

## Good News for AIDS myths

Stuart C Bate OMI

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### 1. Introduction

Attitudes and behaviours around HIV/AIDS are based on 'truths' informed by prevailing cultural myths. Crewe (1992:11) notes that 'Discussion of AIDS is caught up in a cultural matrix which frequently defies medical facts but reflects the dominant power blocs within society'. We shall show that even the 'medical facts' reflect a cultural myth for as Saayman (1999:212) has pointed out: '*The HIV/AIDS pandemic is not...maintained or contained by biological mechanisms ...but by social behavioural patterns with essential religio-cultural dimensions*' (emphasis in original).

'Myth' is a somewhat complex term whose meaning is disputed. Here I shall combine its anthropological sense as the foundational symbolic narratives of a society together with its more general usage as defined in the American heritage dictionary:

Any real or fictional story, recurring theme, or character type that appeals to the consciousness of a people by embodying its cultural ideals or by giving expression to deep, commonly felt emotions.

The major point about myth as Eliade (1963:1) has explained is that '..."myth" means a "true story" and beyond that a most precious possession because it is sacred, exemplary, significant.'

The 'truth' of the story is found in the meaning or understanding which it communicates and which is shared by all who believe it: ie all who share the particular cultural paradigm or 'world view'. The purpose of this paper is to examine some of the myths around HIV/AIDS in order to identify the truths<sup>1</sup> they are communicating and then to examine these myths in

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<sup>1</sup>Truths in anthropological sense of agreed culture texts which communicate a shared

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terms of Christian teaching in order to see if they might be transformed into good news for people. This is then an exercise in inculturation.<sup>2</sup>

## 2. Myths of AIDS today

Whilst there are a large number of symbolic narratives or myths about AIDS, I would like to concentrate on four prevalent ones. The first is a symbolic narrative coming from Western global culture which says that the truth about AIDS is that it is a disease of 'marginal peoples': the gays, the drug users, the blacks or Africans, the women and the poor or underclass. The second myth is a symbolic narrative coming from various religious cultures where the disease is linked with sin and evil as a punishment for sin or a consequence of witchcraft.<sup>3</sup> The third myth is also often rooted in religious and traditional cultures and it proclaims the truth that AIDS is a social disgrace and so people infected with it should hide the fact from the community. The final myth is a narrative coming from the Western scientific culture which proclaims the truth that AIDS is incurable. Let us now consider these myths in more detail.

### 2.1 *The myth of margins.*

In most first world cultures, HIV/AIDS is understood as something that happens to people who live on the margins of society. They are not ordinary people. Ordinary people are deemed to live a normal lifestyle which includes living in a nuclear family, following the social conventions, being educated, getting a job and settling down. One's life is lived amongst family and friends in relative peace and harmony and most needs are fulfilled. This, of course, is the myth of the 'American dream' or of European 'civilisation'. People who do not follow the norm are marginal and as such are unlikely to participate in the good life

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meaning amongst a particular group of people.

<sup>2</sup> 'Since culture is part of what it means to be human, so culture is called to die and rise with Christ to new life and become a new creation....Inculturation is the dialogue between...the Church in a context and others of the same culture.' (Bate 1999:273)

<sup>3</sup>Understood in the African sense of *boloi*, or *ubuthakathi* rather than the Western medieval sense.

promised by the myth. As a result unfortunate things may happen to them. Homosexuals are considered to engage in all kinds of perverse activities and are seen to be deeply twisted and dangerous people.<sup>4</sup> They get AIDS because of their perverse and marginal sexual behaviour. Drug users too are considered to be degenerate. Such people are too weak to live a normal life and so enter into a world of fantasy and denial, destroying themselves and their families. They get AIDS because of their marginal degenerate behaviour. Blacks (in the first world) and Africans (Blacks on the African continent) are considered by the myths of this culture to be primitive people only recently civilised and so really not yet fully human(Nurnberger 1999:231). They are considered strange, other, fascinating and dangerous. Blacks and Africans get AIDS because they are still too primitive to behave in a sexually and socially mature way (Hayes 2000:98-100).

In this same culture, myths about the poor consign them to the ‘underclass’<sup>5</sup> of the first world. They are deemed to be those who are unemployable and incapable of participating in society like ordinary people. They are poor because they lack the ability to be able to get on and progress. They have not benefited from education. They have not made use of the gifts of society offered to all and as a result they have fallen by the wayside and become marginal. They get AIDS because they are unable to compete like others in the

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<sup>4</sup>The following quotes conveys a common Christian and even social attitude: ‘There is no natural homosexuality for homosexuality is precisely a perversion of nature...Homosexuals are made not born; their disorder is developed contrary to their God given identity, learned in opposition to the created order, pursued in defiance of the marriage ordinance’(The Sad Facts....:24). ‘The Biblical Christian says what God has clearly said in his Word and is unapologetic about the fact that homosexuality is a sinful lifestyle and a perversion of God’s moral order’ (:26).

<sup>5</sup>The term was originally used to refer to ethnic minority ghettos particularly in the US ‘A sub-community of workers who belong to a subordinate ethnic or racial group which is usually proletarianised and highly segregated’ (Legget 1968:14) but is increasingly used to refer to the deprived increasingly unemployable and marginalised sectors of all modern societies of which the ethnic component is only one. See Morris 1993.

global marketplace. They have not developed the ability to acquire in order to be participating members of modern society and culture. So they are the poor and without resources and because of that they are more susceptible to HIV infection and less capable of doing something about it when infected. They die quickly as a result of 'natural' selection.

In African traditional culture the myth of marginality finds expression in the belief of patriarchy which confines women to an inferior status which mean they are always under the control of some man (father, husband and finally son). Odozor (2000:295-6) shows how this can affect information conveyed to a woman who may not be informed about her husband's HIV status. Saayman (1999:211) notes that the patriarchal myth 'diminishes women's rights and their ability to insist on (at least) the use of condoms during sex'.

## 2.2 *The myth of evil*

A second set of mythic truths emerge as symbolic narratives of evil coming from various religious cultures. Most religions have very clear moral and ethical codes surrounding sexual behaviour (WCC 1997:50-52). These codes are underpinned by the myths of the particular religion concerned. Belief in the gods of the religion implies adherence to the moral codes on pain of religious and social sanction. The religious sanction is expressed as a breakdown in the relationship between the spiritual power(s) and the person whereas the social sanction is expressed as being cut off from the religious community. In the Christian tradition the former is expressed as sin against God and the latter as excommunication, backsliding or unchristian behaviour. In African traditional culture the former is endangering life by destroying relationship in the community including with the ancestors (Magesa 1997:166-169). The latter is witchcraft, participation in evil and '*the enemy of life*' (:186).

These symbolic narratives inform the truth that participation in sexual behaviour which contravenes the sexual codes is participation in evil and as a result the ultimate outcome of the behaviour will be evil. Such a person is deemed to have come under the influence of evil so that 'the devil made me do it' or 'she is possessed by an evil spirit'. As a result the person suffers the consequences. In this myth, then, HIV-AIDS is the result of evil behaviour.

In the Christian religion this is expressed as punishment for sexual misconduct. Waliggo (2000:48) graphically recounts the sermons of a Catholic Priest in Uganda warning his people that because they have not followed the sexual teaching of the Church ' "It is now

time to reap the fruits of your stubbornness” The preacher seemed to take “joy” in the increasing deaths of the disobedient members of the Church’. The disease HIV and the resulting illness AIDS is interpreted as God’s punishment on people who refuse to follow Christian moral behaviour. A survey of secondary students at Mpolweni mission in Natal during 1993 revealed that 32% believed that ‘AIDS is God’s way of punishing people who are immoral’ (Webb 1997:176).

In African traditional culture and religion the mythic relationship between HIV and evil is interpreted as witchcraft. In this case a family will ask the question: ‘ who did this to us?’ and attempt to find the source of the evil through divination. Such a problem is compounded when the person who becomes HIV+ is precisely the one who is participating in the economy and so is the breadwinner of the family. In this case the only source of economic well-being for the family is the one attacked and this is immediately interpreted as an attack on the whole family.

### 2.3 *The myth of social disgrace*

A third set of symbolic narratives emerge within those cultures where AIDS is interpreted in terms of social disgrace. Indeed ‘People living with HIV/AIDS face isolation and discrimination in virtually all societies and cultures’ (WCC 1997:69). The truth the myth communicates is that AIDS is a shameful thing to be sick with and an even more shameful thing to die of. In the Judeo-Christian scriptures the myth informs behaviour towards leprosy and attitudes towards people with AIDS mirror attitudes towards lepers. Saayman (1999:216) illustrates the leprosy metaphor with an example of black domestic workers ‘who cannot inform their employers about HIV positivity ... because such an admission will lead (probably in at least 90% of cases) to immediate sacking.’ In African traditional culture sickness has both social etiology and social consequences (Magesa 1997:172-179). People who are seriously sick and not getting better become a source of pollution or danger for the community and so are hidden away. This is a common practice with AIDS sufferers who are either hidden away by their families or even expelled from the community.

This myth informs a number of behaviour patterns. For example it encourages people to avoid testing. It is better not to know than to have it confirmed that one is HIV+ since when that happens one is immediately condemned to the stigmatised group (Cf Crewe 1992:48-51). When one is confirmed as HIV+ the myth appears again in the person’s desire to avoid the information getting out. Often the power of the myth is so strong that even

people who are directly involved like the spouse or sexual partner are deliberately excluded from knowledge with the result that they too become infected (Odozor 2000:296-9).

When people develop 'full blown AIDS', and it becomes clear to all that they are sick, the narrative of social shame motivates families to hide their sick away, abandon them to institutions or even worse behaviours. When asked the question: 'What should happen to people with AIDS?' the answers of people from a number of different locations in Southern Africa could be classified into '...three groups: 'kill', 'isolate'...and 'care' (Webb 1997:165). 14% of respondents believed that people with AIDS should be killed, 55% that they should be isolated and 27% that they should be cared for. This latter figure increased to 40% when the person with AIDS was a relative (: 166).

In African cultures, removal or seclusion of the sick has been seen as a traditional way of dealing with the evil associated with sickness. Saayman (1992:36) notes that this is a result of the understanding of sickness as a communal affair. The sickness of the individual affects the whole community which becomes sick. Isolation in this way is a response to prevent the sickness from affecting the community by cutting off the human relationship which makes it up. The majority of people surveyed in Webb's study (55% average) suggested that isolation of people with AIDS was the preferred method for dealing with the problem.

In Western cultures it is traditional to place very sick people into institutional care like hospice, hospital and so forth. In this way they are separated from the main human community. It has been recognised that visits to such people decline as the disease progresses and many are largely abandoned by friends and family as the disease reaches its end. These behaviours are clearly informed by the myth of social disgrace. Waliggo (2000:49) gives a poignant example of the profound stigma which Ugandan Hospital staff created towards an AIDS patient in the early days of the epidemic. This stigma, clearly motivated by the myth of social disgrace led to the founding of TASO (the AIDS support organisation) to counter it.

A final behaviour pattern informed by this myth concerns behaviour at funerals. In South Africa it has been noted that whilst large numbers of people are dying from AIDS this fact is rarely alluded to in the funeral. The mention of HIV and AIDS is usually systematically excluded from any discourse during the death rituals. Instead people are said to have been 'very sick' or to have died from tuberculosis or a liver infection or some other disease. However in the informal discourse of those present, in whispered tones amongst small groups of people outside the church or away from the grave, the people 'know' that

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AIDS and funerals  
AIDS and African culture  
sickness and isolation in African tradition

‘she died of AIDS’.

#### 2.4 *The myth of incurability*

The final symbolic narrative we shall examine in this paper comes from the culture of Western scientism. In this myth, HIV/AIDS is incurable. This means that experiments done in terms of the scientific method have shown that HI virus once inside the human organ cannot be eliminated. It will eventually replicate to such an extent that it will overcome the body’s immune system allowing other infections to weaken and eventually destroy the organism which is the human body. Currently, medication can only control but not eliminate the virus. The infection cannot be cured.

This myth informs a number of behaviours amongst those who believe it and so find their truth in it. The most common of these is the conviction that becoming HIV+ is a death sentence. Once I know I have the virus, I know that I will sooner or later die of it. This is traumatic for all people but particularly so for young people. The initial perception of death is a normal part of mid-life human experience whereas youth tend to live with a perception of immortality since death is so very far away and never conceived off (Brevi and Brennan 1989:93). Knowing one is HIV+ immediately changes that perception and totally changes life. Death has already entered.

Acceptance of the incurability of HIV/AIDS creates the feeling of being cheated out of life. This can lead to a complete revision of a the meaning of one’s own identity and one’s life project. Horizons become narrowed around the ‘fact’ of ‘the few years left to me’. I will never have a family or if I do never see them grow up. I will not see my grandchildren. My ambitions with regard to career and future are truncated and even reduced to meaninglessness since there is not enough time to ‘get on’. Ideals and ambitions are destroyed and one’s humanity is reduced to the few years left to me during which time I will become increasingly sick and then die. This is a recipe for anger, hopelessness, rage, and irresponsibility. What is the point of responsibility when I’ll be dead next year? What is the point of the family when my ancestors have abandoned me? What kind of God of love can do this to me?

This myth empowers the search for a cure. It tells us that since there is no cure, all our resources should be mobilised in finding one. Everything else is really secondary. Billions of dollars have been spent on developing a cure for the disease which HIV causes. These resources have been provided largely by governments and by pharmaceutical companies. The

isolation of the cure has the potential to bring vast profits to the pharmaceutical companies and already the provision of medicines which control the disease have proved profitable.

There are a large number of other ‘truths’ about HIV/AIDS embodied in symbolic narratives. The narratives speak to people within the categories and symbol systems of their own cultures. Since the HIV/AIDS phenomenon touches people from so many walks of life and so from many different cultural backgrounds it is important to identify the carriers of ‘truths’ about HIV/AIDS for these many different peoples and communities. Myths speak to people and carry power to motivate behaviour since they reveal the ‘truth’ about things. Here we have identified only four myths. It is now time to see what our Christian faith has to say about them.

### **3. Good news for AIDS myths.**

All four myths bring bad news for people with HIV. Can we bring good news or are the truths of the myths presented above indeed as ‘true’ as they appear to be? Where does their power come from? What are the spirits behind them and what spiritual discernment can we do here? These are questions which the Christian must answer in responding to these four cultural myths.

The Christian response to cultural issues is subsumed into the theological category of inculturation. In its most basic form inculturation reflects the examination by a local Church of its own praxis within a cultural context. The Church accepts those elements which are compatible with the gospel into its praxis since there are part of God’s creation in our own human richness. But Christian praxis must also transform what is not of the gospel by evangelising culture ‘to the very roots’ (EN20): the mythic root metaphors.<sup>6</sup> Clearly there are some elements of these myths which can and should be incorporated into Christian praxis. However we will not deal with these here. Instead we prefer to focus on those areas which call for transformation by the gospel. The four myths bring much bad news to HIV sufferers. We intend to show that there is good news too.

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<sup>6</sup>I do not intend to go into the mechanism of the inculturation process. See Bate (1996, 1999) and Roest Crolius (1986) for more on this.

### 3.1 *Good news for the myth of margins*

I would like to suggest two ways in which the truths coming from this myth are transformed by the gospel. The first is expressed in the evangelical truth that for Jesus and for the Church, the marginal are the ones to whom the good news of salvation is primarily destined. The second affirms the unity of Christian community implying that when one part of the body is affected all are affected.

Jesus response to his own religious culture was to indicate a new attitude to those marginalised within society.<sup>7</sup> He shows this in his attitude to lepers (Mt 26:6-13), tax collectors (Mt 9:1-10), prostitutes and adulterers (Jn 8:1-11) and to the unclean like the haemorrhaging woman (Lk 8:42-56). In his own 'mission statement' (Lk 4:16-21) Jesus identifies the marginalised, expressed as the poor, the captives, the blind and the oppressed, as the preferred benefactors of his message of salvation. It is here that we find the Christian response to the myth of margins.

“It is above all the ‘poor’ to whom Jesus speaks in his preaching and actions” (*Gospel of Life*, no. 32) especially those who are sick suffering or outcast by society. The pope calls for “solidarity” in the “common good of the entire human family” to end the AIDS crisis, and specifically places persons living with AIDS and their families in a category of preferential concern. (Cahill 2000:289)

These affirmations imply that the involvement of Christians with PWAs<sup>8</sup> is of the essence of ministry and Christian love. Christians above others must accept, love and care for HIV+ people. Christians above others must set up ministries and institutions to respond to the plague and the needs of people affected by it.

But in Southern Africa, AIDS is not just something of the margins. Many are ‘infected’ and almost all families are ‘affected’ in one way or another. In some Southern African countries infection rates are of the order of 20-30%. We cannot speak of a marginal issue here. This is a regional crisis in which all have to be involved. Here we speak of the Body of Christ being HIV+(Kelly 2000: 325) and this tells us something about our identity as

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<sup>7</sup>See Slater & Munro 1999

<sup>8</sup>People with AIDS

the Christian family. HIV/AIDS is part of who we have become as a Christian family. The body is thus called to mobilise its forces to rid itself of this sickness. It is a call to involvement for all.

Internationally, however, the myth of marginality is present even here since the world considers Africa to be a marginal continent almost entirely ignored by the forces of globalization which preoccupy the rest of the human community.<sup>9</sup> So good news for the myth of margins here is a cry to Christians of the first world to recognise a *kairos* for them and to respond to the needs of their brothers and sisters in this part of the world. Help in fighting HIV/AIDS has to become a priority of Christian first worlders. It is more important than building new churches or developing their own Christian communities since Jesus' preference for action clearly lies here. A major area for Christian first world action is the lobby against pharmaceutical companies, based there, who through first world pricing constraints bar the use of effective medication to victims in Africa.

### 3.2 *Good news for the myth of sin and evil.*

Sometimes Christians identify themselves as the ones who condemn others for their sinful behaviour and participation in evil. Condemning categories of people in this way is however itself deeply unchristian. The distinction between the sin and the sinner is sometimes lost in Christian attitudes towards perceived sinful behaviour. The teaching of Jesus and the scriptures is unequivocal in the promulgation of the highest moral standards. Indeed Jesus teaches a stricter moral standard than the Judaism of his time by doing away with loopholes regarding murder, anger, adultery, divorce, lying, retribution, and treatment of enemies (Mt 5:20-48).

Romans 1:28-32 is often used to justify retribution on sinners because 'God abandoned them' (Rom. 1:26;28 JB version). But when we situate this pericope within the first eight chapters of the letter we see that the text is part of a plea to conversion and acceptance of the message of salvation by faith and life in the spirit. It is a consistent message of the New Testament that the sin is condemned but the sinner is not. Jesus comes to save not to condemn (Jn 3:17. See also Jn4:1-30; Mt 7:1-5; Mk 10:46-52). When categories

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<sup>9</sup>'Hopeless Africa' Economist. May 11th 2000.

of people are mentioned in the Gospels like tax collectors, prostitutes, sinners lepers and so forth, they are never condemned by Jesus, only by the religious leaders. Indeed the only category of people singled out for condemnation by Jesus are the very religious leaders themselves! This is something that seems to be woefully overlooked by condemning Christians today.

Texts in scripture which are often used to link unnatural sexual behaviour with bodily sickness and the consequences of evil in sickness cannot be taken to refer to HIV/AIDS. The question that Paul is dealing with in most of these texts is a religious problem: 'the global problem of idolatry where people ignore the true worship of God and indulge instead in all kinds of cultic promiscuity in the name of religion, to the degradation of their bodies' (Okure 1999:1).

In fact the behaviour of people is motivated by a whole series of contextual factors including upbringing, psychological balance or lack thereof, social, political and economic conditions. Very few sex workers, for example, choose their lifestyle but are driven into it through poverty and fear only discovering too late the harm they suffer. Psychosexual development too is also influenced by a number of genetic as well as socio-cultural factors. For these reasons it is very difficult to make judgements about the evil and sinfulness of what people do. This is why Jesus says 'Do not judge and you will not be judged' (Lk 6:37; Mt 7:1) and why Jesus' harshest comments were for the religious leaders of his time. He too was accused: 'the son of man came eating and drinking and they say, "look a glutton and a drunkard, a friend of tax collectors and sinners"' (Matt 11:19). Righteous condemnation of others considered sinners is a most dangerous occupation for those who wish to be justified by God as the parable of the pharisee and the tax collector tells us (Lk 18:9-14).

So the good news for the myth of sin and evil is that when applied to HIV/AIDS sufferers this myth is largely a lie. Christians must accept the person and must also recognise that what happens to people has a number of causes besides personal sin. And no-one here is going to throw the first stone since all of us are sinners (John 8:3-11). Good news for this myth is found in the attitude of compassion upon those who have become the victims of a plague which has condemned them to suffering and pain and a wish to do whatever is possible to bring peace, hope and love into troubled lives. But more than this it is an empowerment of those with HIV/AIDS to stand up and be part of our society and look for ways to find life, dignity and the fullness of humanity in a society has come to recognise that

all are called to become part of the solution rather than part of the problem.

### 3.3 *Good news for the myth of social disgrace.*

Jesus in his great statement about his purpose in coming explains that he comes not to judge the world but to save it (Jn 3:17). According to this pericope, it is only by our own refusal to accept the light that we exclude ourselves from God's salvation. So the exclusions that others put upon us and the shame that is applied to us when we refuse to conform to social traditions is part of human and cultural law which is superseded by the Gospel. This very important truth applies even to the social sanctions found in the scriptures themselves. Diseases in the Old Testament, for example, were often the occasion for social sanction, disgrace and exclusion. Our response to HIV/AIDS can easily though mistakenly, adopt these patterns. Okure (1999:1) has pointed out that behaviour around HIV/AIDS 'is like those diseases in the Old Testament that rendered their victims unclean and unfit to dwell in the community'. The book of Leviticus is the place in which cleanness and uncleanness is described and where the impurity if certain disease is linked to the prescription of expulsion from the community. She demonstrates that this is a mistaken parallel.

OT ritual prescriptions need to be viewed against their own cultural and theological contexts. Jesus did not see physical defilement as sin. What defiled was one's innate character, attitude and value system (what comes out of a person's heart)....Jesus did not advocate that lepers and persons with "unclean diseases should be treated as outcasts from the rest of society. The gospels show him touching lepers. He praised the woman with the flow of blood for her faith and called her daughter, somebody who belongs to the family. A true Christian cannot use the OT laws and prescriptions for ritual and cultic purity or external holiness to gauge how to deal with HIV/AIDS patients. (Okure 1999:2).

The Christian refuses to accept these boundaries of social exclusion and shame recognising the goodness of God in all people and especially in the afflicted and the outcasts. In the gospels Jesus' response to those experiencing social disgrace is to welcome the ostracised and indeed to focus his ministry on them. This attitude is found in Jesus' willingness to eat at Zacheus' house (Lk 19), in the parable of the pharisee and the publican (Lk 18:9-14) and in his admonition to invite not friends and family to a lunch or dinner but 'the poor, the crippled, the lame, the blind' (Lk 14:13). Jesus' own reputation in his time was one who kept company and ate with 'Tax collectors and sinners' (Lk 5:29-32). Those whom

the world is ashamed of are the ones to whom Jesus turns. We as church are called to this same example. In his dream Peter was shown how to go beyond his Jewishness cultural prescriptions to reach out to the gentiles and to accept them not as unclean but as brothers and sisters to be evangelised. So Christians reject the myth of social disgrace. For us it is untrue. No-one with HIV/AIDS is a disgrace to our community.

As more families are affected, the reality of PWAs will become part of family life. The care of PWAs will have to move to the family since institutions will be unable to cope. Webb (1997: 190) recommends that 'support programmes must aim to target the family as the "coping unit"'. Here the vision of the Church as God's family coming from the African Synod can be a valuable theological underpinning for the role of family care of PWA's and the recognition of this as a manifestation of the healing ministry (Bate 1996). Church resources should perhaps be mobilised to facilitate this form of family ministry in an area with the coordination between clinics for medicines and training for home care going on in the wider parish level. This would truly be a manifestation of community ministry.

#### 3.4 *Good news for the myth of incurability.*

Incurability on the organic level refers to the inability of the body's defences, together with medical therapy, to remove the virus and its effects. Whilst this statement remains true on the scientific level it is confusing on the human level for two reasons, both of which bring good news to this myth. The first comes from recent advances in medical research which have turned HIV infection from an incontrollable progressive disease leading to death to a chronic presence which can be managed by drugs to ensure many years of relatively healthy life. The second is on the level of human perception where illness is a human experience of perceived unwellness. This perception is affected by a whole host of medical, psychological, anthropological and socio-economic forces (Bate 1999). The perception which this myth feeds is that there can be no wellness for someone with HIV/AIDS. This perception is wrong. Let us examine these two pieces of good news in more depth.

The body is a delicate balance of many cells, bacteria, viruses, cellular organisms, proteins and so forth. Health results from a balance in the struggle for dominance between them. Our bodies are infected daily by many funguses, foreign organisms, bacteria and viruses which mobilise the bodies defences in a struggle for power. Some of these battles are not won decisively and symptoms of illness from flu, asthma, rashes and so forth recur

throughout our lives. Medical therapy allows the balance to be restored until the next onset.

Medical care for people with AIDS has now reached the stage where drugs can be prescribed which help the body sufficiently in its struggle against the virus for a healthy balance to be attained for significant periods of time. Such a person can live a healthy life for many years. In this way we can speak of healing through medication which maintains well-being.

In a scenario like this, good news becomes the provision of such medication. But this good news gets soured as it involves a struggle for access to the medication which though cheap to produce is expensive to procure and outside the reach of many poor people and poor countries. The TRIPS<sup>10</sup> agreement has exacerbated this problem by preventing countries from using much cheaper generic medicines.(PAG 1997:11). The good news is that reaction to the discrimination by pharmaceutical companies has empowered a struggle for access to such medicines. The approach of the South African government in legislating for parallel importing though fought by the pharmaceutical companies has provided ‘an important model for other developing countries to follow’ (:13). And the decision by Pfizer to provide some AIDS drugs at low cost is a step forward (Reuters 1 Dec 2000).

Coming to the second source of good news for the myth of incurability we enter into the discourse on perception. Healing illness is achieved by transforming human perception from unwellness to wellness. Healing is concerned with the perception of well-being both by the person with a virus and by the community she belongs to. This is why diseases which may not be cured in the clinical sense may indeed be healed in the human sense. By human sense I mean in the psyche of the person and in the cultural understanding of the community. It is in this way that traditional healers often claim to heal AIDS (*Bona*:22-24). The healing is achieved by developing perceptions of wellness both within the individual’s psyche and the

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<sup>10</sup>The TRIPs (Trade Related Aspects of Intellectual Property Rights) agreement ‘followed the Uruguay Round (1986-1994) of trade talks’ (PAG 1997:3). Whilst the aim of protecting intellectual property rights is laudable the consequence in the Pharmaceutical industry has been that multinational companies can control the prices of drugs. This is done within the parameters of their profitable markets in the first world. In this way poorer countries and communities are discriminated against.

primary social community she belongs to.

Some may complain that this is to feed illusion and perhaps this would indeed be the case if such healers were to prevent a person receiving the best available medical care. But in the human condition surrounding HIV/AIDS a major problem is the sickness that is created in people's minds by the myth of incurability which affects growing numbers of people from all backgrounds in Africa today. A person who feels well in himself may continue to be judged as sick by the community around him since he is 'HIV+'. In that way he will not be healed. Healing will be promoted in someone who receives both medication to help establish a healthy physical equilibrium together with psychological reinforcing of wellness and the support of a community who recognises the healing as such. When medication makes a person feel well and when her feeling about herself is that she is well and the community affirms that she is well, such a person is healed. The cultural attitude which sees an 'HIV+' person as incurably ill clearly militates against this.

The healing of illness understood in the human rather than the organic sense was clearly at the centre of Jesus' healing ministry. His healing was a healing that brought life (Jn 5:21; 10:10). It was a healing that rescued someone from sin and despondency to well-being and hope (Matt. 9:1-8). This is the meaning of *sozo* and *therapeuo* the words mainly used for healing in the New Testament.<sup>11</sup> They are not words that refer to clinical medical acts but to acts which build the fullness of human life. The ministry of Christian healing includes prayer, counselling, affirmation, caring for people, forgiving sins and showing love. In these and many other ways Christians are called to heal both HIV+ and PWAs. It is our mission as it was Jesus'.

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<sup>11</sup>The main words used for healing in the New Testament are *sotso* ( $\Phi\acute{\nu}\tau$ ) and *therapeuo* ( $\tau\epsilon\rho\alpha\pi\epsilon\upsilon\omicron$ ). *sotso* also mean to save, rescue or maintain integrity and always refer to the whole person and not to individual members of the body (Source Kittel Vol VII: 990); It is used 16 times for healing in the New Testament. *Therapeuo* is used in the New Testament in the 'sense of to heal and always in such a way that the reference is not to medical treatment which might fail but to real healing (Kittel Vol III: 129); This term is used 33 times for healing in the New Testament

#### 4. Conclusion

All cultures have their myths. They are the symbolic narratives which identify fundamental truths within the culture. As time changes however, cultures change and their myths are re-evaluated. In this way the falsity of myth becomes apparent. In the inculturation process the church is concerned to evangelise cultures by transforming them under the light of the gospel. What is of value from the culture is accepted and what is not compatible with the Christian message is challenged and enlightened by the good news. In the process of inculturating the church's healing ministry we have examined some prevalent cultural truths around the phenomenon. We have identified their mythic source and sought to investigate this under the light of Christian faith to show how these myths need to be transformed to help Christians struggle against this plague. All Christians are called to be healers as Jesus and the disciples were. Each is called to bring her talents and gifts to this ministry. In this paper we have sought to examine some ways in which this could be done by bringing good news to some AIDS myths.

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