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BEING AND BECOMING “FULLY HUMAN” IN AN HIV-POSITIVE WORLD: HIV/AIDS AND FEMINIST CHRISTIAN SPIRITUALITY

ABSTRACT

Feminists have researched the link between gender and HIV/AIDS and shown that women are not always morally responsible for being HIV-positive. This article contributes to the debate by presenting a systematic discussion of women's experience of HIV/AIDS and spirituality. It offers a model of full humanity that interprets the links between HIV/AIDS, poverty, and gender and uses feminist spirituality as a resource for transformed healing. The model was developed by weaving together the interpreted experiences of black, HIV-positive women participants with the teachings of feminist Christian spirituality. This research study shows that in responding to the HIV/AIDS pandemic, it is necessary to adopt an integrative, multifaceted and holistic approach that embodies the gender perspective so that the fully human spirituality of people and women in particular, is enhanced.

1. INTRODUCTION

The spiritual quest, which is a desire for transformation to wholeness, is ultimately characterised by friendship with the Godhead, with the cosmos, with other people and within oneself. Regarding this transformation to wholeness, Irenaeus (*Against Heresies* 4.20.7) said that the glory of God is the human person fully alive, fully God. The fully human person is one who experiences life in all its fullness (John 10:10b), who experiences a relationship with God, has a sense of worth as a person, participates in society and church in a life-giving way and expresses a certain degree of wholeness and integration. God desires the full humanity of all people. God's desire coincides with the deepest longings of the human heart, as people want to be fully human, fully alive. In a South African context, the desire for transformed wholeness, which we describe as a *fully human spirituality*, is shaped by poverty, patriarchy, and HIV/AIDS while at the same time, a *fully human spirituality* is the resource for transformed living within this context.

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The first part of the article summarises findings from researchers that describe the link between HIV/AIDS, gender, and poverty. The next section discusses the methodology used in this research, expressing how a *preferential option for the poor*, as the hermeneutical crux in the research, guided the choice of research methods and the process of data collection and analysis. The third part of this article offers a systematic discussion of the themes that emerged from the data analysis, which suggests how people, but especially women, experience HIV/AIDS and spirituality. The fourth and final part of the article describes and explains a *model of full humanity*, which emerged from the research results and is offered as a tool for spiritual growth. We now summarise findings from several researchers describing the link between HIV/AIDS and gender.

2. HIV/AIDS AND GENDER

The Human Immunodeficiency Virus (HIV) causes the Acquired Immune Deficiency Syndrome, commonly abbreviated as AIDS. HIV attacks an individual's immune system and, as the victim's immune system breaks down, opportunistic infections attack the body and the person becomes gradually weaker and susceptible to a variety of illnesses (Hannes van der Walt 2004:9, 10). As the HI-virus multiplies, the CD-4 cells, which are types of white blood cells, are destroyed, the immune system weakens further and the person develops AIDS. Thus, AIDS is a syndrome of diseases, illnesses and opportunistic infections that eventually cause death.

HIV/AIDS is a symptom of patriarchal culture (Maria Cimpermann¹ 2005:11). Patriarchy describes how life is organised in such a way that men are dominant in legal, political, economic, religious, and cultural spheres. At the heart of the AIDS epidemic is the crisis of gender inequality, with women having less control over their bodies and lives than men do (UNIFEM 2004:7). Unequal power relations between men and women, making women more susceptible to abuses of power, are illustrated by the fact that fewer legal rights protect women, and that they have less access to information, financial resources, health services and education.

Researchers have documented that women's vulnerability to HIV/AIDS is a result of several factors. Feminised poverty and the social disempowerment of women are two factors contributing to the high rate of infection among women, as are, socio-economic factors and physiological factors. These issues are discussed below.

1 Feminist scholarship highlights that knowledge-making is a gendered process. Being in a woman or a man's body influences knowledge creation. First names often give clues to a writer's gender; which is helpful for readers. Thus the first names are included in the referencing system.

Feminised poverty describes how there are more poor women than men in Africa due to a lack of financial resources. As a result there is insufficient food and medical attention for women when they are dealing with an HIV/AIDS condition (Musa Dube 2003:79). Moreover, women are often economically powerless and financially dependent on a “male protector”. Not only does this low financial and social status compound women’s dependency on men, it also influences their ability to negotiate safer sexual practices (Quarraisha Abdool Karim 1998:15).

Social disempowerment explicates how male dominance is pervasive in all aspects of a woman’s life including the legal, religious, institutional, and family contexts (Karim 1998:18). The social disempowerment of women is illustrated by the link between violence and HIV. Women want men to use condoms, but they have little power to insist that they do so (Dube 2003:80). In marital relationships, a wife is viewed with suspicion if she insists that her husband uses a condom (Beverly Haddad 2003:151) and in many cases women risk violence if they insist on such protection (UNIFEM 2004:7).

Socio-economic factors in South Africa influence the spread of HIV/AIDS as large corporate companies rely on migrant labour to work in the mining industry. This mobility separates families and increases extramarital sexual activities (Vicci Tallis 1998:6). Miners often leave their families in the rural areas and adopt “city wives”. When they return home to their “rural wives” they spread HIV/AIDS.

Physiological factors increase women’s vulnerability to HIV/AIDS because the vagina has a greater surface area than the penis which means that women are at greater risk of exposure to the HI-virus (Karim 1998:18). In some cultures, women submit to men’s preference for “dry sex” and the resultant vaginal tissue damage provides easy entry points to the disease (Haddad 2003:151).

By way of summary, throughout the world, a strong association of poverty, AIDS, oppression, and gender is emerging. Poverty is the social context in which HIV/AIDS flourishes. Gender roles and the power imbalances between men and women contribute to the increased vulnerability of women to the AIDS pandemic. This does not mean that men are not vulnerable to HIV/AIDS but, because of a patriarchal culture and feminised poverty, women are more vulnerable. Against this background, this research study shows that in responding to the HIV/AIDS pandemic it is necessary to adopt an integrative, multifaceted and holistic approach that embodies the gender perspective so that the fully human spirituality of people, but especially of women, is enhanced.

3. RESEARCH METHODOLOGY

Research methodology is understood as a dance between the epistemological assumptions, which are a theoretical framework through which one views reality, and the research methods, which include research design, data collection methods and data analysis. A research design is a plan of action that describes how the research is conducted. The data collection methods are the ways in which research participants share information with the researcher, while data analysis refers to the tools used to interpret these stories. In the dance between theory and practical research, one's assumptions influence the stories that are heard, while at the same time these stories influence epistemology. The dynamics of the research process, as described below, are epistemological assumptions, research design, data collection methods and data analysis.

3.1 Epistemological assumptions

The paradigm guiding this research is *feminist Christian spirituality*, which is a marrying of feminist theology and Christian spirituality. Feminist theology is a particular way of doing theology that highlights the gender perspective and has both a critical and a constructive function. The critical function is to deconstruct patriarchy and other structures of oppression that militate against any person's potential to be fully human. The constructive task of feminist theology is to nurture liberation in individuals and communities using the interpreted experience² of women as a resource.

Christian spirituality may be defined as being and becoming fully human such that one is so filled with the Holy Spirit of God through Jesus Christ that one becomes a source of Christ's presence in the world for others and creation. This transformation to integral wholeness is a gift of grace, but it is nurtured through the spiritual disciplines such as Scripture, silence, solitude, simplicity and solidarity with the poor, that maintain and express God's presence in one's personal and social living.

The vision of a *fully human person* is the goal of both feminist theology and Christian spirituality. This vision bridges the disciplines of feminist theology and Christian spirituality, as it shapes the tasks of self-actualisation, wholeness and integral transformation. A fully human person recognises the humanity of others and walks in solidarity with those who live life on the margins of society — a key hermeneutical principle in this research study.

2 Women's experience is the beginning point and *modus operandi* of feminist theology, but we emphasise that there is no "raw" experience. Experience is mediated through interpretation which is influenced by past experiences, culture and context, among other factors. As experience and interpretation cannot be separated, we refer to "interpreted experience".

The hermeneutical core in this research methodology is a *preferential option for the poor*. “Hermeneutic” is a tool that is used to interpret and understand reality. “Preferential option for the poor” means that the poor have a privileged perspective on spirituality. The “poor” for the purposes of this research, are black women who are HIV-positive, are in HIV-positive support groups, and have limited or no employment. One may express a preferential option for the poor by standing in solidarity with the poor, thus friendship is shared. Standing in solidarity with the poor is regarded as a strategy for integrative spiritual transformation on the personal and social levels, for both the materially rich and the poor. In standing in solidarity with the poor, the poor are liberated from their invisibility, which may be due to living on the margins, and the rich are liberated from their comfort zones, where little spiritual growth can take place.

3.2 Research participants

In the process of collecting and interpreting data through the theoretical framework of Christian feminist spirituality, our aim was to stand in solidarity with a group of women who are black, HIV-positive, in HIV-positive support groups and who have limited or no employment. The Maskopas support group from Orange Farm, which is an informal settlement south of Johannesburg, offered their stories, which formed the core of this research. In order to broaden the research, we listened to stories from the Somelele HIV/AIDS group in Bekkersdal and the Green Tea group in Sophia Town. The Somelele group have the same profile as the Maskopas while the Green Tea group included male members. The research participants were invited to share their experiences on HIV/AIDS, spirituality, and liberation in a variety of ways in the data collection process.

3.3 Data collection methods

In our research, we used a *multiple methods approach* to data collection, a combination of resources where more than one method of story gathering is adopted in a single study. Explorative, descriptive and participatory methods such as the use of *drawings*, *focussed group discussions* on spirituality, liberation and HIV/AIDS that offered a voice to the marginalised as well as *unstructured*, *one-on-one*, *open-ended interviews* were used to investigate the research participants’ experience of reality. These exploratory, descriptive and participatory research methods were based on the premise that people experience God in different ways. The interpreted experience of women is a resource in the feminist agenda of liberation for wholeness and integrative transformation, which we define as a fully human spirituality. Note also that the process of data collection expressed the preferential option for the poor by focussing on listening to the poor who have a privileged perspective on spirituality.

3.4 Data analysis

Data analysis refers to the process of systematically identifying patterns of meaning from the stories that have been shared by the research participants (Renalta Tesh 1990:90). A scheme to organise the themes that emerged was developed using Tesh's method of data analysis (1990:113). In Tesh's method of data analysis, the data is organised for analysis, read to have a sense of the whole, whilst recurring themes are recorded in the margins. These topics are listed together, redundancies are removed and similar themes clustered. This list becomes an organising system, which helps identify patterns in the text. The data is segmented by dividing information into the smallest comprehensible segment and contains only one idea, which is coded to identify similarities, using the organising system. The data analysis process is complete when there is congruence between data and the organising system. The organising system serves a practical function in that it provides a structured way to offer interpretation and discussion. The results from this data analysis process are described below.

4. DISCUSSION OF RESEARCH RESULTS

The main contribution of this research is that it documents how women experience being HIV-positive, with reference to their spirituality. The data analysis process yielded seven categories including ego experiences, embodiment, financial empowerment, injustice and vulnerability, women as agents of social transformation, community support and awareness of God. Each of these categories is now described and, in line with the feminist aim of creating space for the voices of marginalised to be heard, several direct quotations from the participants are provided.

4.1 Ego experiences

Sigmund Freud coined the term "ego" to describe how humans relate to the world (David Edwards 1993:575-6). In Freudian terms, the ego is a personality structure that relates to the world in a realistic manner by controlling the *id*, which represents biologically driven instincts. Ego, derived from the Latin meaning "I", includes the self that people present to the world and shadow experiences such as fear and despair.

In spirituality, writers such as Thomas Merton and Teresa of Avila make a distinction between the false self and the True Self. The false self refers to the masks people wear. It is the obsessive and defensive self that wants to be independent of God. But the True Self seeks union with God. For example, Merton (1960:395) says that "We have a choice of two identities: the external mask

which seems to be real and which lives by a shadowy autonomy for the brief moment of earthly existence, and the hidden, inner person”. Similarly, Teresa of Avila, in *The interior castle*, refers to the annihilation of the self or ego as a necessary process in the journey of spiritual maturity such that the “first mansions, then, are the place where we are struggling to break free from obsessive and defensive concern with self” (Rowan Williams 1991:15). In section 5.2 we show how the movement from the false to the true self can be facilitated.

4.1.1 Positive ego experiences

For the research participants, positive aspects of the ego include the perception that “*We are like other people*” and we are learning to “*accept being HIV-positive*” and “*We desire to be trained*” for particular work. For example, the following participant has begun a process of growth in wholeness through accepting her HIV-positive status and accepting herself as she is:

So, by HIV positive you must be strong, and, accept yourself. The best way is to accept that you are positive and you are going to live no matter what and then you become strong. But if you meet with some other people and talk, and firstly you have to, to admit yourself, *take yourself the way you are*, just believe that you are positive and you are going to live. Then you become strong because if I'm not upset myself nobody will upset myself. *So, I have to be strong and accept that I am living with HIV and I am positive then I am going to be strong.*

The italicised phrases in this statement from a member of the Maskopas group, shows a process of empowerment through self-acceptance: “I am going to be strong.”

4.1.2 Negative ego experiences

Negative ego experiences include suicidal thoughts, fear, hopelessness, denial, worthlessness and loneliness. For some of the participants, suicidal tendencies are intertwined with other emotions such as a sense of worthlessness and hopelessness. The Maskopas group describe negative ego experiences as living with darkness, which may either be depression or a lack of hope:

The ego experience of darkness described by the participant is linked to other themes such as “injustice and vulnerability” described in section 4.4.

4.2 Embodiment



DS: Tell me about this picture.

FG: She's fetching that water so that she can do the washing and clean her house

FG: Maybe she is hiding

DS: Maybe she is hiding?

FG: Ya.

DS: What problems does she face, do you think?

FG: She's is unemployed she is only smiling halfway.

FG: She always forgets.

FG: Because of the stress.

FG: *And she is so dark in herself.*

FG: *Everything is dark.*

FG: She is an abused women.

The category of embodiment summarises themes that describe how participants relate to their physicality in positive and negative ways.

4.2.1 Positive experiences of embodiment

A significant theme emerging from the data analysis is how the participants learn rituals of listening to their bodies and caring for their health as one aspect of empowerment, for example:

DS: How can you be empowered or transformed?

N: Strong?

DS: Yes how can you be strong?

N: I must eat the right foods. I must eat my supplements. I must train myself. And I must get enough time to rest. And I must, if I've got a boyfriend I must use the condom. But, I mustn't have the sex every time. I must maybe, twice a week or twice a month, not everyday. I'm right.

For feminist Christian spirituality, embodiment is an integral aspect of transformation, wholeness and empowerment. Some strands of patriarchal Christianity, having assimilated the Cartesian dualism of separating identity into body, mind and spirit, teach rigidity and repression, believing that the path of

salvation lies in disciplining the body under the control of the mind. Feminist spirituality assumes that flesh is sacred and the place of divine encounter, as written in John 1:1, “The Word was made flesh and dwelt among us”. In the journey of full humanity, people are invited to treat their bodies, and the bodies of others, in such a way that the Spirit can shine through them. One path of empowerment, as suggested by the above participant, is to care for one’s health, especially in the light of negative experiences.

4.2.2 Negative experiences of embodiment

The range of negative body experiences included less significant physical experiences such as the loss of hair, to the more sinister experiences of the body as the site for stigma and sexual violence. The link between sexual violence, patriarchy and the high incidence of HIV/AIDS was noted in section 2 of this article. While women and children are often the victims of sexual violence, men are not excluded. The following narrative from Jerome³ from the Green Tea group highlights how an HIV infection may have been the result of sexual violence.

And then we were sent, the courts sent us to Sun City prison. And then me and Clifford, we are homosexuals, and when we got there, Sun City, it was a big fright for me and for Clifford because we don’t know the place, we don’t know what’s going on in the place and that. When we got there, they’ve got a lot of black people, big boys, police, normal police. They pay the wardens a lot of money for them to put us in their cells. And so we were put in their cells for that night. And they gang raped us. Seven people, boys, raped me. And when they were finished with me they went to Clifford, they raped him and then they came back to me. I really do believe that we got HIV there because outside, I don’t know about Clifford, but outside I was very careful and I am not a sexually active person actually. That’s why I really do believe I got HIV, in prison, Johannesburg prison. It’s really not nice to be gang raped. And me as a man, as a homosexual, I really didn’t enjoy it. And that time HIV was just started.

The experience of being HIV-positive has negative consequences for how the research participants experience their embodiment, as suggested by Jerome’s story. The body of Christ, which is HIV-positive, may be a powerful theological image that the Church could use to heal some of the effects of HIV/AIDS, especially stigma, rejection, abuse and disease. The Church may be required to articulate a more extensive theology of embodiment in response to the HIV/AIDS pandemic. Stirred by the insights of feminist spirituality, such a theology of

3 Note that Jerome, from the Green Tea group (see section 3.2), requested to be named in the research because in his understanding, an opportunity for disclosing his status as an HIV-positive person is an aspect of his healing, wholeness and full humanity.

embodiment would strive for an integrative process to spirituality that involves re-membering the body. It would also remember how bodies are the sites of abuse in the sense that through the ages, women's bodies, in particular, have been feared, despised, burned, tortured and raped (Elizabeth Moltmann-Wendel 1994:103). Moreover, such a theology of embodiment could also lead to interest in the perceptions that marginalised groups such as homosexuals, the elderly and children have of their bodies. Such a theology of embodiment is orthodox because it recalls that God became a body as part of God's plan of healing and salvation. Closely related to the theme of embodiment is financial empowerment as a way of meeting the body's needs.

4.3 Financial empowerment

A pervasive theme emerging from the data analysis is how participants require adequate financial resources. In order to be fully human, employment, accommodation and food security are imperative. A lack of financial empowerment causes stress, which aggravates the HIV-positive condition. The issue of economic empowerment is related to the need to provide for food and accommodation as indicated by the following excerpts:

ST (Crying): Ya, it's only that if I am talking with HIV, it's only that. But I am okay. Because every time you can see that we don't have a place to stay. We are suffering, we are paying rent. We are the volunteers and if you are a volunteer you are paying R350, you are going to pay R200 for rent. You don't have money to buy food.

Charlie: There is no incomes. He is suffering he is staying alone in the ...

Rosetta: Shack, a one room.

C: And there is no life. No food for him he must go and struggle.

R: Struggle to get a plate of food.

The above quotations relate not having food with a lack of life. Food security and financial empowerment emerge from the data as being an important aspect of wholeness, transformation, and full humanity.

The narratives show that poverty means death in the form of a lack of food, housing, education, health, and permanent unemployment (Gustavo Gutierrez 2001:11). It also means a lack of respect for human dignity and unjust limitations on personal freedom that destroy individuals and communities. Poverty, which characterises the lives of the participants, is contrary to the reign of God and the desire for life that God has for all God's people. In the spiritual journey of transformation to wholeness, the research participants teach us that careful attention should be paid to how financial empowerment hampers or enhances spirituality. A lack of financial empowerment is one aspect of injustice and vulnerability.

4.4 The experience of injustice and vulnerability

The category “injustice and vulnerability” includes themes such as stigma, patriarchal injustice, sexual violence and AIDS orphans. The following excerpt narrates the devastating vulnerability of children, especially to false messages such as that having sex with a virgin cures AIDS, which may have resulted in the rape of this girl.

And there is this second child and she's in grade 7. And then by the time the mother was sick she was taken by the man next door and he raped her. Raped her, raped her. Most nights he kept on raping the child. And then by the time the mother was sick, very sick, and then it came out this case that it was not this child alone. The child was taken to the hospital they found that she was HIV-positive. And they took that guy to jail. And think now, this child, doesn't have a mother, doesn't have a father, doesn't have a home, the home was sold so that they could bill the mother. The mother was not having money. Doesn't have a home, doesn't have mother, doesn't have a father. She's HIV-positive at the age of 14 years. Those are the things that, when I try to get them, there is no one who is trying to help. So I don't know. These things they make me feel, I don't feel the right thing. So this thing when I say God makes me strong, I say okay to deal with this situation but somewhere, somehow I need to be helped. But no one is helping.

The above quotation epitomises the intertwining themes of being an AIDS orphan, of patriarchal abuse and sexual violence that constitute the category “injustice and vulnerability”. The argument that HIV/AIDS needs to be understood within its social links to gender and poverty, is reinforced by the following excerpt from a focussed group discussion about a participant's drawing:

DS: What can be done to make her happier?

FG: She needs employment for an income to provide for her children.

FG: You have to provide everything you want. If you can't provide you suffer. If you can't provide they lose trust and confidence in you.

DS: So if you can't provide for you children you suffer?

FG: Its very difficult. Most of us are *infected because of the poverty*.

FG: They were infected because of poverty. Most of them were unemployed and then after that ... *You have to provide so you have a boyfriend in the hope of providing. You have no choice in saying he must use a condom.*

FG: Some men take advantage knowing you don't have anything knowing you need them.

DS: So you are saying that they are infected because of poverty because they couldn't provide and so they have many boyfriends in the

hope of providing for their children and in that way they become infected. Is that what you are saying?

FG: ... he has almost Hitler's coercive power over you (*sic*).

Poverty and sexuality are intertwined in the life of this woman. In this extract sexual violence is a manifestation of patriarchal abuse connected with economic disempowerment. It confirms that HIV/AIDS is a gender issue to the extent that South Africa's patriarchal culture demands that women submit to the sexual advances of men and this certainly plays a role in transmitting the disease.

One of the ideals of feminist theology is that it desires a just society where life flourishes; thus, it focuses on society and analyses those systems which damage the souls of people. The theme of "injustice and vulnerability" can be bracketed with the theme of "women as agents of social transformation". The hope is that women "as agents of social transformation" will inspire a more just world and a positive experience of community life, where integral transformation is possible.

4.5 Women as agents of social transformation

Does an HIV positive status inhibit the journey towards a fully human spirituality? Several participants described how coming to terms with their positive HIV status was the catalyst to their becoming agents of transformation.



But I've got this thing inside me and I promised God that I am going to do something that is the first time that I started to work with the community. I never worked with the community before. And then since then, I never had a job or something to do that makes me happy like now. I am working with the women, motivating them, I am working with the disadvantaged children, I am working with the home-based care women and men. So I am very happy and that is for the first time in my entire life getting something that makes me feel happy and prouder everyday; and when I wake up every morning I've got something to do and I know what to do.

Elisabeth Schüssler Fiorenza (1993:1) aims to “reclaim and rename women’s spiritual power in very concrete situations”. It could be argued that the way these women participants serve others and the community, as part of their growth to full humanity, is an expression of their spiritual power in the concrete situation of the HIV/AIDS pandemic. The data, which supports other findings (e.g. Susan Rakoczy 2004:275), shows that these women are moral agents in that they serve others in a variety of ways. Their moral agency is seen in the fact that they are not passive victims; they exercise responsibility creatively in the communities around them. The effects of their creative responsibility as moral agents are that their self-esteem is enhanced and it is a way for them to participate fully in life and so exercise their full humanity.

4.6 Community

The category “community” summarises themes that describe how a sense of belonging and social support are therapeutic for women who are HIV-positive, as encapsulated in the following extract from a focussed group discussion with the Maskopas.



DS: What does she need to be empowered and transformed? More healthy, more whole and stronger?

FG: She has received God in herself.

FG: She has been through problems — the paths to the Church show that.

FG: She is supported

DS: She is supported. Who is she supported by?

FG: Maybe the congregation. Friends.

DS: The congregation and friends. And how do they support her?

FG: She needs emotional support

FG: If the Church also failed then God himself failed.

The research participants teach that the Church should cultivate therapeutic community involvement as a necessary ingredient in the journey towards a fully human spirituality. Christians confess a unified, holy, catholic and apostolic community. Recognising Christian unity means acknowledging that the Church is living with HIV/AIDS, that the body of Christ is HIV-positive. There is no “us” and “them” (Denise Ackermann 2001:17); the problem of HIV/AIDS is not “out there” but among us. The path of holiness entails the way of grace,

which is inclusion and not exclusion and is a risky engagement in history where God is present. Catholicity implies interconnection and solidarity in that the Church stands in solidarity with those who suffer from fear, rejection and poverty (Ackermann 2001:17). Community can cultivate the group's awareness of God's presence and influence.

4.7 Awareness of God

The category "awareness of God" includes themes describing a God consciousness and the fruits of spirituality such as faith, hope and gratitude. The HIV experience can be a doorway for spiritual growth, as supported by the following extract from an interview with a Maskopas group member. In this extract, the participant relates how being diagnosed HIV-positive motivated her community involvement, a characteristic of spiritual growth.

So God has played a very important role in my life and has changed me totally from what I was before, because I didn't care about anyone else. I cared about myself only, and my kids, and my family, so I never worked with the community.

To conclude this section, we have outlined the seven categories that offer a thematic construct for the topics that emerged in the data analysis, together with appropriate narratives from the research participants. Of particular interest is how financial empowerment emerged as a pervasive theme, the women suggests that financial empowerment is the key to living a fully human spirituality. Moreover, being HIV-positive may provide opportunities for holistic spiritual growth and enable women to become agents of transformation.

The seven categories that have emerged from this research are particularly important because some faith-based responses to HIV/AIDS have focussed on only one dimension of human identity to the neglect of the other dimensions.⁴ Such responses are simplistic, isolated, small scale and ineffective: "There are clouds but no rain" (Tearfund report in Sharlene Swartz 2005:191). For example, the focus on behavioural change, using models such as ABC (Abstain, Be faithful and Condomise) focuses attention exclusively at the ego dimension. While no one would deny the necessity for the church to be involved in education for behavioural change, the research participants in this study (in section 4.4) indicated that they are unable to implement these lifestyle changes due to their vulnerability and financial disempowerment.

4 Church-based responses to HIV/AIDS vary. While some churches have only begun to respond to the HIV/AIDS crisis, others, such as the Roman Catholic Church, are the second largest service provider after government. More information on the Roman Catholic Church's involvement in HIV/AIDS can be found at <http://www.sacbc.org.za>.

As there is a reciprocal relationship between theory and data, with each influencing and being influenced by the other, we now present a *model of full humanity*, which was designed by learning from the participants and in conversation with theorists in feminist theology and spirituality through the relevant literature.

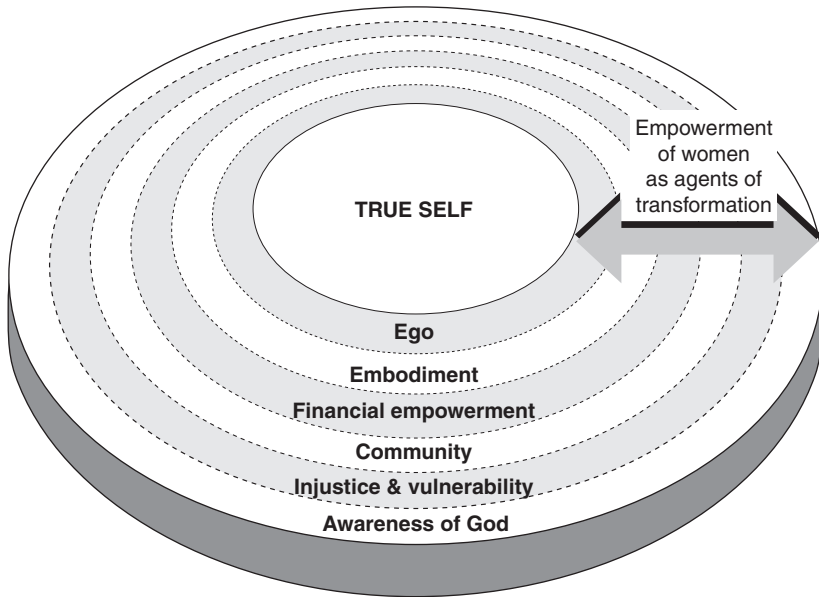
5. A MODEL OF FULL HUMANITY

In the course of the research, a *model of full humanity* was developed from the themes that emerged in the data analysis. This *model of full humanity* will first be described and then explained. The *model of full humanity* is offered as a tool for spiritual growth.

5.1 A description of a model of full humanity

This model of full humanity is in the shape of a circle and may remind some Christians of the wafers that are served at Holy Communion, representing the body of Christ. Within the *model of full humanity* are seven concentric circles and an arrow that intersects all seven circles. The seven concentric circles, representing aspects of wholeness and human identity, radiating from the centre, are the True Self, the ego, embodiment, financial empowerment, community, “injustice and vulnerability” and “awareness of God”. While ego, embodiment, financial empowerment, community, “injustice and vulnerability”, and “awareness of God” emerged from the data analysis and are represented as dimensions of human identity and wholeness on this *model of full humanity*, the inner circle of the True Self was not described by the research participants. But, it is included as we judged it to be an essential element of Christian Spirituality and Feminist Theology. The innermost circle, the True Self, is embedded in the outermost circle, namely, “awareness of God”, which has a solid line. The solid line indicates that all the other circles are contained within the Godhead, emerge from the Godhead, and are manifestations of God. Every other circle has a dotted line to indicate that the different levels of one’s identity and wholeness interpenetrate each other and that the Godhead is present in each dimension. The theme, “women as agents of healing and transformation”, which did emerge from the data analysis, represents the gender lens, which inspired the arrow. The arrow requires that at each circular dimension represented on this *model of full humanity*, the empowerment of women is a necessary task.

Having described the different elements on a *model of full humanity*, we now ask: How does a *model of full humanity* promote freedom, healing, wholeness and empowerment enable women to live an abundant life? How may a *model of full humanity* be explained and applied to our living?



5.2 An explanation of the *model of full humanity*

The *model of full humanity* provides a visual representation of full humanity as transformation to integral wholeness. What a *model of full humanity* puts forward is for individuals and groups to look at this model, and to intentionally cultivate wholeness in each of the dimensions described. However, the necessity for using the gender perspective cannot be over-emphasised. Thus, as one seeks wholeness at each of the dimensions, the theme of *women as agents of transformation and healing* is the arrow intersecting each of the dimensions, indicating that the gender perspective is adopted in promoting each aspect of becoming fully human.

Practising a model of full humanity would result in a multifaceted, integrated and holistic spirituality that, as Mercy Amba Oduyoye (2001:16) rightly says, intertwines “theology, ethics and spirituality. It does not stop at theory, but moves to commitment, advocacy and transforming praxis.” This *model of full humanity* offers a cartography of the soul, suggesting a journey of transformation to integrated wholeness. The point of this *model of full humanity* is to make the connections between HIV/AIDS, gender and power clear and to provide a gendered, holistic and integrated response to HIV/AIDS that realises that spirituality is the resource for healing. We now explain each of the concentric circles, beginning at the outer dimension and moving inwards.

Awareness of God or prayer is the outermost dimension; it indicates a relationship with God and being transformed through that relationship. For example, one research participant from the Maskopas support group said that:

You know when I pray, I pour all out all my tears unto God. I have learnt that every obstacle that comes in my life makes me strong. It puts me to a blacksmith so that I should be the finest gold that God can use.

One may nurture wholeness and health at the “awareness of God” dimension by paying attention to metaphors for God and seeking to name God in ways that encourages the becoming of all people. Further, one may serve the poor as a way of worshipping God. Finally, one should be open to a transcendental “awareness of God” that is beyond words because “God cannot be seen, cannot be looked at, cannot be objectified, God can only be coincided with” (Beatrice Bruteau 1981:279).

Injustice and vulnerability includes unjust suffering, dehumanisation and the institutional forms of violence that perpetuate poverty in society. One nurtures a spirituality that challenges “injustice and vulnerability” through a critique of societal structures that perpetuate poverty and violence, and through standing in solidarity with those on the margins of society. Spiritual practices that are helpful in developing a spirituality that challenges “injustice and vulnerability” include wearing a red AIDS ribbon to indicate your concern for those who are affected by HIV/AIDS and participating in advocacy programs. In liturgy and worship, churches could utilise lament, the wailing of the human soul in a barrage of tears and reproaches, especially in the context of the Eucharist, as a way of nurturing a spirituality that challenges injustice (Ackermann 2001:25).

Community living recognises that the triune God is the archetypal symbol of mutuality and reciprocity and that we are most like God when we live our lives with others in ways that are life-giving, especially with the poor. Community spirituality challenges the individualistic approach to spirituality and that spirituality is only for a select few. Spiritual practices, which are helpful in developing a community dimension to one’s spirituality, include initiating and participating in support groups or networks, pastoral visitation (especially for the poor), Bible study or cell groups and vibrant worship.

To mould a *spirituality of financial empowerment*, generally absent from other patterns of spirituality, is to recognise economic stability as a key factor in wholeness, promoting spiritual disciplines such as stewardship, ecological care and the grace of work. A spirituality of financial empowerment rests in an unbroken dialectic of searching for a good self in a good society: “Socio-economic humanisation is indeed the outward manifestation of redemption” (Rosemary Radford Ruether 1983:216). As one participant from the Maskopas describes it:

... but I think with something to do that will generate an income at least, one of the better ways that you will be having something, at least at the end of the day to put on the table for them to eat. And at least for me to do something not having to think about the whole epidemic and the stigma around it, the whole thing around HIV and AIDS. I think that's the only way one could be transformed.

Spiritual practices that nurture a *spirituality of financial empowerment* include developing a budget, generously sharing one's resources with others in a manner that empowers the poor and liberates the rich from comfortable consumerism. Also important are developing projects, offering a balanced critique of globalisation, and an authentic solidarity with the poor that liberates people from spiritual deafness because of privilege and indifference, facilitates compassion, understanding and a desire for action (Gutierrez 1983:20).

A *spirituality of embodiment* allows the flesh to be the place of divine encounter, suggesting a radical integration of physicality and sexuality with spirituality by critiquing anti-body spirituality and articulating a positive incarnational theology. Spiritual practices that nurture a spirituality of embodiment include healthy eating plans, regular exercise, voluntary testing for HIV/AIDS, becoming a home-based caregiver, and being anointed with holy oil.

A *spirituality of ego* is about allowing the empirical self to find its rightful place through ego descent or ego ascent. Ego descent is surrendering the ego by dismantling this false self, an illusory shadow that seeks to exist outside of God. The model for ego descent is the *kenosis* of God (Philippians 2:1-11), the way of self-emptying transformation that allows space for God and union with Christ. A spirituality of ego descent is the apophatic way, described by *The cloud of unknowing* and Meister Eckhart, who advocates the possibility of union with the Godhead through a process of detachment. Further, St John of the Cross describes this ego descent as the *via negativa*, the dark night of the soul.

Ego ascent, a process of discovering oneself through discovering God, is about honesty, repentance and self-acceptance. The model for ego ascent is the paschal mystery of death and resurrection epitomised in 2 Corinthians 5:17: Those who are in Christ are a new creation. A spirituality of ego ascent is the *cataphatic* way characteristic of Franciscan and Celtic spirituality, which celebrate the outpouring and self-manifestation of God in the cosmos. Ego descent and ego ascent are not alternative spiritualities, but grow into and out of each other, enabling the True Self to emerge. Spiritual practices that promote ego descent or ascent include rigorous honesty, keeping a journal, keeping a memory box, developing positive self-esteem, confession, and community engagement.

As noted earlier, the innermost circle, the *True Self*, representing the Christ presence within each person, is embedded in the outermost circle of God awareness (see section 5.1). Christian spirituality teaches that the journey of

full humanity involves living more and more from the True Self, which is the secret of one's identity, hidden in God and identical to God. At the deepest root of who one is, one is united to God (Thomas Merton 1961:43). The outer circle, “awareness of God”, is the ultimate potential of human consciousness itself, which is integral wholeness (Ken Wilber 1981:7). The True-Self is the Ground of being, which desires to be connected with the Ground of all reality — God. There is thus a pull between the inner circle and the outer circle in the *model of full humanity*. That there is an intimate link between the inner circle — the True-Self and the outer circle — “awareness of God”, is implied by Wilber (1981:1) who says that nothing can stay removed from God, the Ground of a person's being, aside from which nothing exists. Some images from Scripture that suggest the ontological co-inherence of the True-Self with “awareness of God” is the image of Christ as the vine and believers as the branches (John 15:5) and Christ's priestly prayer for all people: “May they be in us just as you are in me and I am in you” (John 17:21).

How may the True Self be further described? The True Self is often understood as Christ-likeness and those categories that describe the Christ such as a preferential option for the poor and compassion are translated into a definition of what the True Self means. One danger that should be avoided is to offer a middle class spirituality that promotes love of God and neighbour divorced from love of the poor. The True Self is an open, integrated, evolutionary consciousness that embraces a fully human, integral wholeness at each dimension as suggested by a model of full humanity.

A spirituality of the True Self is living concretely from within the Ground of all Reality, the presence of God within. Many writers suggest the regular practice of silent prayer as a way to rest in the True Self.

6. CONCLUSION

What is the contribution of a *model of full humanity* to spirituality, particularly Christian spirituality? The answer to that question may be found in one's interpretation of the word “spirituality”. If one has a privatised and escapist view of spirituality, focusing somewhat exclusively on the inner life and the transformation of the inner life through the practice of spiritual disciplines, then the answer to the significance of a *model of full humanity* for Christian spirituality would be none at all. The discipline of Christian spirituality, however, must embrace the whole of reality and articulate the necessity for a spirituality of liberation to fully human wholeness that is inductive and dynamic in character and draws from the concrete daily experience of what it means to be poor and HIV-positive in South Africa.

The necessity for a *model of full humanity* thus arises from the link between HIV/AIDS, gender and poverty that has been documented by researchers. Against this background of the link between HIV/AIDS and feminised poverty, this research article offers a structured discussion on how people, but especially women, experience being HIV-positive with reference to their spirituality. The analysis promoted a holistic approach to Christian spirituality and the experience of being HIV-positive. This interpretation was based on the ethic of expressing a preferential option for the poor by standing in solidarity with the poor. The interpretative paradigms were Christian spirituality and feminist theology. Seven categories emerged from an analysis of the data: ego, embodiment, financial empowerment, community, injustice and vulnerability, women as agents of transformation and awareness of God. These categories were drawn as dimensions of identity and wholeness on the *model of full humanity* while the *empowerment of women as agents of transformation* is the lens through which each dimension is understood. This lens is represented as an arrow which intersects with the seven dimensions. The True Self was incorporated into a model of full humanity since relevant literature in spirituality teaches the importance of living from one's true self.

This *model of full humanity* advocates a multifaceted and integrated response to HIV/AIDS and spiritual growth. For example, if the church-based response is on behavioural change, other dimensions such as financial empowerment, "injustice and vulnerability" and collective or community empowerment must also be stressed. Similarly, if a home-based care program that focused on the embodiment dimension is chosen, community support, spiritual growth at the True Self and "awareness of God" dimensions, as well as protection against injustice and financial disempowerment should be holistically integrated into the home-based care program. For women, what harms their souls echoes through their physical, emotional, financial and relational spheres. Similarly, injuries to their physicality and financial identities also affect their spirituality.

While this *model of full humanity* may develop from women's particular experience, it is also directed to the wider audience of men who also desire to build a shalom society. These are men who desire the healing of divisions between the masculine and feminine in their own souls and between men and women in society. This *model of full humanity* offers a way to encounter wholeness that is simultaneously integrative, embodied, socially engaged and mystical. What people want, whether they are HIV-positive or not, is freedom, wholeness, healing and peace within themselves, with others, with creation, and with God; in short, a fully human spirituality.

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