lord's Supper is, therefore, very vital in the life of the church as it reflects on the oneness of Christ with the congregants.

In the early Church, the Holy Communion was understood as "the necessary means of adhesion to the unity of the church and a condition of being accepted by Christ into his kingdom"<sup>113</sup> It is important to note that "within the practice of the community, the celebration and sharing of the Eucharist was primary ritual through which the Christian community defined, affirmed, and realized its distinct reality as pure and holy people set apart by its expectation of the kingdom of Christ."<sup>114</sup> Cyprian the early church father "insisted on the unity of the church, the one altar and the single priesthood."<sup>115</sup> With the conviction that Holy Communion enhances solidarity with the others in the same faith regardless of their health status, religious institutions ought to re-assess this practice with the PLWHA and not exclude them from partaking in communion on grounds of their health conditions as a way to de stigmatize. With the words of

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<sup>113</sup> J. Patout Burns and Robin M. Jensen, *Christianity in Roman Africa: The Development of its Practices and Beliefs* (Grand Rapids: Eerdmans, 2014), 257

<sup>114</sup> *Ibid.*, 258.

<sup>115</sup> *Ibid.*, 259.

Aden and Hughes Holy Communion “draws us out of our isolation and gathers us at the table with fellow sufferers.”<sup>116</sup>

As the church embraces the incarnational faith found in the sacrament of Holy Communion, the PLWHA live in conviction that even though the physical body may be broken and perhaps disabled, the gospel promises that in the birth, life, death and resurrection of Christ there is an assurance that the grace of God is still sufficient. The grace in this case may say, “I did not come for those who see, neither did I come for those who are well, but I came for the blind and the afflicted.” When society does not fully understand the struggles of PLWHA, the grace may say, “I know you are struggling, but I will not throw you away; I will not condemn you. Instead, I will listen to you with compassion, though I will not agree with all that you say. I will accompany you in your struggle.” This is that kind of compassionate attitude that is required of a church to live life together with the stigmatized and help them restore their trust in God, in others, and in themselves. This can be done as the church strives to embrace togetherness with the PLWHA as the one body of Christ.

Arguably, AIDS-related stigmatization is a denial of human worth which sends an alarm to the church to read the Bible in the context and from the position of those who are excluded. In fact, even those who are stigmatized are persuaded to read the scripture in the context of their own experiences. Chapter four of this paper will highlight how this can be a possibility. AIDS-related stigma summons the church to “see with the eyes that are willing to see and identify with: the poor, the women, the disabled, the foreigners, the widows and orphans, the slaves, the

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<sup>116</sup> Aden and Hughes, *Preaching God's Compassion*, 24.

colonized and those who have been cast out of the community. It summons us to ensure that the Bible is used as a liberating and healing text, not a tool of exclusion and oppression.”<sup>117</sup>

### **Implication of Compassion with the stigmatized: Analogy of the Good Samaritan**

As had been discussed earlier on in this chapter, the act of compassion from different authors all point to the Good Samaritan’s story. This story speaks to the social situations of the PLWHA. In life we are all on “journeys.” Everyday life is a journey and in our various journeys we wrestle with various obstacles or hurdles. Some journeys are stormy while others are calm but discomfoting. Alternatively, along the way, one could be in a storm, out of a storm, or headed for a storm. In such cases one appreciates the presence of a stranger who turns out to be a friend along the way. How can the church make the Good Samaritan story be her story with those who face stigmatization because of HIV infection? How is it possible for the church as a Good Samaritan to be in fellowship with the stigmatized in this case?

The story of the Good Samaritan as a legend of a person helping someone along the road is closely linked with the belief that Christianity upholds. By learning it, we define what it means to be compassionate and what it means to live together as the one body of Christ even with the less advantaged and the afflicted in the community. HIV/AIDS is a journey towards “recovery” from cultural ills, emotional turmoil, religious condemnation, and social stigmatization or injustice. This pandemic’s impact on those who are infected and affected put them on transit. Being on transit means that one is on the road where there is no surety for safety, one has an ambiguous identity, and one’s destination is not obvious. Being on transit entails danger and great moments of uncertainty and anxiety. In this journey with AIDS stigmatization, the social relations are unpredictable and can barely be relied on. This is the time that one feels like she is neither here

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<sup>117</sup> Gillian Paterson, *AIDS Related Stigma, Thinking Outside the Box*, 11.



nor there. Similar to the liminal status of the injured who is in between life and death in the story of the Good Samaritan, AIDS stigmatization puts those who are infected in a situation where they have no hopes “for survival.” Their relationship with everyone else is jeopardized because no one is ready to experience secondary stigmatization. Even those who have been considered to be in the risk group would not like any association with the group because of the “otherness” nature of the disease. It is surprising that, “even those who are infected try to separate themselves from those commonly associated with AIDS.”<sup>118</sup>

Similar to the journey of the stigmatized individuals, caring for the stigmatized and the afflicted also puts the church in a journey to being in solidarity with those who face stigmatization. This is because living together with the stigmatized, does not mean living apart from them. As a matter of fact, Nouwen confesses that “caregiving is a deeply ingrained human response to suffering.”<sup>119</sup> In the African context, being human is defined by “a sense of belonging.”<sup>120</sup> For the African, “it is not enough to be a human being; unless one shares a sense of community.”<sup>121</sup> This emphasis on communal survival stresses the need of the church as a community of believers to embrace togetherness even with the PLWHA. If the church views these people with a judgmental attitude, they in return do not recognize them as a friend. If, however, they look at them with appreciation, their impression of being a stranger is replaced with being a confidant.

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<sup>118</sup> Angelique Harris, *AIDS Sexuality and The Black Church: Martin Luther Memorial Studies in Religion, Culture and Social Development; Making The Wounded Whole* (New York: Peter Lang, 2010), 46.

<sup>119</sup> Henry J M. Nouwen, *A Spirituality of Care Giving*, 26.

<sup>120</sup> Tapiwa M. Mucherera. *Research in Religion and Family, Black Perspectives # 6 Pastoral Care from a Third World Perspective ;A Pastoral Theology of Care for The Urban Contemporary Shona in Zimbabwe* (New York: Peter Lang 2001),100.

<sup>121</sup> Ibid.



## Conclusion

In conclusion, living together with PLWHA entails compassionate love. The essence of the church and its compassionate contribution in helping PLWHA find a sense of identity, security, and meaning in God rests in the whole idea that “what brings wholeness to one’s personal identity are right interpersonal relations”<sup>122</sup> demonstrated in unity as illustrated by the social functionalism theory. Discrimination and stigmatization both within the church and outside the church only creates anxiety. When an individual’s interpersonal relationship feels disconnected, and develops a sense of alienation from the church, the community, and others, compassion is needed to recapture the necessary sense of wholeness as well as a sense of belonging. The church as the body of Christ has a vital function in caring for the sick and the afflicted. We have seen how compassion contributes to the care provided by the church to the PLWHA and how it becomes effective when the church is able to identify with the sick as one of their own. Christian care giving exhibited by the church is an act of sharing in the pain and participating in the suffering with the destitute, the hopeless, and the afflicted. It means being there for the less advantaged and helping them to find Christ and his love even in their suffering. PLWHA may believe that life is not worth living, an attitude that puts them in danger of missing God’s part in their suffering. As has been highlighted in the discussion, “care giving carries with it an opportunity for inner healing, liberation and transformation for the one being cared for and the one who cares.”<sup>123</sup> As a church it is in order to embrace the oneness initiated by Christ himself and exemplified in his ministry to the afflicted and the outcast. This is because it is the

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<sup>122</sup> Ibid., 174.

<sup>123</sup> Ibid., x.

responsibility of the church to provide love, give hope and restore the faith of the stigmatized and the marginalized with dignity.

## **CHAPTER FOUR:**

### **THEOLOGY OF HOPE: A CHRISTIAN COMMUNITY WITH THE STIGMATIZED**

The previous chapters dealt with the historical overview of HIV/AIDS pandemic, stigmatization issues arising from various conditions, and those that are related to HIV/AIDS in particular. Compassion was also discussed in chapter three as a way that the church community can show solidarity with the sick and the stigmatized as one body of Christ. This chapter will focus on a theology of hope which will look at how Christian community responds to the needs of those in pain and suffering by providing hope as a coping strategy and lives in anticipation of the future. Biblical stories will aid in illustrating situations where hopelessness prevailed and will also suggest ways by which Christian community can bring hope to the hopeless especially with regard to such people as those who are living with the HIV virus and AIDS stigmatization.

One of the Biblical stories depicts a case of a faithful waiting sufferer crying her heart out to the Lord as she expresses her sincere hope. In 1 Sam. 1:11, Hannah, in anticipation says, "O Lord Almighty, if you will only look upon your servant's misery...." Hannah's hope is that her prayers of being a mother will be fulfilled. Her cry is a reflection of the many cries of people's hearts most of which are hopeless and need to be filled with hope. Theology is done in the context in which such cries exist. A theology of hope, therefore, is a response by believers to the pain and suffering brought by all that jeopardizes hope such as the HIV/AIDS pandemic and stigmatization. Martin Luther King, Jr. once said, "If you lose hope you lose the vitality that keeps life moving, you lose that courage to be that quality that helps you go on in spite of it

all..."<sup>124</sup> In connection with Luther's quote, Jürgen Moltmann affirms that "Christian hope is resurrection hope, and it proves its truth in contradiction of the future prospects offered and guaranteed for righteousness as opposed to sin, life as opposed to death, glory as opposed to suffering, peace as opposed to dissension."<sup>125</sup>

On the basis of Moltmann's observation, Christians' assurance rest on the hope of the Cross. The cross symbolizes a suffering God who suffers with the people he created. It depicts the powerfulness of God who does what any other human being cannot do. His suffering portrays the Christian hope that only God himself understands our suffering. The Cross, therefore, provides a renewed strength and faith for living amidst suffering since "those who hope in Christ can no longer put up with reality as it is but begin to ...contradict it. Peace with God means conflict with the world"<sup>126</sup>

In the book of Psalms 119:49, the psalmist confesses his hope and says, "Remember your word to your servant, for you have given me hope." Even as the psalmist pleads for mercy from God, he is quick to admit that his patience will not die for God has given him hope that is in God's own word. Ps. 130:5 is mainly used in times of suffering caused by sin and guilt, however, in times of pain, it provides the assurance that hope is still a possibility even when everything else has failed or seems to be failing. It emphasizes the hope in the word of God in which the promises of God the psalmist put his trust: Psalms 130:5,

I wait for the Lord, my soul waits,  
And in his words, I put my hope.  
My soul waits for the Lord

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<sup>124</sup> Martin Luther King Jr., "Martin Luther King Program: Famous Quotes," WSU.edu. <https://mlk.wsu.edu/about-dr-king/quotes/>. (Accessed in December 15, 2014).

<sup>125</sup> Carl E. Braaten, Robert W. Jenson ed., *A Map of Twentieth Century Theology: Readings from Karl Barth To Radical Pluralism* (Minneapolis, MN: Fortress, 1995), 162.

<sup>126</sup> Major J. Jones, *Black Awareness: A Theology of Hope* (Nashville: Abingdon, 1971), 16.

More than watchmen wait for the morning,  
More than watchmen wait for the morning.

O Israel put your hope in the Lord,  
For with the Lord is unfailing love  
And with him is full redemption.  
He Himself will redeem from all their sins.

In this text, there is progression taking place in the fifth verse. Not only does the psalmist hope, but he also trusts in God's words. It is the psalmist's conviction that the Lord's love is unfailing and so he sees the worth of waiting on the Lord with the promises of his words. This act of waiting on God by trusting in his words signifies a fundamental function of His words that provides the promises which is the basis of one's trust. Does this trust in God's words stay alive when one is in agony?

As people go through painful moments, they are compelled to flash back into their past because "the brain is never the passive recipient of messages generated by events in the outside world or within the body. [It] is set into a wonderfully subtle series of modes of operation taking into account the past, present and future. Pain is never stationary. It moves with time and circumstances."<sup>127</sup> The reality of the past awakens the pain in the present that may hinder hope from yielding any success in future if that painful past is not dealt with properly. Moltmann, therefore, questions: "is it not always in the present that man is truly existent, real, contemporary with himself, acquiescent and certain?"<sup>128</sup> In response to Moltman's question, Jan Frank says, "But for many of us the pain of our past still creeps into our daily lives. Pain not adequately dealt with or worked through warps our ability to live in the freedom God has for us in Christ."<sup>129</sup> H.

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<sup>127</sup> Ronald. Melzack and Patrick D. Wall, *The Challenge of Pain* (New York: Penguin Books, 1973), 127.

<sup>128</sup> Braaten and Jenson, *A Map of Twentieth Century Theology*, 167.

<sup>129</sup> Jan Frank, *A Door of Hope: Recognizing and Resolving Pains of Your Past*. (Nashville, TN: Thomas Nelson, 1995), 5.

Norman Wright affirms that, “past losses have an effect on current losses and attachments and these facts affect [a person’s] future...”<sup>130</sup> It may not necessarily be in terms of tangible loss but even with the loss of identity that the stigmatized individuals face. In the previous chapter we discussed the instrumentality of the church in providing compassion to the infected. When those who are infected with HIV and face stigmatization reflect on their past with regrets, and the church does not show empathy and solidarity, this becomes a hindrance to hope, and consequently, it deters them from realizing the full gift of God in life with Christ and the potential to grow spiritually.

The Book of Lamentations demonstrates such realities of the past that if properly confessed may lead to “catharsis”<sup>131</sup> and a renewed hope. Lamentations 3:19-26:

I remember my affliction and my  
Wondering,  
The bitterness, and the gall.  
I well remember them,  
And my soul is downcast within me.

Yet this I call to mind  
And therefore, I have hope:  
Because of the Lord’s great love we  
Are not consumed,  
For his compassion never fails.  
They are new every morning;  
Great is your faithfulness.

I say to myself, “The Lord is my portion;  
Therefore, I will wait for him.”  
The Lord is good to those, whose hope is in him,  
To the one who seeks him;  
It is good to wait quietly  
For the salvation of the Lord.

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<sup>130</sup> H. Norman Wright, *The New Guide to Crisis and Trauma Counseling: A Practical Guide for Ministers, Counselors and Lay Counselors* (Ventura, CA: Regal Books, 2003), 80.

<sup>131</sup> In psychoanalytic Theory in psychology, catharsis is an emotional release that seeks to release unconscious conflict within a person’s psychological world. These conflicts may be the basis of hopelessness in an individual.

From this text, one can convincingly say that it may be necessary for anyone who may have had a troubled past to “examine, dissect, break it apart and carefully work it through what has happened— [thus] facing the problem.”<sup>132</sup> Dr. Gerald May rightly asserts that, “Grief is neither a problem to be solved nor a problem to be overcome ...the way out of grief is through it, which means facing it [with hope].”<sup>133</sup> Similar to every believer’s view, this text in Lamentations clearly shows the person’s view of his past by noting that, “I remember my affliction and my wondering, the bitterness and the gall, I well remember them.” This flashback may be a source of pain that bars healing and hence poor self-esteem. In reinforcing this statement, Edward T. Welch affirms that, “shame and its feelings of disgrace before God and others surfaces in our culture as low self-esteem with its feelings of worthlessness.”<sup>134</sup> Subsequently, constant flashbacks with bitter memories may impact negatively on human dignity or self-esteem that flows from a right relationship with God. Going back to the Lamentations above, the person has great hopes and waits on him who provides. One can rightly say with Moltmann that, “memory binds [us] to the past that no longer is. Hope casts [us] upon the future that is not yet.”<sup>135</sup> We, therefore, can attest to the fact that hope is waiting with patience, as the scripture says, “But if we hope for what we do not yet have, we wait for it patiently” (Rom. 8:25 NIV).

Waiting patiently may seem intolerable when God seems to be either indifferent or uncaring. In this regard therefore, we uphold the distinction that Luther makes between the theology of the cross (God’s ways) and theology of glory (man’s ways). Most people hold onto the theology of glory in certain stages of the disease and stigmatization by not being ready to

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<sup>132</sup> Frank, *A Door of Hope*, 11.

<sup>133</sup> Wright, *The New Guide to Crisis and Trauma Counseling*, 87.

<sup>134</sup> Welch, *When God is Small and People are Big*, 28.

<sup>135</sup> Braaten, *A Map of Twentieth Century Theology*, 167.

admit that God is still in control. In such cases, they either justify God or they want God to justify himself by providing instant healing. At such times, it is apparent that, that aspect of hope has diminished. This is the point where the Christian community gets involved to restore hope in an individual. For restoration of hope to be effective, Richard C. Eyer contends that, "Pastoral care [is not] doing something to remove the suffering but it is interpreting suffering in the light of the cross, acknowledging helplessness in the face of suffering and waiting on God."<sup>136</sup> In other words it is a flawed ideology for a Christian community to console the stigmatized by uttering statements like; "Don't cry or don't feel bad you can handle this," in giving hope since these are "non-supportive statements."<sup>137</sup>

In light of the above illustrations, David, a man after God's own heart, also experienced this temptation of theodicy. Nevertheless, he did not allow these feelings to overwhelm him. He remembered God's covenant and his steadfast love. He remembered God's past goodness and these memories renewed his confidence and hope that God's promises in his word still stand. While Job wrestles with the question of *why* God permits him to suffer as he does, David confronts a slightly different less troubling question: "How long...O Lord?" Of course they both anticipate a great and awesome day of the Lord, a day when all things will be made right, when justice will prevail, when the proud will express humility and the humble will be exalted. We can allude to this fact only by critically looking at David's writing of Psalms 13, (NIV).

How long, O Lord? Will you forget me  
Forever?  
How long will you hide your face  
from me?

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<sup>136</sup> Eyer, *Pastoral Care under the Cross*, 25-33.

<sup>137</sup> Wright, *The New Guide to Crisis and Trauma Counseling*, 97.



How long must I wrestle with my  
Thoughts  
And every day have sorrow in my heart?  
How long will my enemy triumph  
over me?

Look on me and answer, O Lord my  
God  
Give light on 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.

In this text we see a number of things that cast doubt and impatience on the psalmist's hope. The repetitive sentences illustrate how impatient he is growing, "how long..." In verses four and five, his tone variation contrasts his fear of his foes rejoicing with solace in trusting God's loving kindness and the bountiful favor which gives him hope. Parallelism in the psalmist's sentence shows how difficult it is to anticipate "sober counsel" or advice from a broken soul when the heart also harbors sorrow. His figurative language [sleeping the sleep of death] "sleep in death," only tells how hopeless he has become and so what he expects is death. The emotional turmoil of the psalmist as indicated by "wrestling with thought" in verse two illustrates the internal conflict he is going through. The questions the psalmist is asking may not

demand any answers but these rhetorical features such as “how long” only seeks to satisfy his quest for relief. The semantic deviations in the text, [enlighten my eyes] “give light to my eyes,” shows a revival of hope that, equally in despair, he anguishes and pleads, [my enemies be exalted] my enemy triumph over me, look and answer me O Lord my God.

The text progresses from fear in verse one, uncertainty in verse two, agony in verses three and four, and finally, hope in verses five and six. Arguably, with the words of Jones, therefore, “Christian hope is futuristic.”<sup>138</sup> The psalmist has demonstrated this vividly well by anticipating to rejoice in the future though he struggles with his past and yet his present does not offer consolation either. Looking back, reflecting on the things that God has done to him, he finally sees the possibility of God being there for him once more in the future because, “life’s contradictions are not ultimate, otherwise life would be hopeless and [he] would be helpless. A better day [is] coming that God has the power to create beauty from ashes and to transform good out of evil”<sup>139</sup> hence portraying a restoration of hope. The psalmist’s attitude depicts his reliance on future hope that endures and transcends all aspects of infirmities and the afflictions arising from the triumph of his enemies, the joy of his foes upon his fall and his anticipating death.

Similar to the psalmist’s emotional progression of fear, agony, uncertainty, and hope, HIV/AIDS stigmatized people move through such stages of pain and they may perhaps remain static at one stage if hope is not instilled in them. They encounter the same spiritual struggles that the psalmist has in this text and perhaps everybody else would have when faced with explicable suffering. The key to helping such individuals is to be ready to listen and recognize their needs not necessarily by offering a solution or remedy but as a representation of Christ and his love.

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<sup>138</sup> Major J. Jones, *Black Awaren*, 133.

<sup>139</sup> Kellemen Robert and Karole A. Edwards, *Beyond the suffering: Embracing the Legacy of African American* (continued next page)

This is because many AIDS stigmatized people yearn for someone who can listen to them when everybody else does not care about their feelings and struggle with the disease and effects of AIDS stigmatization. Dietrich Bonhoeffer makes the same observation. He writes:

Many people are looking for an ear that will listen. They do not find it among Christians, because Christians are talking when they should be listening. He who no longer listens to his brother [or sister] will soon no longer be listening to God either...One who cannot listen long and patiently will presently be talking beside the point and never really speaking to others, albeit he be not conscious of it.<sup>140</sup>

Bonhoeffer's concern indicates that there is need for Christian community to learn disciplined listening that focusses on what seems to carry the most pain, meaning, and perhaps feelings of those in affliction. The Book of Isaiah sums up the burden for the hurting and gives hope to the stigmatized as it bestows the responsibility on the Christian community. It states:

“Your people will rebuild the ancient ruins, and will *raise up* the age-old foundations; you will be called the *repairer* of broken walls, *restorer* of streets with dwellings” (Isa 58:12).

According to this text, we realize that human beings have needs, so do the hurting and those who are stigmatized. These needs create social, psychological and physical dysfunctionality that probes intervention so that hopeful living is achieved. The words in the *text raise up, repair, and restore* vividly apply to the condition of the stigmatized PLWHA with the implication that due to their situation they may feel emotionally, physically, and spiritually weak. In that case, the Christian community exists to raise them up, “repair their souls” and restore their depleted hope. The Hebrew word for raising up *koom* means, help, lift up, or strengthen. Lifting them up means being there for them in their struggle, providing a shoulder for them to lean on and by so doing, the Christian community will be helping them focus on hope for living. This is because

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*Care and Spiritual Direction* (Grand Rapids, MI: Baker Books, 2007), 160.

<sup>140</sup> Dietrich Bonhoeffer, *Life Together* (New York: Harper & Brothers, 1959), 97-98.

HIV/AIDS is not a situation completely devoid of earthly hope. Research is being carried out and new medications may soon be found to cure the disease but before then thanks to the life extending medications which have proved to be beneficial to those who are infected.

The Christian community proclaiming the gospel of Jesus Christ which is a call to hope that this life is meaningful because God is working in and for our lives should be a motivating factor to the stigmatized. In normal circumstances, for any repair to be done certain preparations must be undertaken. Repair in Hebrew is *gawder* which means to hedge up or enclose. AIDS stigmatized individuals are emotionally wounded and so Christian community should help clean these wounds in an attempt to repair their broken and shattered lives. In the Old Testament times with specific reference to the Book of Isaiah 1:6 and Ezekiel 30:21, wounds were properly cleansed and rubbed with oil or bandage to enhance healing. Therefore this same act is a responsibility of a Christian community to the AIDS stigmatized whose "wounds" need to be oiled and bandaged so as to heal. Restoration, *arukah* means to bring back or retrieve; the act of making alterations in our lives so that we may be in congruence with the order of the word of God. It is therefore, the responsibility of the Christian community to restore the hope of the stigmatized. When the PLWHA's lives are restored, they can finally have a hope for tomorrow. Having raised up, repaired and restored the hope of the stigmatized, there is the possibility of relapse because of fear or uncertainty of the future on the side of the PLWHA.

Eyer affirms that, "Pastoral care begins with people's fear, hopelessness and dependence."<sup>141</sup> In fact, HIV/AIDS infected and affected individuals wrestle with various phases of grief similar to the variation of emotions as earlier highlighted in Psalm 13. After the diagnosis, they deal with shock, anger, bargaining, depression, and acceptance as part of their

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<sup>141</sup> Eyer, *Pastoral Care under the Cross*, 100.

struggle with life. Wright notes that this is the denial and isolation phase where “the first reaction is, it can’t be. They are wrong; it is not me they are talking about.”<sup>142</sup> These individuals go through these phases in different periods of time and the phases are likely to bounce back and forth in between the process. An infected individual will grieve over: her HIV status and AIDS diagnosis, they may lose their jobs; they fear becoming symptomatic, the loss of their future, the death of a friend and the anticipation of one’s own death. This affirms Psychologist Herman Feifel’s discovery that, “a primary subconscious of [a] person ...is preoccupation with [her] own death.”<sup>143</sup> In this phase, anger, rage, and resentment are obvious. One becomes angry at one’s own self, family members and those who are around her. She may also be angry at God. One’s reaction at such moments is: Why me, God? Why me? Why not someone else [God]?”<sup>144</sup> The role of a Christian community is to help these people deal with their present phase of grief since a Christian community has been called to offer support to one another and to give hope to those who have lost hope.

Kellemen Robert and Karole A. Edwards demonstrate the kind of support required of Christians as sustainers and enablers in giving hope to the stigmatized taking into consideration what happens *to them* and *in them*. They write:

Historic sustainers have joined others in their pain by communicating that “it is normal to hurt.” When the fallen world fell on their spiritual friends, they connected with them by acknowledging that “Life is bad.” When their friends felt the sentence of death and despaired even of life, like the Apostle Paul in 2 Corinthians 1:8-9, they climbed in the cascade with them, identifying with their feelings of despair. They

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<sup>142</sup> Wright, *The New Guide to Crisis and Trauma Counseling*, 256.

<sup>143</sup> Howard Clinebell, *Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth* (Nashville, TN: Abingdon, 1984), 106.

<sup>144</sup> Wright, *The New Guide to Crisis and Trauma Counseling*, 257.

have also provided comfort in the original sense of the word, offering co-fortude by coming alongside to lend support and instill courage in a hurting heart."<sup>145</sup>

Joining the stigmatized in their pain, connecting with them in their despair, climbing the cascade with them and comforting them at the verge of death is a Christian virtue in giving hope to the hopeless. This virtue is a sign of love that Tertullian claims, "It is our care of the helpless, our practice of loving kindness that brands us in the eyes of our opponents [who would then] say, only look, look at how they love one another."<sup>146</sup> As the Christian community does all these, it is important to be considering the psychosocial aspects surrounding the disease. Therefore, we can affirm with the early church father; Tertullian that "the singular mark of patience is not [just] endurance or fortitude but hope."<sup>147</sup>

### **Giving Hope: Expressing and Experiencing Spirituality**

People have different ways of expressing and experiencing spirituality in times of hopelessness. A Christian community ought to ensure that this fact is put into consideration while helping those in need of hope. Each phase of grief entails challenges as Wright previously noted. Support in the form of acceptance may help these people deal with these challenges appropriately by accepting themselves and their situations as they are. However, it is important to note that acceptance may not necessarily mean agreeing with everything that the person being helped says or does. Acceptance means loving and helping them know that "God is gracious even when [we] are sinful."<sup>148</sup> A number of ministries may be available for those who are stigmatized. These ministries may include home visitation, support system with the relatives or

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<sup>145</sup> Kellemen and Edwards, *Beyond the Suffering*, 31-32.

<sup>146</sup> Rodney Stark, *A Sociologist Reconsiders History* (Princeton, NJ: Princeton University Press 1996), 89.

<sup>147</sup> Ibid.

<sup>148</sup> Ibid., 30.

friends and support group in the church to meet their spiritual and physical needs. However, a congregation can explore some other possibilities that are yet to be discussed in the rest of this chapter. These possibilities depend on one's spirituality. Knowing one's religious belief in this sense is important since what works for one person may not work for the other in terms of giving hope or assisting them to cope in anticipation of the future.

In making clarification on the necessity for helping, Wright quotes an author of, *The Worst Is Over* who says, "If we want to help a person who is terminal, it is best to take their spiritual temperature. [This is] to discover whether they are living with their condition or dying from it."<sup>149</sup> By living with their condition, it means that they have accepted and ready to move on while dying with it suggests that they are still in denial. On the same note, Thomas C. Oden affirms that one treatment cannot be suitable for all ailments. Therefore, he writes:

Just as the same food and medicine is not appropriate to every bodily ailment, so neither is the same treatment and discipline proper for the guidance of souls. Some persons are better motivated by words, others by example. Some [people], who are sluggish and dull, need to be slurred up to the good, while others are already to be calmed. Praise will benefit some, while correction will benefit others, provided that each council is administered in a seasonable way.<sup>150</sup>

Following Oden's argument, we can rightly say that not all people experience God in the same way in spite of their religious affiliation. While some people express their faith emotionally, others may be quiet and contemplative. Some people enjoy singing while others prefer to listen and some people still have no specific direction of their spirituality. A Christian community confronted with the challenge of bringing the stigmatized and the sick to faith, may employ different means to help revive hope in those who are facing stigmatization, pain, and suffering. These are some of the possibilities that congregations may consider in helping the

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<sup>149</sup>Wright, *A New Guide to Crisis and Trauma Counseling*, 259.



stigmatized PLWHA have hope in their situations. Note that these possibilities will entirely depend on an individual's preference and how she expresses her spirituality and how her spiritual orientation is.

### Prayer and Meditation

The New Testament brings us to the realities of prayer and supplication as key players in the narratives of healing. Prayer and meditation seek to complement each other as devotional resources which serve as "direct ways to open ones-self to the creative power of God's love."<sup>151</sup> Apart from prayer and meditation being significant resources for the Christian community in reaching out to those who feel hopeless, as well as being a spiritual preparation for their own spiritual growth, the AIDS stigmatized people can also use prayer and meditation as an acquired skill to self-healing. However, Clinebell notes that,

For many people [AIDS stigmatized] in our hectic secularized culture prayer has little meaning. Even if they go through the motions of praying, it does not empower them. The inner channels of their spirits are locked by logjams of guilt, grief, anger including anger towards God.<sup>152</sup>

This emotional negativity may hinder those who face stigmatization from experiencing love from the Christian community and also makes it difficult to anticipate God's blessings upon their lives. E.S Gestenberger and W. Schrage in *Suffering* allude to Clinebell's observation by noting that "apathy and inability to pray ...are closely related to each other, as stoic thought teaches us. Whenever the only content of prayer is fatalistic resignation to one's destiny, the pallor and chill of philosophical meditation are dominant...affliction need not be silent or fall

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<sup>150</sup> Thomas C. Oden, *Classical Pastoral Care*, 109-110.

<sup>151</sup> Clinebell, *Basic Types of Pastoral Care and Counseling*, 128.

<sup>152</sup> Ibid.



dumb but can be articulated by [prayers].<sup>153</sup> These prayers are not only for an inner readiness or rather willingness to face stigmatization but also for the elimination of distress experienced in situations arising from social stigmatization. For this reason it is helpful to look at how the Lord's Prayer counteracts these negative emotions and brings hope and healing to AIDS stigmatized individuals.

### The Lord's Prayer

One of the songs in Psalms depict the psalmist's determination to pray as long as he has breath and which is also in line with The Lord's prayer. Both the psalms and the Lord's Prayer persuade every living person; stigmatized or not to join in prayer. The psalmist notes:

I love the Lord because he has heard my voice; he heard my cry for mercy. Because he turned his ear to me, I will call on him as long as I live (Ps. 116:1-2 NIV).

This is an affirmation that in any contemplative prayer that we make, there is the awareness that God is present and communicating in every human painful experience. The early church father; Tertullian speaking on prayer, alludes to the fact that "The Lord's Prayer is both innovative and foundational; it [is] a synthesis of the gospel."<sup>154</sup> The Lord's Prayer in itself is a gospel that seeks to enrich humanity and therefore, provides hope for living in this fallen society.

Our Father who art in heaven,  
Hallowed be Thy name,  
Thy kingdom come,  
Thy will be done on earth as it is in heaven;  
Give us this day our daily bread;  
And forgive us our trespasses as we forgive those who trespass  
against us;

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<sup>153</sup> E. S Gerstenberger and W. Schrage translated by John E. Steel, *Suffering: A Biblical Encounters Series* (Abingdon: Nashville, 1977), 270.

<sup>154</sup> Burns and Jensen, *Christianity in Roman Africa*, 236.

And lead us not into temptation,  
But deliver us from evil.

For Thy is the kingdom and the power and the glory forever and  
ever.

Glen H. Stassen and David P. Gushee affirm that it is not insignificant that Jesus taught his followers to pray as a community in this model prayer. [It is not] “a prayer for getting what we want but rather for bending our wants to towards what God wants.”<sup>155</sup> Our Lord’s Prayer should be viewed as call to humility and hope. In this section, some of the negative emotions that blocks self-esteem of the PLWHA leading to internalization of enacted stigma will be addressed in relation to how the Lord’s Prayer liberates these emotions. These negative emotions include inferiority; depression, anxiety, guilt, resentment, and fear .Following the words of Robert H. Schuller, we admit that, with “The Lord’s prayer, we have a therapeutic spiritual exercise that replaces the self -esteem –strangling negative emotions with positive, health-generating emotions... Wholeness, salvation, and healing shall be experienced and will touch every aspect of our lives.”<sup>156</sup> In this regard therefore, the Lord’s Prayer can be used by the church to provide a safe and secure ground to help the hopeless see hope beyond the tunnel. It can also be used by the church to correct the above mentioned negative emotions that many stigmatized PLWHA suffer today. In his appreciation for the significance of the Lord’s Prayer as a tool to revive hope, Schuller writes:

The Lord’s Prayer points us to the Person, the power and the pathway to real self-dignity. As we focus on Jesus Christ, we shall discover a new theology, one that offers salvation from shame to self –esteem. We shall discover that self-esteem rooted in Christ’s love finally satisfies every person’s thirst for glory. The end result

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<sup>155</sup> Glen H. Stassen and David P. Gushee, *Following Jesus in Contemporary Context* (Downers Grove, IL: InterVarsity Press, 2003), 459.

<sup>156</sup> Robert Schuller, *Self Esteem: The New Reformation* (Texas: Word Books, 1982), 51.

will be transformed and redeemed person [who is] inwardly secure enough to live open, transparent, and honest lives.<sup>157</sup>

In line with Schuller's view, Glen and Gushee note that, to pray the Lord's Prayer "is to cleanse the mind, purify the heart and align oneself with God's will."<sup>158</sup> It is amazing how the opening statement of the Lord's Prayer attacks the negative emotion that blocks our self-esteem. Knowing that we belong to the royal family of God with the assurance of providence, meaning and security in Him, the Lord's Prayer can be a motivation to those who are stigmatized. This is because the "first petition marks the recognition of the physical needs"<sup>159</sup> which are basic to human living. To rely on his providence to us, God himself confirms his Fatherhood to us by saying, "...I have called you by name, you are mine" (Isa. 43:1, NIV). Therefore, by confessing, "Our Father who art in heaven hallowed be thy name," we associate ourselves with the honorable name of God which portrays our belonging to the royal family thereby giving us a potential value and worth and hence displacing the negative emotion of inferiority giving way to hope. Just as in Greco-Roman culture, "belonging to a particular family was a great [honor] importance [and] so becoming a follower of Jesus resulted in the subordination of natural family ties."<sup>160</sup>

There is a healing hope in uttering "Thy kingdom come, thy will be done" that removes the negative emotion of depression. Cyprian of Carthage speaking on mortalities of plague during his reign notes that, "why then do we pray and ask that the Kingdom come if the captivity of earth delights us?"<sup>161</sup> The greater wishes of the Christian community is to reign with Christ in

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<sup>157</sup> Ibid., 39.

<sup>158</sup> Stassen and Gushee, *Following Jesus in Contemporary Context*, 461.

<sup>159</sup> Ibid., 459.

<sup>160</sup> Zimmermann, Watt, and Luther, *Moral Language in New Testament*, 405.

<sup>161</sup> Alexander Roberts and James Donaldson, eds., *Ante-Nicene Fathers: The Writings of the Fathers Down to A.D. 325* (Grand Rapids: Eerdmans, 1981), 473.

God's kingdom and so by encouraging both the churched and the unchurched to meditate on the Lord's prayer help them focus on hope for the eternal future other than the worldly infirmities. Stigmatized individuals are prone to anxiety which is a self-destructing negative emotion especially with regards to anticipating one's own death which can be devastating. Generally, anxiety is the "response to human organism to anything that is perceived as a threat to what one regards as essential to one's welfare or safety."<sup>162</sup> Arguably, our knowledge that we must die could be a constant music that faintly plays in the background as long as we live and so it creates anxiety in us but especially to the PLWHA whose health condition is considered a deviation from the normal. This anxiety may be relinquished by the petition "Give us this day our daily bread" which is an affirmation that "even though we walk in the shadow of the valley of death" (Ps. 23:3, NIV). God can still revive a noble dream of good health, caring friends and success that drives away fear and brings hope.

The Lord's Prayer does not incite us to abandon our future dreams because of our physical disabilities and relational problems resulting from stigmatization that breeds fear of failure. Instead, it encourages us to pursue excellence with the guarantee of forgiveness that removes the negative emotion of guilt and condemnation. Similar to any other person with disability, stigmatized people face intensified feelings of being social misfits to an extent of exclusion and isolation. Larry J. Waters and Roy B. Zuck illustrate Joni Earickson Tada's confession of being misunderstood and isolated. He writes:

Thirty years of moving in this wheelchair among pews, rehab centers, dirt, villages, and government villages had taught me that people with disabilities often get set aside. In some cases they have become an oppressed minority. They have had to

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<sup>162</sup> Clinebell, *Basic Types of Pastoral Care*, 106.

adjust to a world that is not designed with them in mind. Laws, cultural norms, business transactions, and underlying attitudes can feel like second-class citizens.”<sup>163</sup>

Tada’s confession is similar to the experiences of the stigmatized in what we would rightly call a mean society which paves path to self-condemnation. However, self-condemnation and guilt are counteracted with the these words in the petition, “forgive us our trespasses” and even as we experience God’s untold forgiving grace, by his acceptance of us, we learn to accept others with their imperfection. In so doing the negative emotion of resentment will be done away with. Finally, the maturing self-esteem of the stigmatized may be realized by the petition, “Lead us not into temptation, but deliver us from evil.” Temptations in this case may take many forms that include despair, regrets and indulging in hopelessness, a fact that the petition in the Lord’s Prayer seek to address.

### **Participant Centered Bible Study**

The Bible has been used by the Christian community to proclaim the word of God to the spiritually deprived. Clinebell notes that the Bible may be significant in a number of ways that include: “to allow the Biblical wisdom to inform the process, spirit and goals of caring relationships, heal spiritual pathology and change of pathogenic beliefs, to comfort and strengthen people in crises, a means of diagnosing psychological, interpersonal and spiritual growth.”<sup>164</sup> However, the Bible should not be used in suppress anger. This is in line with the Biblical teaching in Ephesians 4:26 that, storing anger —letting the sun go down on it make it detrimental to the oppressed and the oppressor. Knowing the psychological world and the spiritual struggles of the AIDS stigmatized individuals may be difficult and therefore their

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<sup>163</sup> Larry Waters and Roy B. Zuck, eds., *Why O God? Suffering and Disability in the Bible and the Church* (Wheaton, IL: Crossway, 2011), 235.

<sup>164</sup> Clinebell, *Basic Types of Pastoral Care*, 125.

anticipation in future life may not be clear either. However, the Christian community may encourage either individual or group to read “selected passages imaginatively and in such a manner that in a sense they move back into biblical times and in the life situation of the writer or the person being described, and then move again into their own present life situation, accompanied by the particular world they have received from their experience.”<sup>165</sup> The inner conflicts of the stigmatized individuals may be visible through the characters that they associate themselves with in the Bible.

For this matter, the Christian community can use the Bible to gain insights to a person’s “inner world” and evaluate her struggles from the perspective of the Bible. One anonymous woman comments that, “I feel like I’ve been trying to escape from my own Egypt and, when I do, I end up wandering in the wilderness. It is the hope of finding the freedom of the Promised Land that keeps me going, I guess.”<sup>166</sup> In this case the person finds the meaning of the text in her own experiences and therefore, the openness to the ways the Bible calls her from her own life and world hence giving her the hope to push on without ceasing. In agreement with the fact that the Bible can be a diagnostic tool and therefore a way of giving hope to the hopeless, Mligo quotes Sergio Torres and John Eagleson who write:

As the ordinary Christian Bible readers [of the group] gain in confidence to claim the Bible as their own, dislocations or shifts in interpretations take place: from an upper class toward a lower class perspective, from Biblical text to real life, from a text enclosed in itself to a text with meaning for us, from an abstract individualistic understanding to a community sense, from neutrality to taking sides in society, and from overly spiritualized concepts to the concrete meanings and demands of faith in present lived situation.<sup>167</sup>

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<sup>165</sup> Ibid., 126.

<sup>166</sup> Ibid.

<sup>167</sup> Mligo, *Jesus and the Stigmatized*, 282.

To the stigmatized PLWHA, reading the text from their own perspective and relating it to their lived experiences may help lift their hope by changing their worldview. As they do this they will realize that “the Bible is not just history ..., it is also a mirror...” The common or [simple] people are using as a mirror to comprehend their own lives as a people.”<sup>168</sup> They also may realize that the situations they are in are not unique to themselves but that there are some people who might have gone through the same situations and came out as victors when they were seen as victims.

### **Lay Ministry**

Martin H. Scharlemann observes that, “a Christian congregation serves as a potent therapeutic community when it develops its resources for liberating men from the exaggerated individualism and consequent isolation.”<sup>169</sup> He further notes that, “the role of the laity in this type of therapeutic activity may be seen in Luther’s letter [directing] Pastor Severin Schulze of a village near Leipzig to take three lay persons of upright character along to visit the home of a patient [and] lead in saying the creed and praying the Lord’s prayer.”<sup>170</sup> On the same front, (Gal. 6:2 NIV) says “Carry each other’s burdens and in this way, you will fulfil the law of Christ.” Additionally, a report of the second assembly of the World Council of Churches indicates that, lay ministry is important for healing in a Christian community since it takes into account the inclusive untapped talents or skills of the lay Christian. This can be done with regardless of training. The World Council of Churches’ report states:

Any emphasis on the ministry of the laity means not only training but a special kind of pastoral care. Laymen and women should be

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<sup>168</sup> Ibid., 282.

<sup>169</sup> Martin H. Scharlemann, *Healing and Redemption*, 104-105.

<sup>170</sup> Ibid., 105.



encouraged to use the pastoral gift that many of them possess. Mutual care of members by each other as well as the clergy is needed in the church. Christians have many natural opportunities for the pastoral care of the neighbors, workmates and others.<sup>171</sup>

In recognition of the lay ministry in helping the stigmatized face their reality of the physical and social suffering, Eyer contends that, "helping people discover the presence of, caring and holy perspective of God in their suffering is an art that begins with development of pastoral skills."<sup>172</sup> He enumerates five essential skills in helping those who are afflicted [stigmatized] find hope in their situation. First, *nurturing intimacy* is the act of embracing love and showing commitment care that expresses God's love. Secondly, similar to Job who brought his complaints to God, *encouraging complaint* helps the stigmatized express her emotional struggles before God. Thirdly, in order to make meaning out of the seemingly meaningless life of the stigmatized, helping to *tell a story* directs her to telling her own story from her birth to the promise of God's salvation "so as to put together the pieces of [her] life in such a way that it satisfies [her] as she tells her coherent story of her suffering with [stigmatization]<sup>173</sup> This in a way creates relief and hope to the AIDS stigmatized.

### Hymnody and Worship

Hymnody is one of the elements that constitute integral part of Christian liturgical celebration and which embody Christian theology and confessional identity. This is because hymns provide the congregation with an opportunity to express their beliefs about faith and doctrines and the experiences of Christian life<sup>174</sup> Hymnody is therefore a content of confession

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<sup>171</sup> Clinebell, *Basic Types of Pastoral Care and counseling*, 394

<sup>172</sup> Eyer, *Pastoral Care under the Cross*, 68.

<sup>173</sup> *Ibid.*, 70.

<sup>174</sup> William J. Reynolds and Milburn Price, *A Survey of Christian Hymnody* (Carol Stream: Hope Publishing Company, 1997), v.



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<sup>171</sup> Clinebell, *Basic Types of Pastoral Care and counseling*, 394

<sup>172</sup> Eyer, *Pastoral Care under the Cross*, 68.

<sup>173</sup> *Ibid.*, 70.

<sup>174</sup> William J. Reynolds and Milburn Price, *A Survey of Christian Hymnody* (Carol Stream: Hope Publishing Company, 1997), v.

of faith in two aspects: as an expression of the faith by which [Christ] is believed or an act of believing (*fides que*) and the content of the belief (*fides quae*) It is on the basis of this understanding that we attest to the fact that hymnody can bring hope to the AIDS stigmatized should they be conditioned to certain hymnals that depict Christ and His saving act which in itself gives hope. Pastoral preachers may be advised to use hymns as preaching texts or as images that bring hope in sermons. When songs familiar to the listener are used, the listener's mind and heart are immediately engaged. For example one of the Lutheran Hymn by composed by a Baptist pastor proclaims the stability of Christ as a solid ground in whose hope the hopeless and afflicted may find solace and a future of hope. *My hope is built on nothing less* reads:

My hope is built in on nothing less than Jesus' blood and  
righteousness; I dare not trust the sweetest frame, But wholly lean  
on Jesus name. On Christ, the solid rock, I stand; all other ground  
is sinking sand.<sup>175</sup>

This song denotes the second article of the creed: Redemption in Christ. Christ suffering can only become a consolation if one views it as a God-for-us phenomenon, an event in which God does something for us. This something is that he has “redeemed me, a lost and condemned person, purchased me and won me from all sin, from death, and from the power of the devil; not with gold or silver, but with his holy, precious blood and with his innocent suffering and death”<sup>176</sup> as Luther notes in the *Small Catechism*. It is on account of the benefit of the cross that that the stigmatized “dare not trust on frame but wholly lean on Jesus name [because] all other

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<sup>175</sup> Commission of Worship of The Lutheran Church—Missouri Synod, (St. Louis, MO: Concordia, 1982), 368.

“My hope is built on nothing less” was composed by a Baptist pastor and hymn writer. He referred to this hymn as the parable of the wise and the foolish builder. The refrain gives hope in Christ that he is the solid ground where one can seek security and solace since all other surface are sinking and may subject one to danger. This song has since been found in the Lutheran Hymnal book.

<sup>176</sup> *Luther's Small Catechism*, “The Second Article” (St. Louis, MO: Concordia, 2008), 16.

Rock is sinking ground”<sup>177</sup> Generally, with this and other hymnody that are not reflected on this discussion, we can affirm that the beauty of confession of faith through hymnody is that one’s heart and intellect are touched at the same time and it is drawn to amazing hope even when the physical healing is not apparent.

### **Conclusion**

Many people in our society suffer from a lack of any dynamic meaning or purpose in their lives. Included in this category of people are the AIDS stigmatized. There is nothing that they value enough to give them a sense of expectation and excitement when they face a new day. As the theologian Viktor Frankl, would say, they experience “value vacuum” which is devoid of “will to meaning.” Hope forms the fundamental framework in any Christian community with regards to caring for the sick or the marginalized. It is in giving hope to the stigmatized that their trust can be restored in God, themselves, and others. As has been discussed above and with the perspectives of various authors, hope can be restored in an individual in different ways. While others are more inclined to contemplative listening some are more action oriented. It is therefore, significant that any Christian community addressing such needs that arise from stigmatization consider various approaches in their intervention to give hope.

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**CHAPTER FIVE:**  
**ADDRESSING AIDS STIGMATIZATION – THE CHURCH’S INITIATIVES AND SHORTCOMINGS**

In the last four chapters, we looked at the history of HIV and AIDS stigmatization. The Church’s compassionate interaction with the stigmatized and the analogy of the Good Samaritan were explored. A Theology of hope depicting the need to instill hope in those who are facing stigmatization was discussed and suggestions were made on how this might be accomplished. This chapter looks at the initiative and the shortcomings of the church with regards to charity, as one of the major ways through which it has been responsive in curbing this menace. Thereafter, holistic approach as a way through which the church can be able to tackle this pandemic of stigmatization will be recommended and examined.

**The Church’s Initiative in Addressing HIV/AIDS and Stigmatization**

Stigmatization of PLWHA in the Sub-Saharan countries is still a matter of greater concern to the church. With the conviction that “Christianity should consist more of practice than of knowledge [thus] the essence of practice is love of neighbor, first among Christians then toward all people,”<sup>178</sup> Gillian Paterson writes:

In 2001, the World Council of Churches convened a meeting of African Church leaders in Nairobi to draw up an ecumenical plan of Action for responding to the AIDS epidemic. It was unanimously agreed that, for churches, the eradication of HIV and AIDS-related stigma must be a priority: The plan of action itself gave birth to a range of international initiatives including the Council’s Ecumenical HIV and AIDS Initiative in Africa: the UNAIDS-sponsored theologians’ workshop on AIDS-related stigma in Namibia in 2003; the EAA’s ecumenical and interfaith programme for the

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<sup>178</sup> Foster M. McCurry ed., *Social Ministry in the Lutheran Tradition* (Minneapolis, MN: Fortress, 2008), 70.

International AIDS Conference in Bangkok , 2004: and the thematic focus on HIV and AIDS at the WCC Assembly in Brazil, 2006.”<sup>179</sup>

Following these meetings, the church has responded to AIDS stigmatization in various ways. Currently, several churches and non-governmental institutions are geared towards fighting the pandemic through direct action. These actions include provision of medical personnel, putting up mobile clinics for ease of reaching those who are in the interior parts of the country and mobile voluntary counseling and testing facilities. In addition, most churches emphasize the main issues that promote vulnerability such as illiteracy and poverty. However, while some churches have taken no action at all in dealing with the issue of stigmatization of those people who are living with the disease, some individual churches have responded to the pandemic by meeting the needs of members of their own congregations.

Among the churches which have been instrumental and have shown remarkable response in addressing this pandemic in Kenya include, the Roman Catholic Church, the Evangelical Lutheran Church and the Anglican Church. These mainstream churches run various charity programs that cater for the needs of those who are affected and infected by this pandemic. These programs include the initiative to care for the orphans who have lost both parents to HIV/AIDS, who are normally, referred to as “total orphans.”<sup>180</sup> Widows who have lost their spouses to the disease are also assisted through charity. The Roman Catholic Church has established hospitals and dispensaries for counseling and testing services of people in need of such services. They also provide antiretroviral therapies for the infected people.

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<sup>179</sup> Gillian Paterson, *AIDS Related Stigma: Thinking outside the Box*, 1.

<sup>180</sup> “Total orphans” are those children whose biological parents died of HIV/AIDS and so are taken care of by either grandparents or relatives whose means of livelihood are also limited.

The Evangelical Lutheran Church in Kenya runs programs that address the needs of PLWHA. An example of such a program is the support group geared towards providing an environment where PLWHA can share their experiences of the pain and suffering with those who are equally infected with the virus. There are also programs for the orphans' education depending on the available funds from well-wishers such as the Lutheran Church Missouri Synod and Norwegian Lutheran Mission. The North West Diocese' program of the ELCK which was initiated in 1990 with a participatory rural development approach has also made an impact in as far as HIV/AIDS management is concerned. It has so far contributed to the sensitization of the community about HIV/AIDS. It organized trainings for the pastors and representatives from different parishes with the goal of enlightening the church leadership on how to respond to the HIV/AIDS pandemic. Income generating projects such as farming were initiated to help boost the living standard of the PLWHA and supplement their needs with regards to nutrition as well as to curb dependency. Charity programs in various dioceses have gone a long way in meeting educational and basic needs of the orphans whose parents have died of HIV/AIDS. However, various shortcomings have hampered the intended goals of such programs. Following these shortcomings, AIDS stigmatization still remains a daunting task yet to be addressed.

### **Churches' shortcomings in addressing AIDS stigmatization**

Churches have had shortcomings in their initiatives to eliminate stigmatization. First, sensitization has not dealt promptly with issues such as cultural aspects that instigate stigmatization. Musa W. Dube notes that "we often find that when we talk about sex in public, we are faced with comments like, 'don't talk about sex, we are Christians' or 'don't talk about

sex we are Africans or [we are women].”<sup>181</sup> The aforementioned initiatives depict the instrumentality of the church in addressing the problem of HIV/AIDS through sensitization. However; the sensitization program has partly addressed the problem of sex and sexuality and remained silent on condom use because of the cultural aspects of the community within which these projects are carried out. Sensitization on sex and sexuality may protect PLWHA from the attitudes that exclude them from membership of the community. Dickson says that, sex and condom use are rarely discussed although they promote stigmatization especially among married women. Apart from condoms being used for protection from infection, they are also used as birth control method .Dickson writes:

Even where condoms are available and affordable, a major problem with condom use is that in many cultures, a woman may risk severe beating if she starts suggesting to her husband that they use a condom. And he may not be prepared even to think about suggesting it to his wife—as it could mean admitting that he has been unfaithful.”<sup>182</sup>

Second, the church has concentrated on charity and programs such as care facilities to the detriment of pastoral policies that enhance inclusion of PLWHA in their larger community and in the church. This shows the partiality with which the church has responded to matters to do with AIDS stigmatization. Larry J Waters and Roy B. Zuck affirm that “a church is called to touch each person with the love of Jesus to nurture individuals in their relationship with Christ. Therefore, [the church should] focus on people, [and] not programs, integrate [the stigmatized] into various church activities.”<sup>183</sup> It may also be necessary to introduce guidelines to protect the welfare of PLWHA and how they are in cooperated in the church.

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<sup>181</sup> Dube, *HIV/AIDS and the Curriculum*, 1.

<sup>182</sup> Dixon, *AIDS Action*, 140.

<sup>183</sup> Waters and Zuck, *Why, O God?* 43.



Third, churches have not adequately dealt with programs aimed at meeting the economic needs of PLWHA which puts most of the PLWHA at the periphery of dependency. Talking on the issue of “going deeper with development,” though it does not directly relate to HIV/AIDS stigmatization, Robert D. Lupton avers that if you “feed a man fish, he’ll eat for a day; teach him how to fish and he’ll eat for a lifetime.”<sup>184</sup> The church’s involvements with income generating activities were geared towards helping PLWHA attain dependency and earn a livelihood and at the same time address the issue of stigmatization resulting from dependency. However, this income generating capacity building has not accomplished its goal of gaining profit for lack of market. This could be because the teaching that PLWHA received may have been insufficient.

The fourth limitation that forms the basis of the argument in this chapter is that, the church’s emphases on charity, care facilities, and unclear pastoral policies have enhanced more stigmatization. Most of the experiences of the PLWHA show that they have been treated as objects of good works and not as people. In addition to that, the church has participated in “doing for the [stigmatized] rather than doing with them”<sup>185</sup> what is supposed to be done. In other words, the church has worked for and not with them. For any project aimed at helping the stigmatized or any target group with or without disability, the group must have ownership of that program. Some of the experiences of the PLWHA are indicative of the fact that they have been preached at and told that their crises can be solved by the gospel. However, LeRoy H. Aden and Robert G. Hughes write:

Whenever preaching presents human dilemmas and then says, ‘here is how the gospel can speak to those problems,’ the inevitable conclusion is that the gospel is a finished and ready resource requiring only that we apply it to our circumstance. The truth is,

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<sup>184</sup> Robert D. Lupton, *Compassion Justice and the Christian Life: Rethinking the Ministry to the Poor* (Ventura, CA: Regal Books, 2007), 74.

<sup>185</sup> *Ibid.*, 52.

the promised victory of God is not yet fully present or realized. Some tragic human suffering remains, for the time being unintelligible and meaningless to us. Some conflicts are for the moment beyond resolution. Some illnesses have no available cure; and some problems have no ready answer”<sup>186</sup>

It is true that Christ talks to our needs and sufferings even in moments of stigmatization. He says, “Do not let your heart be troubled. Believe in God, believe also in me” (John 14:1, NIV). If Aden and Hughes views are correct then we can deduce that it takes faith to see beyond the trouble of stigmatization, otherwise the scripture may not be a ready resource unless it is put into the context of the stigmatized experiences. From the initiatives of the church with specific reference to the ELCK, many resources have been devoted to mercy work or social action as opposed to holistic approach to combating AIDS stigmatization. In a sense, material support to the infected has eclipsed the spiritual care which is equally needed for “man shall not live by bread alone but on every word that comes from the mouth of the Lord” (Deuteronomy 8:2-5).

Concentrating on material provision with minimal spiritual care may make the church succumb to the risk of indulging into good works. On the other hand, utilizing an approach that emphasizes absolute spirituality, with minimal material support may cause the church to run the risk of Gnosticism.<sup>187</sup> This may make Christ Jesus become “the Lord of a few selected people ...”<sup>188</sup> other than the savior of all human kind. In chapter three, we mentioned that good works may jeopardize the compassionate care given to the stigmatized. The escalating number of widows and orphans resulting from HIV/AIDS has created fertile grounds to practice “good works” by adopting orphans, and donating to support orphanages. Although participating in such activities is good and indeed necessary, a Christian community should know what is good, bad,

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<sup>186</sup> Aden and Hughes, *Preaching God's Compassion*, 22.

<sup>187</sup> Gnosticism was a second century heresy that postulates that belief in the material world or matter is evil and that only the spirit is good.

and indifferent. Helping the AIDS stigmatized is a good thing to do. However, if it is done in a way that makes them handicapped, it becomes injustice. This section and the rest of the chapter will discuss charity and how it results to stigmatization, a distinction without which, good works replaces the intended goal of compassion and ruins being in solidarity with the PLWHA thereby resulting to stigmatization and depletion of hope.

## **Towards a Definition and Origin of Charity**

### **Historical Discussion**

The spirit of charity sprang from the early church and it caught the attention of pagans for whom such moral obligation...was quite alien.”<sup>189</sup> “Deacons were set apart for the support of the sick, infirm, poor and disabled: they [were] to be doers of good works, exercising a general supervision day and night, neither scorning the poor nor respecting the person of the rich;...they must ascertain who [were] in distress...”<sup>190</sup> This enhanced their relationships with the larger community and the afflicted as well as sharing the love that Christ himself shared with humanity. Tertullian notes that “it is our care of the helpless, our practice of loving kindness that brands us in the eyes of our opponents.”<sup>191</sup> For Alvin J Schmidt, “Early Christian literature frequently commanded Christians to care not only for the widows, the sick, the disabled, and the poor but also for the orphans.”<sup>192</sup> This sets the church apart as a distinct entity and an exemplar to the secular community.

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<sup>188</sup> Mligo, *Jesus and the Stigmatized*, 11.

<sup>189</sup> Ammann and Holland, *Women, HIV, and the Church*, 19.

<sup>190</sup> Rodney, *A Sociologist reconsiders History*, 87.

<sup>191</sup> *Ibid.*, 89.

<sup>192</sup> Alvin J. Schmidt, *How Christianity Changed the World* (Grand Rapids, MI: Zondervan, 2004), 130.

Through the works of charity,“ there is the vibrant memory of Jesus’ words and actions that would form a community for its public life and service— its diakonia—among those who were overlooked, forgotten, or deemed insignificant [stigmatized] by the powerful...”<sup>193</sup> These sentiments hardly elude Michael R. Totten’s observation who assert that, “social ministry is the love of God reaching out through His people, the Church, ministering compassionately to the entire spectrum of human need, [such as] the spiritual, physical, emotional social and economic.”<sup>194</sup> Charity is, therefore, an empathetic treatment of others that seeks to relieve them of their distress and it encompasses economic, social and spiritual aspects of care. When charity addresses the economic, spiritual and social issues the stigmatized may experience relief, however, dispensed with judgmental attitude, charity becomes an act of pity and not empathy hence it stigmatizes.

### **Charity and Stigmatization**

Charity has been of enormous help to the PLWHA in this time of economic hardship. Nevertheless, it has also contributed to the alienation and exclusion of the very people it sought to help. As we have just seen, Christian charity is driven by empathetic and not sympathetic act. This empathetic act, as discussed in chapter three, is elicited by compassion thereby alleviating distress of those who are stigmatized. The absence of Christian pastoral policies to safeguard the dignity of PLWHA may result in pity making charity and pity one and the same. This is because, charity, like pity, assumes that a person cannot help herself and therefore, “it fuels gestures of what we have in abundance to the less fortunate, those unlike us who are deficient in such

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<sup>193</sup> McCurley, *Social Ministry in the Lutheran Tradition*, 31.

<sup>194</sup> Robert Rosin and Charles P. Arand ed., *A Cup of Cold Water: A Look at Biblical Charity* (St. Louis: Concordia Seminary Monograph Series, 1996), 18.

grace.”<sup>195</sup> Does this mean then that performing acts of charity is bad? It would be a fallacy to believe that giving charity is bad. Lupton says, “Charity elicits grateful responses and sometimes pronouncements of God’s blessings.”<sup>196</sup> Indeed, a mother who is living with HIV/AIDS would appreciate the unexpected provision for her malnourished children who are struggling to understand what is amiss in life. Thomas Reynold E’s reaction to provision of charity to the disadvantaged succinctly depicts how charity and pity are intertwined. He writes:

In the name of charity special provisions may be made to accommodate the sufferer, the one whose conditions renders [her] out of control. We might establish care facilities and offer aid. On the surface this may be well and good. Motivated by pity, however, acts of charity keep those who do not naturally fit in at a distance. This is why charity, as it is commonly understood, tends to favor the ideals of donation. We give of those values we possess in plenty and condescend to the needy, who by our standards have been judged as wanting. This, however, trades on and nourishes disingenuous sense of privilege, presuming that those who receive aid are of no use and have nothing to offer in return.”<sup>197</sup>

One can rightly agree with Reynolds observation that the church and those involved with charitable organizations have in one way or the other served PLWHA with an attitude that is likely to suggest that their conditions do not allow them to be useful members of the community. In this case, they deserve help from those whose conditions are stable. Engaging in acts of charity with this pre-judgmental attitude puts PLWHA at the mercy of those whose conditions are good. Therefore, as they donate for charity, then they are responding by doing good works to the PLWHA which in a way is stigmatizing. For one reason, PLWHA have already been judged as those who cannot sustain themselves. Second, the charity given to them are out of what seems to be excess or extra.

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<sup>195</sup> Thomas E. Reynolds, *Vulnerable Communion: A Theology of Disability and Hospitality* (Grand Rapids, MI: Brazos, 2008), 114-115.

<sup>196</sup> Lupton, *Compassion Justice and Christian Life*, 53.

<sup>197</sup> *Ibid.*, 115.

It is interesting to note that in contemporary society, it is easier “to do for” than to identify the major needs and the inner struggles of the stigmatized in their journey with God at such times of stigmatization. It is much easier to give PLWHA change left from one’s shopping than to learn her name and offer her work or assist her get a job. It is, therefore, not a jest that Jesus asked his disciples, “Who do you say I am?” (Mathew 16:13-16). With the assumption that the only needs that the stigmatized individuals have are material needs, the Christian community may fail to recognize the need to proclaim the gospel and tell of the Son ship and saving ability of Christ to the stigmatized. In the *Small Catechism*, Luther says, “In the Law God commands good works of thought, word and deed...”<sup>198</sup>

Although Charity is a good thing, if it excludes and inappropriately distinguishes the “other” from “us” as reflected in chapter two, solidarity is lost, hope is depleted and the church is deemed to fail to live up to what it teaches, preaches and confesses. This then prompts us to look at how good works have been misunderstood as a way to gain salvation resulting to stigmatization of PLWHA.

### **Good Works, Confession of Faith and the Stigmatized**

“The religion that our Father accepts as pure and faultless is to look after orphans and widows in their distress...” (Jam. 2:27, NIV). This text is the point of reference in any involvement in good works even for those who touch the lives of the PLWHA. Good works are done or given to meet another person’s need in accordance to God’s will. It can also be the normal activities of a person’s vocation. The mention of good works sometimes raises eyebrows, especially among Christians who believe, teach, and confess that we are saved by grace through faith on account of Christ. When it is said that we are saved by “grace alone,” this is sometimes

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<sup>198</sup> *Luther’s Small Catechism*. (St. Louis, MO: Concordia, 2008), 51.

perceived as “cheap grace” because of the seemingly less emphasis put on good works. However, this is not the case since our salvation, or God’s grace for that matter, cost Him his own son Jesus Christ and it is not dependent on the good works we do to the afflicted or the stigmatized. Otherwise, if it were to be so, salvation would be for exchange. The concept of good works is founded on the basis of love for one another, and these good works flow from the life of Christ who “though he was in the form of God did not regard equality as something to be exploited but, emptied himself, taking the form of slave, being born in human likeness” (Philippians 2:6-7). The Book of Concord confirms this fact, “Good works follow from true faith when it is not a dead faith but a living faith.”<sup>199</sup> This implies that God is manifested in our lives when good works serve as a testimony of his presence and indwelling. When we do good works, such as touching the lives of PLWHA and contributing to de-stigmatize them, we show that we are in solidarity with them and are considerate with our neighbors loving them as Christ did to the afflicted and the suffering.

In the biblical understanding, as rightly interpreted by the Lutheran confessions, good works do not count for anything in terms of salvation, for we are counted righteous before God solely on account of Christ. Such righteousness leads to active righteousness. Good works in this case flow from faith in Christ towards the neighbor. Therefore, good works done for the PLWHA with the mentality that if they are relieved of their obligations or responsibilities then God gives favor to those who do these good works only cripples the PLWHA and stigmatizes them. This is an injustice to them. In this way, therefore, good works becomes an enemy of the best intention for the PLWHA. Lupton when commenting on good works that undermines the

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<sup>199</sup> Robert Kolb and Timothy Wengert, *The Book of Concord, Confessions of The Evangelical Lutheran Church* (Minneapolis, MN: Fortress, 2000), 498.



dignity of the receiver says that, such kinds of good works seek to maintain the status quo but become detrimental to the receiver. He writes:

Doing good can lead to doing best. But good can become the enemy of best. When our one way of giving becomes comfortable and our spirits are no longer stirred to find the deeper, more costly solutions, good has become the enemy of the best. When our feeding programs value order and efficiency over the messiness of personal involvement, good has become the enemy of the best. When recipients remain recipients and givers are contented to remain givers, good has become the enemy of the best. Perhaps the best giving is the kind that enables the [PLWHA] Poor to know the blessedness of being givers.<sup>200</sup>

Stigmatization is crippling and good works that does not aid the stigmatized to be independent is tantamount to injustice. Therefore, together with the words of one commentator on good works, McKnight, we can unanimously say, "Never do for others what they can do for themselves...To do for others what they can do for themselves is to make recipients the object of our pity and deprive them of human dignity." It also encourages 'unhealthy dependency [and] an entitlement mentality.'<sup>201</sup> Jesus warns in 2 Thessalonians 3:10 that "if a man shall not work, he shall not eat." Although there are exceptional cases, giving the stigmatized a chance to work is justice. Injustice is inevitable if good works are dispensed with ill motives of gain, and also if good works tend to deprive the stigmatized of any little opportunity to be active and responsible members of a Christian community.

Gary Collins writing on the effects of physical illness gives an illustration that helps us understand the point of convergence between good works and stigmatization with respect to hypochondriasis.<sup>202</sup> He says:

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<sup>200</sup> Lupton, *Compassion, Justice and Christian Life*, 55.

<sup>201</sup> *Ibid.*, 52.

<sup>202</sup> Hypochondriasis is an assumed illness without any conscious effort to appear sick. Those who dodge responsibilities or activities that are engaging are mostly prone to being hypochondriacs. Hypochondriacs are preoccupied with disease and illness and in the event that one doctor declares them healthy they do not become certain with that.



Sickness sometimes brings benefits, like attention and sympathy from others, an opportunity to do nothing, freedom from responsibilities and socially sanctioned permission to stay home from work and get up late. Some people enjoy the benefits of being sick. As a result, they never get better or they experience a series of physical symptoms from which there is no organic basis and little relief<sup>203</sup>

HIV/AIDS is a debilitating disease and not many people would want to take advantage of the benefits that come with it such as good works done for the stigmatized. As a matter of fact, behaviorist psychologists such as Albert Bandura, Ivan Pavlov and B. F Skinner would say that behavior is learned. It is in this context that good works may also condition the recipient to anticipate assistance even when her health condition is manageable. So, in the event that good works is done to such a person without ascertaining her actual needs, dependence is created. Therefore, even as we agree that compassion to PLWHA is necessary through acts of good works given to them, good works should seek to empower and not disable those who are already disabled by the effect of the pandemic.

The early church father Augustine says that “a people are defined as a multitude united in association by a common sense of law and a community of interest.”<sup>204</sup> Augustine implies that, for justice to be called justice it has to do with the human relationship with one another and there has to be a point of connection which in this case is charity. He writes:

A republic cannot simply be a community of interest; it must be bound together by law or justice. A society united only on the basis of a common interest could just be a mob or a gang of pirates. Where there is no justice only brigandry, law-lessness, and exploitation, there is no commonwealth. But justice has to do with the relation of

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<sup>203</sup> Gary R. Collins, *Christian Counselling: A Comprehensive Guide Revised Edition* (Singapore, London: Word, 1988), 334.

<sup>204</sup> Robert Louis Wilken, *The Spirit of Early Christian Thought: Seeking the Face of God* (New Haven, London: Yale University Press, 2003), 204.

human beings to one another. It also has to do with justice due God. What kind of justice alienates human beings?"<sup>205</sup>

When good works done to the stigmatized is the only uniting factor between the receiver and the giver, or if it becomes the only central interest, then injustice and stigmatization may never cease. On the basis of good works, the gap is created as it becomes apparent that some people are "insiders" while others become "outsiders." Good works ought not to alienate, rather they ought to bind Christians in love as a family of believers. God calls us to serve our neighbor and it is in serving the neighbor with no strings attached that AIDS stigmatization may cease and justice may prevail.

This misunderstanding of good works should be replaced with the understanding that good works begin with the love for and of God. The kindness that a Christian community receives from God is the same kindness that they ought to extend to the stigmatized. It is therefore, only when a Christian community knows God's name and his salvation that they are able to engage in good works that the scripture teaches and they confess.

### **A Way Forward**

#### **A Holistic Approach: Towards a Solution to the Problem of Stigmatization**

As we have seen from the discussions, some people in church ministries may become passionate in getting involved with one aspect of the PLWHA need such as material support. This may be done with the assumption that, solving one particular problem will solve the rest of the problems. However, by solving such problems as housing, one does not solve the emotional struggles that a stigmatized person has. Scharlemann alludes to this fact noting, "If man is to be healed, they must be treated in their totality. Somehow, too, they must be made aware of their

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<sup>205</sup> Ibid.

belonging to a community..."<sup>206</sup> On the same front, the need for a holistic approach in pastoral care and counselling is even found in the works of Plato. He says:

As you ought not to attempt to cure the eyes without the head, or the head without the body, so neither ought you to attempt to cure the body without the soul...for the part can never be well unless the whole is well...And therefore, if the head and the body are well, you must begin by curing the soul."<sup>207</sup>

Plato in this case implies that the wellness of the body depends on the wellness of the soul. A holistic approach therefore, looks at the physical, social and psychological well-being of an individual. This section gives a way forward to help de-stigmatize through a holistic approach.

### **Stigmatization and Pain**

Stigmatization invokes pain and suffering. Pain is a complex concept to understand because different disciplines have different views of pain. Jangsaeng Kim asserts that, "to a person interested in psychophysical measurements, pain may be stimulation and a reported perception. To a biochemist or neurophysiologist, pain may refer to the neurochemical processes. To a clinician, pain may be a reported pain by a patient."<sup>208</sup> For Christians, reading from the New Testament, pain is tied explicitly to the suffering of Christ and the Christian's participation in that suffering. When the stigmatized face chronic physical, social and spiritual pain and suffering, they lose meaning in life as mentioned in previous chapters. The meaning of life can be found in God through Christ and the Holy Spirit hence through a Triune God. Dietrich Bonhoeffer commenting on suffering notes:

The disciple is a disciple only in so far as he shares his Lord's suffering and rejection and crucifixion...If we refuse to take up our cross and submit to suffering and

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<sup>206</sup> Scharlemann, *Healing and Redemption*, 24.

<sup>207</sup> Clinebell, *Basic Types of Pastoral Care and Counseling*, 103.

<sup>208</sup> Kim Jangsaeng, *A Comparative Study on Suffering in Augustine and Asvaghosa through Gate Control Theory* (Frankfurt, NY: Peter Lang, 2006), 122.

rejection at the hands of men, we forfeit our fellowship with Christ and has ceased to follow him.”<sup>209</sup>

Bonhoeffer’s statement takes us back to chapter three where we discussed the analogy of the Good Samaritan being on transit with the stigmatized. We do not have to have a cross of our own but the stigmatized pain and suffering is a Christian community’s cross which makes us Disciples of Christ. Donald P. McNeill and coauthors note that, “the disciple is called to follow the Lord not only into the desert and onto the mountain...but also into the valley of tears, where help is needed, and onto the cross where humanity is agony.”<sup>210</sup> Paul does not let Christians off the hook in this. His statement is indicative of being one body and as various members of that body has the responsibility to feel the pain of others as reflected in functionalism theory in chapter three. Thus, “If one part suffers, every part suffer with it; if one part is honored, every part rejoices with it” (1 Cor. 12:26 NIV). This is what compels the Christian community to empathize, and be compassionate.

One Christian’s perspective of suffering and pain of the stigmatized challenges everyone who identifies with a community of believers to address the pain. Steve Camp writes:

Do you feel the pain; has it touched your life?  
Can you taste the salt in the tears they cry?  
Will you love them more than the hate that’s been?  
Will you love them back to life again?”<sup>211</sup>

In this apathy of a fallen society, the stigmatized face isolation and many are stoic feelings, deaf ears, and blind eyes. However, a Christian community can heed to the cry of the stigmatized

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<sup>209</sup> Dietrich Bonhoeffer, *The Cost of Discipleship* (New York: Macmillan, 1963), 96.

<sup>210</sup> Donald P. McNeill, Douglas A. Morrison and Henry J. M. Nouwen, *Compassion: A Reflection on Christian Life* (New York, Garden City: Doubleday, 1982).116.

<sup>211</sup> Shepherd Smith and Anita Moreland Smith, *Christians in the Age of AIDS: How We Can Be Good Samaritans Responding To the AIDS Crisis* (Canada, England: Victor Books, 1988), 141.

for they are called “to rejoice with those who rejoice and mourn with those who mourn” (Rom. 12:15). This paper recommends a holistic approach that includes pastoral care, Social Support groups and Disability ministry as essential responsive tools to de-stigmatize.

The diagrams below, taken from The Kenya National AIDS and STI control Reference manual 2008, may aid in understanding why a holistic approach is appropriate in solving the problem of stigmatization. The first diagram deals with needs of a PLWHA while the second diagram depicts comprehensive care team involved with the care of PLWHA which also looks at the people that a PLWHA frequently relates with. In fact, it is within the boundaries of these relationships in figure (a) that stigmatization may arise if aspects of the PLWHA’s needs in figure (b) are overlooked or violated.

The church grapples with the challenges of ministering to a population of the stigmatized. From figure (b), the source of stigmatization may range from the family and friends to medical personnel and better still it can come from spiritual care givers such as we earlier saw with charity given by religious organizations. Interestingly, these are the very group of people charged with the responsibility of care giving to the PLWHA. When these needs in figure (a) are not met, the church experiences dilemma of how to minister to and involve them in church ministry. These dilemmas may elicit feelings of fear, ignorance and rejection to the PLWHA. Note that, to meet the needs in figure (a), there is need for the team in figure (b). In a sense, PLWHA’s needs are complex, and the team charged with their care is diverse and so the intervention plan ought to be holistic. This is because stigmatization is as complex as the needs of PLWHA, results from a holistic approach may be realistic, detail oriented, and reliable as opposed to one-way approach that is likely to create dependency as we had earlier examined.

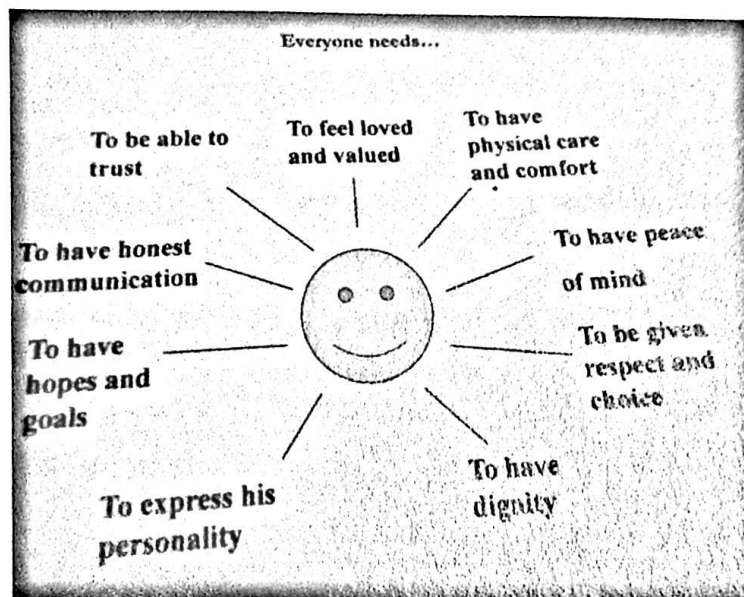


Figure (a): Like everybody else PLWHA have these needs without which their social, spiritual and general well-being is affected resulting in stigmatization.

A sick person relates with all these people for social support needs such as family members, for medical attention that involve doctors and nurses and for spiritual care with the spiritual care givers. Lack of attention, inadequate or judgmental attitude from these care givers is likely to result in stigmatization. This may hinder a PLWHA's healing, which "is more than the physical cure or treatment. It is the restoration of "wholeness and a sense of balance and meaning in one's life."<sup>212</sup> The diagram below shows a comprehensive care team charged with providing holistic care to the PLWHA geared towards wholeness.

<sup>212</sup> Christina Puchalski, *Time for Listening and Caring: Spirituality and the Care of the Chronically Ill and Dying* (Oxford: Oxford University Press, 2006), 43.

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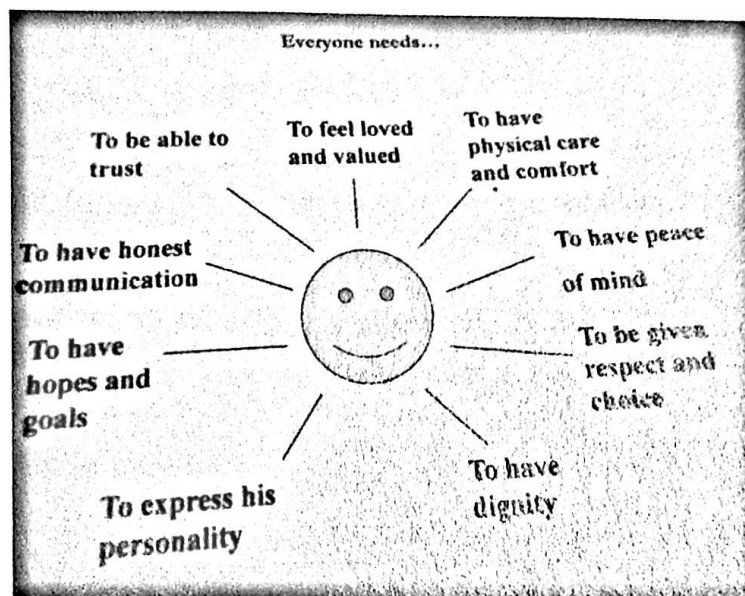


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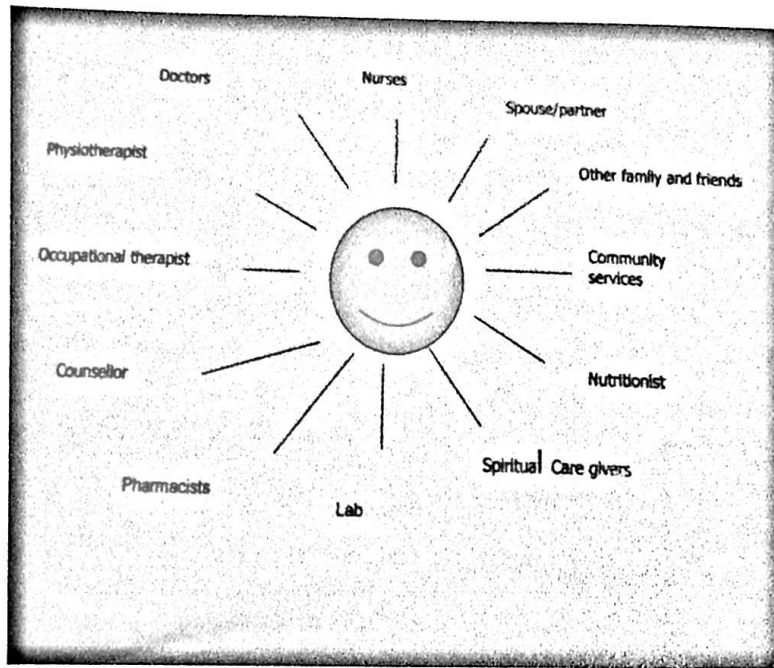


Figure (b): Pastors, Deaconesses and Volunteers in Spiritual Care giving ministry

### Spiritual Growth: Pastoral Care

#### Sustaining the Faith and Healing the Wounds of the Stigmatized

The stigmatized individuals need spiritual growth so as to get connected to someone greater than a human being. This can be achieved by sustaining geared towards “helping a hurting person to endure and to transcend a circumstance in which restoration ...is impossible or seem improbable.”<sup>213</sup> When stigmatization presents pain and suffering, a pastoral care giver can compassionately identify, empathize with and embrace them with the consoling words. She may encourage them that even when their world seems to be falling apart, with a shattered future and a battered hope, “it is normal to hurt.”<sup>214</sup> Healing is “the creation of an empathy but friendly space where those who suffer can tell their story to someone who can listen with real attention.”<sup>215</sup> It is also “a pastoral function that aims to overcome some impairment by restoring

<sup>213</sup> Clinebell, *Basic Types of Pastoral Care and Counseling*, 42.

<sup>214</sup> Ibid., 32.

<sup>215</sup> Henry J. M. Nouwen, *A Spirituality of Care Giving*, 37.

the person to wholeness."<sup>216</sup> When alienation, estrangement, and rejection are part of the PLWHA's life, they lose sight of their dreams and believe they have no purpose. The role of the care giver is to provide the assurance that "it is possible to hope."<sup>217</sup> With the conviction that hope and HIV are not opposites; HIV affects the body but hope is found in the soul. Hope may be instilled in a stigmatized individual to restore her faith in God and look at life positively once more. In chapter four we examined the resources that may be used to enhance hope, in healing the stigmatized wounds. A pastoral care giver may instill hope in the stigmatized by stressing the fact that their focus should be eternal and that there is a future without illness, pain or tears.

### **Reconciling and Guiding the Stigmatized**

Everybody else feels tired and overburdened sometimes, so do the stigmatized individuals. Demands related to friends, family and work can exhaust people. It may seem hard to overcome the next difficulty but the stigmatized individuals can find strength as they get connected to God through Christ. In this spiritual relationship the stigmatized may find strength not in wrestling with life but in resting in God's hands as Isaiah depicts:

He gives strength to the weary and increases the power of the weak. Even youths grow tired and weary, and young men stumble and fall; But those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint. (Isaiah 40:29-31).

For a weary heart of the stigmatized, reconciliation "seeks to re-establish broken relationships between man and fellow man and between man and God [with the focus of] forgiveness and discipline."<sup>218</sup> Stigmatized individuals with the physical, and psychological pain may get into certain temptations such as: the feeling that God has abandoned her and so she may act in a way

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<sup>216</sup> Clinebell, *Basic Types of Pastoral Care and Counseling*, 42.

<sup>217</sup> Kellemen and Edwards, *Beyond the Suffering*, 33.

that encourage people to abandon her as well, the temptation to give in to pain and stigmatization from her surrounding, she may allow the pain to overcome her and become her god hence being hypochondriac. When pastoral care giver knows these temptations that the stigmatized is struggling with, he may help her realize that “it is horrible to sin, but it is wonderful to be forgiven [for] God is gracious even when she is sinful.”<sup>219</sup>

Guiding the stigmatized is to assist her “to make confident choices between alternative courses of thought and action, when such choices are viewed as affecting the present and the future state of the soul.”<sup>220</sup> In such times of spiritual warfare where the stigmatized person is faced with the dilemma of wanting to live or die, the care giver, may guide her out of her enslaved thought and reassure her that, “it is supernatural to mature.”<sup>221</sup>

## **Relational and Moral Support**

### **Self Help Group**

Stigmatization creates disability and disability results into vulnerability. It takes concerted efforts and love coupled with an understanding of the experience of pain that the stigmatized person has to come out of the vulnerability arising from stigmatization. Waters affirm, “sufferers can relate well with fellow strugglers. Many sufferers look for somebody who can identify with them in that part of their lives.”<sup>222</sup> On the same note, Clinebell says, “To be effective, a group should be composed of persons who are hurting in some areas of their lives and aware of their

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<sup>218</sup> Clinebell, *Basic Types of Pastoral Care and Counseling*, 42.

<sup>219</sup> Kellemen and Edwards, *Beyond The Suffering*, 30.

<sup>220</sup> Clinebell, *Basic Types of Pastoral Care and Counseling*, 42.

<sup>221</sup> Kellemen and Edwards, *Beyond the Suffering*, 38.

<sup>222</sup> Waters, *Why, O God?* 64.

pains.”<sup>223</sup> As people who share the same experience, in terms of social rejection, injustice, emotional turmoil and spiritual struggles, they also learn mutual endurance. In chapter four lay ministry as a resource to bring hope was discussed. A Self-help group that consists of lay members with inadequate financial stability may pull their resources together to curb dependency. These may be done by pulling resources in form of “table banking”<sup>224</sup> These income generating activities may de-stigmatize in a number of ways:

Composed of believers, this group may explore the need to engage in Bible study, as reflected by participant centered Bible study in chapter four. In their exploration of what the text says about their situation, they may realize that their situation is not unique. This is in the sense that, there are others who are described by attributes in the Bible such as the bleeding woman. “And a woman was there who had been subject to bleeding for twelve years” (Mark 5:25 NIV). In Mathew 15:21-28, the woman is described by her tribe thus a Canaanite woman. Similar to these situations, PLWHA may learn a lesson from the text that relate to their situations that make them prone to stigmatization. Sharing in such a group may enhance coping and give practical guidance to living with stigmatization. Clinebell notes that, a small group, “become mutually helpful [and] draw others with similar needs to them.”<sup>225</sup> These people with similar needs may learn together to respond to Christ’s call for those who are suffering. The gently call of Christ says:

Come to me all you who are weary and burdened and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will

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<sup>223</sup> Clinebell, *Basic Types of Pastoral Care and Counseling*, 411.

<sup>224</sup> Table banking is a group funding strategy where members of a specific group meet monthly, place their savings and loan repayment on the table and borrow immediately as capital to run business for earning livelihood. In a way it is geared towards poverty reduction.

<sup>225</sup> Clinebell, *Basic Types of Pastoral Care and Counseling*, 411.

find rest for your souls. For my yoke is easy and my burden is light” (Matt 11:25-30 NIV).

In order to be successful, a professional person who has gone through similar experience may be designated the duty to oversee the running of this support group. In fact, he may become the leader of the group so as to avoid alienation.

## **Physical Challenges**

### **Disability Ministry**

“A situation in which [a stigmatized person] is not able to control pain causes stress. When [stigmatized people] fail to control aversive situations such as pain, they become languid and experience affective lesion and depression.”<sup>226</sup> The effect of HIV/AIDS treatment coupled with stress arising from pain and stigmatization may cause dementia. Dementia becomes a disability and vulnerability if it interferes with the normal functioning of an individual. Disability ministry may help raise awareness of the challenges facing the stigmatized and create accessibility to resources for such challenges. A disability ministry can also provide care for the mentally retarded children of the HIV infected individuals. This ministry also “provides an arena in which God’s strength is manifested through weakness.”<sup>227</sup> The above relational figure (a) shows the need to have dignity.

The disability ministry is indicative that those who are stigmatized and disabled by the pandemic still have value and dignity. The stigmatized individuals struggle with the feelings that they have no value. They may feel absolutely worthless as we saw in chapter three, especially if their local church does not recognize their existence. This is because value and dignity are felt through being useful, and it is only by affirming their worth that they are able to function well.

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<sup>226</sup> Kim, *A Comparative Study of Suffering through Gate Control Theory*, 104.

HIV /AIDS stigmatization presents the practical ministry with a challenge that can best be solved by emulating Christ who “did not set up an office in the temple and wait for the people to come to him for counselling. Instead he went to them to the homes of the most notorious sinners, to the places where he would most likely encounter the handicapped and the sick...”<sup>228</sup>

Even as the church seeks to find better ways to respond to the stigmatized, it is important for any congregation to evaluate where it is in terms of holistic care ministry to the stigmatized. This is because this group of people is hurting from depravity of various needs. As we go back to figure (b), we may ask questions that help give direction in our intervention as a church. The questions may include:

- What are the church’s goals with regards to comprehensive care of the sick and the stigmatized?
- What are the current ways through which the church responds to the spiritual needs of the stigmatized?
- What efforts does the church make to train the lay congregants so as to equip them to assist in helping the AIDS stigmatized?
- What needs do the congregation members report to be amiss?

Depending on whatever the case presented with regards to the above questions, the church should be able to identify areas that need improvement; implementation or general change .Ways through which the church will evaluate its progress should also be put into consideration.

In an attempt to faithfully carry out the teachings of scripture to become personally involved with “the least of these,” religious institutions are confronted with dilemmas.

Attempting to restore the hope of the stigmatized in deed become complicated. It is a wonder

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<sup>227</sup> Waters, *Why, O God?* 61.

<sup>228</sup> Collins, *Christian Counseling*, 335.

that giving material needs only reinforce their dependency and support their receiving addiction. Rightly serving the stigmatized may not be a simple matter but helping them get on their feet through holistic approach may be the sure way to eliminate stigmatization.

## CHAPTER SIX: CONCLUSION

HIV is a preventable infection. However, stigmatization impedes every effort to prevent this infection and to care for those who have been infected, even those who have not sinned directly to develop it. We have seen how AIDS stigmatization occurs both in the community of believers and outside this community. The cultural aspects of the society render women vulnerable to AIDS stigmatization. The perception of some Christians that HIV infection is strictly a consequence of sinful act fuels stigmatization. Giving charity in an attempt to meet the physical needs of PLWHA also culminates in another form of stigmatization. As a matter of fact, most of the people who receive charity are women and children. In that atmosphere of stigmatization and condemnation, denial become prevalent as disclosure is minimized. As a result, stigmatization affects women's self-concept resulting to low self-esteem, lack of self-worth, dignity and inferiority. When the inferiority feelings are intense, a person's feelings, attitude, actions, thoughts and values are affected or threatened.

As HIV/AIDS continues to destroy individuals, families and communities, women continue to be susceptible to HIV infections as a result of social, political, economic and also religious structures. While those who are uninfected deserve dignity and protection from infection, those who are already infected deserve a fair treatment and refuge within Christian communities which are devoid of stigmatization and discrimination.

A Christian community can be a refuge and a place of healing only if they are compassionate with those who suffer among them. Compassion as has been discussed is a way



through which the Christian community can live together with those women who are affected and infected with HIV/AIDS. With the conviction that what affects one believer affects the whole body of Christ, a Christian community through acceptance, love and respect for the stigmatized assist them cope with life and enhance their spiritual growth. Being in solidarity with them means walking with them in paths where ambiguity is dominant and their destination of recovery is clouded with uncertainty and anxiety. It is in this state that the church community helps these stigmatized individuals to face their concerns of death realistically, and replace their anxiety with trust in God. Various church ministries that can help the PLWHA find hope in God have been suggested. These ministries can also help them sail through the crises of stigmatization as it builds hope in them. As a community of believers this is the best way to share in the people's burden.

Surrounded by other churches which alienate PLWHA on the basis of their status, it is my prayer that ELCK will be firmly grounded in the scriptural truth that all people are made in the image of God. In that case, God's purpose for them still stands despite their health status. All other interventions geared towards reducing the spread of this pandemic may only be successful in the absence of stigmatization and discrimination. In order to positively impact the AIDS crises, the religious institutions must cease to be good speck removers and leave judgment to God. In this case, therefore, to help in the fight against AIDS stigma, ELCK has to continue opening her doors to the afflicted, the suffering and those that face stigmatization for Christ says,, "Whatever you [do] for one of the least of these brothers and sisters of mine, you [do it] for me" (Matt. 25:40). Good works may be a controversial topic with regards to other faiths such as interdenominational churches. However, ELCK, upholding Lutheran confessions which are also Christocentric should not be consumed by unionism and slip into good works that seek to

stigmatize women in the course of charity provision. In her relationship with other faiths, ELCK has to steer the wheel and set the pace for other religious institutions in public confessions that teach about God's love, forgiveness for all people based on the life death and resurrection of Jesus Christ.

As for those who are stigmatized, religious insights should help deal with the spiritual pain. We live in a fallen world which may be unfair and uncaring but Isaiah gives solace that, "[God] will be the sure foundation for your times, a rich store of salvation and wisdom and knowledge; the fear of the Lord is the key to this treasure" (Isa. 33:6 NIV). It may be hard to put up with stigmatization since it affects all aspects of one's life but faithfully confessing, "Thy will be done," gives the courage that God's will is not to harm. He promises to give a hope and a future even amidst suffering and rejection to those who trust in him. All that needs to be done is to "endure the pain and in humility have patience for gold and silver is tried in the fire, but acceptable men, in the furnace of humiliation."<sup>229</sup> Regardless of all the sins that may be a consequence of suffering, let us all heed to the voice that has called even sinners since time immemorial, "Come now, let us reason together..."(Isa 1:18 NIV).

It is my conviction that every Christian community, therefore, with regardless of religious affiliation will find it necessary to reassess practices that stigmatize women and reaffirm women's dignity, value and worth as one and the same in Christ's vineyard.

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<sup>229</sup> Roberts and Donaldson, *Ante-Nicene Fathers*, 469.

## BIBLIOGRAPHY

- Aden, LeRoy H. and Robert G. Hughes. *Preaching God's Compassion*. Minneapolis, MN: Augsburg Fortress, 2002.
- Ammann, Arthur J. and Julie Ponsford Holland, eds. *Women, HIV, and the Church: In Search of Refuge*. Eugene, OR: Cascade Books, 2012.
- Amos, William E. *When AIDS Come to Church*. Pennsylvania, Philadelphia: Westminster, 1988.
- Anderson, Margret and Tylor Howard F. *The Essentials Sociology* 2d Edition. Belmont, CA: Wadsworth, 2003.
- Arnold, Eberhard. *The Early Christian in Their Own Words, 4<sup>th</sup> Edition*, Farmington, PA: Plough, 1997.
- Benne, Robert. *The Paradoxical Vision: A Public Theology for the Twenty First Century*. Minneapolis, MN: Fortress, 1995.
- Becker, Felistas and P. Wenzel Geissler, eds., *AIDS and Religious Practice in Africa*. Leiden: Brill, 2009.
- Bonhoeffer, Dietrich. *Life Together*. New York: Harper & Brothers, 1959.
- . *The Cost of Discipleship*. New York: Macmillan, 1963.
- Braaten, Carl E., Robert W. Jenson eds., *A Map of Twentieth Century Theology, Readings from Karl Barth to Radical Pluralism*. Minneapolis, MN: Fortress, 1995.
- Burns, J. Patout and Robin M. Jensen. *Christianity in Roman Africa: The Development of its Practices and Beliefs*. Grand Rapids, MI: Eerdmans, 2014.
- Clinebell, Howard. *Basic Types of Pastoral Care and Counselling. Resources for the Ministry of Healing and Growth*. Nashville, TN: Abingdon, 1984.
- Collins, Gary R. *Christian Counselling: A Comprehensive Guide Revised Edition*, Singapore, London: Word, 1988.
- Commission of Worship of The Lutheran Church—Missouri Synod. St. Louis, MO: Concordia, 1982.
- Dixon Patrick. *AIDS Action, Brentford, Britain, Acet*, 2010.
- Dorzbach, Debbie, ed. *AIDS in Africa, The Church's Opportunity*. Nairobi, Kenya: Map, 1996.
- Dube, Musa W. ed. *HIV/AIDS The Curriculum: Methods Of Integrating HIV/AIDS in Theological Programmes*. WCC, Publications, 2003.

- Durkheim Emile. *The Rules of Sociological Method*. New York: The Free Press of Glencoe, 1938.
- Epstein, Helen. *The Invisible Cure: Africa, the West, and the Fight against AIDS*. New York: Ferrar, Straus & Giroux, 2007.
- Eyer, Richard C. *Pastoral Care under the Cross: God in the Midst of Suffering*. St. Louis, MO: Concordia, 1994.
- Falk, Gerhard. *Stigma: How We Treat Outsiders*. Amherst, NY: Prometheus Books, 2001.
- Forde, Gerhard O. *Theology is for Proclamation*. Minneapolis, MN: Fortress, 1990.
- Frank, Jan. *Door of Hope Recognizing and Resolving Pains of Your Past*. Nashville, TN: Thomas Nelson, 1995.
- Fuller, Linda K. *African Women's Unique Vulnerabilities to HIV/AIDS: Communication Perspectives and Promises*. New York: Palgrave Macmillan, 2008.
- Gerstenberger, E. S. and W. Schrage, translated by John E. Steel. *Suffering: A Biblical Encounters Series*. Nashville: Abingdon, 1977.
- Giddens, Antony, Mitchell Dunia, and Richard P. Appelbaum. *Introduction to Sociology*, 5th Edition. New York: W. W. Norton, 2005.
- Gill, Robin ed. *Reflecting Theologically On AIDS: A Global Challenge*. London: SCM, 2007.
- Goffman, Erving. *Stigma: Notes on the Management of Spoiled Identity*. Englewood, NJ: Prentice-Hall, 1963.
- Greene, Kathryn. *Privacy and Disclosure of HIV in Interpersonal Relationships: A Source Book for Researchers and Practitioners*. Mahwah, NJ: Lawrence Erlbaum Associates, 2003.
- Green, Christopher and Derek Tidball, ed. *The Message of the Church: The Bible Speaks Today*. Downers Grove, IL: InterVarsity Press, 2013.
- Harris, Angelique. *AIDS Sexuality and The Black Church: Martin Luther Memorial Studies in Religion, Culture and Social Development; Making the Wounded Whole*. New York: Peter Lang, 2010.
- Herd, Gilbert. *The Time of Aids Analysis: Theory and Method*. Newbury Park: SAGE, 1992.
- Jackson, Helen. *AIDS AFRICA—Continent in Crisis*. Harare, Zimbabwe: SafAIDS, 2002.
- Jones, Major J. *Black Awareness: A Theology of Hope*. Nashville, TN: Abingdon, 1971.
- Kelleman Robert and Karole A. Edwards. *Beyond the suffering: Embracing The Legacy of African American Care and Spiritual Direction*. Grand Rapids, MI: Baker, 2007.

- Kim, Jansaeng. *A Comparative Study on Suffering in Augustine and Asvaghosa through Gate Control Theory*. Frankfurt, NY: Peter Lang, 2006
- King Jr., Martin Luther. "Martin Luther King Program: Famous Quotes," WSU.edu. <https://mlk.wsu.edu/about-dr-king/quotes/>. (Accessed December 15, 2014).
- Kolb, Robert and Timothy Wengert. *The Book of Concord, Confessions of The Evangelical Lutheran Church*. Minneapolis, MN: Fortress, 2000.
- Lupton, Robert D. *Compassion Justice and the Christian Life: Rethinking The Ministry To The Poor*. Ventura, CA: Regal Books, 2007.
- Luther's Small Catechism*. St. Louis, MO: Concordia, 2005.
- Major, Brenda, and Collette P. Eccleston. *Stigma and Exclusion: The Social Psychology of Inclusion and Exclusion*. New York: Taylor & Francis Books, 2005.
- McCurry, Foster ed. *Social Ministry in the Lutheran Tradition*. Minneapolis, MN: Augsburg Fortress, 2008.
- McNeill, Donald P., Douglas A. Morrison, and Henri J. M. Nouwen. *Compassion: A Reflection on Christian Life.*, Garden City, NY: Doubleday, 1982.
- Melzack, Ronald and Patrick Wall. *The Challenge of Pain*, New York: Penguin Books, 1973.
- Mligo, Shabani Elia. *Jesus and the Stigmatized: Reading the Book of John in a Context of HIV/AIDS—Related Stigmatization in Tanzania*. Eugene, OR: Pickwick, 2011.
- Mucherera, Tapiwa M. *Research in Religion and Family, Black Perspectives # 6 Pastoral Care from a Third World Perspective ;A Pastoral Theology of Care for The Urban Contemporary Shona in Zimbabwe*. New York: Peter Lang, 2001.
- National AIDS Control Reference Manual*. The Government of Kenya, 2008.
- Nouwen, Henry J M. *The Way of The Heart: Desert Spirituality and Contemporary Ministry*. San Francisco: Harper Collins, 1981.
- Nouwen, Henri J. M. *A Spirituality of Care Giving*. Nashville, TN: Upper Book, 2011.
- Njoroge Nyambura J. "Towards Ecumenical Theological Education in Africa" Churches' Commission on Mission Africa Forum 2002, Consultation of Scottish Churches, Donablane Scotland. Online <http://www.geocities.com/ccom-africa-forum/doc-files/wcc-Njoroge-on-HIV-AIDS.htm/>.

- Charles Nzioka. "The Social Meaning of Death from HIV/AIDS: An African Interpretative view." *Culture, Health and Sexuality*, 2000.
- Oden, Thomas C. *Classical Pastoral Care (Volume III)*, Grand Rapids, MI: Baker Books, 1987.
- Paterson, Gillian. *AIDS Related Stigma: Thinking outside the Box*. Geneva, Switzerland: The Ecumenical Advocacy Alliance and the World Council of Churches, 2005. Online: <http://www./doc./stigma.pdf>.
- Puchalski, Christina. *Time for Listening and Caring: Spirituality and the Care of the Chronically Ill and Dying*. Oxford: Oxford University Press, 2006.
- Reynolds, Thomas E. *Vulnerable Communion: A Theology of Disability and Hospitality*. Grand Rapids, MI: Brazos Press, 2008.
- Reynolds, William J. and Milburn Price. *A Survey of Christian Hymnody*, Carol Stream, IL: Hope, 1997.
- Roberts, Alexander, James Donaldson ed. *Ante-Nicene Fathers, (Volume) V*. Grand Rapids, MI: Eerdmans, 1981.
- Rodney, Stark. *A Sociologist Reconsiders History*. Princeton, NJ: Princeton University Press, 1996.
- Rosin, Robert and Charles P. Arand eds. *A Cup of Cold Water: A Look at Biblical Charity*. St. Louis, MO: Concordia Seminary, 1996.
- Sapp, Gary L, ed. *Compassionate Ministry*. Birmingham, AL: Religious Education Press, 1993.
- Scharlemann, Martin H. *Healing and Redemption: Towards a Theology of Human Wholeness for Doctors, Nurses, Missionaries and Pastors*. St. Louis, MO: Concordia, 1965.
- Schmidt Alvin J. *How Christianity Changed the World*. Grand Rapids, MI: Zondervan, 2004.
- Schuller, Robert. *Self Esteem: The New Reformation*. Waco, TX: Word Books, 1982.
- Smith, Shepherd and Anita Mooreland Smith. *Christians in the Age of AIDS: How We Can Be Good Samaritans: Responding To the AIDS Crisis*. Canada, England: Victor Books, 1988.
- Stassen, Glen H and David P. Gushee. *Kingdom Ethics: Following Jesus in Contemporary Context*. Downers Grove, IL: InterVarsity Press, 2003.
- The People, Features, *Fighting Stigma linked to people living with Epilepsy* May 2, 2014.
- "UNAIDS." Accessed December 15, 2014. <http://unaid.org>.
- Uys, Leana et. al. "Eating Plastic, Winning the Lotto and Joining WWW": Description of HIV/AIDS in Africa. "Journal of the Association of Nurses in AIDS Care, 2005.

- Waal, Alex. *AIDS and Power: Where There is No Political Crisis-Yet*. London: Palgrave, Zed Books, 2006.
- Waters, Larry J and Roy B. Zuck, ed. *Why O God: Suffering and Disability in the Bible and Church*. Wheaton, IL: Crossroad, 2011.
- Welch, Edward T. *When People Are Big and God is Small, Overcoming Peer Pressure, Codependency and The Fear of Man*. Phillipsburg, NJ: P & R, 1997.
- Wilken, Robert Louis. *The Spirit of Early Christian Thought: Seeking the Face of God*. London, New Haven: Yale University Press, 2003.
- Wolbert, Burgess Ann and Lynda Lytle Holmstrom. *Rape Crisis and Recovery*. London: Prentice Hall, 1979.
- Wright, H. Norman. *The New Guide to Crisis and Trauma Counseling: A Practical Guide for Ministers, Counselors and Lay Counselors*. Ventura, CA: Regal Books, 2003.
- Wuthnow, Robert. *Acts of Compassion: Caring for Others and Helping Ourselves*. Princeton, NJ: Princeton University Press 1991.
- Zimmermann, Ruben, Jan G. Van Der Watt, and Susanne Luther. *Moral Language in the New Testament*. Tübingen: Mohr Siebeck, 2010.