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A Gift Weaved From Thorns: HIV as Gift and Challenge in the Church - A Pastoral Reflection

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A GIFT WEAVED FROM THORNS

HIV as Gift and Challenge in the Church

A Pastoral Reflection

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A dissertation submitted in partial fulfilment of the degree of MA

(Pastoral Theology)

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Abstract

The pandemic of HIV/AIDS has been with us for nearly thirty years now. The situation for those living with HIV in the West has dramatically altered with the development of more effective treatments that delay or prevent the onset of AIDS for those who are diagnosed HIV positive at a sufficiently early stage of infection. This paper will review the last three decades in brief, and consider the similarities and differences between then and now. With a very close look at the experience of Catholics living with HIV in the UK, we shall consider the particular ministry of 'Positive Catholics' and reflect upon the challenges and gifts that those involved have experienced. We will consider what the example of this ministry, and the experience of people living with HIV, has to say to the wider Church at this time. Taking a Liberation Theology perspective, we attempt to represent the voice of people living with HIV, and suggest that the Church is in denial about HIV, because of the difficult and challenging issues that are raised. We shall raise some of these issues in brief, but with a certain impatience reflecting the experience of those Catholics amongst us living with HIV, we will argue that it is now time for the Church to address the issues that are raised by first committing to provide the resources and will to meet the pastoral needs of Catholics living with HIV in our midst.

Introduction: A personal note

The HIV/AIDS pandemic, has been with us for nearly thirty years now. Throughout this time, I have been actively involved in the quest to explore the questions that have arisen, and in various attempts at meaningful pastoral responses. Over this period the challenges, questions, and responses, have varied. I struggle to describe what has been a very personal journey, shared with others, but to say that it has felt like being on a roller-coaster ride surrounded by a fast changing landscape, conveys something of the heady disorientation that characterises the journey to this point. The ups and downs of the big dipper ride make a person's head spin, especially the first time round the track, and can leave you feeling confused, dazed, sick and frightened. As the trolley-car slows slightly...on a steep incline.... there is....just..time.... to recover... your breath, then the deceptive promise... of a stillness.... as you reach a peak – before another speeding rush headlong knocks you back in the car and you find yourself hanging on for dear life once more. Even if you have a friend beside you, there are moments when the ride becomes a totally solitary experience - in the darkness of a tunnel, or zooming along the fastest stretch of track, there seems to be only yourself, and the rush of wind, and the tension in your body, that exist. And after some time, just when you think you know the track, and you can afford to look around you, you see that the surrounding terrain itself has changed dramatically.

This paper, presents me with an opportunity to put the brakes on the car for a moment. I am pausing at the end of this last lengthy turbulent ride, to look back, look around, and look forward. Taking such a broad view can be tricky in such a short presentation, but we

think it a worthwhile exercise, personally, and hopefully for others too, in some way. As such, what follows is a very personal reflection upon experience. We intend to undertake a sort of mini review of the past three decades, a summary of the current situation, and to raise some of the questions and challenges that point us towards a positive future.

Our emphasis throughout is distinctly pastoral. We shall touch upon a number of theological issues that we think need fuller discussion, and could fall into other theological categories.¹ But as a work of pastoral theology, our concern is to reflect upon matters in a very practical way. Taking a liberation theology perspective, our method is to explore the concrete historical realities of HIV/AIDS, and to place at the centre of our reflection the experience of people in the United Kingdom living with HIV.² We hope too, that this paper will be of relevance to pastoral workers, and helpful in some way to people living with HIV. Perhaps we have will have made a small contribution to the beginnings of a much larger task.

We shall argue that it is now time to act more deliberately regarding HIV *in our midst*, and that our failure to do so neglects the pastoral needs of those living with HIV among us, indicating our avoidance of the challenges of HIV. We shall propose that this

¹We shall refer to issues of Christology, soteriology, eschatology, ecclesiology, and moral theology, for example. We suggest that several papers may yet be usefully written in regard to each of these areas of theology in relation to HIV. Some of these areas are covered in greater detail already elsewhere, for example, the moral issue of condoms, so we will not be exploring those here. In our opinion, other areas of theological focus and spirituality have yet to be considered from the perspective of living with HIV.

²Throughout we shall quote the experience of people living with HIV. For reasons of confidentiality names and identifying details are changed, and each example is used with the explicit permission of the persons concerned. We have drawn particularly from our current role as Chair person of a Catholic Charity, “Catholics for AIDS Prevention and Support” (CAPS), and as a principle facilitator for the ministry ‘Positive Catholics’. Both bodies will be referred to in more detail below.

diminishes us as Church, makes us deaf and blind to the revelation of God in our time, and makes us complicit in the ongoing oppression of our brothers and sisters living with HIV.

We have divided our paper into three sections. The first is our attempt to take stock of the past three decades, and to raise some of the theological and pastoral issues in evidence. We shall take a close look at stigma, and consider its causes and impact. In section two, the main focus of our work, we will continue to explore the experience and efforts of Catholics living with HIV, as they respond together to their own challenges to faith and life. For the first time, we shall consider the value of a unique example of ministry, within the context of HIV. We will highlight some major challenges that have been encountered, and reflect upon the gifts of growth, healing and community, that have been realised in the process. In this section we will offer some insight into the life of the 'Body of Christ' living with HIV among us consciously and deliberately. We explore this pastoral ministry as an example of relevant pastoral practice, and, implicitly, as a prophetic witness for the wider Church, and secular society. Having reflected upon HIV as both gift and challenge for the person living with HIV, we conclude with a consideration of HIV as gift and challenge for the Church, in section three. Reminding ourselves of some fundamental Christian values, we show that currently, the Church is in denial in regard to HIV, and highlight some of the issues and tensions that need addressing.

Two themes weave through the paper. The dynamics and effects of denial as resistance to truth, will occur in different contexts. We shall also critically refer to the outworking of

an Augustinian anthropology in the Christian tradition, and suggest a shift from a theology overly focused upon human sinfulness, towards a theology of total Love.

Setting the scene: Challenges then and now

In this first section we shall provide a brief overview of the historical context of the HIV/AIDS pandemic. With reference to the global situation, our focus is upon the situation in the United Kingdom. We shall highlight the key challenges to faith for the person living with HIV, and describe the ways in which the Church has responded. We will see that despite medical advances, there remain significant challenges and questions for us as individuals, and for the Church.

A Brief Consideration of the Story So Far

The final years of the twentieth century saw the emergence of a pandemic which bewildered and shocked the medical profession. First identified as ‘GRID’³ in the USA, infecting Gay men, it soon came to be called ‘AIDS’⁴ and was understood to affect everyone, throughout the world. AIDS led to the deaths of men, women and children in vast numbers. The socio-economic impact on the less wealthy nations, particularly in Africa, meant that whole societies were further impoverished and made vulnerable by the deaths of family providers, forcing grandparents and older children to assume the duties of fathers and mothers.⁵ Within western societies, Gay men, intravenous drug users and haemophiliacs, encountered sickness and death as newly defining aspects of community.

Although it is incorrect to describe AIDS or HIV as a disease,⁶ the pandemic undoubtedly caused ‘dis-ease’ throughout the world. During the 1980s, the potent mix of sex and death,⁷ the scale of devastation, and our seeming powerlessness to respond, raised fears and challenges for us individually and collectively.

³ ‘Gay Related Immune Deficiency’

⁴ ‘Acquired Immune Deficiency Syndrome’

⁵ For a brief review of the ‘story of HIV/AIDS’ to 2000, see Keenan, J.F., (ed.), *Catholic Ethicists On HIV/AIDS Prevention*, (Continuum, London, 2000), pp30-34

⁶ The human immunodeficiency virus, HIV, is a virus, and AIDS describes a collection of symptoms that may occur due to opportunistic infections or diseases. The use of the word disease, tends to reinforce a misunderstanding of the condition, blurs the distinction between HIV and AIDS, and reinforces stigma.

⁷ “AIDS is associated with taboos in combining the images of death and sexuality. After all it is an illness that is usually transmitted sexually and often leads to the death of the infected person. Given, on the one hand, that sexuality itself is often associated with shame and guilt, and death with fear and incomprehensibility, these experiences converge to form an entity that is highly difficult emotionally to handle. In that case, one is close to the idea that AIDS is a punishment for the person for his or her sexual misdemeanour.” Lindqvist, M., quoted in Clifford, P., *Theology and the HIV/AIDS Epidemic*, (Christian Aid, London, 2004) P8; Nicolson, R., *God in AIDS?* (SCM Press, London, 1996), pp18-19

Medical science was challenged to find a cure, and prevent further infection. Western society, to confront realities of human mortality. The whole world was reminded of the structural injustices which cause and exacerbate this particular manifestation of human suffering in a sinful world.⁸

In the midst of this collective trauma,⁹ were those infected with HIV, or diagnosed with AIDS. As suffering individuals, these people challenged the Church¹⁰ to respond, theologically, institutionally and pastorally.

Today in the UK an estimated 77,400 people live with HIV.¹¹ The picture differs markedly from that of the 1980s, when diagnosis was considered a ‘death sentence’. By contrast today, people can expect to live with HIV, rather than die inevitably from AIDS. However, there is still no cure, and significant personal challenges remain, despite medical advances.

⁸ Pendergast, M., (ed), *Positive Reflections: Some Pastoral and Theological Resources*, (Catholic AIDS Link, London, 1995), pp55-57; Cahill, L.S., *AIDS, Justice, and The Common Good*, pp282-286, in Keenan; Vitillo, R.J., *The Human and Pastoral Challenges of HIV and AIDS*, pp31-38, in Gill, R., (ed), *Reflecting Theologically on AIDS: A Global Challenge*, (SCM Press, London, 2007)

⁹ The reality was experienced more immediately and consciously by some than by others. For example, the ‘Gay Community’ in New York and London rallied together and organised in public ways to bring attention to the pandemic from the early eighties. Whereas, even into the early 21st century, some nations and many individuals failed to appreciate the extent of the impact, and were exhibiting various signs of ‘being in denial’, e.g. the South African govt. whose president Thabo Mbeki was still denying the link between HIV and AIDS and failing to address the issue effectively as recently as 2004. See LaFraniere, S., *After Reconciliation, Steering South Africa to a Reckoning*, (The New York Times, April 27th 2004)

¹⁰ When referring to ‘the Church’ we mean the whole Christian community of believers: individual people, lay and ordained, from all denominations; locally and internationally. When referring to ‘church’ with a small ‘c’, we refer to more local church communities such as parishes or groups of Christians acting together. Elsewhere we will refer specifically to the Institutional Church as meaning the Magisterium, when exercising the role of teaching on matters of faith or morals, and/or in regard to the official doctrines of the Roman Catholic Church. We hope that the distinction of meanings will be clear within the text.

¹¹ Health Protection Agency, *HIV in the United Kingdom: 2008 Report*, (London, 2008)

It seems that the challenges for the individual, wider society, and the Church, are more complex now. In the early days, when faced with imminent death, and the disfiguring, painful, and gruesome realities of AIDS, the immediacy of suffering left most people with very obvious questions, albeit difficult choices. Broadly speaking, we could characterise the experience for the individual as one marked by the immediate responses to a 'life shock', and the challenges of facing (or denying) the reality of one's own mortality, within the experience of a deeply stigmatizing illness. From a Christian perspective, the Gospel command to love¹² was a relatively obvious imperative, at least to attempt, as a pastoral response. Despite our tendencies towards judgement, and understandable feelings of revulsion and fear, Christians are instructed to comfort the sick, bury the dead, and console the bereaved.¹³

With medication,¹⁴ the situation in the UK has changed radically. We are no longer, in a 'state of immediate crisis'. Now we live with the ongoing reality of HIV/AIDS. We are no longer confined to those more apparent choices, defined by sickness and death. We are, rather, faced with questions of meaning, purpose and identity. What does it all mean? Where is the good? What does it say to us, about ourselves and the way we are?

¹² John 13:34;15:12

¹³ *Catechism of the Catholic Church*, (Continuum Burns & Oates, London, 2002), paras 1822-1827; 2447

¹⁴ During 1996 antiretroviral (ARVs) drug treatment studies made important breakthrough's when it was discovered that 'combination therapy' (e.g. using 2 or more drugs in combination), could subdue HIV, and slow disease progression or the onset of AIDS. Since then, patients requiring treatment are prescribed combination therapy in the UK, although it should be understood that this is not uniformly successful, and the drugs used have various debilitating side affects which impact on the person. Some people cannot tolerate these drugs, others develop resistance to them over time. Generally speaking it is accurate to say that combination therapy has enabled most people infected with HIV who receive treatment, at a sufficiently early stage, (e.g. before the virus has severely damaged the immune system), to suppress the virus, and by so doing delay the formerly inevitable onset of AIDS. The importance of early treatment, therefore, highlights the importance of testing to ensure early diagnosis. Deaths due to AIDS in the UK have declined from 1500 per year in 1993-5, to 500 per year as of 2007; this despite the numbers of people living with HIV nearly tripling over the same period. Cairns, G., (ed.), *HIV Reference Manual*, (NAM, London, 2007), pp5,28,29.

HIV is here to stay, present amongst us in the bodies and lives of all those living with HIV. It is not going away, neither by cure, nor through the death of the ones we know and love personally. We need to get used to living with HIV, rather than dying with AIDS.

For the person with HIV, this means learning to *live life well with HIV*, rather than *preparing well for death with AIDS*. For the Church, it means having to contemplate the deeper issues raised by living with HIV. We are beyond the ‘Christian comfort zone’ wherein we understand our duty clearly, because the immediacy of suffering obviously supersedes all other considerations and in this sense, predetermines our response as Christians.

We have an opportunity now to pause; consider our situation in some depth; and reflect upon the issues raised by HIV/AIDS. As Church, we may ask what the last 30 years have meant for us, what new questions arise, what old questions persist? We must ask ourselves where is God in all of this, and what truth are we being called to realise? The challenge to make sense of God’s presence as a reality in the midst of this pandemic continues, as a theological challenge for the Church, with far reaching implications for pastoral practice.

Individual experience and the challenge of HIV to faith and identity

We might be tempted to think that an HIV diagnosis is less of an issue today than it once was, for the person. After all, the prognosis is usually much more optimistic. We have heard people say, “*what is all the fuss about? Hasn’t HIV become just like diabetes, or*

cancer?” Interestingly, HIV diagnosis remains as disturbing for the person as ever.

People often feel that death is imminent, and that debilitating sickness will soon come to rob them of all dignity.

When Brendan was diagnosed in the mid 1980s at the age of 24, he recalls being so shocked, that he didn’t speak of it for two years, to anyone: *“I thought that I was going to die, very soon. I thought I would become very sick, and waste away, finally succumbing to ‘KS’,¹⁵ which would first expose me as a person with AIDS, and then I would die”*.

When Sarah found out that she was living with HIV, in 2007, she too was convinced that her death would come at any moment. The doctors told her she would be fine, but she just didn’t believe them. Similarly Pete, a 33 year old Oxbridge graduate infected and diagnosed in 2007, worries that he is already feeling sick, and is preoccupied with preparing for illness and death.

Of course, we may ascribe much to the initial shock of bad news. But, what is interesting is the way in which the subjective experience of diagnosis, remains remarkably similar today as in those earlier days of AIDS. Why does an HIV diagnosis feel as shocking today as it did in the 1980s?

¹⁵ Kaposi’s sarcoma (KS), is a tumor of the cells of the blood vessels, which may occur throughout the body. The tumor produces a purple or black spot, which collectively form as painful lesions on the skin, most commonly appearing on the tip of the nose, around eyes and ears, and on legs, chest, arms, and genitals. Other accompanying symptoms such as abdominal pain and diarrhea; painful swelling of glands; shortness of breath and a build up of fluids in the lungs; painful lesions in the mouth; and seizures; occur, depending on the location of KS in the body. A previously rare condition found generally only in elderly men of Ashkenazi Jewish or Mediterranean descent, it became one of the visibly defining symptoms of AIDS, along with other common AIDS defining illnesses such as *Pneumocystis carinii* pneumonia (PCP). KS occurs in about 20% of people not on anti-retroviral medication, and still occurs today in some who are on medication. Bartlett, J.G., and Finkbeiner, A.K., *The Guide to Living with HIV Infection: fifth edition*, (The Johns Hopkins University Press, Maryland, 2001), pp142-145, 148-150

Stigma, secrecy and fears

As with any life threatening condition, the person will face the practical implications,¹⁶ as well as the existential questions that invariably arise.¹⁷ For the person with a religious upbringing, these challenging questions of meaning are explored, understood, and misunderstood, in the context of past and present religious experience.

However, the person living with HIV faces additional challenges which result from the particular stigma associated with HIV infection. 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*”.¹⁸ In our experience there is no-one diagnosed HIV+¹⁹ who escapes the impact of stigma as internally and externally encountered experience.²⁰ Further, for many

¹⁶E.G. Immediate practical issues include questions of disclosure in family or personal relationships and at work or college. The person will usually speculate as to the likelihood of illness, often imagining their own death precipitously, and consider the organisation of their affairs in the event of sickness or death. The management of personal health often becomes a preoccupation, and matters of diet, drug or alcohol use, may assume greater importance. Addressing issues of loss, and financial concerns are also inevitable.

¹⁷ Despite medical advances in the treatment of HIV infection, a positive diagnosis is a confrontation with one’s own mortality. This may be especially shocking in western culture where the reality of mortality is more distant culturally than in poorer societies afflicted by poverty, and mortality, as a condition of life. The questions about the meaning of life, and our own happiness, place and purpose are typical of the questions of meaning that present. See also, Cotton, S., and others, *Spirituality and Religion in People with HIV/AIDS*, (Journal of General Internal Medicine, 2006: 21, pp s5-s13), esp. pps1-s2;

¹⁸ Goffman maintains that the person is often viewed as “*..thoroughly bad, or dangerous, or weak*”, and in regard to HIV, we may also add, ‘or stupid’. In fact we might say, that HIV stigma renders the ‘discredited’ person immoral, *and* sinful, *and* dangerous, *and* foolish. Those whom Goffman calls ‘normals’ regard the HIV+ person as “*not quite human*”, and will exercise varied discriminatory practices which effectively reduce the HIV+ person’s life chances. Goffman, 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).

¹⁹ This is the common shorthand way to designate a positive result in testing for the presence of the virus

²⁰ Carter, M., *HIV and Stigma, 2nd Edition*, (NAM, London, 2008) at www.aidsmap.com; Grodeck, B., *HIV: An Essential Guide for The Newly Diagnosed, Second Edition*, (Marlowe and Co., NY, 2007), pp24-26

there is a ‘multi-stigmatizing’ effect and affect, combining stigmas around ethnicity, sexuality, social status, race, gender, and/or disability, with HIV stigma.²¹

The lengthy association of disease with sin in history;²² the scriptural reading of suffering as God’s retributive disciplining or punishment for sin;²³ and the ‘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.

This stigmatization of people is acknowledged as “*the most powerful obstacle to effective prevention, treatment and care..*” by health care workers, and those involved in pastoral ministry,²⁴ and it is this particularly powerful stigma which magnifies the natural fears that arise when confronted with the reality of mortality, and the inevitability of death. It is

²¹ Deacon, H., *Understanding HIV/AIDS Stigma: A Theoretical and Methodological Analysis*, (HSRC Press, Cape Town, 2005), pp15-29; Sigma Research, *Outsider Status: Stigma and Discrimination Experienced by Gay Men and African People Living with HIV*, (Sigma Research, London, 2004), pp1-3 and throughout; Barnett, T. and Whiteside, A., *AIDS in The Twenty First Century: Disease and Globalisation, Second Edition*, (Palgrave Macmillan, NY, 2006), pp71-72, ; Goffman, p4

²² Allen, P.L., *The Wages of Sin; Sex and Disease, Past and Present*, (University of Chicago Press, London, 2000)

²³ Harrington, D., *Why do we Suffer? A Scriptural Approach to the Human Condition*, (Sheed and Ward, Plymouth, 2000), pp15-29; St. Augustine has informed us with his concept of original sin, which, based upon a reading of Genesis 3 ‘The fall of Man’, states that all suffering comes to us as punishment from God due to the pride and disobedience of Adam. Further that this condition of suffering is inherited through the act of sexual intercourse leading to propagation. This linking of sin, punishment and sex, although not solely responsible for historical attitudes, has been a key influencing factor that remains to the present day. See Mann, W.E., *Augustine on Evil and Original Sin*, in Stump, E., and Kretzmann, N., (eds.), *The Cambridge Companion to Augustine*, (Cambridge University Press, 2002), pp40-48; See also, Thiel, J. E., *God, Evil, and Innocent Suffering; A Theological Reflection*, (Crossroad Publishing, NY, 2002), pp3-8, 116-118; Nicolson, pp27,28

²⁴ UNAIDS, *The Windhoek Report: HIV and AIDS Related Stigma: A Framework for Theological Reflection*, pp19-30, in Gill; Clifford, pp8-10; Murphy, T.F., *No Time for an AIDS Backlash*, pp158-168, esp. p162; Norr, K.F. and others, *AIDS Prevention for Women: A Community Based Approach*, pp189-199, esp190, in Overberg, K.R., (ed.), *AIDS, Ethics and Religion: Embracing a World of Suffering*, (Orbis Maryknoll, NY, 1994)

this stigma, which sets HIV infection apart from other conditions, and causes additional unnecessary suffering.²⁵

Guilt and innocence: Naming the shame

People living with HIV are not immune to the attitudes, prejudices and judgements of society. A positive diagnosis, in the context of stigma, serves as a type of magnifying glass for the person, highlighting those very same judgements, attitudes and beliefs operative within themselves: HIV exposes vulnerabilities, and demands a certain introspection.

For example, in our experience, every person is compelled to consider the question of whether or not their infection is a type of punishment, and/or a consequence of personal sin.²⁶ For those who seek pastoral care from the Church, making sense of this poses the dominant challenge in the quest for meaning, affecting not only their self understanding, but also calling into question their relationship with and perception of God.²⁷

²⁵ Writing as long ago as 1990 Grace Jantzen captures the complex interaction between shame, suffering and stigma, and the consequences for the individual. She locates responsibility squarely with the wider society, and the Church, who for various reasons including the protection of established societal norms, and fear, find HIV/AIDS incredibly difficult to confront; Jantzen, G., *AIDS, Shame and Suffering*, pp22-31 in Woodward, J., (ed.), *Embracing the Chaos: Theological Responses to AIDS*, (SPCK, London, 1990)

²⁶ Grodeck, pp37-38; Loreta Kopelman makes a distinction between the religious and secular notions of HIV as punishment but never the less admits of the effect on any person diagnosed with HIV. See Kopelman, L.M., *If HIV/AIDS is Punishment, Who is Bad?*, (Journal of Medicine and Philosophy, 2002, Vol. 27, no.2, pp231-143)

²⁷ 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)

For the Gay man,²⁸ HIV will expose any hidden self loathing,²⁹ and it is common to feel that they are being punished for their sexual orientation, by a disapproving God. Like John, the former seminarian, diagnosed in his early twenties, who says; “*I felt ashamed. I was ashamed to be Gay, and now I also had HIV...I felt God had abandoned me*”. Or Fatima, who feels certain that others will think of her as a bad wife if they knew, and seems to accept that she is being punished by God, whilst also expressing a certain confusion when she says; “*...but then I look at my child, and think, what sin did he do?*”³⁰

It is also quite common that people will attribute infection to an occasion of violence or rape. It is certainly true that some men and women are infected in this violent and terrible manner. There are many who have been abused in this way in situations of domestic violence or societal conflict.³¹ However, it also seems that this explanation is given by some, to silence the painful questions that nag at them, suggesting that they are in some way ‘guilty recipients’ rather than ‘innocent victims’ of HIV.³²

²⁸ We use the term ‘Gay’ to mean men who have sex with other men, and identify themselves as Gay, which we take to be a conscious political and social identity to some extent. We indicate our use of the word as a political statement of identity by the use of a capital ‘G’. (Within the wider Gay community, others would argue for the use of the word ‘Queer’, as a political statement of identity, but in our experience Gay is the preferred term for those who also identify as Christian). However, it should be understood that not all men who have sex with men identify as Gay. Never the less, of all HIV patients seen for care in the UK in 2005, 42% were men, infected as a result of sex with other men, and are often referred to as ‘men who have sex with men’ (MSM) in health statistics, referring to the route of transmission rather than identity. In the same year 50% of patients were infected through heterosexual sex: Cairns, p52

²⁹ Williamson, I. R., *Internalized Homophobia and Health Issues Affecting Lesbians and Gay Men*, (Health Education Research, pp97-107, Vol. 15 no. 1, 2000)

³⁰ See <http://positivecatholics.googlepages.com>

³¹ Smith, A. and McDonagh, E., *The Reality of HIV/AIDS*, (Trocaire, Veritas, Cafod, 2003), pp101-103

³² For a theological discussion of guilt and innocence and AIDS as punishment for or consequence of sin see Nicolson, pp24-52; Kopelman; and Wiley, C.Y., *AIDS is not a Punishment: Overcoming Guilt and Shame*, (December, 2003), at www.thebody.com

At worst, the self loathing and fear that is exposed following diagnosis, can cause the person to attempt or contemplate suicide, or in other ways negatively affects their mental health.³³ This represents an assault on the dignity³⁴ of the person, 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.

The medieval English mystic Julian of Norwich, recognised this tendency in human beings and calls it a type of ignorance. Living at a time marked by overwhelming suffering and unexplained disease,³⁵ Julian insists upon the reality of God's love:³⁶

"..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

³³ Cote, T.R., and others, *Risk of Suicide Among Persons with AIDS*, pp129-133 in Overberg;

³⁴ Flannery, A., (ed.), *Vatican Council II, The Basic Sixteen Documents*, (Dominican Publications, Dublin, 1996), (Vat II), *Pastoral Constitution On The Church In The Modern World, Gaudium et Spes*, (GS) para 12.

³⁵ The Plague, also known as the Black Death, struck several times at unpredictable intervals from 1348, with outbreaks that particularly affected children and a very severe outbreak in 1369. Estimates indicate that about one third of the population of Norwich were killed by these outbreaks of disease, causing fear and death. Cattle diseases struck in 1348, 1363, and 1369, which year also saw the worst annual harvest for fifty years. Famine caused by crop failure and disease in cattle, left many peasants starving; Jantzen, G., *Julian of Norwich*, (SPCK, London, 2000) pp7-8. Kofi Annan, described the AIDS pandemic in the following way, which we suggest might also have been the sort of response that people in Julian's time might have shared in regard to the plague: "*Today the AIDS pandemic, unexpected, unexplained, unspeakably cruel...presents us with a tragedy we can barely comprehend let alone manage*". Similarly, the structural and socio-economic injustices that pertain in regard to the current pandemic mean that it is the poor and marginalised who suffer most today, as was the case in Julian's time. See Kofi Annan quoted in Smith, and McDonagh, pp1,51

³⁶ Despite the dominant medieval thinking that suffering and disease were signs of the 'wrath of God' being visited upon sinful people, Grace Jantzen describes Gods love for us in Julian's writing as her "*..gently insistent theme*", Jantzen, p91. On suffering as punishment see also, Llewellyn, R., *With Pity Not With Blame: The Spirituality of Julian of Norwich and The Cloud of Unknowing for Today*, (DLT, London, 2003), p21; Allen, pp39,62

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..”³⁷

These examples are merely indicative of the soul searching that an HIV diagnosis provokes. They are questions that may be explored and confronted, or, too difficult to address, may be ignored or denied by the person. The individual experience is unique of course, and we need to be careful not to generalise. However we hope to have made the point that in one way or another, diagnosis still causes a profound disturbance which challenges the person to question deeply, their view of self, and their understanding of God, and that HIV exposes those traces of self loathing, and misconceptions of God, that damage the person emotionally, physically and spiritually.

HIV - The Church responds

The Church’s reaction to HIV/AIDS has been varied.³⁸ 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.³⁹ During the 80s and 90s many Christians participated in the secular response, working within healthcare and pastoral care agencies. Specifically Christian ministries developed, and many church groups sought to become informed. On the other hand, religious leaders have continued the equally long tradition of associating sin with

³⁷ Julian of Norwich, *Revelations of Divine Love*, ((Penguin Books, London, 1998), long text (LT) 73. We shall later refer also to the short text (ST).

³⁸ Nicolson, pp20-22;

³⁹Smith, and McDonagh, p3, estimate that 25% of the total care given to people with HIV/AIDS worldwide is provided through the Catholic Church, making them the major supporter of States in the fight against the disease; see also Allen, pp139-145. For a robust defence of the catholic Church’s significant contribution in regard to the global pandemic see Vitillo, R.J., *Faith-based Responses to the Global HIV Pandemic: Exceptional Engagement in a Major Public Health Emergency*, (Journal of Medicine and the Person, 2009, 7:77-84)

illness, giving voice to the widely held view that HIV infection is a type of punishment from God.⁴⁰ This in turn, has reinforced the prejudice and discrimination that people experience, leading to exclusion from church communities, including for example, being denied access to education, the sacraments, and other ‘services’.

Nearly thirty years on, the Church is still perceived by many to be contributing to the suffering of people living with HIV rather than offering the Gospel message of love and hope. In regard to health education and prevention, the Church is accused of being “..a promoter of death..”,⁴¹ directly culpable in the spread of new infections, most obviously because of Church teaching on the use of condoms and upon matters of human sexuality.⁴² The historically dominant narrative linking disease, sex, and sin, is still too often retold in congregations and from pulpits, and internalised by the person. We consider this a distorted theology which induces, at very least, a disproportionate sense of guilt and shame.

⁴⁰ Cardinal O’Connor, Archbishop of New York and member of President Reagan’s Commission on AIDS in the 1980s warned “*Don’t blame the Church if people get a disease because they violate Church teaching*”; Rev. Jerry Falwell, leader of the influential ‘Moral Majority’ in the USA, blaming Homosexuality for HIV/AIDS, said on National Television, “..a god who hates sin has stopped (homosexuality) dead in its tracks by saying ‘do it and die. Do it and die’.” And “*AIDS is a lethal judgement of God on the sin of homosexuality (and) on America...He is again bringing judgement against this wicked practice through AIDS*”. Allen, pp121-125, 139-145

⁴¹ Vitillo, (2007), p40

⁴²See Kelly, K.T., *New Directions in Sexual Ethics: Moral Theology and the Challenge of AIDS*, (Geoffrey Chapman, London, 1998), pp viii, ix, xi, 40-95, 177-183, 192-206; and Clague, J., *Living Positively with Roman Catholic Teaching and Transmitting The Truth About AIDS*, (Cafod, 2004), p8; at www.cafod.org.uk ; and Clifford, pp13-15; and Christian Aid, *Flesh of Our Flesh*, (Resource Pack), p10, at www.christianaids.org.uk ; Keenan, J.F., *AIDS and a Casuistry of Accomodation*, pp189-196 in Gill; Keenan, J., and McDonagh, E., *Instability, Structural Violence and Vulnerability: A Christian Response to the HIV Pandemic*, (Progressio, London, 2009), pp4-5

HIV exposes ‘fissures’ between pastoral practice and doctrinal orthodoxy

In short, the Church response has been and remains something of a ‘mixed bag’, marked by contradictions. For example, the tension between the twin doctrinal imperatives of offering compassionate care, and maintaining sexual orthodoxy, can be illustrated by the debate which raged in the late 1980s over the acceptance of government funding for Catholic hospitals in New York. Cardinal O’Connor insisted upon an opt-out from the government’s requirement that health care providers offer counselling on ‘safer sex’ methods, including the use of condoms. It is reported however, that as he espoused the Church’s opposition to standard health promotion education in one room at St. Vincent’s hospital, the hospital medical staff would be handing out condoms in another.⁴³ Similarly, the campaign to withdraw support from ‘Cafod’⁴⁴ over their policy in regard to health education in developing countries, vociferously but largely unsuccessfully pursued by the ‘Catholic Action Group’, points to theological and pastoral tensions that HIV/AIDS exposes within the Church.⁴⁵

The Church in denial

We note that today in the UK, there is no formal Roman Catholic ministry for people living with HIV.⁴⁶ Support for agencies such as Cafod in the fight against HIV/AIDS

⁴³ Ridiculing educational literature and techniques that public health authorities endorsed for preventing the spread of HIV, in somewhat inflammatory language which misrepresents the Health education campaigns and techniques of the time, O’Connor said: “*In order to get AIDS money to facilities run by nuns, they will have to teach the residents there to masturbate and also show them obscene films.*” Allen, pp144-145

⁴⁴ The Catholic association for overseas development, the official agency of the Bishops in England and Wales engaged in development work outside of the UK.

⁴⁵ Smith, A., *Where Cafod Stands*, (The Tablet, 25 September 2004); Bates, S., *Catholic Agency Faces Cash Boycott: Campaign Against Cafod’s ‘Sinful’ Condom Policy*, (The Guardian, 5 February 2005).

⁴⁶ At time of writing, there is one Catholic charity, ‘Catholics for AIDS Prevention and Support’ (‘CAPS’), operative in the UK. It is listed in the Catholic Directory but is not an agency of any Diocese. Neither does it receive regular funding from any Diocesan or other national agency of the RC Church in England and

abroad continues, but there is a ‘deafening silence’ when it comes to addressing HIV as a reality *in our midst*. We seem comfortable considering it as a development issue, or as an ‘African problem’, but now that we are no longer confronted starkly with the realities of AIDS, we seem to have lapsed into denial. It is as though we have breathed a collective sigh of relief, preferring now to avoid those issues and challenges which were impossible to ignore in the 1980s.

However in this un-stated policy of ‘ignore-ance’, we sacrifice meaningful reflection upon the significance of HIV in our midst, and we fail to meet the pastoral needs of people with HIV; the educational needs of young people, and thus, fail in our responsibility to fulfil the Gospel command to love, and witness fully to the truth.

As Church we must ask ourselves, why the silence today? Our conviction, which we will explore later, is that silence has to do with our unwillingness to confront the issues that HIV raises, and our reluctance to wrestle with the presenting challenges. As such we miss an opportunity to grow and learn collectively, and individually.

Wales. Nominally, the Diocese of Westminster does have an HIV/AIDS ministry working as part of the Dept. for Pastoral Affairs, however, it has not functioned in any pastorally relevant or actual way since the part time pastoral worker departed in 2008.

Positive Pastoral Responses

In this section we will consider the ministry of 'Positive Catholics' as a model of good pastoral practice, and as an example of what it is to live as Church. We will explore the pastoral and theological approach, and ponder the meaning of living with HIV in light of the Gospel.

Positive Catholics' Ministry

The silence was broken briefly at a conference in 2004,⁴⁷ when Christians living with HIV identified a lack of appropriate pastoral support, and the inability of secular agencies to address matters of spirituality. The 'Positive Catholics'⁴⁸ ministry began, in response to the expressed needs of those infected with HIV.

Not knowing where the journey would lead, two Catholic Gay men living with HIV began to meet for mutual support and sharing, to reflect on Scripture and to pray together, monthly, in a central London church hall. Soon others came, mostly, but not exclusively, Gay men. Some were 'returning to Church' after many years away. Everyone expressed relief that at last they felt able to share their personal stories with others who understood the challenges of living with HIV from within a religious context, *and* the desire to hold onto a faith that was similarly challenged in the light of diagnosis.

Over the next two years these HIV+ Catholics met regularly, and spent time together during annual weekend retreats,⁴⁹ to share their own "...*joys and hopes, ... grief and anguish*..."⁵⁰ in an attempt to relate "...*faith to life*..." in a way that is "...*relevant and useful*".⁵¹ Gradually numbers grew, and friendships developed. Talents and gifts emerged

⁴⁷ CAPS convened a conference in 2004 to map the current pastoral responses to HIV, in partnership with Westminster Diocesan HIV/AIDS Ministry team (CATHAM). During the conference, people living with HIV were enabled to speak directly from their own experience, and define their own pastoral needs.

⁴⁸ See <http://positivecatholics.googlepages.com>

⁴⁹ Without access to funding, the first weekend retreats were held at a house designed for youth groups in the grounds of Downside Abbey. These were self catering, without wheelchair access, and accommodation was dormitory style – but it is very inexpensive, and the Downside Benedictine Community are welcoming of us.

⁵⁰ GS, para1.

⁵¹ Lartey, E., *Practical Theology as a Theological Form* in Woodward, J., and Pattison, S., (eds), *The Blackwell Reader in Pastoral and Practical Theology*, (Blackwell Publishing, Oxford, 2007), p129

through service to each other. With the exception of sacramental liturgy, (when a Priest known to the group was invited to join), all aspects of ministry were undertaken by those living with HIV.

We can see clearly here, the hallmarks of Liberation Theology praxis, insofar as it is those directly impacted by a given situation who ‘see, judge, and act’⁵² in response to their own situation of suffering and oppression. The group facilitators were also informed by the work of Carl Rogers and Paulo Freire.⁵³ The combined approach therefore has been one rooted in an understanding that in order to meet pastoral needs, we enter into a process of mutual exploration, based on the equality of each participant. Facilitation has been non-directive in style, trusting the group to define both situation and experience. Through dialogue, the group members decide upon the resolution of identified ‘problems’ and any action to meet pastoral need. By so doing, the group becomes an expression of Christian community, as they wrestle with a ‘shared *hard* task’.⁵⁴ In Cardinal Hume’s words, “*shared weakness binds more than shared strength*”.⁵⁵

⁵² Boff, L., and Boff, C., *Introducing Liberation Theology*, (Orbis Books, NY, 2007), p22

⁵³ Both Rogers and Freire have written extensively on the theory of personal growth, empowerment through non-oppressive practice, and the importance of establishing trust through relationships based on mutual respect on the part of facilitators and ‘educators’, in groups. For further detail see Freire, P. *Pedagogy of the Oppressed*, (Penguin, London, 1996); Rogers, C., *Can I be a Facilitative Person in a Group?*, pp339-357 and *The Interpersonal Relationship in the Facilitation of Learning*, pp304-322, in Kirschenbaum, H., and Henderson, V.L., (eds.), *The Carl Rogers Reader*, (Houghton Mifflin Company, NY, 1989)

⁵⁴ The realization that community can be developed through the conscious sharing of a common hard task is one of the insights of George MacLeod, founder of the ‘Iona Community’, and one of the defining values that the present day Iona Community live out as part of their community spirituality. (The author of this paper was a resident member of The Iona Community from 1999-2000). We hope that the reader understands that here we refer to the personal challenges shared together, in order to move from a place of isolation and fear, as the hard task common to people living with HIV.

⁵⁵ Cardinal Basil Hume quoted in McAllister, S., *A Pastoral Heart*, (The Tablet, June 13th, 2009)

From peer support towards a sense of mission

We think it indicative of a certain liberating “*praxis of solidarity*”⁵⁶ – and an ongoing “*conscientization*”⁵⁷ inspired by the Gospel - that the core membership of Positive Catholics decided in early 2008 to ‘risk’⁵⁸ reaching out to others by booking Douai Abbey Retreat Centre⁵⁹ for a summer weekend. The core group of members at this point remained predominantly white Gay men, and there was an acute awareness that there are many other Christians living with HIV in the UK, who are heterosexual; African; Latino; east European etc., and people with children. Awareness of the situation of these ‘others’, had been raised in a personal way by those from within these groups, who had attended the group meetings, liturgies and retreats. Beginning to appreciate the practical difficulties faced by those with children, or asylum seekers, failed asylum seekers and refugees, for example, as well as those with mobility needs, the members agreed that if we were to be a welcoming and inclusive community of faith, we needed to offer an accessible, comfortable, safe place, where the time and opportunity to share and grow, might be available to others not living in London, and/or without the means to attend our

⁵⁶ Gutierrez, G., *A Theology of Liberation*, (SCM Press, London, 2001), p22; Freire defines ‘praxis’ as “...the reflection and action which truly transforms reality...the source of knowledge and creation. Animal activity, which occurs without a praxis, is not creative; people’s transforming activity is.” Freire, pp81-82

⁵⁷ Arising from a critical reflection about, and critical action upon a particular situation, “*Conscientization is the deepening of the attitude of awareness characteristic of all emergence*”, Freire, p90; Gutierrez, pp113-114

⁵⁸ The decision to book Douai Retreat Centre was a risk in a number of ways. Firstly, Positive Catholics, and the sponsoring charity ‘CAPS’ did not have any funding in place for such a venture. Secondly, although the decision did follow from a directly expressed need of others, there was no certainty in the minds of the members that such a Retreat would be well attended in reality – people often say that they would like something to happen, but for many reasons, wishes do not always translate into active commitment. Thirdly, an anxiety that the Gay members of Positive Catholics would encounter religious homophobia from African people living with HIV, was a sincerely held view. Yet the man who expressed this anxiety most audibly, was also one of those who did most to organise practicalities in order that the Douai retreat go ahead. As it turned out, funding was accessed, over the two Douai retreats more than 50 people have attended, and the atmosphere has been one of Christian acceptance and equality in keeping with the Gospel principles and values of Positive Catholics ministry.

⁵⁹ Douai Abbey is more accessible than Downside by public transport, and located more centrally, not far from Newbury in Berkshire.

gatherings. Members also remembered their own struggles to seek out help and support, the formerly crippling effects of stigma and isolation, and that paralyzing fear which can imprison a person in despair. These few Gay Catholic men living with HIV, committed to a sort of positive evangelization. Strengthened in faith by their experience of Christian fellowship, they desired to share that with others, not yet knowing what exactly this reaching out, and inviting in, would mean in practice.

What we find encouraging is the sense of movement experienced by the members. From an exclusive place of need, to a place of giving: from a place, marked by introspection and personal suffering, to a place where the desire to reach out to others becomes a willing ‘response-ability’. We understand this as a grace and fruit of the process of being together in community. As Henri Nouwen says, there is a certain joy that comes from “..*living together in a fellowship of the weak..*”.⁶⁰ When we can embrace our many sorrows and joys, trusting that they can be life giving, we tentatively move beyond fear, to hope, in a creative life giving act of love for others.

In order that the invitation to the most marginalized people be meaningful, personal contacts were made, and reassurances were given.⁶¹ A decision was made that no-one would be excluded for want of money, and that those who needed assistance with travel costs for example, in order to attend any retreat, would have these met.⁶² Positive

⁶⁰ Nouwen, H.J.M., *Can You Drink the Cup?, Tenth Anniversary Edition*, (Ave Maria Press, Indiana, 2006), p48

⁶¹We refer here very briefly to the sort of activities that would be understood in classic community development and informal adult education terms as ‘outreach’.

⁶² Although the determination for this came directly from within Positive Catholics, it was unlikely to be achievable without the active support of CAPS trustees and supporters. Obviously, the commitment that

Catholics now hold two smaller group retreats each year, and at time of writing we have just completed our second larger annual retreat at Douai. The number of members has now grown to over sixty families living with HIV throughout the UK, and includes Gay and heterosexual; white and Black;⁶³ adults and children; those with physical disability and the able bodied; the newly diagnosed and those living with HIV/AIDS for nearly 30 years. The regular meetings, now take place in a member's home, include the sharing of a meal, and are 'hosted' by members who volunteer to do so. The next group meeting will be attended by about 18 people from around the country, and on this occasion will be hosted by two African women.

In stark contrast to the secular world, where support groups are usually defined narrowly by ethnicity, gender, or sexual orientation, here we see a community of the stigmatized, the outcasts, brought together as one body in Christ, ministering to each other in love.⁶⁴

money should not be an obstacle extended to offering free places, and travel costs according to need. For the majority of participants subsidies in these ways were absolutely vital, to enable participation.

⁶³ We use a capital 'B' for Black, to indicate our recognition of Black people as belonging to a distinct socio-political grouping, as we have explained above in relation to Gay people. We are not firstly distinguishing people on the basis of the colour of their skin, but rather as an oppressed group of people who have been, collectively and individually, historically and presently, subject to the experience and effects of Racism. We do not capitalise, 'white', because in the same way that Black people can be said to share a common experience, white people cannot be said to share a similarly defining common socio-political and affective experience. We also capitalise in order to indicate inclusion in this group, of any people who share this common experience, who may not have black skin, (e.g. as with the African 'negro') but can legitimately be said to share the common experience of Racism, (e.g. as with the person of mixed Black Caribbean and white British parentage – commonly incorrectly referred to as 'mixed race', or in the past defined by the explicitly Racist term, 'coloured'), by virtue of not belonging to the dominant ethnically white groups.

⁶⁴ 1 Cor. 12:13 "*For in one Spirit we were all baptised into one body, whether Jews or Greeks, slaves or free persons, and we were all given to drink of one Spirit.*" Gal 3:26-28 "*For through faith you are all children of God in Christ Jesus. For all of you who were baptised into Christ have clothed yourselves with Christ. There is nether Jew nor Greek, there is neither slave nor free person, their is not male and female; for you are all one in Christ Jesus.*"

HIV – “A Gift Wrapped in Thorns”⁶⁵

We wonder why such a diverse community continues to grow, despite the many practical, psychological and spiritual difficulties. Why do members of Positive Catholics say that their involvement has encouraged them in their daily lives? Why do they speak of a renewal in faith, and a sense of healing of wounds? How can Brendan say that despite the many difficulties and pain, he now understands living with HIV as gift? *“It has made me a better person. More at ease with myself and more assured than ever before that I am loved beyond my understanding by God. I can see the Love of God at work in my own life, and in the lives of others, and I believe that whatever comes in the future to frighten me, whatever losses may occur, Jesus is with me through it all. God holds me in the palm of His hand and leads me gently. Nothing can keep me from the Love of God”*.

Whilst it is undoubtedly the case that people living with HIV suffer, it is also true that people living with HIV often experience a sense of “*heightened life*”⁶⁶, discover new meaning and purpose, and a deepened or renewed appreciation of faith.⁶⁷ We think that there are clues to be found with a closer look at some aspects of the Positive Catholics’ pastoral ministry.

⁶⁵ The late Rev. David Randall, founder of Care and Resources for people with AIDS, (CARA), London, one of the first specifically Christian ministries founded in the 1980’s, famously referred to HIV/AIDS as a “*Gift Wrapped in Thorns*”. This also became the title for a resource pack to be used in church groups and parishes, published by the CARA Trust in 1995. The author of this paper was one of several members of an ecumenical working party who devised this resource over a period of two years.

⁶⁶ Kelly, p207

⁶⁷ Kelly, pp94; 207-210; Nicolson, pp64-65; Bradley, Sharan and Reeves show how persons diagnosed with HIV often mature in faith, beyond those ‘stages’ occupied by most adults in James Fowler’s model of faith development. See Fowler, J.W., *Stages of Faith: The Psychology of Human Development and the Quest for Meaning*, (Harper Collins, NY, 1995), esp. pp117-211

Hospitality and place sharing

We remember our Lord's promise that where two or three are gathered in Jesus' name, He is present also,⁶⁸ and the Holy Spirit is at work.⁶⁹ However, God's presence is mediated in and through relationship with each other. The Positive Catholics' creation of Christian community signified by trust, acceptance, listening, and a non judgemental approach, prepare the ground for God's presence to be consciously experienced. Bonhoeffer calls this “..place sharing..”;⁷⁰ an incarnational ministry of relationship. It is amidst relationship that we discover the presence of Christ. We do not *bring* God to the other, neither is it a question of the ‘Jesus in me, loving the Jesus in you’.⁷¹ Rather, God's presence through Christ is uncovered, or discovered, in and through the relational encounter. The bedrock of Positive Catholics has been such a praxis of relational ministry of presence and companionship, of hospitality and welcome. We understand it to be one of the fruits of the lived experience of loss and incapacity, as a result of HIV itself, that we can come to realise that only with Christ at the centre is anything possible, and only with the grace of God, and only if God wills it, will any good occur. This has been the central conviction, and the most liberating affirmation of faith, that we are beginning to learn through experience, and which encourages Positive Catholics in our shared sense of mission.

⁶⁸ Matt 18:20

⁶⁹ John 14:16, 26; 16: 7-15

⁷⁰ Dietrich Bonhoeffer quoted and described in Root, A., *Revisiting Relational Youth Ministry: From a Strategy of Influence to a Theology of Incarnation*, (Inter Varsity Press, IL, 2007), pp126-129

⁷¹ We have heard this phrase used to ‘qualify’ the love we seek to express for others, particularly when we wish to convey, (even unconsciously), some disapproval of the other person's behaviour. It is a phrase that belongs with that other ‘qualified’ statement of partial love, ‘love the sinner and hate the sin’. Both are fundamentally judgemental, and are pastorally unhelpful ways to speak or think. They both infer that it is the ‘best part’ of myself that loves the ‘best in you’; whereas, we intend to describe how through a ministry of place sharing, coming as we do in faith and participating as best we can in the ministry of Jesus as disciples, *Jesus* is discovered in that space between us, as a real person, who comes that we may have life and have it more abundantly (John 10:10).

Research and experience demonstrate the beneficial effects of spirituality and religious faith, for the person living with HIV, over the longer term, but because internalised stigma is so detrimental to physical, mental and spiritual health, it must be addressed before the positive benefits of faith can be realised.⁷² A safe place of welcome enables the sharing of deeply painful experience, and allows for the vulnerable disclosure with others who may understand. As one retreatant has put it: “..to be derailed from secrecy to honesty”.⁷³ In our gatherings we allow for the expression and exploration, theologically and psychologically, of this “toxic shame”⁷⁴ that invariably burdens those who are Christians.⁷⁵ This means exploring notions of identity, relationship, sin and suffering, and salvation.

⁷² Flannelly, L.T., and Inouye, J., *Relationships of Religion, Health Status, and Socioeconomic Status to the Quality of Life of Individuals who are HIV Positive*, (Issues in Mental Health Nursing, 22:253-272, 2001); Cotton, ps2, pps8-s11; Grodeck, pp27-31; Bartlett and Finkbeiner, pp321-322; The research undertaken to date that tests the benefits of Faith in relation to sickness or illness other than HIV/AIDS is varied, but a compelling case may be made for the beneficial effects on health of faith. See, Mowat, H., *The Potential for Efficacy of Hospital Chaplaincy and Spiritual Care Provision in the NHS (UK): A Scoping Review of Recent Research*, (Mowat research Limited, Aberdeen, 2004), and Gysels, L. & Higginson, I. J. , (Lead Authors, Kings College London), *Guidance on Cancer Services: Improving Supportive and Palliative Care for Adults with Cancer: Research Evidence*, (National Institute for Clinical Excellence, 2004), pp171-192 at www.nice.org.uk ; and *The Meaning and Practice of Spiritual Care*, (Multiple Contributors), pp1-3,8-10, at <http://www.professionalchaplains.org/uploadedFiles/pdf/APC-white-paper-text-only.pdf>

⁷³ This feedback came from one of the Douai 2009 retreatants, an African Catholic man living with HIV, whose wife is not infected with HIV. In a letter from the social worker at secular support agency ‘Positive Parenting and Children’ (PPC), he describes his experience as being in surprising contrast to what he had come to expect from the Catholic Church which he put as “keep everything to yourself and just pray for an answer”. He goes on to say how the experience of being able to speak and pray openly in community gave him hope and was uplifting. (PPC Letter to Positive Catholics 24.08.09)

⁷⁴ Cooper, T.D., *Sin, Pride and Self Acceptance: The Problem of Identity in Theology and Psychology*, (Intervarsity Press, Illinois, 2003), p11

⁷⁵ Vitillo in Gill, pp31-42, esp. pp36-38; Clifford, pp8-10

God is Love⁷⁶

“God is Love” we say, but one of the many painful ‘thorns’ with HIV, is the exposure of our lack of trust in regard to God’s Love for us. We do not feel loved when diagnosed. We think rather that HIV is definitive confirmation of our un-loveable-ness. In some way we are to blame, because of our sinfulness. Convinced that our sin blocks us from the Love of God, we understand HIV as manifesting that blockage. We often view ourselves as unacceptable in the eyes of God, Church, and others. The internalised ‘conditions of worth’⁷⁷ that we carry, are exposed. We are only loveable if we are ‘good’, ‘holy’, or heterosexual, or ‘pure’, religious, or healthy, wealthy, or employed.....the list will vary from person to person.

We agree with Katherine Bell who is living with HIV, when she reminds us how The Book of Job cautions its readers, that the mystery of suffering cannot be explained by the attribution of blame or failure. HIV is simply a virus. It is not a symptom of our not being ‘good enough’. We also agree with her that the dominant Augustinian tradition which emphasises humanities’ fall from a perfect state, into a sinful state deserving of punishment,⁷⁸ may no longer be pastorally helpful.⁷⁹ Whereas this traditional emphasis

⁷⁶ We use a capital ‘L’ when talking of God’s Love, which is perfect, complete, and total, and as a name for God, deserves a capital. When talking about the human expression of and efforts towards love, we shall not capitalise, as it is neither perfect, nor complete, nor total Love, as God is.

⁷⁷ Rogers, C., *A Theory of Therapy, Personality, and Interpersonal Relationships, As Developed in the Client-Centred Framework*, pp240-251, in Kirschenbaum and Henderson

⁷⁸ See for example, Augustine, St., *The City of God*, (Doubleday, London, 1958), Book XIII, chapters 1-4, 12-15; Book XX, chapter 1

⁷⁹ Bell, K., *There’s more to me than just an illness*, (The Tablet, 20 June 2009), p12. ‘Katherine Bell is a pseudonym for a woman writer who is living with HIV. In her article she confirms the stigma to which we have pointed as a reality, by use of a pseudonym, and in her reference to the questions of others, (“How did you get it?”) she exposes the prevalent preoccupation of others as to modes of infection, and therefore by implication with notions of innocence and guilt, most usually connected with sex. We shall return to the Augustinian interpretation and historical emphasis on original sin, as a challenge to the Church below.

seeks to guard against pride and excessive self regard,⁸⁰ our experience is that Christian people living with HIV are not suffering from an excess of self regard. Quite the opposite.⁸¹ So too, Augustine's widely internalised notion of 'concupiscence', or disordered desire, (especially sexual desire), leads too easily and unhelpfully, to a conclusion that it is our exploration of desire, and particularly of 'eros' that is to blame for our suffering, and for which we are being punished. In the case of those living with HIV this twin emphasis seems to justify and reinforce that toxic shame, (as opposed to a healthy sense of guilt for wrong actions), which attacks the person at the core of their being, deeming them corrupt, defective and bad, as a person.

The human tendency towards blame and judgement, once internalised, becomes an obstacle to faith in a Loving God, onto whom we project these qualities. The person living with HIV often comes crippled with this burden, in a self perpetuating cycle of shame, judgement, and faulty theology.

⁸⁰ Augustine, Book XIV, chapter 13. For a fuller discussion of the debate in regard to human pride and low self esteem from various theological and psychological perspectives see Cooper.

⁸¹ In a famous article published first in 1960, Valerie Saiving called for a review of the traditional interpretation of Augustinian categories of sin and redemption in the light of womens experience. In it she proposed that the sin of pride in the form of self assertion reflected certain male experiences, rather than the common female experience. By contrast, she proposes that the temptation to sin for women, is more usually to a lack of self assertion, or to put it another way the temptation to a lack of self love, or a failure to take responsibility for self actualisation. We do not propose here that there is a commonality of experience for all people diagnosed HIV+, about which we can generalise in the way that feminist theologians for example, may talk of 'womens experience'. After all, people living with HIV are male and female, and from diverse cultural and social backgrounds. Yet, given the over-representation of both women, and Gay men within the group of people diagnosed, we are making a broadly similar point here to that made by Saiving. Namely, that the previous experience of both Gay men and women, and the social and cultural influences, predispose both groups to a lack of self love which is then compounded and reinforced upon HIV diagnosis. See, Saiving, V., *The Human Situation: A Feminine View*, in Christ, C.P., and Plaskow, J., *Womanspirit Rising: A Feminist Reader in Religion*, (Harper & Row, SF, 1979), pp25-42

A corrective pastoral and theological approach

We prefer to emphasise the understanding held by Irenaeus,⁸² who distinguished between ‘image’ and ‘likeness’ in his exploration of the Genesis story.⁸³ Made in the *image* of God, we need to learn to grow into the *likeness* of God. God did not create us, (or Adam), as perfect.⁸⁴ We understand this as distinguishing between how we are (ontologically), and how we become (the formation of character). Made in the image of God, and within the exercising of our own capacity to choose (free will),⁸⁵ we are destined to become fully human, which in turn means becoming one with the Divine – accepting the invitation to enter ever more fully into the mystery of communion with God, so that we become more and more like God.⁸⁶ This is not to say that in pastoral practice, we spend time analysing theological anthropologies explicitly together. (There are more pastorally appropriate ways to explore these issues such as story sharing, counselling, prayer and access to the sacraments, and a focus on those passages of scripture and mystical tradition which affirm God’s constancy of Love for us). Rather, we uncover such an understanding together in more accessible terms: we are made in God’s image, and as we

⁸² Irenaeus (c. AD 120-202), was a Bishop in Gaul, an area in the country we now know as France. We have drawn on the work of Cooper, T.D., and Epperson, C.K., *Evil: Satan, Sin, and Psychology*, (Paulist Press, NY, 2008), pp77, 80-82, for this understanding of Irenaeus referred to here. In our own reading of Irenaeus, we have found only one explicit reference to the distinction between ‘likeness’ and ‘image’, (Book V, vi, 1), and even here in our translation, although the meaning is clear, the word ‘similitude’ is used rather than ‘likeness’. Never the less, we are confident in Cooper and Epperson’s interpretation, because, taken as a whole, Irenaeus’ understanding that we are created in the image of God, and through Christ, the new Adam, we may once more become like God, (and thus enjoy both life here in the Spirit, and ultimate salvation), is coherently expressed. Irenaeus describes humankind as necessarily imperfect, but by the gratuitous friendship of a compassionate God, through Christ, and as a result of our own experience, we may be liberated over time towards full human dignity, God and salvation. See for indicative example, Irenaeus, *Against Heresies*, Book III, xviii, 6,7; xxi, 10; xxii, 1,3,4; Book IV, xi, 2; xiii, 3; xiv, 2; xvi, 4; xx, 1,4,5,6,7,8; xxii, 1; Book V, iii; xvii, 1; in Roberts, A., and Donaldson, J., (eds.), *The Apostolic Fathers with Justin Martyr and Irenaeus*, (Hendrickson Publishers, Massachusetts, 1999). See also McBrien, R.P., *Catholicism: New Edition*, (Harper Collins, NY, 1994), pp163, 164, 167, 169

⁸³ Irenaeus, Book III, xviii, 1; xx, 1,2; xxiii, 1,2,3,5,6; Book IV, vi, 1; xx, 1; Book V, i, 1-3; vi, 1

⁸⁴ Irenaeus, Book IV, xxxviii, 1-4; xxxix, 2

⁸⁵ Irenaeus, Book IV, xxxvii

⁸⁶ Irenaeus, Book IV, xiii, 3; Book V, i, 1; xxvii, 2

focus upon, and seek to live out our relationship with Jesus together, we are destined to become more like Jesus, and are drawn gently towards the Divine Love.

Following Irenaeus, our starting point, is not one of guilt or shame. We need not be overly concerned for our responsibility as authors of humanity's fall into a sinful condition. God has created us in this way. In fact, to attribute the suffering and woes of humanity to ourselves is itself a sort of arrogance. Who on earth do we think we are? No. We are persons created by God on the way to the Divine, rather than persons created to be forever remorseful for and guilty of our 'decline' into the state of being human. As we have said, Julian reminds us that an over emphasis on sin, can be an obstacle to love, and that God does not blame us for sin⁸⁷. Rather, she says, in the light of the Passion, Death and Resurrection of Jesus our Saviour we can remind ourselves with confidence that "*We are his joy, we are his reward, we are his glory, we are his crown*".⁸⁸

Suffering and the wrath of God

The objection might be raised that this theological-pastoral emphasis does not get us away from the difficult issue of personal sin. We may be accused of seeking to excuse people: It is true that we live in a sinful world, *I* may indeed be immature, or like an imperfect child, but never the less, it is *I* who act in ways which are sinful, and for which *I* am responsible, and of which *I* need to be reminded. James Keenan argues persuasively that we have become a "*presumptuous generation*". Blinded to personal sinfulness, we have become certain that we merit salvation in the self serving conviction of our own

⁸⁷ Julian of Norwich, ST 13

⁸⁸ Julian of Norwich, ST 12

goodness.⁸⁹ As he is not writing in this instance about the pastoral care of people living with HIV directly, we may agree broadly with him, in regard to our western culture, which has narcissistic tendencies.⁹⁰ Yet, our experience is that HIV diagnosis knocks out any such presumption, even if it might have existed,⁹¹ and Keenan's concern is not helpful here.

We do encounter people who, after reflection, and in good conscience, understand their own sinful behaviour as causal of HIV infection. They tend even more, to consider HIV as punishment from God, because of their personal sin. The 'punishing-god-idol' is very difficult to shake off. For example, Tony, who believes that his use of drugs, and his payment of commercial sex workers, has occasioned his HIV infection. For him, HIV becomes both consequence *and* punishment of sinful behaviour. Here again we would wish to assert with conviction that God does not punish us. God Loves Tony. The recognition in our own lives of those habits, choices, and attitudes which are destructive of ourselves and others, which we call sin, and for which we must take responsibility, does not equate with a necessary consequent punishment, especially not from God. However, HIV will uncover our deep seated suspicion that all the fine words in the world about God's goodness and Love, are just that, and really God is angry with us. For Tony,

⁸⁹ Keenan, J. F., *The Works Of Mercy: The Heart of Catholicism*, (Rowman and Littlefield, Oxford, 2005), pp66-69

⁹⁰ Gorringe, T.J., *The Education of Desire*, (SCM Press, London, 2001), pp84-85; Cooper, pp20-22,

⁹¹ Whilst we admit of the possibility of this tendency towards 'self-engrandisement', in our western culture, (dominated as it is by a strident individualism, encouraged by the cult of celebrity, consumerism and materialism), in our experience, the majority of people living with HIV who are Christian do not come afflicted with this problem of inflated ego or pride, either before or after diagnosis. Given that HIV infection disproportionately affects women, (especially in the UK, women from African cultures), and Gay men, it seems to us rather, that HIV reinforces the lack of sense of self, - or to put it another way, the lack of love of self that was already there in the person, due to cultural and religious experience that reinforces the denial of the dignity and agency of the individual person.

diagnosis has provided an opportunity to turn away from destructive behaviour, and he has begun that difficult examination of conscience, to uncover and repent of the reasons for his lack of love towards himself and others. Through grace, fellowship, and prayer, we trust that he will recover the awareness of Love, which is God's healing gift gratuitously offered for him.

The notion of the 'wrath of God' has been misunderstood and overused in any case. Angry authoritarian men may like to shout about the law, and how God's wrath will be visited upon us. We prefer to speak of Love. James Alison exploring St. Paul's use of this word, helpfully describes the wrath of God, as "*..divine non-resistance...*";⁹² the ultimate act of non-resistance to evil being the submission of God in Jesus, to the suffering and death of the Cross.⁹³ The suffering that necessarily occurs as a result of our separation from God, is not the act of a vengeful, angry or punishing God who must have his own way, but rather the consequence of life lived with-out complete relationship with God, which, to one degree or another, is the human condition.

The starting point in the liberation from this double lie of my complete wretchedness and God as punisher in chief, is to see it as such and refuse to believe it. HIV is not something to blame ourselves or God for. Our refusal to be bound by this lie, that keeps us from Love, may allow for the healing of hurts that we all share. Through the experience of Christian community living with HIV, and with some correctives to an imbalanced, often

⁹² Alison, J. *The Joy of Being Wrong: Original Sin Through Easter Eyes*, (Crossroad Publishing, NY, 1998), pp125-130

⁹³ Phil 2:6-8

blasphemous theology,⁹⁴ the person may come to receive that love and acceptance from others that, in turn, leads us to accept and thank God for those aspects of ourselves, including HIV, that we are tempted to reject. Within positively loving community, there is the possibility of HIV as a gift of opportunity to repent of our own toxic shame, however manifested, and also to repent of our mistrust in our God who is Love. As we encourage each other in faith, we may repent of our fear, and pray instead that we will grow in love. For *“There is no fear in love....perfect love drives out fear because fear has to do with punishment, and so one who fears is not yet perfect in love.”*⁹⁵ So, let us not become overwhelmed by our faults and failings. Nor by our imperfect state of being - physically, emotionally, or spiritually. Neither ourselves, nor sin in any form, are greater than God’s Love. Everything in creation is under the God of Love.

HIV as gift of poverty of spirit

HIV is an experience of loss. Brendan recalls his refusal to be defined by sickness and HIV, a determination shared by Katherine Bell. He was told that he would die within 10 years by the doctors, and encouraged to accept the relatively generous state benefits routinely awarded to people considered terminally ill. When others were giving up work, or taking ‘the holiday of a lifetime’, he continued in his job and with his voluntary church youth work, to which he was very dedicated. Nearly twenty years later however, after many personal struggles to keep going despite serious bouts of illness, he became sick and weak. He lost his job, and, unable to pay the rent, became homeless. He lost health,

⁹⁴ Insofar as our understanding of God is cluttered with false idols of mankind’s own making, that we presume to call god, and to the extent that we refuse to believe in God as total Love, we participate in a type of blasphemy.

⁹⁵ 1 John 4:18

home, status, purpose, good looks, and money. Understandably he recalls being frightened, and didn't know what to do: "*I finally had to let go of my plans. It wasn't so much that I gave up, but certainly I felt as though I was giving in. Giving in to life, as in, 'OK I give in!' The extraordinary thing was that I felt a great relief in this letting go. And I was looked after. God did not abandon me. Others took me in. I had no option but to receive care from others. I discovered that to be vulnerable was a freeing experience, and in giving in, I got to receive a great deal of love*".

With HIV comes the gift of uncertainty, loss, and vulnerability. In Christian terms, we understand this as 'poverty of spirit'.⁹⁶ No matter how powerful or influential a person may think themselves to be (or actually be), there is the invitation, inherent in the experience, to realise our vulnerability and essential powerlessness before God. For most, this will not be immediately understood, and certainly not received as 'gift'. But we have witnessed those who come to this point through prayer, sharing, and grace, as well as those who are dramatically dragged as it were, protesting at every step, till they must 'give in to God', as Brendan did.

However it comes to be, in actual terms, HIV offers an insight into what it means to become human, insofar as we begin to embrace that poverty of spirit, essential to a proper (Christian) understanding of the human condition.⁹⁷

⁹⁶ Matt 5:3

⁹⁷ Metz, J.B., *Poverty of Spirit*, (Paulist Press, NY, 1998), pp21,45

We think too of Mercy and Matthew, who, having fled persecution in Zimbabwe in 2003 with their two young sons, spent six years in a situation of absolute material poverty as asylum seekers in the UK. Their HIV diagnosis, shortly after arriving here, was another terrible blow. Matthew recounts how it was through the persistence of Mercy that he agreed to attend a Positive Catholics retreat. *“I was so beaten down”, he says, “so ashamed. Unable to work, who could my boys look up to? Surviving on handouts. I had given up on God, and was not going to Church. Mercy made us come, and we were greeted with such respect that first time. I was able to pray again. I went to confession. There has not been a Sunday since when I have not been to Mass. I knew I must depend on God, for the whole family.”* He attributes the granting of ‘permanent leave to remain’ in the UK since then, to God. Although the family’s struggles are far from over, we see here the constancy of Mercy as reflecting the constancy of God, and the couples’ experience of poverty of spirit, as an example of *“..the mysterious place where God and humanity encounter each other, the point where infinite mystery meets concrete experience.”*⁹⁸

The person living with HIV is in a privileged position, especially placed to respond to the Divine invitation to trust in God. Robbed of so much, usually isolated and afraid, we are encouraged to turn to God, and to cooperate through our own repentance of those temporary realities, behaviours, and choices, upon which we have relied before, for our security. With HIV comes an opportunity to understand the lesson from the story of Jesus’ temptation in the desert.⁹⁹ As Jesus rejected all temptations to temporal security,

⁹⁸ Metz, p21

⁹⁹ Luke 4:1-13

material wealth, fame or power, we too may glimpse the reality of our place before God through the loss of false securities. Although as children, this story was often held up as an example of the ‘manly discipline’ of Jesus in his struggle to resist the temptations of Satan, we now understand it more as evidence of Jesus’ complete trust and faith in God. To cooperate with the will of His Father, at the beginning of His ministry, Jesus starts as he means to go on, and will not be fooled by any appeal to false securities.

However, we need help to do this. It is like giving birth. Whilst giving birth is a natural process, we usually regard the midwife as more than helpful - as necessary. The crisis of HIV, often shocking and harsh, sometimes more of a nagging dull pain that won’t go away, can lead us to that virtue of poverty of spirit if we allow it. For some it may be the human conditions of suffering and isolation, for others, personal sinfulness which require the midwife of sensitive pastoral support and spiritual care towards new life in Christ; and the witness and love of others in community, provide the birthing pool in which the kingdom of God may become a lived reality. In these circumstances, HIV infection, in the light of faith, is an ongoing opportunity to be ‘born again’.¹⁰⁰

HIV as invitation: Can you drink the cup?

Henri Nouwen, reflecting on the meaning of Jesus’ question to His disciples,¹⁰¹ talks of holding, lifting and drinking the cup that Jesus offers. This cup of life is one of sorrow, but also a cup of joy: a cup of blessing and salvation for Christians. In the garden of

¹⁰⁰ John 3:1-8

¹⁰¹ Matt 20:22

Gethsemane Jesus prayed “*..if it is possible let this cup pass me by..*”,¹⁰² and this most human of responses has been the secret prayer shared by those diagnosed with HIV. However, in our faltering turning towards God through Jesus, Positive Catholics have consciously begun to hold the cup of life with HIV. Holding has meant regarding our particular cup, and holding it, rather than seeking to avoid it altogether in denial, even when our holding the cup comes about gradually after many efforts, and sometimes many years trying to avoid doing so. Encouraged by others who have drunk from this same cup, and who risk vulnerability through sharing, prayer and friendship, it has been possible to see that this cup of sorrows is also a cup of joy, which we can lift together, often through tears first, “*..to affirm our life together and celebrate it as a gift from God*”.¹⁰³

As we have dared to step beyond our fears, we have experienced those moments of gratitude for all that living with HIV has meant for us, because it has brought us to where we are now. It is from these moments of healing and grace, that we draw the strength to move forward in faith. As Nouwen puts it, “*..we gradually come to befriend our own reality (and) look with compassion at our own sorrows and joys...we are able to discover the unique potential of our way of being in the world (and) can move beyond our protest, put the cup of life to our lips and drink it, slowly, carefully, but fully.*”¹⁰⁴

When ending our weekend retreats, in our celebration of the Eucharist together, we share in the mystery of Jesus’ presence to us, for us, and among us. We lift the cup of wine and plate of bread, and as the priest recalls Jesus’ words with his first friends “*This is my*

¹⁰² Matt 26:39

¹⁰³ Nouwen, p62

¹⁰⁴ Nouwen, p87

body which will be given up for you”, we too pray, ‘We are the body of Christ living with HIV, given up for you, in love of one another’.

Breaking the silence: From denial towards truth

In this section we shall argue that as Church we are obliged to respond more fully to the situations of people living with HIV in the UK. We shall see that there are important principles of Christian life that require us to do so. We will consider some of the challenges of HIV, and point to the need for fuller theological reflection

HIV as gift and challenge to the Church

Jesus, who more often spoke in parables, was very clear when he commanded his disciples: “..love one another. As I have loved you, so you should also love one another”.¹⁰⁵ Jesus, transgressor of so many religious laws of his own time, reinforces the absolutely binding nature of this teaching, calling it a commandment and by naming this quality of love between Christians as *the* defining characteristic of Church.¹⁰⁶ Soon to leave the disciples, we sense that Jesus did not want any misunderstanding on the part of the disciples.

St. Paul reinforces the absolute requirement that Church be defined firstly, by the love shown between those who seek Jesus.¹⁰⁷ The early Christians were known for the way in which they showed love for others.¹⁰⁸

To return to the symbol of cup, when we lift the shared cup in the celebration of the Eucharist today, we proclaim and celebrate our communion as the Body of Christ. This Church, this Body of Christ living with HIV, whether we are conscious of it or not, lifts the shared cup of life containing the blood of our Lord now infected with HIV.

Whatever else signifies love for a person, we understand the starting point is ‘to be seen’: to be acknowledged as present, to be recognised. The first act of love is recognition:¹⁰⁹

¹⁰⁵ John 13:34; 15:12,17

¹⁰⁶ John 13:35

¹⁰⁷ 1 Cor 13. Heb 13:1. See also 1 Peter 3:8; 4:8. 2 Peter 1:7. 1 John 3:11,18,23,24; 4:7-21

¹⁰⁸ Pohl, C.D., *Making Room: Recovering Hospitality as a Christian Tradition*, (Eerdmans Publishing, Grand Rapids, 1999), pp43-44

¹⁰⁹ Karl Barth speaks of “*looking one another in the eye*” as the first condition of Christian encounter, quoted in Sutherland, A., *A Christian Theology of Hospitality*, (Abingdon Press, Nashville, 2006), p37

when we are seen by another person for who we are, by another person who shows some appreciation of ourselves and our situation. Currently the Church seems not to see Christian people living with HIV in our midst, let alone appreciate the situation. If we are not defined by love for one another, how will anyone know that we are disciples of Jesus?¹¹⁰ This ignore-ance should ring alarm bells for us, as it signifies a failure to respond to Jesus' instruction to love one another, as well as a failure to provide a Gospel witness to the wider society. To the extent that we fail to love one another, we are diminished as individuals, and as Church, we are lacking as "*sign and instrument*"¹¹¹ of communion with God and each other.

The challenge to see and repent

This challenge to see, is the first challenge that living with HIV presents to the Church. Our lack of action, evidences our reluctance or unwillingness to see. A truly Christian response may begin when we acknowledge our blindness.¹¹² We may then have the honesty to ask "When did we see you living with HIV?"¹¹³ We may come to repent of our lack of love, our lack of recognition of the needs of those among us living with HIV. We may come to repent of our failure to live out the law of love that Jesus gave us, the same law through the living of which, we believe, the Holy Spirit instructs us, forms us, and is present to us.

¹¹⁰ John 13:35

¹¹¹ Vat II, *Dogmatic Constitution On The Church, Lumen Gentium, (LG)*, para 1

¹¹² John 9:39-41

¹¹³ We paraphrase. See Matt 25:31-46

This second challenge of HIV in the Body of Christ calls us to repent. Not only for our lack of compassion, but also of our reluctance to recognise the Jesus living with HIV, and hurry to be with, and learn from, Him. Among people living with HIV, we are offered a unique opportunity of encounter with Jesus; a particular encounter for our times, from which we may learn, and by which we can be changed. An encounter with the HIV positive Jesus, through whom we may come to have life, and may grow in discipleship.¹¹⁴

Christian tradition, as evidenced in the life of countless saints, and the example of Jesus, is one of compassion and solidarity with the poorest; the most marginalised; the most misunderstood; the ignored ones. It is the counter-cultural wisdom of which Paul wrote, the very message of the cross.¹¹⁵ It is the ‘preferential option for the poor’ that the Bishops of Latin America proclaimed.¹¹⁶ More than just a statement of solidarity, compassion and social justice, the wisdom of sharing in the lives of the most marginalised amongst us - this preferred way of Jesus, is *the* way to life. Scripture tells us that our very salvation depends upon our actions in relation to the poor amongst us.¹¹⁷ We are called to be open to, preferably, actively seek out, those who are the poorest. Jon Sobrino argues forcibly that there can be no salvation without the poor, and goes further

¹¹⁴ We draw here upon Jesus’ own self identification with individuals in need Matt 25:31-46, and the tradition within liberationist theologies of imaging Jesus to reflect the lived experience of those who seek both greater identification with Him, and to more fully understand the ways in which God identifies with us, as for example in the image of Jesus as suffering servant in Latin American Liberation Theology, or the ‘Black God’ and ‘Black Christ’ in Black Theologies of Liberation. See Boff and Boff, p4; Cone, J.H., *A Black Theology Of Liberation: Twentieth Anniversary Edition*, (Orbis Books, NY, 1997), pp63ff, 110-119ff.

¹¹⁵ 1 Cor 1:18-25

¹¹⁶ Boff and Boff, pp76-77

¹¹⁷ Matt 25:45,46

to assert that without the poor there is no Church, and no gospel.¹¹⁸ Our ignorance, in regard to the poverty of those living with HIV should disturb us. If we remain in any doubt, we might consider the simple question, ‘what would Jesus do?’

Although, as individuals, we are each called to express solidarity with the poor in diverse ways, it surely remains a challenge for us collectively and institutionally, to recognise those among us who live with the experience of marginalisation and poverty that so defines living with HIV. A person who is not seen, will never experience love. A person who is not listened to with care, will never feel understood.

The challenge to welcome

The practice of hospitality is also at the heart of what it means to be Church. Scripture and tradition emphasise this repeatedly.¹¹⁹ Obviously, it follows that if we ignore those living with HIV among us, then we clearly fail to offer hospitality to them. We cannot be welcoming of those we do not see.

In this we detect another sign of collective denial, unwillingness, or fear. We also hear the objection, “why must we explicitly welcome those living with HIV? Everyone is welcome in our Church”. The reality is, that individuals living with HIV do not feel welcome in our Church. Consistently, people speak of feeling unable to share their situation with others. Usually, the presumption is that revelation of a person’s HIV status will be met with ignorance, judgement and rejection. This member of Positive Catholics

¹¹⁸ Sobrino, J., *The Eye Of The Needle: No Salvation Outside the Poor: A Utopian-Prophetic Essay*, (DLT, London, 2008), pp41-45

¹¹⁹ Sutherland, p83, considers hospitality as “..the practice by which the church stands or falls”

speaks for many: *“I have struggled on for so long trying to maintain a good spiritual life in the muddle of being HIV positive, in a Church which I love with all my heart, but which does not seem to love me back unless I hide away part of my very essence. Most of the people at my local church think I have MS¹²⁰ and I haven't yet had the courage to tell them the truth - yet it hurts so much having to lie to them”.*

Perhaps a first small step for the Church, is to understand the enormity of the stigma associated with HIV, to which we have contributed, and to recognise the need to take proactive steps to counter the experience of our Church as an un-safe place for those living with HIV. A person cannot feel welcomed by a community amongst whom they feel unsafe.

It is no wonder that the person living with HIV makes this assumption. It is reasonable to expect the prejudices and judgements in wider society to be reflected in the Church, unless there are obvious signs to the contrary. Similarly for many living with HIV, there are additional experiences of rejection, prior to HIV, especially in the case of the Gay man. For the Black person too, there is the likely experience of racism. For the refugee, the situation of displacement which makes them especially vulnerable. For the woman, the likely experience of sexism and patriarchy.¹²¹ Compounded by the distorted or unbalanced theological emphasis that is a significant part of our Church tradition and

¹²⁰ Multiple Sclerosis. This member has suffered with serious mobility problems, and lives with ongoing severe pain for which he must take strong pain-killing medicines.

¹²¹ Keenan and McDonagh, pp3,4,8, describe the various situations and types of individual ‘vulnerabilities’ that are always present where HIV infection is most prevalent, as a consequence of structural injustices.

experience, already explored above, it cannot surprise us that the person living with HIV feels unwelcome, and approaches the Church usually with extreme caution.

In 2008 Positive Catholics sent out requests to every diocese in England and Wales to distribute their flier. The hope was that at least in the Cathedral of each diocese, a visible sign of welcome, an offer of support, (perhaps a lifeline for someone in crisis), would be displayed. With the exception of Wrexham Cathedral, to our knowledge, there is no diocese that has responded positively, and the overwhelming majority of parishes in the UK will have no obvious indication that this particular Christian community understands or welcomes those living with HIV.

We consider it something of an irony, that in regard to the Christian imperative to extend welcome, it has been the Gay men of Positive Catholics who have made efforts to extend welcome to those literal foreigners among us living with HIV in the UK. Although there is a commitment to refugees and asylum seekers from the Church, this does not include acknowledgement of HIV,¹²² and therefore signifies only a partial welcome for those living with HIV. It has been Gay men, who have experienced first hand the unwelcoming violence of Scripture misused against them, as in the mis-application of the story of

¹²² The RC Church in England and Wales have joined in campaigns for the rights and dignity of asylum seekers and refugees in the UK. Most notably evidenced by the support for the 'From Strangers into Citizens Campaign'. However at the National Justice and Peace Conference, July 2009, entitled 'On The Road together: A-Mazed By Migration', there was no specific mention of HIV/AIDS in the program, and only one mention in the Conference report. Similarly, in our contacts with the Jesuit Refugee Service, although they acknowledge HIV/AIDS as a major issue within their client group, they admit of a lack of resources and expertise in supporting people in regard to these issues. See www.justice-and-peace.org.uk/documents/OpenSpaceReportConference2009.pdf and www.strangersintocitizens.org.uk/

Sodom and Gomorrah, who in this case, attempt to fulfil the obligation of Lot, to welcome the stranger with HIV.¹²³

We do not suggest that a truly welcoming Church is achieved with the display of a flier on a notice board. There are many other implications that come with the challenge to welcome. For example, there is the requirement to become educated about the facts and reality of HIV, in order that we respond with understanding and sensitivity, and the duty of care, to ensure that appropriate people with skills and gifts are ready to offer support. We know of too many examples where great harm has been caused by an unprepared or incompetent response to the person living with HIV who seeks support. This has implications for the education of clergy, pastoral workers, teachers, parents and children. We know that the issues are complex, and any serious effort to meet our obligation to welcome those living with HIV will require equally serious reflection, and a commitment of time and resources.

Why then, do we not even acknowledge the presence of our brothers and sisters in Christ living with HIV in our midst?

¹²³ Genesis 19:1-29. This passage of scripture has been used to condemn Gay people since around the 12th century. The interpretation of this passage of Scripture as being principally about sexual immorality, has been replaced today by most theologians and Scripture scholars, (although not popularly), with an understanding that this story is firstly about the sin of inhospitality. It appears that Jesus understood this story in Scripture similarly in the references he makes to it in Matt 10:5-15. It is a further point of comparison when we consider that both Lot, and the good man of Gibeah, (Judges 19:15-30) who also, in an inhospitable town, offers welcome to the strangers, were both strangers in their place of residence themselves. In the same way, we can see that those who experience themselves often as strangers in the Church, by virtue of the homophobia in the Church, are the ones to welcome into their place the foreigners who require welcome and hospitality. For an explanation of the meaning of the story of Sodom see Helminiak, D., *What the Bible Really Says About Homosexuality: Millennium Edition*, (Alamo Press, New Mexico, 2005), pp43-50

Conclusion: The challenge to change

With HIV diagnosis, comes the strong temptation to denial. Certain realities seem too painful or difficult to acknowledge; the implications for our personal, social and spiritual lives too overwhelming. At times, denial may be part of a necessary strategy. Normally though, living as if HIV doesn't exist is dangerous, most obviously (but not necessarily most importantly), when we consider the implications for sexually intimate relationships. Generally, HIV cannot be denied, even though at times, we might choose to 'forget about it'. Denial in the face of HIV is neither healthy nor sensible, nor sustainable. Whatever God wishes to be known in the midst of HIV, will break through, eventually. And the same applies for the Church.

The Gospel tells us, "*the truth shall set you free*".¹²⁴ God reveals God-self to us, gradually over time, through the historic reality of a given time, always dependent upon the mediation of human experience.¹²⁵ Therefore, we must seek the truth of God, in this time and situation, living with HIV, and make sense of our experience.

Our tradition is an evolving one, and our doctrinal convictions develop over time, formed as human reason encounters Divine revelation, and as we grow in understanding the person of Jesus, who was and is, the fullness of revelation: the complete and total instance of God's self revelation.¹²⁶ Vatican Council II reminds us of the importance of "*reading the signs of the times*",¹²⁷ in light of the Gospel, and as prophetic witness to the

¹²⁴ John 8:32

¹²⁵ Lane, D., *The Experience of God*, (Veritas, Dublin, 2003), p53

¹²⁶ Shorter, A., *Revelation and its Interpretation*, (Geoffrey Chapman, London, 1983), p32

¹²⁷ GS, para4

whole of humanity. But, we are a fallible Church, often slow to see where and how God is at work in the world.¹²⁸

We believe that the extraordinary significance of HIV amongst us is indicated strongly by our very denial of the realities of HIV amongst us. We do not wish to face the truth, lest it require us to change – to let go of certain doctrinal, structural, and institutional beliefs and customs; or because it will disturb us and our view of ourselves, and bring us into conflict with each other. Stephanie Mitchem observes this tendency in action in some Black Churches in the USA: “*Some black churches have begun to participate in the annual ‘Week of Prayer for the Healing of AIDS.’ This participation is a step in the right direction. However...(they)... only discuss AIDS as transmitted by the sharing of needles among drug users. Somehow, discussions of drug addiction have become preferable to discussions of sexuality...The inability to name sexuality and sexual practices in black communities indicates a dangerous ignorance...*”¹²⁹

¹²⁸Sometimes, as with the widely known case of the condemnation of Galileo, we show a stubborn resistance to change. More troubling, is our certainty of ‘rightness’, even righteousness, as Church, which has led to tragically sinful behaviour, as in the violent years of the Crusades, or more recently the public acknowledgement and repentance offered by John Paul II in regard to the ways in which the Church has historically been anti-semitic in word and action.

¹²⁹ Mitchem, S.Y., *Finding Questions and Answers in Womanist Theology and Ethics*, in Radford Ruether, R., (ed), *Feminist Theologies: Legacy and Prospect*, (Fortress Press, Minneapolis, 2007), p77. We recall a similar dynamic at work in the ‘Catholic AIDS Link’ charity, (now dissolved), during the late 1990s. Some groups within the charity, under some pressure from conservative Church groups, including members of the Hierarchy, argued that the focus of the charity should shift away from a broad approach to the various concerns raised by HIV/AIDS, and focus more upon ‘womens issues’, especially the injustices that contribute to the subjugation of women in Africa. Here, in our opinion, it was to avoid considering issues around Gay sexuality that had begun to cause division, and created tensions. The justification for moving away from a previously necessary focus on Gay men and the issues they faced, was that the relative success of ARV treatments, now meant that support services and pastoral care was no longer so urgent, as Gay men were thought not to be dieing in such numbers. We can see today, that this was a short sighted argument.

It is this tendency to ignore HIV, or to speak of it only in relation to the developing world, or as belonging to ‘others’ not like us at all, that denies the reality that we are all affected, and evidences our wish to keep HIV somewhere else – outside of our own experience. This in turn, paradoxically, evidences our need to address the issues – to struggle with the questions raised – to attend to the presence of God in our midst. This human reaction of denial and resistance always precedes an outbreak of truth.¹³⁰

We have indicated some challenges to the traditional Augustinian doctrines. We have argued for a corrective to the emphasis on sin and guilt, especially in relation to the body and sex, in terms of any pastoral response to those living with HIV. Yet there is a broader challenge here, applicable to the wider Church. HIV uncovers our distrust of our senses, and our suspicion of our own desires. Many people consider this ingrained mistrust as a contributing factor in their own infection. Some, especially Gay men, consider religious formation to be *the* central factor. For example, fear of and alienation from Gay sexuality caused Simon great anxiety when feelings of same sex desire emerged. His painful discomfort in the pursuit of friendship with other boys, and his even more painful and confused loneliness, caused him to deny his sexuality completely. But as we know from modern psychology and studies in sexuality, there are fundamental aspects of ourselves that cannot be repressed without damaging consequences. In Simon’s case, joining a religious order based upon a logical but particularly immature ‘self-denying piety’, reinforced by Church teaching and upbringing, could not contain his need to explore his sexual self. Instead, repression of his God given desire led to over indulgence in alcohol,

¹³⁰ Keenan and McDonagh, p3, observe that “..every society’s self-understanding finds it necessary to perceive the virus as inevitably coming not from within ‘our society’, but from outside of it.”

and secret, shameful, sexual encounters, which did not allow for the mature preparation¹³¹ taken by those more at ease with their own sexual being. For Susan, her notions of fidelity and the ‘proper role of a good wife’, meant that it has only been HIV diagnosis that has enabled her to connect with her deepest feelings, understand them clearly, and free herself from the abusive partner she remained with for too long, in a courageous act of trust in both her deepest feelings, and ultimately, in God.

Maybe by considering HIV in our midst more closely, we will discover a challenge to what others call ‘Catholic Guilt’: that disposition that many of us have towards a ‘hermeneutic of suspicion’ in relation to our own deepest longings. Some of us find it difficult and confusing to even name, let alone recognize, those deeply felt desires. Maybe, as Church we will be called to alter our emphasis in preaching, teaching and ministry.

In our experience, HIV uncovers and lends weight to the argument that rather than being constantly vigilant against, and suspicious of our desires, we need to befriend them, as

¹³¹ It may appear that here we refer to the use of condoms as a protective against the transmission of sexually transmitted disease. We do. However, sensible preparations in regard to our intimate relationships require much more than this. It is true that a person who is at ease with their own sexuality, and who allows for the possibility of genitally intimate sexual activity, is much more likely to be properly prepared for any such encounter. For example, the young woman on a ‘date’, will have thought about the possibility of pregnancy and made an informed choice as to whether or not she wishes to allow for that possibility or not. Similarly, she will have considered the possibilities for sexually transmitted diseases, including those which will threaten fertility. In turn, this will allow her to make choices in regard to the extent of physical intimacy that she wants, and/or the sort of contraceptive protection she wants herself or her partner to use. Beyond these practicalities, mature or sensible preparations also refers to the necessary education required in regard to sexual functioning, but also to the preparation involved in considering ourselves as relational sexual beings, and thinking through what we do and do not want from our relationships, and the values and qualities that we seek in another person, as well as those we wish to share. Obviously, any young person, in denial of, or confused about, or conflicted about their sexual feelings, is likely to be less able to manage their behaviour in relation to those feelings. They are less likely to have prepared maturely for the exploration of sexual relationality, and more likely to find themselves indulging in unplanned, and risky sexual behaviours.

Philip Sheldrake proposes so well.¹³² At very least we need to be educated as to our senses, to appreciate them as instruments of God's grace, so that we do not feel alienated from our bodies – from ourselves.¹³³

We have not proposed an abandonment of Augustine, but rather a refinement, and a more loving application.¹³⁴ It was Augustine after all, who so famously spoke of the centrality of desire in human nature, and who surely recognized the creative and necessary energy of desire in our pursuit of God: “..our heart is restless until it rests in thee”.¹³⁵ Centred in love, rather than ego, we like to think that Augustine would have agreed with Sebastian Moore when he defines desire as “..love trying to happen.”¹³⁶ Perhaps Augustine would revise his former understanding and agree further that “*Radical desire trying to be love and most often failing is a far better description of the human condition than goodness marred by original sin*”.¹³⁷

There is an obvious need for greater honesty in the Church, around issues of human sexuality, and homosexuality in particular. Maybe HIV is challenging us to have this wider debate – to discern the truth, and risk the conflict and division that this may cause.

The experience and witness of Gay Christians and their families, challenges Church teaching already. In light of HIV, we need to consider this urgently, lest we continue to

¹³² Sheldrake, P., *Befriending Our Desires*, (DLT, London, 2001)

¹³³ Gorringe, pp1-27

¹³⁴ Diarmuid O'Murchu's summary here may be helpful: “*The corruption of desire is in effect a perversion of power. In the patriarchal attempt to control desire, we have badly distorted its deep meaning and its potential for wholesome growth.*” P123, in O'Murchu, D., *The Transformation of Desire*, (DLT, London, 2007)

¹³⁵ Pusey, E.B., (trans.), *The Confessions of St. Augustine*, Book I, para.1, (Quality Paperback Bookclub, NY, 1991)

¹³⁶ Moore, S., *Jesus The Liberator of Desire*, (Crossroad, NY, 1989), p93

¹³⁷ Moore, S., *The Contagion of Jesus*, (DLT, London, 2008), p132

be complicit in the oppression of our Gay children and young people, rather than leading them to liberation in and through Jesus, in accord with their condition of dignity, as sons and daughters of God.

The place and role of women, the institution of marriage itself, and the patriarchal structures that the Church has upheld, are also raised as issues and given greater urgency in the face of HIV.¹³⁸ For young people too the issues will not go away, and the challenge remains to consider again our educational policy in regard to sexuality and sexual behaviour, within our schools,¹³⁹ colleges, universities, seminaries and broader catechetical efforts.

These are just a few of the more obvious challenges raised by the HIV pandemic that call for further theological exploration, and subsequent changes in Church structures, doctrine, and pastoral ministry. We believe that if we dare to meet the reality of HIV with faith, hope and love, we will discover greater depths in these and other challenges, of which we are currently unaware. So too, guided by the Holy Spirit, we may become more receptive to the particular gifts and fuller understanding that God intends for us in the

¹³⁸ The various challenges to the Church come from varied secular and religious quarters, and includes concerns about the Catholic Church teaching on Gay sexuality and the failure to challenge homophobic prejudice, and the teaching on the non- use of condoms within both Gay and Heterosexual sexually intimate relationships, and Church complicity in the 'structural sin of patriarchy', which denigrates women. The theological challenge posed by many, and given greater urgency in the face of AIDS, is for a transformed approach to the Churches' androcentric understanding of human sexuality and gender, including a transformed approach to the socially constructed 'culturally expressed' institutions of heterosexuality and marriage. Kelly, K.T., *New Directions In Sexual Ethics: Moral Theology and the Challenge of AIDS*, (Geoffrey Chapman, London, 1998), pp viii, ix, xi, 40-95, 177-183, 192-206; Keenan (2000), pp15-16, 25-27, 29, 70-75, 97, 104-105, 161-168; Clague, J., *Living Positively With Roman Catholic Teaching and Transmitting the Truth about AIDS*, (Cafod, 2004), p8; at www.cafod.org.uk ; Clifford, pp13-15; Keenan and McDonagh, pp4-6

¹³⁹ Clifford, p15

midst of HIV that we cannot yet know, and in regard to which we are currently both deaf and blind.

As Church we have responded to the injustice of HIV in the developing world, which is of course, extremely necessary. There is much more to be done, and much more to be understood. As for HIV/AIDS among us, we have argued that we show every sign of stubbornly, even desperately, ignoring the ‘elephant(s) in the room’.

Gutierrez reminds us that we meet our Lord in our encounters with each other,¹⁴⁰ “..especially, in the encounter with those whose human features have been disfigured by oppression...the marginal groups...”.¹⁴¹ Perhaps, the most significant challenge for the Church is to meet our Lord, through community with those living with HIV on the margins, and become open to accept from Him, through them, a certain liberation for ourselves too.

As Kevin Kelly writes, this is a *kairos*-moment in history.¹⁴² With him we ask, will our experience turn out to be a conversion experience for us as Church? Might it be a gift of *metanoia* – a call to change heart and mind. With him, we think that HIV presents the world with a “*redemptive moment*”.¹⁴³ As a Church called to cooperate with God, our necessary response now, is to see, welcome, and embrace those living with HIV in our midst. It is time to journey humbly with those living with HIV amongst us. By so doing,

¹⁴⁰ Gutierrez, pp182-3

¹⁴¹ Gutierrez, p192

¹⁴² Kelly, p140

¹⁴³ Kelly, pp207-213

and by the grace of God, we may be more open to what God has to say to us, intimately and personally, institutionally, and pastorally, in our time.

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