Preaching and the Trauma of HIV and AIDS: A Social Work Perspective

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Illness of any kind can impact one's understanding of what it means to be made in the image of God (the Imago Dei), how they perceive themselves (self-esteem) and how others view them. Many of those infected and affected by HIV and AIDS suffer additionally by the stigma associated with the virus and disease. Sometimes what they hear in sermons causes them to feel further marginalized and less than a fully accepted member of the church. This article explores through the lens of social work values and ethics how those who preach may imagine the impact of the sermon on those listening to it who are living with HIV and AIDS. The biblical and theological interpretation of faith offered by those who preach reflects their worldview. The value conflicts that may occur between social work and religion and suggestions for how to consider them in sermons will also be addressed. The article encourages social workers to explore with their clients who are affected and infected by HIV and AIDS how they are influenced by the sermons they hear as a way of understanding how their clients are coping with their health status. The author also reflects on his experience with working with the religious community addressing HIV and AIDS in South Africa. He also offers suggestions for how churches and community organizations addressing the needs of those living with HIV and AIDS may be partners in advancing an HIV and AIDS ministry.

Parish ministers, particularly those who serve in troubled, neglected inner-city neighborhoods, experience extreme stress dealing with the overwhelming number and types of crises, violence, abuse, and disruption that confront their congregants and communities. As the leader of the church and often the only "glue" holding a community together, they take on multiple leadership roles for which they have not been prepared and which are not recognized by their denominations. They are religious leaders and personal counselors, urban planners and educators, community leaders and political negotiators working on behalf

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of their community, and corporate leaders interacting with church boards and officers. Delivering sermons weekly and sometimes several in one day is one of the most important tasks these pastors engage. The act of preaching is a vital part of many Christian worship traditions. Listening to sermons is, for many Christian worshipers, a significant means of their receiving guidance for how they live and cope with challenges. Those who preach imply or explicitly share their understanding of what the Christian faith has to offer those who suffer physically and emotionally. This form of pastoral care provided by preaching is not to be minimized in the life of those who listen to sermons.

> Rob (name changed to maintain anonymity), a single African American man in his early 30s, sat in the pew during morning worship at his local church. His Pastor shared with the congregation that the sermon he was going to preach that morning would be one of several over a period of time addressing the issue of HIV and AIDS. Rob and his family had been active members of this church for several years and this was the first time he heard his minister mention HIV and AIDS. His announcement surprised and frightened Rob. He was worried about what the minister would say about HIV and AIDS. Rob knew at the time (the early 1980s) that most people who were aware of HIV and AIDS associated it with gay men and that many people judge the sexual actions of gay people as promiscuous and immoral at the very least.
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> Rob decided after hearing his Pastor's sermons about AIDS to make an appointment to see him. He disclosed when he met with him that he was infected with HIV. Rob's family knew of his conditions and was very supportive of him. The Pastor asked him why he had not shared this with him sooner. Rob replied that it was not until he heard the sermons about AIDS that he thought it would be "safe" for him to reveal his status to his Pastor.

People infected and affected by HIV and AIDS who hear sermons being preached often experience a range of emotions from safety to punishment and everything in between. Many people living with HIV and AIDS and those who care for and about them also carry the weight of this disease and they come to worship and sit in the pews and listen to sermons. There are also those infected and affected by HIV and AIDS who avoid attending church services and hearing sermons because they fear those with a HIV or AIDS status will be condemned through the sermons.

The advances in medical interventions and the use of antiretroviral

drugs since the early 1980s enable people with HIV to live longer and healthier lives. These interventions that would have made Rob's living with HIV possible and less painful had not been developed in the 1980s during his ordeal. ARV medication taken by many people today who are living with HIV enables them to appear as though they are not carrying the virus. They however, do have to cope with living with HIV. This presents them with significant emotional and spiritual challenges. They often face these obstacles alone because they are afraid of what people—including those in the church—would think of them if they knew they were HIV positive.

The Clergy and HIV and AIDS

Rob asked his Pastor while he was visiting him in the hospital "do you love me?" His minister said, "Yes, as a brother in Christ." Rob died a few days later. A new pastoral relationship between them had emerged over time that ended with Rob's death. His Pastor learned from Rob how the physical, emotional and spiritual suffering of those infected with HIV/AIDS is compounded by the stigma many people assigned to those living with HIV/AIDS which make them feel like modern day lepers. Through his disclosure that he had AIDS, Rob's congregation came to better understand the impact HIV/AIDS has on those living with the disease, their family, and the congregation. They initiated an AIDS outreach ministry in his honor and memory.

In 2010-2011, I informally interviewed 20 African American Pastors in my local community. They, like most clergy, see themselves as agents of healing spiritual and emotional wounds of their parishioners and as advancing social and economic justice for the wider community. However, some members of African American churches and the community at large perceive many Black Pastors and their congregations as uninviting and unwelcoming of those who suffer from the stigma of HIV and AIDS. Members of the clergy also have fears about HIV/AIDS. One Pastor told me (Interview #3, Streets, 2008) that "HIV/AIDS is a taboo! I think if I open the debate I will be fired." Ministerial colleagues used to tell me that they would stand out in the hall of the room in the hospital when they went to visit a parishioner who had AIDS because they were afraid they would catch the disease if they touched or were in close proximity to the congregant they were calling upon.

Perceptions like this can hinder churches from using the extensive social networks of their congregations as a vital social capital resource to promote awareness and understanding of HIV and AIDS among members of their congregations and the community. Here are a few impressions from those interviews. The names of the Pastors have been changed to assure their confidentiality.

Reverend Paul established and became the Senior Pastor of his Chris-

tian church almost thirty years ago. The active membership of about 100 people is predominantly African American and the church is located in an urban area. During our interview, he said something that surprised me: he has never during his ministry brought up nor has anyone come to him with questions or concerns about HIV or AIDS. However, a member of his staff told me prior to the interview that the pastor has unknowingly been assisting a friend who is ill with AIDS.

Pastor Grace has been the Pastor of her small congregation for almost ten years. She has never addressed the topic of HIV or AIDS directly in a sermon because she was concerned about how members of her congregation would react. She wondered if they would think that she or someone else in the congregation must have the virus or disease if she raised the topic in such a public way. She collaborated with a local HIV and AIDS educational advocacy group to hold a workshop at her church about HIV and AIDS. A person in her congregation confided in her that he was HIV-positive but unwilling to tell his partner. Both are members of this same congregation.

Reverend Activist, during a recent annual observance of AIDS Day, focused on the HIV and AIDS crisis with a special musical program hosted by his church. Free HIV and AIDS screening was offered in the church basement to anyone wishing to be tested during the program. Minister Activist took the test and announced his healthy result to the congregation as a way of emphasizing by example the importance of knowing your HIV status.

These anecdotes reflect the range of reactions among African American clergy to the presence of HIV and AIDS in their community. Three preliminary findings about HIV and AIDS strongly emerged from my initial interview of twenty Pastors in an urban community:

1. Some Pastors have provided pastoral care to individuals living with HIV or AIDS, but this activity was not known by their congregation at large.
2. Some Pastors have basic information about HIV and AIDS. Each of the pastors interviewed wanted to enhance their existing or develop a formal HIV and AIDS ministry.
3. Many of the congregations have what they describe as "wellness" ministries that are aimed at promoting healthy lifestyles and could incorporate an HIV and AIDS awareness component.

Ministers can use their church networks to create healing environments by providing information about preventing the spread of HIV and AIDS, challenging the stigma associated with having the virus or disease, and supporting those infected with HIV or AIDS in seeking appropriate medical information and treatment. Pastors can use their status as leaders and the social capital of their congregations to establish or enhance their churches' HIV and AIDS ministry programs. They can explore ways of linking their congregations with other faith-based and public HIV and AIDS

health resources in their community. A city-wide or community HIV and AIDS faith-based advisory council could offer the opportunity for those involved with HIV and AIDS outreach ministries to mutually support one another in this work and advocate for the resources and policies needed to enhance the quality of life of those with HIV or AIDS. Framing the discussion with the clergy about HIV and AIDS within a larger context of health and disparities in health care treatment or access to health services can help them to be more open to considering how to promote HIV and AIDS awareness among their parishioners.

Preaching as Pastoral Care and Persons Living with HIV and AIDS

There is a long and rich history of the power of Christian prophetic preaching about social justice and reform. The preaching of Dr. Martin Luther King, Jr., for example, motivated people to challenge racism and end legal segregation in America. Archbishop Desmond Tutu in South Africa, through his preaching, helped to rally the people there to end apartheid and established the Truth and Reconciliation Commission that has become an international model for peace making among former enemies. The sermons people hear at their weekly worship services and during revival gatherings can play a significant role in helping people living with HIV and AIDS to cope with this reality. Many people around the world infected and affected by HIV and AIDS experience the trauma of having this disease.

Everyone who delivers a sermon has to be mindful of the context in which the sermon is given. The culture, language, gender, age, and history of the people to whom one preaches are for them the filters through which they interpret the meaning of what they hear in a sermon. I have reflected elsewhere upon some of the ideas about trauma and preaching shared here (Streets 2005). The focus of this article is upon some of the important *general* things for those who preach about HIV and AIDS to consider about trauma and the traumatic affect of living with HIV and AIDS when preaching specifically about AIDS. These considerations will help the pastoral care dimension of preaching to emerge in a sermon in the speaker's effort to help those with HIV and AIDS to live with hope. It is important for us to remember that people living with HIV and AIDS and those who support them have much to teach us about resilience, human dignity, and our need to care for one another. Addressing the issue of HIV and AIDS is also a way of emphasizing the social justice and transformation themes found within the Christian preaching tradition.

HIV, AIDS, and Trauma

Those who become infected with HIV are confronted with the task faced by anyone who experiences a traumatic event in their life. "Narrating one's life is about finding structure, coherence, and meaning in life. Trauma, in contrast, is about the shattering of life's narrative structure, about a loss of meaning—the traumatized person has 'lost the plot'" (van der Merwe & Gobodo-Madikizela, 2008, p. 6). The authors van der Merwe and Gobodo-Madikizela (2008) also suggest that trauma can be historical, meaning a "single huge disaster, which can be personal (for instance, a rape) or communal (like a flood); or structural trauma, which refers to a pattern of continual and continuing traumas" (p. 11).

The word trauma is taken from the Greek *tramatos*, meaning an injury from an external source. McGee (2005), p. xii) reminds us that

> trauma is the physical, spiritual, and emotional wound caused by circumstances that are, in some way, a threat to life…Trauma changes our assumptions of identity, safety, and relationship with the world. Healing from trauma requires consciously knowing, as part of our life and self-concept, the unspeakable, the terrifying, and the incomprehensible realities of what people do to each other. Spirituality and trauma are both defining elements of our humanity. The response to traumatic circumstances is life preserving. It reflects the tenacity of human spirit and its powerful desire to survive in spite of threat and injury.

Echoing a perspective on the meaning of trauma similar to McGee's, van der Merwe and Gobodo-Madikizela (2008, p. 39) write: "The essence of psychological trauma is loss: loss of language, meaning, order, and sense of continuity. Trauma is a shattering of the basic organizing principles necessary to construct meaningful narratives about ourselves, others and our environment." Many people living with HIV and AIDS are traumatized by having the disease and depending upon the extent of their own psychological state, family and community and medical sources of support they may experience on-going trauma by being rejected by others and feeling helpless and hopeless due to their status in the community as a person who has HIV or AIDS.

Discriminating against those living with HIV and AIDS, stigmatizing them-making them into "objects" rather than seeing them as people with a virus or disease is a form of violence that further traumatizes them. Jones (2009, p. 155) reminds us: "If imagination is the place where grace meets sin...then how do we come to grips with the fact that a mind disordered and diseased by violence might well be one in which the very 'imagining' mechanism necessary for redemption has been broken...beyond repair."

People living with HIV and AIDS who listen to sermons are listening for a restorative grace.

Know Thyself

It is important that members of the clergy who preach and/or provide pastoral counseling to others concerned about HIV and AIDS be as informed as possible about the nature, causes, and means for preventing contracting or spreading the virus. It is also essential that the clergy examine their own attitudes, values, and behaviors regarding their views about sex and sexuality, what it means to be a man, women, or male or female or child. The preacher may encounter a variety of perspectives others have about sex that are unfamiliar to them and which may make them feel uncomfortable. The views of those to whom they preach or provide counseling may be different from their own understanding of sexual behavior and HIV and AIDS.

The Meanings We Give to HIV and AIDS

HIV and AIDS means so many different things to people whether or not they are infected with the virus or see themselves as affected in some way by it. HIV and AIDS are for some people synonymous with death. It is a disease that carries very complicated social implications and has multiple factors and layers of meanings that are shaped by the context in which people live. We have an essential understanding of how the virus is contracted and spread from one human being to another. We know basically how the HIV virus works in the human body once it is contracted and the medical interventions needed to control the virus so that a person with HIV is protected from moving into having AIDS. The meaning we give to HIV and AIDS or having the virus or AIDS itself is far more challenging to discern and respond to than is our scientific knowledge about the disease. A sermon about HIV and AIDS has to address both our scientific understanding of and the meaning we give to HIV and AIDS. People living with HIV and AIDS give their own interpretation of what it means to them to have the HIV virus or AIDS disease.

HIV, AIDS, Identity, and Variation of Experience

People with HIV or AIDS react differently to the trauma of having HIV or AIDS. They do not all have the same needs in their effort to cope with what has happened to them. Their response to being diagnosed with HIV depends upon their gender, personality, support of family and friends they receive and the socio-economic condition under which they live. Some will exhibit signs of depression or other emotional reactions such as anger, denial, and despair as the reality of having HIV settles in. Women

of childbearing age who have HIV or AIDS, for example, have much to consider when deciding whether or not to have children. This struggle goes to the heart of what some of these women may consider as the core of their identity—to be a mother. What it means to be a woman, a mother, and how to prevent mother to child transmission of HIV are questions faced by many women living with HIV and AIDS. Women have to answer questions like these and negotiate for themselves the complex cultural context which shapes these issues and their responses to HIV and AIDS and their relationship with men, their families, communities and others. All persons with HIV need medical attention and counseling as they adjust to living with HIV.

Those who preach about HIV and AIDS need to be sensitive to the fact that some people with HIV contracted the virus through being raped or physically or sexually abused or tortured. In some situations they also witnessed loved ones and friends undergo similar experiences and they have seen some of them die as a result. The emotional struggles they have interact with the conditions under which they contracted HIV. The circumstances under which they contracted HIV may have great salience for how they feel about themselves, life, and God, adding to their burden of living with the disease. A person, for example, who contracted the HIV virus as a result of being promiscuous and not practicing safe sex may feel more damage to the ego than a faithful wife who is infected with the HIV virus by a husband she did not realize was being unfaithful to her by having unprotected sex with someone else.

The Pastor, through preaching about HIV and AIDS touches the memory someone with HIV or AIDS has of the context in which they became infected with HIV. It has been my experience that whenever I have preached on issues that emotionally resonate with people, the number of people requesting a pastoral meeting always increased during the week after I have preached the sermon. As preachers, we must be prepared for this possibility. The following suggestions are offered for your consideration when planning to preach about HIV and AIDS and reaching out to those in the congregation who are infected and affected by HIV and AIDS.

Some Considerations for Preaching

Pastors and those who preach will need to consider broadening their understanding of their role by learning some of the basic psychosocial methods of assessing someone's emotional and spiritual well-being and its relationship to the way a person's culture influences their self-understanding, ethnicity, gender role, sexual orientation, theology, and worship, and how their faith helps them to live a meaningful life. Sharing one's feelings and experiences with a member of the clergy and understanding that there may be a link between thinking, emotions, and physical wellbe-

ing are new perspectives, concepts and values for many people, including the clergy. Collaborating and learning from pastoral counselors and other mental health professionals in our community is a good way for Pastors and preachers to increase their knowledge and pastoral counseling skills. It is also an opportunity for counselors to learn from the clergy more about pastoral care and the important role that religion and spirituality plays in helping people to cope (Bilich, Bonfiglio, & Carlson, 2000).

Persons who wish to tell their HIV or AIDS story are not necessarily further traumatized by doing so; this can be for them an act of self-empowerment. The HIV and AIDS story of some people is not their life's story—there is more to who they are than the HIV they carry. They are not without strengths and capacities for living. By allowing enough time to listen to those who come to them seeking pastoral advice or help, clergy can discover some of these strengths. It takes courage for people to come to a social worker or minister and share their pain. It is therefore important that they feel welcomed and safe. Learning to listen well to those who come to a counselor underscores how much they can teach the social worker or minister about their pain and possible ways of successfully dealing with it. How people interpret an event and the meaning they give to it is crucial in understanding how they are dealing with that experience. Pastors can also be helpful by being a bridge for those in need to additional sources of social and psychological care available in their community. Knowing when and how to refer someone for additional support is an important part of pastoral care stewardship.

It is important to note that there are people from all walks of life and sexual orientations represented among those living with HIV. HIV and AIDS is a disease of intimacy. The transmission of the disease by one person who has the virus to another occurs when they engage in unsafe sex practices or other activity, such as the sharing of intravenous needles, in which the blood, semen or other bodily fluids of the infected person enters into the blood stream of the other. One cannot talk about HIV and AIDS without causing people to consider their attitudes, beliefs, and sexual practices. In many societies and cultures it is taboo to publicly deal with sex and sexuality. These matters are thought by many people to be personal and only discussed in private.

Empowerment through Biblical Associations

Some people who suffer from HIV or AIDS associate themselves with the experiences of some of those found in the Bible such as Job, Jacob and Esau, Joseph, Judas, Peter, Ruth, Mary and Martha, Christian martyrs, and the suffering and death of Jesus Christ. Having HIV or AIDS affects their identity, their views and beliefs about God, and ideas of fairness and justice (example: the story of Job), family betrayal like in the stories of Jacob and

Esau in Genesis 27 and 28 and Joseph in Genesis 37, devotion in the story of Ruth, the betrayal and denial of Judas Iscariot and Peter found in the Gospels, grief and hope as in the loss of Lazarus and Mary and Martha's response to his death, and mercy and humiliation like Christ experienced while being judged and convicted and then executed to death on a cross. I have often heard Christians, Jews and Muslims alike say that "God does not put anymore (on them) than (they) can bear." These are some of the thoughts and images some people have in mind when they reflect upon their suffering and also while listening to sermons. It would be important for the social worker to explore their clients' associations with these images.

Who Am I Now with HIV and AIDS?

People who have undergone substantial damage to their psyche and soul may answer a question or share a reflection by indicating what they would have said before the event and contrast it with how they see things now after contracting HIV and AIDS. (One of the exceptions to this is, of course, children born with HIV. They are born with the disease and grow into the knowledge of what HIV and AIDS means and why they need certain medications to remain well.) The trauma of becoming infected with HIV can divide a person's sense of self and of time and history. Wholeness for many of them is not about uniting these two halves but discerning how to live with their sense of self and memories of how life was for them before contracting HIV and then after becoming infected with HIV. They now have to make sense of their new understanding of the world and themselves as a person living with HIV or AIDS. Understanding and acknowledging in a sermon the resilient capacity of people and providing suggestions on how they might find strength for their journey is a wonderful gift to those listening to the sermon who are infected and affected by HIV and AIDS.

Those living with HIV and AIDS experience a new understanding of normalcy; they have to reconsider the values by which to live and make choices, and they struggle to redefine for themselves a sense of self agency or personal power. In some societies the number of persons living with HIV and AIDS is so huge that the majority of people living in those environments are all enduring the same basic struggle to survive in response to HIV and AIDS. Living with HIV and AIDS, watching people suffer and die from the disease is for them a normal way of life.

Imagine what it is like to have a virus around which you have to organize your life to get proper medical treatment, subscribe to a daily diet and medication regiment, learn to monitor how well you are feeling and functioning, and negotiate with your partner what it means for the two of you to be intimate and to always practice safe sex measures. This would be difficult for many people to do living under the best of circumstances. Those living with HIV and in dire poverty and with little or no access to

proper health care have these burdens to bear in addition to their illness. Women and women with children who live in male dominated cultures through out the world often have little or no control over dictating the terms of their sexual relationship with men. This inequity increases their chances of being sexually abused by men and contracting HIV.

Altruism, Work, and Spirituality: Surviving War, Violence, and Trauma

The importance of altruism, work, and spirituality (Mollica, 2006) has been confirmed for me in my pastoral work with those traumatized by war and other forms of violence as a member of the Harvard Program in Refugee Trauma. They are applicable to people infected and affected by HIV and AIDS. Altruism, work, and spirituality are at the heart of people coping with the trauma of being diagnosed with HIV. Altruism is the type of therapeutic behavior that occurs when people help others, even when they have experienced some kind of devastation themselves. As human beings, we have an enormous capacity to reach out toward one another. In many places around the world, people with HIV and AIDS help one another to the extent possible, even if it means sharing with one another their meager resources and limited strength.

People surviving with HIV or AIDS have a story of regret or shame about their physical condition. They may feel that they did not do enough for someone else in their same circumstance who suffered or died. These feelings of regret and shame most likely arise because altruistic behavior is a key mechanism for people traumatized by having HIV or AIDS to re-establish links between themselves, their shattered worldviews and other human beings.

Work is not just a function of being employed, producing a commodity, or providing a service in exchange for money or another good or service. In some communities unemployment is extremely high. Work or other socially productive activities such as performing chores, housework, making things with our hands, and caring for children are other behaviors that contribute to people living with HIV and AIDS ability to cope with this reality. A complaint shared by all of the members of a HIV and AIDS weekly support group with whom I met recently was their lack of having a job. While having and remaining active on a job is critical to resisting the emotional distress of living with HIV or AIDS, participating in the daily activities of life is also therapeutic. No activity is too small or too insignificant. While it has been discovered that, for traumatized people, work of various forms is the world's most important anti-depressant, it is an under-appreciated, under-utilized therapeutic activity for people living with HIV and AIDS.

Spirituality is also an aspect of being human that cannot be reduced to its parts. Every person is worthy of respect and deserves to receive care,

regardless of those things about them that we find objectionable. A person's sense of altruism, capacity to work, and being a creation of God whom God loves are important ideas for a sermon dealing with people living with HIV and AIDS to emphasize. Churches are ideal places that can enable people living with HIV and AIDS to engage in altruism, work as volunteers, and increase their sense of spirituality. HIV and AIDS challenge our fundamental beliefs and values about ourselves, life itself, and our understanding of other people. It shakes or destroys the confidence those living with HIV or AIDS have in their values and beliefs to provide them with meaning for living. Religion and spirituality have been positive forces in the lives of many of those who are surviving with the trauma of being infected or affected by HIV and AIDS. They derive meaning for living from their sense of spirituality in addition to altruism and work.

Research (Dalmida, Holstad, Diloris, & Laderman, 2009) has shown that depression varies among those living with HIV/AIDS who are actively engaged in spiritual practices. Prayer, meditation, traditional healing, and other spiritual rituals and practices are widely prevalent in the homes and communities of many living with HIV/AIDS. A sermon can lift up the many ways that altruism, work, and religious practices were encouraged by Jesus in some of the parables and stories about people who were marginalized due to their mental or health state. His encounter with people, particularly women, affirmed and helped them to reflect upon how they chose to live and what the sources were that sustained and gave them hope and meaning for living. In the sermon the preacher can ask listeners, directly or indirectly, what sustains and gives them hope.

There are risks involved in putting into words the trauma of living with HIV and AIDS and we take risks when we maintain silence about the emotional and physical pains caused by having HIV or AIDS. Preaching about this topic means that the preacher is able through the sermon to guide those listening along their journey toward spiritual and emotional well-being.

Challenges for Pastors and Social Workers

The Pastor's Challenge and Response

Pastor Able was aware of the perspectives people had about HIV and AIDS as he struggled for several weeks with how to present to his congregation through his sermons the issue of HIV/AIDS. He decided that the aim of his sermon would be to inform people about HIV/AIDS and motivate them to have a compassionate response to those living with and affected by the disease. He approached HIV/AIDS in the sermon first by sharing the basic facts about the disease—how prevalent it was in his community, how it is transmitted, and the precautions one needed to take to decrease

the chances of contracting the virus. He then spoke about the impact of the disease on the persons who have it and how that affects her family and friends. He gave attention to the stigmatization endured by people with HIV/AIDS. The focus of his sermon was also upon offering some suggestions about the attitudes and values he felt they should have as Christians about HIV/AIDS. He used these principles as a guide to outlining an outreach ministry of the church to people living with and infected by HIV/AIDS. His theological basis for his presentation was the admonishment of Jesus to love and care for those who are sick and most vulnerable found in the Gospel of Matthew, chapter 25.

To his surprise and delight, the sermon was well received by the congregation. It opened up a conversation among the members and leaders of the church about HIV/AIDS. This challenged the silence and denial that often surrounds the disease. Pastor Able learned from members of his congregation that they, too, were living with the reality of HIV/AIDS in their family and work place as they carried the burden, often in silence and alone, of a loved one or colleague who was suffering from the disease. They, too, were looking for ways to strengthen their spirits and exercise their faith in response to HIV and AIDS. These conversations with members of his church led the congregation to providing updated information about the causes and prevention of HIV/AIDS to its members, linking with other congregations and organizations that provided HIV/AIDS resources, and establishing a ministry of helping those living with HIV/AIDS to receive the support and medical attention they needed to better cope with the disease and its impact upon them.

I think it is more important for a sermon to emphasize compassion than judgment toward those living with and affected by HIV/AIDS. Not everyone who is infected with HIV became so because of engaging in risky sexual behavior. We did not know in the early days of the disease as much as we do now about how the virus was transmitted, nor were there measures available to test blood for the presence of the virus. This resulted in some people contracting HIV/AIDS through blood transfusions. There are many other reasons and ways people unknowingly become infected with the virus in spite of HIV/AIDS awareness education and prevention programs. Some people who are informed about the disease may still make choices that lead to their becoming infected. Regardless of how and why a person becomes infected with the HIV virus, they are not to be further victimized by being blamed for their condition. Helping them to live responsibly with the virus is more important than reminding them of their liability for having contracted the disease.

The pastoral care tasks commonly referred to are healing, guiding, sustaining and reconciling, and liberating or empowering people. These are best nourished in others as they listen to a sermon given by a preacher who conveys to them through his or her sermon an attitude of welcome and

hospitality. This is what Jesus did as he preached and taught the meaning of God's love to those who were sick or marginalized by their ethnicity (the Samaritan) or gender (woman at the well). These values parallel those of social work: service, challenging social injustice, respecting the inherent dignity and worth of persons, the importance of human relationships, integrity and competence.

The Social Worker's Challenge and Social Work Values

The principles in professional social work not to discriminate against those who seek social work services and the right of the client to determine for him or herself a course of actions are at the core of social work values. The social worker is ethically obligated when his or her personal or professional values conflicts with those of the profession to acknowledge this difference and not to allow it to interfere with his or her ability to provide the appropriate social work service within the ethical guidelines and constraints that guide the provision of social work services. Social workers use their awareness of self, their professional values orientations, and personal convictions to guide them in delivering a social work service. Cornett (1998) reminds us:

> One of the most helpful things that therapy can do with regard to spirituality is not to change the client's view but to amplify it or bring it to sharper focus so that the client may scrutinize it more carefully and decide whether it truly fits the individual circumstance of life and current self-understanding (p. 38).

This is a helpful approach when assisting someone living with HIV and AIDS who also is religious and/or listens to and values sermons. The social worker who cannot adopt Cornett's exploratory and value neutral approach to counseling others due to their own convictions or religious beliefs and values is obligated to find respectful alternatives, perhaps referring the client to someone else. To establish the kind of connection and relationship with our clients that will facilitate Cornett's goal of therapy suggests that the social worker adopt a posture of truly letting the client be his or her teacher about what it means for them to be religious or spiritual and living with HIV or ADS. The client "as a teacher" is an invaluable role for them to assume in the social worker/client relationship. It enhances the social worker's ability to connect with and understand clients, their needs, and the religious resources that they rely upon. The client as a teacher represents a shift in the traditional understanding of the helper/client relationship.

Understanding the meaning of our relationships is to social work practice what "location" is to the value of real estate. Who we are is composed of our perspectives regarding our gender, ethnicity, culture, sexual

orientation, where we have been physically located in the world and where we are now, our family relationships, friendships, concept of God and sense of the wider world. Each of these dimensions of our identity is constantly interacting and influencing the others. Contracting HIV filters our understanding of each of these components of our identity. It is therefore important for the social worker to get a sense of how a client values each of these aspects of him or herself. People who listen to sermons, whether in person, on television, or the internet, do so as whole persons and what they hear and believe as a result of what they listen to can impact all of the ways by which they relate to self, others, the world, and God.

Summary

People with HIV /AIDS are engaged in a process made extremely difficult by their having the disease— recreating an image of themselves and redefining their meaning of wholeness. Preachers who are empathetic to their plight can use this feeling to enter into ways of thinking that will enable them to unlock through preaching the loving and healing power of the Christian message for those who are suffering with HIV/AIDS. People living with HIV/AIDS need new images of themselves that the disease would otherwise destroy, violating their earlier understanding of themselves, reality, and truth (McGee, 2005). This means being able to reference their lives by the vitality it is given by the medications for HIV even though having the disease may at times cause them distress (McGee, 2005).

Like pastoral counseling according to Dittes (1999) (I have substituted the word "preaching" where Dittes uses the word "counseling"), pastoral preaching about HIV/AIDS:

> cannot change the facts of poverty or other injustice, abuse, oppression, alcoholism, psychosis, cancer, atheism or depression. But [pastoral preaching} is profoundly committed and effective in energizing people to address such facts, changing what they can and coping creatively as they must…Pastoral [preaching] aspires to enable people to take their place as responsible citizens of God's world, as agents of God's redemptive hope for that world…To reclaim commitment and clarity, to beget faith, hope, and love, to find life affirmed-this is the conversion of soul that sometimes happens [when people hear pastoral preaching] (p. 161).

And, I would add, this is also what can happen when people experience the best of what social work offers to people in distress.

Conclusion

There are multiple factors that contribute to the global spread of HIV/AIDS. Ignorance about or denial that the disease impacts our life in some situations and the addition of abject poverty or the lack of medical resources in others, along with how people who are infected or affected by HIV/AIDS are stigmatized, each have to be a part of the preacher's attention when he or she gives sermons on HIV/AIDS. In some ways these dimension are easier to address in sermons on HIV/AIDS than the more vexing matter of (a) understanding how and what motivates people to change their behavior that reduces their risk of contracting or spreading HIV/AIDS, and (b) dealing with having their suffering from the disease compounded by their feeling marginalized and discriminated against because of the HIV or AIDS health status. Human behavioral change reflects a matrix of what constitutes our values, norms, customs, and our ethical and moral compass (Nicolson 2008). These are shaped by our identity, social, political, ethnic, gender, economic, cultural histories, and moments in time.

Some people deny the reality and impact of HIV/AIDS. A discussion of some of the many social, cultural, political, economic and individual reasons why some people deny that HIV/AIDS exist or is a global health problem is beyond the scope of this paper. Yet, it is safe to say that Pastors and the church in general are among those in denial. I have observed that some people minimize the consequences of being infected or affected by HIV/AIDS as a means of warding off despair. This nuance function of denial enables them to face what they are willing to see as the reality of HIV/AIDS in their life. A fundamental aim of preaching with people in the audience or congregation concerned for whatever reasons about HIV/AIDS is to alleviate their sense of misery and wretchedness—to confront their sense of despair.

All behavior is a form of communication that attempts to speak of those things that gives us meaning and purpose as well as about those matters that haunt and horrify us. Religious beliefs and spiritual practices are some of the ways many people try to make sense and speak of their experiences and work at reconciliation—coming into a sense of peace with themselves and who or what they perceive as their enemy. We do all of this in an effort to further write the narrative of our life. This task is even more imperative after we have been wounded by the trauma of contracting HIV/AIDS. The experience of a woman member of the clergy I interviewed in South Africa (Streets, Interview #4, 2008) is not unusual for many clergy. She said:

> With my dealings with HIV and AIDS in South Africa, I have been introduced to a world I knew existed, but didn't really understand. I feel now that this should be the number one priority for the churches in South Africa, as enormous ethical issues underlies this epidemic and the

> spread thereof…in the African churches the issue of HIV is mostly condemned…I do feel that there is more work to be done and various aspects of human suffering brought on by this disease that need the attention of the ministry…It's a circular motion: if the churches can get more involved in the care of the patients, education will follow and as such also the re-institution of moral values regarding sex and the abuse of women (or the disregard)…AIDS have brought to our attention the extreme level of poverty and crime which are directly spreading the disease and which is infiltrating our country and people's lives.

All who preach and listen to sermons know something about suffering, sin and evil. Ministers in communities ravaged by HIV/AIDS can identify with this quote from my clergy colleague. We come out of a broken world or situation to hear (and deliver) sermons. The word "trauma" implies injury or wound. There are endless ways we can hurt other people, but pain is not all there is about the world and our living in it. We have, since the beginning of humankind, found ways to overcome despair and our feeling humiliated and to cope with and heal our wounds and flourish. Preaching and hearing sermons are two of the ways we have endured life changes and hardships.

There are a number of variables that help to shape the perspectives of a preacher's sermon. His or her critical explanation or interpretation of the text is based upon the preacher's understanding of the historical and cultural context in which the scriptures was written. The preacher must be aware of what the faith tradition he or she represents has taught as the meaning of the text. The preacher must express as well as possible to the congregation in the sermon where and why he or she agrees and differs with that viewpoint. The preacher conveys through the sermon his or her understanding of how the meaning of a text applies to the lived experience of the listener. These considerations of the preacher when preparing and delivering a sermon mean that preaching is always subjective and contextual. In the act of preaching the speaker attempts to help people gain insight about themselves or a life situation in light of the beliefs and teachings of the church and to engage the listeners in a reflective process of discerning what it means for them to live faithfully and meaningfully as they deal with the vicissitudes of life. This is always a goal of preaching whether or not the objective of the sermon is to primarily inform, instruct, inspire, or to motivate those who hear the sermon to become a certain kind of person or act in particular ways.

The preached word, from a Christian perspective, is like a mustard seed. It can be planted in those who hear it and become for them fruits of strength for living with HIV/AIDS and recovering from having been harmed by the stigma of having the virus. The nature of this seed is its healing

agency, and it has a chance to become for someone who has been injured a source healing. Pastors and preachers may not have the power to heal. They do have an invitation embedded in their calling from God to plant a seed of hope through their preaching of the Good News. This nurturing of hope is what Rob and others like him—men, women, children and families around the world infected and affected by HIV/AIDS—look to receive from hearing sermons and the healing ministries of churches.

Most religious traditions promote the physical, mental, and spiritual health of people. They also advocate that we seek justice, show mercy and walk humbly before God and that we have an ethical and moral calling to heal the sick, feed the hungry, visit those in prison, and show compassion, especially to children. Here are three principles that can guide church leaders regarding HIV and AIDS:

1. Church leaders should encourage an understanding that those infected and affected by HIV and AIDS are not being punished by God. We need to remind our congregations and each other that we remain children of God and brothers and sisters to one another regardless of the status of our health or abilities.
2. It is helpful and important for people of faith to remember that their care of and for children and families who are infected and affected by HIV and AIDS are acts of transforming them from seeing themselves as defiled to people living with a sense of hope, dignity and pride God wishes for us all.
3. It is important not to deny the global pandemic that is HIV and AIDS. The suffering of those who are infected and affected by this disease is compounded by their being stigmatized as modern-day lepers. The fact is that we are all affected by HIV and AIDS. We learned from another culture on the other side of the globe about what must be urgently attended to locally and in our own country. In many places around the world those who are poor and women and children are most vulnerable to contracting HIV. This is also true for those living in poverty, minorities and for women and children in the United States. According to the Center for Disease Control and Prevention (CDC.gov) in 2009 there were more than one million people living with HIV in the U.S. African Americans were 14% of the population but were 44% of new HIV infected diagnosed cases in 2009. It is the leading cause of death among Black men between the ages of 35-44.

HIV and AIDS is one of the most complex diseases we face today. It affects every aspect of human life and relationships. Our response to it – from the pulpit and in the helping relationship—is a measure of our humanity and will influence the overall quality of life of everyone on the planet. ❖

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