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Julian of Norwich and a Pastoral Approach to HIV/AIDS

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Here I explore the writing of Julian of Norwich, and consider how she might inspire in us a sensitive pastoral approach towards those diagnosed with Hiv in the UK today.

Speaking in 1999, Kofi Annan said: 'Today the AIDS pandemic, unexpected, unexplained, unspeakably cruel...presents us with a tragedy we can barely comprehend let alone manage'. Similar words might also have been spoken in 14th century England, a time of bubonic plague, famine, social injustice, and the 100 years war. Julian of Norwich (1342- c.1423), the anchorite mystic, lived in the midst of terrible and unremitting suffering. The plague killed rich and poor alike in vast numbers. It is estimated that about one third of the population of Norwich, a busy important city, were killed by recurring outbreaks of disease from 1348, well into the following century. Widespread fear in the face of disease and acute suffering were dominant aspects of Julian's time. It was within this context, and perhaps as a direct response to the suffering and anxiety of the people about her, that Julian writes so wonderfully about God's compassion and motherly love for God's children in her *Revelations of Divine Love*. ⁱ

I have been involved in different pastoral responses to Hiv/Aids since the late 1980s, and can easily see parallels between Julian's time and our own, particularly when recalling the first two decades of the AIDS pandemic. In the richer nations, new treatments have relieved most of us of the imminent sense of panic in the face of death that attended Hiv/Aids during those first disease ridden years. Yet Hiv remains an issue in the UK today. The nature and symptoms of the various challenges are more easily ignored now, than they were when death was more pervasive and visible, but the reality of Hiv

continues as a pressing pastoral concern. Here, I wish to consider the situation specifically in the UK, and why Julian's theology is pastorally relevant for us.

Hiv in the UK today

Hiv has not gone away. There are an estimated 86,500 people infected with Hiv in the UK today. In 2010 there were 6,658 new diagnoses.ⁱⁱ Many of these people are Christians, our brothers and sisters in Christ. Many, Catholics from the UK and Ireland, Africa, Europe and Latin America, who turn to faith and the Church for guidance, consolation, and meaning, in times of crisis.

Hiv diagnosis comes as a shock to the individual. The subjective experience remains one of *personal disaster*. As with any life threatening condition, the person is affected by the practical implications, as well as the existential questions that arise. For those with a religious upbringing, these challenging questions of meaning are explored, understood, and misunderstood, in the context of religious experience, both past and present.

The disfiguring stigma of Hiv

Additional challenges which result from the particular stigma associated with Hiv infection, distinguish Hiv from other conditions. Erving Goffman describes stigma as having the effect of reducing a person from being 'whole and usual' to 'tainted' and 'discounted' in the view of others, and as referring to an attribute that is 'deeply discrediting'.ⁱⁱⁱ No person diagnosed with Hiv escapes the impact of this stigma, as both internally, and externally encountered experience. For most there are further multi-

stigmatizing effects and affects, due to a combination of stigmas and prejudices around ethnicity, sexuality, social or legal status, race, gender, and/or disability, with Hiv.

Those engaged in pastoral ministry, and health care professionals, recognise this stigmatization of people as ‘the most powerful obstacle to effective prevention, treatment and care.’^{iv}

The churches contribution to stigma – a call to repentance?

Taking stigma seriously from a pastoral perspective, we must acknowledge the ways in which religious upbringing and experience contribute to this alienating discrimination, and the internalised guilt and shame that invariably burdens a person infected with Hiv who has even the slightest experience of religion, and most certainly affects those who are Christians.

The lengthy association of disease with sin in history;^vthe scriptural reading of suffering as God’s retributive disciplining or punishment for sin; and the ‘ingrained dualism’ which has informed much of western theology, perceiving the ‘flesh’ and especially the sexual, as unholy and sinful, form an unhelpful inheritance that affects the believer and the non-believer, to some extent. Experience and research suggest that people with Hiv feel compelled to consider whether or not their infection is a type of punishment, and/or a consequence of personal sin. For those who seek pastoral care from the church, making sense of this confusion is amongst the first challenges in their quest for meaning. A persons identity and self understanding, as well as their relationship with and perception of God, are all called into question in a most dramatic way.^{vi}

The churches response to Hiv/Aids has been varied. On the one hand the long tradition of care for the sick or suffering, and the virtue of compassion has been the first response in evidence. On the other, religious leaders have continued the equally long tradition of associating sin with illness, giving voice to the widely held view that Hiv infection is indeed a punishment from God. Still too often repeated within congregations and preached from pulpits, this historically dominant narrative linking disease, sex, and sin, reinforces stigma, and is further internalised by the person diagnosed with Hiv. Part of our collective tradition, this distorted theology induces, at very least, a disproportionate sense of guilt and shame. At worst, the self loathing and fear that results can cause the person to attempt or contemplate suicide, or in other ways negatively affects their relationships and/or their mental health. (Academic research into this cause and effect connection confirms the reality I know through many years of pastoral ministry alongside people infected with Hiv).

Affectively, this is a kind of spiritual violence - an assault on the dignity of the person. Effectively this excludes them from full participation in the Christian community and damages the person spiritually, in so far as it threatens to extinguish the person's sense of the reality of God's unconditional love for them. When this happens, the person may succumb to, and be hindered by, that ignorance of which Julian wrote: '...God wants us to consider and enjoy love in everything. And this is the knowledge of which we are most ignorant; for some of us believe that God is almighty and has power to do everything, and that he is all wisdom and knows how to do everything, but that he is all love and is

willing to do everything – there we stop. And it seems to me that this ignorance is what most hinders those who love God..' (LT73).

Two pastoral examples.

This crisis of faith and challenge to community becomes clear when we consider two people's real experience.^{vii} A mother living with Hiv, recounts that whenever Hiv is mentioned in her church, it is always in the context of sin. Although within her congregation there are many people living with Hiv, a certain silence borne of fear and shame requires that the subject is not discussed openly, but is concealed, kept secret, one Christian from another, for fear of judgement. Her question - "...and I look at my child, and think, what sin did he do?" - conveys the painful assumptions that she has internalised about her own guilt, but equally her confusion that a loving God should also punish her innocent child.

Or the young man who is deeply troubled that his diagnosis confirms God's punishment of him for his gay sexuality. He stopped attending church some years before, convinced that he was unworthy or unacceptable in the eyes of God. His Hiv diagnosis now prompts him to return to Christian community, rather fearfully, in order to seek pastoral support in addressing these issues.

In both cases we can see how belief in their own love-liness before God, and their faith in the God who is love, has been damaged. Julian is unequivocal, and calls this tendency a hindrance to relationship with God, sent by the devil to deceive us. She suggests that such a focus on sin is '..foul ignorance and weakness' (LT73)

How soon we forget how much we are loved. How easily are we convinced otherwise.

Julian's pastoral emphasis.

Julian's awareness of the emphasis in her time on sin, judgement and suffering, reflects the pastoral reality encountered in ministry with people diagnosed with Hiv. In case I have not been clear – the pandemic exposes a preoccupation with personal sin, (presuming especially, sexual immorality), as causal of Hiv, which can be observed in wider society. This, in turn, surfaces as a type of *'problematic spiritual symptom of Hiv'* for the individual. I think it important to state that for the majority of infected people with whom I have been involved, this burdensome sense of culpability is not appropriate. I agree with Julian, and understand this preoccupation as a hindrance to spiritual wellbeing.

Julian says that sin can only be recognised by the suffering it causes. She considers at great length how sin and suffering can exist alongside a creator God who is all goodness, and in all things and events. Julian addresses that doubt and confusion which challenges each of us when we are in great pain. In the thirteenth 'showing' Jesus reassures Julian repeatedly that despite sin and suffering, *'..all shall be well, and all shall be well, and all manner of things shall be well'* (LT27). Usually omitted from this most well known of her sayings however, are the words Jesus speaks as preface: *'Sin is befitting..'*. Julian's pondering upon this saying over two decades can be considered the primary theme of the *Revelations*, and the fruit of her meditation on the problem of suffering and evil.

There is a long Christian tradition which seeks to explain the mystery of suffering. Julian does not solve the mystery, but she does address our own tendencies to judge, attach blame, and make rulings upon persons and events, which she understands as a human limitation. In the light of modern psychology, Robert Llewelyn interprets this as a type of human ‘projection’ of these juridical attributes onto God.^{viii} Grace Jantzen views the attachment of blame to suffering as a function of the church, which serves to remind us of the seriousness of sin, and the need for personal healing of our fractured and broken selves.^{ix}

Both views have credibility, but Julian’s concern is unmistakably pastoral. It is as though she puts sin in its ‘proper place’ when she writes that she ‘..saw no substance in sin..’ (LT27). Like Augustine before her, she rejects the dualistic heresy which proposes that evil exists as a force in its own right, and that matter is evil. Rather, Julian affirms the omnipotence and immanence of God, and the goodness of all creation: ‘...everything which is done is well done, because our Lord God does everything; ...for he is in the centre of everything...and I was sure he never sins.’(LT11) In this way Julian affirms her belief in the ultimate goodness of God’s creation, despite the limits of human understanding.

However, she challenges the accepted medieval understanding when she ponders the meaning of ‘sin is befitting, but all shall be well’. Whereas Augustinian theodicy is concerned that humans will deny their culpability for sin, and impugn the just anger and punishment of God, Julian worries that her fellow Christians will be overwhelmed by

their guilt for sin, and their fear of an angry God. Whereas the Augustinian focus is on the *causes* of sin, apportioning responsibility (blame) on human beings, Julian looks forward to the ultimate *consequences* of sin, as she addresses the question of suffering.

The middle English word *behovely*, translated here as ‘befitting’, can also mean ‘requisite, necessary, useful, profitable, beneficial and good’.^x Julian argues that sin is necessary because it serves the beneficial functions of achieving self knowledge and knowledge of God, providing us with opportunities to understand our own weakness and turn to God’s mercy and love. Sin and suffering, are pedagogical.

She concentrates less upon the ‘sin of Adam’ as the *cause* of original sin, or on the *guilt* of the individual sinner, preferring to focus on the passion of Christ as the ultimate act of love, through which God will defeat evil, and turn all suffering to good for us.

Especially when we are afflicted with remorse for our own lack of love, our own personal sinfulness, Julian insists that God’s grace will turn ‘..bitterness into hopes of ‘..mercy..,’ and ‘..shame...into glory and greater joy; for our generous lord...does not want his servants to despair..; our falling does not prevent him from loving us.’ (LT39)

Her emphasis remains with God’s total love, compassion and understanding of us in our suffering, however encountered. Julian speaks of a God who neither blames us nor considers us guilty: ‘ “It is true that sin is the cause of all this suffering, but all shall be well, and all shall be well, and all manner of things shall be well”. These words were said very tenderly, with no suggestion that I or anyone who will be saved was being blamed.’ (LT27)

The personal encounter with Hiv

Research suggests that often there is an increase in spirituality and religious practice following an Hiv diagnosis, and that this can be beneficial for the person.^{xi} However, people report that upon seeking pastoral support from pastors, priests or other Christians, the first question commonly asked is “How did you get it?” This simple inquiry, I suggest, uncovers our shared preoccupation with the causes of Hiv, and a sort of automatic, often unconscious linking of sex, disease and sin. Like the disciples who asked ‘..who sinned, this man or his parents, that he was born blind?’ (John 9:2) the tendency to attribute blame is exposed. Whether intended or not, the implication is there: Do you deserve it? Is this God’s punishment? As a pastoral response this serves to reinforce the stigma which I have described, and is not helpful. God does not send suffering as punishment.

If we reflect carefully upon our own thoughts and responses to Hiv, each of us can be challenged to reconsider our own deeply held attitudes and beliefs in regard to sex, disease, and our very understanding of God. For the wider Christian community, Hiv may provide an opportunity to revisit our ministerial and pastoral emphasis, keeping in mind Julian’s warning that we should not to be fooled by ‘..our enemy the Devil who sets us back with false fear of our sinfulness and the punishment with which he threatens us; for with these he intends to make us so unhappy and so weary that we shall forget the fair, blessed consideration of our everlasting Friend.’ (LT76)

Here, I have reminded us I hope, of that basic tenet of our faith which Julian was so inspired to express. That our God is a God of love, who so loves us that He became like us, and endured all that we endure and more, for love of us. A God who is with us still in ‘weal and in woe’, (LT52) ‘constantly in love-longing towards us while we live’ (LT71) as Julian puts it. A perfect mother who loves us constantly, and to whom we should run for help (LT61). A God from whom we can never be parted (LT72; Romans 8:38).

As well as helping me to reflect upon my own lack of faith in such a God, I have found Julian’s *Revelations* to be especially helpful in ministry alongside people living with Hiv. Her insistence that love is His meaning in everything (LT 86) serves as a corrective to Hiv related stigma. Freed from the internalised lies of stigma, there is the hope that we will recover for ourselves the truth of our Lords words to Julian: ‘My darling...look how much I loved you’ and with her, understand that ‘Our good Lord revealed this to make us glad and joyful’ (LT24).

(2,630 words)

Endnotes

ⁱ Julian of Norwich, *Revelations of Divine Love*, (Penguin Classics, London, 1998), Long Text (LT)

ⁱⁱIt is worth noting that there was almost double the number of new infections, acquired in the UK, compared with data from 2001. Half of all new infections were acquired by heterosexual contact. The Health Protection Agency estimate that at current rate the total number of Hiv infected people will be 100,000 by 2012. About one quarter of infected people are unaware of their Hiv status.

ⁱⁱⁱGoffman, E., *Stigma: Notes On The Management Of Spoiled Identity*, (Simon & Schuster, NY, 1986), p3-5. (Goffman writes at a ‘pre-Aids’ time, and so does not refer directly to the stigma associated with Hiv/Aids, but his extensive analysis may be applied here).

^{iv} UNAIDS, *The Windhoek Report: HIV and AIDS related stigma: A framework for theological reflection*, pp19-30, in Gill, R., (ed), *Reflecting Theologically on AIDS: A Global Challenge*, (SCM Press, London, 2007)

^v Allen, P.L., *The Wages Of Sin; Sex and Disease, Past and Present*, (University of Chicago Press, London, 2000)

^{vi} Bradley, C.C., Sharan, M.B., and Reeves, P.M., *Faith development in HIV Positive People*, (Journal of Religion and Health, Vol.38, no.3, Fall 1999)

^{vii} I reproduce these examples, which are representative of common experience, with permission from the people concerned. Both are members of 'Positive Catholics' – see <http://positivecatholics.googlepages.com>

^{viii} Llewelyn, R., *With Pity Not With Blame: The Spirituality Of Julian Of Norwich And The Cloud Of Unknowing For Today*, (DLT, London, 2003), pp20-22

^{ix} Jantzen, G., *Julian of Norwich*, (SPCK, London, 2000) pp199-200

^x From the *Middle English Dictionary* quoted in Nowakowski Baker, p70

^{xi} Cotton, S., and others, *Spirituality And Religion In People With HIV/AIDS*, (Journal of General Internal Medicine, 2006: 21:s5-s13); Ironson, G. and others, *An Increase in Religiousness/Spirituality Occurs After HIV Diagnosis and Predicts Slower Disease Progression over 4 Years in People with HIV*, (Journal of General Internal Medicine, 2006: s62-68)