ELIA SHABANI MLIGO

JESUS AND THE STIGMATIZED

Reading the Gospel of John in a Context of HIV/AIDS-Related Stigmatization in Tanzania

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AN AIDS CREDO

We believe in the unity of the body of Christ, that all are part of the body of Christ. We believe in the equality and dignity of all men and women, and accept each other as equal partners in the body of Christ.

We believe that when one member of the body suffers, we all suffer and that, when one member of the body rejoices, we all rejoice.

We believe in acceptance of ourselves and of each other as we are, in the knowledge of the healing (...) nature of Christ in his love for the body, ever remembering Christ’s acceptance of the leper and the outcast.

We believe in our personal Christian responsibility, as members of the body, to reduce the suffering of all members of the body by taking responsibility for our own lives and by accepting responsibility for the care of others.

(Source: Clifford, 2005: 18)
To the Group of PLWHA with gratitude for their willingness to read Biblical texts and share their lived experiences to me.

In memory of my Brother Charles Shabani Mligo and his wife Andzamukye whose stigmatization from both their own family members and their caring neighbours, before their untimely death in October 2002, kindled the ambition for this study.
ACKNOWLEDGMENTS

The South African sociologist and researcher Jonathann Mouton states: “To put together a coherent, logical, clear, and persuasive argument (…) usually involves repeated practice, many drafts, and a great deal of effort and even frustration.” (Mouton, 2001: 112) These words apply to much of the process of the present study. There is certainly a grain of truth that, in the process of writing, most of our words and ideas emanate from various places: from communities we belong to, from friends we converse with, and from persons to whom we have given our attention and time in order to learn from them. In this case, this study is not a work that emerged overnight. It has been a gradual process. The process benefited immensely from invaluable contributions by many people towards bringing it to its present form. It is not possible to give credit to each one by name. Suffice it to say thanks to everyone, each according to the input contributed.

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## ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>AMREF</td>
<td>the African Medical Research Foundation</td>
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<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>ARV</td>
<td>Anti-Retal Virus</td>
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<tr>
<td>BCE</td>
<td>Before Common Era</td>
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<tr>
<td>B.D</td>
<td>Bachelor of Divinity</td>
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<tr>
<td>CBS</td>
<td>Contextual Bible Study</td>
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<tr>
<td>CCT</td>
<td>Christian Council of Tanzania</td>
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<tr>
<td>CE</td>
<td>Common Era</td>
</tr>
<tr>
<td>CWN</td>
<td>Catholic World News</td>
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<tr>
<td>ELCT</td>
<td>Evangelical Lutheran Church in Tanzania</td>
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<tr>
<td>ELCT/SD</td>
<td>Evangelical Lutheran Church in Tanzania / Southern Diocese</td>
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<tr>
<td>FGM</td>
<td>Female Genital Mutilation</td>
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<tr>
<td>GAIA</td>
<td>Global AIDS Interfaith Alliance</td>
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<td>GNT</td>
<td>Greek New Testament</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>ICRW</td>
<td>the International Center for the Research on Women</td>
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<tr>
<td>IPA</td>
<td>Interpretative Phenomenological Analysis</td>
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<tr>
<td>IPP</td>
<td>Industrial Product Promotion</td>
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<tr>
<td>ISB/WM</td>
<td>Institute for the Study of the Bible &amp; Worker Ministry</td>
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<tr>
<td>IUCo</td>
<td>Iringa University College</td>
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<tr>
<td>M.A</td>
<td>Master of Arts</td>
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<tr>
<td>MP</td>
<td>Member of Parliament</td>
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<tr>
<td>MUCo</td>
<td>Makumira University College</td>
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<tr>
<td>NMSF</td>
<td>National Multi-Sectoral Strategic Framework</td>
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<tr>
<td>NESH</td>
<td>Norwegian National Committee for Research Ethics in the Social Sciences and the Humanities</td>
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<td>NPH</td>
<td>the National Policy on HIV/AIDS</td>
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<td>NT</td>
<td>New Testament</td>
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<tr>
<td>PLWHA</td>
<td>People/Person Living With HIV/AIDS</td>
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<tr>
<td>PLH</td>
<td>People/Person Living with HIV</td>
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<tr>
<td>RSV</td>
<td>Revised Standard Version</td>
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<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<td>SCC</td>
<td>Small Christian Communities</td>
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<td>TACAIDS</td>
<td>Tanzania Commission for AIDS</td>
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<td>TAMWA</td>
<td>Tanzania Women Media Association</td>
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<td>TDHS</td>
<td>Tanzania Demographic Health Survey</td>
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<td>THIS</td>
<td>Tanzania HIV/AIDS Indicator Survey</td>
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<td>Tanzania One Theatre</td>
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<td>WCC</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>UKIMWI</td>
<td>Upungufu wa Kinga Mwilini (AIDS)</td>
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<td>UBS</td>
<td>United Bible Societies</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNAIDS</td>
<td>Joint Nations Programme on HIV/AIDS</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
</tr>
<tr>
<td>VVU</td>
<td>Virusi Vinanvyo sababisha UKIMWI (HIV)</td>
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ABBREVIATIONS

approx. approximately
cf (confer) compare
cia. (circa) about
DiTh Diploma in Theology
Dr. Doctor
Dr. Theol. Doctor of Theology
ed. editor
ds. editors
etc (et cetera) and so forth.
e.g. (exempli gratia) for example
i.e. (id est) that is, that is to say
lit. literary
LXX The Septuagint
m. Mishnah
M. Phil. Master of Philosophy
p. page
pp. pages
Prof. Professor
Ph.D Philosophiae Doctor (Doctor of Philosophy)
TB Tuberculosis
trans. translated by
v. verse
vv. verses
CHAPTER ONE

GENERAL INTRODUCTION

1.1 STATEMENT OF THE PROBLEM AND AIMS OF THE STUDY

In this study, I address stigma attached to PLWHA as an obstacle for them towards accepting themselves, being accepted by other people, and dealing with the plight of HIV/AIDS in churches and communities in Tanzania. My main objective is to investigate the way the ‘Group of PLWHA’\(^1\) reads biblical texts from the gospel of John in its own context of stigmatization, and how such reading challenges churches in the way they relate with PLWHA. Here my specific objectives are to explore:

- the way the Group analyzes the attitudes and actions of Jesus towards stigmatized people within narratives in John’s Gospel,
- the way the PLWHA in the Group describe their lived experiences of stigmatization in places of social life, such as homes, churches, markets and health services,
- the way PLWHA in the Group identify themselves with characters in the texts they read and the possible resistances to stigmatization emanating from their identification process,
- the kind of image of Jesus portrayed by PLWHA in the Group in their readings of texts, and
- the possible challenge(s) posed by their readings to present-day churches.

Through the above objectives I investigate the way in which the Bible can be a resource for empowering PLWHA towards dignity, ‘healing’ and wholeness within the context of stigmatization. I presuppose that PLWHA are not empowered through non-HIV positive people taking the status of PLWHA upon themselves, nor through works of charity and caring concerns, but through PLWHA’s own work with Jesus narratives, and their integration of such narratives into their own situations of stigmatization. Hence, this is a study of how a group of PLWHA can develop resources through the process of Bible study in order to deal with stigmatization. I shall analyse how PLWHA in the Group are empowered through this process and the possible challenges that churches in Tanzania obtain from the Bible

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\(^1\) I use Group (with capital ‘G’) to imply the group of PLWHA in Tanzania with whom I facilitated contextual Bible studies in order to distinguish it from other groups of PLWHA (for more description see also 1.6 below).
reading that the people who are directly affected by the pandemic (the Group) bring as they advance their struggles against the consequences of stigmatization in their own communities.

1.2 CENTRAL FOCUS: JESUS AND THE STIGMATIZED

The central focus of this study is the encounters of Jesus with stigmatized people, both in the gospel of John and in churches to which today’s stigmatized people belong. Why should I focus on Jesus and the stigmatized in a study concerned with the interaction between PLWHA and their churches and communities? The reasons for my concentrating so much on Jesus and stigmatized people are the following: first, Jesus seems to be involved with stigmatized people in several texts in the gospel of John. In these texts, Jesus seems to stand over against his contemporary society in most of their views and their interpretation of scriptures that stigmatized people. Therefore, a focus on the relationship of Jesus with stigmatized people in these texts may convey a message to contemporary churches concerning their relations with stigmatized people, especially PLWHA.

Second, it appears that contemporary churches and communities in many instances stigmatize PLWHA and those associating with PLWHA in a similar way as the Jewish leaders stigmatized some characters in the texts from John’s Gospel. The stigmatization of PLWHA and people associating with PLWHA is one of the main hindrances of the efforts to counteract the pandemic.\(^2\) Stigmatization hinders self-confidence and dignity among people. It is a major obstacle not only to the efforts to prevent new infections of HIV, but also to effectively and compassionately care for and listen to the voices of PLWHA. It results in excessive irrational fear, denial, and silence about HIV, both among HIV positive and non-HIV positive people in most social life situations. It seriously hampers the efforts of PLWHA to obtain necessary information and treatment of their health situation, because it encourages an unwillingness to be open about their statuses.

Third, as I will demonstrate in the course of this study, both PLWHA in the Group and characters relating to Jesus in texts from the gospel of John hold that the main fear is not a fear of death due to their situations; rather, they fear the consequences of societal stigmatization (see Kamugisha in WCC, 2001). Societal stigmatization makes them seem

\(^2\) Joseph Mwendapole reports a similar conviction uttered by the Executive chairperson of IPP, Reginald Mengi, at a one-day church seminar for leaders. The seminar was held in Dar es Salaam (Tanzania) to discuss stigmatization and discrimination against PLWHA. Mengi maintained that “Unyanyapaa umesabibisha vita dhidi ya ukimwi kwa ngumu sana na kama kweli tunataka kashinda vita dhidi ya ugonjwa huu lazima tuanze kupambana na unyanyapaa.” (“Stigmatization has rendered the battle against HIV/AIDS very difficult, and if we truly want to win the battle against this disease, we must [first] start fighting stigmatization”) (Mwendapole, 2007, my translation from Swahili to English)
unhappy with life, angry with God, and unwilling to disclose their HIV positive status. Since stigmatization prevails in almost all areas of human life, this study presupposes that stigmatization relating to HIV/AIDS is a great enemy towards the life of hope to PLWHA – perhaps more than HIV and AIDS themselves.3 Hence, I am convinced that an authentic battle against HIV and AIDS cannot be achieved without addressing the stigmatization phenomenon within churches and communities to which PLWHA belong.

This study is based on the theological conviction that churches should pay much more attention to the way Jesus himself meets stigmatized people in the texts and the way PLWHA appear in the context of churches (communities) to which they belong. Jesus is the centre of the Christian faith, and therefore of the identity of the churches which constitute the universal Church. Jesus is also in solidarity with churches in sickness because they all represent the One Body. Churches in Tanzania, and in other places of the world, are composed of members with various statuses of lives – many of them infected and affected by HIV/AIDS, while others suffer physical and psychical disabilities.

1.3 THEOLOGICAL MOTIVATION: THE BODY OF CHRIST HAS AIDS

The motive behind studying the above-stated problem is partly based on the lack of adequate researches in African contexts addressing the question of stigmatization related to HIV/AIDS, and partly on the reality of HIV/AIDS as an illness4 in churches which are components of the One Body of Christ.

The Botswana theologian Musa Dube states that when writing about the status of the Church of Christ:

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3 Charles Nzioka did research in Kenya, one of the East African countries, to investigate the perception of death among PLWHA. His research revealed that PLWHA did not fear death in its real sense, but the stigma attached to dying because of HIV/AIDS. Nzioka discovered that the community constructed death due to AIDS as a ‘permanent death’ and ‘a shameful death’ because AIDS is a ‘disease of sinners’. The society equated being HIV positive with moral and physical contamination because the infection is associated with the blemish from social moral order about sexuality which also threatens the afterlife of those dying of AIDS (Nzioka, 2000). Similar constructions of death due to AIDS are possible in the context of the Group of PLWHA in Tanzania, a construction that most likely prompts many PLWHA to conceal and deny their HIV/AIDS seropositive statuses.

4 The South African theologian Gunther H. Wittenberg states that an illness involves three important dimensions: first, the physical dimension that involves the physical suffering of those that have tested HIV positive as the virus breaks down the immune system resulting in the symptoms of AIDS. Second, the psychical dimension involves the suffering of the person mentally and spiritually as that person tries to cope with the reality of death ahead. The feelings that come upon the person as the person realizes that the virus in the body cannot be taken out by any means poses great psychological struggles for that person. The third is the social dimension of suffering. Such dimension involves the sufferings inflicted by the community in response to the person’s status. It refers to the question of stigmatization by members of the community (rejection by fellow members of the family and relatives, feelings of shame and lack of proper services in social spheres) (see Wittenberg, 2007: 152).
The church has AIDS, for many of our members are infected, sick, dead or dying of HIV/AIDS and because if one of us has it we all have it, it means that Jesus Christ himself has AIDS, for the church is the body of Christ (1Cor.12:27). It is my contention therefore, that we do not have to wait until the judgement day to hear Jesus saying, “You saw me sick with AIDS.” Today Jesus Christ stands amongst us saying “Look at me, I have AIDS.” Do we love him any less? Do we worship him? Are we holier than him? In this HIV/AIDS era our greatest theological challenge is to grasp that Jesus is the face of every individual who is suffering with HIV/AIDS and who is threatened by this disease. Whenever and whoever and wherever a person is stigmatized, isolated and rejected because of their HIV/AIDS status, the church needs to grasp that Jesus himself is discriminated and rejected. (Dube, 2003)

The statement that Dube makes above highlights issues relating to faith in Jesus, common belonging, the globalization of AIDS and stigmatizing relationships between the HIV positive and the HIV negative people in AIDS-related suffering situations. It is certainly true that currently, people speak about HIV/AIDS as a global problem, a problem existing beyond Tanzania. I can see that the globalization of HIV/AIDS confirms the common belonging of human beings, as Stan Nussbaum makes clear when he writes, “The human race has AIDS. It is not ‘their’ problem. It is our problem as the members of the race. If it is not our problem, we are not human.” (Nussbaum, 2007: 121) The statement of Nussbaum suggests that HIV/AIDS is already here, present to every member of the human race today. It is something we speak about and experience as members of one race (the human race) and the one Body of Christ (the Church). If the above claim that HIV/AIDS is global holds truth, the important question among the issues raised by the accounts of Dube and Nussbaum above is about the

5 The American singer Marsha Stevens-Pino elaborates the notion of Dube about the Body of Christ having AIDS in her song ‘The Body of Christ has AIDS’, see Appendix 2, song 1. The statement of Dube reminds me of what happened when our family members experienced stigmatization, when both my brother and his wife became sick, certainly due to HIV infection, in early 2002. The attitudes and actions that their own children, their neighbours, in the hospital they attended, in the church, and the community enacted towards them most likely brought on their sudden death in October 2002.

6 In June 1988, the retiring head of the WHO uttered a statement that directly indicated the global nature of HIV/AIDS: “AIDS cannot be stopped in any country unless it is stopped in all countries”. This statement indicates that HIV/AIDS does not have to do with a particular continent or country, but is a global phenomenon that calls for a global responsibility (see Sontag, 1991: 177 in the footnote).

7 In this study, the term ‘race’ does not only refer to skin colour; but to entire human phenotypes in their similarity and diversity (cf. Chrysochoou 2004: xxii). The relationship between the concepts ‘race’ and ‘ethnicity’ are points of interest for scholarly discussions, but such discussion is beyond the scope of this study.

8 In this study, I use the term ‘experience’ following the suggestion by social scientists Niamh Stephenson and Dimitris Papadopoulos. They suggest that the more plausible approach to the concept of ‘experience’ is to conceptualize it as ‘lived experience’. They assert that in ‘lived experience’ “neither the every day constitutes experience, nor is experience the instrument which lets the every day emerge.” For them, “The notion of lived experience asserts that we are always in the flux of life, and experience occurs as individuals embody the incessant changes of the every day.” (Stephenson and Papadopoulos, 2006: xii)
kind of relationship existing in churches and in the larger communities between people infected by the virus and those without infection.

As a Tanzanian, a citizen of one of the African countries hit by the HIV/AIDS pandemic, and as a member of the Bena community (located in the southern highlands of Tanzania), I realize the urgent importance of the statements of Dube and Nussbaum. My first-hand experience of living together with and ministering to people considered to be infected by HIV, and affected by AIDS, has been an important starting point towards seeing stigmatizing relationships as a problem, not only to churches, but to society at large. My experience prompted me to think about what role the Bible, which is so important to churches in Africa, can have in such stigmatizing situations, and in the perspective of PLWHA.

1.4 BACKGROUND AND CONTEXT OF THE PROBLEM

After stating the problem and the motive behind it in the previous sections, I now briefly highlight the relationship between churches and PLWHA in the Tanzanian context as the background for my interest in studying the problem of stigma attached to people living with HIV/AIDS. I outline some practical ways in which churches have attempted to respond to the question of HIV/AIDS-related stigmatization, shortcomings of their responses, and the reason why I found it necessary to address the question of HIV/AIDS-related stigmatization in this study.

1.4.1 The Initiatives of Churches to Curb HIV/AIDS and Stigmatization

Questions about stigmatization of people living with HIV/AIDS are still issues under discussion among Tanzanian churches. The Christian Council of Churches (CCT) presented examples of initiatives towards discussing about HIV/AIDS-related stigmatization in their organization of senior leaders of churches for a consultation at Morogoro/Tanzania. The Tanzanian Journalist Simon Kivamwo reports about the consultation of Tanzanian clergy about HIV/AIDS and HIV/AIDS-related stigmatization in the IPPMEDIA online magazine. He reports that more than 80 Tanzanian clergy (bishops) and senior church leaders from various parts of the country embarked on a consultation meeting with the aims of evaluating and deepening their churches’ current understanding of the phenomenon of stigma. The consultation also discussed how each church responds to stigma and to the vulnerability to the HIV/AIDS pandemic.

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9 For a detailed description of the context of HIV/AIDS-related stigmatization, see chapter three below.
Moreover, the consultation aimed at deepening the knowledge among senior leaders of churches on the issue of stigmatization, and developing an action plan that each church would commit itself to implementing in the struggle against HIV infection and HIV/AIDS-related stigmatization (Kivamwo, 2004). Kivamwo quotes a statement from one of those responsible for the consultation: “The major purpose of this meeting is to deepen understanding of stigma and stimulate concrete response by different churches for addressing stigma.” (Kivamwo, 2004) Therefore, the consultation marks the commitment of churches towards understanding stigmatization as one problem in their struggles towards curbing the HIV/AIDS pandemic.

In addition to the common plans that the bishops struggled with in their consultation, there were also notable responses of individual churches towards curbing the pandemic. Recently, several individual church organizations and institutions have embarked on two main ways of fighting against the pandemic: first, through direct actions aimed at the pandemic itself and its effects in Tanzanian society. Most churches direct their attention to this way of dealing with the pandemic. Second, churches embarked on addressing the main issues which cause the vulnerability of those infected by the pandemic. Nevertheless, most churches do not primarily opt for this way of dealing with the pandemic, i.e., dealing with the sources of vulnerability to the pandemic, e.g., stigmatization of those living with HIV. The three largest mainline churches in Tanzania, the Roman Catholic, Anglican and Evangelical Lutheran churches, have demonstrated encouraging responses towards HIV/AIDS and its effects, yet they seem to have gone no further towards total commitment to issues relating to stigmatization of PLWHA, or those associated in one way or another with PLWHA.

The three churches I mentioned above run programmes that aim to curb the pandemic and care for children orphaned by their parents due to HIV/AIDS. They run hospitals and dispensaries whereby people test for HIV and are encouraged to undergo voluntary tests through counselling services. Some of these churches, such as the Diocese of Central Tanganyika (Anglican), have begun farming systems that are less labour-intensive in order to assist PLWHA and orphan children. Others, such as the Roman Catholic Church, have health institutions, apart from hospitals and dispensaries, which provide counselling and testing services. The Roman Catholic and Lutheran churches have also begun providing antiretroviral therapies (ART) in some of their hospitals. The Diocese of Arusha (Roman Catholic) also runs a programme under the name: ‘Uhai AIDS Prevention’ (Life AIDS Prevention), whose aim is educating, training in a variety of fields, and counselling of people living with HIV and those suffering from AIDS.
The ELCT also supports PLWHA and children orphaned by HIV/AIDS, depending on the funds available. The ELCT southern Diocese, for example, runs a project whose main endeavour is to promote awareness regarding the HIV pandemic among youth, to motivate people to test for HIV and to raise awareness in the community\(^\text{10}\) in order to meet the problem of orphans and the need to provide financial assistance to such orphans (see Chengula, 2003). The ELCT Southern Diocese project demonstrates the concern of the church towards the HIV/AIDS pandemic and its consequences in society.

1.4.2 Shortcomings to the Initiatives of Churches

Despite the discussions of stigmatization, and charitable responses towards PLWHA and people affected by the HIV/AIDS pandemic demonstrated by churches, which indicate a particular virtue of solidarity with PLWHA, they still have some weaknesses. First, churches seem to have hardly developed significant theological or Christian pastoral policies on the question of stigmatization related to HIV/AIDS. To me, the lack of clear policies suggests that churches have narrowly responded to the issue of HIV/AIDS-related stigmatization which faces their members. In this case, they have hardly succeeded in achieving thoroughness, either theoretical or practical, in their response to issues of vulnerability to stigmatization due to people’s physical appearance, their apparently disgusting behaviour, and their membership in stigmatized groups.

Second, churches have not adequately addressed issues concerning the Christian relationship between the larger community and PLWHA. Instead, they have mostly been silent about addressing the Gospel in relation to the value of a human person, and the way the community of believers can unconditionally accept such a human person. Therefore, as the Swedish theologian Gunnar Norlén puts it, the main problem with most churches is certainly not based on spirituality, but on humanity: “Today, however, the problem of churches worldwide is not lack of spirituality, but rather a lack of humanity.” (Norlén, 2003: 275)

Third, most churches seem to indicate a bias in their emphasis of the relationship between the spiritual and the human component of a human being. Churches may have emphasized the spiritual component and left behind the human component in most of their

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\(^{10}\) The terms 'community' and 'society' are certainly tricky ones. They seem to be more confusing in their application because both refer to people within a particular location. In this study, I use the two words interchangeably to refer to a group or groups of people with some sense of togetherness or commonness and some sort of system for life. I use the words to refer to people that one expects to share historical and moral significance, with some sort of face-to-face interaction in their daily lives that is mostly based on sentiments of cooperation and trust among themselves. However, I am aware that an ideal community or society can hardly exist due to dynamics among people within the group/groups to which they belong.
proclamations. They seem to have succumbed to the “risk of reducing Christianity to Gnosticism, the essence of which was pure spirituality, making the spiritual climb a polarizing factor between the divine and the human.” (Norlén, 2003: 275) When they run this risk of reducing Christianity to Gnosticism, churches seem to embrace the Christ of the Gnostics who was the ‘Lord for a few selected people’ who were considered to be spiritually (and morally) perfect, and had escaped from the bounds of the sinful body, not for the whole sinful human race (cf. Norlén, 2003: 275).

Fourth, churches seem to be silent about recognizing that they also have an obligation to protect their members from attitudes that exclude PLWHA from membership in the community of God’s believers; this is in addition to directly fighting the pandemic, or engaging in works of altruism. This silence of churches may be because HIV/AIDS challenges their ways of interpreting Scriptures and their conception of sin. I believe that the failure to develop theological and Christian pastoral policies among churches is certainly linked to this challenge.

The consequence of these weaknesses is that most churches have stigmatized PLWHA, both in the name of providing charity to them (PLWHA), and in their silence about issues of HIV/AIDS and stigmatization in church affairs. The notion of stigmatizing PLWHA in charity work is more explicit in a statement of a Ghanaian woman:

I have been a member of a charity organisation. As soon as it became known that I am HIV positive, no one in the organisation will have anything to do with me. My best friend does not want to be with me anymore. A nurse who knows I am HIV positive refused to let her child play with my child.

(Church of Norway General Synod, 2003:17)

This statement indicates that it is possible for charity workers to stigmatize those to whom they direct their charity works. In a similar way, the involvement of churches in charity works for PLWHA may lead them to stigmatize PLWHA through excluding PLWHA from their works. Churches may also stigmatize PLWHA through the language they use to address PLWHA or their close family members in the charity provision process.

The research of Kari Hartwig, Seelah Kissioki and Charlotte D. Hartwig illustrates the stigmatization of PLWHA in the process of responding to the HIV/AIDS pandemic and to stigmatization. In their analysis of responses to HIV/AIDS and stigmatization among pastors,

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11 The unsigned article in the IPPMEDIA online magazine quotes one of the clergy in Dodoma (Tanzania) saying: “‘Our moral obligation [as clergy] is to lay the basis for our people to live spiritual life and not otherwise’ (…)” (Unsigned Article, 2007)
evangelists and women who were heads of women groups in a workshop at Mwangaza Teachers Centre (Arusha Tanzania), Hartwig, Kissioki and Hartwig noted that church leaders, despite their charity works, made stigmatizing responses to PLWA. Stigmatization was mainly through ‘‘religious teachings that AIDS is a punishment for sinning’, the fact that ‘people feel it’s shameful to talk about AIDS’ and ‘Christian teachings that they [people with AIDS] have fallen short of the glory of God and need no mercy’.” (Hartwig, Kissioki & Hartwig, 2006: 495)

The Church of Norway General Synod documents similar attitudes to those of church leaders in Tanzanian in church leaders in Norway too:

Churches around the world have reacted in their different ways to the challenge of the AIDS epidemic. In many cases, the church has primarily communicated the message that true Christians will not catch the HIV virus, and Norwegian church leaders, too, have declared that AIDS is God’s judgement on people who have lived a sinful life. In this way, the church has set itself apart in relation to the epidemic by saying: “this is something that has nothing to do with us”. (Church of Norway General Synod, 2003: 21)

The research by Hartwig and her colleagues, and the statement from the Church of Norway General Synod, indicate that stigmatization in terms of teachings of churches and attitudes towards PLWA by church leaders are one of the most serious problems hindering an effective fight against the pandemic in numerous places in the world.12 The escalation of the problem in churches in the South may be caused by the fact that the background of stigmatization of PLWA in countries in the North (e.g., their attitude towards homosexuality) is probably penetrating churches in the South, and Tanzanian churches in particular.13

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12 Mwendapole quotes a speech from a Tanzanian leading businessperson and chairperson of IPP companies Reginald Mengi that he delivered at a seminar for religious leaders in Dar es Salaam. In his speech, Mengi warns religious leaders to act according to what they say in relation to HIV/AIDS-related stigmatization. In his own words, Mengi thus states, “Bila kutenda yake mnavoyasema waumini wenu hawatowaelewa [na] mnaposema na kutenda tofauti waumini wenu hawatowaelewa” (lit. “Without yourselves doing what you utter, your followers will not understand you and when you utter and do differently, your followers will also not understand you”) (Mwendapole, 2007, my translation from Swahili to English). This warning suggests the stigmatizing role religious leaders have played in the way they speak about PLWA and how they handle them in the religious communities they lead.

13 The document of Church of Norway General Synod reports that the subject of homosexuality has been problematic to address, and that this subject provides an underlying background of the attitudes of most churches in Norway towards the HIV/AIDS pandemic (see Church of Norway General Synod, 2003: 22). Similarly, the subject of homosexuality is a difficult subject among churches in Tanzania and becomes a possible source of stigmatization to PLWA and homosexuals (see ELCT, ‘Bukoba Statement’, 2004).
Another reason for stigmatization that the research of Hartwig, Kissioki, and Hartwig identified was the difference between those in the higher and those in the lower hierarchy in the churches. The hierarchical structures inclined most church leaders with higher authority to remain silent, or to pay little attention to stigmatization as a problem in their churches (Hartwig, Kissioki & Hartwig, 2006: 495 cf. van Wyngaard, 2006: 282-283).

The lack of adequate leadership skill, authority, and adequate knowledge about HIV/AIDS and stigmatization also led most leaders in the lower hierarchy to remain silent about the problem, especially in view of the presence of skilled and more experienced church leaders at the higher hierarchical level. The question of power seemed to manifest itself in various levels in this case. The skilled evangelists were not authoritative enough to address the question of HIV/AIDS and stigmatization in front of the pastors, who were likely to be unwilling to address such issues in the church, and the same applied to pastors in relation to their bishops (Hartwig, Kissioki & Hartwig, 2006: 495). Hence, hierarchy is one of the obstacles preventing most church leaders from addressing the problem of HIV/AIDS-related stigmatization on most levels of church leadership.

Fear of courtesy stigmatization exacerbates the silence about the problem of stigmatization in most churches. Most church leaders fear to address issues of stigmatization in churches due to fear of stigmatization from members of their churches. Church leaders’ fear of addressing the question, lest they be stigmatized by church members, causes them to continue stigmatizing PLWA in their sermons and attitudes, as a mechanism to identify with the normal people in their congregations (Hartwig, Kissioki & Hartwig, 2006: 495). Since stigmatization is one of the main causes of denial and silence about HIV/AIDS-related stigmatization within churches, this must be addressed in a more critical and analytical manner.

1.4.3 The Need to Address Stigmatization of PLWA

The above shortcomings regarding the responses of churches demonstrate that the question of HIV/AIDS-related stigmatization requires intense discussion in relation to the gospel message about Jesus. This necessity is so intense because, as I will demonstrate in chapter three, despite the efforts churches make towards curbing the pandemic and discussing stigmatization, PLWA remain strikingly vulnerable to stigmatization in faith communities.¹⁴

¹⁴ In this study, I employ the term ‘faith community’ to mean a group of people that belong to one particular religious faith, and that embrace some sort of similar religious beliefs, normally accepted by the group as
Faith communities disregard people living with HIV/AIDS and consider them as sinful people who led a sinful life (especially having illicit sex) before HIV infected them. As the theologian Douglas J. Hall suggests, the whole issue of stigmatization of PLWHA in the society is in most cases linked with religion (in this case, Christianity), especially in the misuse of its faith and theological resources to combat the modern pandemic (Hall, 2004: 62).

Consequently, HIV/AIDS-related stigmatization means that HIV/AIDS remains a powerful challenge to both religious and secular spheres of the Tanzanian society. In the religious sphere, the HIV/AIDS pandemic seriously challenges churches about the way they meet PLWHA. Is this not a test of the genuineness of churches as disciples of Jesus? Is it not a test of the sincerity of churches about their ministry among people whose livelihood is precarious, and of the churches’ sensitivity to the reading of scripture in this context? Churches also face two questions that are more provoking, if they are to adhere to the unconditional love of God at all. The first is based on the room churches provide to PLWHA in the community of believers in spite of the way they are. The second is based on whether people infected and affected by the pandemic can recognize their churches as non-discriminating bodies of Christ who care for human necessities irrespective of behavioural infidelity. How do churches foster a non-stigmatizing situation towards PLWHA? What has been done in faith communities regarding HIV/AIDS and PLWHA, and where does the emphasis lie?

1.5 STIGMATIZATION AND BIBLICAL SCHOLARSHIP IN AFRICA

Since the Bible is so important to the life of African churches, a central question is how the Bible has been used as a resource against stigmatization. In fact, it is scarcely possible to speak of contextual Bible studies on HIV/AIDS and on HIV/AIDS-related stigmatization in Tanzania. Researchers have written widely concerning HIV/AIDS in the country, but most recent researches are concerned mainly with strategies to protect oneself from the HIV infection, and the ways churches should respond to the plight of HIV/AIDS.15 Others examine the contribution of indigenous traditions of the African people in the context of the spread of HIV/AIDS,16 while other researchers have concerned themselves with reading biblical texts by theological experts to envisage the relationship between HIV/AIDS and gender.17 To the best of my knowledge, theologians in the ELCT/SD and in Tanzania have so

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15 Such studies include: Locko, 2006; Boird, 2006 and Ngajiro, 2005.
16 Such studies include Kipangula, 2005.
17 An example of such studies is Boniface-Malle, 2004.
far not done contextual Bible readings from the perspective of the stigmatization related to HIV/AIDS. Moreover, there has been no explicit attempt by theologically trained people to undertake contextual Bible studies together with non-theologically trained people. This lack of attempts at contextual Bible readings focusing on the question of stigmatization suggests the necessity of such studies.

In Africa at large, Sub-Saharan Africa south of the Limpopo River seems to present more HIV/AIDS-related contextual readings of the gospels by theological experts than other places of the continent. In this section, I concentrate on two of them: that of Malebogo Kgalemg, and that of Sarojini Nadar and Gary S. D. Leonard.

The Botswanan theologian Malebogo Kgalemg (2004) used Deconstruction theory to read John 9 in the light of HIV/AIDS-related stigma. After defining the meaning of stigma in its sociological and psychological perspectives, Kgalemg read a text from the gospel of John concerning the man born blind. Malebogo systematically analysed the social structures underlying the interaction between the blind man and Jesus, the Pharisees and the scribes and Jesus, the blind man and his parents, the parents and the Pharisees and scribes, and the blind man and the Scribes and Pharisees. Kgalemg explored the following question: “Is there a biblical perspective that gives us a mandate to resist illness-based stigma?” (Kgalemg, 2004: 156) This question is central to Kgalemg’s analysis of the text and, it seems, to an analysis of any biblical text that seriously intends to explore the situation of stigmatized people, the role of stigmatization in the social system where it occurs, and its impact on people belonging to the stigmatized group.

The questions that Kgalmang raises and the issues she discusses in her reading are of vital importance and shed light on the development of my work, which raises similar questions (see Kgalemg, 2004: 163 – 165). However, the reading of Kgalemg seems limited in its perspective; it is mostly a reading from the perspective of a theologically trained person, a reading from above, that scarcely captures the actual lived experiences of the stigmatized PLWHA. It scarcely moves beyond normal biblical scholarship in the direction of hearing the voices of the ‘real’ people who read the text in their real lived experiences, which is the primary task of my participant-centred contextual Bible study (see chapter four below).

The South African theologians Sarojini Nadar and Gary S.D. Leonard (2006) did more recent typical Contextual Bible studies on HIV/AIDS including both theologically trained and non-theologically trained people among pastors of the Indian Pentecostal churches. Nadar and

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18 Some recent studies include: Nadar, 2004; Stiebert, 2004; Dube, 2004; and Kgalemg, 2004.
Leonard used critical tools of the ISB/WM (currently Ujamaa Centre) to conduct three Contextual Bible Studies, i.e., Mark 3: 1-8 (focusing on issues of HIV/AIDS), Samuel 13: 1-22 (focusing on issues of justice and the rights of children) and John 4: 7-23 (focusing on issues of ethnicity and culture). Nadar and Leonard, using the theory of hegemony (suggested by the Commarofs), attempted to capture the ambivalence of the textual and contextual interpretations of the groups they divided for facilitation. They attempted to present the experiences of domination and alienation inflicted by churches on PLWHA. They ascertained the failure of churches to deal with issues of HIV/AIDS and the position taken by some of the group members (leaders of the Pentecostal churches) in the Bible study process that HIV/AIDS was a punishment from God, and their comparison with the innocence of Job and his ultimate suffering.

The contribution of Nadar and Leonard in their article is mainly based on their social engagement with community members and their commitment to read the text of Mark in the light of HIV/AIDS issues which face the Pentecostal churches. However, the Contextual Bible Studies attempted by Nadar and Leonard hardly mention, or explicitly deal with, the question of stigmatization and its dynamics. They pay little attention to the process of stigmatization of people living with HIV/AIDS and the social structures exacerbating this in both the text and its world, and in the contemporary context of the South African Indian Pentecostal churches.

1.6 METHOD AND THEORETICAL PERSPECTIVES

In this section, I briefly introduce the way I study the problem. I introduce the methodology (the way I obtained the data and what I did to the data), the epistemology (the way the theoretical perspectives I use correspond to my methodological perspectives), and my ontology (the way of being for both my Bible study participants and myself) as key issues in this research (cf. Rhedding-Jones, 2005: 43).\(^\text{19}\) This study is an interdisciplinary study drawing on materials from various disciplines such as theology, sociology, anthropology, pedagogy, medical anthropology, and social psychology, yet focusing on one specific problem – the stigma attached to living with HIV/AIDS - in a theological way. It is my conviction that the interdisciplinary approach I use will assist in bringing new insights about the problem of stigma attached to living with HIV/AIDS both within and outside churches (cf. Clegg and Rhodes, 2006: 7, 174).

\(^{19}\) For a detailed methodological discussion see chapter four below.
The biblical scholar William R. Herzog believes that in attempting an inquiry in biblical researches, “One begins with a theory, not with facts; with a paradigm in place not with a tabula rasa; with subjective involvement, not impersonal detachment; with an agenda, perhaps a hidden agenda, not with a neutral position; with a subtext as well as a text, with suspicions, hunches, and guesses, not with innocence (...).” (Herzog, 1994: 15-16) In this study, I used a modern category of ‘stigmatization’ as my theoretical perspective to study classic biblical texts in order to ascertain the way Jesus related to stigmatized people in the texts. My main role in this study was primarily to study texts in a scholarly way, using the perspective of stigmatization, in order to ascertain hermeneutical questions arising from the interaction of characters within the texts, and to facilitate the participant-centred contextual Bible study process in community by using such hermeneutical questions.

The method I use in studying this problem in the fieldwork is ‘Participant-centred Contextual Bible Study.’ Through the participant-centred contextual Bible study method, I study the way the Group use the Bible as a resource to deal with stigmatization and establish possible safe spaces for re-socialization. The interlocutors involved in the participant-centred contextual Bible study process are the Group of PLWHA from one of the local communities in the ELCT Southern Diocese, Tanzania. The main contribution of the Group is to discuss the texts and articulate the relevance of such texts in their own context. I then supplemented the participant-centred contextual Bible study process with autobiographies written by individual PLWHA in the Group to indicate the way each one of them experienced stigmatization by immediate members of the community. I also used the perspective of stigmatization to examine the way stigmatization worked in various contexts in Tanzania, and in the lived experiences of the Group of PLWHA. Hence, this study presents a study of the Bible from below, and from the perspective of the Group of PLWHA in their first-hand experiences of stigmatization.

Moreover, this study is both an empirical and biblical hermeneutical study presenting contextual Bible study as a process. As a process, the facilitation of the reading of texts from the gospel of John is not a weapon (a mere instrument) for data collection, but a tool for the spiritual, emotional and social healing and empowerment of PLWHA so that they may recognize their useful existence in the society.

In this study, I use the term ‘stigmatization’ interchangeably with other related terminologies such as discrimination, exclusion and shame. I use the term stigmatization in

20 For a more detailed presentation of this type of Bible study method, see chapter four (section 4.4).
this study in its wider perspective. I do not use it to mean a phenomenon found only in Tanzania, but I use it to mean a worldwide problem. Since I could not do research in every area where it was globally experienced, I selected one group of PLWHA belonging to one ethnic group (the Bena) among numerous ethnic groups in Tanzania to discuss stigmatization related to HIV/AIDS. In order to distinguish this group of PLWHA from the general use of the acronym, I will use phrases such as ‘PLWHA in the Group’, ‘the Group of PLWHA’ or ‘the Group’ (with capital G) for that purpose. Therefore, the issues about HIV/AIDS-related stigmatization that this Group discussed serve as a sample of similar lived experiences in various contexts of other places of the world.

This study is both descriptive and interpretive in nature, drawing some ideas from the critical research tradition (see chapter two below). It is descriptive because it expresses the experiences of stigmatization in the contexts of texts from the gospel of John, in a Tanzanian context, as well as in other places of the world. It is interpretative because it critically analyzes the possible ways PLWHA in the Group and characters within the text of the gospel of John make sense of their lived experiences of stigmatization, leading to a possible transformation in behaviour with regard to their present situations.

The terms Church and churches are significant in this study. I employ the term ‘Church’ in this study to denote the worldwide Christian believing community of God, the Body of Christ. ‘Churches’ are the local and contextually orientated individual denominations where members of the Body of Christ belong, and with which they identify themselves. This study will mainly be concerned with churches in discussing the issues of stigmatization that PLWHA experience, since they belong to such bodies.

The united acronyms ‘HIV/AIDS’ are frequently used in this study. My use of such acronyms is, however, sensitive to the fact that they have different implications: HIV is a retrovirus which is the agent of infection, and AIDS is the syndrome (a range of symptoms) of the seriously damaged human immune system. I do not use the two joined acronyms to imply one particular disease called ‘HIV/AIDS’, which is in most cases erroneous; my usage is interchangeable with the use of separated acronyms such as ‘HIV and AIDS’ and ‘HIV, or AIDS’. Therefore, the use of united acronyms should not be understood to mean one single acronym: they are two distinct acronyms, separated by a slash.

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21 I use the concept ‘ethnic group’ in this study to imply “a group of people that have certain characteristics of civilization in common (...).” (Chryssochoou, 2004: xxiii) The study implies a group of people that have a particular real or mythical description of their origin and hopefully share a historical background, life experiences and worldview (Chryssochoou, 2004: xxiii). The Bena ethnic group, for example, has people who share most of issues of civilization, e.g., language, historical descent and the worldview of people.
1.7 SOURCES AND BIBLE STUDY PARTICIPANTS

The sources for this study are both field data and written materials. Primary field sources include notes from participant-centred contextual Bible studies and written biographies of some individual members of contextual Bible studies. I collected field data from the reading of texts by the Group of PLWHA. Secondary written sources include books, articles from journals and books, internet materials and unpublished written sources such as research papers, theses and dissertations. I collected written sources from libraries in Europe and Africa, including South Africa, Tanzania, Norway and Sweden. In most cases, my findings for this study are based on the above sources.

Moreover, this study also uses the Bible (RSV with Apocrypha) as a primary source of discussing issues of stigmatization. I selected three texts from the gospel of John 4:1-42, 8: 1-11, and 9: 1-41 as key texts for the exegetical process in both my scholarly work and the study in the community (the Group of PLWHA). The reason for choosing the three texts is that they correlate more adequately with the theoretical perspective I employ in the analysis of issues in the study. Therefore, this study combines both scholarly and community reading of texts to study stigmatization in the interaction of characters in the texts and in the lived experiences of PLWHA in community.

The Bible study participants were members of the Group of PLWHA, whose ages ranged from 28 to 62 years. Most of them came from poor families and lived a local lifestyle. Some of them were fluent in reading and writing, while others were less fluent. These people belonged to a variety of denominational and religious affiliations: Lutherans, Catholics, Pentecostals, and a few Muslims.

The Group is one of the support groups in Njombe District (Iringa Region) which operates under the auspices of health services belonging to the ELCT. This Group began effectively in January 2004 with nine members: 4 males and 5 females. By May 2006, the Group already had 57 members: 27 males and 30 females. This Group accepts members irrespective of their religious belief, political affiliation, or gender orientation. The ambition of the Group was to join hands with the government initiatives to fight against HIV/AIDS and its effects on society, including stigmatization.

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22 The Greek words and phrases are from GNT Friberg NT (UBS).
21 The term ‘Pentecostals’ here denotes those members that came from Pentecostal churches in general.
24 The ELCT Southern diocese, through its hospital and its dispensaries, has been involved with groups dealing with HIV and AIDS in the diocese and surrounding areas.
During the time I did this research (between October 2006 and March 2007), the Group had an elaborate leadership, i.e., the chairperson of the Group, the vice-chairperson, the secretary, the vice secretary, the treasurer, the vice treasurer and committee members, who discussed issues surrounding the Group prior to the General meeting of all members. The Group had a small office near their village bus stand.

Since the Group began in 2004, it has played a great role in motivating the community (especially PLWHA and their care providers) to plan strategies for self-reliance in order to alleviate the acuteness of poverty caused by the resurgence of HIV/AIDS. It has also become involved in providing education to the community on how people can protect themselves from the scourge of HIV/AIDS which so cruelly kills people created by God, in their village and other surrounding villages. The Group has organised visits to the homes of PLWHA, to console them in living with HIV. It has motivated them to hope in God and to live “positively” with the virus.

Moreover, the Group has played a great role in motivating the community members surrounding PLWHA to recognize their responsibility to care for infected people and orphans with love and concern. Together with their motivation to the surrounding community, they have also motivated PLWHA and members of the entire community to break the silence about stigmatization related to HIV/AIDS. They have done this by making uninfected people more aware of the place of PLWHA in their immediate communities. Therefore, though churches and government authorities hardly recognize it, the Group has been one of the potential resources in the struggle against HIV/AIDS and its consequences in the Bena area.

The Group of PLWHA belongs to the Bena ethnic group. The Bena ethnic group is mostly located in Njombe District, Iringa Region. It is one of the dominant ethnic groups in the area. It is located in the Upper Southern Highlands part of Tanzania. The Cairo (Egypt) - Cape Town (South Africa) highway passes through the area (Makambako town) in the direction of the city of Mbeya. The Bena area is now one of the rapidly growing rural areas in the Upper Southern Highlands. People of other ethnic groups have come to the area, but most of the inhabitants are Bena, an ethnic group that is a component of the Bantu group of people (cf. Juntunen, 2005: 16).

Most of the inhabitants of the villages in the Bena area are local peasants; some have small-scale businesses. People cultivate maize, beans, soya beans, peanuts, and sunflowers;

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25The word Bantu means ‘people’ (ba- plural prefix (mi- singular prefix), and -ntu (or -tu) is a stem for ‘person’. Most of the Bantu tribes are located in the southern half of Africa. They are characterized by having a remarkable degree of uniformity in their languages, and having common beliefs and customs.
and they keep livestock in order to earn their daily living. Cultivation is, in most cases, less reliable due to unreliable rainfalls in the area. Most of the land is not excellent for farming, due to the prevalence of long dry seasons (Juntunen, Nikkomen & Janhonen, 2002: 212, and Juntunen, 2005: 16). Therefore, people’s economy depends mainly on selling the above crops and livestock in order to obtain their daily living.

Families in most villages, if not all, are patriarchal in structure, with sex, age and one’s position within the family determining the rights and duties of the family members. Such families consider a man as the head of the family, whose main duty is to care for the family, i.e., his children, wife, and probably the extended family members. The wife takes care of all domestic affairs including caring for the children and husband. The Bena respect the role of each member of the family. The Bena ethnic group do not expect a wife to be the head of the family. The same applies to the children. They also expect that children will pay respect to their parents and other members of the community in which the family is located (Juntunen, 2001: 48; 2005: 16). In this case, the Bena do not consider children to belong to one family, but to the whole community.

Marriage is an agreement between two families even though the partners are free to select the marriage partner each of them wishes. The man is the initiator of the process and the woman accepts or rejects the proposal of the man. The marriage process is arranged by the husbands. This marriage process includes the provision of the bride price to the parents of the woman. Polygamy is also a common practice in the area. Some men are married to more than one wife (polygyny). Polyandry is not a common type of polygamy in the Bena community. In this era of HIV/AIDS there are also some single women living outside of marital relationships due to divorce, widowhood, or elopement (Juntunen, 2001: 48-49; 2005: 212; Mligo, 2004: 20-25).

Christianity and Islam are the major religions in the area. Slave traders introduced Islam in the Bena area and the surrounding areas before the missionaries came. Nevertheless, most people in the Bena area are Christians. This resurgence of Christians is possibly because the Bena area had several bases for mission work where the Lutheran and Roman Catholic missionaries arrived and strongly established their work. Examples of missionary bases for mission work in the Bena area include Kidugala, Ilembula, Lupembe, and Yakobi. Missionaries preached the Gospel in the Bena area to win converts. They also built dispensaries to provide treatments for minor health problems (Juntunen, 2001: 48).

The Bena Ethnic group also has traditional healers who carry out their activities despite the official work of dispensaries and hospitals. We have little data about how the
traditional healers contribute towards healing ministry, yet their contribution is significant, and their existence in the community is highly recognized (cf. Juntunen, Nikkomen and Janhonen, 2002: 211).

The existence of traditional healers in the Bena ethnic group, interacting with the community, sheds light on the worldview of the inhabitants. The traditional Bena worldview is similar to the worldview of other Bantu groups of people. The Bantu group also shares its worldview with other groups of people in Africa at large. I agree with Oosthuizen (1991) that the Bena ethnic group, like most African people, is “surrounded not by things, but by beings – the metaphysical world is loaded by beings.” (Oosthuizen in Adewuya, 2007: 103) The fact that beings surround the life of the Bantu implies that “everything is interdependent and in the end has religious value.” (Oosthuizen in Adewuya, 2007: 103) Accordingly, the interrelatedness of beings in the metaphysical world of the Bena ethnic group forms most of their ontological worldview.

The ontological worldview of the Bena ethnic group, as I have stated, is mainly anthropocentric, and is characterized by the flow of morality from the higher being to the lower. God (Mulungu or Nguluri) is the source of human morality, which flows through the hierarchical lifestyle of the members of the community: God, ancestors, religious and political leaders, members of the clan and members of the family. The Bena understand God as the source of the life that flows over all his creation. All members of the Bena community are obliged to sustain this life. Therefore, the ontological worldview of the Bena people revolves around the enhancement and sustenance of life in God’s creatures, the life that God himself wills and provides (Juntunen, Nikkomen and Janhonen, 2002: 212).

1.8 ETHICAL ISSUES SURROUNDING THE BIBLE STUDY PROCESS

Since this study is mainly interpretive in nature, it was my responsibility as a researcher to be aware of the discussions of PLWA in the Group, their actions, and the possible reasons for such discussions and actions (Rheding-Jones, 2005: 88). This responsibility was an important factor in enabling me to comprehend what they communicate and why they communicate it in that way, following the ethical guidelines of interpretive research. An expert on early childhood education, research methodology and theories, Jeanette Rheding-Jones, points out that the ethics of interpretive research mainly bases on the awareness of the researcher about the lives of people who participate in the research. At the same time, the researcher should develop a maximum link with such people in order to make it possible to
understand what is said and practiced (Rhedding-Jones, 2005: 88). Hence, my main ethical considerations in the contextual Bible studies are concerned with issues referring to the interaction between participants and the facilitator (myself) and among participants themselves, e.g., educational levels, professional differences, gender relations and power differences. Ethical considerations are also based on the language of the Bible studies (Swahili) and the language of my study (English), issues regarding confidentiality and the rights of participants, and issues concerning the economic status of the participants. Such issues raise dilemmas that must be handled ethically in order to have a better understanding of what they are trying to communicate in the contextual Bible study process.

According to Anne Ryen (2007), there are three mandatory issues in research ethics, i.e., trust, confidentiality, and informed consent (Ryen, 2007: 202). I discuss the ethical dilemmas of the participant-centred Bible study in the light of the issues suggested by Ryen. The first dilemma concerns the difference in educational and professional levels between my informants and me. This educational and professional gap required close attention, because it demonstrated a power relation between the Bible study participants and me, which might hinder their free contribution to the discussions. The important question here was how I could minimize the educational gap between my informants and myself, so that they could read Bible texts comfortably with my facilitation.

The second dilemma is based on the sexual difference in my relation, as male, to my informants, who were mostly female, with only a few men. This sexual difference raised questions of both confidentiality and trust. According to the traditions of the patriarchal Bena ethnic group, a woman cannot speak freely in the presence of a man. In most cases, women accept what men propose for them. In the context of my research, this raised the question: how could I relate to the female informants in such a way that my presence was not a hindrance to their contributions in the reading process?

26 American experts of social research, Daniel F. Chambliss and Russell K. Schutt (2006), list five ethical obligations in research with human subjects:

"Research should cause no harm to subjects.

- Participation in research should be voluntary, and people must therefore give their informed consent to participate in the research.
- Researchers should fully disclose their identity.
- Anonymity or confidentiality must be maintained for individual research participants unless it is voluntarily and explicitly waived.
- The benefits of a research project should outweigh any foreseeable risks." (Chambliss & Schutt, 2006: 43)

While I am aware of the efficacy of each of these five obligations, I discuss them within the three classifications according to Ryen (2007) above: trust, confidentiality and informed consent.
The third dilemma concerns the power relation among the informants themselves, which could possibly hinder them from building trust and confidentiality in relation to each other. The Group I studied comprised people with a formal primary education and others who hardly knew how to read and write. The group also comprised both males and females. It also comprised people from different denominations and religions. It was important for me to minimize the power relations among them in the process of reading. The Bible study required me to divide people into small buzz-groups for the in-depth discussions of research texts, in order to study tangible issues regarding stigmatization for each particular sex. The division of groups was a tricky part of my facilitation work.

The fourth dilemma is based on the language of the contextual Bible study and the language in which I report the results. I facilitated participant-centred Contextual Bible studies in Swahili, a language spoken by the participants. I had to transcribe and translate the data from written scripts and recorded voices into English, a language I use to report the findings. The dilemma here concerns the accuracy of the materials transcribed and translate from Swahili to English. It was very important for me in my research report to attempt to make a plausible transcription and translation of what they wrote and said in order to safeguard their integrity and content.

The fifth dilemma concerned the confidentiality that my informants required during the process of Bible study and during the reporting of data. During the Bible study process, PLWHA in the Group were unwilling that non-HIV positive people should listen, or participate in what they discussed in the Bible study room. They wanted the issues they discussed to be private and confidential. Moreover, PLWHA in the Group were unwilling that other people other than the facilitator should hear their recorded sounds after the Bible studies. In this case, the Group evoked me with important ethical issues regarding privacy, data storage and data dissemination with a view to safeguarding integrity, even after the research process and the reporting of the collected data.

The sixth dilemma was economic. Most PLWHA in the Group came from poor families, and a background of rejection. Due to their health problems, they were unable to work and earn their living adequately. At the same time, most of them required suitable nutrition due to anti-retroviral drugs they used; but their inability to work and less assistance made it extremely difficult for them to get this nutrition. The problem was: how could I approach such a needy person for my own research purposes? The following questions were urgent: What is ‘informed consent’ in the case of a group of people who anticipate some material gain from the researcher? Does their ‘yes’ mean that they have consented to the
purpose of the research? My knowledge of the Bena culture indicated that that could hardly be the case. Sometimes people could say ‘yes’, and sign the consent form to mean ‘no’, or to mean something else. The reality of what they communicated was manifest in the way they responded to the process of research.

How did I attempt to deal with some of the above ethical issues in my data collection process? I attempted to deal with the dilemmas regarding issues of trust I discussed above by following Paragraph 17 of the guidelines of the Norwegian National Committee for Research Ethics in the Social Sciences and the Humanities (NESH, 2005) and the research ethics in Tanzania where I conducted my research (see NPH, 2001 chapter 8). I perceived PLWHA in the Group as my informants, in the totality of their personalities. First, I valued the physical health that makes them effective physically in mastering daily activities, their physical make-up and their genetic factors constituting this.

Second, I tried to respect their psychological feelings – the way they perceived their personality, the way they reacted to others of a different status from theirs, the way they endeavoured to cope with life and the way they saw the importance of their contribution to the society they lived in.

Third, I endeavoured to improve the interaction between PLWHA in the Group and other members of society - how their friends and family members perceived them, and how PLWHA in the Group perceived those friends and family members. This research linked the perceptions that PLWHA in the Group had towards the society both before and after their infection.

Fourth, I endeavoured to obtain an informed consent from participants. The American sociologists Daniel F. Chambliss and Russell K. Schutt state, “The requirement of informed consent is more difficult to define than may first appear. To be informed, consent must be given by persons who are competent to consent, have consented voluntarily, are fully informed about the research, and have comprehended what they have been told.” (Chambliss & Schutt, 2006: 44, emphasis mine)

In my research, consent was problematic in several cases. One such case was the unfamiliarity of participants with ‘signing a piece of paper in order to participate in research’, especially in a Bible study form. This unfamiliarity hindered them from understanding what signing a piece of paper really meant for them and for their status. For them, signing a piece of paper seemed to have a negative connotation that might possibly reduce their trust in the researcher. I agree with Chambliss and Schutt that in some situations, “Fully informed consent is difficult (…) because signing consent forms prior to participation may change
participants’ responses, as well as participation in the research.” (Chambliss & Schutt, 2006: 44) Therefore, in my study, ‘informed consent’ was not only a question of saying ‘yes’ and ‘signing a piece of paper’, but also something contextual and deeply rooted in people themselves and in their understanding of reality. The ethical principle of ‘informed consent’ served as a guideline.

However, participants signed a consent form during the Bible study period (cf. Chambliss & Schutt, 2006: 44). This signing of a paper was intended to protect and respect the dignity and freedom of the informants as human subjects. In addition to the verbal informed consent obtained from the group members before the discussions and conversations around the Bible texts for research purposes (NESH, 2005 paragraphs 8 and 9, Mouton, 2001:243-244), this was a further attempt to safeguard the interests and benefits of the Group throughout the duration of my research (NESH 2005, par.22). The focus was mainly on fostering the improvement of their relationship with the church and the community around them. However, as I stated above, the real consent was not based primarily on the paper they signed, but on their confidence, trust and friendly attitude towards me. This consent was manifested mainly in the process of Bible studies, where several PLWHA in the Group left the Bible studies despite accepting and signing the consent document.

Fifth, I was also aware that PLWHA in the Group, both as a group and as individuals, had information (data) they would not wish me to share in any way with other persons. In such cases, the Bible study I did took account of the right to privacy of the members of the Bible study. I allowed no HIV-negative person enter a study room without permission from the group. In turn, the group allowed no HIV-negative person to participate in their own contextual Bible studies apart from me. After the research was over, I stored the data in a safe place after use; other data was destroyed, especially the tape-recorded data, on their instructions. I stored the written data in a file accessible only to myself and used exclusively for this research purpose (cf. Chambliss & Schutt 2006: 45). Their presentation in the report was anonymous. I used the collective data from the in-depth discussions of small buzz-groups without mentioning who said what in the course of discussions. In cases where I gave names, these are not real names of the contextual Bible study participants. In using the collective data

27 In order to deal with the problems surrounding informed consent, Chambliss and Schutt maintain that it is possible for a researcher to withhold some of the information to research participants that can affect the attitude of participants in their participation. This withheld information can be ‘debriefed’ to participants later in the research period. Chambliss & Schutt state, “In the debriefing the researcher explains to the subjects what happened in the experiment and why and responds to the questions.” (Chambliss and Schutt, 2006: 44, emphasis original) In my research, I did not inform my participants about ‘signing a piece of paper’ at the commencement of the research. The first consent was verbal; the signing of a consent form followed later in the period of my study.
without mentioning names, the research respected the dignity and privacy of the informants, and of their information. I believed that informants owned the information; it was theirs. They were free to share it or not, and to share it with whomever they wanted. In the same way, they were free to participate in Bible studies, or withdraw from them whenever they wished28 (cf. Mouton, 2001:243).

Sixth, in dealing with the dilemma of language transitions (from Swahili to English), I used my experience as a Bena who shared the cultural worldview of the Contextual Bible study participants, to try my best first, to understand their concepts, and then to keep as close as possible to their language in my translation, but in a more understandable way. I was aware that my translation of concepts from Swahili to English might very probably involve negative influences (biases); this might however be inevitable.

Seventh, in this research, I also respected the freedom of my informants: freedom from exploitation, i.e., avoiding misusing my educational, male-gender, and pastoral power. I respected the right of PLWHA in the Group to be kept free from harm in terms of psychological discomfort due to my words as facilitator, or the words exchanged among them; they had to be protected from possible dangers that might come from their participation in this research project. This study had, therefore, the obligation to safeguard their autonomy as human beings. I had the obligation to report this research back to my participants in an easily communicable form, especially the main findings of the research, for their consumption (NESH, 2001 par.10, 12 and 13, Mouton, 2001:243 cf. Ryen, 2007: 206).

1.9 ORGANIZATION OF THE STUDY

In the first chapter, I state the problem and aims of the study. I locate the participant-centred contextual Bible study and the contextual Bible study participants in their social contexts. I state the significance of studying the stigmatization related to HIV/AIDS (in relation to churches) by using the participant-centred contextual Bible study method. I present some literature review to situate the method in the studies of the Gospels in Africa and analyze the ethical dilemmas that surrounded the study, and the way I attempted to handle them.

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28 The Bible study began in October with a Group of more than 40 participants. After I explained that I was researching into them and told them the nature of the research and that they were free to continue or withdraw from the research, most participants withdrew gradually. I remained with less than 25 participants who signed the consent form. Even among those that signed, very few attended Bible studies on a regular basis. To me, the withdrawal of participants who had signed a consent form indicated that signing the consent form might have had a different meaning from the one I assumed. It certainly indicated their inclusion in the group that could receive some material assistance from me (the researcher) to sustain their lives. It seems that they withdrew because they found that the researcher did not fulfil what they expected of him (cf. Ryen, 2007: 206).
In chapter two, I discuss the theoretical perspective of the study. In this chapter, I define stigmatization, and related terms such as discrimination. I state the process of stigmatization, the acts of those who stigmatize, the reasons for exerting stigmatization, and the tool they use, i.e., exclusion. In chapter three, I situate the study in the Tanzanian social, economic and cultural context. I discuss in more detail the ways through which communities inflict stigmatization upon PLWHA and those associating with them. In chapter four, I present the participant-centred contextual Bible study as my main hermeneutical method mainly shaped by the ‘problem-posing’ pedagogy of Paulo Freire.\textsuperscript{29} In chapter five, I present my scholarly study of texts from the gospel of John, using the perspective of stigmatization which I analyzed in chapters two and three. My aim in this chapter is to work with biblical texts, in a more scholarly way, in order to develop hermeneutical questions which I then use in the facilitation of contextual Bible studies to the Group. Chapter six forms the bulk of original field-work and an empirical contribution from the Group of PLWHA at the grassroots. I present an analysis of the study materials from contextual Bible studies done by the Group. I present and discuss the themes emerging from their readings and autobiographies in relation to available literature.

In chapter seven, I present a Christology of Jesus as a ‘compassionate companion’ emerging from the readings of PLWHA in the Group. In chapter eight, I conclude the study by analyzing some of the implications that the reading of the Group, and the Christology of Jesus as a compassionate companion which emanates from the reading, poses to the role played by the churches today.

\textsuperscript{29} For a brief description of the life of Paulo Freire, the development of his pedagogical philosophy, and the way his pedagogy is similar or different from that of Jesus in the parables see Herzog, 1994: 16-29 cf. Flanagan, 2006 184-194. Though I employ the ‘problem-posing’ method, I do not adhere to all principles and ideology of Freire. I am aware of some of the weaknesses of his dialogical approach, which I will briefly describe in chapter four footnote 99 below.
CHAPTER TWO

THEORETICAL PERSPECTIVES ON STIGMATIZATION

2.1 INTRODUCTION

Jonathan Mann, the former director of the WHO global programme on AIDS, addressing the UN General Assembly in 1987, identified three phases of HIV/AIDS epidemic: the epidemic of HIV, the epidemic of AIDS and the epidemic of stigma and discrimination. The first and second phases have to do with the silent spread of the virus and a manifestation of the physical destruction as the virus acts upon the body. The third phase has to do with the reaction from society to the devastation caused by AIDS. The reaction from society is mostly stigmatization. Mann notes that the third phase is as central to the global challenges as the AIDS itself (Parker and Eggleton, 2003: 13; Rankin, Brennan, Schell & Rankin, 2004).

This chapter deals with the third phase of the HIV/AIDS epidemic according to Mann. In this chapter, I present a theoretical perspective of the phenomenon of stigmatization by mostly drawing on two traditions: social-psychological\(^{30}\) and critical-theoretical traditions. Drawing on ideas from social psychology, I theoretically discuss and endeavour to understand individual life experiences and phenomena, such as beliefs, attitudes and behaviours in the settings of people experiencing stigmatization. The focus is on the examination of the type of interaction that people to whom a stigma attaches have within the larger group (social interaction). I also discuss the forces (social sanctions) enhancing the kind of interaction people with stigmas encounter within the larger group. A specific objective here is to explore the meaning of stigma (and discrimination) and the way the process of stigmatization proceeds in the society. Some of the questions that this chapter raises are these: Who defines a stigmatizing characteristic, or who inflicts stigmatization in the community, and whose purpose does it serve? How do social sanctions create boundaries in the process of defining stigma and exerting exclusion? In what way are exclusion and shame components of stigmatization, and how do people who face stigmatization respond to the stigmatizing

\(^{30}\) I select a social psychological perspective mostly because of its interests as a discipline. The social psychologist Xenia Chrysoschoou from Greece mentions two main interests of the discipline. First, “understanding how individuals change society and how they are transformed by societal processes.” Second, “understanding how people produce knowledge and culture.” (Chrysoschoou, 2006: 166)
situation they face? In short, this theoretical component presents what is likely to happen when both those who stigmatize and those who are stigmatized come together into an ‘immediate presence’ (cf. Goffman, 1963: 13-19).

In discussing the above questions, I use the interactionist\(^{31}\) perspective from sociology and social psychology. By using the symbolic interactionist perspective, I attempt to show that the stigma attached to someone is not necessarily a disease in the biomedical sense of the malfunctioning of body organs of the one who is stigmatized, but is also a possible illness in relationships. It is a devalued state of being and loss of meaning of true humanity in society (Malina & Rohrbaugh, 1992: 210). It is not necessarily a physical bodily departure from normal health, but a psychosomatic and social illness of relationship in society. This illness appears when a stigma, that is inflicted, infiltrates the lives of those who surround such a person, the meaning it provides, the reaction it provokes from the society, and the vehement expression it provokes in political, cultural and social environments. It is not an individual disease, but an illness of a community and of a society.

Drawing ideas from the critical theory tradition, my discussion and reflections of stigmatization in this chapter will follow the approach of the American social scientist Ken Kyle to the issue of homelessness and the list of the aspects of an effective critical theory by the American social scientist Stephen T. Leonard. In his approach to the stigma of homelessness using a critical theory perspective, Kyle contends that a critical theory involves a ‘practice of critique’\(^{32}\) both of the existing ideology (modern view), and the existing discourse (post-modern view). According to the perspective of Kyle, a critical theory fosters

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31 According to the American sociologist Herbert Blumer, one of the pioneers of ‘symbolic interactionism’, the interactionist perspective is based on three main premises: “The first premise is that human beings act toward things on the basis of the meanings that the things have for them. Such things include everything that the human being may note in his [sic] world – physical objects, such as trees or chairs; other human beings, such as a mother or a store clerk; categories of human beings, such as friends or enemies; institutions, as a school or a government; guiding ideas, such as individual independence or honesty; activities of others, such as their commands or requests; and such situations as an individual encounters in his [sic!] daily life. The second premise is that the meaning of such things is derived from, or arises out of, the social interaction that one has with one’s fellows. The third premise is that these meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he [sic!] encounters.” (Blumer, 1969: 2; Thomas J. Morrione in Blumer, 2004: xii-xiii)

The above premises suggest that an important thing from the interactionist perspective is not the ‘social performance of the acts, but the reaction from the society (meaning) to such acts or certain behaviour. In stigma research the perspective is concerned with how societies can apply their own norms in a different way, to select and to stereotype those they decide to mark for their own purpose. It is also about how those who receive the marks manage (respond to) the negative behaviour or acts from the society that perceive such marks to be dangerous (see also Gujjarro, 2002: 162; Barclay, 1999: 293-294; Wells, 1978: 192). In this case, the process of stigmatization depends sorely on the interpretations of people and their acts in a particular social interaction.

32 In this study, I employ the philosophical term ‘critique’ to imply a systematic questioning of an existing (dogmatic) set of conditions or the consequences of a particular phenomenon or concept (stigmatization in this case) in the attempts to both comprehend it and discern its limitations in a particular context where such a phenomenon exists (in this study, the context of churches).
transformation of oppressive situations by “unpacking taken for granted social relations and institutions” (Kyle, 2005: 4). It “aspres to be an emancipatory practice, i.e., an activity eliminating or reducing the constraints and suffering people experience due to cultural, political, social/or economic arrangements, practices and institutions.” (Kyle, 2005: 5) How, then, does critical theory become a tool of emancipation to people under critical arrangements, practices and institutions? Kyle argues, “Critical theory strives to achieve this goal [of being an emancipatory tool] by providing in-depth analysis of such arrangements, practices and institutions.” (Kyle, 2005:5) The reason as to why should a critical theory strive to become a tool for emancipation is mainly based on its “presupposition that humans are enmeshed in cultural and linguistic traditions, economic and political systems, religious beliefs, social mores, taboos and social values that limit [their] freedom and, to some extent, limit the possible.” (Kyle, 2005: 6)

In this case, Stephen T. Leonard suggests three important aspects that a critical theory must satisfy:

First, a critical theory must provide a coherent account of how present circumstances and the systemic self-(mis)understandings of social agents are in large part responsible for the unfreedom many of them suffer. Second, critical theory must provide an alternative vision of social relations that those who are oppressed can embrace as their own. But these two theoretical moments can be realized only if a critical theory embodies a philosophical self-understanding that can underwrite a translation of its theoretical claims into an idiom that is intelligible to the communities of sufferers to whom it is directed. (Leonard, 1990: 4)

Following the views of Kyle and Leonard above, my analysis of the phenomenon of stigmatization incorporates both the presuppositions and the obligatory requirements of a critical theory stated above. I discuss the process of stigmatization, not in oppressive eyes (from the perspective of those who stigmatize), but as an emancipatory praxis (from the perspective of the stigmatized). I first contextualize the phenomenon of stigmatization and its ‘self-(mis)understandings of social agents’ in its diverse levels in Tanzanian society and in my study texts from the gospel of John by exposing and critically analysing the way they make stigmatized people “unfree” to participate in normal interactions (first requirement - see this chapter, and chapters three, five and six). I also present the ways one might arrange the social relations in the texts and in society in order to reduce the unfreedom of stigmatized people to participate in normal interactions (second requirement – chapters seven and eight). In this case, the perspective of stigmatization that this study uses is not a condescending perspective
towards stigmatization, but a critical perspective towards systems which embrace ‘cultural and linguistic traditions, economic and political systems, religious beliefs, social mores, taboos and social values’ that stigmatize PLWHA in their own context.

2.2 THE CONCEPT OF STIGMA

2.2.1 Understanding Stigma

After introducing the traditions that this chapter, and the whole study, embrace in analyzing stigmatization, we certainly need to understand the phenomena of stigma and stigmatization, and the rationale for their persistence in communities. One of the questions that have concerned scholars of sociology and psychology for a long time is the following: What is stigma, and why does it persist?\(^{33}\) It is not easy to find a proper definition of stigma due to its complexity. Stigma is a complex sociological and psychological phenomenon. It is more a prescriptive\(^{34}\) than a descriptive phenomenon. The complexity of stigma can be seen in the effects it has on relationships (Kgalemang, 2004: 144-149).

The French sociologist Émile Durkheim made the first attempt to indicate the existence of stigma and stigmatization in the society. In his book *Rules of Sociological Method* (1938), Durkheim states:

Imagine a society of saints, a perfect cloister of exemplary individuals. Crimes or deviance, properly called, will there be unknown; but faults which appear venial to the layman, will there create the same scandal that the ordinary offence does in ordinary consciousness. If then, this society has the power to judge and punish, it will define these acts as criminal [deviant] and will treat them as such. For the same reason, the perfect and upright man judges his smallest failings with severity that the majority reserve for acts more truly in the nature of an offence. (Durkheim, 1938: 68-69)

Durkheim’s statement suggests for the inevitability of ‘deviance’ of some sort, even within a society of saints. The notion of stigma is implicit in the identification of deviance (failing) that is, in most cases, linked with negative stereotyping of faults appearing venial in that society. The stereotyping engenders negative attitudes (scandals) which lead to a

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\(^{33}\) See for example Coleman, 1986, and Ainlay, Coleman & Becker, 1986. For these scholars the questions about the definition of stigma and the persistence of stigma raise difficulties because “what is stigmatized is bound by culture and epoch.” (Ainlay, Coleman & Becker, 1986: 3) (emphasis mine)

\(^{34}\) Paulo Freire (1970) defines ‘prescription’ by stating that “every prescription represents the imposition of one individual’s choice upon another, transforming the consciousness of the person prescribed to into [sic!] one that conforms with the prescriber’s consciousness.” (Freire in Kgalemang, 2004: 148 –149) Following Freire’s definition, a stigma of the stigmatized represents the consciousness of those who stigmatize that the stigmatized have internalized in their lives and one can understand it well within the realm of the relationship between the stigmatized and those who stigmatize.
discriminatory behaviour (judgment). However, Durkheim does not mention the term ‘stigma’ in his statement; yet, he opens up a way towards understanding it as a phenomenon in human relationships.

There are several other attempts to define stigma. The American sociologist Erving Goffman endeavoured to define stigma in his work *Stigma: Notes on the Management of Spoiled Identity* (1963) drawing most of his ideas from Durkheim (Spencer Cahil in Charon, 2001: 187). This book is a pioneer classic in stigma research. Goffman defines stigma as an attribute\(^{35}\) which discredits the individuals who possess it, reducing them from wholeness and writes them off as contaminated and valueless people (Goffman, 1963: 3 also Singhal & Rogers, 2003: 248-249). It is a possession of identities and attributes which particular community most likely rejects. “The stigmatized person is the one who possesses ‘an undesirable difference’ from members of mainstream society, which leads the society to discredit them.” (Singhal & Rogers, 2003: 248 cf. Vähäkangas, 2005: 49).

The American psychologists Brenda Major and Collette P. Ecclestone understand stigma to be a ‘mark’ or ‘sign’ of disgrace or discredit upon an individual, or a group of people with a particular status (Major and Eccleston, 2005: 64). Both definitions of stigma, by Goffman, and by Major and Eccleston, reflect in one way or another the ancient Graeco-Roman understanding of a mark of disgrace. Ancient Greece conceived and attached, fixed, or bonded the mark in a very way: it was a burnt or cut mark on the body of a person (a tattoo) to advertise that the one who bore it was an abnormal person in that particular community (Singhal & Roger, 2003: 248).\(^{36}\) Therefore, in the ancient Greek context, this mark identified the person as a blemished individual and as someone that the rest of the community should avoid (Singhal & Rogers, 2003: 248).

With regard to this definition, one can state that to stigmatize a person (or a group of people) is to define that individual (or that group of people) in terms of the negative attribute

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\(^{35}\) Theorists of attribution have grouped it according to its main causality dimensions, viz. “locus (does the cause lie within or outside of the person?), stability (is the cause temporary or permanent?), and controllability (is or is not the cause subject to volitional change?)” (Weiner, 1993: 289 cf. Pryor & Reeder, 1993: 278-279) HIV/AIDS attribution, as Goffman above describes it, relates more to the latter dimension of controllability that is concerned mainly with individual responsibility towards the cause of HIV infection and hence to stigmatization. Weiner asserts, “The study of AIDS from an attributional perspective has particularly focused on causal controllability and examined whether AIDS patients are held personally responsible for their plight.” (Weiner, 1993: 289) Thus Weiner points out that since “personal responsibility for negative events connotes ‘sin’, AIDS is considered a sin rather than (in addition) a sickness.” (Weiner, 1993: 289 cf. Pryor & Reeder, 1993: 278) The problem with the attributional theory is how to account for those cases whereby the ‘victim’ of a certain cause seems to be ‘innocent’, e.g., children acquiring HIV through mother to child, or people acquiring HIV through blood transfusion (Pryor & Reeder, 1993: 278).

\(^{36}\) For a more detailed description of how the processes of placing stigma (tattooing) on bodies of people among the Greeks of antiquity was done see Jones, 1987: 141-142.
or mark the person has, and to ascribe value to such a person in a manner appropriate to the attribute or mark. According to this definition, stigma is something (an attribute) a person or persons have with them (Major & O’Brien, 2005: 395; Link & Phelan, 2001: 366). As an attribute individuals (or a group of people) have, stigma can be “existential”, i.e., an attribute that those individuals did not choose (e.g., mental illness, sexual identity, obesity, race, or ethnic group and aging). It can also be “achieved” i.e., an attribute whose attachment involves some sort of contribution from the one to whom it is attached (e.g., immigration, homelessness, prostitution and addiction of any kind) (Falk, 2001). Therefore, the stigmatization of people depends on the category into which their stigma falls.

According to the above account, one can regard HIV/AIDS, for example, as a mark with double implications; it is linked to morality and is more an ‘achieved’ attribute than ‘existential’. HIV/AIDS is linked to death, as it has neither prevention nor cure. It is linked to morality, when one considers that the virus spreads mostly through sexual relations. Discrimination and social inequality are the consequences of the stigma in terms of both social interactions with those without this mark and the psychological attitude towards the person with the stigma.

However, the way of seeing stigma as something, or an attribute the individual has, and how another individual perceives it, follows the pioneering work of Goffman and the way subsequent scholars have interpreted his works. Goffman and subsequent scholars seem to indicate a relationship between the attribute one possesses and the stereotype the society constructs. This way of defining stigma has recently been challenged on the grounds that it is individualistic and limited because it fails to penetrate the complexity of the social reality of the role of power between the interacting partners (Link & Phelan, 2001: 366). In being individualistic, it also runs the risk of having more ‘Eurocentric assumptions’ (i.e., remaining within the boundaries of the more industrialized world) in the way it presents social life among members of society (Riessmann, 2000: 132). This aspect may very well be absent in other contexts, such as most African contexts where community and relationships stand at the heart of people’s lives. Moreover, the definitions of stigma by Goffman and others like him seem to pay less attention to the realities of contexts by affirming that “all human differences are potentially stigmatizable” irrespective of one’s context (Coleman, 1986: 211). In this case, the definition of stigma needs to be made more comprehensive.

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37 Goffman himself was probably not concerned with an individualistic way of looking at stigma. Social science scholars give him the credit of being the initiator of issues relating to ‘social change’ and ‘social constructions of individual realities’ (see Parker & Aggleton, 2003: 14).
Some social scientists and theologians (e.g., Ainlay, Coleman & Becker, 1986; Pryor & Reeder, 1993; Parker & Aggleton, 2003; Major & O’Brien, 2005; Link & Phelan, 2001; Kgalemang, 2004 and Ackermann, 2006) have started moving from understanding stigma as “something in the person stigmatized” towards understanding it as something constructed by society and attached to a person, or group of people. They understand stigma as an aspect deeply embedded in the cultural, political, economic and religious experiences of community members instead of being an individual possession. This movement is mainly directed towards the structural dimension of stigma, which has a significant impact on social relationships, rather than only being an unchanging attribute (quality) possessed by an individual (Parker & Aggleton, 2003: 14-15, 17; Major & O’Brien, 2005: 395).

The American sociologist Herbert Blumer states thus concerning the context sensitivity of human actions in relationships:

One primary condition is that action takes place in and with regard to a situation. Whatever be the acting unit – an individual, a family, a school, a church, a business firm, a labor union, a legislature, and so on – any particular action is formed in the light of the situation in which it takes place. (Blumer, 1995: 211)

Blumer’s statement suggests that the construction of stigma, as a human action, bases more on “relationship-and [is] context – specific; it [is based] more on “relationship - and context-specific; it does not reside in the person but in a social context.” (Major & O’Brien, 2005: 395) “Stigma is [a] social construct – a reflection of culture itself, not a property of individuals.” (Ainlay, Coleman & Becker, 1986: 4) Therefore, in this view, stigma seems to describe the existing gap in the view of the society between their virtual identity of a person (that is, what the person ought to be according to their existing social life) and the real, or actual identity of the same person (that is, what that person actually is) (Goffman, 1963).

I argue in this study that both views of stigma – as a possession, and as a social construct the society attaches to particular people, or groups of people – are vitally important attempts towards a better definition of stigma. Since stigmatization consists of a construction of undesirable difference between two relating parties, that construction is based upon what one component has, something that the powerful component (for its own sake) deems strange and disgraceful. In this case, HIV/AIDS, cancer and mental illness, for example, are diseases or conditions that people have in their bodies. Those who have no such diseases (for their own sake) construct the difference from such conditions in dependence on existing social norms
and taboos. Certainly, here power relation comes in as the process of stigmatization continues between those who claim to be normal and those who are considered abnormal.

The psychologist Lerita M. Coleman argues convincingly about the role of power in the process of stigmatization: since stigmatization bases mainly upon social relationships, this relationship is vital in determining the process of stigmatization (see section 2.3.1 below). Coleman writes that stigmatization “allows some individuals to feel superior to others. Superiority and inferiority, however, are two sides of the same coin. In order for one person to feel superior, there must be another person who is perceived to be or who actually feels inferior.” (Coleman, 1986: 214; cf. Kgalemg, 2004: 145) According to Coleman, the superiority and inferiority balance in the stigmatization process is what determines, to a great extent, the persistence of stigmatization. This way of understanding stigmatization allows us to construct the process of stigmatization and its relation to power structures. Before discussing the process of stigmatization (see section 2.3 below), I first present the types and forms of stigmas that the community normally attaches to people who appear to be different.

2.2.2 Types and Forms of Stigma

Types of Stigma

Erving Goffman (1963) distinguishes three core types of stigmas that society constructs and attaches to people it wishes. The first type of stigma is a blemish of individual character that focuses on the individuals or groups of people with immoral or deviant behaviour, e.g., being homosexual and being promiscuous. The second type of stigma is ‘abominiations of the body’ focusing on the physical body of those experiencing stigmatization, e.g., overweight, underweight and facial disfigurement. The third type is ‘tribal stigma’ based upon membership and belonging, as this is manifested in racial, ethnic and religious affiliation.38 Since tribal stigma relates to belonging to a certain group, members of the group that experience stigmatization can inherit and transmit this to subsequent generations within the stigmatized group (Goffman, 1963: 4).

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38 An example of stigmatization due to race and ethnic belonging is that which European South African settlers inflicted upon black migrants working in their mines and factories during the apartheid regime. Tony Barnett and Alan Whiteside quote The South African Government policy (1967) on Bantu migrants that stated, “Bantu are only temporarily resident in European areas for as long as they offer their labour there. As soon as they become, for some reason or other, no longer fit for work or superfluous in the labour market they are expected to return to their country of origin.” (South African Government in Barnett and Whiteside, 2002: 151 cf. Rheadding-Jones, 2005: 108) This statement, despite indicating the desire of Europeans to use black Bantu migrants for their material gain, seems to demonstrate the European claim for superiority due to colour differences - which is one of the main sources of stigmatization due to race (cf. Chryssochou, 2004: xxiii).
The American social scientists Betsy L. Fife and Eric R. Wright point out that HIV/AIDS-related stigmatization fits well with all the three types of stigmas that Goffman describes: “physical imperfection, character flaws, and membership in a negatively regarded social group.” (Fife and Wright, 2000: 52, see also Pryor & Reeder, 1993: 264-265) According to these scholars, the progressive nature of HIV/AIDS and the fact that the infected individual will have to struggle with opportunistic diseases after the infection is itself stigmatizing, because the opportunistic diseases which invade the body of a PLWHA indicate that the person has acquired HIV infection. The emergence of opportunistic diseases conforms to the idea of Goffman of the physical weariness of the body as the ‘abomination of the body’.

The fact that the HIV spreads among people mostly through sexual inter-relationships means that HIV/AIDS attaches a blemish to a person’s character. The mode of transmission itself contributes to stigma because in several African contexts, especially in most countries of Africa south of the Sahara, taboos surround the transmission mode. People in the community easily associate the contraction of HIV with sexual promiscuity, a blemished character. Moreover, the blame that a certain race or group of people is the one that is at more risk in terms of HIV and AIDS fits well with the stigmatization in terms of tribal and racial identity that Goffman proposes.

Since the three biblical texts I employ in my research seem to relate to the three forms of stigma I outlined above (see chapter five below), I will mostly organize my study of biblical texts in order to investigate hermeneutical questions following the above outlined types of stigmas.

*Two Forms of Stigma*

After discussing the types of stigma attached to stigmatized groups, I now analyse the forms of stigma that those types are likely to have according to Goffman. Goffman makes a distinction between being a ‘discredited’ and a ‘discreditable’ person for stigma. Being discreditable means having a stigma that is implicit, or that is invisible; the one holding it can decide not to disclose it. This kind of stigma though has less impact on the society; yet, it may cause the one feeling it to stigmatize oneself. In order for the stigma to become discredited, a stigma that was previously hidden must be disclosed (Goffman, 1963: 41-42). We should know, therefore, that the more visible the stigma is, the greater impact it brings upon the interaction of someone with the surrounding community. In addition, the more knowledge about the hidden stigma the community has, the greater impact will it have on interaction.
I find Goffman’s distinction between people as discreditable, or discredited through stigmatization, closely related to the situation of PLWHA. Once people acquire HIV infection, their stigma is mostly ‘discreditable’ both to the community around, and to themselves. The HIV positive status becomes invisible until one decides to test for it. Again, when the individual tests for status and discovers that he or she is HIV positive, the stigma becomes ‘discredited’. It is no longer a hidden thing to the one who possesses it. It is at this stage that the stigma can cause a feeling of self-devaluation, i.e., self-stigmatization. The development of felt stigma develops from this stage. It is probably at this stage that the PLWHA struggles with efforts to cope with the stigma in order to demonstrate to the community that nothing wrong has happened. When the community also knows the HIV/AIDS status of the individual (especially when AIDS is uncontrollable and becomes easily visible), stigma extends from self-stigmatization to social stigma. This may lead to tension arising from the surrounding community and from within that person. This tension, in turn, leads more PLWHA to struggle to cope in various ways with their harsh situations (see the discussion of how stigmatized people cope with the emerging stressors below, section 2.6).

2.3 THE PROCESS OF STIGMATIZATION

2.3.1 Stigmatization as a Social Process

The process of stigmatization illustrates how stigmatization takes place within the fabric of social relationships among social groups. According to the American psychiatrist Arthur Kleinman, the process of stigmatization starts with the response from the community towards a person, or a particular group of people (Kleinman, 1988: cf. Duffy, 2005:15). Following this line, the American sociologists and epidemiologists Bruce G. Link and Jo C. Phelan (2001) have clearly defined stigma as a social process. This social process results from the response of the community linked to five interrelated components which appear together within the framework of the power relation which allows those components to occur.

The five components of stigmatization, according to Link and Phelan, are the following: first, categorization and labelling. The society regards a certain attribute as striking and attaches it to certain individuals whom it groups together and labels. This act of attaching, grouping and labelling depend very much on the existing dominant values in a power structure of society which allows it to happen.
The second is the negative stereotyping of human categories. The stereotypes that the society categorises are associated with negative attributes. According to the social psychologist Xenia Chryssohoou from Greece, negative stereotyping connotes a sense of belonging to a devalued group. She insists, “Devalued identities are associated with a set of negative stereotypical beliefs about abilities, characteristics, and behaviors.” (Chryssohoou, 2004: 21) Chryssohoou’s account highlights the way in which it becomes easier for those who stigmatize to note the difference between labelled individuals and the rest of people in society.

The third is differentiation. The naming of ‘us’ (non-stigmatized) and ‘them’ (stigmatized) appear. The stigma attached to them makes them as the society deems them to be. By this time those who stigmatize use the label (the negative attribute) as their names for referring to the stigmatized people, e.g., gay man, lesbian woman, schizophrenic person, haemophiliac.

The fourth is loss of social status and discrimination. The label the society attaches causes the stigmatized people to experience a loss of status and a feeling of discrimination. The discrimination they encounter manifests itself on both personal and structural levels.

Fifth: the enactment of stigmatization depends mainly on power. In order for the discriminatory experiences to occur in negatively labelled people, stigma ultimately depends greatly on the economic, social, religious, or political power needed in order to impose such experiences (Link & Phelan, 2001: 367-376).

Link and Phelan summarize their definition of stigma, based on the process of stigmatization, thus: “stigma exists when elements of labelling, stereotyping, separation, status loss, and discrimination occur together in a power situation that allows them.” (Link & Phelan, 2001: 377) The American psychologist Lerita M. Coleman also insists, “Stigma [or stigmatization] results in a special kind of downward mobility. Part of the power of stigmatization is in the realization that people who are stigmatized or acquire a stigma lose their place in the social hierarchy.” (Coleman, 1986: 214) The loss of place in the hierarchy makes them inferior to those with high esteem in the hierarchy. Coleman contends that since

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39The British psychologist Glynis M. Breakwell defines ‘stereotype’ as “a set of characteristics which are attributed to all members of a particular category purely on the basis of their membership of that category.” (Breakwell, 1997: 53) Drawing on the definition of Breakwell, in this study I employ the concept ‘stereotype’ to imply general social categories of belonging whereby the identity of a person is determined by the identity attached to the whole group from which that person belongs. Examples of such categories include family, place of origin, skin colour, gender, residence status, a particular behaviour, health status, etc (cf. also Chryssohoou, 2004: 20-21; Malina & Rohrbaugh, 1998: 33, 56, 154 - 157, 160-161, 163-168, 173 and Rhedding-Jones, 2005: 108).
those who stigmatize feel better when there are people to whom they are superior, the process of stigmatization maintains the power equilibrium (Coleman, 1986: 214).

Authority figures (those with power) in the society, e.g., men, economic, traditional, political, and religious authorities are likely to enforce the whole of the above process of stigmatization. Such authority figures may feel that it is necessary to exercise their authority over people they label and associate with negative attributes because they find the authority of the existing beliefs and social norms are being constantly challenged (cf. Kgalemang, 2004: 146). Therefore, the process of stigmatization described above suggests a link between stigmatization and discrimination and the way both function in society, while both depend mainly on the power of actors.

2.3.2 Discrimination as Stigmatization

Since the notion of discrimination is among the components of the process of stigmatization, I shall describe its meaning and how it relates to the phenomenon of stigmatization. The question is: what is discrimination, and how is it similar to stigmatization (the construction, attachment, and enactment of stigma)? Discrimination is, in most cases, a hostile attitude towards people to whom a certain stigma attaches, an attitude rooted in prejudices (irrational, conscious or unconscious, pre judgements lacking objective evidence). It involves the hostile behavioural attitude and negative treatments of people (or groups of people) in keeping with the mark one puts upon them. HIV/AIDS-related “discrimination occurs when a distinction is made against a person that results in their [sic!] being treated unfairly and unjustly on the basis of their [sic!] belonging, or being perceived to belong, to a particular group.” (Parker & Aggleton, 2003: 6) It is mostly a dislike of the unlike. It is an enactment of stigma.40

In its practical sense, discrimination, as enactment of stigma, falls into two main categories: the formal legislative discrimination, i.e., a stigma enacted in law or policies, and the less informal non-legislative discrimination, i.e., the discrimination found in the family, workplace, and market or sports places. Both categories depend very much on the attitude and behaviour of a particular group towards a person or group of people, and the relationship existing between the two groups.

40 Social science scholars explain ‘enacted stigma’ as a social product. It is a social reaction to what is considered abnormal. It can be perceived (making the stigmatized aware of the discrediting that society imposes) or felt (making him sense the pains from the stigma) by the one experiencing stigmatization. The perception and feelings can lead the person perceiving stigmatization to internalize such experiences, hence causing self-stigmatization (see Rankin & Others, 2004). In this study I single out perceived, felt and internalized stigma as one type, i.e., self-stigmatization discussed under the concept of shame (see subsection 2.6.2 below).
The link between discrimination and stigmatization, both of which are social phenomena, is unclear. However, discrimination has a direct link with prejudices about a particular stigma. Discrimination manifests itself in the form of ‘negative actions’ (social ostracism) whose root is ‘prejudice’ and whose direction is towards people (or a group of people) to whom a ‘particular stigma’ is attached. Therefore, the two phenomena are in most cases interconnected. The stigmatized person or group suffers discrimination, while discrimination perpetuates and reinforces the resurgence of stigmatization.41 In most cases, there is no discrimination without stigmatization, and vice versa. Both stigmatization and discrimination as social processes contribute greatly to the process of social exclusion42 especially when one views them in terms of dominance and oppression.

In connection with the structural dimension of stigma, Marshall (1998) views discrimination as a structural phenomenon concerned with “patterns of dominance and oppression, viewed as expressions of struggle for power and privilege.” (Marshall in Paker & Aggleton, 2003: 16) In the structural conception of discrimination, both stigmatization and discrimination become “social processes that can only be understood in relation to broader notions of power and domination.” (Parker & Aggleton, 2003: 16; Major & O’Brien, 2005: 395) The American psychologists Richard Parker and Peter Aggleton suggest, “stigma [as a social construct] plays a key role in producing and reproducing relations of power and control.” (Parker & Aggleton, 2003: 16) Therefore, as Parker and Eggleton further emphasize, “stigmatization [and discrimination do] not simply happen in some abstract manner (...). [They] are part of the complex struggles for power that lie at the heart of social life. [Stigmatization] is deployed by concrete and identifiable social actors seeking to legitimize their own dominant status within the existing structures of social inequality.” (Parker & Aggleton, 2003: 18). Stigmatization enables the emergency of social inequality, i.e., the feeling of some groups of people that they are devalued, and of some groups that they are superior to others, which manifests itself in different forms according to the way the society wills to construct stigmata.

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41 In this study I use ‘stigmatization’ to imply both terms.
42 The concept of ‘social exclusion’ refers to ways in which individuals may become cut off from full involvement in the wider society. The concern of social exclusion is to put the emphasis on a progression of events when exclusion takes place. It indicates the machinery (method) of exclusion (Giddens, 2001: 323). Social exclusion does not culminate in the notion of the society excluding whom they select. It can also be the other way round. It can be the outcome of people keeping themselves apart from matters surrounding the mainstream society (Giddens, 2001: 325). However, the understandings of social exclusion indicate reactions—the first is a reaction from the society towards those it excludes and the second is the reaction from the ones experiencing exclusion towards the society that excludes. I discuss the issues regarding reactions from the society and from those who face exclusion in section 2.6 below.
2.4 People Who Stigmatize and Their Characteristics

After introducing the process of stigmatization, I turn to discussing, in more detail, what happens when those who stigmatize and the stigmatized come into an intimate interaction (social identity) (Goffman, 1963: 106). Goffman argues that the types of stigma attached to individuals (e.g., deformation of the body, spoiled individual character and one’s spoiled group-belonging) greatly determine the way stigmatization functions in the society (Goffman, 1963: 138). He suggests thus:

The stigmatization of those with a bad moral record clearly can function as a means of formal social control; the stigmatization of those in certain racial, religious, and ethnic groups has apparently functioned as a means of removing these minorities from various avenues of competitions; and the devaluation of those with bodily disfigurements can perhaps be interpreted as contributing a needed narrowing of courtship decisions. (Goffman, 1963: 139)

Following suggestions from the analysis of Goffman, I discuss in this section how stigmatization functions for those who stigmatize, what characterizes their stigmatizing actions, the purpose for which stigmatization serves them, and how they justify their stigmatizing attitudes and actions.

2.4.1 What characterizes their Stigmatizing Actions?

Social stigmatization is, in most cases, visible through its stressor: exclusion (Kgalemang 2004: 145). The psychologists M. Leary and L. S. Shreindorfer (1998) provide a more explicit expression of social stigma which functions in terms of exclusion.43 According to Leary and Shreindorfer, stigma is present “when a shared characteristic of a category of people becomes consensually regarded as a basis for dissociating from (that is, avoiding, excluding, ostracizing or otherwise, minimizing interaction with) individuals who are perceived to be members of that category.” (Leary and Shreindorfer in Major and Eccleston, 2005: 66)

Moreover, Major and Eccleston identify three bases of exclusion for groups carrying stigma. These bases are ‘poor partners of exchange due to blemishes of their character’, the suspicion that they carry pathogens which cause diseases, and the exclusion based on terms of race, ethnic group, or economic contribution (Leary and Shreindorfer in Major and Eccleston, 2005: 66. 69; cf. Major & O’Brien, 2005: 395).44 Both views seem to emphasize the

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43 The British sociologist Anthony Giddens asserts that the concept of ‘exclusion’ implies that “someone or something is being shut out by another.” (Giddens, 2001: 325) It is an experience within one’s society and community.

44 The basis for exclusion seems to agree with Goffman and his typologies of stigma. The typologies of stigma, according to Goffman, are blemishes of individual character that make people fear possessing the same
relationship between those who experience stigmatization and those who stigmatize on the societal level.

When we examine the relationship between stigma and exclusion (the mark the society provides and the consequence it has in that society), it is certainly obvious that exclusion (basing on one’s stigma) possesses three main attributes. First, exclusion is a ‘consensual’ kind of stigmatization, i.e., it is mostly a common agreement existing in a particular community to exclude a person, or people of a particular type, from the common domain of the ‘normal’ social life. Second, it is a ‘shared’ phenomenon especially in the realm of a tribal, racial, or communal framework. Members of a particular community with the same attribute and orientation, who belong to the same category, share such a phenomenon. Their common attribute goes against those they consider different from them. Third, exclusion is a ‘justified’ kind of stigmatization in the sense that the community considers it legitimate on the basis of its existing morality (Leary and Shreindorfer in Major & Eccleston, 2005: 66; cf. Coleman, 1986: 214-215).

2.4.2 Function of Exclusion for People who stigmatize

Theoreticians of social stigmatization analyse the process of exclusion in terms of the way it functions in relation to social structures. The analysis centres on the way exclusion reinforces the existence of ‘hierarchical patterns of privilege’ and the ‘subordination of individuals or groups’ within the society. Its concern is with how families, communities and society enhance control and produce or reproduce social inequality between individuals. They analyze the social relation between those who stigmatize and those whom society stigmatizes. The main concern of recent social scientists seems to be the way stigma functions to enhance the struggle for privilege among those who stigmatize through the domination and subordination of those who carry the stigma. The main discussion centres on how the process of social exclusion enhances meeting the requirements the society elaborates in its social boundaries (Rankin & Others, 2005).

In this discussion, exclusion becomes an essential category of social stigmatization, because it involves a distancing between the conceptually normal and the conceptually abnormal which it brings about (Major & Eccleston, 2005: 66). Through the distancing it enhances, exclusion, as social stigmatization, creates ‘differences’ and ‘social hierarchy’ character, the abominations of the body that can bring about danger to the rest of the community (who seem to be normal), and the tribal stigma that is mainly based upon the group one belongs to (Major & O’Brien, 2005: 395).
(Paker & Aggleton, 2002: 9). However, why should society exclude people with a stigma? What function does exclusion serve for those who stigmatize? What reaction does exclusion bring from those whom the society excludes? Why should the people with a stigma bear their otherness at a distance from the rest of the community? Exclusion, as an enacted stigmatization, or as a social stigmatization process, has different kinds of functions and reactions both in the one who stigmatizes, and in the one who carries the stigma. Below (section 2.4.3), I discuss in more detail the functions that exclusion serves for those who exclude, i.e., those who enact stigmatization.

2.4.3 Rationale for Excluding People Attached with Stigmas

Major and Eccleston (2005) suggest some exclusive reactions and reasons for exclusion on the part of those who exclude. First, it is certain that community members exclude people they stigmatize in order to reduce the emerging discomfort that they bring through their presence in the community. The community sees those transgressing the social norms which it enshrines as unpredictable and cheaters. Criminals and mentally ill persons are the examples of such people. They are the ones that seem to bring discomfort to the society because the society thinks that they have nothing to provide. The community can also exclude people of another racial group in order to make those who exclude feel comfortable in themselves. Therefore, the community regards people whom it excludes as the ‘out-group’; those who stigmatize are the ‘in-group’.

Second, the community excludes them in order to keep at distance the awareness that those who stigmatize may themselves be vulnerable to the repercussions of a deviant situation of this kind. In other words, they would not like the people whom they stigmatize to remind them about their own vulnerability to stigmatization.

Third, the community excludes those it stigmatizes in order to enhance and maintain its self-esteem. The community builds its self-esteem upon the presupposition that it can overcome the terror of death by avoiding and distancing people or situations that remind them about their vulnerability to the inevitable death. In order to avoid the terror of HIV infection, for example, the community has to exclude people living with HIV both socially and individually.45

45 The American psychologists John B. Pryor and Glenn D. Reeder describe a similar anecdote of the administrator who feared that a PLWHA reminded her of her own vulnerability to HIV infection and its negative consequences. The anecdote goes thus: “In Los Angeles, a hospital administrator spoke with a man known to be infected with HIV. Throughout their conversation, the man continually played with a pencil lying on the administrator’s desk. Afterwards the administrator was reluctant to use this pencil and finally threw it away. She
Fourth, the community excludes people it stigmatizes in order that the normal people may feel better in the group; they should feel that they are free from contamination with something abnormal, or from people who carry communicable pathogens. Carrying communicable parasites or being susceptible to carrying such pathogens leads to exclusion lest the person infects, or transmits them to other people in the community through contacts with the normal people (Major & Eccleston, 2005: 63, 67-69).

Fifth, the community excludes those it stigmatizes through the assumption that those it labels as abnormal have committed sin. Rankin and his colleagues assert that sin acts as an exclusionary agent when people associate it with matters of purity in the community. In these communities, the enactment of stigmatization reinforces the existence of hierarchical patterns of privilege among those who stigmatize through the establishment or enforcement of punitive theories of the causation of illness. Theories of illness causation include ascribing the cause of a certain disease or illness to a failure to follow the instructions established by a certain deity, ancestor, or witch. These instructions make the distinction between the ‘pure’ and ‘impure’ easy. The impure are the ones who have transgressed the instructions and are suffering from the disease or illness because of such transgressions. In most religious groups, people consider the transgressors as sinful. In this case, the religious notion that people suffer because of their sinfulness encourages social inequality, domination and oppression. It encourages the existence of hierarchical privileges among those who stigmatize (Rankin & Others, 2005).

The American psychologist William Rankin and his colleagues note that there is a danger for most clergy and other religious leaders: they may safeguard and power over their followers and exercise it through the existing religious norms. The exercise of power may lead to the exclusion of those with stigmas, either through language, or through actions related to disgrace. Rankin and his colleagues write:

But it seems fair to say that clergy and other religious leaders are susceptible as any to the temptation to exercise power over others. These tendencies are facilitated by inequalities (clergy over lay, more spiritual over less spiritual, more morally pure over less so, and the like). On this account, religious groups have a marked inclination to stigmatize, and discriminatory attitudes and behaviours against PLWHA as “sinners” are an instance for this. (Rankin & Others, 2005)

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admitted that the pencil evoked negative feelings despite her realization that there was no possible danger of contracting HIV/AIDS from it.” (Pryor & Reeder, 1993: 267)
Accordingly, sin becomes an exclusionary agent for religious leaders. Sin as an exclusionary agent embraces two scenes: first, the interface between the person who stigmatizes and the one encountering stigmatization. Here, the one who stigmatizes takes a decision to conquer the invading power of sin. Second, there is an interface between the one who stigmatizes and God, where sin becomes an ideology. Sin becomes “an instrument of evasion designed to silence the outsider’s voice that accuses; … it [is] also an instrument of self-deception to hush the conscience inside.” (Volf, 1996: 97)

In view of these reasons which lead the community to exclude people it stigmatizes, we can conclude that the community most likely uses exclusion in order to enhance, justify and perpetuate existing inequalities in terms of power and status among people. In the hypotheses of Rankin and Volf, one can note that the power of exclusion is based on the fact that those who exclude are “ensnared by evil not only with full consent, but [also] without a thought of dissent and without a sigh for deliverance.” (Volf, 1996, 90) This snare and enslavement to do evil eventually imposes boundaries, first inside the self of someone, then onto the physical relationship with fellow human beings. The boundaries one imposes create domination and subordination of the one who has an undesirable difference vis-à-vis the existing norms, hence enhancing the hierarchical privilege of the one who stigmatizes.

2.5 DILEMMAS OF CARE-GIVERS: STIGMA AS A SOCIAL CONTAMINANT

The stigma attached to particular people in the community comes primarily from their own immediate caring community members: from parents, close relatives, neighbours, co-workers, religious group members, or close friends. As Lewis B. Smedes points out: “Only people who are members of a community ever feel it [shame of a stigma], and only a community that cares for its members can effectively make them feel it.” (Smedes, 1993: 56) According to Smedes, people attached with a stigma belong to communities. Communities are the ones who care for them. The act of the community in surrounding and caring for them also entails a possibility of exposing them to shame, a possibility of exposing them to rejection because everybody currently knows their name, or stigma (being HIV positive for example). The new name of the person carries the presupposition about the status of such a person. It is in a new name (stigma) that shame, disgrace, or disapproval resides.

This section outlines the kind of relationship that is likely to emerge in the interaction between people with a stigma and their close relatives, and the relationship between the community (the normal) and those in a close relation with stigmatized people (i.e., immediate
members who probably provide care for those with a stigma). I also briefly note the possible response to courtesy stigmatization on the part of the one who associates with a stigmatized person, or group of people.

2.5.1 An Object–Subject Relationship

What kind of interaction exists between people (or a group of people) with a stigma and the immediate community members? It is certain that when the stigma is explicit, their communities possess stigmatized people instead of owning them (cf. Smedes, 1993: 70-76). Possession has to do with control and wilful use. Since possession has to do with control, using as one likes, or even getting rid of something; and since only lifeless objects can be possessed, the conception of shame emerges through the exercise of power among caring communities over stigmatized people, like the power one can have over dead objects. The community equates a stigma (e.g., living with HIV/AIDS) with death. One way for communities to demonstrate their possession of stigmatized people is through their attitude towards them and their utterance of the voice of duty. This way manifests itself in the utterance of the voice of PLWA’s failure to act and conform to what makes an individual a member without blemish - instead of words of hope and assurance that confirm the willingness of communities to accept and own people with stigmas, irrespective of their statuses (cf. Smedes, 1993: 77-81 cf. Freire, 1993: 39-41).

The attitude of possessing people with a stigma, such as those living with HIV/AIDS, has mainly to do with fear among normal people - a fear of courtesy stigma and a fear of acquiring such a stigma themselves (that is, a fear that a stigma can be casually transmitted to them). Fear of acquiring a stigma makes caring neighbours distance themselves from people with a stigma lest they transmit their stigma to them. The community caring for PLWA, for example, can distance themselves because of fear of acquiring infection, or fear of the courtesy stigma that can result from associating with such stigmatized people. Therefore, courtesy stigma and fear of acquiring stigma become the main causes for the negative treatments of people with a stigma; and this may also prompt a reaction from the stigmatized group (see 2.6 below).

2.5.2 Fear of Courtesy Stigmatization

The American sociologist Arnold Birenbaum notes that courtesy stigma emerges when people who in principle belong to the group of the ‘normal’ are given a ‘spoiled identity’ because they associate with people with a particular stigma. This situation brings such people into an
ambiguous situation with regard to their social status. On the one hand, other members of the community can consider them as ‘normal’ people because they have no notable spoil of identity among those categorized by Goffman: bodily deformity, spoil of individual character, or membership in a particular group with a stigma. On the other hand, they are likely to be different due to their association with those attached with a racial or ethnic stigma, an association that is contrary to the social norm which encourages one to refrain from association with such people. Birenbaum calls courtesy stigma an ‘affiliational’ spoiled identity, i.e., not one associated with their physical make up. Therefore, courtesy stigma is manifested when one associate with someone with a stigma, through normal life experiences like caring, conversation, touching and domestic life in general (Birenbaum, 1970: 169; cf. Goffman, 1963: 30-31; Pryor & Reeder, 1993: 265 and Wight & Others, 2006: 444-445).

The South African theologian Anthony Balcomb illustrates how courtesy stigmatization functions when he describes the social psychology of dirt and pollution as one aspect of stigmatization. In his description, Balcomb uses a story about Nelson Mandela and what he encountered when he visited a family of young children whose parents had died of HIV/AIDS, and who were living with HIV/AIDS, children whom no one wanted to be near for fear of possible contamination. People threw parcels of food to these children from the fence for fear of drawing near. The visit of Mandela to such children made him untouchable. People started fearing to draw near him because they thought the children contaminated him with strange and fearful power (Balcomb, 2006: 113). Balcomb narrates the story of the encounter of Mandela with people after he came out of the house of the stigmatized children and the courtesy stigmatization he faced thus:

When Nelson Mandela emerged from that house after having spent a half an hour with HIV positive children he was deemed to be contaminated. This person who is treated with the utmost devotion by everyone and whom most treasure the opportunity of touching or being near, was suddenly avoided.

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46 The American health psychologist Richard G. Wight and Others (2006) have recently developed a new Model of stigma: dyadic stigma. Dyadic stigma is a combination between ‘personal stigma’ experienced by a stigmatized person or group of people and the ‘courtesy stigma’ experienced by those who associate with the stigmatized people. Research into the feelings of people living with HIV/AIDS towards their carers and the feelings of carers towards their clients suggests the existence of a stressful relationship between carers and their clients. It suggest that “the chronicity of the PLH’s requirements for assistance may represent a unique source of stress to the caregiver, but it may also lead to other forms of stress – such as feelings of being overwhelmed or overloaded.” (Wight & Others, 2006: 446 cf. Wight & Others, 2007) At the same time, PLWHA can feel that their care providers neglect them in the process of caring. Therefore, dyadic stigma depends mainly on the relationship between the stigmatized people and the caring people.

In this study, however, I have decided to discuss courtesy stigma because I find it to be useful in the analysis of stigmatization in the New Testament texts and the situation in the Tanzanian churches.
No one suspected him of doing anything other than being in physical contact with these children. But this was enough to consider him contaminated. (Balcomb, 2006: 113)

Balcomb then comments: “Such is the association of AIDS with dirt. Such is the power of stigma around AIDS. Such is the perception of the HIV positive person in society as being dirty.” (Balcomb, 2006: 113) In fact, what Mandela encountered is one possible manifestation of the way courtesy stigmatization functions within relationships between those attached with a stigma and those who stigmatize.

Courtesy stigma affects the relationship between those with a stigma and the normal (i.e., those associating with the stigmatized). In some cases, the normal (who associate with stigmatized people) can develop a strategy for managing courtesy stigma as they associate with stigmatized people. Birenbaum notes that some can opt to lose their social status in favour of the relationship with those with a stigma, as Mandela attempted in the incident narrated by Balcomb above. These normal people decide to accept the spoiled identity attached to them because of their association with stigmatized people. Others can opt to maintain their status as normal within the community, yet keep their association with stigmatized people. In doing so, they seek to balance between the ‘world of the stigmatized’ and the ‘world of the normal’ (Birenbaum, 1970: 196). They can reduce over-involvement in the world of the stigmatized so that the community sees their withdrawal from the group of the stigmatized. This distancing and withdrawal from relationship can be visible through creating a negative attitude and treatment vis-a-vis those with a stigma (possession - see 2.5.1 above). In this case, possession becomes a tool for the normal people to mitigate courtesy stigma; and they manifest this possession in the way they perceive stigmatized people, associating with them mainly by “producing unwelcome feelings of anger, regret, guilt or shame.” (Wight, 2006: 445)

The American psychologists John B. Pryor and Glenn D. Reeder report on research which indicates that courtesy stigma is not only limited to people associating with the stigmatized, but also to the objects used by stigmatized people. Pryor and Reeder report, “the stigma of being a murderer, being homosexual, having a serious accident, having tuberculosis, or having AIDS can possibly be transmitted to objects once associated with the stigma bearers. (...) people display aversions to laundered sweaters if they were once worn by someone with any of these stigmatizing conditions. [Researches have also] found negative reactions to sleeping in a hotel bed or owning a car if these things recently came into contact with a stigmatized person.” (Pryor & Reeder, 1993: 265) In these situations, people fear the objects that the stigmatized people use. They fear that their stigma has contaminated objects.
How do people with a stigma react to the social exclusion caused by their stigma, and what motivation prompts their reactions? The following section discusses the reaction strategies used by people facing stigmatization in coping with the stigmatization that faces them. I discuss the two main strategies they employ in their coping: first, the socially based coping focusing on problem solving, and second, the self-based (feeling of shame) coping focusing on regulating the emotional situation, either on the part of the stigmatized or on the part of the community which stigmatizes them.

2.6 REACTION FROM PEOPLE FACING STIGMATIZATION

Psychologically speaking, human beings are motivational beings. They obtain motivation from numerous aspects in their life which make this reaction reasonable: food, shelter, and social governance. After meeting most of the primary requirements, what probably follows is the necessity to belong. The necessity to belong is among the strongest motivations that push human beings towards affiliation with others. Low self-esteem and inferiority are often the results of feelings of rejection and loneliness among people (Fihavango, 2004: 56-57; Twenge & Baumeister, 2005: 28).

The American sociologist Herbert Blumer states thus about the actions of a person in relation to the actions of other people within the group:

Fundamentally, group action takes the form of a fitting together of individual lines of action. Each individual aligns his [sic!] action to the action of others by ascertaining what they are doing or what they intend to – that aligns his own actions on the bases of such interpretations of the acts of others. (Blumer, 1995: 209)

According to Blumer, the acts of people surrounding the individual, and the way that individual interprets them, are the determinants of the way that individual is likely to respond to such acts in order to align oneself for the sake of obtaining self-esteem. When people feel and understand from the on going acts that other people dislike them, they often internalize this feeling and consequently create a state of self-dislike.

In this case, one can see that the self-esteem of an individual is like a ‘sociometer’ that measures the prospects of people for their belonging. The higher their self-esteem is, the greater the possibility they become those with whom others would want to affiliate; and the lower the self-esteem, the greater the possibility that they become those whom the community shuns and rejects (Twenge & Baumeister, 2005: 28). The human struggle to align the acts in
search for acceptance, for fully belonging to a particular group, is manifested in the way stigmatized people cope with their stigmatizing situations

2.6.1 Socially-Based Copying with Stigmatizing Situations

The first reaction of stigmatized people to stigmatization, in their struggle for acceptance, is a socially-based coping strategy. In most cases, the socially based reaction by those with a stigma claims their right to belong to a particular society with the same value and worth as those who stigmatize. As I have stated, the need to belong to a particular social group is fundamental to all human life. With this necessity in mind, we can ask how people facing exclusion react when their fellow members of the community leave them out, or isolate them from the social life of their community. Does the exclusion they face make them endeavour to regain their status of inclusion, or does it cause an antisocial behaviour? The investigation of possible answers for these questions can assist us in analyzing power relations between those who exclude and those who experience exclusion. Such answers can also assist us in viewing the reaction from the group facing exclusion not only as a threat to the society, but also as a resource in the whole process of social transformation.

Since exclusion acts as a stressor to those with a stigma, Leary (2001) proposes a model for excluded people to cope with such a stressor. The proposed model includes three ways; the first one is enhancing relational value. Enhancing relational value means enhancing desirability on the part of those who exclude. In enhancing desirability, people with a stigma (e.g., PLWHA) struggle to remove the conditions subjecting them to stigmatization. Since HIV/AIDS causes the loss of weight, people living with HIV/AIDS can undergo considerable dietary strategies to increase their weight. They can also undergo cosmetic surgery to rectify the wearing-down of body components due to HIV activity in their bodies. Therefore,

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47 The psychologist Compas and Others (2001) define ‘coping’ as “conscious volitional efforts to regulate emotion, thought, behaviour, physiology, and the environment in response to stressful events or circumstances.” (Compas and Others in Carol T. Miller and Cheryl R. Kaiser, 2001: 77) The psychologists Richard S. Lazarus and Susan Folkman define it as “the process of managing demands (external or internal) that are appraised as taxing or exceeding the resources of the person.” (Lazarus and Folkman in Taylor & Others, 1993: 313) The Australian medical anthropologist Andrea M. Whittaker calls such a coping reaction of the stigmatized group a ‘counter discourse’ that, in most cases is a “struggle for rhetorical ownership,” i.e., it is a struggle against the discourse and representation of the mainstream regarding a particular stigma construction (e.g., HIV/AIDS) (Whittaker, 1992: 385 – 386). However, in developing this part, I shall mostly draw the descriptions of the coping mechanisms of stigmatized groups from Major and Eccleston, 2005: 72 -77.

48 According to Miller and Kaiser, a “stressor is an event in which environmental or internal demands tax or exceed the adaptive resources of the individual.” (Miller and Kaiser, 2005: 74) In this case, “Stress occurs only when demands placed upon an individual [or a group of people] exceed or tax the individual’s coping resources.” (Miller & Kaiser, 2005: 75) In most cases such a stressor and the stress it causes become a threat to individuals’ identity in such a particular context.
enhancing relational value is a behavioural attempt by the person facing exclusion to eliminate a stigma in order to maintain the relationship with those who exclude.

The stigmatized person can attempt to eliminate the stigma in the eyes of people who stigmatize through concealment (Muyinda & Others, 1997: 146). PLWHA, for example, can disguise or conceal their status, especially when the HIV/AIDS symptoms are invisible. Fear of disapproval and rejection are the most appreciated reasons why people who bear a stigma keep secrets concerning their own identities. Concealment or disguise makes the one carrying a stigma ‘pass’ as someone without a stigma, hence maintaining the relationship with those who stigmatize. The disguise or concealment of the stigma also enhances their inclusion in the status of those who exclude. In this case, concealment serves as a move from threatening the social relations of someone, if the stigma becomes apparent, to maintaining it.

The problem with concealment as a way of enhancing relationship with people who exclude is based on the fear surrounding the one carrying it. For example, a person living with a ‘discreditable’ HIV/AIDS status who conceals it will be afraid of what will happen when the stigma becomes ‘discredited’. The concealment of HIV/AIDS status also makes the spread of HIV more rapid than when people with such a status make it open. Concealment also makes a PLWHA miss the most important social services that other PLWHA obtain from the initiatives of the society, e.g., empowerment strategies to face stigmatization and ARVs.

People with a stigma who face exclusion can also enhance relationship through overcompensation. Overcompensation involves exerting more efforts in the relationship. People living with HIV/AIDS, for example, can refine their interaction skills by endeavouring harder to perform deeds that those who exclude do not dare to perform. In working harder, they compensate for the deficiency that those who exclude think that they have because of the stigma they bear (cf. Goffman, 1963: 9-10). Therefore, overcompensation proves to those who exclude that the one with a stigma is as capable as they are; accordingly, their exclusion from their own status is unjust.

Despite overcompensation, stigmatized people can use their attached stigma for their private material gains. One excellent example is disabled people who can use their disability as an excuse for not working. In this situation, such people can use their disability as a tool for acquiring ‘secondary gains’ from people who stigmatize them (Goffman, 1963: 10).

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49 My application of the term ‘empowerment’ in this study draws on the definition of D. Werner (1988). Werner defines it as a “process by which disadvantaged people [are facilitated to] work together to increase their control over events that determine their lives.” (Werner in Philpott, 1993: 101)
Stigmatized people can also see the stigma attached to them, especially where it is associated with body suffering, as an aspect of their blessing in life. They can have a comfort in their situation when they believe that the stigma attached to them has something important to teach them and their surrounding communities. Such a self-comfort of stigmatized people attempts to alleviate the anguishes of social stigmatization (Goffman, 1963: 10).

Another strategy in enhancing relationships is the possibility for stigmatized people to use the stigma attached to them to analyze and measure the shortcomings of those who stigmatize them. To illustrate this possibility, Goffman quotes the multiple sclerotic and the evaluation such a stigmatized person made thus:

Both healthy minds and bodies may be crippled. The fact that ‘normal’ people can get around, can see, can hear, doesn’t [necessarily] mean that they are seeing or hearing. They can be very blind to the things that spoil their happiness, very deaf to the pleas of others for kindness; when I think of them I do not feel any more crippled or disabled than they. Perhaps in some small way I can be the means of opening their eyes to the beauties around us: things like a warm handclasp, a voice that is anxious to cheer, a spring breeze, music to listen to, a friendly nod. These people [those who stigmatize] are important to me, and I like to feel that I can help them. (Henrich and Kriegel in Goffman, 1963: 11)

Hence, following the above assessment, stigmatized people (in their evaluation of those who stigmatize) feel they have an obligation to assist those who stigmatize to realize their own blindness, their inability to hear and their various disabilities in life (despite their claim to be ‘normal’) before they can practice their stigmatizing attitudes towards other people.

The second way is seeking alternative relationships. In seeking alternative relationships, people with a stigma want to bargain for value and worth. They seek alternative relationships that will value and include them, that will ensure their belonging. The main requirement from the alternative relationships they select is acceptance and respect. Alternative relationship can be an establishment of relationship among members of their group (cf. Major & O’Brien, 2005: 405). People living with HIV/AIDS, sex workers and drug abusers, for example, can establish in-group relationships where they encourage and share experiences together. In such cases where members establish an in-group relationship, self-esteem may depend on the number of members and the interaction they make. The more members the group has, the higher the self-esteem of individual members.
Seeking alternative relationships is a self-validating process. It is a place for re-socialization\(^{50}\) where language becomes a major resource to identify themselves in their own nature of communication, which is different from that of the larger society. People belonging to the same group and bearing the same stigma can establish a relationship for the sake of sharing experiences and social support. Such a relationship becomes an important starting point for redefining the values that society uses to exclude them. It becomes a starting point where they provide critical evaluations of the exclusion they face. Therefore, alternative relationships among people with a stigma can function as a starting point for both re-socialization and questioning the larger view of the community about their status in relation to the moral values enshrined by the community. Such an evaluation can often take place through comparison between their social treatment and the treatment of other people with the same stigma in other contexts.

The danger with seeking alternative relationship appears when one makes a strong identification with the group. The person becomes likely to face exclusion within the group. Those who strongly identify may seem peculiar in the sight of those who do not fully identify with the group. Moreover, identification with the group can cause further exclusion on the part of those who exclude.

The third way is withdrawing from relationships, situations, and any kind of domain where people attached with a stigma anticipate the existence of exclusion. Physically disabled people, homosexuals, sex workers, and drug users can physically avoid going to churches where they think they will most likely receive no acceptance (cf. Major & O’Brien, 2005: 405 & Muyinda & Others, 1997: 146). PLWHA, for example, may not attend gatherings where they anticipate facing an excluding language. Sometimes physical withdrawal becomes a difficult option especially in events that are important for one to take part in. In some places, they re required to attend even though they face exclusion and rejection, for example, school, work, shopping, meeting a supervisor and classmates. In such situations, people with stigmas practice psychological withdrawal by disengaging themselves from demonstrating their self-esteem in domains where they anticipate experiencing negative outcomes regarding the stigmas they bear.

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\(^{50}\) The re-socialization I mention here is not re-entering into relationship with the larger group, but the development of a new social group with its own social system of interaction hidden from the eyes of the larger group. The aim is the re-building of self-identity and esteem after exclusion from the dominant group.
A statement by a woman living with HIV/AIDS in Norway, as the document of the Church of Norway General Synod quotes her, is an example of psychological withdrawal from relationship with other members of the community. The woman states:

What wears me down is that my role in society has changed. It is no longer easy to meet friends in the same way as before. I am aware that they are thinking about me being infected. I often make the situation worse myself. I feel that I can live with my leprosy, or HIV if you like, by withdrawing. It is not HIV itself that I am suffering from, it’s people that make me suffer. (Church of Norway General Synod, 2003: 18)

The woman feels she must distance herself from the stigmatizing situations of her society. She feels that HIV is her own fate, and that other people should not see her, because they may perhaps stigmatize her status. In this case, the woman withdraws from relationship as her strategy to alleviate the possible stigmatizing consequences she might encounter with other community members.

A serious problem with withdrawal as a strategy to cope with exclusion is that people who withdraw from such realms will reduce their motivation to be active participants in what is going on in such domains. The longer the loss in motivation to participate in such domains persists, the greater the risk it poses to them, if such domains are important for the future of the one who withdraws. Students living with HIV/AIDS, for example, may lose their motivation to participate in classes, and achieve a poor performance. Moreover, withdrawal from particular reams justifies their being stigmatized and excluded. Stigmatization becomes socially just; it becomes something that those who bear it accept. Therefore, bearing a stigma and accepting it, while withdrawing from some domains or situations in society, can lead the majority in that society to capitalize and draw conclusions on the validity of their excluding actions.

Withdrawal from particular domains or situations capitalizes on the manifestation of the shame of the one withdrawing from that particular domain. It is a way of ‘discrediting’ oneself, to employ the terminology of Goffman, and internalizing the shame associated with a stigma the society imposes. It is accepting a creditable attitude towards a mark imposed upon one (Goffman, 1963: 4, 41-50). It keeps someone’s stigma hidden. It implies shame on the view of oneself and on the view of the society, as I shall illustrate in the following section.
2.6.2 Internal Coping with Stigmatizing Situations (Shame)

The American sociologist Herbert Blumer reports thus about George Herbert Mead’s analysis of human group life:

The key feature in Mead’s analysis is that the human being has a self. […]. In declaring that […] Mead had in mind chiefly that the human being can be the object of his [sic!] actions. He can act towards himself as he might act towards others. Each of us is familiar with actions of this sort in which the human being gets angry with himself, rebuffs himself, takes pride in himself, argues with himself, tries to bolster his own courage, tells himself that he should “do this” or “not do that,” sets goals for himself, makes compromises with himself, and plans what he is going to do.

Mead regards this ability of the human being to act towards himself [sic] as the central mechanism with which the human being faces and deals with his world. (Blumer, 1995: 207)

In addition, Goffman states that when a stigmatized person internalizes and accepts that the failings that the society has attached are probably what such a person in fact has, this can result in shame. Goffman adds that to a stigmatized person, “Shame becomes a central possibility, arising from the individual’s perception of one of his [sic!] own attributes as being a defiling thing to possess, and one can readily see himself as not possessing.” (Goffman, 1963: 7) Goffman uses the concept of ‘ego identity’ to describe the way a person feels in the self about the stigma and an attempt made by that person in order to cope with it (Goffman, 1963: 106).

Following the suggestions from the analysis of Mead and Goffman above, this section attempts to demonstrate that the feeling of shame is an ultimate response to stigmatization from the one attached with a stigma in relation to oneself, or in the process of relating with the society which attaches stigma. I will first show the difference between shame and guilty, and survey the definitions of shame presented by social science scholars. These will lead to the discussion of shame and the way it functions in the process of stigmatization.

The difference between Shame and Guilt

Shame is perhaps a universal emotional reality. In his emphasis to the emotional nature of shame, Michael Lewis writes, “Shame is one of the quintessential human emotions. Shame affects all our feelings about ourselves, and all about dealing with others.” (Lewis, 1992:1) Shame is not something ‘out there”; it is an immanent reality. It is something in us, as Michael
P. Nichols rightly puts it, “Shame is about who we are, not [about] what we do (...). [It] is closer to identity than action (...).” (Nichols, 1995a: 33)

Therefore, we must differentiate between the feeling of shame and that of guilt in the process of stigmatization. The feeling of guilt is associated with morality (Carroll, 1985: 9). Psychologists associate guilt with anxiety, a feeling that something terrible is going to happen (Morrison, 1998: 11). John Carroll (1985) defines guilt as an anxiety that fear causes or stimulates in one’s conscience after the commencement of an action. Guilt is self-aggressiveness. It is turning aggression upon oneself and internalizing it (Carroll, 1985: 9). It is the feeling of doing something unpleasant (Smedes, 1993: 10-11).

However, moral guilt (guilt associated with morality) is different from the dispositional guilt that is embedded in the character of a person. In dispositional guilt, the individual lives the guilt as if he was born with it. It becomes a component of his or her life (Carroll, 1985: 10). The feeling of shame is associated with exposure, especially in a way one does not welcome. It is a feeling that others disregard us (Nichols, 1995a: 40; Lewis, 1992: 9; Morrison, 1989: 48). Shame has mainly to do with what we are (Smedes, 1993: 10-11). One can also see the difference between shame and guilt in the requirements of people who feel guilt and those who feel shame: “While guilty people need forgiveness, shamed people need a sense of valued self.” (Pattison, 2000:245) The goals of the two are also different: guilt generates the goal of confession and forgiveness, while shame generates concealment and the wish for acceptance by the self and by the community (Morisson, 1998: 14). Therefore, after describing the relationship between shame and guilt we can attempt to define it and analyze its dynamics in the processes of stigmatization.

**Shame as an Individual Feeling in relation to Oneself**

What is shame, and how does it function in the processes of stigmatization? One way to understand shame as an individual phenomenon is to relate it to what Adam and Eve did after eating the fruit. The book of Genesis states, “And they heard the sound of the LORD God walking in the garden in the cool of the day, and the man and his wife hid themselves from the presence of the LORD God among the trees of the garden.” (Gen. 3: 8) The linguistic root of the word ‘shame’ originating from the Indo-European word kamkem has the meaning of

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51 The first thing that a person who has HIV positive test results feels is ‘fear’. The misconceptions about the contraction of the virus and the emerging results or consequences of AIDS are the causes of fear in such a person. For such a person, AIDS equals sickness, rejection, hostility from other people, stigma, death and judgment.
‘covering’, ‘hiding’, or ‘veiling’\textsuperscript{52}. The Teutonic root \textit{skam/sken} also has the same meaning of shame. The prefix ‘-s’ that the Teutonic word for shame carries has a reflexive purpose: ‘to hide oneself’, ‘to cover oneself’, or ‘to veil oneself’. In the case of Adam and Eve, shame reveals not only their guilt, but also what they are as human beings, and this makes them hide from the presence of the viewer (the LORD God).

We can also define shame on the basis of the ecological location of people. Most people categorize shame with standards already set. It is not something that is for all (though all are vulnerable to it); it is something for individual people. It is a feeling of defilement and unwantedness. This feeling appears in one’s self. It is better to view shame as an ‘effect’ which an emotional response develops. “It is a feeling upset and, or thinking about someone as being out of worthy”\textsuperscript{53}. Shame is an attitude towards avoidance of insecurity and any other situation that leads to humiliation.” (Nichols, 1995a: 29-33) In fact, what the person who feels shame strives to conceal is not shame itself (because shame hides itself far in the self of someone), but the feeling or perception of unworthiness which generates the shame (Morrison, 1998: 12).

Fossum and Mason (1989) define shame in a short paragraph thus:

Shame is an inner sense of being completely diminished or insufficient as a person. It is the self judging the self. A moment of shame may be humiliation so painful or an indignity so profound that one feels one has robbed of her or his dignity or exposed as basically inadequate, bad, or worthy of rejection. A pervasive sense of shame is the ongoing premise that one is fundamentally bad, inadequate, defective, unworthy, or not fully valid as a human being. (Fossum and Mason in Pattison, 2000: 71)

The above definition indicates that an uncontrollable exposure causes shame beyond concealment. Sometimes shame appears spontaneously, unexpectedly, and brings discomfort to the one feeling it (Nichols, 1995a: 28; Pattison, 2000: 72). Shame manifests itself as a sense of ‘being observed’, or ‘being seen’. The one who feels shame becomes a visual object with the ‘loss of face’, i.e., the loss of respect on the part of the viewers. This sense of exposure to the view of others implies judgment, a sense of receiving judgement or assessment from the viewers. In this case, shame is a self-oriented anguish.

\textsuperscript{52} The shame of an individual person always hides in the self. What manifests itself in us are mainly the guises of shame: anger, depression, denial contempt or superiority. These guises are so compelling that they manage to mask the core of shame (see Morrison, 1998: 9-10).

\textsuperscript{53} ‘Unworthiness’ is a member of the shame family. Other members of the shame family include failure, inferiority, defectiveness, and incompetence (see Morrison, 1998: 42-48).
This definition of shame constitutes what Smedes calls “unhealthy shame,” i.e., the false message from the false self – “the image of what ought to be that is concocted out of false ideals”. It is the image of the failure to follow the ideals that other people impose to us. These ideals create an image that does not tell us about the way we really are (Smedes, 1993: 38). In this sub-section, I concentrate mainly on this kind of shame. The sources of false message, according to Smedes, are three: secular culture forming the larger society, graceless religion forming the faith community one belongs to, and parents forming the primary nuclear community.\textsuperscript{54} All three have ideals which define the acceptability and unacceptability of a person carrying a stigma, and these are the ideals which tend to compel people to adhere to them in order to be accepted by the community. These three sources often endeavour to substitute their false images for the true ideals of the true selves of people, declaring that they are binding descriptions of how people ought to be.

The psychologists Eva Kosofsky Sedgwick and Adam Frank provide an elaborate account of the relationship between shame and the self of a person, when they relate it to distress and terror:

If distress is the affect of suffering, shame is the affect of dignity, of defeat, of transgression, and of alienation. Though terror speaks to life and death and distress makes of the world a vale of tears, yet shame strikes deepest into the heart of man. While terror and distress hurt, they are wounds inflicted from outside which penetrate the smooth surface of the ego; but shame is felt as an inner torment, a sickness of the soul. It does not matter whether the humiliated one has been shamed by derisive laughter or whether he mocks himself. In either event he feels himself naked, defeated, alienated, lacking dignity or worth. (Sedgwick and Frank, 1995:133)

According to the above definitions, one can most likely notice the function of shame in the process of stigmatization in the cultural constructions of stigmas and the feelings of those who experience the existence of such stigmas (i.e., as being discredited or discreditable). For example, Kleinman writes about the relationship between cultural constructions of illness and the emergence of shame among those who suffer. He argues that the feeling of shame that people, or groups of people, encounter are mostly not due to the real meaning culture ascribes to the disease, but are mainly due to a response to the reactions of the immediate local community to a person, or a particular group that suffers (Kleinman, 1988: 160 cf. Duffy, 2005: 15). Following this line of thought, one can affirm that shame, as an individual

\textsuperscript{54} The shame that religion attaches is in most cases not spiritual. Religion without grace can attach shame to people’s souls without the hope of their relief. It is mostly an undeserved shame (see Smedes, 1993: 42).
phenomenon, is a self-criticism of the one feeling it in front of the public, or in individual arenas (Capps, 1993: 78). The definition of Fossum and Mason indicates that shame brings about the idea of ‘the self judging the self’. At the same time, the one feeling shame becomes the subject and object – the object and subject become indistinguishable at this moment because they both fuse in the self of the person (Pattison, 2000: 72; Nichols, 1995a: 31). Following Sedgwick and Frank, shame becomes a loss of status, an inner torment of the self of the person. It is humiliation in the heart (see also Hanson, 1994: 83). It is a public denial that the self of the denied person acknowledges (Malina, 1993: 52). Nichols writes, “We feel shame, not when something happens to make us ashamed, but when something happens to expose the shame that’s already inside us.” (Nichols, 1995a: 31; cf. Morrison, 1998: 16-17) According to Nichols, therefore, “Shame is a painful discrepancy between our image of who we’d like to be and our perception of an ugly reality.” (Nichols, 1995a: 31) It is an experience of the exposure of someone to the observation of outsiders. It is exposure to people within our own communities and families. It is exposure to a group which condemns us for our status. Therefore, shame is certainly a mark in the self, a hurting mark inflicted on someone’s self.

In this way, we should perceive shame as being self-related. It is self-stigmatization. It requires the involvement of one’s whole self. It is the feeling of the self as whole, the feeling of scrutiny by the viewers (Nicols, 1995: 31, 28; Capps, 1993: 74-75). It is the division within the individual into the self and the ‘other’. The ever-silent self of the person erupts in front of shame and feels the sense of division as it evaluates itself (Capps, 1993: 87; Pattison, 2000: 73). At this point shame brings an individual to a conception of being meaningless and hopeless, due to the disoriented self which generates confusion within itself.

**Shame as an Individual Feeling in relation to the Society**

Shame is not only an individual phenomenon, but also a dynamic and relational concept that may involve two or more people (or groups of people) and the way they view each other. In a social perspective, shame (unhealthy) pervades the value of a human person. It makes a person less than a human being. The humanity of a human being becomes meaningless in front of the viewers.

In the process of stigmatization, the meaninglessness of the person who feels shame brings that person to a difficulty in communication with viewers (the community who measure the honour or dishonour of the person). The community leaves this person almost voiceless, without words and without the capacity to use the God-given abilities to communicate. Lewis (1971) in his confirmation of the consequence of shame to
communication writes, “[S]hame is a relatively wordless state. The experience of shame often occurs in the form of imagery, of long or being looked at (...) the wordlessness of shame, its imagery of looking, together with the concreteness of autonomic activity makes shame a primitive, irrational solution.” (Lewis in Pattison, 2000: 74)

If shame brings the person with a particular stigma to the idea that he or she is meaningless and hopeless and hence leaves such a person without words, shame will likely leave that person disconnected from other people. The shamed person becomes isolated from other people. There is a possibility that the trust of other people in such a shamed person becomes shattered. The trauma of shame experience comes when the shamed person fails to capture the social life prevailing; the trauma comes when a self-judgment affirms that one possesses the socially unaccepted qualities. One can see this trauma mainly in people’s scorn or contempt for their own selves as a response to the imagined evaluation by the surrounding society (Pattison 2000: 77).

The British theologian Stephen Pattison describes the desire generated by contempt in someone’s self and the consequence it has for relationships thus: Contempt “is characterized by the desire to abandon, to eliminate and to ignore, rather than to restore relationships (...).” (Pattison, 2000: 77) According to Pattison, the contempt that shame causes becomes different from normal individual anger in most cases. Anger leads to rejection in the self; it certainly does not distance the individual it rejects as shame does.

Following the description of contempt by Pattison, it is also possible to envisage that the fear of most stigmatized people, such as PLWHA towards their surrounding community is not ‘hatred’, but ‘contempt’. Contempt goes with the desire to humiliate, i.e., “to lower the pride or self respect of, cause a painful loss of dignity to [and] mortify.” (Broucek, 1991: 75) Wurmser (1987) bears witness to the harshness of the unbearable contempt: “Contempt states: ‘You should disappear as such a being as you have shown yourself to be – failing, weak, flawed and dirty.” (Wurmser in Pattison, 2000: 77) In such case, shame in PLWHA becomes a response to the failure to live the ideal the community has established. It is an experience of self-deficiency in relation to other members of the community (Capps, 1993: 72). Shame is the response to the stigmatization that the community inflicts upon an individual who bears a particular stigma.

2.6.3 The positive Side of Shame

However, we must also ask: is it always a bad thing to feel shame? Can something valuable come out of the feeling of shame? Certainly, shame is not always negative. It has its positive
side that can play an important part in human life. The American theologian Lewis B. Smedes calls the positive side of shame “healthy shame” (Smedes, 1993:35). Smedes suggests three aspects of the positive side of shame; first, shame acts as an admonition that something is going wrong, especially when what the society attaches as shame to a person is what the person really is. Shame exposes a possible human blemish. If a person has a blemish, then shame admonishes that person about the wrongness of the blemish.

Second, shame acts as a protection from human falseness. It protects people from doing foolish deeds that can put them to shame. It is probable that people adhere to social norms not because they are afraid of the punishment that the violation brings, but mostly because they are unwilling to encounter the feeling of shame after violating them.

Third, shame acts as an opening towards a person’s understanding oneself, or for a group of people to understand itself. The step towards self-understanding comes when a person or group of people questions their feelings of shame: why do I feel shame? Or: why do we feel shame? The exploration of one’s own shame enlightens the person, or group of people, and helps towards understanding oneself better (Smedes, 1993: 35-36).

Moreover, some theologians and theorists of shame and honour in the Mediterranean world, e.g., Bruce J. Malina, have also argued that shame is likely to be a necessary aspect for every human being who belongs to a particular group of people. Malina writes, “any human group worthy of belonging to humankind, needs to have shame, to be sensitive to its honor rating, to be perceptive to the opinion of others.” (Malina, 1993: 51) According to Malina, shame unveils the sensitivity of the person to the rules of interaction. Malina sees a person who is shameless as one who is insensitive to the rules governing human life and human interaction. According to him, it is only through the presence of the tension between honour and shame that one can perceive the possibility of living a dignified and humane life. It is through the acknowledgement of shame that the observance of social boundaries is internalized in a person’s self.

This acknowledgement of shame is what Malina calls ‘honour as shame’, ‘honour as goodness’ and ‘honour as eminance of power’ in the lives of individuals and groups (Malina, 1993: 53). It is a shame in honour that has no boundaries between people who experience shame and their viewers in the self of the person. It is the shame in honour that encourages what the anthropologist Gideon M. Kressel calls ‘homo agnosticus’, i.e., the wish to receive honour from other people and to avoid all the repercussions that one’s shame can entail (Kressel, 1994: 157). Observing this repercussion, I see that, just as stigma acts as a
‘sociometre,’ so too shame “acts as a barometer of the distance and amounts of honor and respect that are exchanged between individuals in social relationships.” (Pattison, 2000: 81)

2.7 SHAME AND EXCLUSION AS COMPONENTS OF STIGMATIZATION

Based on the discussion of shame and the way it relates to the human self and social life, I now summarize the relationship between exclusion and shame, both of which are aspects of stigmatization, by pointing to their points of intersection. On the one hand, stigma is a label that distinguishes an abnormal person from the normal persons (Goffman, 1963: 3). Exclusion mostly distances people with a stigma as pollutants in the pure community; it sets them apart from the normal. It is an enacted stigma. On the other hand, shame is the internalization of stigma in the selves of people who bear it. Shame is the result of feelings (in the self of the person after being stigmatized as bearing a stigma - a disease of the self - or from the community, who ascribe value to a particular stigma). Both exclusion and shame are results of stigmatization against people with particular traits that are considered undesirable.

Metaphorically speaking, shame relates to pollution thus:

Shame, like pollution has elements of social dislocation and exclusion. The shamed person feels [he or she] stand[s] outside the social order and social relationships. That which is polluted is dirty, it is worthless, if not dangerous, contaminating and unworthy of respect…. Indeed, the shamed person may actually feel [him/herself] either temporarily or permanently like shit. Pollution and defilement [as concepts emerging in selves] come upon people not necessarily directly because of moral offence, but because of a disruption in the order of relationship. Those who experience shame… may be in a position where they have not necessarily done anything wrong. (Pattison, 2000: 89; cf. Douglas, 1966)

The assertion of the relation between shame and pollution that Pattison makes here touches the reality of the contemporary attitude of most communities towards PLWHA, and even the way PLWHA feel among themselves. The shame of being HIV positive and the exclusion from the realm of the normal that they face certainly does not depend upon their wrongdoings. Even those who contracted HIV accidentally through childbirth or through blood transfusions may feel this kind of shame. The person feeling shamed undergoes stigmatization. The person receives a label, while exclusion and shame also face the person from within his or her own self, or from the community to which the person belongs. Such a person fails to conform to the boundaries set by the community where the person lives.
The psychologist Michael P. Nichols categorizes three aspects where human beings experience shame more intensely: weakness, dirtiness and defectiveness (Nichols, 1995a: 33). Weakness refers more to physical, and probably mental, inability (abomination of the body). It is an inability to work and express oneself. Dirtiness refers to being unclean. Dirtiness is a figurative language the community employs to refer to moral corruption, the unexamined morality which conforms to the seven deadly sins Nichols mentions, i.e., pride, covetousness, lust, anger, gluttony, envy, foulness and filthiness (blemishes of the individual character). Defectiveness has to do with physical or mental shortcomings or some bodily lack (abomination of the body) (Nichols, 1995a: 33-38; cf. Douglas, 1966). Therefore, stigmatization related to HIV/AIDS more probably comes from the powerful combination of shame and fear, the shame in the self about the exposure to the status the community associates with the transgression of taboos, and the fear of exclusion, the result of the response of the community to the status of people it labels.

2.8 CONCLUSION

In this chapter, I have described a theoretical framework for the concept of stigmatization and the way actors in the process of stigmatization interact. I have highlighted the characteristics of the excluding group and of their acts, and how stigmatization is used in legitimating social inequality in the process of struggle for power and status in the society. I have illustrated how the local community, i.e., those who immediately surround individuals or groups of people with a stigma, practice exclusion for their own purposes, especially when they react against those who seem to have undesirable qualities. I have also illustrated how shame is a feeling directed towards a particular stigma. This feeling is associated with the individuals or groups of people when they internalize the stigma they possess and the exclusion that the community around them exerts. It is also a feeling of the community directed to people with a stigma, a feeling that such persons have committed abominations against the prescribed values. Therefore, this chapter provides a theoretical perspective on stigmatization and the dynamics surrounding it in social relationships.

However, the stigma theory that Goffman and other social sciences propose has some limitations. One of the limitations of the theory of stigma is that it presumes that the process is permanent, not subject to change. With this assumption, it leaves stigmatized people to cope with the stigmatizing situation, where they must internalize such a situation without a saviour. It also leaves stigmatized people comfortable with what people that stigmatize do, without any challenge to remove the stigmatization. Stigma theory seems to be mainly interested in
the interaction between those who stigmatize and those facing stigmatization, not in the provision of a method to counteract the situation. In that case, the theory is less helpful as a tool to counteract stigmatization, especially in an era of the globalization of HIV/AIDS, because it considers stigmatized people as ones acted upon and not as people capable of acting to reject stigmatization.

My interest in this study is not to describe the interaction between those stigmatizing and those facing stigmatization on a theoretical level and to leave those facing stigmatization to cope with stigmatization and internalize the situation they face. Apart from the interaction, I am primarily interested in how to enhance the awareness in stigmatized people so that they will reject stigmatization. In my attempt to develop a more empowering method, therefore, I will use the work of Paulo Freire and his pedagogical approaches as a resource to deal with the problem of stigmatization relating to HIV/AIDS (see chapter four).
CHAPTER THREE

THE CONTEXT OF HIV/AIDS-RELATED STIGMATIZATION IN TANZANIA

3.1 INTRODUCTION

After discussing the theoretical perspectives on stigmatization in the last chapter, in this chapter I use these perspectives to identify the various possible manifestations of stigmatization in the Tanzanian context. I take the Tanzanian context as a case study of the magnitude of stigmatization in relation to the HIV/AIDS pandemic in various contemporary contexts. I begin the chapter by analyzing the magnitude of the HIV/AIDS pandemic and then discuss some traditional beliefs, taboos, and customs that most likely exacerbate the resurgence of the pandemic. I then focus the discussion on a more detailed analysis of the discourses of stigmatization, and the ‘language of relationship’ (Goffman, 1963: 3) which the community (the ‘normal’) develops in its relation with the HIV/AIDS pandemic, and with PLWHA (the ‘abnormal’). I discuss some popular stigmatizing metaphors, and characteristics that the society employs for HIV/AIDS and for PLWHA respectively, mostly relating to the issue of sexuality. The chapter culminates with the discussion of what HIV/AIDS obliges faith communities to consider in their proclamations. It is my conviction that this chapter, through the identification of the way stigmatization proceeds in Tanzanian communities, will assist us understand the situation that PLWHA face, and the need for an appropriate method of reading the Bible in community in order to empower them to deal with such stigmatizing situations.

3.2 PREVALENCE OF HIV/AIDS

3.2.1 Brief Demographic Information

Tanzania is one of the countries in Africa South of Sahara hit by the HIV/AIDS pandemic. It is also one of the three East African countries: Tanzania, Uganda and Kenya. It has an area of ca. 945,087 square kilometres. According to the census of 2002, Tanzania was estimated to

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55 The social scientist Robin Tolmach Lakoff states thus about language: “Language is politics, politics assigns power, [and] power governs how people talk and how they are understood.” (Lakoff, 1990: 6) Lakoff highlights the mystery of language in group relationships. The joke to one particular group can possibly be an insult to another group of a different culture. Moreover, people listening to the same words understand them differently. This is the likely thing happening to the relationship between stigmatized people and those who stigmatize.
have more than 34.4 million people and an annual population growth rate of approx. 1.83 percent. By the year 2005, the country was estimated to have more than 36.8 million people (see Lwehabura & Ndyetabura, 2006: 126). Kagera Region, located in the North West of Tanzania, was the first to recognize the initial cases of HIV/AIDS in 1983. Since the recognition of HIV/AIDS cases in Kagera, the country has suffered a heavy resurgence of the pandemic in other places, starting from regions near Kagera to Dar es Salaam, and then on towards the southern part of the country (Killewo, 1994: 4-6; Setel, 1999: 18).

On the 31 December 1999, the president of the United Republic of Tanzania declared the HIV/AIDS pandemic a ‘National Disaster’. The president “called the entire nation, including the Government, political, religious and civil leaders and non-governmental organizations, on the importance of taking new measures to put the nation on a war-footing against HIV/AIDS.” (NMSF, 2003: 1, 10) Hence, from the time the president declared a war against HIV/AIDS, the Tanzanian society has given the disease various names, both in secular and in religious spheres, in order to kindle the enthusiasm of people for taking initiatives against it.

However, the question is: how prevalent is HIV/AIDS infection in Tanzania since it was first discovered in 1983? The response to this question assists us in determining the magnitude of the HIV/AIDS problem in the country and the possible stigmatization inflicted on those who live with HIV. The National Policy on HIV/AIDS (NPH) and the National Multi-Sectoral Strategic Framework on HIV (NMSF) estimated that more than two million people were living with HIV/AIDS in Tanzania in 2002 and that thousands had died of HIV/AIDS (see Appendix 1, table 1 and 2). Among those infected, about 70.5 percent were people in the age group 25-49 years; and 15 percent were aged 15-24 years. The women group was (and still is) the more highly infected, especially at much earlier ages. The main mode of transmission was through heterosexual intercourse, which accounted for about ninety percent of all infections. Linked with heterosexuality, HIV/AIDS becomes a social, economic and cultural problem. However, as a social, economic and cultural problem, HIV puts girls and women at higher risk by subjecting them to environments which expose them more to infection, considering that such groups can have less control of their own sexuality in patriarchal societies (NPH, 2001: 9-10 & NMSF, 2003: 1, 10).

According to the Tanzania HIV/AIDS Indicator Survey (THIS), the prevalence of HIV/AIDS among adults with the age of 15-49 in the year 2003-04 was about seven percent.

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56 Bukoba regional hospital in Kagera diagnosed the very first three cases of AIDS (see Killewo, 1994: 4).
The survey also indicates that the HIV/AIDS prevalence varies from one region to another, some with higher prevalence rates and others with lower. The survey indicates that regions such as Mbeya (with ca. 14%), Iringa (with ca. 13%) and Dar-es-Salaam (with ca. 11%) were worst hit by the pandemic in the year 2003-2004, while Kigoma and Manyara (with 2%) were the lowest hit regions. Nevertheless, in several regions of Tanzania mainland, women seem to have a greater incidence than men do (see THIS, 2005: 72) (see also Appendix 1, table 3).

Table 3 below also indicates tha the total prevalence of HIV infection in Tanzania was directly proportional to education, employment and wealth status. The higher the level of education, the higher was the infection rate (see THIS, 2005: 73). The survey indicates that people who had completed primary and secondary education had a higher prevalence of the infection than those who attended no formal educational institution, especially men. Moreover, the survey indicates that employed men had a higher prevalence of HIV/AIDS than those who were unemployed. There was also an increase in prevalence rate as the wealth quintile increased from 3% among the lowest wealth quintile to 11 percent among the wealthiest quintile (see THIS, 2005 p. 73). The increase of HIV infection in keeping with employment and education suggests that the misuse of education and money as weapons for sexual contacts most likely leads to infections.

The prevalence of HIV/AIDS in Tanzania, both rural and urban, makes stigmatization more prevalent in most sectors of human life. Such stigmatization is visible in various sectors of the lives of people: in families and homes, in medical and research institutions, in legal institutions or personnel, in health care services, in house rentals, in work places and in the activities of non-governmental organizations. This creates a difficulty in fighting the pandemic and causes ambivalence regarding the issue of stigmatization (Mukonyo and Mbunda, 2003: 118-123 & Vähäkangas, 2005: 50-51).

3.2.2 Possible Ambivalence about Stigmatization

Several factors fuel the difficulty in dealing with the HIV/AIDS pandemic, and with the stigmatization that attaches to it; most of them are linked with the beliefs and knowledge of people about the HIV/AIDS pandemic. The International Centre for Research on Women (ICRW) summarises some of the factors. First, a great number of people believe that it is unfair to stigmatize people living with HIV/AIDS; yet, they themselves do the stigmatizing. Second, most people know for sure that the HIV does not casually pass from one person to another; yet, they themselves continue to have reservations about associating with PLWHA. Third, most families commit themselves well to providing all the genuine care for people
living with HIV/AIDS; yet, they themselves stigmatize them through their words and actions in the caring process. Fourth, most leaders in some sectors are vocal advocates of anti-stigmatization programmes in their areas of work (e.g., churches); yet, they themselves stigmatize PLWHA in their own words and actions (ICRW, 2002; USAID, 2005). The Tanzania HIV/AIDS indicator Survey indicates that there are high percentages of men and women who confirmed that they would have an accepting attitude towards people infected and affected with HIV and AIDS (see Appendix 1, table 4).

But, as the ICRW pointed out, the problem of stigmatization is most likely still present because those who advocate care and an accepting attitude are the ones who stigmatize knowingly or unknowingly, due to misunderstandings about the way the pandemic is propagated (ICRW, 2002 cf. Norlén, 2003: 351). Therefore, stigmatization becomes one of the persisting problems in curbing the pandemic because it is mostly not limited to those who do not advocate anti-stigmatization, but also to those who seem to advocate it.

HIV/AIDS-related stigmatization becomes something people (both those who advocate anti-stigmatization and those who do not advocate) talk about as something to avoid, yet the same people do it in the absence or presence of those whom they consider to be carrying a stigma (PLWHA). People launch anti-stigmatization programmes in several sectors, yet without a clear participation by those for whom they are launched. Instead of fighting the pandemic and its devastation in the society, the sectors turn against themselves and certainly against those who are affected by the pandemic (ICRW, 2002 cf. USAID, 2005). Hence, through talking and excluding those infected and affected by the pandemic, people inflict stigmatization in the process of struggling against the pandemic.

3.2.3 Possible Causes for Stigmatization of PLWHA

The question emerging from the above ambivalence is why people who advocate anti-stigmatization should themselves stigmatize PLWHA. There can be several reasons for this. One possible reason for their stigmatization of PLWHA is the existence of mixed knowledge about HIV/AIDS among them. The existence of the mixture of correct knowledge about the transmission of the virus and the progression of AIDS, and ignorance (incorrect knowledge) may cause the stigmatization of PLWHA, even among people who run anti-stigmatization programmes. Do most people really know the difference between HIV and AIDS? Do they really know how the disease progresses and the longevity of a PLWHA? Do they really know that opportunistic diseases are treatable and curable? Do they really know that PLWHA are still human beings like them, and that they are still worthy of inclusion in all sectors of social,
economic and religious life? The lack of deep knowledge about these questions easily causes stigmatizing habits even among those who think that they know about the HIV/AIDS pandemic (ICRW, 2002 cf. USAID, 2005 & Boniface-Malle, 2004: 178).

However, tables 5 and 6 in Appendix 1 indicate the level of knowledge about the pandemic among Tanzanians according to THIS 2003-04. The data from THIS indicates that the level of knowledge was extremely high; yet, there was still a resurgence of the pandemic, and stigmatization within communities. The question of stigmatization of PLWHA I raised above still remains: why does stigmatization prevail despite the high percentage of the level of knowledge about the HIV/AIDS in the Tanzanian community? The second possible reason for the prevalence of stigmatization of PLWHA despite the high level of knowledge about the pandemic, I suggest, is the embrace of beliefs, taboos and practices that play a great role in increasing the risk of infection and the stigmatization of those who become infected.

3.3 CULTURAL BELIEFS, PRACTICES, AND TABOOS AROUND HIV/AIDS

In this section, I discuss the role of traditional beliefs, taboos, and practices in increasing the infection of HIV and the stigmatization of infected people. The question is why beliefs, traditional practices, customs and taboos seem to play a considerable role in both the spread of HIV, and the stigmatization of those infected with the virus. The African Medical Research Foundation (AMREF), quoting the Commission on Africa Report, writes about AIDS in Tanzania:

AIDS will not be checked until those combating it take on broad cultural factors about poverty and choices, traditions and beliefs, perceptions of life and death, witchcraft and ancestral punishment, power hierarchies and gender norms, social taboos and rites of passage, control of female sexuality and the demand for male virility and pressure for widows to marry close relatives of a husband recently dead from AIDS. (AMREF, 2005)

The statement of the AMREF report unveils important issues that act as obstacles in the struggle against the spread of HIV/AIDS in Tanzania. Most of these issues inform the daily lives of people in rural and urban areas, in churches and secular realms. Some of these issues are my concern in this section.

Most of the cultural beliefs, practices and taboos that the AMREF report mentions in the above statement emerge in the encounter between three prominent, competing and contradictory discourses regarding the HIV/AIDS as one among the sexually transmitted illnesses. The Tanzanian theologian Laurenti Magesa lists these discourses or paradigms
thus: First, the biomedical discourse whose claim is “Treat your Sexually Transmitted Disease (STD), use condoms and change your sexual behavior in order to survive.” Second, the paradigm of the Christian missionaries who, by the use of the Bible as their authority, preached against the use of condoms, while at the same time insisting that people should abstain from sexual relationships until the contraction of an official Christian marriage. The third paradigm is that of the understanding of indigenous peoples about sexuality and disease causality based on their own consensual existing traditional norms which act as boundaries to control human behaviour (Magesa, 2000: 80-83). My concern here is the third paradigm. I start with the risk of HIV infection due to cultural beliefs surrounding traditional marriages in Tanzania and the way people who stigmatize attach stigmas in relation to HIV/AIDS to people who participate in such activities.

3.3.1 Risk due to Traditional Marriages, Cultural Beliefs and Customs

A report by the Tanzania Commission for AIDS (TACAIDS) indicates that, in a rural setting, it is possible to witness traditional marriage lives among people despite the current existence of missionary religions (e.g., Christianity and Islam). Traditional marriage among most African ethnic groups includes polygamy (and polygyny in particular), whereby the husband marries more than one wife. Polygyny is the likely source of vulnerability to HIV/AIDS infection in some unions if the husband becomes unfaithful to his wives, one among the wives becomes unfaithful, or the husband marries a wife who is already living with HIV/AIDS. It is also the possible source of stigmatization relating to HIV/AIDS because it is mostly associated with gender-specific blames. In most cases, men consider women to be vectors of the virus (TACAIDS cf. Boniface-Malle, 2004: 179 & Chitando, 2007: 14-15). Table 7 (in Appendix 1) indicates the role of marriage in the prevalence of HIV infection in Tanzania according to THIS 2003-04.

In addition, some traditional customs, beliefs and practices associated with traditional marriages can lead to the resurgence of new contractions of HIV despite polygyny. The first notable custom within traditional marriage causing the resurgence of HIV is that of inheriting widows. In rural settings, brothers of the dead people can hardly avoid encountering the custom of inheriting widows. The brother will have to inherit the widow because the family of the dead would like her to bear children for them. Despite its stigmatizing connotation (the brother has to inherit the widow without her consent), this custom is dangerous in this era of the HIV/AIDS pandemic because it leads to further spread of the virus. If the dead person was HIV positive, it is possible that his wife also becomes HIV positive, and will consequently be
possible for the man who inherits her (Sikagomano, 2006; Magesa, 2000: 79-80; Chitando, 2007: 14). Therefore, inheriting wives becomes a source of HIV/AIDS resurgence and/or stigmatization, especially when the widow tries to reject the brother of the departed husband who is supposed to inherit her.

The second cause is the practice of ‘utakaso’ (widow cleansing). Utakaso or purification is an act that the wife does when her husband dies. Some ethnic groups in Africa believe that when the husband dies, he leaves his wife with a curse that she must remove in order to live a harmonious life after her husband dies. The wife has to have sexual intercourse with another man (any man who wishes to have sex with her, but in most cases with one of the diseased male relatives) as a way to eradicate such a curse (cf. Isaak, 2004: 66; Kgalemang, 2004: 153 & Chitando, 2007: 14). In Tanzania, this belief and practice seem to be more prevalent in some ethnic groups in the Mbeya and Mara regions. In Kyela district (Mbeya region) and among the Luo (in Mara region) this belief has been prevalent (cf. Sikagomano, 2006; Magesa, 2000: 79-80 & Dilger 2006: 114-115). Therefore this belief and practice, despite being gender stigmatizing (it looks only at the side of the wife and ignores that of the husband), also become dangerous in terms of HIV/AIDS contraction because it seems to encourage the practice of unsafe sex.

The third cause is the belief in the non-biomedical cause of HIV/AIDS. In some places beliefs in the non-biomedical causality of the HIV/AIDS resurgence has been the contributing factor towards the spread of the virus. People in most ethnic groups in Tanzania do not believe that biomedical means cause illnesses, nor do they believe that every illness can find treatment through biomedical means without consulting African traditional healers. Magesa, for example, reports that the beliefs that the emergence of the HIV/AIDS epidemic is a curse due to the breach of traditional taboos, that it is due to witchcraft, and that it is caused by spiritual or demonic powers inflicting people are prevalent in some places of Tanzania. Such places include Ukerewe Island and Kyotera village in North Western Tanzania (Magesa, 2000: 78 cf. Radstake, 2000: 50-51 & Dilger, 2006: 117-118). Such beliefs bypass the real biomedical causes which seem to them unsatisfactory in their desire to know the reason of their sickness. They resort to traditional ways of understanding disease aetiology and treatment measures which exacerbate the further spread of the virus (cf. Radstake, 2000: 81; Schmid 2006: 99). In doing so, they also stigmatize those living with HIV/AIDS as people with a curse for their failure to adhere to consensual existing taboos.

The fourth cause is the custom of sharing wives among men of the same age-set. The social anthropologist Liv Haram reports that there is a custom of ‘sharing wives’ among men
of the same age-set in some tribes in the Northern part of Tanzania (Haram, 1999: 55). Under this custom, a man can engage in sexual intercourse with the wife of another man of the same age-set without any sanctions. Sanctions apply mainly to a man practicing sex with the wife of a man of a different age-set. They consider such a relationship (of practicing sex with a wife of a man belonging to a different age-set) as a serious adulterous offence according to traditional laws (cf. Haram, 1999: 55). Since HIV spreads mainly through sexual inter-relations and people are mobile in search of a living, the custom of sharing wives that is common in some tribes can be a means for the spread of HIV among those communities.

The fifth cause is the belief among most men that sex is their right; and that there is no obligation on them to ask consent from their wives. This belief is dangerous because it allows no negotiation for safer sex, especially if one tests HIV positive. The THIS 2003-04 survey indicates that forced sex can have occurred among married and unmarried young women aged 15-24 in various locations of residence, educational statuses and economic positions (see Appendix 1, table 8). This possibility of forced sex, in turn, suggests the possibility of vulnerability on the part of such young women to HIV infection.

The sixth cause is customary traditional dances which play a great role as meeting places for men and women. Such traditional dances include lindeku in Mbinga, sangula in Morogoro, chagulaga among the Sukuma mostly in Mwanza and Shinyanga, and similar dances in other places of the country. While most places honour such traditional dances, they exacerbate further the resurgence of HIV infections. This resurgence of HIV is because, in most dances such as the Sukuma chagulaga, women are obliged to select a man, or the man selects a woman for sex without their consent (see Komba-Malekela, 1994: 137; Mwandishiwetu, 2007). People who contract the virus in such traditional dances are held responsible for their contraction because of their voluntary participation in such dances. In that case, those who stigmatize see that contracting the virus is a result of voluntarily participating in such traditional dances.

In this subsection, I argue that there is still a necessity to understand stigmatization through examining the fabric of the social boundaries that constitute people’s lives. The problem with people is their reluctance to modify their stigmatizing beliefs, taboos, and practices which they still think to be beneficial. They seem to reflect very little on the effects of such practices in the contemporary time of HIV/AIDS.

Certainly, ignorance about the spread of the virus among most local people fuels this problem of reluctance to leave behind their stigmatizing beliefs, taboos and customs. Most people in rural areas do not recognize the deaths that are due to HIV/AIDS. For most people,
the causes of death seem to be other aspects: punishment by the ancestors for violation of communal norms, and witchcraft. Therefore, lack of knowledge can lead to stigmatizing those who acquire infection, since they are thought to have failed to live according to the present communal norms (TACAIDS).

3.3.2 Risk due to a Stranger – the Use of Condoms

The stigmatization of PLWHA is partly linked to the way people perceive the use of condoms in their cultural contexts. Different perceptions and cultural taboos surround the use of condoms in some African contexts. In Rwanda, for example, some people see condoms as an obstacle to a healthy relationship among partners participating in the act of sexual intercourse. In his research into some of the Rwandese perception of condoms, Taylor (1990) noticed that the fear of using condoms was not primarily due to ignorance of people about the device, but mostly due to their perception of sexuality and relationship. For those Rwandese people (according to Taylor) the flow of fluids between sex partners during sex is an important aspect for the enhancement of a healthy relationship. It is a representation of the exchange of “the gift of self” between partners. Using a condom during sex seems to be an obstacle for the free flow of fluids between partners, and an obstacle for a vital relationship between such partners. For them, this causes infertility and illnesses. A fear that the condom may remain in the vagina after the act of sexual intercourse and that they will thus risk being “blocked beings” is also prevalent among most Rwandese women.57 Therefore, the traditional understanding of the ‘flow of fluids’ and the ‘blocking’ device, which in most cases, is considered unhealthy, seems to govern the perception of condom use among Rwandese women (Taylor in van Dyk, 2005: 123).

In most places of East Africa, central Africa, and among the Zulu of South Africa the use of a condom in sex is regarded as an obstacle to ‘ripening’ of the growing foetus in the womb of its mother during pregnancy. There is a wide spread belief among people in these regions that the continual flow of fluids during sexual intercourse with the pregnant woman contributes to the ripening of the foetus. Therefore, they reject using condom during sex because they see it as interfering both with the natural pleasure of the act of sexual intercourse and with the natural development of the foetus in the womb, which is enhanced by the semen that flows to the mother during sexual intercourse (van Dyk, 2005: 123).

57 Zazayokwe’s (1989) research among some women in South Africa found similar perceptions and fear that the condom used during sexual intercourse may remain in the vagina and cause suffocation when it is removed (Zazayokwe in van Dyk, 2005: 123).
In Tanzania in particular, condom use during sex is one of the major struggles in the fight against HIV/AIDS and stigmatization, because there is still a blurred future with regard to the full acceptance of condoms as a tool to fight against HIV infection. The reasons underlying the difficulty are both cultural and religious. The religious and cultural understanding of sexuality play a great role in blurring the future with regard to condom use among most Tanzanians (Magesa, 2000: 78). Religiously, using a condom is one of the acts facing vehement rejection among the clergy. The rejection is based mostly on a belief that it goes against the faith commitments of their religions. Hence, religious beliefs are the source for the rejection of condom use in some faith communities. This rejection is based on the view that they counteract the preaching of such faith communities.\footnote{In all the teaching among religious authorities on using condoms, theologically the issue of using condoms in the era of HIV/AIDS remains as difficult an issue as the issue of human free will and personal responsibility. Does God allow human beings to select either abstaining from sexual promiscuity to avoid HIV infection or leading a promiscuous life that could consequently lead them to acquiring the virus? Can a condom be an issue of choice to use it to avoid HIV infection? What does God (and Jesus) do in the whole question of human free will in the era of HIV/AIDS? Though one can still argue, the South African theologian Daniela Gennrich points out that the question of using condoms forms the pivotal attitude of Jesus and his allowance of human free will in the gospel of John. Daniela uses the story of Jesus attendance at the wedding in Cana with his disciples to illustrate the attitude of Jesus. Jesus witnesses the crisis of the lack of wine in the midst of the ongoing wedding feast, a crisis that he is able to solve. Jesus seems to be aware that more wine is needed, although it can bring sinfulness if people take it in excess. Jesus seems to allow for the production of abundant wine despite its dangerous results, leaving people to decide for themselves to drink too much, or not. If we accept that Jesus gives a free will to humanity to decide in this event, then what can we say about for the use of condoms in the midst of the deadly HIV/AIDS? Gennrich raises the following questions: If Jesus were faced with the issue of using condom, an issue we face today in the midst of HIV/AIDS, what might be his reaction? ‘Would he prevent people from getting access to them, in the hope that they would refrain from promiscuous sex? Or would he make them available, explain the different points that a person needs to consider when making a decision about them (…) and then leave them to decide for themselves? ’ These are important questions relevant to a theological consideration of the issue of using condoms (see Gennrich, 2004: 44 – 45 for more on the story of the wedding in Cana, and the allowance Jesus makes for human free will).}

At the launching of the AMREF campaign aiming at promoting Voluntary Counselling and Testing for HIV (VCT) that took place at Mnazi Mmoja Dar es Salaam (2002) Reginald Mengi, the leading Tanzanian businessman, urged religious leaders to insist that their followers use condoms as a means to fight against the pandemic. Mengi maintained: “Religious leaders must face the reality and not stop their followers from using condoms. If they do so [if they stop], they will be held responsible for the deaths of any person who dies of AIDS because he or she did not practice protected sex.” (Rwambali, 2002, cf. CWN, 2002) Mengi addressed this heavy charge to the religious leaders at a time when it was thought that nearly ten percent of the Tanzanian population already had viral infection (CWN, 2002).

Although the Tanzanian government officials were cautious about speaking on the issue of condom use, lest it should cause a disintegration of the existing national unity, the public appeal by the executive faced a vehement opposition from some religious leaders
(CWN, 2002). For such religious leaders the dilemma about condom use was mainly based on the moral teachings of their religions. Rwambali in his article “Mengi Condom Appeal Angers Clergy,” published in *The East Africa* journal (online edition), quotes the response of two among the clergy: Sheikh Yahya Hussein, who is the head of the National Muslim Council of Tanzania and a Catholic Cardinal, Polycarp Pendo. For Hussein, the insistence on condom use is a mechanism to undermine the “abstinence encouraged by Islam.” For him “religious leaders were doing God’s work by condemning promiscuity and marital infidelity.” For Pendo, “condoms are not as effective as we are led to believe, telling people to use them against HIV infection amounts to killing them silently.” (Rwambali, 2002) Therefore, the conflicting voices on the device are possible sources of stigmatizing not only those people that reject the device, but also those who tend to use it against infection.

The stigmatization of PLWHA from church bodies can be based on the possibility that people may acquire infection because they engage in extra-marital sexual relations. This possibility of acquiring infection confronts some religious leaders in Tanzania with the dilemma whether they should allow condom use (hence legalizing marital infidelity and extramarital sex, both of which are considered sinful), or prohibit condom use and any campaign fostering it (hence leaving people to die because they secretly practice unsafe sex). The dilemma has to do with selection and decision-making. The way religious leaders select and decide on this issue plays an important role in the whole process of fighting against the pandemic and the stigmatization that accompanies it. In addition, the decision of religious leaders is important in dealing with the secrecy surrounding condom use, despite the conflicting voices about it.

Another possible source of the enigma about condom use is the cultural beliefs of people about the device. This enigma has mainly to do with the traditional cultural orientation of most Tanzanian communities. In the cultural perspective of most Tanzanian people, the condom is unknown. It is something foreign and dangerous because it affects the quality and nature of sex. A research report by the social scientist Ernestina Coast, in her articles “Wasting Sperm: The Cultural Context of Condom Use among the Maasai of Northern Tanzania” (2003) and “Wasting Semen: Context and Condom Use among the Maasai” (2007) demonstrates that the attitude towards condom use among the Maasai is extremely negative, despite their availability in some shops in their own area. The Maasai equate condoms with “myth and rumour.” This denotes something unbelievable and pejorative. It is difficult for most Maasai men to believe that such a thin material can really work to prevent a malicious disease (i.e., AIDS). The anthropologist Liv Haram reports similar results in her research
among the Meru ethnic group. Haram reports that men and women among the Meru people seem to hate using condoms, and this leads to scarce use of the device during sexual intercourse (Coast 2003, 2007: 389; Haram, 1999: 199). The negative attitude to condom use among adults mostly hinders them from supporting the education of their children about how to use the condom in order to reduce unnecessary infections (see Appendix 1, tables 9 and 10).

In both ethnic groups (the Maasai and the Meru), the condom appears as something that destroys the quality of sex. Among the Masai, it interrupts the mutual exchange of sperm to young girls for the betterment of their growth. Sperm or semen seems to be an important fluid among the Maasai because, they believe, it enhances the social and psychological growth of young girls. This belief makes sex between warriors and young girls an important aspect. “It is shameful to see my boyfriend wearing something between me and him,” Coast quotes the Maasai young girls. For them, the condom is a barrier to mutual and conjugal relationship. Most Maasai men also hold that women should enjoy the sperm they give them. For them, sperms are something precious, something to exchange with the provision of milk when a young girl selects the warrior with whom she wishes to associate sexually (cf. Coast, 2003, 2007: 389).

Among the Meru, there is a mixture of beliefs about condoms. Haram reports that a condom among the Meru carries with it a racist connotation. It is something considered to originate from the Western nations, already contaminated with HIV, with the aim of reducing the number of people in the so-called developing world. Most Meru people also believe that using a condom during sexual intercourse interferes with the natural ‘sweetness’ of sex. For such people, having sex with a condom is similar to “eating an unpeeled banana.” Moreover, since most men believe that the discharge of semen demonstrates their maleness and their ability to reproduce (virility), using a condom can make them unable to reproduce. Certainly, they fear it because they consider it an enemy of male virility. Therefore, for Meru men and their neighbours the Chagga, according to Haram, semen is not something to waste by whatever means, or to leave outside the body. Wasting, or leaving semen outside the body contaminates them with dirt because people intend to ejaculate semen into a woman during sex, not into a condom (Haram, 1999: 199-200 cf. Setel, 1996: 1175).

The unfamiliarity of condoms among the Maasai, the Meru, and other ethnic groups of the Northern part of Tanzania is probably not something imposed from outside, but something within their cultural and traditional worldview. For the Maasai it is in most cases related to the type of circumcision the Maasai men undergo. The male circumcision among Maasai, which
is accompanied by a solemn high ritual, makes it difficult for them to believe that using condom is suitable for penises that have undergone the Maasai circumcision procedures. The condom seems to be something ‘other’. It is something that does not conform to the people’s cultural orientation (Coast, 2003). Hence, the condom is neglected among the Maasai, because it is not something people know from their own cultural roots.\(^\text{59}\) Table 11 in appendix 1 indicates the use of condoms in high-risk sexual intercourses, not only among the Maasai, but also among Tanzanians in general as surveyed by THIS 2003-04.

In this case, the researches of Coast and Haram among the Maasai and Meru ethnic groups point to the reality of the attitude of people towards condom use, not only in ethnic groups of the Northern part of Tanzania, but also among most rural places of the country. The researches also suggest a connection with the rampant infections and deaths of people due to HIV/AIDS in both rural and urban places. I would conclude with Coast that “there is a rationale for the development of culturally-specific HIV/AIDS programmes.” Those culturally specific programmes are important because “although human biology is the same everywhere, sexual behaviour in general and condom use in particular are the result of a complex of socio-cultural values and economic and political conditions, which differs from one society to another and between different groups within a society.” (Coast, 2003) An approach focusing on the development of programmes from the grassroots is necessary as a tool to fight against the HIV/AIDS pandemic, and the stigmatization which accompanies it.

### 3.3.3 Risk due to Female Circumcision

After discussing the enigma of condom use in the Tanzanian context, I now present the question of female circumcision as an issue in the Tanzanian society. Why focus our discussion more on female circumcision and not on male circumcision? This is because, despite the question of condoms I discussed above, female circumcision, or female genital mutilation (FGM) as it is often called, is another cultural practice which makes women in Tanzania more vulnerable to HIV infection (see table 14 in appendix 1). Female circumcision is also a cultural practice, certainly not based on health or religious faith, but mostly on

\[\text{59}\] Some other places of southern Africa believe that the use of contraceptives causes ‘weak blood’ (inability to reproduce). They believe oral contraceptives and the lubricants in condoms are major agents causing ‘weak blood’. They also believe HIV/AIDS is a reproductive disorder for women caused by the use of contraceptives. Men that contract HIV direct their blame towards women as the causative agents. Men attribute their contraction to having sexual intercourse with a woman who has ‘weak blood’. In this case, contraceptives (condoms in particular) become devices to be avoided (Upton, 2003: 319-320 cf. Leclere-Madlala, 2001: 541-543)
cultural beliefs and taboos which lead some uncircumcised women to stigmatization and rejection by the communities to which they belong (cf. Norlén, 2003: 255; Chitando, 2007: 15).

A report by the Tanzania Demographic Health Survey (TDHS) indicates that female circumcision is prevalent throughout the country, though its practice is still hidden. This report also indicates that more than eighteen percent of women in the country undergo female circumcision every year. The main purpose that the practice of female circumcision presupposes is cultural and traditional: to initiate the girls into adulthood, to make women clean and to maintain their femininity and virginity (see Haram, 1999: 64). Table 14 in appendix 1 indicates the prevalence of female circumcision in the United Republic of Tanzania according to THIS 2003-04.

According to the TDHS report, Tanzanian communities practice three types of female circumcision. These are, first, clitoridectomy whereby there is a removal of the prepuce with or without the excision of the whole, or a component of the clitoris. The second is excision whereby the circumcisers remove the prepuce with all, or a component of the labia minora. The third is infibulation, comprising the removal not only of the clitoris and its adjacent tissues (labia minora), but also the external labia (labia majora). They sometimes sew together the wounded sides leaving a small hole to allow only urine and menstrual blood to pass through. This kind of female circumcision is the most severe of all and aims at preventing young girls from having pre-marital sexual intercourse, or reducing the desire in married wives to have extramarital intercourse when their husbands are away from home (cf. Haram, 1999: 67-68; Norlén, 2003: 355). Table 13 in appendix 1 presents the distribution of female circumcision according to the three types of circumcision.

Before the government declared female circumcision illegal in 1998 under the Sexual Offence Special Provision Act, midwives, doctors or women in local settings who had experiences in this matter without necessarily undergoing any medical training were the ones who mainly functioned as circumcisers. In today’s Tanzania, experienced local circumcisers are the ones who mainly practice it secretly (see Haram, 1999: 91, endnote 12). The practice is based primarily on cultural traditions and beliefs. Among the Maasai, there is a prevalent belief that an uncircumcised woman will be unable to conceive, or that if she conceives, she will give birth to a deformed child. For them, and perhaps for most tribes who practise it, female circumcision represents the achievement of adulthood: a woman is now ready for childbearing (Coast, 2003).
Female circumcision subjects women to the danger of stigmatization if they do not undergo such rituals. For such communities who practise FGM, it is shameful for a woman not to undergo circumcision. Women who were uncircumcised seemed not to belong to such communities, because they considered them immature. In cases where female circumcision becomes an integral component of adulthood, women become subject to pressure from the community to undergo genital mutilations in order to acquire honour and belonging.

Since most practices of circumcision aim at removing the most sensitive female organs, FGM is likely to bring great harm to women, both psychologically and physically. Psychologically it affects the woman in her inability to feel the desire for sex as a human being. For such a woman sex can become something alien and unpleasant, something to hate. Physically, it affects the woman by causing excessive bleeding and long-term complications to her reproductive health (Norlén, 2003: 355-356). Moreover, FGM subjects women to the high risk of HIV infection through the instruments employed in the circumcision process, especially if these have not been properly sterilized.

Table 14 in Appendix 1 indicates that FGM is prevalent among people of different statuses, age groups, residences, and religions in Tanzania. It also indicates that for those who practise it, FGM is one of the possible sources of HIV infection.

But how do faith communities respond to FGM, and what impact does it bring? The online Ekklesia newsletter reports one example of the response of a Christian faith-based organization. Ekklesia reports about the plan to carry out FGM on about five hundred young girls at Nyamongo community (Mara region) during the Christmas period of 2005. The Nyamongo community had to implement this plan against the anti-FGM campaigners, who were urging them to desist from their intentions. The anti-FGM campaigners included the Christian Aid partners, the CCT, and the Tanzania Women Media Association (TAMWA). In this episode, the anti-FGM made an appeal to the police forces to arrest the circumcisers and other villagers, ignoring their pressure to stop the plan (Ekklesia, 2005).

Let us pause and look briefly at how the church groups urged the villagers to desist from their bad intention to mutilate the young girls. Their anti-FGM campaign and their appeal to the police forces were an attempt to save five hundred innocent young girls from undergoing a genital mutilation that might well have led several among them to excessive bleeding, and even death. The problem with the church groups, as in most church responses, is what I call ‘fighting the right enemy with the wrong weapons’. For me, it is difficult to believe that the police forces were the right bodies to help churches to fight against cultural practices they considered to be contrary to scripture.
Since FGM is mainly associated with the embrace of harmful traditions and beliefs within communities, I believe that the appeal of church bodies to state security bodies demonstrates a failure to approach people from their own grassroots understanding of circumcision. The appeal also demonstrates the failure to raise awareness of the evilness of their acts, and to read the situation of the target people with the starting point in the experiences of those people themselves, and raising awareness about the danger of practices they love them most. The appeal to the police seems to be an imposition of coercive force from above, requiring people to obey without their prior understanding of the wrongness of their actions. The imposition of force in such cases does not lead to dealing with the whole problem surrounding such communities; it only helps to solve the emergent problem while leaving its core unsolved. In this episode, the saving of the five hundred young girls was the target – not the entire attitude of the circumcisers, and of the community at large. In such cases, the fight against the evilness of FGM is fought, not by the community, but by the campaigners. Community members are left wondering why the campaigners want to force them to abandon what they love most.

### 3.3.4 Risk due to Differing Understandings of Female Virginity

After discussing FGM and its dangers in relation to HIV infection and in relation to the stigmatization of women, I now turn to the situation of virginity in girls in communities which embrace such a tradition. Some ethnic groups in Tanzania consider virginity to be a status to cherish, mostly among unmarried girls. Such ethnic groups consider virginity as demonstrating the feminine ideal. They consider virginity a mark that includes the virgin girl in the realm of the ‘normal’. The young girl without it appears unfortunate. She has a mark of disgrace because the ethnic group believes that she leads a promiscuous life. In that case, she becomes one to be disregarded in the society for her inability to comply with the communal norms that the community established.

At the same time, virginity in these ethnic groups puts young girls at risk of HIV infection since it takes little account of the virginity of men before marriage. The main risk factor of most virgin women who acquire HIV is linked to the undisclosed risk behaviour of their husbands. The risk befalls them because most of the faithful virgin wives do not secure faithful husbands after marriage; nor can they reverse the effects of the past risk behaviours of their newly married husbands. The pressure of the virginity norm encourages men and youths
to practice sex in an unsafe way. In this context, the norm on virginity does not function as a protection against HIV infection, but becomes a factor that fuels it.

The HIV infection risk due to virginity becomes apparent when it is accompanied by cultural beliefs and practices concerning virgin young girls. Some men infected with HIV believe that sexual intercourse with a virgin girl, without using any protective contraceptive, cleanses them from the HIV (cf. Upton, 2003: 20 & Haddad, 2003: 154). This belief subjects numerous young girls and very young children to rape. Most of these beliefs are based, not on one particular ethnic group, but on the instruction that traditional medicine men and women provide. Therefore, virginity becomes not only the cause of rampant sexual abuses, but also of the spread of HIV/AIDS to most communities (cf. Haddad, 2003: 154).

However, the virginity norm is not uniform for all Tanzanian tribes. Due to the exposure to other cultural lifestyles, religion, and human rights, the traditional understanding of the concept of virginity is in decline among most ethnic groups which hold it. For some ethnic groups, like the Maasai, virginity is unimportant, because such ethnic groups encourage sex at an early age. Coast, referring to the Maasai conception of virginity, states: “It is important for a Maasai girl not to be virgin by the time of her marriage (...) [because] a virgin bride is looked upon as an awkward phenomenon and somehow brings embarrassment on her family.” (Coast, 2003)

According to this statement by Coast, virginity among the Massai seems to be an unfortunate thing for the daughter. It is a mark of disgrace, associated with shame. It is an indication that she had no appropriate sexual relations with Maasai warriors to receive sperm for her social and psychological nourishment and growth. It is also the indication of her sexual depravity in terms of the Maasai standards about how a woman should be sexually. Therefore, such a virgin Maasai girl has discrediting behaviour that can lead her to exclusion from the normal women in the community. People will doubt about her sexual well-being.

The Maasai and other ethnic groups that consider virginity a less important aspect, still run the risk of HIV infection. This risk emerges because sex is one of the central means for the transmission of the virus from one person to the other. The laxity in encouraging virginity can cause women to be sexually loose and risk exposing themselves to viral infection. Where they are sexually loose, therefore, one can see that both alternatives (emphasis and less emphasis on virginity) entail risk. Both have presupposed positive and negative connotations concerning HIV infection and stigmatization.
3.3.5 Risk due to Rural-Urban Migrations

Migration to cities is another risk factor leading many people to contract HIV and to stigmatization. It mushrooms even in most traditional ethnic groups in Tanzania, such as the Maasai. Research by social scientists Ernestina Coast and Ann May and J. Torrence McCabe among the Maasai of Northern Tanzania indicates that migration towards cities has greatly increased since 1997. Most Maasai men have migrated to cities to work as walimzi (guardians) and return back to their homes to support their families after some time. Maasai women also migrate to cities to sell hand-made jewellery and traditional medicines (Coast, 2003; May, 2003; May & McCabe, 2004 cf. Nicolson, 1996: 41). Hence, their lives and interactions in cities make them more vulnerable to infection with HIV/AIDS. The women and men who migrate to cities can also infect other Maasai people when they come back home.

Likewise, Betty Komba-Malekela and Rita Liljesthröm report about a young girl, Salana, from the southern part of Tanzania who migrated from rural to urban in search of a better life:

Salana, a young girl from Tunduru, had migrated to urban Songea. After her arrival, she stayed with her sister who was employed as a house girl. So they worked together in the same household. Since her sister had a boy-friend, Salana decided to obtain one as well. To this end, her sister talked to a certain man who was eager to have a girl-friend. (Komba-Malekela & Liljesthröm, 1994: 140)

Certainly, the situation of Salana faces many girls who migrate to urban places in search of decent jobs. Most of them work as house cleaners (house girls) with very low wages, a thing that compels them to secure other sources of raising funds. Most of them resort to having sexual relationships with boy-friends who provide them with more money to manage life. The resort to having sexual relationships with boy-friends probably makes them more vulnerable to HIV infection.

How does migration to cities enhance stigmatization, especially among those who migrate? The anthropologist Hansjörg Dilger reports that among the Luo

discourses on the uncontrolled and commodified sexuality of young and mobile generation result on the one hand, in stigmatisation of those who through their ‘immoral lifestyle’ have been HIV infected in the cities.

On the other hand, this perspective legitimises the sometimes poor care of the sick, since rural families often feel less responsible for AIDS-sick relatives who [sic!] they perceive to be guilty by way of their own misfortune. (Dilger, 2006: 113)
According to Dilger, the way in which relatives of the sick person handle such a person after returning home, when the symptoms of AIDS emerge, inflicts stigmatization upon that person. This handling situation is where, according to Dilger, the conflict emerges between people who migrate to town because they want to earn money and their extended families in their home villages (Dilger, 2006: 112). In such cases, relatives in their home villages, probably due to their poor economic statuses, do not feel responsible for the misfortune of the one suffering from AIDS; and they feel that a PLWHA is reaping the harvest of the immoral lifestyle such a person has led in the city.

3.3.6 Risk due to Economic Statuses of Care Providers

Poor economic status contributes to the risk of stigmatization in the way that people, or organizations caring for PLWHA, find it pointless to waste the little they have because of people whose life is extremely short. They have a notion of the imminent death and the valuelessness of PLWHA in the family and in society. The limitedness of their resources can make them feel that PLWHA subject them to abject poverty. They can feel that PLWHA will die and leave them without their material wealth. HIV seems to be costly. Therefore, caring people may feel they are carrying a heavy burden in the whole process of caring from diagnosis until death (ICRW, 2002). The belief that PLWHA will die irrespective of how much money one spends on them is probably what fuels this feeling and the application of stigmatizing metaphors to HIV/AIDS and PLWHA.

In summary, the discussion of various contextual situations in this section has uncovered an ambiguous social interaction that must be taken seriously in dealing with the question of HIV/AIDS-related stigmatization. First, it has been evident that economy, patriarchy, and traditional beliefs and practices are potential structural sources of HIV/AIDS, especially when one tries to comply with their demand in order to be ‘normal’. In such a situation, HIV infection is the result of the struggles to comply with what is ‘normal’. Second, people who acquire HIV as they struggle to become ‘normal’ face negative reactions (stigmatization) from ‘the normal’ people around them. The normal people consider those infected by HIV to have broken the existing consensual norms, and think that they are suffering due to their irresponsibility. This ambiguous social interaction is the one that likely makes the relationship between HIV/AIDS and stigmatization more serious, both in churches and in the larger society.

In the following section, I first respond to the question how stigmatization of the pandemic takes place in Tanzanian society, before entering into more details about how
people stigmatize PLWHA. I focus the discussion on the current metaphors for HIV/AIDS and the way communities employ them as grounds for stigmatizing PLWHA.

3.4 STIGMATIZING METAPHORS OF THE HIV/AIDS PANDEMIC

Metaphors are the major means of conveying meaning in most communities. The theologian Nicola Slee states: “Metaphor, analogy and image are amongst the most basic linguistic tools by which human beings seek to make meaning out of experience; they provide a way of shaping what can otherwise appear inchoate, insignificant or potentially threatening events.” (Slee, 2004: 65, emphasis mine) This statement introduces a significant point in relation to the experiences and creation of meaning the community members carry out by using metaphors as they interact with PLWHA.

Metaphors that people ascribe to the HIV/AIDS pandemic relate to the various levels on which people living with HIV/AIDS experience stigmatization. The theologian Denise Ackermann distinguishes three levels of experiences of stigmatization in human life:

First, there is the societal level where laws, rules, policies and administrative procedures have important consequences for HIV/AIDS-related stigmatization (…). Second, stigma is also experienced on an individual level. When it is extended to family, friends and faith communities, it is inevitable that those who are HIV+ will withdraw into silence in order to protect themselves (…). Third, stigma is also internalized. Cultural and societal understanding, family attitudes, and personal experiences of shame and guilt are deeply absorbed, hindering life-giving responses to stigma. (Ackermann, 2006: 229-230)

Therefore, in the following subsections I discuss four metaphors (or symbols) by which HIV/AIDS are known by local people in Tanzanian communities (local descriptions of the pandemic), i.e., HIV/AIDS as enemy, as divine punishment, as stranger, and as contagion, in the light of the levels of stigmatization Ackerman highlights in the above quotation.61

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60 Susan Sontag, quoting Aristotle in his Poetics (1457 BC), defines metaphor thus: “Metaphor consists in giving the thing a name that belongs to something else.” (Sontag 1991: 91) Therefore, on the basis of Sontag’s definition, metaphors relating to HIV/AIDS are names provided to it that belong to a kind of things, or people (cf. Sontag’s metaphorical descriptions of TB, i.e., TB as a “‘disease’ of love, of compassion that ‘consumes’.” (Sontag, 1991: 21) Here TB is provided with two metaphors, that of ‘disease of love’ and that of ‘consumption’, both referring to people’s conception of the disease.

61 Sara Mwale documents similar metaphors in the Malawian context. In her research into the prevalence of stigmatization in Malawi and the metaphors used for HIV/AIDS, some of those she found were, first, HIV/AIDS as kachilombo ka maufu (a small animal in maize flour). This metaphor relates to the staple food of most Malawians, i.e., food made from maize flour. In this case, most people consider sexual practice as food, or meal, and it is referred to as ‘night meal’. Second, HIV/AIDS is anyezi (onion). This metaphor indicates the way it leads PLWHA to emaciation and loss of weight, becoming similar to an onion plant in thinness (Mwale, 2006: 64).
3.4.1 HIV/AIDS as Enemy

What happens in the fight against HIV/AIDS in Tanzania? What does the naming of HIV/AIDS as enemy imply for the various sectors of human life? The naming of HIV/AIDS as enemy has different meanings among people. Sontag describes AIDS as an enemy in terms of the tiny causative agent invading the body system from outside it. Sontag asserts:

The invader is tiny, about one sixteen-thousand the size of the head of a pin (. . .). Scouts of the body’s immune system, large cells called macrophages, sense the presence of the diminutive foreigner and promptly alert the immune system. It begins to mobilize an array of cells that, among other things, produce antibodies to deal with the threat. Single-mindedly, the AIDS virus [sic!] ignores many of the blood cells in its path, evades the rapidly advancing defenders and homes in on the master coordinator of the immune system, a T cell (…). (Sontag, 1991: 103 cf. van Dyk, 2005: 14-17)

HIV/AIDS is an invader to the Tanzanian society in the same way HIV is an invader to the body’s immune system that Sontag describes above. It is also a threat to society in the same way it is a threat to the body system (cf. Sontag, 1991: 105). The Tanzanian community is a team fighting against another team - HIV/AIDS. The various sectors in it are probably the soldiers. If there is misunderstanding between the soldiers, will the Tanzanian community as a team win the fight against HIV/AIDS?

Naming HIV/AIDS as enemy most likely means people have to engage cooperatively in war against the enemy. It is an engagement to fight with HIV/AIDS and its consequences. It is going to the battlefield with all the armaments of war (cf. Sontag, 1991: 67). HIV/AIDS is an enemy, an enemy of the Tanzanian economy, of the country’s efforts to eradicate poverty, and of the life of the whole community. HIV/AIDS is an enemy in marriages and between one person and another. HIV/AIDS makes people enemies of each other because a healthy-looking person might be HIV positive. A healthy-looking person may become someone to fear and avoid because soon after contracting HIV, a person has a discreditable HIV status. Therefore, the stigmatization of PLWHA in naming HIV/AIDS as enemy is mainly based on fear of infection among people, a fear that most likely creates hatred and mistrust between one person and another in the same community.

Sontag states that ‘military metaphors’ that describe the relationship between disease and society came into being after 1880, when people recognized bacteria as a causative agent of many diseases. Through its ‘invasion’ and ‘infiltration’ into people’s bodies, it causes the emergence of the disease in society. According to military metaphors the disease that invades the society is regarded as an enemy, and the efforts to reduce its mortality in such a society is referred to as “a fight, a struggle, a war” (Sontag, 1991: 67, 95). For more about military metaphors of illnesses and the stigmatization they carry, see Sontag, 1991: 67-71, 95 – 97.
I would argue that naming HIV/AIDS as enemy means an obligation for cooperation between people, governmental and non-governmental organizations to fight the fear that leads to the stigmatization of PLWHA. It is certainly not antagonism between the fighters. It is teamwork. A team on the ground is at war against the opposite side to make sure that it wins the fight. If the team has no large-scale organization, and no cooperation among the fighters, its opposition term can easily defeat it. Hence, the team appears to be worthless. The war against fear of HIV infection turns into a disappointment because the fight has not been the real fight, but an exposure to the curious and fierce enemy.

In recent times, Tanzanian people have witnessed the misunderstanding between secular and religious sectors in fighting the pandemic, especially in the issue of using condoms as a means to reduce the acute effects of HIV/AIDS. While the secular sectors were in favour of using condoms, the religious sectors were totally against it. While the secular sectors allowed people to use condoms and advertised them publicly, the religious sectors rejected them and prohibited their members from using them if they were religious at all. It is not the purpose of this study to propose using or not using condoms, but to unveil the problem of naming HIV/AIDS as enemy in the midst of antagonism between fighters. How can one account for the increase of HIV/AIDS infections from the time of the declaration of HIV/AIDS as a national disaster (see 3.2.1 above) to this time?

We can probably state that among other factors, the antagonism among sectors in the country also exacerbates the spread of HIV and its stigmatizing effects. There is no teamwork in the fight. The enemy takes the opportunity of antagonism among the fighters to defeat them. Because the religious sectors consider using condoms as ethically inappropriate (i.e., as legitimizing sex out of wedlock), people take advantage of this and choose not to use them in their sexual relations, even within official marriages. While the secular sectors stress condoms as one of the means of reducing the risk and provide freedom to use them, people freely choose not to use them for the reason that they are obstacles to natural sexual pleasure. This reluctance to use condoms among religious sectors becomes more of a problem when people with official marriages opt to have concubines (*nyumba ndogo*[^64] [literary, small house]) in cities or rural areas, and yet return to their official wives.

[^63]: I discussed the issue of condom and the religious attitude to it in section 3.4.2 above.
[^64]: *Nyumba Ndogo* is a wide idea. The Tanzanian theologian Ronilick E. K. Mchami provides a convincing description of the notion of *nyumba ndogo* relationships in Tanzanian communities when he attests: “A new form of concubinage has emerged in Tanzania, which is known as ‘*nyumba ndogo.*’ In this sort of concubinage, a properly married man, for reasons best known to him (...) opt [sic!] to have as ‘wife’ another woman. As a
However, why is the practice of *nyumba ndogo* so prevalent among men in most Tanzanian families, even among highly trusted Christian families? While it is difficult to ascertain the real cause for the resurgence of *nyumba ndogo* among men, it is still possible to deduce them from the cultural backgrounds of the people and the future of cooperative fighting against the HIV/AIDS pandemic in communities. The Finnish theologian Auli Vähäkangas suggests that in most communities in Africa one possible cause is the old taboo about women’s menopause, which emphasises that sex should be avoided after the menopause. The taboo of *adumile* (menopause), for example, is a possible reason for most men among the Bena ethnic group to resort to *nyumba ndogo*. She also points out that the barrenness of the official wife and the search for more children, especially male children, is another possible cause for most men in Tanzanian communities to opt for *nyumba ndogo* conjugal relationships (Vähäkangas 2004: 35-38). I agree with most of the reasons of Vähäkangas. However, I would add that the dissatisfaction with the love provided by their wives in the official marriages and the unfaithfulness in marital relationships of most wives are other possible reasons for men to resort to *nyumba ndogo*. Hence, *nyumba ndogo* becomes a resurgent phenomenon in the communities that certainly requires urgent attention in the era of HIV/AIDS pandemic in order to establish the proper cooperation in fighting against the pandemic.

If *nyumba Ndogo* becomes a common practice of most people in cities and rural areas, and if the playing teams are at odds to each other, what will happen to the fight against HIV/AIDS-related stigmatization? Will the team succeed in eradicating the fear of associating with PLWHA? In addition, if the conception in the religious sectors is that HIV/AIDS is a divine punishment for sin and that those with infection are reaping their reward as the result of such relationship children sometimes are born.” (Mchami, 2004: 121-122 cf. Mng’ong’o, 2006: 30; Norlén, 2003: 310; Vähäkangas, 2004: 35; Chitando, 2007: 15) Norlén calls such relationships whereby the husband stays permanently with an unofficial wife for a long time in cities while leaving their official wives in villages as “unofficial polygamy” (Norlén, 2003: 310). *Nyumba ndogo* may also imply some men that opt to develop conjugal relationships with their house maids (house girls) and for women with their house boys apart from official spouses. In addition, *nyumba ndogo* may imply men or women at work places that opt to have conjugal relationships with personal secretaries or guardians apart from their official spouses. Haram presents the option of single mothers among the Meru in Northern Tanzania to maintain ‘small houses’ relationship with men, or being ‘small wives’, for the security of their respect and economy. Haram writes: “The most favourable relationship for a single mother is a ‘small house’ with a visiting ‘husband’, in which she can maintain some degree of social independence and avoid the severe control often exercised by a true husband.” (Haram 1999: 163) In all of these relationships the vulnerability to HIV infection becomes higher because it is not easy to discern whether the small house one favours is safe from HIV or not.

*Adumile* is a Bena traditional notion that the wife should cease to have sexual intercourse with her husband for traditional reasons: belief that stomach swelling will occur due to accumulation of semen, belief that seminal flowing out with an unpleasant smell will occur after her death, belief that the woman will die because of the excessive accumulation of semen in her womb. For more on the notion of *Adumile* among the Bena ethnic group see Ngavatula, 2002, Vähäkangas, 2004: 36, and Mligo, 2004: 60.
Deuteronomistic theology suggests, how will the fight against the stigmatization attached to PLWHA materialize? Is the linkage between HIV/AIDS and the divine will a significant resort in this fight? Let me illustrate this point.

3.4.2 HIV/AIDS as Divine Punishment

Feruzi, a music composer in Tanzania, produced one song that many people appreciated and that the government uses in the national Television station for educating people about the situation of the HIV/AIDS pandemic. The last words of the song of Feruzi seem to touch the peak of stigmatization in terms of exclusion and shame. The words state, “Mola aliyeniumba sasa nimemkosea, hata ardhi na mbingu zinanzionea, malaika wa adhabu aningojea nikifika huko nani atanipokea?” (i.e., “I have transgressed before God who created me, even heavens and earth chuckle upon me, angels of punishment wait for me, who will receive me when I arrive there?”). This chorus reveals that the composer most likely understands that being HIV positive dooms a person to eternal condemnation and punishment. The composer also attributes the HIV/AIDS pandemic to Satan because of his understanding of sex. Though sex is something recreational, according to Feruzi, yet it seems to be evil, something satanic. Feruzi also links practicing sex with several kinds of partners “watoto wa geitini, machang'ua na masista du” (i.e., house girls, sex workers and elderly women) to forsaking God and thus incurring a severe divine punishment.

On the one hand, I am afraid when I see that many people accept and love the song of Feruzi. To me, this majority acceptance means that people accept not only the beats of the song, but also its possible message, i.e., that HIV subjects someone to the punishment of God. They also accept that people who undergo HIV infection through sinful sexual interrelations deserve such a punishment. On the other hand, Feruzi succeeds in demonstrating how a person living with HIV/AIDS feels after experiencing stigmatization. He explains how such a person feels valueless in the community, especially when the symptoms of AIDS become apparent. In demonstrating the way an upset person waiting for the HIV test results feels, Feruzi utters brilliant words when he sings: “(...) duniani mimi sina umuhimu (...) ni bora ni jiwe tu nielekwe kuzimu” (i.e., “I am valueless in this earth (...) it is better for me to commit suicide so that I go to hell”). The words of Feruzi indicate that the person living with HIV/AIDS feels dead, without either life or hope. Such feelings cause most people to commit suicide. For such people a grave becomes a place to take refuge, a place of rest and a place to avoid the anguishes of social stigmatization.
The Tanzanian social scientist Christopher Awinia Mushi reports that since HIV/AIDS is associated with sex, it has been regarded by most Tanzanian communities as ‘fimbo ya Mungu’ (the stick of God), a divine retribution for immoral living. People with high religious intensity mostly hold this view. Such people consider HIV/AIDS as the stick of God used for punishing the immoral and leaving the moral free from suffering. They consider HIV/AIDS to be a plague\(^6\) for immoral people. Therefore, as Mushi also sees it, HIV/AIDS is an instrument used for a ‘moral diagnosis’ of people within the religious communities, and a measure of the response of God to immorality among people (Mushi, 1996: 23 cf. Sontag, 1991:146 - 147).

Calling HIV/AIDS a divine punishment entails a categorization of people with HIV infection: those that are innocent from sin and those that are guilty. The innocent people are the minority who acquire infection by accident, e.g., children, accidental recipients of blood with HIV, people whose spouses unfaithfully engaged in extra-marital sex. Those who are guilty are those majorities who contract HIV through behavioural misconduct, e.g., homosexuals, bisexual sex workers, promiscuous people, sex workers and intravenous drug users. As a divine punishment, HIV/AIDS is accompanied by blame and the passing of judgment upon people who carry infection, mostly with a deviant lifestyle (Sontag, 1991: 111-112, 146-147; Kgalemang, 2004: 150 & Vähäkangas, 2005: 51). In this case, the innocent category is no longer visible. In most cases, the misconduct of life as judged by religious norms is lined directly with the contraction of HIV.

Judging or evaluating people with HIV infection in relation to matters of faith and sin is certainly not only a problem of ordinary Christians, but also of some church leaders (Kgalemang, 2004: 150-151). One of the Tanzanian newspapers (GUARDIAN, 27 September 2005) reported that some church leaders preached that HIV patients should use no Antiretroviral drugs (ARVs) because to do so was demonstrating a sign of being faithless. The newspaper wrote, “Some church leaders in some African countries preach that those who take ARVs do not have enough faith.” (Lusekelo, 2005) In such judgments reported by the newspaper, church leaders seem to use faith instrumentally. To them, faith is something to be equated with something else – ARVs. The question is: is HIV infection really a punishment from the almighty and merciful God for people’s sins? How can the fight against the

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\(^6\) ‘Plague’ is one of the strongest metaphors of HIV/AIDS. Considering HIV/AIDS as a plague is equating it to the divine wrath whereby God punishes the disobedient people by sending them plagues, cf. Old Testament plagues such as the Egyptian Pharaoh’s ten plagues inflicted because of disobedience (Sontag, 1991: 130-133, 146-147). Sontag clarifies the way plagues are depicted in society when she states: “Plagues are invariably regarded as judgments on society, and the metaphoric inflation of AIDS into such judgments also accustoms people to the inevitability of global spread.” (Sontag, 1991: 140)
pandemic survive in the midst of situations where judgment is pronounced by the lay and church leaders?

3.4.3 HIV/AIDS as Stranger

An enormous number of Tropical diseases confront Tanzanian people and threaten their lives; yet these seem to entail less judgmental attitudes than in the case of HIV/AIDS. The most horrible of such diseases is Malaria. Malaria probably claims more lives of people in Tanzania than any other disease. Yet people have less fear of Malaria than of HIV/AIDS. People feel less stigma and shame when they have Malaria parasites in their bodies than when they test HIV positive. People do not consider malaria as more malignant than HIV/AIDS (Stiebert, 2004: 81). But why do people think of malaria and other tropical diseases as unequal to HIV/AIDS, even though they are more harmful to the lives of people than AIDS? Why do other diseases (like malaria) carry no stigma associated with exclusion and shame in the same way as HIV/AIDS?

One possible response to the above questions is the depiction of HIV/AIDS as a stranger in Tanzanian communities. It is a stranger in homes between husbands and their wives, and among people of different statuses in churches and communities at large. Captain Komba and his musical band called ‘Tanzania One Theatre’ (TOT) illustrate the metaphor of HIV/AIDS as stranger quite well. Komba in his song ‘Mgeni’ (stranger) speaks about a stranger who inconveniently visits the home (the dwelling place for the husband and wife) and sits in the bedroom (where the husband and wife spend time in private). The uninvited stranger, according to Komba, has a profound role in the bedroom, making it an uncomfortable place: “Chumbani sasa hakukaliki, mgeni amemwaga upupu baba na mama wanajikuna” (i.e., “currently, the bedroom is an inhospitable place to stay; the stranger has spilled out nettle rash causing the father and mother to scratch their bodies”).

The effect of the spilled upupu (nettle) does not only limit itself to the husband and wife in their bedroom, but also spreads to neighbours, who likewise suffer from the consequences of the visit of the hostile strangers in their own homes.

Komba depicts the stranger as a more subtle, seducing and cheating one, who cheats and seduces numerous people, kills several young and old persons, male and female; people of various statuses: rich and poor, weak and strong, in almost every place and time. The stranger does not care whether one is rich or poor, is a prominent leader in the community or not. The stranger kills artists, players, Members of Parliament (MPs), religious leaders, and
prominent government officials. In this case, the stranger is a malicious one who is unmerciful to people’s lives.

According to the description of Komba above, HIV/AIDS seems to be a stranger, a plague that people consider to have ‘visited’ their lives (Sontag 1991: 136). It is an alien illness brought by a stranger, the ‘other’, the ‘external’ penetrating the ‘internal’ (Mushi, 1996: 23 cf. Sontag, 1991: 103). The description of Komba is important for several reasons: first, it situates HIV/AIDS in the wider perspective of all people irrespective of their honoured statuses. The description indicates that HIV/AIDS is an unmerciful stranger that takes people’s lives irrespective of their status in the community. It is a stranger for children, for adults, for officials and non-officials in work places, for bishops, pastors and evangelists in the churches, for Sheiks, Maalims and normal Muslims in the mosques. HIV/AIDS is the un-like stranger, the one to fear. Second, the depiction of Komba reminds people that the most prominent means of acquiring new HIV infections in Tanzania is through unsafe sexual relationships. He reminds us that unfaithfulness to marriage can be one of the ways whereby people invite HIV/AIDS in their homes.67

In most Tanzanian communities, however, HIV/AIDS as a stranger carries a stigma associated with exclusion and shame because it evokes taboos and behaviours that the community stigmatizes. In enhancing such stigmatization, the community links HIV/AIDS with modernity and being up-to-date. In normal conversations, people call HIV/AIDS with various colloquial names to indicate its modernity and diversity. Most people call it: ‘Ugonjwa wa Kisasa’ (the illness of today), ‘Ugojwa wa Redioni’ (the radio disease) (cf. Shapiro, 2002: 2189), Ugonjwa wa Vijana (the illness of the youth), Umeme (electricity), ngoma (drum), ajali kazini (an outcome beyond control, or an occupational hazard)68, ‘edis’

67 The problem with Komba’s depiction of HIV/AIDS is that it mostly considers marriage homes, where the father and the mother (baba na mama) stay, as the only sources of infection. His depiction leaves other people involved in unsafe sex such as sex workers and mobile groups free from vulnerability to HIV. Furthermore, by seeming to consider HIV as only an issue of sexuality, his depiction suffers from superficiality because it neglects other main sources of HIV infections such as mother to child infection, blood transfusion, intravenous drug use and adherence to traditions and taboos that increase the number of HIV infections such as FGM, widow cleansing and widow inheritance.

68 Bernard A. Joinet reports that the expression of AIDS as ajali kazini is used to indicate situations where there is no means to avoid acquiring HIV such as in work places. According to Joinet, some of the female employees may frequently be forced to have sex with their ‘bosses’ at their work places for the sake of maintaining their jobs and obtaining promotions. Joinet finds that these female employees, who probably have no initiative to resist the sexual wishes of their bosses and still maintain their jobs or promotions, console themselves by stating: “Basi, UKIMWI ni ajali kazini. Well, AIDS is just an occupational hazard.” (Joinet, 1991: 151)

More seriously, some women may use sex as a weapon to bribe their male bosses in order to extract favours such women would require (cf. Muzvidziwa, 1997: 76-77). Moreover, some may use men as projects (miradi) to earn income or pay their living expenses. Haram in her study of the Meru single mothers reports a good example of such a case. Haram reports that most women ‘build their houses in their own vagina’, that is they “draw on their sexuality not only for personal satisfaction but more importantly for economic reasons.”
or ‘edisi’, ‘slimu’⁶⁹ (Mushi 1996: 22-23, Mwale, 2006: 63-64). The names indicate that HIV/AIDS is a modern disease associating with youth, and is a strange disease that the media promulgates and to which the society responds by giving it every bad name associated with bad actions and explanations to justify their own sexuality.⁷⁰ In this case, the communities are likely to consider young people infected with HIV as the ones breaking communal boundaries in favour of acts that lead to infections, e.g., migrating to cities in search of a better life.

The depiction of Komba also indicates that HIV/AIDS is a stranger in families. It is a stranger between a husband and a wife causing them to blame each other. In most patriarchal societies, HIV/AIDS brings more blame about who has brought it in the family. In most cases, husbands consider their wives to be the transmitters (vectors) of the virus to them. The blame cast by husbands upon their wives regarding the emergence of the virus in the family leads such husbands to dispossess their wives, even though such husbands may be the ones that contracted it due to extramarital sexual involvements (Rankin and Others, 2005). The African Medical Research Foundation (AMREF) provides the following incident to illustrate the situation in the Tanzanian context:

Elisabeth Sangu and her husband Deodatus sit just a few inches apart on the floor of their home in a poor suburb of Dar es Salaam, but a gulf of experience divides them. It is 18 months since Elisabeth, 38, was diagnosed with HIV, but the pain and rejection she experienced at the hands of her husband’s family is still apparent. “I endured a lot of problems with my in-laws,” she says stiffly, shifting her slumbering two-year-old daughter, Sofia, on her lap. Deodatus, a tall, painfully thin man of 39, listens

(Haram, 1999: 162) Haram further notes, “Women use men to link into social networks using them as ‘patrons’, for example to find employment, to cover to illegal business activities, to advance their economic careers, to purchase a plot of land, to erect a house or they may use them simply as cash paying boyfriends.” (Haram, 1999: 162) The observation made by Haram regarding the way women practice transactional sexual relationships is probably not limited to the Meru of Northern Tanzania, but applies to the country at large.

⁶⁹ Edisi or edisi are both phonetically similar to AIDS. Local people pronounce it in this way because of their inability to pronounce correctly the abbreviations ‘AIDS’ due to phonetic influences from their vernacular languages. Slim refers to the AIDS symptom where a person suffers extreme weight loss and body emaciation due to opportunistic illnesses.

⁷⁰ Muyinda and Others (1997) report that in Uganda “a woman selling fruit in a market was heard to describe a pawpaw that was rotten as having AIDS.” (Muyinda and Others, 1997: 144) This indicates that names associated with HIV/AIDS (though can have good literal meanings) carry with them negative connotations as they are used. In other cases, the name provided to AIDS can indicate strength and brevity. Mushi and Bernard A. Joinet note that the young people, with the connotation that AIDS is unpreventable, commonly hold the explanation of AIDS as being ajali kazini (accident at work or unpreventable hazard). Moreover, they consider that young people who die due to sexual illnesses are the ‘real’ men and women. They see themselves as soldiers who bravely die in a battlefield (Mushi, 1996: 23; Joinet, 1991: 151; Setel, 1996: 1173).

In order to justify the notion that AIDS is ajali kazini some people employ Swahili explanations such as ‘INZI KUFIA KWENYE KIDONDA SI HARAMU, NI HALALI YAKE’ (Lit. A fly to die on one’s wound is not a sin, it is its right) (Mushi, 1996: 23), ‘Tustarehe, Kafa kwa kia – Let us have fun, death will come anyway’ (Joinet, 1991: 151), and Acha Intse Dogo dogo Siwaciti (AIDS) (lit. I am ready to die of AIDS, but not ready to leave the small, or young ones) (Joinet, 1991: 151; Haram, 1999: 199). The above explanations encourage people, especially youth, to see that sex is more important than death and that someone who dies because of sex is quite brave.
silently, clasping his hands together. At the time of her diagnosis, the family was living with Deodatus’s parents. Soon after she broke the news to him, he walked out. As soon as he left, says Elisabeth, she was beaten and chased away from the house, along with her three children and her niece, Josephine, whose own parents died of AIDS. Asked how she contracted the disease, she sighs. “I was very faithful to my marriage,” she says, “but my husband was not faithful to me.” Deodatus discovered his own HIV status three months after leaving Elisabeth. (AMREF, 2005; cf. Rankin and Others, 2005)

In the above incident, HIV/AIDS was a stranger in the home between the two couples. Both the husband and the wife have been vulnerable to infection. Blame has been a weapon to enact stigmatization. The woman becomes the subject of stigmatization and receives the blame for contracting the virus. The husband also blames her for being the transmitter of the virus to him despite her faithfulness to the marriage bond. In the above incident, the woman seems to carry a double stigma: the stigma of being a woman (hence the transmitter of the disease), and the stigma of being HIV positive.

The husband dispossesses her, including children (to whom the husband certainly attaches courtesy stigma), because he sees the HIV/AIDS positive status of his wife as a contagion to him (cf. Bond, Chase & Aggleton, 2002: 353; Duffy 2005: 16 & Muyinda & Others, 1997: 144). He fears being contaminated by the contagion carried by his wife. He hardly thinks of his own vulnerability to HIV/AIDS infection until he discovers that he himself is HIV positive! The above incident enlightens us regarding the possible interaction that exists, not only between the husband and wives, but also between the whole range of relationships of most married couples and the relatives of the husbands in the midst of the HIV/AIDS pandemic.

3.4.4 HIV/AIDS as Contagion

In what way does the metaphor of HIV/AIDS as contagion convey stigmatization to PLWHA? One of the issues that the social anthropologist Mary Douglas discusses in her Purity and Danger (1966) is that the main reason why society excludes those to whom it attaches stigma is an endeavour to protect itself from contamination and ensure the survival of its members. The society considers those it stigmatizes as pollutants, people who are dangerous to the lives of other members of the society. In the pursuit of this goal, Douglas sees that religion plays a pivotal role towards the stigmatization process through the enactment of its holiness codes (Douglas, 1966).

The above incident about Elizabeth Sangu indicates that the husband imposes stigmatization upon his wife and children due to his fear of contamination. The fear of
contagion that Deodatus encountered in the above incident has stricken people in similar ways for centuries. Despite the fact that in ancient time people considered leprosy to be a divine punishment, they thought that those with it had been contaminated in some way by others. That was the rationale behind their separation. Members of their communities excluded people suffering from leprosy so that they did not contaminate them (Douglas, 1966). Was the excluding action wrong? It was probably not wrong, because the plague spread through contagion. If a person suffering from the plague had access to touching people in the community of normal people, that community considered that it could acquire infection thereby. In this sense, it seemed reasonable to those practising stigmatization that they should exclude them. The problem here is whether excluding the sick can be a better way to assist them in their situation of suffering, or to assist the community, including the relatives of the excluded.

A similar problem to the one I mentioned in the previous paragraph faces HIV/AIDS in places that consider it a contagion. What can we state about HIV/AIDS in relation to contagion? Douglas tells us that sex plays a pivotal role in the stigmatization associated with purity. She writes, “No other social pressures are so potentially explosive as those which constrain sexual relations.” (Douglas, 1966: 159) HIV/AIDS, as both an epidemic and a pandemic related to sex, evokes fears of contamination, as do other STDs such as syphilis (cf. Sontag, 1991: 112-113). In this case, the belief that the one who tests HIV positive had illicit sex, and can contaminate other people with the virus, increases irrational fear even with regard to normal relationships.

As I have illustrated in the case of Elizabeth Sangu and her husband Deodatus above, irrational fear among most Tanzanians is probably the reason for subjecting PLWHA to stigmatization. It is the fear of contamination, associated with the belief that contracting HIV and having AIDS mean imminent suffering and death (ICRW, 2002). This fear is irrational because it lacks scientific or rational explanations about whether normal acts can enhance the risk of such contagion. The fear of contagion is both a belief and ignorance about the means of transmission of the epidemic. It is a belief because scientific proofs are not required in order for people to stop stigmatizing other people. People have convictions and are confident that their convictions are true and unquestionable. It is ignorance because one can prove that things are different from what people think and from the way they act.

Research by the International Centre for Research on Women in Tanzania demonstrates that fear contributes greatly to the stigmatization of PLWHA (ICRW, 2002). According to the report of the ICRW, the mixture of knowledge about the transmission of the
virus contributes to the fear that HIV is transmitted casually from one person to the other. Despite their knowledge that the virus cannot pass casually from one person to another (see table 6 in appendix 1), “people fear getting HIV through food, linens, hand shaking, contact with dead bodies, and caring for someone with HIV/AIDS.” (ICRW, 2002) The fear of contagion in some cases leads even those with accurate knowledge about the way the HIV is transmitted and the way to avoid it still isolate PLWHA from their homes and stigmatize them.

One example of stigmatization due to fear of contamination with the HIV is more explicit in a stigmatizing incident of a PLWHA at Ubungo, Dar es Salaam, as the journalist Makala reports it in Nipashe Tanzanian Newspaper. Her family provided her with a single room to live in. Her relatives allowed her to use no objects in their possession, including the toilet and bathroom. She had to by a pot of her own with which she used for urine and faeces. After it was full, she had to dig a hole in the ground outside the room and bury the faeces in it. Bathing was a problem to her. She had to use the same room she slept in as a bathroom and drained out all the water after finishing bathing. When she washed her clothes, she had to put them on a bare ground for drying. Her relatives allowed her to hang no clothes in hangers where they hanged their own, fearing that her clothes could contaminate their clothes with HIV. If she accidentally hanged them on the hangers, her relatives picked them up and threw them on the ground. In fact, her own relatives were the ones who intensified her anguish, causing the person living with HIV/AIDS to suffer greatly. She wished that God would take her soul, so that she would not have to remain alive in such a horrible situation (Makala, 2005, cf. Duffy, 2005: 16; Bond, Chase & Aggleton, 2002: 353 and Vähäkangas 2005: 50-51). This story is an example of the way stigmatization works on the family level. What happens to PLWHA in popular representations of their status? This question is the focus of my discussion in the following section.

3.5 STIGMATIZING PLWHA IN POPULAR REPRESENTATIONS

3.5.1 How Stigmatization Works

The stigmatization of people living with HIV/AIDS in Tanzania manifests itself in the way people provide names to people living with the virus.71 What is the importance of naming

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71 Susan Sontag also describes the various names given to people sick with TB and cancer when she tries to compare names attached to a TB patient and a cancer patient thus: “As TB was represented as the spiritualizing of consciousness, cancer is understood as the overwhelming or obliterating of consciousness (…). In TB, you are eating yourself up, being refined, getting down to the core, the real you. In cancer, non-intelligent (‘primitive,’ ‘embryonic,’ ‘atavistic’) cells are multiplying, and you are being replaced by the nonyou.” (Sontag,
in the process of stigmatization? The East African linguist Ngugi wa Thiong’o offers a possible response to this question by demonstrating the importance of naming in his article “Europhone or African Memory.” (2005) Commenting on what the colonizers did when they came to the East African peoples, and on their imposition of slavery followed by Christianity, he explains the significance of naming thus:

To name is to express a relationship, mostly of ownership, as was seen in plantation slavery, when slaves were branded with the name of their owners; when they changed plantations or when the same plantation was taken up by another owner, they were made to take up the new names – a maker of their new identities as the property of the new owner – and were branded accordingly. (…). A name given and accepted is a memory planted on the body of its grateful or unquestioning recipient. The body becomes a book, a parchment, where ownership and identity are forever inscribed. (Ngugi, 2005: 157-158)

This statement indicates that in the East African land stigmatization existed even during the period of the slave trade, whereby branded names were employed to identify who was the dominator and who was the dominated. Branded names indicated the power relationship between the stigmatized (slaves) and those who stigmatize (the slave owners).

After the slave trade, according to Ngugi wa Thiong’o, the colonizers used language and religion (Christianity) as their instruments to plant memory in the minds of people. The colonizers imposed foreign languages as official languages in most of the colonized lands, and they imposed foreign names on the converts to Christianity. Ngugi reports: “In colonized Africa, Christian converts had to abandon their names and assume holy ones such as James, Margaret, or Bush. One could never be received in Christian heaven without a European name.” (Ngugi, 2005: 158) The consequence of such forcible naming was that “Europeans (…) cling to the bodies of many African peoples, and whatever they achieve that ‘name’ is always around to claim its ownership of that achievement.” (Ngugi, 2005: 158)

1991: 68) Such kinds of names are labels that stigmatizers attach not only to cancer and to TB as diseases, but also to patients who have such diseases; they become the stigmas of the patients. In this section, I describe the names that stigmatizers attach to PLWHA in a similar way as stigmatizers attached names to people with TB and cancer.

72 The Bible also mentions a naming of people that also was accompanied with the branding of one’s identity after receiving a new name. It indicates that naming was a tradition. People did not give names for the sake of providing, but for its special function in explaining what identity the person had. For example, Peter was re-named ‘Cephas’ because he bravely acknowledged Christ (John 1: 42), Abram was renamed Abraham because he was going to be the father of the nations (Gen.17: 4) and Jacob was re-named ‘Israel’ because he saw God (Gen. 35: 9-10). In each of these cases, the renaming gives the recipient of the name a particular label of who such recipient is. In a similar manner, Christian (European) names labelled people according to ownership. Christian names claimed the authority of the owners in the memories of people holding such names.

73 The American theologian Jennifer A. Glancy illustrates the way the stigma attached to slaves claims the authority of their owners: “Sometime in the fourth century, a Christian man ordered a bronze collar to encircle
Since the question of the stigmatization of people living with HIV/AIDS in Tanzania is, in most cases, an issue of social structures and constructions which justify the existing social order, the HIV/AIDS pandemic has led to various hidden discriminatory names that the community gives to people who live with HIV/AIDS. In a similar way to what Ngugi states above, the names bestowed on PLWHA are labels which aim to distinguish between the ‘normal’ and PLWHA as ‘abnormal’ people, between the powerful and the less powerful, and between the dominator and the dominated.74 Names are indicators of relationships and identities. Names plant memories upon PLWHA, a memory enabling them to internalize the consequence of their status. In most cases, gossips, rumours, folktales, and even media are the chief instruments that people employ to bestow such names, and they change in keeping with the progress of the conditions of AIDS in the life of the person living with it (ICRW, 2002 cf. USAID, 2005).

3.5.2 Naming ‘PLWHA’ as a Stereotype75

Names indicate the characteristics of a particular stereotype (or symbol). The British psychologist Glynis M. Breakwell, for example, states that the stereotype ‘accountant’ carries with it names which describe attached characteristics to people belonging to the group. According to Breakwell, some of the names that the community may attach to accountants as a group are: “money-grabbing, small-minded, picky, gray individuals.” (Breakwell 1997: 53) The name they attach explains their behaviour: it relates to how the community think the accountants handle financial affairs in the community.

74 Social scientists Leana Uys and Others (2005) have distinguished three names in the title of their article which are prominently used in some African countries for PLWHA: ‘Eating Plastic’, Winning the Lotto’ and ‘Joining the WWW’. All the three names have stigmatizing connotations for a PLWHA. Animal keepers know that plastic bags are dangerous to the health of their animals if swallowed. Eating a plastic bag indicates how malicious and obstructive a plastic bag is when the animal swallows it. It indicates how the complications in digestion cause the animal to face the inevitable death due to hunger. Winning the Lotto has to do with playing a game with HIV especially in one’s lifestyle. Acquiring HIV/AIDS becomes a winning number in the game of someone who lived an irresponsible sexual lifestyle following the social ethical code. Joining the WWW has a connotation of the globalization of HIV/AIDS. It implies that infected people have joined the World Wide Web of HIV/AIDS, a rapidly growing network of those infected and affected by the pandemic (see Uys & Others 2005: 11). Some of the Luganda (Uganda) local terminologies for people living with HIV/AIDS, which are also used by Tanzanians at the boarders, include Kakokoolo (scarecrow), Yamira akaveera (someone who swallowed a plastic bag) and K’amugoola (the one who was caught in a trap) (Muyinda & Others 1997: 143).

75 Mwale documents similar names to PLWHA as a stereotype in Malawi. Such names include a PLWHA as wavirisang’a (the one that has found it) (Tumbuka language), as a pasidendo (the one that is in a journey) (Nyanja language), and as matiro oyenda (moving corpses) (Nyanja). Other names are wakumana nazo (the one that has met it) (Nyanja), as wakachilambo (the one with a small animal) (Nyanja), as njoka yanulumu (the one bitten by a snake) (Nyanja), and wadya bonas (the one that has received a bonus) (Nyanja) (Mwale, 2006: 63).
The question of the stigmatization of people living with HIV/AIDS in Tanzania seems, in most cases, to be an issue of relationships among people in the communities. As with Breakwell’s account of the names that the community can give to accountants, living with HIV/AIDS is accompanied by a wide range of stigmatizing names that the community bestows on people belonging to this group (PLWHA). In this sub-section, I focus the discussion on some of the names given to PLWHA by the community as a stereotype, in popular representations. Such names include PLWHA as *Maiti zinazotembea*, PLWHA as *Marehemu watarajiwa*, PLWHA as *Nyambizi*, PLWHA as *Watu wa Kufa Kilo Mbili*, PLWHA as *Watu waliokanyaga Miwaya*, PLWHA as *Watu walio na M'udu*, PLWHA as *Watu walio na Ngoma*, PLWHA as *Kinchi*, and PLWHA as *Watu walio na Juliana*.

**PLWHA as ‘Maiti zinazotembea’ (walking corpses)**

The notion of the ‘walking corpse’ is an ascription of a status to a PLWHA. It is the ascription of non-existence to PLWHA in normal daily conversations. It is a hurtful experience, especially when PLWHA discover that they have such a name. The name equates PLWHA with dead bodies, functionless corpses.

Society’s characterization of PLWHA as walking corpses seems to originate from their reading of the Bible, especially the Old Testament. According to the Jewish boundaries between clean and unclean, dead bodies were in the realm of the unclean and caused contamination because they had crossed the boundaries of life and were in the realm of death. The Old Testament scholar Richard D. Nelson makes this clear when he writes, “Corpses, having so recently made this momentous transition, were unclean and very contagious in communicating impurities to those who touched them.” (Nelson, 1993: 22-23) It seems that most communities in Tanzania, having read (or heard about) the Old Testament, consider PLWHA to have passed beyond the realm of life because they already possess death with them (i.e., the deadly virus). In that case, they see them as impure and highly contagious to their own lives in a similar way that the Old Testament conceives of dead bodies.

**PLWHA as Marehemu Watarajiwa (the anticipated diseased)**

The name ‘marehemu watarajiwa’ points to the reality of death everyone has to face, whether living with HIV/AIDS, or not. The stigmatizing nature of this name does not depend primarily on the fact of its use, but on its direction: who is to die earlier. The name presupposes that PLWHA face an imminent death because they have the deadly virus in them. Their days are numbered, if not over. They are “as good as dead” (Uys & Others, 2005: 17). For such people,
death is something to anticipate, something to happen at any time. They consider that death is within their reach, something with no any other alternative.

However, naming PLWHA in this way excludes them from the ‘normal’. It gives the impression that those without the infection are invulnerable to an imminent death. Therefore, distancing themselves in this way is intended to prevent themselves from remembering that every human being is vulnerable to death. It is a way to distance death from their memories.

**PLWHA as Nyambizi (Submarines)**

*Nyambizi* is a colloquial Swahili word employed in informal communications. It has to do with health status. It implies that a woman has a big behind or fundament (*mwanamke aliyejaliwa maungo ya nyuma*). Calling a healthy person living with HIV/AIDS *nyambizi* expresses a powerful stigmatizing attitude in some parts of Tanzania. Since the name *nyambizi* has to do with body structure (having a fat body structure), the name is stigmatizing not only to PLWHA, but also to other people with a similar body structure. *Nyambizi* implies that the fat person (living with HIV/AIDS) is becoming stealthy, menacing and deadly (Rankin, and Others, 2005; ICRW, 2002).

Nyambizi is also connected with ‘diving’ in deep water. The name assumes that PLWHA, at this stage, are struggling. They are struggling with the repercussions of HIV/AIDS on their lives. The symptoms accompanying their lives are the signs of these repercussions. In that case, people who stigmatize think of PLWHA as diving deeply in the sea of death, running quickly towards death like a diving submarine.

**PLWHA as Watu wa kufa Kilo Mbili (People who will die weighing two kilos)**

In addition to the conceptual naming, there are names for PLWHA which vary with the progression of the symptoms of AIDS. As the symptoms of AIDS become clearer, they receive another name: ‘people to die in two kilos’. The name indicates the repercussion of AIDS in the reduction of body weight and emaciation\(^7\). The name asserts that people who suffer from AIDS are facing the situation of weight loss, whether they like it or not. Hence, it points to the ultimate consequence of their emaciation, a shameful death with a considerable loss of weight.

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\(^7\) In Lesotho, an emaciated person whose body becomes thin and loses weight is called by the community around with the name ‘*koang koang* – a cheap, tough biscuit’, that is nutritionally useless to eat. With this name, the community sees PLWHA as being useless in every affair of human life and deemed to be perishing from the sphere of life (see Uys & Others, 2005: 18).
**PLWHA as Watu waliokanyaga Miwaya (People that stepped on an electric fence)**

Most Tanzanian societies commonly use the word ‘electricity’ in relation to HIV/AIDS (Haram 1999: 202). Those who call PLWHA people ‘who stepped on an electric fence’ consider HIV/AIDS as an electric current. People living with HIV/AIDS are electric wires. They are good conductors of electricity (HIV/AIDS). Touching an electric wire completes the circuit and permits electricity (HIV/AIDS) to pass from the wire to the human body (cf. Uys & Others 2005: 17). Moreover, people understand that electricity is something that kills immediately after touching the electrified wires. They also consider PLWHA as people who will die immediately, because they have touched the electrified wires (Mushi 1996: 22). Here the stigmatization of HIV/AIDS is based mainly on calling PLWHA people who have stepped on electric wires and have (themselves) turned into wires (not human beings) for conducting HIV/AIDS. Therefore, through this name PLWHA become objects feared by the subjects who stigmatize them.

**PLWHA as Watu walia na Mdudu (people with a parasite, or virus)**

*Mdudu* (parasite) refers to a terminology to explain the invasion of HIV upon a person. The role of *mdudu* is different from that of a normal parasite. While the normal parasite lives upon a host and benefits from that host without necessarily killing it, the *mdudu* possessed by PLWHA slowly weakens the host and kills. The invasion by *mdudu* implies death. People think that a killing parasite, which will inevitably put PLWHA lives at risk, has invaded their bodies (Uys & Others, 2005: 15). Some people in the Kagera region, for example, believe that the causative agent of AIDS (HIV) is similar to a little worm eating slowly into a human body in the same way as a weevil eats the insides of the maize grain (Mushi, 1996: 22).

**PLWHA as Watu walia na Ngoma (people with a drum)**

A drum is an honoured musical instrument, especially in most African communities. It is associated with dancing. Some people see PLWHA as dancing with death in their struggle with the symptoms of the emerging opportunistic diseases (Uys & Others, 2005: 15). This name is stigmatizing in the sense that it conceives the illness as a person’s own responsibility. Those who stigmatize hold that a PLWHA has acquired the virus due to an irresponsible life, a life of immorality. Therefore, they conceive a person dancing with HIV to be reaping the consequences of an immoral life.
**PLWHA as Kinchi (a wooden frame of a roof)**

A wooden frame of a roof stands elevated. Everyone sees it without any obstacle. In local explanations, it refers to the elevated shoulders of the PLWHA as AIDS advances; the physical appearance shows that such a person has AIDS (Mushi, 1996: 22). This name is stigmatizing because it sees PLWHA as persons who can no longer conceal the consequence of their AIDS status. Moreover, it regards anyone with elevated shoulders as a PLWHA.

**PLWHA as Watu walo na Juliana (People having Juliana)**

Juliana is a brand name for an expensive shirt that was mainly worn and traded by business men crossing the borders to a neighbouring country (Uganda) called ‘Juliana boys’. It was an expensive and more valuable garment with a picture of a large bird at the back and a name ‘Juliana’ printed at the breast pocket. Juliana boys were materially wealthy people. They travelled to several places, both villages and cities, in search for markets for their wares. Since they had money, Juliana boys wished to spend it with girls in places where they did business; and they most likely acquired HIV, and spread it through their mobility in search of markets. Since the community believed that HIV spread through Juliana boys, people metaphorically named the HIV/AIDS after the shirts that the spreaders (Juliana boys) wore (Joinet, 1991: 146-148; Mushi, 1996: 22).

Local explanations of AIDS and PLWHA symbolize the expense of acquiring HIV/AIDS. HIV/AIDS is something valuable and traded through traders. In this case, the stigmatizers regard PLWHA as traders who acquired AIDS by the expenses of either selling their own bodies, or buying other human bodies for sexual transactions.

**3.6 HIV/AIDS-RELATED COURTESY STIGMATIZATION**

After discussing the names that people attach to PLWHA in popular discourses, and their stigmatizing implications, I now briefly introduce another prevalent stigmatizing strategy in Tanzanian communities, i.e., “secondary or courtesy stigma” (ICRW, 2002). This kind of stigma brings numerous people to forsake their commitment and their trust in their own religious teachings about love. Courtesy stigmatization is not a stigmatization of those living with HIV, but of those who, in one way or another, associate with those living with HIV/AIDS (see 2.5.2 above). According to my own observations, courtesy stigmatization occurs mostly in families and in caring centres. One can find examples of courtesy stigma in
businesses, or in the homes. People can avoid coming and purchasing goods from one’s shop simply because one associates with an HIV positive individual. Likewise, people can avoid visiting one’s home because one takes care of another person living with HIV/AIDS in the home. Therefore, courtesy stigma calls into question the commitment of people to care for others irrespective of the blame and exclusion from the surrounding community.

An example of courtesy stigma is the life of Miss Subiri Kibiga, a resident of Kigamboni, Dar es Salaam, whose main occupation was small-scale businesses, as Makala reports her in the Nipashe Newspaper. She was highly successful with her businesses before she had a person with HIV/AIDS in her home to take care of. After this, the surrounding community avoided going to her home, and even buying her goods (Makala, 2005 cf. Muyinda & Others, 1997: 146). HIV/AIDS became a stranger and an intruder to the normal life of people at Kigamboni. Subiri Kibiga was no longer someone to trust, because she associated with someone carrying a stigma, someone with an undesirable characteristic. As a result, the community shunned Kibiga, her patient, and her businesses.

3.7 WHY STIGMATIZE BOTH PLHWA AND THOSE ASSOCIATING WITH THEM?

The incident that faced Kibiga, her patient and her businesses indicates why most communities impose stigmatization upon people in relation to HIV/AIDS. The stigmatization of PLHWA and those associating with them depends on the stigmatization of the condition (AIDS) itself in relation to other conditions and illnesses. As I stated above (section 3.4.3), the main question underlying AIDS, as a syndrome, is why its stigmatization exceeds that of other conditions and illnesses. The Canadian theologian Theodore de Bruyn reminds us that HIV/AIDS is certainly not the only stigmatized illness. In fact, there are also other illnesses facing stigmatization apart from AIDS, such as mental illness, cancer, tuberculosis, epilepsy and venereal diseases such as gonorrhoea and syphilis. However, HIV/AIDS related stigmatization appears to be distinct from that of these illnesses. The question is why the stigmatization relating to HIV/AIDS more extensive than that of other illnesses.

In my view, what distinguishes it from the stigmatization of other illnesses is probably the varied dimensions it possesses (de Bruyn, 1998: 12). De Bruyn notes the combination of five possible reasons why PLHWA and those associating with them encounter such enormous stigmatization:

- HIV/AIDS is associated with behaviours that are already stigmatized or considered deviant, particularly homosexuality and intravenous drug use;
• people with HIV/AIDS are thought to be responsible for having contracted HIV;
• HIV/AIDS is a life-threatening disease;
• people are afraid of contracting HIV; and
• the religious or moral beliefs of others lead them to conclude that having HIV/AIDS is the result of a moral fault, such as promiscuous or deviant sex, that deserves punishment. (de Bruyn, 1998: 12 cf. Radstake, 2000: 49-50 for similar reasons for the stigmatization of HIV/AIDS in Ghana)

In the Tanzanian context, the link between HIV/AIDS and morality that de Bruyn suggests can be present in the negative names that communities attach to HIV/AIDS and to PLWHA. All the above names focus on only one aspect of the human being – sexuality - and attach value to the presumed sexual activity of every stigmatized person living with HIV/AIDS. As Nicolson observes, “the very statement that one has AIDS is seen as a confession that one has been involved, or the partner of someone has been involved, in illicit sex. To get AIDS reveals your secret behaviour and forces into the open sexual behaviour that might otherwise have remained hidden. AIDS is seen as a disease of sexual excess and perversity.” (Nicolson, 1996: 107) Moreover, the “relation between (sexual) sin and sickness [mostly embraced by religious or moral beliefs] is fertile soil for stigmatisation.” (Radstake, 2000: 49) In this case, it is my conviction that the way the community responds to the issue of human sexuality determines to a great extent the existence of stigmatization of PLWHA in the communities to which they belong.

3.8 CHALLENGING OBLIGATIONS TO FAITH COMMUNITIES

These reasons that move people to stigmatize PLWHA and those associating with them imply a challenge to faith communities regarding their obligations to people. In this section, I discuss three of these obligations: an obligation to prevent new infections, an obligation to care for one’s neighbour, and an obligation to work against stigmatization.

3.8.1 An obligation to Prevent New Infections

The then president of the United Republic of Tanzania, Benjamin William Mkapa, addressing the Conference on HIV/AIDS prevention that religious leaders convened in Dar-es Salaam in March 2002, said: AIDS entails a difficult challenge or examination of the love of one human being to another fellow human being. The first challenge to people within faith communities is mainly based on their obligation to prevent new infections. A person who really loves a spouse cannot inflict HIV/AIDS on a spouse, or stigmatize a spouse. The
parents who really love their children cannot make them orphans by killing themselves with HIV/AIDS. The pregnant mother who loves her unborn child will make sure that she protects her child from HIV infection. If young men or women really love their spouses to be *(wachumba zao)* they will test themselves for HIV before getting married and before becoming pregnant. People, whether Christian, Muslim, or traditional believers, who love their fellow human beings cannot deliberately infect them with HIV. If people really love their fellow human beings, they will continue loving and assisting them even when such people acquire HIV infection and suffer from AIDS. Truly, AIDS entails a very difficult examination to the commitment of people to their Islam, their Christianity and their humanity. Are people going to pass such an examination? (Mkaza, 2005) The churches have attempted to work towards preventing infections through their campaigns and teachings about sexuality and the obligation for their members to live a decent sexual moral lifestyle. However, as I stated in the introductory chapter of this study, the endeavours of most people in churches have not been sufficient to fulfil the healing requirements of PLWHA in their stigmatizing situations.

3.8.2 An Obligation to Care for the Neighbour

The address of Mkapa about HIV/AIDS as an examiner suggests another religious and communal challenge. It suggests a challenge to one’s relationship to God and one’s neighbour. The examination is based on how people relate to God and their neighbour, according to the law of love that Jesus proclaimed. Jesus posits the law of love in his response to the question of the Jewish lawyer who asks him about the greatest commandment of all. Jesus replies by giving the lawyer the double commandment of love: First component: “You shall love the Lord your God with all your heart, and with all your soul, and with all your mind.” Second component: “You shall love your neighbour as yourself.” (Mat. 22: 34-39; see also Mark, 12: 28-34; Luke 10: 25-28) The challenge with the regard to the plight of HIV/AIDS that Mkapa makes on the basis of the law of love is to discover who is one’s neighbour, and how should one fulfil the spirit of this law. This was the question that the lawyer also encountered (Luke 10: 25- 37). The lawyer had fulfilled the letter of the commandment in his life, yet he was unwilling to fulfil its spirit. How does the examination of love that HIV/AIDS poses in relation to one’s fellow human beings in faith communities challenge people in the era of the HIV/AIDS pandemic? How do people feel about an obligation to fulfil the spirit of the double commandment of love in terms of caring for their neighbour?
In fact, the idea of HIV/AIDS as an examiner of love among people, as presented by Mkapa (and other members of society) in his speech, is not only a complicated issue among faith communities in Tanzania, but also an issue that uncovers things that lie unnoticed inside people’s lives. It is certainly simple to hide one’s character from other people for a time, but one cannot do so forever. It is possible that faith communities can demonstrate their generosity and provide charity to people who suffer, but they cannot do so at all times, with the intention of alleviating the anguish of those who suffer. Human beings, as members of faith communities, are born in weakness and are limited in their degree of tolerance. People who are vulnerable to HIV and AIDS infection, and are currently suffering from it, are probably the wives and husbands, brothers and sisters, fathers and mothers in people’s own homes. How do they treat them? How do they meet them in whatever they plan and practice? Certainly, this is what the president calls an examination of their own love, both for faith communities in general, and for individuals. In this case, the challenge is that faith communities can be tempted to stigmatize those living with HIV/AIDS in the name of loving and assisting them.

Love is not something tangible or visible, yet it is something valuable and experiential within relationships. Of course, PLWHA require love and concern, instead of stigmatization. They require acceptance in the family, in schools, at work in faith communities and in the whole community. In the name of loving and assisting them, most people in villages and in towns regard people living with HIV as inhuman, especially on the question of treatment. Faith communities mostly confine the love of God to those who are physically healthy, those with no HIV/AIDS infection. Therefore, such a bias towards love can seem to be irresponsibility towards the HIV/AIDS pandemic, and a failure to examine whether one loves another human being as one loves oneself.

Mkapa warns that Almighty God created human beings not to encounter suffering, but to come near the Almighty. The primary purpose of religious leaders should be to assist human beings in their efforts to serve God as living human beings on this earth. We must then view these human persons in their whole being: body and spirit. Such a view is important because if the soul has problems, automatically the whole body will have problems, and likewise if the body has problems, automatically the soul will have problems because one cannot separate the two. Therefore, if the purpose of religion is to rescue human beings, and the purpose of faith communities is to serve human beings, then people who belong to such religions and faith communities are obliged to focus their attention towards addressing the questions about HIV/AIDS and human love (Mkapa, 2005).
3.8.3 An Obligation to Work against Stigmatization

The challenge of the former president points to the vulnerability of the human race to HIV/AIDS infection, and the obligation for faith communities to direct their responsibility towards serving human beings in the whole of their humanity. Churches have the obligation to work against the stigmatization which differentiates people as ‘normal’ and ‘abnormal’, and which expels the abnormal out from the unity within faith communities, an obligation that they have neglected in most cases. HIV/AIDS should not be an obstacle to being human. The human identity of human beings should always remain, despite the existence of HIV/AIDS. AIDS is something people acquire, but not humanity. Since the value of human persons surpasses the AIDS they have acquired, love for people living with HIV/AIDS demonstrates the responsibility of faith communities to love God and their neighbour, whereas the hatred of faith communities for people living with HIV/AIDS demonstrates that they have failed the examination. In this case, the question of stigmatization challenges faith communities in their obligation to preserve unity within themselves.

3.9 CONCLUDING REMARKS

In this chapter, I have discussed the dynamics of stigmatization in the social, economic and religious perspectives in the Tanzanian social context focusing mainly on the group that stigmatizes. I have argued that HIV/AIDS-related stigmatization is embodied mainly in people’s lifestyles, cultural beliefs and practices. It is also embodied in their understanding of the pandemic and how to deal with it. It is manifested through the way people use language, especially in naming the disease and naming PLWHA, and through the attitude the faith (or secular) communities have upon those either living with HIV/AIDS or associating, in one way or another, with those living with HIV/AIDS. I have also illustrated that most stigmatizing attitudes and actions are linked to the mixture of knowledge and ignorance about the transmission and diagnosis of the virus. I have also pinpointed some challenges that faith communities encounter in such situations of stigmatization.

I now turn from a focus on stigmatization and those who stigmatize to those who are being stigmatized. My question is: how can stigmatized people respond to stigmatization, and what resources does their Christian faith provide them? I discuss the issue of the response to HIV/AIDS-related stigmatization in churches in two main ways: first, going to the source of Christian identity (Jesus and the Bible), and second, learning from the lived experiences of PLWHA as members of churches and as people capable of reading the Bible. In the following
chapter (chapter four), I specifically present and discuss the method I used in order to go to the sources of Christian identity and to listen to the lived experiences of PLWHA.
CHAPTER FOUR

FACILITATING PARTICIPANT-CENTRED CONTEXTUAL BIBLE STUDY IN COMMUNITY: METHODOLOGICAL PERSPECTIVES

4.1 INTRODUCTION

CONCLUDING HIS ARTICLE “Popular Reading of the Bible in Africa and Implications to Academic Reading” (2000), the West African biblical scholar Justin Ukpong states that one of the most serious challenges facing Biblical scholarship in Africa is to ‘bridge’ the existing gap between academic and popular readings of the Bible in most African societies. The challenge is to overcome the ‘dogmatic stance’ which most churches in Africa have taught people for years since the Bible arrived (Ukpong, 2000: 593). If Ukpong is correct, then, we need a method in Bible studies in Africa which will take seriously the popular readings of people at the grassroots, instead of mainly relying on the scholarly readings in the academies.77

My concern in this chapter is to present and discuss a method of more participant-centred Bible study which I have used in the attempt to bridge this gap in a context of stigmatization. I first present and discuss some models of more facilitator-centred Bible studies as they appear in other contexts than that of stigmatization, and the way such Bible studies relate/differ from the Bible study I facilitated with the Group of PLWHA at Njombe district.

Second, after presenting other proposed models of Bible studies, I discuss how my Bible study process proceeded as a method of investigation. I discuss my preliminary investigations to determine the existence of stigmatization in the context of PLWHA in the Group; and the way they recognized the existence of stigmatization in the Bible. I also present the kind of Bible study the Group of PLWHA worked with (in both theoretical and practical terms) in order to overcome stigmatization. In this chapter, therefore, I discuss the

77 Of course, there are several trends of methods of Biblical exegesis existing in Africa. The West African theologian Jean-Claude Loba-Mkole lists these methods as follows: Inculturation hermeneutics (Ukpong), Reconstruction Hermeneutics (Mugambi), Rainbow Hermeneutics (Cloete), Ubuntu Hermeneutics (Punt), Liberation Hermeneutics (West), Hermeneutics of Engagement (Van Aarde), Afro-centric Hermeneutics (Adamo, Yorke), Semoya Hermeneutics (Dube), Womanist Hermeneutics (Okure), Development Hermeneutics (Speckman), Postcolonial Hermeneutics (Dube, Punt) and Storytelling Hermeneutics (Phiri) (Loba-Mkole, 2007: 7-10). The mushrooming of hermeneutical approaches to Biblical exegesis most likely highlights the contextual nature of theology. Moreover, they point out that the search for an appropriate method in diverse contexts of African people is still an ongoing process.
requirements for an empowering Bible study and how to do such a kind of Bible study – what is the input of the readers emanating from their life experiences, and what is the role of the facilitator in the whole process. At the conclusion of the chapter, I discuss the significance of the type of Bible study I attempted, especially in a context of stigmatization and loss of power.

4.2 SOME MODELS WITH FACILITATOR-CENTRED BIBLE STUDIES

I begin this chapter by discussing two examples of facilitator-centred Bible studies: the traditional Bible study among most Protestant churches in Tanzania based mainly on my own experiences, and the SCC based on the observation of the Roman Catholic theologian Laurenti Magesa from Tanzania. I am convinced that the discussion of facilitator-centred Bible studies will help us see the possible difference, both in approach and motive, between facilitator-centred and participant-centred Bible studies.

4.2.1 Traditional Bible Study

Certainly, Bible study is something practiced by most groups in churches on a regular basis. It is something people know and consider important for growth in their understanding of God, and for their understanding of church doctrine. Hence, Bible study seems to be a vital tool for the life of churches.

In this era of globalization of Pentecostalism, most churches seem to emphasize Bible study as one of the important tools to equip their members for a wider knowledge on issues that make them switch denominations in search for truth. Bible studies focus on issues that seem to be confusing, such as baptism in the Holy Spirit, baptism by fire, the amount of water in baptism, healing, liturgy, worship and speaking in tongues (cf. Ukpong, 2000: 590). Therefore, Bible study remains something vital in the development of most churches.

Normally, traditional Bible study78 is mostly characterised by its ‘narrative’ presentation (to employ the terminology of Paulo Freire).79 The characteristic of traditional Bible study is based on its relationship between interlocutors in the process, with the “narrating Subject (the teacher) and patient, listening objects.” (Freire, 1993: 52) In the process of teaching, “[the] teacher talks about reality as if it were motionless, static,

78 The words ‘traditional Bible study’ are used to refer to the type of Bible studies normally practiced by churches in my research area whose main emphasis is understanding church doctrines and Christian moral life.
79 The South African theologian Denis M. Akermann calls this method of teaching whereby knowledge comes from educators above to students below as ‘depositum fidei method’. Educators under this method are the ones who impart knowledge to passive students (see Akermann, 2007: 116).
compartmentalized, and predictable. (…). His [sic!] task is to ‘fill’ the students with the contents of his narration – contents which are [possibly] detached from reality, disconnected from the totality that engendered them and could give them significance.” (Freire, 1993: 52)

In a manner similar to what Freire writes here about narrative teaching, churches carry out their Bible study through church leaders, pastors, evangelists and some church elders. Experienced lay Christians, either trained in theological education or not, are also responsible for carrying out Bible studies in churches. In the traditional Bible study, members gather in churches in order that biblical experts may teach them about specific texts selected by the expert prior to the meeting. In this kind of Bible study, the facilitator is the owner of what goes on. The facilitator is the expert and provider of knowledge and people are recipients of what the expert has to offer. Therefore, the aim of this narrative kind of Bible study is primarily to foster an understanding of church doctrines and the way people should live a decent moral life, a life that corresponds to church teachings, in order for them to prepare themselves to enter heaven.80

One possible effect of narrative teaching is to reduce recipients to mere unthinking and unreflecting receptacles. Freire states this effect more clearly thus, “Narration (with the teacher as narrator) leads the students [the Bible study participants in this context] to memorize mechanically the narrated content. Worse yet, it turns them into ‘containers’, into ‘receptacles’ to be ‘filled’ by the teacher. The more completely she fills the receptacles, the better a teacher she is. The more meekly the receptacles permit themselves to be filled, the better students they are.” (Freire, 1993: 52-53) Therefore, proceeding in this way, the Bible study undermines the contribution of participants, making it almost absent.

The contribution of Bible study participants in this Bible study is certainly minimal, mostly asking questions in search of a better understanding or clarification from the expert regarding what the expert has imparted to them. They are not supposed to interrupt the presentation of the expert. They have to wait until the expert finishes the presentation to see whether they will have a chance to ask. If they are reluctant to ask, the expert can ask

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80 Freire calls the kind of teaching whereby the expert imparts materials to participants as if they have nothing important to contribute ‘banking’. The ‘Banking’ terminology, according to Freire, refers to the type of teaching that does not allow participants to have any kind of reflection on what teachers have taught them. According to Freire, “the scope of action allowed to the students extends only as far as receiving, filling, and storing the deposits.” (Freire, 1993: 53) Freire emphasizes, “In the banking concept of education, knowledge is a gift bestowed by those who consider themselves knowledgeable upon those whom they consider to know nothing.” (Freire, 1993: 53) This kind of teaching with its banking spirit serves to maintain existing boundaries in a particular community that most likely leads to stigmatizing those who appear to deviate from such boundaries. It does this through experts who endeavour to indoctrinate participants or community members to adapt and passively internalize the existing boundaries and the effects of crossing them (cf. Nelson, 1993: 36-38 & Freire, 1993: 59).
participants some follow-up questions to ensure that they have comprehended the presentation. Therefore, in most cases, the traditional Bible study practiced in churches is monological and expert-centred.

This Bible study, being monological and expert-centred, aims at imparting materials to recipients who, in turn, take such materials as ‘the Word of God’; the presentation is unchallenged (cf. Ukpone, 2000: 587). This monology and expert-centeredness fills the participants with doctrines, just as the teacher fills students with what the teacher thinks is ‘the’ unquestioned reality. This kind of Bible study is mostly less interactive, allowing very little room for direct interaction between participants and the text they study, or among themselves. The expert stands as an intermediary between the text and those who participate in the Bible study. Moreover, the expert remains objective and distant from other members of the Bible Study. In this case, as the Latin American theologian Carlos Dreher also notes, the Bible does not speak to people in the midst of their lived experiences. If it speaks, it does so in the language and interests of church authorities – they should know the church doctrine, they should live a moral life so that they may enter heaven81 – not from the perspective of the interests of people who experience the reality of life here on earth (see Dreher, 2004: 47 cf. Ukpone, 2000: 586).

The traditional Bible study that is common among people is influenced by current teaching systems in both formal and informal education in Tanzania. The current teaching system seems to be still based on the ‘narrative education’ (Freire, 1993: 52)82. This narrative education is a type of education inherited from the colonial system whereby people

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81 The moralizing attitudes of traditional Bible studies seem to be contrary to the teaching of Jesus in most cases. The theologian Frank M. Flanagan writes about the attitudes in the teaching of Jesus, “Jesus was not a moralizer, he was not in the business of teaching an inflexible and restricting moral code. He wanted to engage the listeners in the moral ambiguities of the stories so that they begin to think morally.” (Flanagan, 2006: 49, emphasis original)

82 Paulo Freire lists ten aspects of the relationship between the teacher and the student that characterizes narrative education, "a) the teacher teaches and the students are taught; b) the teacher knows everything and the students know nothing; c) the teacher thinks and the students are thought about; d) the teacher talks and the students listen – meekly; e) the teacher disciplines and the students are disciplined; f) the teacher chooses and enforces his choice, and the students comply; g) the teacher acts and the students have the illusion of acting through the action of the teacher; h) the teacher chooses the program content, and the students (who were not consulted) adopt to it; i) the teacher confuses the authority of knowledge with his or her own professional authority, which she and he sets in opposition to the freedom of the students; j) the teacher is the Subject of the learning process, while the pupils are mere objects." (Freire, 1993: 54)

The Tanzanian theologian L. Mattei calls this type of education “the bottle-filler education method of instruction.” (Mattei, 1996: 1) According to Mattei, the student and the teacher have different roles: “the student is unconsciously viewed as a container, a bottle that is brought to school empty. The function of the teacher is to fill the container with knowledge. The teacher assumes the container is passive and receptive. The teacher assesses the quantity of knowledge that has passed from the teacher into the container by means of regular quizzes and exams. The more faithfully the student can repeat what the teacher has said, the better are his or her marks.” (Mattei, 1996: 2)
(considered savages and empty-headed) were to be filled with knowledge, and were to listen to the teacher, for the betterment of the colonial government. The Tanzanian theologian Peter Kijanga aptly states the purpose of this colonial type of education thus: “Education (...) should inculcate respect for authority of the British and native authorities and hence, the colonial government should intervene to see that the voluntary agencies met those requirements.” (Kijanga, 1978: 60) The words of Kijanga about the type of education during the colonial time suggest that Tanzanian education was based on this colonial system of education whereby there was a hierarchical relationship between ‘teachers’ and ‘students’.

From the Christian point of view, pastors and evangelists were teachers of biblical truth and people were the recipients of the truth from their teachers in the colonial time. Therefore, the influence of the colonial education system on Bible studies also seems to go together with the way missionaries taught the Bible when they carried it to Tanzanian peoples.

This facilitator-centred way of Bible study is problematic due to its lack of inquiry and praxis with regard to the nature of human beings.83 As Freire conceives it, “Knowledge emerges only through invention and re-invention, through the restless, impatient, continuing, hopeful inquiry human beings pursue in the world, with the world, and with each other.” (Freire, 1993: 53)84 In this sense, knowledge is not a sacred possession of a few chosen ones who have to impart it to those they consider as ignorant, hence neglecting the reality that knowledge is in its essence a product of inquiry (Freire, 1993: 53).

The Tanzanian theologian Sebastian K. Lutahoire states that the Tanzanian education inherited from the missionary style of teaching “encouraged [people] to have their hearts in heaven where, supposedly, there is no lust – ‘for where your treasures are, there your heart will be’.” (Lutahoire 1974: 7) Since traditional Bible study aims mainly at imparting knowledge about biblical doctrine and morality, teaching how people should live a Christian

83 Mattei observes that any “human being from the very beginning of his/her life is a bundle of possibilities for development.” According to Mattei, therefore, “Education in the sense of the word [which originates from the ancient Latin word ‘educare’ that means ‘to pull out’ something that is in somebody] should never become ‘indoctrination’, but rather a form of bringing our self in touch with its potentialities and of opening the way for actualising those potentialities.” (Mattei, 1996: 3-4, emphasis is mine)

84 The problem with this kind of narrative education, according to Freire, is due to its power to kill the critical consciousness of people. “The more students work at storing the deposits entrusted to them,” Freire notes, “the less they develop the critical consciousness which would result from their intervention in the world as transformers of that world. The more completely they accept the passive role imposed on them, the more they tend simply to adapt to the world as it is and to the fragmented view of reality deposited in them.” (Freire, 1970: 60) In a similar way, Mattei maintains that the most serious problem with this type of education is its ability to enhance memorization instead of understanding. According to Mattei, memorization, although it is good and has a role to play in the learning process, is less useful because it is a good indicator of “poor intelligence” among students. Memorization makes intelligent students acquire less marks because of their inability to repeat what the teacher said, and memorization makes less intelligent people acquire high marks and be considered as being intelligent, a status they do not deserve (Mattei, 1996: 2, cf. Freire, 1993: 61).
life that prepares them to go to heaven, as Lutahoire states above, it runs the risk of paying little attention to the current reality of people. The Bible does not speak to the reality of people; it mainly commands them to follow what churches teach, mostly as the so-called experts understand it, in a way that primarily favours the existing church structures and moral guidelines. In other words, the understanding of the Bible remains imprisoned in the understanding of those stigmatizing, “the stewards of the culture of silence,” to use the phrase of Denis Goulet (see Goulet in Freire 1973: viii).

How does the traditional way of conducting Bible study influence the ongoing efforts to develop new Bible studies that take the orality of the African people seriously? In the following section, I briefly discuss an attempt at developing an inculcating and liberating Bible study and the way the existing church structure (retaining the teacher–student methodology) influences the way in which this is conducted.

4.2.2 Small Christian Communities (Laurenti Magesa)

The Tanzanian theologian Laurenti Magesa describes a newly developed Bible Study in the Roman Catholic Church in Eastern Africa. According to Magesa, the Roman Catholic Church has developed Small Christian Communities (SCC) (Jumuia Ndogo Ndogo)\(^{85}\) whose main purpose is to enable Christians to reflect on certain biblical texts together under the supervision of the chairperson of the community. Every SCC uses a special book published by the church. The book describes procedures to be followed during the Bible study session.\(^{86}\) Therefore, this book makes the structure of the Bible study similar in almost all SCCs throughout the country (see Magesa, 2004: 44).

In the session, the supervisor reads the Bible aloud several times in order to attract the attention of every member of that community towards a better understanding of the text. The chairperson invites participants to have a time of silence and meditation on the text they have heard. The chairperson may invite the participants to share their reflections and ideas that emerge from the text. If participants provide no response to the text, the chairperson reads the text again and invites people to share. The session culminates with petitions and the concluding prayer by the chairperson (Magesa, 2004: 43).

If one investigates the process of the SCC sessions outlined above, one notices at once that though the SCC aims to return the Bible to the hands of Christians so that they can search

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\(^{85}\) The Roman Catholic Church established this type of Bible study through its association of Bishops in Eastern Africa (AMECEA- Association of Member Episcopal Conference in Eastern Africa) in the late seventies.

\(^{86}\) This book is called Mwongozo wa Jumuia Ndogo Ndogo za Kikristu, published by Benedictine Fathers in Ndanda Peramiho (see Magesa, 2004: 44).
for meaning, yet it hardly allows room for an adequate consciousness, either critical or communal. This inadequacy is certainly due to the fact that participants commit themselves to no particular perspective when reading the Bible, nor do they focus their reflection on a particular theme generated from the mass of ideas within the community. Moreover, most SCCs use the same texts that are read on Sunday services for their studies, and this may lead participants to cement the wishes of churches they belong to, instead of critically evaluating them (Magesa, 2004: 43).

Second, it allows little room for using critical tools of biblical interpretation, and obtains no additional resources from the biblical scholar in the course of reading in order to nourish and broaden the scope of reading among participants. Instead of using critical tools, “the SCCs are usually made to follow specific procedures laid down by the leaders of the church.” (Magesa, 2004: 43)

Moreover, the mindset of the participants remains oriented to the facilitator-centred traditional Bible study because the Bible does not empower them for transformation, and the study is still based on the type of education where power originates from the top hierarchy. Reporting the findings of his research to determine the expression of inculturation in the SCCs, Magesa states, “Some of the respondents (…) complained that most of the present activities of the SCCs (…) are designed to serve parish administrative purposes.” (Magesa, 2004: 51) Therefore, as Magesa also comments, the ownership of the Bible study is not by participants, but mainly by church authorities, whose purposes participants of the SCCs have to serve.

In his research, Magesa also reports about the response of one among his respondents who was convinced that the SCCs were mostly weakening, instead of flourishing. The possible reasons for the weakening of such SCCs were the following: first, they were not intended to serve the purposes of people at the grassroots. The respondent said:

The communities show this failure not because people do not like them, but because they were imposed from above and remain too much under the control of the leaders of the church. They have lost the typical African spirit of community not because the members have lost it but because there is no room for it in the current set up. (Magesa, 2004: 51)

According to the respondent whom Magesa reports, church authorities exert influence on the activities of the SCCs by controlling the ongoing process of their Bible studies and community life. Accordingly, the orientation of the SCCs remains mainly from the
perspective of church authorities, who control them, and they risk lacking the spirit of community which is required for a successful Bible study.

Second, the lack of the spirit of community causes the lack of spiritual healing among participants. This situation is more explicit in the words of the respondent in the research of Magesa. Magesa quotes the respondent stating that the “SCCs in the archdiocese of Dar es Salaam [where Magesa did his research as] being ‘in a sorry state’ because very few adults attend the gatherings.” (Magesa, 2004: 81). “One of the reasons for this [reluctance of adults to attend the gatherings],” the respondent continued, “is that in these meetings people miss the healing experience, physically and socially.” (Magesa, 2004: 81). In this case, the SCCs, though important for other aspects of the church, seem less helpful in assisting people to acquire spiritual and emotional healing.

In this section, I have discussed the way a theology and method of study imposed from above works by taking the lived experiences of people for granted, while giving priority to the will of church authorities. I have indicated that facilitator-centred Bible studies are mainly based on the ‘banking’ type of education that Freire suggests, and that the main purpose of such methods is not empowering people to confront their reality, but making them internalize reality and passively accept the teachings of their churches. Magesa aptly states regarding the SCCs, “It would seem that the success of a theology imposed from above, as in the case of SCCs, is not unequivocal. People accept it because of the traditional respect they have for authority (…).” (Magesa, 2004: 85) What Magesa depicts is the possible reality both in traditional Bible studies of the mainline Protestant churches, and in the SCCs in the Roman Catholic Church in Tanzania. Hence, this reality makes a more interactive and participant-centred Bible study to be an urgent requirement.

4.3 LOCATING THE PARTICIPANT-CENTRED BIBLE STUDY OF THE GROUP

Having discussed the facilitator-centred Bible studies in Tanzania, I now move towards a more participant-centred Bible study among PLWHA in the Group. Before presenting the structure of this participant-centred Bible study, I first situate it in the larger context of the contextual Bible study as practiced by the Ujamaa Centre (UKZN) in South Africa. My decision to situate the Bible study of the Group of PLWHA in the context of the Bible study of the Ujamaa Centre is based on my conviction that it is more interactive than the ones I outlined above, despite its problems (see 4.3.2 below)
4.3.1 The Ujamaa Centre and Contextual Bible Study (Gerald O. West)

The South African theologian Gerald O. West and his colleagues at the Ujamaa Centre pioneered a more interactive contextual Bible study in Africa south of the Limpopo River. In the 1990s, West and his colleagues conducted Bible studies in the context of the struggle against apartheid in South Africa. They were convinced that people could either misuse the Bible by reading it in support of the oppression, domestication and enslavement of Africans, or use it properly as a resource in their struggle for liberation (see West, 1993: 13 cf. Ukpong, 2001: 156). Therefore, the Bible could be used either as a ‘weapon’ for enhancing oppression or as a ‘tool’ for overcoming oppression in various circumstances and contexts.87

In this section, I present some of the main assumptions that underlie this type of Bible study as outlined by West and some of his colleagues (see West, 1993: 11-25 and Sibeko & Haddad, 1997 85-86).88 West and his colleagues found it necessary to read the Bible with a particular perspective, that of people victimized by the community. They were those who were socially, politically and religiously impoverished, those who faced the agony of oppression. The main concern for this perspective was to search for their dignity. According to West and his colleagues, the commitment to a particular perspective is important because the same Bible can have different meanings to every reader. The Bible can also undergo pervasive appropriation in various situations (West, 1993: 20).

West and his colleagues also saw the importance of reading the Bible contextually. According to them, reading the Bible contextually requires engagement and commitment on the part of those involved in the process.89 It is an engagement and commitment of participants to share and learn, an engagement and commitment to what they think important. The commitment of the Bible readers does not remove them from their own social contexts. Every reader brings to the reading process the social context to which he or she belongs. The

87 Elaine Scarry (1985) indicates the dichotomy between a weapon and a tool on the basis of how an object functions according to Scarry: “What we call a ‘weapon’ when it acts on a sentient surface we call a ‘tool’ when it acts on a nonsentient surface. The hand that pounds the human face is a weapon and the hand that pounds the dough for bread or clay for a bowl is a tool. The knife that enters a cow or the horse is a weapon and the knife that cuts through the no longer alive meat at dinner is a tool. The axe that cuts through the back of a wolf is a weapon and the axe that cuts through a tree is a tool. The hammer that hammers a man to a cross is a weapon and the hammer used to construct the cross itself is a tool.” (Scarry in Ukpong, 2001: 156) The distinction made by Scarry between a tool and a weapon suggests the possibility of using the same object for multiple purposes.

88 For the full description of the structure and principles of the Bible Study practiced by the Ujamaa Centre see West and the Ujamaa Centre Staff (2005).

89 The terms ‘engagement’ and ‘commitment’ are difficult to define. Markham maintains that the word ‘engagement’ is probably associated with changing encounters, encounters that shape both the discourse and the praxis. The notion of engagement in theological discourses has an affinity with ‘‘involvement’, ‘participation’, ‘being engrossed’, and ‘being committed’.” (see Markham, 2003: 10) According to the South African theologian Graham Philpott, ‘commitment’ refers to “an entrusting of oneself to a particular value or group of people, and a pledge to perpetuate that value or the well-being of that group of people.” (Philpott, 1993: 106)
social context of the reader and the lived experiences of the reader play a vital role in shaping the emerging Bible reading. Since the social context plays a great role in shaping the reader, and hence in shaping the reading, the Bible study that people perform acquires its shape from their own social context of struggle for dignity and acceptance in the communities of faith to which they belong.

West and his colleagues contend that the commitment to read the Bible contextually goes hand in hand with reading the text ‘with’ people of different contexts. It is through reading ‘with’ that readers contribute and learn. Through reading ‘with’ people of different contexts, people with theological training contribute what they know and ordinary readers read the text following the contributions from people with theological training. People with theological training learn from the reading of the ordinary people in their own context and experiences, and vice versa.90

West and his colleagues condemn the tendency among theologians to undermine the contribution of non-theologians to the reading of the Bible. They argue that there has been a tendency among many people with theological training to assume that ordinary people (people without theological training) have nothing to offer. This tendency leads several people with theological training to read the Bible texts ‘for’ ordinary people. Ordinary people have been recipients of dictations of readings by powerful Biblical scholars above them. This tendency to perceive ordinary people minimizes their contributions and ability to articulate their context. It contributes to their self-devaluation, their reception of ‘how’ people with theological training perceive them. People with theological training ruin their potentials and power to contribute — and this suppresses them and forces them to accept the dominant reading as their own.

According to West and his colleagues, the tendency to assume that ordinary people are inert and empty proves to be superficial when people with theological training turn their heads towards reading ‘with’ the community. Reading with the community means reading ‘with’ lay people at the grassroots. It is through reading with them that people with theological training explore their potentials. It is through reading with people in the community that contributing and learning become the ultimate goal of doing theology contextually. Reading the Bible in community, however, does not mean that trained theologians should accept everything that

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90 It seems to me that the idea of contributing and learning between community members and trained theologians that the Ujamaa Centre advocates originates from the pedagogy of Paulo Freire. Freire, in his suggestion of ‘problem-posing education’ as a counterpart to ‘banking education’, believes that in a ‘problem-posing education’, “The teacher is no longer merely the-one-who-teaches, but one who is himself taught in dialogue with the students, who in turn while being taught also teach.” (Freire, 1993: 61)
lay people bring to the reading process. In order to respect the readings of lay people, and yet not accept everything that lay people bring forward, West and his colleagues propose that the contextual reading of the Bible should be done ‘with’ ordinary readers (lay people) in a dialogical way (West, 2003).

What do West and his colleagues mean by reading ‘with’ here? They probably mean that people with theological training should recognise their identity, their power and their privilege in the Bible study group. In other words, as biblical scholars they are able to empower lay readers while reading, while however maintaining their identity as theologians. West and his colleagues are convinced that it is only when the lay readers become subjects of Bible study in the Contextual Bible study process that the process of ‘reading with’ really achieves its goal. They are also of the opinion that lay readers will be subjects when both theologians and ordinary readers are active participants in the process, with each fully recognizing her/his self-identity.

How should the person with a theological training fully associate with the ordinary reader, the one who has never known academic theology before, and how can both produce a theology cooperatively? West and his colleagues respond to this question by exploring the role that a person with theological training plays in the process of Bible reading. In order to make ordinary people subjects, people with theological training “need to feel guilty” about their training, the training they have never shared with others. This feeling should let them feel free to share it ‘sensitively’ and ‘creatively’ in the Bible study process.

In order that the reading of the Bible ‘with’ ordinary readers fit the commitments, it must be a challenge to people with theological training in such a way that they undergo a transformation in their way of reading, and in their way of viewing ordinary people. It must also be a challenge to ordinary readers as they discover the potential of the Bible meanings in their own contexts, a meaning that transforms their own thinking about their own community, and the community of the Bible texts.

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91 One of the ambiguities of ‘reading with’ suggested by West and his colleagues at the Ujamma Centre has to do with the difference in power, emotion and experiences between trained and non-trained readers. The untrained reader is the one with all the emotions of suffering, who is not trained in ‘critical’ tools for biblical scholarship. The trained reader may lack suffering experiences and has a power of theological training. The main challenge concerns the possibility for the two to interact equally in the process of reading, and hence emerge with a meaning from the text that belongs to both. Another challenge is based on the possibility of getting a reading from the group as ‘the’ reading of the group. This is because almost everyone within the group has his or her own reading emanating from experiences that are different from any other member of the same group. This second challenge was vivid in my contextual Bible studies with the Group of PLWA at Njombe district where not all members of the buzz-groups were willing to discuss equally. I discuss on these ambiguities in greater detail in the following subsection.
West and his colleagues believe that the contextual Bible study committed to the social context of a particular community and a particular perspective should always be critical\textsuperscript{92} in its nature. It should aim at raising a ‘critical consciousness’\textsuperscript{93} among the participants. It should involve questioning for the sake of finding out the truth. It should raise suspicion about what is normative in the hierarchical structures of churches. West calls this suspicion with regard to the status quo a commitment to “reading the bible critically,” or simply a reading which awakens a ‘critical consciousness’ (West, 2003). This reading involves asking the ‘why?’ question, probing beneath the surface of issues of oppression and marginalization, and looking at the contextual Bible study and its social context, both past and present. The commitment systematically analyses the structures of community in quest of the maximum knowledge possible.

According to West and his colleagues, reading the Bible critically does not allow us to accept issues as they are: it opens up doors for a questioning and a suspicion of the status quo. This, however, does not mean having a negative attitude towards the Bible and towards churches, but allowing the Bible to speak to the present, in its social context, and minimizing any possible manipulations that are likely to occur. Here, I use the word ‘critical’ positively to designate a systematic way of reading which takes place through questioning. It does not have the negative meaning of finding faults about issues.

Taking the New Testament stories about lepers as an example, one reads that in the time of Jesus people considered lepers as outcasts. How does this information come to us as readers? Can we just accept that the language of ‘being outcast’ which the Bible uses is a

\textsuperscript{92} The term ‘critical’ has always been a problem in African Biblical scholarship, especially in the way West uses the two terms critical and ‘pre-critical’. One of the problems is whether the term ‘critical’ has a Western origin. Certainly, this is because the use of the term ‘critical’ seems to originate from Western scholarship (Enlightenment), for example, historical critical method and critical thinking. How then can untrained readers of the Bible use the term ‘critical’ in their process of reading? West explores this question in his article “Indigenous Exegesis” (2002a) where he discusses the interface between the missionary biblical scholarship and African understanding of the Bible. Quoting Ukpog (2000) West argues that in the collaboration between a trained reader and an untrained one “the resources of the people’s culture and historical life experiences are used as complementary to conventional critical tools of biblical exegesis.” (West, 2002a: 153) According to West, the life experiences of the untrained people become resources for critical thinking about the biblical text.

\textsuperscript{93} Freire (1974) distinguishes between three types of consciousness: naïve consciousness, magical (fatalistic) consciousness and critical consciousness. According to Freire, while naïve and magic consciousnesses encourage people to view reality and its causes as being static and established facts beyond question, critical consciousness leads people to question the existing reality with the assumption that what people consider to be true today may likely not be true in the future. In this case, critical consciousness helps people to cope with the dynamic nature of reality and facilitate their transition from a naïve and magical understanding of reality to critical examination of that reality (Freire, 1973: 44-45). The contextual Bible studies I facilitated among PLHWA in Tanzania mainly centre upon the facilitation of people to move from a naïve and magical understanding of biblical texts and of their own reality towards a more critical understanding. Contextual Bible studies help them to move from aspects which keep them incarcerated in the stigmatizing reality, and from being servants of the existing culture of silence to being critical examiners of such aspects and scrutinizing their own problems (cf. the ‘Introduction’ of Denis Goulet in Freire, 1973: viii).
justification of their actual status? In a contextual Bible study perspective, we cannot just accept that lepers were outcasts. We must probe under the surface to investigate why people considered them as outcasts in their own social context.

The aim of critical Bible study is to facilitate groups at the margins of faith communities to become critical. People with theological training become facilitators for awakening ‘critical consciousness’ in the Bible study process. It means critically analysing past and present traditions, enabling someone to shape the future. Therefore, the Bible remains an important resource for ordinary people in their struggle against oppression.

Why should people read the Bible critically? What goal does it serve? West and his colleagues find it important not only that the Bible should undergo a critical exploration, but also that this be done continually. Since the Bible is already a resource for the struggle against oppression, it should also be a transformative tool. Contextual Bible study should lead the readers to individual commitment to social transformation. Contextual Bible study explores situations where people have misappropriated the Bible without any critical reflection and seeks to transform such a situation through questioning its authenticity. The handling of the misappropriation of the Bible takes place through a critical reading of the social context where the readers are, and the social context of the text. The careful and systematic analysis of the biblical and present social contexts allows for a proper appropriation of the text in question.

A transformative reading of the Bible texts is both social and personal. It is personal in the way that it involves an attitude of the person. The reader has to undergo transformation individually, a transformation from the dominant way of understanding the status quo, i.e., the established cultural beliefs and communal norms that oppress readers because of their status in the society. It is also a social transformation in the sense that it involves the entire social group of Bible readers. The Bible study group requires a transformation from their internalization of normative and uncritically held teachings of their faith communities. Hence, a contextual Bible study, in its conversational model, prepares the transformation of a situation where the Bible suffers misappropriation, towards a better future.

4.3.2 Critiquing the Contextual Bible Study of the Ujamaa Centre

Despite the above strengths as an instrument of empowerment for social transformation, the contextual Bible Study practiced by the Ujamaa Centre seems to be a little ambitious in its claims and raises some issues worth criticizing. The South African theologian Alpheus Masoga (2002) suggests that most of such issues are based on ‘power’ and the
‘spaces’ of participants. The first issue concerns its structural organization and presentation. The Ujamaa Centre claims that its Bible Study is a ‘process’ rather than a normal intellectual enterprise. One can note this claim in the assertion of West that the Bible study practiced by the Ujamaa centre transcends a mere set of rules or ways of conducting Bible study. West writes: “Contextual Bible Study is not a fixed formula or a set method; it is a process.” (West, 1993: 11, emphasis mine) The problem with this claim can be seen in the way West and his colleagues pose questions for such a process. I believe that the Bible study of the Ujamaa centre depends mostly on questions that are pre-planned following an almost identical pattern (West, 1993: 79-80; 2003: 110 – 114; 2003a: 336-337). They do not emerge from the prior exegesis of texts (Sibeko & Haddad, 1997: 86). In this case, the pre-planned questions do not provide sufficient room for the text to speak to the people who discuss such questions in various dimensions. People can become narrowly limited to such pre-planned questions. Moreover, it is difficult to see the link between one pre-planned question and the next in what the Ujamaa Centre claims to be a process of Bible Study.

The second issue is conceptual. The Ujamaa Centre seems convinced that the core of contextual Bible study is ‘reading with’ where there is a sharing of materials from both ordinary and trained readers. West writes: “The two guiding assumptions are that trained readers have something significant to offer to reading the Bible (...) and that ordinary readers have something significant to offer to reading the Bible (...).” (West, 1993: 72) This statement is true in terms of the contribution of questions from the facilitator, responses from participants and the provision of behind-the-text information by the facilitator. Yet the Bible study of the Ujamaa Centre seems to be unclear about the reading ‘with’ which is one of the central theses of its enterprise. The Bible study that the Ujamaa Centre undertakes is mainly based on questions proposed by a scholar who hands them to the participants to discuss. In addition, the facilitator provides an unchallenged input to the reading done by the ordinary readers. Trained readers are required to give their attention to the reading enterprise that the untrained readers do, by guiding them in their choice of texts and in their reading (West, 1993: 72-73, 80 see also West, 2000: 605-606).

West argues, “Creative facilitation, including asking questions instead of simply providing information, draws on their experiences and resources and in so doing empowers them to construct their own critical and contextual readings.” (West, 2003: 120, emphasis mine) In this statement West seems to confirm that the ordinary readers are the ones who read the text (not the trained readers) while still depending mainly on the questioning of the
text done by the trained scholar. Ordinary readers seem to have a minimal chance to interrogate the text they read. To me, the Bible study of the Ujamaa Centre seems to allow little room for the questioning of texts from below, though it claims to be a questioning ‘from below’ (West 1993: 75). The expert mainly questions the texts, with the interpretive interests of the expert, and the readers adopt this as normative, even though the expert is convinced that such questions emanate from the community.

The third issue concerns the categorization of interlocutors of the Bible study. The problem is in the categorization by West and his colleagues of participants of contextual Bible study process into ‘ordinary readers’ and ‘trained readers’. This seems to be a division of people into classes according to their academic statuses. To me, this categorization seems to play two roles: first, it classifies Bible study interlocutors in the same way as they are classified according to their race, gender and class – and this creates differences, or a feeling of ‘otherness’ in some of the Bible study participants (cf. Masoga, 2002: 97-98, Nadar, 2003). Second, it makes the Bible study narrowly limited to groups of such categories.

My Bible study with the Group of PLWHA indicates that it was not desirable to apply such categories. What characterized my participants was not their belonging to different educational categories, but their common contextual theme they selected, and their common status (as PLWHA). In this study, I have referred to the interlocutors of contextual Bible Study as ‘participants’, or ‘members’. I use this reference because of my feeling that such terms do not designate any kind of status that would distinguish between one member and another, and between participants and the facilitator.

The fourth issue concerns power among the participants of Bible study. The term ‘reading with,’ which West uses for the Contextual bible study of the Ujamaa Centre, seems to me more idealistic than realistic. This terminology seems to cement equality in a place of vivid difference, a practice which assists us very little in our struggle towards solving the problem of power relations between the facilitator and other participants of Bible studies. Alpheus Masoga makes a similar observation in his criticism of the Bible study of the Ujamaa Centre: “The idea of forging an interface (West, 1993) between the centre [trained theologians] and periphery [untrained participants] does not at all help or come closer to any solution of the problem [of power relation] we are all facing.” (Masoga, 2002: 102) I believe

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94 The questions of the contextual Bible study by the Ujamaa Centre mainly comprise an exclusive second person ‘you’ searching for the reading responses from the ordinary readers where such questions are directed, not an inclusive first person ‘we’ which demands the facilitator’s involvement in responding towards the set question (see West’s Bible study examples in 1993: 79). This also indicates that his Bible study is for the untrained readers and not for the trained facilitators (see Freire, 1993: 74 for the elaboration of the ‘with’ terminology and the way it differs from ‘for’ and ‘about’ in the facilitation relationship).
that Masoga’s observation contains a grain of truth. Since West and the Ujamaa Centre categorize readers into ‘trained’ and ‘ordinary’, this automatically points to unavoidable power relations between the two groups of people, people with different emotional experiences and probably with different contextual orientations.

Despite the fact that the use of such seemingly idealistic terminologies provides a common space for a mutual relationship between the two people, and the subjectivity of each component, it does not envisage clearly the link between the two poles (trained participants and untrained ones) who are in actual fact different, because of the different spaces they occupy. Such terms seem to fit properly if applied to people of the same status and rank, rather than to those of different statuses in terms of education, context and experience. My research demonstrated that reading ‘with’ was a difficult issue for people who had different statuses, but had a common problem. Sharing resources – according to the Ujamaa Centre, this is one of the cores of reading ‘with’ – was not possible through my provision of critical questions and input to the process, nor was it possible for me as a biblical scholar to participate fully in the real discussions of other participants (cf. chapter 1.6).

The main problem of ‘reading with’, as I see, is whether there can be a common reading between the two categorized groups (trained and untrained readers) resulting in a common understanding of the text. I do not believe that such a reading can exist, even among participants themselves apart from the biblical scholar. If the facilitator or biblical scholar has to accept the reading of the participants even though that facilitator disagrees with it, as I had to do in my facilitation of Bible studies, then the claim that one is ‘reading with’ is not justified.

The fifth issue concerns the way biblical scholars at the Ujamaa Centre approach communities which ask for contextual Bible studies. It is typical of the Contextual Bible Study of the Ujamaa Centre that untrained groups of people invite trained biblical scholars from the academy so that they read the biblical text together (West, 2000: 597-598; West, 2003: 110-111). This characterization creates both hegemony and irresponsibility on the side of the trained biblical scholars. It seems to me that the Bible study of the Ujamaa Centre still pays little attention to calling the academy to fully come down to the suffering masses. It seems to pay little attention to the situation of the weak through, knowingly or unknowingly, perpetuating a gap between professional biblical scholars at the academy and the non-theologically trained people in the community.

In my research, the situation has been different from what West and his colleagues are doing at the Ujamaa Centre in terms of meeting people who are outside the academy. I was
the one attending to the problem of the Group and participating in their situation through initiating the Bible study. I was the one who went to the Group of PLWHA without being called by them. I decided to go to them because I was convinced that I could offer something to them from my scholarship beyond their own valued readings. I believed that I could offer them new resources for interpreting biblical texts for themselves apart from the way their churches performed traditional Bible studies (cf. Nadar, 2003: 187).

Moreover, I was aware that in most places of my community it was difficult for untrained people to invite the trained ones for the sake of reading the Bible. This difficulty was due to power relations and the internalized view of people that the Bible study process must be an initiative from above, i.e., from church leaders and biblical scholars. In a situation such as that of PLWHA in my research area, where stigmatized people decide to remain silent and comply with the situation that exacerbates their stigmatization, it was important for me to attend to the situation of people instead of staying sedentary at the academy waiting for a possible call.

The sixth issue is ideological. The Bible study of the Ujamaa Centre claims to be a dialogical enterprise between the academy and people at the grassroots (see West, 2003). This claim is problematic, due to its insufficient correlation with the wider understanding of dialogue. I use ideas from two scholars on dialogue, the American theologian David Tracy and the German philosopher Hans-Georg Gadamer to illustrate an ambiguity of the understanding of dialogue claimed by the Ujamaa Centre. Both speak of dialogue as conversation. For Gadamer (1979), conversation

is a process of two people understanding each other. Thus it is a characteristic of every true conversation that each opens himself [sic!] to the other person, truly accepts his point of view as worthy of consideration and gets inside the other to such an extent that he understands not a particular individual, but what he says. The thing that has to be grasped is the objective rightness or otherwise of his opinion, so that they can agree with each other on a subject. (Gadamer in Smith, 2001)

Though Gadamer has been criticized for his reluctance here to address the question of power within the dialogical process, his statement is still useful for elucidating how to achieve

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95David Bohm defines dialogue in terms of the origin of the term. Dialogue comes from two Greek words: λόγος (word) and διά (through, on account of). On the basis of the two words, Bohm sees the conception that dialogue includes two parties as erroneous. For him dialogue is only the flow of meaning among the dialoguing partners, however many they are. Moreover, Bohm distinguishes between ‘discussion’ and ‘dialogue’. While discussion has much emphasis on analysis and the spirit of winning, dialogue has no spirit of winning, nor does it have any spirit of competition in arguments among participants (Bohm 1996: 6-7).

96 For more discussion on the concept of ‘dialogue’ see also Freire, 1993 and 1973.
knowledge. He affirms that knowledge is something that no one owns as a commodity; nor is it something that comes out of the conversing individuals. Gadamer shows us that knowledge exists within interaction during the process of conversation. Accordingly, one of the main characteristics of conversation is that it allows knowledge to flow freely among conversing partners whose conversation captures a sense of reciprocity of the ideas among partners and symmetry (without hegemony). This characteristic seems to be central in determining whether dialogue has undergone distortion (Smith, 2001).

David Tracy thinks of dialogue as a conversation where each component shares, challenges and is challenged. In relation to conversation as a form of dialogue, Tracy states:

Conversation is a game with some hard rules: say only what you mean; say it as accurately as you can; listen to and respect what the other says, however different or other; be willing to correct or defend your opinions if challenged by the conversation partner; be willing to argue if necessary, to confront if demanded, to endure necessary conflicts, to change your mind if the evidence suggests it. (Tracy, 1994: 19)

Gadamer and Tracy point out that dialogue is an engagement in conversation between two or more parties with the aim of exchanging views. They both speak about a discussion between two or more parties leading them into agreement, or disagreement, yet sharing knowledge freely among such members. In this case, there is little point in classifying people, or participants of the dialogical process, into groups according to statuses.

The question is: in what way is the understanding of dialogue according to the Bible studies of the Ujamaa Centre, where parties seem to be asymmetrical in status and power, in harmony with that of an ongoing understanding of dialogue? In what way does the Bible study of the Ujamaa Centre encourage reciprocity of arguments with the aim of defending the horizon of each party in the understanding of reality? It seems to me that the Bible studies of

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97 See also Freire 1970 and Bohm 1996. Masoga has also recently proposed a hermeneutic of conversation. He holds the jargon ‘dialogue’ used by West and his colleagues to be insufficient to fully capture what is supposed to be done in a conversational relationship between the two spaces of trained and untrained participants (Masoga, 2002: 102). He believes that “Conversation hermeneutic and theology should be considered as one of the options in narrowing the gap that exists between the two discourses.” (Masoga 2002:102) Though Masoga does not tell us the limitations of his hermeneutic, I agree with him that the discourse of trained scholars and that of untrained participants are different and should hold different spaces. I also agree that there is no effective conversation if the two discourses are not present to each other in the sense of sharing life experiences and understandings (see Masoga, 2002: 102). This is probably what my study has done. The discourse of my scholarship has become present to the scholarship of the untrained participants.

98 Another scholar, David Bohm, adds more suggestions on how the dialogue process should work: “In principle, the dialogue should work without any leader and without any agenda.” (Bohm, 1996: 15) Here Bohm is certainly not against a facilitator. For him a facilitator exists in order to keep things going, but is not a powerful monster among the dialoguing parties. As Bohm suggests, the facilitator’s job is "to work himself out of a job.” (Bohm, 1996: 15)
the *Ujamaa* Centre embrace a different kind of dialogue from the one traditionally understood by most scholars. This kind of dialogue advocated by the Ujamaa centre would be more helpful to our understanding of reality if it took into account the larger picture of current scholarly understanding of dialogue.

After presenting the Bible study practiced by the Ujamaa Centre in the context of South Africa and its problems, I now present the structure and design of a participant-centred Bible study I facilitated with the Group of PLWHA in Njombe District in Tanzania.

### 4.4 Presenting a Participant-Centred Contextual Bible Study

Though I draw on the work done by the Ujamaa centre, the Contextual Bible Study I describe below has some modifications as an attempt to return to traditional systems of education and communal life in Africa whereby knowledge was through verbal sharing of practical experiences instead of through imparting knowledge. It is a return to an African traditional educational dissemination whereby knowledge spreads from one person to another through sharing meaningful oral stories of life experiences and discussing issues which arise in the course of such sharing. Hierarchies were discouraged and equality encouraged. Therefore, taking seriously the orality of the Bena community to which PLWHA belonged, my location of contextual Bible study is mainly based on the way my Bible studies draw on, yet differ from the Bible studies I have described above, which also claim to be contextual and participatory Bible studies. I mainly employ the ‘problem-posing’ idea of Freire in my presentation of the participant-centred Bible study.99

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99I will not adhere to all the principles and ideologies of Freire’s method. This is because, despite its efficiency as a tool for raising critical consciousness among oppressed illiterates, it does not indicate how it resolves in practice the question of power relations between the learned coordinator and the illiterate participant. Although it claims to be dialogical and maintains an ‘educator-educatee’ in dialogue with ‘educatee-educator’, the application of terminologies alone hardly provides us with the practical solution of the embodied power relation in the process. Moreover, there are glimpses in the works of Freire that indicate that the educatores educated among themselves in groups as they tried to ‘decode’ the generative theme ‘coded’ with the situation. Some of these include the words of Freire when he states, “I wish to emphasize that in educating adults, to avoid rote, mechanical process one must make it possible for them to achieve so that they can teach themselves to read and write.” (Freire, 1973: 56) In addition, Freire writes, “The group itself with the help of the educator (not the educator with the help of the group) should test the words thus created.” (Freire, 1973: 55) About the role of the educator, Freire writes, “the educator’s role is fundamentally to enter into dialogue with the illiterate about concrete situations and simply to offer him the instruments with which he can teach himself to read and write. This method cannot be dome from top down, but only from the inside out, by the illiterate himself, with the collaboration of the educator.” (Freire, 1973: 48 emphasis is mine) For me, the above statements indicate that the educator is a facilitator of the process that leads the illiterate to educate oneself. The illiterates educate themselves in the process through their discussions of the generative word (theme) in order to ‘decode’ the ‘coded’ meaning from the real situation of their context. For me, the educator is hardly an equal dialogue partner in the sense of the method that Freire proposes (cf. my critiques of the Contextual Bible Study of the Ujamaa Centre in South Africa in 4.3.2 above). Herzog is right when he comments on the facilitator in the method of Freire: “Even if facilitators do not fall into that trap [of dominating the group they facilitate], they cannot escape
4.4.1 Stating Its Structure

Analyzing Its Stages

In planning for a participant-centred Contextual Bible study following the ‘problem-posing’ pedagogy of Freire, there were several stages that I required to consider. The first stage was the identification of a contextual theme. Contextual Bible study, like any other scholarly inquiry, starts with an idea, a contextual theme(s), or ‘generative theme(s)’ on which the participants must reflect (cf. Freire, 1993: 84). The identification of a contextual theme must investigate the community voices which emerge from their lived experiences of reality, and select one such voice for further reflection and engagement. Freire emphasizes that “the generative theme cannot be found in people, divorced from reality; nor yet in reality, divorced from people; much less in ‘no man’s land.’ It can only be apprehended in the human-world relationship.” (Freire, 1993: 87) Hence, the contextual theme comes from the numerous voices that the community speaks, thinks, or enacts in their everyday discourse.

In this first stage, I investigated whether stigmatization existed in the context of PLWHA, a sample Group where I facilitated Bible studies. “To investigate the generative theme,” argues Freire “is to investigate people’s thinking about reality and people’s action upon reality, which is their praxis.” (Freire, 1993: 87) Members, through the facilitation they received from me, clearly identified and scrutinized the idea or contextual theme through shaping and reshaping until it was fit for investigation. The theme of HIV/AIDS-related stigmatization (unyanyapaa dhidi ya kuishi na VVU/UKIMWI), which this study worked with, was one of the numerous voices among Bena people, especially among PLWHA in this area. Hence, their selection of ‘HIV/AIDS-related stigmatization’ as one of their themes for study confirmed that the phenomenon existed in the community to which my sample Group belonged.

My role as a facilitator in the selection of themes was to facilitate the identification and selection of such themes, and stigmatization was one of several themes they identified.100 The members themselves identified and selected a contextual theme. I distributed plain papers to participants and urged them to write one theme which each believed we should reflect on in the process of Bible studies. The selection of a theme (stigmatization) was the preliminary

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100 Other themes included, Unyanyasaji wa wanawake majimbani (violence against women at homes), wanaame kowa jitu ya wake zao (male domination over women), umaskini (poverty), unyanyasaji wa watoto (violence against children), and UKIMWI (HIV/AIDS).
stage in the Bible study because people already had the lived experiences, which was our necessary starting point (cf. Herzog, 1994: 19; Dreher, 2004).

The second stage was selecting Bible texts that the group considered relevant to the contextual theme selected. I, as a biblical scholar, had also a role at this stage. My role was to enhance the selecting of texts for study, not to select such texts for them. My facilitation consisted mainly of guiding members of contextual Bible study towards the selection of texts they wanted, both familiar (texts that their churches preferred in their traditional Bible studies) and unfamiliar texts (texts that their churches silenced and considered less important to suit their purposes). Participants had the ultimate decision as they cast their votes in the selection process (see page 142 below for the process of selecting texts). Therefore, I considered that the reading of these texts by participants of the Bible study might provide new voices to such texts regarding the lives of participants in their community.

The third stage was where the main process of reading came in. Participants began reading the texts (both familiar and unfamiliar texts) in an unfamiliar way of reading, with the provision of critical tools and additional resources in their process of reading. I provided my Bible study participants with the tools of biblical scholarship that they lacked for their critical exploration of the texts from the perspective of the theme of stigmatization. I provided them with tools of biblical scholarship to enhance a critical contemplation of the texts. The tools provided were mostly the questions arising from my in-depth scholarly reading of the same texts. Such questions enhanced a further possible questioning by the participants themselves.

It must be clear that I, as a biblical scholar, read no texts ‘with’ them in the process of their reading; but I provided them with the information behind or within texts in order to enhance a further critical thinking by the participants themselves. Therefore, one of my main tasks in the process of a participant-centred contextual Bible study was to enable participants to undertake a more careful reading through facilitating their reading. I hoped that this would help their reflections emerge for my research purposes.

My participant-centred contextual Bible studies aimed at learning from the way participants evaluated their experiences of stigmatization as they related to the experiences of characters in the Bible (cf. chapter one). In fulfilling this aim, I posed problems (questions) to participants that had three objectives: to awaken a community consciousness; a critical

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101 The critical tools I offered to PLWHA were the critical questions that focused behind, within and in front of the texts they read. These questions were important, not as ends in themselves, but as means towards their own further questioning of the text and their own reality. Therefore, the main aim of these questions was to kindle their own further questioning and reflections.
consciousness; and to lead them towards a possible transformative action plan.\textsuperscript{102} Awakening community consciousness and leading people towards action were what made Bible studies critical and praxis-related, because they could lead people to spiritual and moral transformation. The questions I raised for the contextual Bible studies gave them the possibility of breaking the stigmatization which surrounded them at home and in the community, through changing their attitudes towards the people who stigmatized them.

Certainly, this is the power of ‘problem-posing education’ that Freire suggests as opposed to ‘banking’ type of education. Freire believes that “In problem-posing education, people develop their power to perceive critically \textit{the way they exist in the world with which} and \textit{in which} they find themselves; they come to see the world not as a static reality, but as a reality in process, in transformation.” (Freire, 1993: 64 emphasis original) The American theologian William R. Herzog emphasizes Freire’s conviction about a ‘transformative’ and ‘prophetic’ education thus: “Freire himself believes that all true education involves the complementary acts of \textit{denunciation and annunciation}, denouncing oppression in all its forms and announcing a new future.” (Herzog, 1994: 22) I held a similar conviction in my facilitation of Bible studies among PLWHA. In the Contextual Bible Studies I facilitated, I raised questions, as problems to be investigated, not in order to perpetuate the existing stigmatizing order, but to enhance a ‘re-making’ and ‘re-forming’ of the existing order (cf. Herzog, 1994: 22-23). I did this way of facilitation for every text in the study following the three major objectives I have mentioned in the previous paragraph. Therefore, there were community consciousness questions, critical consciousness questions and questions leading to an action plan in every text. The questions were not only for research purposes, but also for enhancing a potential transformation of their situation.

\textbf{Outlining Its Steps}

The main process of contextual Bible study mentioned in the third stage above took place in three principal steps,\textsuperscript{103} depending mainly on the type of questions I asked, and all

\begin{footnotesize}
\footnotesubscript{102} I posed to PLWHA questions that enabled them to make a codification between the theoretical situation of characters in the texts and the actual situation in their lived experiences (community consciousness questions). I asked questions that enabled them to problematize their actual situation in relation to the theoretical situation in the texts (critical consciousness questions) and questions leading them to re-codify the situation of their lived experience (questions leading them to transformation) ( see Herzog, 1994: 20-23).

\footnotesubscript{103} I adopted the three steps from the \textit{Ujamaa} Centre (formerly ISB & Worker ministry) where Gerald West and other socially engaged biblical scholars apply them to facilitate contextual Bible studies among the poor and marginalized communities in South Africa. For more detailed description of these steps, together with the questions they employ in the contextual reading of Mar. 12: 41-44, see West, 2002: 199 -208. However, the
\end{footnotesize}
focussing an attention towards empowering (enhancing) members to break stigmatization. It builds on questions about the text and about the real life situation of the Bible Study participants. Therefore, the aim of my contextual Bible study in raising such questions was not to provide the participants with correct answers, but to guide participants in the Bible study process towards careful reading and discerning the implication of texts both in the interaction of the characters, and in their own empirical life situation (Ekblad, 2005: 159).

In the first step, I asked community consciousness questions and Bible study members responded to them in a plenary session. I encouraged every member of the contextual Bible study to contribute to the ongoing discussion. Group members appointed a scribe who recorded all the responses contributed by members in the discussion process. I tape-recorded the responses to probing questions that members asked after the response to every main question. The responses of both the community consciousness question and the probing questions formed the first report of the Bible study process. The first community consciousness questions always focused on what was in the text. Reading the texts aloud and explaining what they said in their literal meaning characterized the first community consciousness questions. These questions helped draw the attention of participants towards focusing upon the text and its content.

introduction of probing questions and the spirit of Bible study are probably different from what the Ujamaa Centre is undergoing.

104 In most cases the “goal of empowerment is to enable communities, individuals and families to read their realities and transform that reality in order to be less dependent on outside resources, services, and regulations and to be in control of their own destiny.” (Kaseje in Philpot, 1993: 101) Empowerment is not something that emerges from an external initiative, but that emerges ‘from within’ the community as individual persons and the community at large realize, acknowledge and appreciate the gifts and responsibilities towards their own lives.

In the sense of traditional reading of the Bible one can see ‘power’ to be a commodity used by people in order to establish control over those to whom the theologian reads the texts. In this sense, the concept of power is one of domination, the facilitator comes with the power of academic knowledge while lay readers remain as listeners of the interpretation from above. The power relationship between the facilitator and the lay people in this case is the ‘power over’ the participants. The power from above is also possibly the one that the SCC that Magesa speaks about exert in grassroots Bible study groups among members of the Roman Catholic Church (see the section on the SCC above). This is not the power relation that this method proposes. The power relationship between the facilitator and lay reader that this study envisages is ‘the power to’ enhance. The power of the facilitator aims at enhancing, creating and transforming. The facilitator achieves the power through collaboration, rather than domination, as the process of reading proceeds. This is mainly what I imply by empowerment as enhancement.

105 Jesus also adopted this way of teaching in his method. Regarding the method of teaching that Jesus adopted, the theologian Frank M. Franagan writes that in his teaching “Jesus does not give answers, he asks questions and provides direction, a general guide to the personalized moral life.” (Flanagan, 2006: 53) Certainly, this was the main role of Jesus as a facilitator of people to discover their own morality.

The capturing of data from participants was performed through their own reports of the main questions and the taping of responses provided for probing questions. As Mouton suggests, there hardly exists an error-free method of capturing data. Nevertheless, the most plausible thing I did was to reduce the possibility of errors in the capturing process as far as I could (see Mouton, 2001: 113). I did this through carefully and creatively enhancing a proper presentation of what members discussed in their respective buzz-groups and proper taping of responses from probing questions.
As West points out, the first community consciousness question begins with the ‘reality as experienced and understood’ by the stigmatized people in relation to the text. The first question was always: What is this text all about? I asked this question after I, or one of the participants of the Bible study, had read the text aloud in the plenary. The aim of this question was to allow members of the Group to state everything about what is going on in the text from the perspective of the reality they experienced in their lives in light of the theme of stigmatization that the group discussed (West, 2000: 202). My interest was to see, at the outset, how PLWHA link the theme they selected with what they think the story was about. Therefore, this question set the scene for further articulation of the indigenous theology when entering into the critical questions of the text.

In the second step, Bible Study members responded to critical consciousness\footnote{I use the term ‘critical consciousness’ here to mean, as T. Groome (1986) puts it, “the ability to see through and beyond the appearances of the present reality that society asks us to take for granted.” (Groome in Philpot, 1993: 102, cf. Freire, 1973: 44) In this case, critical consciousness questions were not only a contribution of a socially engaged biblical scholar, as in the Ujamaa Centre’s Bible study (see West, 2000: 607), but a cooperative questioning of the text by both the biblical scholar and the Bible study participants through primary or stimulating questions and probing questions.} questions in small buzz-groups. Members discussed several questions in this step. The questions focused mainly within and behind the text and were formulated in accordance with the ideological commitments of the researcher in keeping with the theme of stigmatization (i.e., from the scholarly reading done before approaching the group: see chapter four in this case). Members participated in the second step through their respective buzz-groups. I put similar questions to all the buzz-groups and the groups discussed them and wrote a report of their outcome. In the buzz-groups, the group members selected scribes who recorded all the proceedings that the group members agreed as being their reading. In this second step, members read the texts prior to the addition of the critical tools and each group presented the results of their proceedings in a plenary session. I did not summarize the readings of the buzz-groups into one account of the discussions, as is usual in most contextual Bible studies of the Ujamaa centre; the reading of each group appeared separately. This was because I wanted to analyse the reading of each buzz-group separately to see how they decoded the coded message in the characters of the texts.

The first question in this step was, in most cases: ‘Who are the characters in this story and what do you know about them?’ This question encouraged the participants of small buzz-groups to go into the detail in the text to explore the sociological and historical backgrounds of characters according to how they knew them before I provided additional resources. In order to understand the interaction among characters within the text, I sometimes urged...
participants to draw a diagram, or to construct a drama to illustrate how the characters interacted within the text. This use of drama and diagrams enabled them to see the significance of their interaction and built that significance into their memory as the Bible study process proceeded. After this question, the discussion continued with other textual questions closely related to the contextual theme of the group. Each small buzz-group discussed and reported the outcome of the discussion to the plenary session. At the plenary session, members asked probing questions after every presentation of responses from buzz-groups. Therefore, the role of each buzz-group was to present the outcome of its discussions and to respond to probing questions emerging from their presentation.

Textual questions ended by my provision of additional resources, mainly based on the ‘behind the text’ information about the text and the sociological interaction of characters, equipping participants to appropriate the text properly in their own context. Therefore, this stage formed the bulk of the Contextual Bible study. The first stage was to see how the participants understood the text and its context; next, to see how the context of the participants was understood in relation to the context of the text.

The third step returned to the community. It returned to the context of the participants. I asked questions referring to the ‘in front of the text’, to the contemporary context of stigmatization that participants existed. The questions I raised here were closely related to the generative theme that the participants aimed to discuss. Participants had to apply the critical consciousness they obtained from the previous group sessions to the real situation in which they found themselves. It was probably here that the readers found the texts spoke to their lives and experiences and that the Bible began to be a book of life and hope. Again, group members reported the readings they did in small buzz-groups to a plenary session, followed by probing questions for a deep investigation of the theme and the text.

This last session also contained a question or questions focusing on a possible action plan of the community, such as: what will you do in response to this Bible study? Every group brought its views on what they would do in response to the findings of their reading. At this point, the Bible acted as an empowering tool for transformation. Theology in this case did not only become faith seeking understanding, but also faith seeking committed action leading participants into a possible spiritual, social and cultural transformation (Bevans, 2002: 75-76).

4.4.2. Facilitating the Actual Process

This subsection describes the way I facilitated the actual process of reading by analysing the role of contextual Bible study participants, and my role as a facilitator. I also analyze the way
I obtained a sample of PLWHA in order to facilitate contextual Bible studies, the way I facilitated the selection of texts to study, and the way I conducted the pilot Bible study before I began my research Bible studies. I also describe how the context of participants enhanced a shift in my facilitation strategies from only using questions prepared by a scholar to using more interactive probing questions from both the scholar and the participants.

**Identifying a Study Group of PLWHA**

After spending a month and one week in Pietermaritzburg, South Africa, studying contextual Bible study methodology at the *Ujamaa* Centre (under Professor Gerald O. West), I returned to Tanzania. I was already equipped with most of the tools of a contextual Bible study as practiced by the *Ujamaa* Centre that enabled me to embark on fieldwork among PLWHA in Tanzania (the area of the Bena ethnic group). The first task I had was to identify a group of PLWHA to facilitate focused group Bible study. It is difficult to identify PLWHA in the community, because they do not have a specific label to identify them if they decide to conceal their status. I spent almost one month and a half (from early September to mid-October) searching for a specific group of PLWHA to facilitate Bible studies. This search for a group required me to pay visits to churches, hospitals and dispensaries in the Bena area (my research area) to see the possibility of finding a group of PLWHA that was open, and at least with self-identity. Unfortunately, there were few support groups in the research area.

Despite the scarcity of open support groups of PLWHA, I managed to find two groups near my residential area; that made my research easier. Both were support groups of PLWHA who were open about their HIV positive status and were willing to tell other people about it. I selected one of the two groups to facilitate Bible studies. The support Group I selected had more than fifty members belonging to different religious and denominational affiliation. However, less than twenty-five people attended the Bible studies, on a more irregular basis.

I selected this Group for two reasons: first, it was located near my home residence and comprised people with whom I shared the Bena language (my mother tongue) and cultural worldview. This minimized travel costs and enhanced better interaction because of the common languages we used in the conversations. Second, the group was under the supervision of church health workers. The fact that the group was under the supervision of church related services helped me to obtain support from staff members of such services in

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108 I make this statement clear in my theoretical perspectives when I argue that a label or stigma is a construct of the community in order to impute difference among members whom they select. For a detailed discussion of the phenomenon of stigmatization, see chapter two.
order to accomplish my Bible study. It also let me obtain all the necessary assistance for
gathering the group members together for this research purpose.

After all the initiatives of negotiating with the voluntary testing and counselling staff
for HIV/AIDS had commenced, I managed to meet the Group of PLWHA for the first time in
October 2006. This meeting was mostly for introduction. I introduced myself to them and
they introduced themselves to me. I also introduced my intention of having regular Bible
studies with the group as a component of my research project, and the kind of Bible studies
we would be doing for the whole period of my research work. After the Group accepted my
intentions, the Group members arranged the day and time for Bible Studies. They nominated
Thursdays from 14.00 to 16.00 as their days and times to meet for Bible studies every week.
The first meeting day ended up by selecting contextual Bible study texts, singing hymns and
praying for the presence of the inspiring Spirit of God in our newly initiated Bible Study.

Selecting Bible Texts

Group members themselves selected texts for Bible study. The fact that members selected
texts for study was one of the characteristics of the type of participant-centred contextual
Bible study I facilitated with the Group of PLWHA. The selection of texts by participants
differentiated the Bible study I facilitated from the traditional one conducted by churches, and
certainly from that of the *Ujamaa* centre. When I approached the group for the first time, I
had chosen texts that I investigated, in a more scholarly way, to see whether stigmatization
existed in the interaction of characters (see chapter five below). However, I did not just
impose my chosen texts on them to read, because I did not know their interpretive interests,
nor did I know their awareness of the existence of stigmatization in the Bible. I did not even
know which kind of texts they preferred according to the reality of life they faced. Therefore,
I had to investigate if PLWHA were aware that stigmatization existed in the Bible through the
type of texts they selected regarding the contextual theme in their own lived reality.

In a similar way to the selection of contextual themes (see 4.5.1 above), I distributed
pieces of plain paper to every member and requested each one to write five texts that they
preferred to study in relation to the theme of stigmatization they selected. After analyzing
their preferences, I was greatly struck when I saw that most of PLWHA in the Group selected
texts from the New Testament, texts relating stories of Jesus standing against the views of the
existing society, including the ones I had selected myself before. This was a similar encounter to what Bongi Zengele-Nzimande faced when facilitating contextual Bible study
to PLWHA of the Siyaphila Support groups in KwaZulu Natal South Africa (see West, 2003a: 338-339).
the New Testament were: Mark 3: 1-8; 5: 25-34; Luke 17: 11-17; John 3: 1-15; 4: 1-42; 5: 1-18; 8: 1-11; 9: 1-41 and Acts 3: 1-10. Therefore, my research texts, which I proposed beforehand, coincidently fell within the choices of the Bible study participants! The selection of texts depicting Jesus as being against the views of existing Jewish society, and the coincidence with my texts confirmed that PLWHA had a conviction similar to mine, i.e., that stigmatization existed in the interaction of characters within the Bible.

Nevertheless, the question that promptly emerged was this: why did they select texts mostly from the New Testament, most of which depicted Jesus in opposition to the existing situation? Selecting texts mostly from the New Testament was probably due to the small New Testaments they used in the chapel. The chapel provided small New Testaments and Mwimbieni Bwana hymnbooks for morning devotions to those who attended the chapel. Most of these were workers who came for morning devotion and departed straight to their respective offices. This provision of books meant that it was easy for workers to use everything provided by the chapel instead of carrying extra books with them from their homes. In my opinion, PLWHA in the Group suggested, through their selection of texts that showed Jesus in opposition to the existing situation, their interpretive interests, i.e., to challenge the existing situation in their own community. The confirmation that stigmatization existed in their community, and the confirmation that stigmatization existed in the interaction of characters in the Bible; both enabled me to reflect on the best way to start the facilitation process.

Facilitating Pilot Bible Studies

I began facilitating Bible Studies with texts from the Synoptic Gospels: Mark 3: 1-8; 5: 25-34 and Luke 17: 11-17, texts that were familiar to them, and that they had selected for study. I had to study the pilot study texts myself before I started the facilitation. I did not begin with research texts from the Gospel of John even though they were among the ones they selected. My intention was to determine the way Bible study could work, to draw their attention to, and familiarize them with, the new type of Bible study process before we entered into the research texts I intended. In facilitating pilot Bible studies, I had to investigate the validity and reliability of contextual Bible study I studied from the Ujamaa Centre as an instrument for data collection in my research project.

In the Bible studies of texts from the Synoptic gospels, I did not entirely break with the traditional way of doing Bible study that they used to have in their churches. I did not divide the group into small buzz-groups for in-depth discussions, nor did I record the Bible
study responses. Where I broke with the traditional Bible study process was only the question of ownership of the Bible Study. I gradually tried my best to make them own the Bible study while I myself remained a facilitator of their reflections. This attempt to make them owners was different from the way traditional Bible study handles the process, where the facilitator owns the Bible study and group members remain listeners to what the facilitator was going to provide to them.

In these Bible studies, I asked both textual and contextual, or community consciousness questions. Members responded to both types of questions in the plenary session. The questions I asked in this pilot study mainly followed the structure of questions used by the Ujamaa Centre. These were questions structured and prepared by the facilitator.\(^{110}\) I only asked the participants to respond and discuss them in some way. Therefore, questions in the pilot study were mainly facilitator-centred, and participants were only to contribute by providing responses and discussions relating to such questions.

Initially, people were reluctant to participate in the plenary discussion of the questions I had put to them. I guessed that this was because they still had the traditional notion of Bible Study whereby they were to be recipients from the facilitator. Since I formulated questions by myself, the participants anticipated that they would also receive answers to such questions from me. It required from me an extra energy to stimulate and motivate them to produce responses. Responses were more difficult in textual questions than in contextual questions where the questions reflected the theme of their daily experiences. Therefore, their reluctance to respond to plenary discussions of questions I posed, and the difficult responses to textual questions made me search for a possible reason, and for a way to counteract this situation.

After facilitating two Bible studies of this kind, I discovered that the way I handled the Bible study in terms of structured questions was not appropriate to my research purpose, nor did it seem appropriate to the context of the Bena ethnic group. At this point, I found the warning of the European educational researchers Matthew B. Miles and A. Michael Huberman about the ever-changing and contextual nature of social reality useful: “social realities are too complex, too relative, or too exotic to be approached with conventional conceptual maps or standardized instruments.” (Miles & Huberman, 1984: 27) My approach had certainly been conventional, repeating what West and his colleagues did at the Ujamaa Centre. I forgot that I was in a different context, with different people, with different

\(^{110}\) The structured questions I presented for the pilot Bible studies did not originate from my prior reading of the texts. The pilot Bible study followed exactly what Gerald West and his colleagues do at the Ujamaa Centre, preparing critical textual and contextual questions about the texts in order to use them in reading ‘with’ community members (i.e., the Group of PLWHA).
worldviews, background and status, and at a different time. Therefore, the social reality among Bena people and the Group of PLWHA in particular proved different from that of South African people, and required a slightly different facilitation strategy.

In the third Bible study, I decided to modify my way of asking questions. I adopted a semi-structured form. I asked one structured question emanating from my scholarly study of the texts, while allowing a number of ‘probing questions’\(^{111}\) to emerge from the responses I received. Moreover, both the members of the Bible study and I myself asked such probing questions. Probing questions provided them with space and freedom for interaction in the discussion of issues revolving around both the text and their own reality.

After conducting the third Bible study, participants established a considerable trust and confidence on me. Since I had now gained some familiarity with the new type of Bible study, I started facilitating the reading of research texts from the gospel of John. The pilot Bible study assisted me in assessing the research method I had studied from the Ujamaa Centre. Therefore the method for this study I discuss in this chapter is a modification of the one used by the Ujamma centre, the result of trying a new facilitation strategy, described as a process, which does not originate only from the facilitator, but is also shaped by the participants themselves within their own context. It is mostly a result of the process itself, rather than its presupposition. In chapter six, I show how I facilitated the reading of each text.

### 4.4.3 Identifying Issues Arising from the Study Process

After describing the pilot contextual Bible studies within my facilitation process, this section discusses some of the important issues that were at the forefront regarding both the facilitator and the participants in the process. The initial issue was facilitation. The South African psychologist Alta van Dyk defines an act of facilitation as being a process “to help people discover how much they already know; to enable them to explore their own potential; to build upon their experience; and to generate their own further learning.” (van Dyk, 2005: 112) Moreover, Herzog describes facilitation in the pedagogy of Freire thus: “For Freire’s pedagogy to function well, the ‘outsider teachers’ must be able to encourage and coordinate group conversation without directing it to a hidden but previously determined conclusion.” (Herzog, 1974: 20) Following this line of understanding, facilitation formed a very important

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\(^{111}\) The function of ‘probing questions’ in interviews and focused group discussions is to enable research subjects to expand their responses about the issue the researcher wants to explore, and which that researcher has not clearly understood, beyond what they have already responded. For more about the application of probing questions to facilitate the understanding of data beyond their visible communication, see Rubin & Rubin, 1995: 208 – 212).
component of my participant-centred contextual Bible Study process. In most cases, facilitation was what kept the Contextual Bible Study moving in the right way.

In this case, it was important that facilitation created an environment of trust and openness among members and enabled them to talk freely and confidently. Facilitation also involved managing time, conflicts and summaries of the reading process. In doing this, I used several of the facilitation skills proposed by van Dyk (2005: 112–114) and West (1993:24).

First, I set a positive mood or climate for Bible Studies. I did this in the initial stages of my encounter with the Bible study group. When I first met the group, I introduced myself to the group, explained my pastoral position in the church and my concern for people in urgent need and in suffering. I explained clearly that the Bible studies I facilitated were different from the ones they commonly had in the churches they belonged to. I also explained the aim of doing such different Bible studies, so that they noticed their own importance in the Bible study process. Therefore, the first introduction to the group was an important component of the encounter with a stigmatized group of people who had great expectations of anyone who spoke to them.

Second, I established (together with them) a set of agreed ground rules to guide our process of Bible studies. These rules were based on confidentiality and the equal participation of members within the group, trust and honesty among members; the time to start our studies, the appropriate use of language during the Bible study process, and routines for prayer and songs.

Third, I identified the type of people in the group (introverts and extroverts) and encouraged everyone to participate in the discussions without shaming the introverts, or discouraging the extroverts. I did this through spontaneous asking of questions without bearing in mind those who raised their hands and responded to such questions. I praised all those who responded to questions with whatever response.

Fourth, I encouraged people in the groups and in the plenary sessions to use their rights to differ, or to disagree with a response or opinion provided by another member within the group. I encouraged their freedom to voice their opinions about the questions posed, irrespective of whether their opinions were right, or wrong. This encouragement created more openness and willingness for members to participate in the discussions of the questions I posed to them.

Fifth, I kept the group focused on the text of the Bible study and the context of the participants. In focusing the group, I controlled the dynamics of Bible studies in such a way
that they did not stray beyond the theme that the group dealt with in a particular contextual Bible study.

Sixth, I shared my ideas with the group in order to illuminate participants about some issues of more academic concern and keep the Bible study process going. My sharing of opinions was sensitive to the climate of the discussion and the requirement of participants for my input on the issue in question.

Seventh, though I shared my ideas in the discussion, I did not force any participants to accept my ideas as more correct than their own. Instead, I allowed room for Group members to explore what they thought to be the meaning of the texts in their own context even though I, as a biblical scholar, did not find such meanings relevant.

Eighth, I posed open-ended questions and gave them time to think around each question before they responded, especially in the plenary session. In buzz-group discussions, members were free to request further elaboration, if the questions I posed to them were unclear. In the discussion process, I listened more than I contributed to the discussion. Listening provided room for me to capture their own understanding of the texts and the way they found the texts relevant to their own context.

Ninth, in the course of the Bible Study, I circulated around the buzz-groups to encourage them to continue. I stayed for a short time in each buzz-group to avoid exerting an influence in that group that might prevent the group from undertaking their own reading. My main task in the small groups was to clarify their tasks and to respond to questions about the ambiguity of the question that the small groups worked with.

Tenth, I ensured that most of the participants agreed with conclusions emanating from the discussions before they accepted such conclusions as ‘the’ groups’ reading. I sensitively allowed members to ask probing questions for further discussion in cases where the presentation from a particular buzz-group was not clear.

Eleventh, I was sensitive to gender issues, age groups and cultural issues that might make one gender, or one age group feel uncomfortable with the Bible study and hinder free contribution of ideas. I mainly dealt with such issues in the division of buzz-groups. I creatively facilitated the division of groups in ways that fostered their freedom to contribute their thoughts in the buzz-groups.

Twelfth, I spoke the language and terminologies of the Group, sharing with them the cultural background and village life experience. The Group I studied belonged to my ethnic group and was comprised mainly of Christians (primarily Lutherans). I avoided all derogatory terminologies that could make participants feel stigmatized by their facilitator. The Bena and
Swahili languages that members used in the discussions were both familiar to me. This knowledge and competence of the cultural background of the Bible Study participants enabled me to cope with the terminologies and feelings of the Group more easily, hence allowing me to grasp the hidden meanings in the terminologies and concepts they used (cf. Ukpong, 2001: 163).

Last, as a facilitator I had to recognise and admit my own limitations. There were, of course, some questions asked to which I did not know a plausible response, and I admitted this to the Group. I did not see myself as an expert on everything. I did not attempt to provide inappropriate responses to questions they asked for purposes of clarification. If there was a question where I lacked sufficient knowledge, I promised to investigate the solution and bring it to them in the following Bible study session.

In all the above skills, I bore in mind the four cornerstones of a substantial facilitator, as van Dyk reminds us: “empathy, respect, genuineness and concreteness.” (van Dyk 2005: 114) By ‘concreteness’ van Dyk means the ability of the facilitator to present materials “in a structured way and using clear, unambiguous terms and concrete explanations.” (van Dyk 2005: 114)

The second issue in facilitating participant-centred contextual Bible studies concerned the division of buzz-groups. Group division can prevent obtaining an adequate reading of the text, because some texts entail sensitive issues for one particular group of people, but are less sensitive for others. If one mixes people in the groups without considering the kind of text and the issues it raises, some may feel ashamed to talk before others, especially on the issues that really touch them. In most African contexts, for example, people cannot talk about issues relating to sexuality in the mixed company of males and females, young people cannot speak about issues the text raises about them in front of adults, women cannot speak in front of men about their own issues, and men feel the same in front of women. Therefore, in my contextual Bible studies sensitivity to group study distribution was important in order to enhance an in-depth reading of the Bible texts.

The division of groups was both random and deliberate. Random division was mainly practiced in the case of texts that raised issues common to all members of the Contextual Bible Study group. Sometimes participants themselves suggested a convenient way to divide groups. This suggestion provided freedom to everyone to discuss without fear and shame. It also enabled them to discuss without feeling any kind of stigma attachment in respect to other members of the study group. Deliberate division focused on commonality of people in respect to the issues the text raised: old ones alone and young men alone, women and men, old
women and young girls, and boys and girls. This division allowed freedom to discuss because members of a particular buzz-group belonged to a similar status. This division made them freer to explore the text and convey their critical response in the reports.

The third issue to consider in facilitating a participant-centred contextual Bible study was the reporting of the outcome of the reading from groups in plenary sessions. Reporting had to be in writing for all sessions and questions and responses of all probing questions were tape-recorded. Reporting data in writing enabled the management of data that groups obtained from the Bible reading sessions. It was easy to forget what group members had discussed in the groups when reporting to the plenary in verbal form. Therefore, reporting ensured the collection of all outcomes from the groups regardless of their value and importance. Even though I, the facilitator, found that what the group reported was theologically unacceptable at the time of Bible study process, the group wrote down and I tape-recorded and transcribed these responses for further analysis.

The fourth issue in facilitating a participant-centred contextual Bible study was an initial action plan that indicated the goal of the contextual Bible study process with regard to one particular text. It was an action plan that led participants into a transformative life. The action plans that participants proposed were easy to implement on the level of their lives without expensive additional resources. Most of their action plans included what they preferred to do without additional resources from outside the participants themselves. As a facilitator, I appreciated their dreams and assumptions about the kind of life they preferred. Therefore, the action plans did not explain what someone out there would do for the community, but what the community itself would do in order to transform its life situation.

4.4.4 Analyzing Contextual Bible Study Phenomenological Data

After describing the way I obtained data (the process of contextual Bible study and its concomitant issues), I now present the way I analysed the obtained data in order to hear what the participants communicated in their reading process. I introduce the notions of phenomenology, describe the phenomenological nature of participant-centred contextual Bible study materials, and introduce the methods of data analysis and the way I used such methods in my analysis.

This study employed symbolic interactionist and phenomenological qualitative approaches to analyze the contextual Bible study materials. The main idea in data analysis is to make sense of the materials obtained from the research. The analysis seeks to hear what the information obtained from the research means according their context.
In this study, I made a qualitative analysis of data from contextual Bible study and from written sources by using two approaches. The first is the *symbolic interactionist perspective*,\(^{112}\) whereby my emphasis was on the way PLWHA in the Group interacted with the community around them and how they related such interaction to the interaction of characters in the biblical texts they read. The second approach is an *Interpretative phenomenological Analysis (IPA)*,\(^{113}\) whereby I placed the emphasis on the way PLWHA in the Group made sense of their own lived experiences of stigmatization (cf. Smith & Osborn, 2004: 229-30; Smith & Eatough, 2006: 324) and the way they related such experiences to the experiences of the characters in the texts they read.

In order to accomplish the task in accordance with these approaches, data analysis proceeded in three main processes. The first was a data reduction process where I condensed raw qualitative data from the contextual Bible studies in the form of field notes and raw qualitative data from written sources into manageable, meaningful and focused main themes (coding). The second was a data display process where I extended the meaningful main themes and condensed them into a well-structured text in which I could draw some conclusions. The third is a process of interpreting data and drawing conclusions, where I discussed the findings and inferred intelligible conclusions from the data (cf. Smith & Osborn, 2004: 234; Chamblis & Schutt, 2006: 198-209). The last process in my qualitative analysis (process of interpreting data and drawing conclusions) called for the verification of the whole process of data presentation. Authentic conclusions depended very much on how data was interpreted, i.e., how meaning was derived from the analysis of the data that was presented. However, the conclusions I made in the analysis depended not only on verbal and written data I collected from contextual Bible studies, but also on the ‘tacit knowledge’ of participants about the lived social life I observed and grasped from the very beginning of the research process (Chambliss & Schutt 2006: 206).

\(^{112}\) Using symbolic interactionism in the analysis of HIV/AIDS related data implies the conception of HIV/AIDS (and the interaction it causes) as a symbol prevailing within the society. HIV/AIDS functions as “a symbol or metaphor, it represents things like homosexual promiscuity, moral decadence, and the wrath of God for moral transgression.” (Pryor & Reeder, 1993: 279 cf. Charon, 2001: 49)

\(^{113}\) Social psychologists call IPA as a ‘double hermeneutic’ or ‘dual interpretation’ process. This is because it undergoes two interpretations: “the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world.” (Smith & Eatough 2006: 324) In this case, what is important for the IPA researcher is the ‘reality’ perceived by individuals. The researcher tries his or her level best to assume an ‘insider’s perspective’ while at the same time recognizing that it is quite impossible to fully capture the insider’s experience (Smith & Eatough, 2006: 324). In this case, IPA, as Smith and Eatough describe it, “synthesizes ideas from phenomenology and hermeneutics, resulting in a method which is descriptive because it is concerned with how things appear and letting things speak for themselves, and interpretative because it considers there is no such thing as an uninterpreted phenomenon.” (Smith & Eatough, 2006: 325)
4.4.5 Stating the Limitations of Participant-centred Bible Study Method

Despite its usefulness as an instrument of data collection, participant-centred contextual Bible study still has some weaknesses which require close attention. This subsection discusses some possible weaknesses of this type of contextual Bible study as a method for studying biblical texts. The American theologian David Tracy, in his book *Plurality and Ambiguity*, warns us against the myth of the ‘innocence’ of texts, interpreter and tradition in interpretation when he writes, “There is no innocent interpretation, no innocent interpreter, no innocent text.” (Tracy, 1987: 79) Tracy repeats this same warning in his article “Theology and the many Faces of Postmodernity”: “There is no single *innocent reading* of any tradition, including this postmodern reading of positive and negative realities, the profound, ambiguous, of modernity.” (Tracy, 1994: 6 emphasis is added) Tracy warns that it is self-deception, if those claiming to stride towards post-modern thinking consider themselves free from past, and probably erroneous, interpretational conceptions (Tracy, 1994: 6).

Tracy’s warning is helpful in our reflection on the participant-centred contextual Bible study method I used in facilitating the reading of texts by the Group of PLWHA. This is not only because I consider my reading as having post-modern thinking in mind, but also because of my conviction that such a thing as ‘innocent reading’ does not exist in any human reading of a work. In this case, I cannot claim that the method I employed to facilitate the reading of texts by the Group of PLWHA was ‘innocent’ of problems. Obviously, to claim that it was innocent would be an attempt at self-deception.

Here, I highlight two weaknesses of this method, according to my view, and the way they influenced my reading process. The first is that the method provides no clear distinction between critical and uncritical appropriation of texts, especially among non-theologically trained participants. This problem was vivid in the tendency of participants to endeavour to appropriate the text to their context without any critical consideration (cf. Mesters, 1983: 132). This uncritical appropriation was probably due to their unfamiliarity with critical tools of biblical exegesis, especially questioning skills. I tried to solve this problem through the critical questions I used in order to guide their critical reflections, and through the introduction of probing questions to focus their reflections towards critical discussions of aspects relevant to their contextual theme.

The second weakness was based on the way participants read the text with the critical questions I provided. Since participants were PLWHA struggling with opportunistic
infections and stigmatization in the community, they tended to read the texts in such a way that the reading confirmed their situation and their prevailing presuppositions. This way of reading was vivid in the first three pilot study texts. I counteracted the problem through the probing questions that members raised concerning the responses they provided. These questions drew their attention away from focussing on their ideological presuppositions towards focusing on the contextual theme and the interaction of characters in the texts.

4.5 WHY USE PARTICIPANT-CENTRED CONTEXTUAL BIBLE STUDY METHOD?

Why is participant-centred contextual Bible Study a more suitable hermeneutical approach for the contextualization of the biblical message in a context of HIV/AIDS-related stigmatization, despite the weaknesses I have analysed in the paragraphs above (section 4.4.5)? Why should we use it as a resource for empowering PLWHA in faith communities? There can be diverse responses to these questions, and I highlight a few of them. First, the theology that is done by most theological institutions in Tanzania (and Africa) favours the interpretation from the perspective of theologically trained facilitators. What seems to happen in most theological institutions was noted by the West African biblical scholar Kwesi A. Dickson, writing in the 1980s:

Up till now the study and interpretation of the Bible as done in theological colleges in Africa have simply been a regurgitation of Western methods and insights; it is often taken for granted that the task of theological education in Africa is merely to pass on Western theological scholarship to succeeding generations of African students. (Dickson, 1984: 144; see also Ukpong, 1995: 4 and Hoch, 2003: 149)

Has what Dickson commented on the 1980s been modified in Tanzanian contexts? It has perhaps undergone no considerable modifications. Though Dickson writes in the wider African perspective, one can still see the validity of his statement today in the failure of the education gained in theological colleges and universities to make the Bible an adequate book of life among most Tanzanian people. Therefore, the contribution of Dickson, in this aspect, has to do with his quest for a method corresponding to the cultural and social background of the Tanzanian (African) people, while appreciating the Western theological methods as significant and helpful. His contribution focuses on the necessity to find a method which stresses the fusion of the two horizons – the academic and the popular horizons (Dickson, 1984: 144, see also Ukpong, 2000 in section 4.1 above).

Second, to favour clericalism and church hierarchy in making church pronouncements based on biblical teachings seems to neglect the voices of those suffering from the anguish of
stigmatization. Such pronouncements can cause the abject silence of members of churches who fail to speak out against stigmatization. The West African theologian Tité Tienou raises his voice to challenge clericalism, especially in evangelical theological discourses in most churches in Africa. Clericalism, according to him, has been an obstacle to meeting the oppressed groups. Churches regard a clergy person as a leader of almost all aspects in the parish. In that case, the clergy become similar to a ‘ruling elite’ who hold everything in their power (Tienou, 1990: 35-37).

The challenge of clericalism in evangelical churches according to Tienou also concerns the current pronouncements and emphases on issues of sexuality made by the Tanzanian churches without the participation of people from below. He challenges the view that sees people from the grassroots as recipients and implementers of decisions from above, while neglecting their potential contributions. In most cases, his criticism of clericalism in Evangelical churches in Africa points to the obligation to hear from those below, to hear from those who face stigmatization because of their attached stigmata, and to learn from them. Participant-centred contextual Bible study leads PLWHA towards breaking the silence and going public in the process of fighting against stigmatization.

Third, the dynamic between the textuality and residual orality existing among the grassroots people suggest a method to bridge such a gap. When I speak of orality and textuality, I directly refer to the literate and illiterate status of most members in faith communities. By literate and illiterate, however, I refer, not to their knowledge of how to read and write, but primarily to the worldview of people and their philosophies of life that may make these groups marginal (cf. Masoga, 2002: 95-96).

Before the missionaries came, people did not know how to read and write. Orality was the prevailing system, and a major means of the dissemination of knowledge. People did not have a ‘bookish religion’, but a religion that mostly favoured an oral communication from one generation to another. One can associate the coming of missionaries with literacy because they came with a text, the Bible. The shift of worldview from orality to textuality that the missionaries initiated in Tanzanian communities most likely sought to enhance the understanding of the textual religion, Christianity. The understanding of the textual religion was linked to the destruction (by missionaries) of the original orality that existed among people before their arrival. Ukpong states this point more clearly:

The arrival of the Bible in modern Africa with White Christian missionaries about two centuries ago meant an encounter of a literary culture with an oral one (in the African mind religion and culture are
not separated). In this encounter, the Bible symbolized in the first moment, the massive power, strength, and force of a new culture in the face of the African people’s oral culture. It does not need any stretching of the imagination to see that the literary culture held a stronger position against the oral culture. (Ukpong, 2001: 162)

The point Ukpong makes here is that African people experienced a tension between being absorbed into the new culture brought by missionaries, or domesticating their own orality. Since the literary culture (and the Bible) came with the forces of colonialism, people were in most cases forced to submit to the social, political and cultural wills of the new empire (Ukpong, 2001: 162).

The East African theologian John S. Mbiti pointed out in the 1980s that Christianity in Africa (the same applies to Tanzania) had three kinds of theological trends in Christian communities: written theology that was mainly for the clergy (the very minority group), the oral, and the symbolic theology that the lay people in Christian communities (the majority group) mainly do. Although Mbiti did not go any further towards investigating the oral and symbolic theologies (he based his articulation on written theology), his observation brings to light the existence and magnitude of orality as a component of theology in most social contexts within Africa. In this case, it seems that the current theological discourses in African societies overlook what Mbiti noted in the 1980s, with the result that Christianity in Africa is less at home in the lives of the African people (Mbiti, 1986: 46-47).

The challenge is how to integrate more adequately the textual knowledge that people with theological training obtain from universities and theological seminaries into the grassroots level congregations where residual orality still seems to exist. The textual orientation leaves the knowledge of people with theological training, which they obtain by studying the mysteries of textuality in universities and seminaries, far apart from the residual oral communities when they return to serve in their local congregations. It is also my conviction that the resurgence and great number of adherents in Pentecostal churches and the African Initiated Churches in Tanzania (and in most African regions) is partly due to a resistance to the imperialism of literary culture initiated by missionaries and colonialism.115

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114 An oral theology is a theology produced by the oral discourse of the African people in songs, traditional teachings, prayers and conversations. Symbolic theology is a theology that emerges through African art, sculptures, drama, rituals and dances. These theologies emanate from the worldview of people as they read the Bible text for themselves (see Mbiti, 1986).

115 Most Christians belonging to Pentecostal and African Independent/Indigenous churches in Tanzania have switched from ‘historic’ or mission-founded Churches. The main question here is why do Christians rampant switch to independent/Indigenous and Pentecostal churches from their mainline origins? The response to this question may suggest the gap that prevails between the worldview of people and that of the mainline Churches. It is possible that the stress on the return to orality and African cultural realities that these faith communities,
Therefore, I propose that a participant-centred contextual Bible study is a more appropriate method in the attempt to bridge the gap between textual or literate biblical scholars and the residual oral or illiterate Bible readers at the grassroots level. The method attempts to overcome the big gap between the theology taught in theological institutions and the everyday life of people in the congregations. It bridges the big gap in the church between the guidance from the dreams of scholars and the church of the everyday lived experiences of people (Hoch, 2003: 150 & Masoga, 2005: 22-23). Therefore, it is a contextualization of knowledge where the two horizons come together.

Through the contextualization of knowledge that contextual Bible study attempts when linking the theological gap, this method also contextualizes Jesus and his praxis in the life practices of people on the grassroots level in the current situation. It not only puts Jesus in ‘his place’ according to the people of his time (Moxnes (2003); it also puts him in the current ‘places of people’, places where they experience life. Jesus’ involvement with the am-ha-aretz116 of his days becomes meaningful both in their place and in the present reality as people discover him through their own reading of Bible texts.

4.6 CONCLUSION

In this chapter, I have presented the participant-centred contextual Bible study method I used to facilitate a Group of PLWHA in their reading of texts from the gospel of John, and how this looks in the larger picture of other facilitator-centred contextual Bible studies. Drawing on the study of Paulo Freire, I have argued in this chapter that the ‘problem-posing’ pedagogical approach to Bible studies is better in the context where people struggle against stigmatization than the ‘banking’ approach that mostly emphasizes the requirement to internalize stigmatization.

In placing this argument in context, I first discussed the facilitator-centred Bible studies which mostly employ the ‘banking’ pedagogical approaches, such as the traditional Bible study conducted by most Protestant churches in the Bena context of my study. I have also discussed the initiatives from the Roman Catholic church in the context of my study in view of a more interactive Bible study (that of the SCC) and shown how these are inadequate to foster the requirements of PLWHA. My discussion of top-down types of Bible studies aimed to emphasise the design and process of the participant-centred Bible study I employed especially the African Independent Churches, portray plays a vital role that the mainline churches have not yet discovered (cf. Ukpong, 2001: 162 cf. Pobee and Osietu II, 1998; Chitando, 2007: 3).

116 This word comes from Hebrew and implies a common person of the land or a citizen who is not a member of the ruling class in the Jewish community.
in my facilitation, and to show how it mostly emanated from the Bena context of the Group of PLWHA. In the whole discussion of this chapter, it has been obvious that contextual Bible study is not the same in all places. It is sensitive to the context of the study and the type of contextual theme at issue in a particular context, time and people.
CHAPTER FIVE

READING THE GOSPEL OF JOHN FROM THE PERSPECTIVE OF STIGMATIZATION I: SCHOLARLY PERSPECTIVES

AFTER PRESENTING THE METHOD I used to investigate the research problem in the previous chapter, I have two main concerns in this chapter: first, through my scholarly reading of characters, I argue that a reading of selected texts in the gospel of John conveys the perspective of stigmatization. The reading illuminates the kind of interaction between characters in these texts that is characterized by the existence of people who stigmatize and those who are stigmatized. Second, I raise hermeneutical questions that are vital tools in facilitating participant-centred contextual Bible studies in community by using a participant-centred contextual Bible study method that I proposed in chapter four, and the perspective of stigmatization which I discussed in chapter two.

In the first section of this chapter (5.1), I situate my scholarly study of texts from the gospel of John in the context of contemporary researches into Johannine characterization. In situating my study, I select examples of scholarship concerning narrative/literary and historical/sociological approaches which are hermeneutically relevant to my own reading. The presentation of such studies and the scholarship which they represent permits me to indicate the context of my own reading.

I first point to the development of the exegesis of the gospel of John, illustrating possible ways to use characters in identification. I point to how recent exegesis prepares the way for my reading of the texts by using the perspective of stigmatization. I discuss social relations surrounding the literary audience of the Evangelist and the way this illuminates my reading of texts. I also introduce the perspective of stigmatization which I use in the analysis of texts from the gospel of John. Therefore, this introductory section provides a link between the scholarly work on the texts of the gospel of John and the responses that the Group of PLWHA in Tanzania provided as they read the texts in their own context.

My main task in the following three sections (5.2, 5.3, and 5.4) is to introduce the texts, read them using the perspective of stigmatization, and raise hermeneutical questions. The sections respond to two main questions: first, how can texts from the gospel of John be useful in the discussion of stigma and stigmatization? Second, how is it possible to read these texts by identifying with stigmatized persons in the narrative? In other words, what difference
does it make to one’s understanding of these texts when one identifies with stigmatized persons in the narrative?

5.1 LOCATING STIGMATIZATION PERSPECTIVE IN JOHANNINE CHARACTERIZATION

5.1.1 Characterization and Identification: Hermeneutical Aspects

What is characterization, and how is it important in a literary narrative? Characterization has to do with characters, the use of figures, either ‘fictional’ or ‘life-like’, that are suitable and consistent in making possible a particular plot of a literary work.¹¹⁷ In his book Anatomy of the Fourth Gospel: A Study in Literary Design (1983), the American theologian R. Alan Culpepper describes characterization in the gospel of John in terms of the basic means and wishes that the author wished to present to the audience. Culpepper defines characterization as “the art and techniques by which an author fashions a convincing portrait of a person within a more or less unified piece of writing.” (Culpepper, 1987:105) Characters in the gospel of John “are fashioned by what the narrator says about them, particularly when introducing them, what they say, what they do, and how other characters react to them.” (Culpepper, 1987: 106)

The character can be static: such a character does not undergo further development (e.g., Jesus in the gospel of John). The character can also be dynamic, undergoing significant developments of character in the course of the narrative (e.g., the Samaritan woman and the man born blind in the gospel of John). In most cases, characters used by the author may be real historical figures or fictional representations. Accordingly, the most important thing is the extent to which the author makes the person, or group of people, ‘live’ on paper and the way such a person or persons relate with the rest of characters in the narrative (Culpepper, 1987: 105).

A suitable characterization in a literary work depends largely on whether its characters are rhetorically convincing and interesting to the reader, so that they evoke the perplexities of the reader’s life experiences. Since characterization and identification are such important aspects in my gospel reading (especially in the issues surrounding characterization and

¹¹⁷ The American linguist Rawdon Wilson (1979) presents four distinct views about characters in a literary piece of work. I list these views: "(1) (…) characters are products of the author’s mind – memories, encapsulations of his experience or else (one might say) split-off silvers of his mind or self; (2) (…) characters are functions of the text in which they appear – embodiments of the theme and idea – to be considered much as tokens, pieces or counters in a game; (3) (…) characters are entirely artificial constructs to be analysed in terms of the compositional techniques that have gone into their making; (4) (…) characters are, for the purpose of critical reading, to be considered as if they were actual persons, and the emphasis in criticism… is to discuss the response they engender in an intelligent reader.” (Wilson, 1979: 730)
gender), I use the works of R. Alan Culpepper to present a general view of the minor characters in the gospel. I also use the works of the theologians Adele Reinhartz, Colleen M. Conway, and Turid Karlsen Seim to present in detail the characterization of minor characters in relation to gender issues. I present the development of character in human figures that John employs in his gospel and show how this is important to the reader in view of identification. I also present the current debate about the influence of one such character, i.e., “the Jews.” I hope that my presentation of “the Jews” will illustrate the power of characterization in a literary narrative.

How can minor characters constructed by the author be important in identification within a literary narrative? Culpepper states two important functions of minor characters in the gospel of John that make them important in view of identification. First, “to draw out various aspects of Jesus’ character successfully by providing a series of diverse individuals with whom Jesus can interact”; and second, “to represent alternative responses to Jesus so that the reader can see their attendant misunderstandings and consequences.” Both functions here are directed to Jesus. Certainly, this direct concentration on Jesus is the centre of all the interactions within the narrative. Generally, all minor characters interact primarily with Jesus and less among themselves (Culpepper, 1987: 145). Therefore, it is possible that the various responses to Jesus indicated by characters in the text are available for the scrutiny and identification of readers.

Culpepper illustrates the importance of characters through reading the gospel of John in a literary critical perspective, and thereby constructing a reader-response criticism. Culpepper contends that literary criticism makes the text become a ‘mirror’ for readers to view their contemporary situation. The meaning of the text is on the side of the reader; it centres between the mirror and the observer, and not behind the mirror (Culpepper, 1983: 5). According to Culpepper, the meaning of a literary text presented by the ‘narrator’ depends solely on the ‘plot’ and the ‘literary characters’ used by the narrator, in what they do (actions), what they state (dialogue) and what the narrator states, or what any other characters state about them in the relationship within the texts (Culpepper, 1983: 7).

Culpepper finds that the plot in the gospel of John is based on two main issues: the Messiahship of Jesus and his Divine Sonship. The introductory chapter of the gospel is an introduction of Jesus as the divine Word (ὁ λόγος) who is in constant confrontation with religious authorities throughout the gospel. The recognition of the identity of Jesus determines the development of the plot of the gospel; and the relevant images, themes, terms and signs populate the plot of the gospel.
One of Culpepper’s contributions to Johannine characterization is his description of John’s call to his readers to identify themselves with minor characters who play a role in the literary stories within the gospel. This call to identify with characters indicates the power of the gospel of John as a narrative whose characters illustrate one particular way to respond to Jesus.118 In this case, Culpepper begins a move from the understanding of the Johannine community behind the text towards understanding it in terms of the interaction among characters populating the gospel narrative (Culpepper, 1983: 105-148).

The woman taken in adultery (7: 53-8:11), the Samaritan woman (4: 1-42) and the man born blind (9: 1-41) are among the minor characters in the gospel.119 They are not found in any other gospel in the way they appear in the gospel of John. These characters have a vital role of representation: they all represent members of the Johannine community and reflect the attitude and treatment obtained from interaction with their counterpart, “the Jews”. Their development in character is vivid within the narrative as they move from being objects to being subjects (from exclusion to inclusion). Therefore, these characters, together with most other minor characters, form an important group of people that readers can identify with.

What role do women and the Jews have in the preparation of my reading of texts from the perspective of stigmatization? In the following two sub-sections, I focus more on the questions of gender and of ‘the Jews’ in the characterization of the gospel of John. I focus on these questions because they are important in the larger spectrum of my study, especially with regard to how ‘the Jews’ relate to female characters in the gospel narrative. This means that, introducing the studies on women and ‘the Jews’ will enable me to situate my own reading of texts in the perspective of such studies.

5.1.2 Gender and Characterization

The analysis of texts from the gospel of John which I read from the perspective of stigmatization looks at two female characters: the woman taken in adultery and the woman from Samaria. My reading of these characters also investigates gender issues surrounding

118 Culpepper seems to present characters of the gospel of John in a more ‘functional’ than ‘mimetic’ way. The difference between mimetic and functional characterization concerns the way characters appear in the narrative. The mimetic view sees characters not as representations of the real persons behind the narrative: rather, they are themselves real people who existed in history. The author presents them in the narrative to evoke responses from readers. In the functional understanding, characters are not real people, but represent real people behind the text (Conway, 1999: 52).

them in their interaction with Jesus and with their Jewish milieu. My main interest is not to focus on gender as a category for analysing them, as Conway and Reinhartz do (see Conway, 1999: 63-64), but on stigmatization related to gender differences. Thus, I use terminologies similar to that of Seim to describe the type of gender/sexual relationship prevailing among characters in relation to Jesus (see Seim, 1987).

Several theologians have done important work on the gospel of John in relation to gender identities. In this subsection, I briefly present the works of three such theologians, Turid Karlsen Seim, Colleen M. Conway and Adele Reinhartz, and the way they deal with issues of characterization and gender in the gospel. Seim, in her article “Roles of Women in the Gospel of John” (1987), proposes a feminist reading of the gospel of John which investigates the role of women characters in the gospel. Her main concern is with how the Evangelist presents women as characters. She sees female characters as autonomous figures “presented [by the Evangelist] as having a remarkable singleness of purpose, acting with a striking intentionality and decisiveness.” (Seim, 1987: 57) Female characters seem to be eminent characters who share in the discipleship of Jesus, not only in specific passages where male characters are found, but also in almost all passages. In those passages where they appear, female characters have a remarkable social and theological significance (Seim, 1987: 57).

Drawing on American theologians Elizabeth S. Fiorenza (1983) and S.M. Schneiders (1982), Seim uses sociological constructions of ‘inclusiveness’, ‘independence’ and ‘individualization’ to describe the significance of female characters in responding to Jesus. She sees that “Regardless of sex women and men function inclusively as examples of discipleship both for men and women.” (Seim, 1987: 58 emphasis mine) The language of ‘inclusion’ denoted by the use of inclusive words, such as ἀδελφοί for both ‘sisters and brothers’, and μαθηταί for ‘disciples’ (as opposed to that of ‘exclusion’ using words such as δώδεκα for ‘the Twelve’, are important indicators of the role of women in the gospel. Such language denotes that both male and female characters share a particular role. This way of understanding men and women is important to the readers of the gospel, because it suggests Jesus’ view about what genuine discipleship really means. According to Seim, Jesus is the centre of interaction for minor characters of both sexes, yet female characters play a central role in responding to Jesus as his disciples (Seim, 1987: 58).

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120 Theologians interested in gender issues in the gospel of John who focus on female characterization include Brown 1979 (see appendix pp. 183-198); Seim, 1987; Fehribach, 2003; Conway, 1999; Conway, 2003; Reinhartz, 2003; and Attridge, 2003.
The centrality of female characters, according to Seim, appears in their independence from male characters in order to make their role visible. They are not subordinate to, or dependent upon, the authority of their counterpart male characters in order to be theologically and socially significant as disciples of Jesus. They appear to be *individually* and autonomously followers (disciples) of Jesus. In this way, the Johannine individualization of female (and male) characters indicates the power of the characters in the gospel to influence a response in the readers (Seim, 1987: 58).

In her analysis, Seim seems to pay little attention to methodological issues in the exegesis of characters in the gospel of John. Despite this shortcoming, her use of sociological terms to describe the autonomy of female characters, and the point she makes about the relation between men’s and women’s discipleship of Jesus, is still highlights the possible link between characterization and social relations within the gospel that I discuss below (section 5.2).

In her book *Men and Women in the Fourth Gospel* (1999), Colleen M. Conway develops the debate about the significance of characterization in the gospel of John, focusing mainly on men and women as gender identities. Conway’s feminist reading of the gospel of John combines sociological and literary-critical readings with a special attention to female characters and the way the Evangelist presents them in the gospel in relation to male characters. For Conway, there is a distinction in the presentation between male and female characters in the fourth gospel (Conway, 1999: 201). Conway presents female characters (e.g., the Samaritan woman) as literary constructions, with both mimetic and functional qualities, standing as representatives of real women in the social and historical Johannine community. She sees them as persons who have a close link to the acts whereby Jesus reveals himself to the world, and who contribute greatly to the coming of his hour. Their contribution

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121 Cf. the new role pattern the women demonstrate in relation to Jesus; their security is in Jesus himself, e.g., the Samaritan woman converses with Jesus in public, the woman caught in adultery speaks with Jesus after her accusers have left, the mother of Jesus speaks with Jesus when the wine is out, Martha and Mary also converse with Jesus. Jesus provides a security to female characters on issues that are socially restricted (cf. Seim, 1987: 59).

122 The theologian Margaret M. Barne has recently developed the theme of ‘equal discipleship’ between men and women in the gospel of John. Taking literary criticism as her tool Barne demonstrates the existence of ‘gender pairs’ in the gospel which contribute to the understanding of the central theological purpose of the gospel as the gospel of John states in 20:31 (Barne, 2003: 10-11).

123 Conway sees that almost all five female characters in the gospel (the mother of Jesus, the Samaritan woman, Mary and Martha of Bethany and Mary Magdalene) are given a positive presentation, while male characters differ in their presentations. Some of the male characters (Pilate, Nicodemus and Peter) have a negative presentation while others (the man born blind and the Beloved Disciple) have positive presentations in relation to Jesus (Conway, 1999: 201).
is mainly to be co-workers in view of the manifestation of the light of Jesus (Conway, 1999: 53, 2003a).

Moreover, Conway has also recently drawn on the characters in the gospel to demonstrate the ambiguity of a conventional symbolic reading of the gospel of John. In the article “Speaking through Ambiguity: Minor Characters in the Fourth Gospel” (2002), Conway indicates the possible ambiguities of individual minor characters, especially when it is a question of identifying the particular traits of each one. Taking Nicodemus as an example, Conway sees a disagreement among scholars about whom he represents in relation to Jesus (Conway, 2002: 328-330). In such a situation, where characters have more than one trait in their depiction, Conway argues in her article that minor characters complicate the choice put by the gospel before its readers (to believe or not to believe) instead of clarifying it (Conway, 2002: 325).

Reinhartz, in her article “Women in the Johannine Community” (2003), takes women characters in the gospel of John more seriously. Using the ‘two-level’ reading of the gospel, she examines the relationship of Jesus with women characters and what place such women characters have in the Johannine community. Reinhartz sees women characters, such as the mother of Jesus interacting with Jesus at the wedding in Cana, as holding a position of older wise women, of leaders and of ‘figures of prophetic knowledge’ in the community who direct others about what they are to do. Women characters in the gospel of John do not only draw attention to their gender roles as women within the community; they also call for more attention to the revelation that will come through a sign that Jesus is about to perform (Reinhartz, 2003: 19). Such women include the mother of Jesus, the Samaritan woman and Mary Magdalene, whom Jesus calls only by the designation ‘woman’ (2:4; 4:21; 20:15). These observations by Reinhartz indicate the significance of women and the development of their characters in the Johannine community.

In studying the development of character within the stigmatizing context in the texts, I use the assumptions of Reinhartz regarding the position of characters as follows. Jesus represents, or himself stands for, the message of the new faith (the faith of the Johannine community), or ‘the new reality’. The Samaritan woman represents a member of the Johannine community who comes from another ethnic group. She thus indicates that the new

124The ‘two-level’ reading of the text is a theory proposed by J. L. Martyn in his book History and Theology in the Fourth Gospel (1979). It refers to the narrative as representing both a story of the life of Jesus in the first century Palestine and at the same time the story of the experiences of the Johannine community at the end of the first century. In this case, stories in the gospel of John become both ‘stories of Jesus’ and ‘stories of the Johannine community’ in their life experiences (see Reinhartz, 2003:15) For more on the ‘two-level’ reading of the text proposed by Martyn see section 5.2.1 below.
faith of the Johannine community is without boundaries. Both the woman caught in adultery and the man born blind represent members of the Johannine community from among the Jewish ethnic group (Reinhartz, 2003: 18). A study of these texts in light of stigmatization is, therefore, important because it may aid in the analysis of the situation of stigmatization among women and men in the context of ‘the Jews’, a group to which the Evangelist frequently refers in the gospel narrative.

5.1.3 Characterization of ‘the Jews’ as a Group of People who stigmatize

Who are ‘the Jews’ the Evangelist frequently refers to in the gospel of John? Current discussion on the way the Evangelist uses the phrase ‘the Jews’ (hoi Ioudaioi) points to a difficulty in determining the development of characters in the gospel of John. This is related to passages of the gospel of John which pose difficulties on the level of the interpreter (reader), including 8: 31-45 – especially in the sharp words of Jesus in v.44: “You are of your father the devil, and your will is to do your father’s desires.” (8: 44a) The phrase ‘the Jews’ reflects the startling and pervasive conflicts of Jesus with ‘the Jews’, a conflict which leads theologians to see the gospel of John as an ‘anti-Jewish’ book, especially when it is read in the post-Holocaust context (Bieringer, Pollefeyt and Vandecasteele-Vanneville, 2001: 4-8). In these difficult texts, ‘the Jews’ seem to have a negative characterization in the gospel of John. The Evangelist characterizes them as stigmatizers who belong to a group of people who stigmatize. Their hostility, unbelief and unwillingness to accept answers to questions they ask exacerbate their stigmatizing habit (cf. Culpepper, 1987: 126-127). In this case, the Evangelist seems to stigmatize the Jews with his negative characterization.

The words of Pope John Paul II, in We Remember, a document of the Vatican Commission for Religious Relations with ‘the Jews’ are important. The Pope states: “In the Christian world – I do not say on the part of the Church as such – erroneous and unjust interpretations of the New Testament regarding the Jewish people and their alleged culpability have circulated for too long, engendering feelings of hostility towards this people.” (Bieringer, Pollefeyt & Vandecasteele-Vanzeville, 2001: 5) The Document further comments about the attitude that prevailed over the centuries in reading the New Testament: “Despite the Christian preaching of love for all, even for one’s enemies, the prevailing mentality down the centuries penalized minorities and those who were in any way ‘different’. Sentiments of anti-Judaism in some Christian quarters, and the gap which existed between the church and the Jewish people, led to a generalized discrimination, which ended at times in expulsions or attempts at forced conversions.” (Bieringer, Pollefeyt & Vandecasteele-Vanzeville, 2001: 6 footnote 7) The document alludes to the Nazi persecution of the Jews and the possibility of anti-Jewish prejudices that might have accompanied it. Then follows a confession and repentance: “We deeply regret the errors and failures of those sons and daughters of the Church [i.e., of those ‘whose spiritual resistance and concrete action of other Christians was not that which might have been expected from Christ’s followers’] (…). At the end of this Millennium the Catholic Church desires to express her deep sorrow for the failures of her sons and daughters in every age. This is an act of repentance (teshuvah), since, as members of the Church, we are linked to the sins as well as the merits of all her children.” (Bieringer, Pollefeyt & Vandecasteele-Vanzeville, 2001: 6 footnote 7)
In what follows, I present the literary status of ‘the Jews’ in the gospel and the present stage of the debate about the problem of the characterization of ‘the Jews’ in the gospel. The phrase ‘the Jews’ appears more than 67 times in the Gospel of John, and in most of these occurrences it indicates the existence of a great tension between Jesus and ‘the Jews’. The whole plot of confrontation starts at the beginning of the gospel (over the temple in 2:18-25), heightening as the narrative proceeds (5:1-47) and leading Jesus to change his travel route because ‘the Jews’ seek to take his life. The tension increases further, leading Jesus to an open declaration that ‘the Jews’ are a source of hatred (8:44). This open declaration is the core argument for those who maintain that the gospel has an anti-Jewish attitude. It is followed by further conflicts in the gospel texts, such as 9:13-17; 10:19-39 which lead Jesus to restrict his public movement among ‘the Jews’ (11: 54). In such conflicts with ‘the Jews,’ a division also occurs among ‘the Jews’. Some believe in Jesus, while others hate him and seek to take his life (cf. 9: 16 and 11: 1-54).

Some questions relating to ‘the Jews’ in current scholarship are the following: first, who are ‘the Jews’ in the Johannine characterization? Second, how do ‘the Jews’ as a character in the gospel influence the identification of readers with regard to an ongoing dialogue between Jews and Christians? Certainly, these questions strike a chord in the ears of today’s gospel readers. The reason I look in such detail at such questions at this point is that ‘the Jews’, as a character in the gospel, are important for both hermeneutics and methodology in my reading of texts from the gospel of John. It is also important that I clarify at an early point my view on the negative characterization of ‘the Jews’, a complex matter with historical, sociological and theological dimensions.

Currently, scholars on the gospel of John have developed two approaches to deal with the problem of ‘the Jews’ in Johannine characterization: one of these depicts ‘the Jews’ as a referent character, and others as just one sense (a literary meaning) of ‘the Jews’. The first approach is historical. It concerns the extra-linguistic impression that the phrase seems to indicate. It also presents a historical argument, pointing to one particular real group in Palestine in the time of Jesus. Therefore, according to the referent approach, ‘the Jews’ as a group among characters in the gospel is a representation of real figures who existed in Palestine, and the gospel speaks about their influence in relation to other groups.

Scholars in favour of the referent approach have further sub-divided the approach into two: the view of ‘the Jews’ as referring to the narrowest group, or as referring to the largest

\[126\] In introducing the ‘referent’ and ‘sense’ approaches to the problem of ‘the Jews’ I will use the introduction to the Leuven colloquium collection by R. Bieringer, D. Pollefeyt and F. Vandecasteele-Vanneville (2001).
group. The view of the narrowest group refers to the in-group conflict, i.e., the conflict within the Johannine community itself, or the traditional Jewish group itself. According to this view, people referred to as ‘the Jews’ are members of the Johannine community (Christians) who were not willing to pay allegiance to the main Christian teachings of the Johannine community within the group.

Another view in the referent approach targets ‘the Jews’ as a larger group. This view holds that the phrase ‘the Jews’ refers to the large group of all the Jewish neighbours of the Johannine community who are not disciples of Jesus (cf. Moloney, 2006: 239), a group of Jews adhering to Judaism and associating with the synagogue lifestyle which was characterized by a strong adherence to the Torah. The question of who specifically are the Jews among those from Galilee and those from Judea finds no scholarly consensus. Others refer to those in Galilee as ‘Jews’ and those in Judea as ‘the Jews’.

The second approach is literary; it is concerned with the meaning of the term ‘the Jews’ in the gospel. This approach is based mainly on the meaning of the phrase in the system of relationship among words within the gospel. The meaning of ‘the Jews’ has nothing to do with a presupposed existence of any object apart from what the vocabulary indicates. Drawing on John Ashton (1985), Culpepper describes the ‘sense’ (literary meaning) of the Jews as implying the symbolic role of historical characters in the literary narrative, defining the way they respond to Jesus (Culpepper, 2001: 74; 1983: 122-126). Therefore, the literary meaning of ‘the Jews’ in the gospel of John depends not only on the historicity of figures presented by the gospel, but also on the symbolic significance of such figures which characterizes their response to Jesus. This symbolic significance depends largely on the linguistic vocabularies that Jesus employs to describe them, and the language they employ to respond to Jesus. In most cases, if not all, the vocabularies employed in the gospel represent symbolic imageries that make the production of meaning possible.127

The meaning of ‘the Jews’ in the gospel has to do with opposition. Since the ‘the Jews’ in the gospel, and Pharisees in particular, are opponents of Jesus, they stand as prototypes of the whole opposition in the gospel of John. Since the aim of the gospel is to make people believe (20: 30, 31), the Pharisees stand as a model of unbelief, a model of the world. Therefore, ‘the Jews’ as characters in opposition to Jesus play an important literary

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127In sub-section 1.3 below, I present attempts to analyze a type of literary language that the Evangelist ascribes to the characters and its significance for the Johannine Community. However, it should be clearly noted here that the approach concerns ‘the Jews’ as a symbol of unbelief and opposition. It fails to answer central historical questions of the life, death and resurrection of Jesus. In so doing, it fails to provide a satisfactory answer to the question of who ‘the Jews’ are.
role in shaping the plot of the gospel (Bieringer, Pollefeyt and Vandecasteele-Vanneville, 2001: 21-22).

Adele Reinhartz combines the symbolic interpretation with a discussion of the Johannine community. In her article “‘Jews’ and the Jews in the Fourth Gospel” (2001), Reinhartz argues that ‘the Jews’ are not only symbolic representations of the unbelieving world. They also point to a historical community behind the text, a community of Jews that did not believe in Jesus and were violators of the law in their own claim to uphold it (Reinhartz, 2001: 354). Reinhartz states that the dualism existing within the gospel, e.g., light against darkness, life against death (1:3; 8:12), heavenly against worldly, and that originating from above against that originating from below (8: 23), denotes the existence of two opposing groups. The first group is designated by means of positive elements, the second group by means of negative elements. Reinhartz further shows how the group designated by means of positive elements is affiliated to Jesus, while that designated by means of negative elements is affiliated to the opposition. According to Reinhartz, the gospel of John challenges readers to identify with the group that has the positive elements. Therefore, these opposing groups, according to Reinhartz, highlight the main purpose of the gospel, as stated by the Evangelist at 20: 31 (Reinhartz, 2001: 343).

The perspective of Reinhartz provides us with one possible reason why the narrative indicates the marginalization (stigmatization) of one group which aligns itself with Jesus. The reason for its marginalization is most likely the challenge it presents to the opposing group, the Jews (the group that stigmatizes). ‘The Jews,’ because of their love of darkness instead of light, their hate of Jesus and his teachings instead of aligning with him, their being worldly instead of being heavenly, and their plot to kill Jesus, belong to the devil (8: 44). Reinhartz proposes that ‘the Jews’ are likely to be those who belong to the group of the devil, those who belong to the negative pole against Johannine community, both in their attitude and in their actions.

Reinhartz also discusses the application of the phrase ‘the Jews’ as an indicator of the relationship between the two communities in the gospel: the Johannine and the Jewish communities. The term İudaíos carries a variety of meanings in the gospel of John. In some passages, the term indicates people who are ‘feared’ rather than ‘those who fear’. Reinhartz argues, therefore, that the term should denote ‘Jewish leaders’ or ‘Jewish authorities’. This argument rescues the gospel from being anti-Jewish, because it locates the antagonism within the Jewish group itself. The group of Jewish leaders belonging to ‘the Jews’ (in its wider
sense of the national, religious and cultural identity) forms the small group that is in conflict with the Jews of the Johannine community (Reinhartz, 2001: 346).

Through this argument, Reinhartz locates the anti-Jewish elements in the realm of the text itself, rather than in the historical orientation of the Jewish nation. She sees a reading of the texts as anti-Jewish as a distortion of the real meaning of the text. The anti-Jewish tendency of the text reflects the soteriological convictions of the evangelist concerning Jesus in relation to the two opposing poles, Jews of mainstream Judaism and Jews of the Johannine community. The argument of Reinhartz is important here, especially when she speaks about the tendency among scholars to read texts emotionally, aligning them with some particular historical event and hence leading us into ‘hostile behaviour’ (Reinhartz, 2001: 354).

Emotion, in most cases, exacerbates hate and disgrace. What can happen if readers of the gospel texts take more time to probe beneath the surface instead of being content with mere emotional appraisals and unexamined appropriations of the text? What can happen if the reader probes beneath the claim of Jesus about his relationship with the Father? Readers would certainly discover that the evangelist plays a great emotional role in the characterization of characters in the gospel. The evangelist should always be thought of as a human being who is vulnerable to emotional experiences. It is likely that the power of the emotion of the evangelist appears in the gospel he writes to describe the existing dynamics of relationship between two opposing groups at the end of the first century.

A similar emotional attitude can emerge in subsequent readers of the gospel in our century. I see that the main concern of the evangelist in this text, as Reinhartz also affirms, is to “present his own understanding of Jesus in a way that would encourage others to become or to remain faithful” to Jesus and his message (Joh. 20: 31). The use of a dualistic language and the negative and positive constructions he employs are important indicators of the relationship between those within the Johannine community (possibly stigmatized) and those outside the community (possibly stigmatizers). And this means that they are important tools for the self-identification of readers with the social processes and social interaction among characters within the narrative, especially in terms of how they interact with Jesus (Reinhartz, 2001: 255)

5.2. SOCIAL PERSPECTIVES TO DESCRIBE THE JOHANNINE COMMUNITY

After presenting characterization in the gospel of John and the way the characterization by the Evangelist points to possible interactions between the Johannine community and ‘the Jews’, I
turn to describing the attempts at understanding such social interactions in the gospel. This is because characters in the gospel, as Culpepper sees them (section 5.1.1 above), are mostly described in terms of their faith, or their non-faith, response to Jesus. The faith or non-faith response determines what Culpepper understands as the ‘plot’ in the gospel which centres on the Messiahship and Divine sonship of Jesus (Culpepper, 1987: 97). Since the faith or non-faith response of characters to Jesus is not divorced from the interaction among themselves, my main interest is not only in the way minor characters respond to Jesus, but also in how they relate to each other in their Jewish environment as the narrative suggests this. Accordingly, I am interested in the interaction of characters within the broader social system.

My main task here is to understand by means of modern sociological perspectives the community that John describes. I hope that such modern sociological perspectives can lead into a proper interpretation of the gospel narratives because they lead the reader to a possible contemporary interaction. I do this analysis with the conviction that meanings derive, in most cases, from social systems, as people interact in a particular society. Hence, understanding social interactions assists me in studying the texts in a more appropriate manner, through reading them in their specific literary social locations.

Some theologians, such as Raymond E. Brown, J. Louis Martyn, David Rensberger and Wayne A. Meeks, have attempted to draw inferences about the social situation from the Johannine text itself. Some of these theologians reconstruct the Johannine community with the help of sociological models. Their main tasks have been to reconstruct the Johannine community and the situation in the community that prompted the Evangelist to write the gospel. They highlight the sectarian aspects of the community, its developmental journey, and its unique understanding and experience of Jesus in relation to the larger Jewish community (the Jews) (Meeks, 1972; Brown, 1979; Martyn, 1979). They point out that its development and experience of oppression most likely led to the emergence of the gospel of John. The gospel reflects the complicated social interaction between the synagogue and the developing community, which created environments of struggle and the search for liberation (Rensberger, 1988). Theologians also see that the Johannine community developed as a group with a distinct language enabling the understanding and the rehabilitation of a new identity (re-socialization) among its members (Petersen, 1993; Malina & Rhorbauch, 1998). In what follows, therefore, I draw in more detail on some of these theologians in order to situate my study in the context of earlier scholarly investigations.
5.2.1 Exclusion from the Synagogue, Inclusion in the Johannine Community

I begin my presentation of attempts to draw inferences about the social situation from internal evidence in the gospel of John by discussing the works of the twentieth-century theologians J. Louis Martyn and Raymond Brown. Both Martyn and Brown attempt to construct the pre-gospel history of Johannine community by using hints from the gospel itself, without explicitly employing sociological models.\(^\text{128}\) The work of Martyn on the gospel of John is one of the preliminary investigations on the Johannine community behind the text. For Martyn, there is a ‘real community behind the text’ and a ‘text provides reflections of the presence of Jesus in that community’. What the text states is a direct signification of the reality behind itself; the actions reflect the reality of the life and practice of the Johannine community, especially in their confession of Jesus as the divine Messiah. Martyn sees the man who is healed in John 9 (and whom the Jewish authorities expel from the city) as representing the voice of members of the community who call for a commitment and willingness to defend the faith. He also sees the refusal of the man’s parents to provide testimony about the identity of their son as the depiction of a real-life situation of the Johannine community in relation to the mainstream Judaism of the ‘Jews’. The action of ‘the Jews’ in excluding those who confess Jesus as the divine Messiah seems to be a consensual act. Members of the Johannine community are ‘excommunicated from the synagogue’ (ἀποσυνέκτροι) because of their faith and confession, which seem to pose a threat to the existing structures. Therefore, for Martyn, exclusion from the synagogue because one defends the faith in Jesus also means inclusion in the Johannine Christian Community (Martyn, 1979: 38-40, 40; cf. Culpepper, 1987: 128; Rensberger, 1988: 140).

Brown draws on the work of Martyn to reconstruct the pre-gospel history of the Johannine community, which he infers from the story of the ministry of Jesus as this is narrated by the gospel of John. He sees in the gospel of John the dialogue of Jesus with ‘the Jews’ as a hint of the pre-existence of a particular relationship between the Johannine community and the synagogue before the Evangelist wrote the gospel. Like Martyn, Brown holds that the exclusion from the synagogue characterizes such a relationship. Brown defines

\(^{128}\) In terms of theoretical/methodological perspectives, neither Martin nor Brown discusses social systems nor uses social scientific methods in presenting their materials. On the one hand, Martin speaks only of ‘exclusion from synagogue and entering the church’, which implies the relationship that exists between two groups. Therefore, in his presentation he employs neither the meaning of such terms nor the methods in relation to social scientific criticism. On the other hand, Brown mentions the term ‘sect’ and examines the diversity of groups within the Christian group and its place in relation to the larger Christian church (ἡ ἐκκλησία).
the cause of such exclusion as the ‘high Christology’129 developed by the Johannine community (Brown, 1979: 25–54). In this case, Brown uses the biographical reading initiated by Martyn to develop a ‘two-level’ reading. In his reading, Brown explains what is going on both at the surface of the story (the story about Jesus and his ministry) and below its surface (the story of a religious community in the time of the author/the Johannine community) (Brown, 1979: 26; cf. Haagerland, 2003: 312).

The contribution of Brown, beyond that of Martyn, consists primarily in his addition of another aspect motivating the persecution and expulsion from the synagogue: the community replaces the Jewish cult with another cult. Brown makes a comparison with the Letter to the Hebrews, and sees an affinity between these books in their description of the activity of Jesus. Jesus in the gospel of John is concerned with analogous forms of “an ‘earthly cult’ whose central concerns are the tabernacle, priesthood, and sacrifice”, aspects which likewise concern the Letter to the Hebrews. Brown observes: “In both John and Hebrews the ramifications of a belief in the divinity of Jesus involve a reinterpretation of the new covenant to mean that the old covenant has been replaced.” (Brown, 1978: 11)

However, the use of the community of the Letter to the Hebrews to draw a traditional and cultic analogy with the Johannine community of the gospel of John does not inspire us with confidence in Brown’s additional suggested explanation of the increasing hatred and friction between the synagogue and the Johannine community. His suggestion opens up a wide perspective on the way in which the text may imply the clash of cults, between the existing one centred on the synagogue and the Temple in Jerusalem, and the new cult emerging from the Johannine community and centred not on any place of worship but on spirit and truth (John 4: 23-24). In such a reading, the meaning of the text emerges from the observations of communities and cults within the text itself.

One of the foundational contributions of Martin and Brown is their search for the pre-history of the Johannine community by using hints from the gospel narrative itself, and their use of the sociological terms ‘exclusion’ and ‘sect’ in their description of the social interaction between the Johannine community and the synagogue. Both agree that the origin of the Johannine community is to be sought among the Jews who believed in Jesus within the synagogue tradition.

129 The term ‘High Christology’, as Brown uses it, contrasts with its counterpart ‘Low Christology’. Low Christology refers to the use of titles such as messiah, saviour, son of God and servant with reference to the Old Testament that have no divine connotation. High Christology is the ascription of such titles with a divine connotation followed by the deep conviction of such ascriptions. Jesus is given such titles, which refer to him as a divine being (Brown, 1979: 25, footnote 32).
Their investigation of the community after the destruction of Jerusalem (i.e., during the period when most people think the Evangelist wrote the gospel of John) and the existence of the well established Pharisaism at Jamnia Academy under Johanan Ben Zakkaï, envisaged by Martyn and Brown, throws light upon the situation of the developing Christian community. The existence of the Birkath ha-Minim (Benedictions against Heretics) as a consensual strategy to counteract apostasy and heresy under Rabban Gamaliel demonstrates the kind of social control that the early Christian community (the Johannine community) faced at the end of the first and the dawning of the second century C.E (Martyn, 1979: 53-57 Brown, 1979: 22-23). Therefore, their construction of the community facing exclusion (ἀποσυνάγωγοι), based on their reading of texts from the gospel, corresponds well with the two-level reading of the gospel they propose (Hägerland, 2003: 312).

Despite the contribution that Martyn and Brown make to scholarship on the gospel of John, their reading of the gospel has not gone without criticism. Some theologians, such as Kimelmann, Reinhartz, Hägerland and Reed find the ‘two-level’ reading of the gospel of John problematic. These theologians find Martyn’s theory of ‘exclusion from the synagogue’ problematic in several aspects. First, we have no historical evidence that the prayer referring to Christians at the end of the first century was a tool to exclude them. Second, other Johannine texts such as 11: 1-44 and 12:11 indicate a different perspective on the relationship between the Jewish and the Johannine communities, especially when one reads them in a two-level perspective. Third, to use John 9: 22 as testimony to the exclusion from the synagogue throughout the Jewish world seems to be an exaggeration, because the gospel explains the events which occur as local events in Jerusalem ((Kimelmann, 1981; Reinhartz, 2001: 351 – 352; 2003: 16; Hägerland, 2003: 317; Reed, 2006: 93-94).

In my analysis, I use a similar sociological concept of exclusion to that which Marty ascribes to the experiences of the Johannine community. However, while Martyn speaks of exclusion with greater emphasis on exclusion from the synagogue, I read the texts with an emphasis on the wider spectrum of life relationships surrounding characters and the

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130 According to Martyn, the amidah (the central prayer of the Jewish liturgy) had eighteen liturgical benedictions. After Gamaliel came into power to lead the Jamnia Academy (ca. 80 C.E), he wanted the twelfth benedictions to be reworded in order to control the resurgence of heretics (Martyn, 1979: 53–57). After reformation, the Twelfth Benediction (Birkath ha-Minim) read as follows: “1. For the apostates let there be no hope 2. And let the arrogant government 3. be speedily uprooted in our days. 4. Let the Nazarenes [Christians] and the Minim [heretics] be destroyed in a moment 5. And let them be blotted out of the Book of Life and not be inscribed together with the righteous. 6. Blessed art thou, O Lord, who humblest the proud!” (Martyn, 1979: 58 cf. Brown, 1979: 22)

131 The word ἀποσυνάγωγος appears in John 9: 22, 12:42, and John 16: 2. Cf. also the warning of Jesus to his disciples in his Farewell Discourse in John 16:1-4.
communities they represent. I argue in my analysis that this relationship is not only limited to synagogue worship, but also to all spheres of life involving encounters between the ‘Jews’ and members of the Johannine community, whether Jews or non-Jews. Therefore, I treat exclusion for the Johannine community as an attitude and enactment in relation to what the ‘Jews’ consider to be abnormal, a stigma.

5.2.2 A Community Struggling for Liberation

In his book *Johannine Faith and Liberating Community* (1988), the American theologian David Rensberger employs sociological categories in his reading of the gospel of John. Rensberger suggests the possibility of a social and a political interpretation of the gospel of John, which has mostly been read as a ‘spiritual gospel’. He suggests how the gospel of John, which for so long has been considered a spiritual gospel, can be read as a tool for liberation to people at the margins, people who keenly await redemption. Rensberger thus brings together both the ‘spiritual’ and the ‘sociological’ interpretations of the gospel of John (Rensberger, 1988: 15, 136-137 cf. Bartlet, 2006: 61).

Rensberger’s perspective in his reading of the gospel mainly follows a social and political context by using terminologies of oppression/liberation as his paradigm to describe various social interactions among characters in the gospel. He focuses on the ethnic conflicts, relations and interactions. The gospel of John reflects a social setting dominated by conflicts between groups. The evidence for the inter-group conflicts is found in the symbolic figures (characters) used by John in his Gospel. For example, John uses Nicodemus, a learned Jew and a man with authority in the society. Nicodemus has a representative role in relation to one particular social group of people. He may represent those people who have authority and adhere to mainstream Judaism, while having an implicit faith in Jesus as the Messiah (cf. the schism between Pharisees in John 9: 16). Nicodemus may also represent a group of people with ‘dual allegiance’ to both the synagogue tradition (the old reality) and the Christian faith

132 Unlike Martyn (previous section), Rensberger is much more conscious of methods and modern categories of analysis. He uses a social analysis, but it is not a purely sociological study (see Rensberger, 1988:30). We can see his awareness of contemporary analytical categories in his use of the category of liberation from oppression, isolation, alienation (see pp. 107-124). One can also see this consciousness of contemporary analytical categories in his use of the model of ‘sect’ (see pp.135-144) to describe the Johannine community, a model that seems to be very influential in the study of the gospel of John (see the way Elliot, 1993: 76-84 also uses this model to analyze the situation of the Petrine community in 1 Peter).

Some studies that have dealt with issues of oppression and liberation in the Fourth Gospel apart from that of Rensberger include those by Herzog, 1972; Karris, 1990, and Bennema, 2005.
(the new reality). These persons fear the loss of their position of authority in mainstream Judaism (Rensberger, 1988: 55).

Nicodemus, who comes to Jesus during the night, and the parents of the man born blind, who are afraid to testify about their son, have group significance. They provide us with a picture of the existing social norms which enforce the exclusion of everyone who confesses Jesus as Messiah. The gospel states that the Jews have to expel from the synagogue everyone who confesses that Jesus is the Messiah. Nicodemus and the parents of the man born blind seem to fear this expulsion (Rensberger, 1988: 38, 47). Accordingly, Nicodemus who comes by night provides an impression of the conflict between the synagogue and the emerging Christianity which confesses Jesus as the Messiah.

The group physically represented by Nicodemus bears the name ‘the Jews’. The Evangelist uses this name to depict a group of people in mainstream Judaism who have authority over the community of Jesus (Rensberger, 1988: 95-96, 113). The Pharisees seem to be the more influential group, and they are on antagonistic terms with Jesus in the gospel of John. The Pharisees are a group who call themselves ‘disciples of Moses,’ not of Jesus (John 9: 28-29). Therefore, ‘the Jews’ as a group in conflict with other groups of people give us an interesting picture of the life and interaction among groups in the social world of the gospel of John.

The social setting of the gospel also reflects the existence of the community of the disciples of Jesus, the Johannine community. It was a persecuted community which endured painful conflicts because of its confession of Jesus as the Messiah – a group facing exclusion from synagogue worship and appearing as a threat to the existing norms of the mainstream Jews. The Samaritan woman who meets Jesus at the well in John 4: 1-42 probably represents this group of people. The Samaritan woman represents an ethnically and racially different group of people who are included in the community of the disciples of Jesus. The criterion for inclusion is knowledge, which emerges gradually through conversation. Therefore, through the gradual recognition of Jesus, the Samaritan woman and her community acquire full knowledge of Jesus as the Messiah in whom they can have confidence.

Other representations of the Johannine community, according to Rensberger, are the man born blind in John 9: 1-42 and the woman caught in adultery in John 7: 53 – 8:11. Blindness too is connected with knowing (cf. the gradual knowledge of the blind man about Jesus in 9: 11; 9: 17 and 9: 35-38). Those who are blind do not know. The man born blind is a symbolic representation of humanity, a representation of the world of evil. Human beings are by nature evil from their outset. Likewise, adultery in John 7: 53-8:11 is sin. It transgresses
the established norms of mainstream Judaism. The woman, whom ‘the Jews’ charged with adultery, represents a particular type of people in the Johannine community. She gradually acquires the knowledge about Jesus and his identity (cf. her move from being an object of debate, i.e., in silence, to confessing Jesus as Lord in John 8: 11). Therefore, both the woman caught in adultery in John 8 and the man born blind in John 9 encounter the power of exclusion due to the undesirable quality that ‘the Jews’ attach to them. They both reach a deep knowledge of Jesus and his power through a confrontation with Pharisees (Rensberger, 1988: 46).

Rensberger’s conviction that the gospel of John is a product of an oppressed community leads him to link the gospel with contemporary issues of liberation theology such as the struggle for freedom among races, genders, classes of people, and the search for peace and harmony among various groups of people and nations worldwide. Rensberger reads the gospel with the help of categories of oppression/liberation, and this allows him to discern the situation of persecutions enacted by governing authorities due to religious non-conformism. Rensberger points to “a concern to relate both biblical texts and motifs and the themes of Christian Theology in general to situations of oppressions and violence and to the need and the means for their alleviation.” (Rensberger, 1988: 108) In this way, he escapes the dangers of being biblical without being contemporary (a potential problem for most evangelicals) and being contemporary without being biblical (a potential problem for most liberals). Rensberger calls us to bridge the gap between the voice of the ancient biblical text and the contemporary context. He urges us to listen to the biblical texts, while being sensitive to the voices which cry out in today’s situations.

Rensberger draws on the story of Nicodemus (John 3) to discuss what it means to be in solidarity with oppressed groups in a particular context. To be born anew (anóthen – John 3:3) is not merely a symbolic sacrament, but a ‘birth with a people’. It means risking exclusion by making a public confession of one’s faith in Jesus, i.e., the confession whereby one joins or hears the voices of an oppressed group. Nicodemus, who represents the oppressive structure, lacks these qualifications. Rensberger deduces from Nicodemus an important hermeneutical correspondence between the situation of oppression today and the existence of Nicodemus-like people in present communities. Rensberger sums up by saying that Nicodemus is present in any place “where Christians in power relate to powerless Christians.” (Rensberger, 1988: 115) For Rensberger, sources of power can be “money, class, gender, race, education, political connection, [sexual behaviour], or otherwise.”
Accordingly, Nicodemus’ unwillingness to be in solidarity with the oppressed highlights the current situations of confrontation and hatred between the Johannine community and ‘the Jews,’ which created a group of people who were afraid to come forward as activists for promoting peace and justice in places of violence and injustice.

5.2.3 Anti-language: A Tool for Dealing with Marginalization

Another social model for understanding the gospel of John is that of language or anti-language as a way to define group identity. A marginalized group most likely develops a language that only members of the group can understand. For such groups, an alternative language becomes a tool for dealing with marginalization by the group that marginalizes. Alternative language also helps us define the kind of relationship that exists between those who marginalize and the marginalized. This may be what happened in the confrontation between the Johannine group and the Jews.

The confrontation between the Johannine group and the Jewish group generates basic features of the gospel of John which distinguish it from the Synoptic gospels. Many features of the gospel show us the responses of the alienated Johannine community, as described by Rensberger above, to the existing situation. The American theologians Bruce J. Malina and Richard L. Rohrbaugh draw on the sociolinguist M.A.K. Halliday (1978) to describe significant features that contribute to the characterization of Jesus and of minor characters in the gospel in response to the situation of exclusion from social interaction.

In the introduction to their commentary on the gospel of John, Malina and Rohrbaugh describe features that are important for interpreters when approaching the gospel. One of the most important features of the gospel of John is its language. The language that the Evangelist employs for Jesus and for other characters makes people understand what kind of social interaction exists in the community. According to Malina and Rohrbaugh, the language of the Evangelist is partially ‘relexicalized’, i.e., the Evangelist employs words or expressions of everyday communication to explain a reality that is different from the ordinary use of such expressions (Malina and Rohrbaugh, 1998: cf. Halliday, 1978: 165). The theologian Norman R. Petersen calls the relexicalized language employed by the Evangelist a ‘special language’: because the Evangelist “uses the words and grammar of everyday language, we can understand what he is saying, but we cannot understand what he means because we do not know to what he is referring” (Petersen, 1993: 10 emphasis original). Through this

133 Some of the issues that Rensberger mentions as sources of power, e.g., gender and race, are the main themes in my study of texts from the gospel of John.
relexicalization, the Evangelist uses words from everyday communication to explain a certain reality (higher than the common words and phrases) which is of central concern to the interests and activities of the Johannine group (Malina and Rohrbauch, 1998: 4-5).

The relexicalization of the Evangelist extends further to ‘overlexicalization’, when he uses words or phrases in order to depict a particular reality. The first of these is his use of the antithetic phrases (i.e., contrasted ideas or words): Light/Darkness, from Above/from Below, of the World/not of this World, Spirit/Flesh, Knowledge/Ignorance, Sight/Blindness to explain two spheres in a particular relationship. Each of the positive words is relexicalized and indicates the ‘new reality,’ while their opposites denote the ‘old reality’ (i.e., ‘the taken-for-granted reality’). Through overlexicalization, Jesus employs a variety of words to point to one particular reality in a sphere of relationship (cf. Halliday, 1978: 165).

The antithetical expressions in Johannine language show us three ways in which meaning emerges: first, by what the evangelist states, or describes (the ideatical); second, by the personal qualities of characters and the way they communicate to one another (interpersonal); and third, by the quality of language as the Evangelist employs it to form meaning above the sentence level (textual) (Malina and Rohrbauch, 1998: 5; cf. Halliday, 1978: 112). In short, “what one says is ideatical, with whom one speaks is interpersonal, and how one speaks it is textual.” (Malina and Rohrbauch, 1998: 5 cf. Halliday, 1978: 112)

Therefore, the what, with whom and how are the main uses of language in the gospel of John which show the reader the interaction among characters in the gospel.

The rellexicalization and overlexicalization in the gospel of John depict the desire of the Johannine group to implement new social values and underscore the existing ones. This wish enables the development of an anti-language within the normal language of society.

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134 What Jesus speaks in the whole narrative is heavenly. It is something beyond the existing earthly reality. He employs the ‘earthly language’ (language of everyday life) to speak about ‘heavenly things’ – and this makes it difficult for other characters to understand what he states.

135 The interpersonal communication of characters in the gospel is based on the interaction between the ‘sons of Moses’ (the disciples of Moses - the Jews), the ‘sons of Light’ (the disciples of Jesus), and the sons of Moses and Light (the disciples of Moses and Jesus), the social situation that exists and the responses to that situation. The social context is the one of power relation between the sons of Light (the minority powerless group) and the sons of Moses (the major group) that results in the existence of a group owing allegiance to both Moses and Jesus for fear of exclusion. The sons of Moses exclude the sons of Light from the larger group. The sons of Light provide a response to exclusion as a strategy to deal with exclusion. Their response is the consolidation of a language that functions to re-socialize and provide them a new identity. Therefore, in the whole interaction, the Evangelist presents the ‘haters of light’ and the ‘lovers of Light’ as two antagonistic groups (Petersen, 1993: 80-82, 90).

136 The language that the Evangelist uses for Jesus in relation to other characters alternates from ‘figurative (en paroximais) versus plain or literary (en parresia) speech’. Jesus speaks more in en paroximais than en parresia. Examples of the alteration of figurative and plain speeches of Jesus include chapter 16 (a component of the Farewell Discourse to his disciples) and chapter 10 (in which Jesus speaks to the Pharisees about sheep, shepherds and thieves vv. 1-21 and the ‘Jews’ complain and demand that Jesus speak plainly 22-30). Chapter 11 is about the death of Lazarus (for further discussion see Petersen, 1993: 49-52).
“‘Antilanguage’ is the language of an ‘anti-society,’ that is ‘a society that is set up within another society as a conscious alternative to it. It is a mode of resistance, resistance which may take the form either of passive or of active hostility and even destruction’.” (Malina and Rohrbuch, 1998: 7; cf. Halliday, 1978: 164 and Petersen, 1993: 21-22; 89-90) Therefore, as Petersen points it out, “Anti-languages are not different from everyday languages; they are languages that differ from an everyday language as a special use of that language.”

Anti-language and anti-society are twins that always appear together in marginalized groups. Since anti-language and anti-society go hand in hand (Malina and Rohrbuchh, 1998: 7), the anti-language in the gospel of John is ‘anti-structural’ because what the anti-society opposes is embedded primarily in the social structure and everyday language of the larger dominant group (Petersen, 1993: 90). The anti-language and anti-society employed by the Evangelist in the gospel certainly demonstrate the label of the group with an anti-language in relation to the dominant society, the label of being deviants from the life and praxis of the larger society (Petersen, 1993: 89). Therefore, the Evangelist describes a group that stands opposed to mainstream society and develops an anti-language (understood only by members of the group) as a resistance to the opinions of the main society, and as a strategy to deal with the social situation in which it finds itself.

The terminologies of the anti-language employed by the Evangelist in the narrative become meaningful not by virtue of their reference, but by virtue of the difference they suggest from a particular everyday usage in the dominating larger society (Petersen 1993: 89). John uses several terminologies to explain the larger group: this world, ‘the Jews’, and ‘sons of the devil’. One can subsume all these names under the single name ‘sons of Moses’ (Petersen, 1993: 80-81). The anti-language that the Johannine group maintains serves as a tool for resocialization and the maintenance of group solidarity. Therefore, the resocialization process brought about by the anti-language creates a unity among members and functions as a “chief place of identity, security, acceptance, and belonging.” (Elliot, 1993: 83)

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137 Halliday notes that the language and anti-language each represent a particular reality. The emergence of the anti-language within the language serves as an opposition to the existing reality. It brings up an alternative reality within the existing everyday reality. What is important is not the difference between the two realities, but the ‘tension’ that exists between them (Halliday, 1978: 171 cf. Culpepper, 1987: 166-167).

138 Cf. the execution of those committing adultery, exclusion from the synagogue of those believing in or enticing others to believe in Jesus, and the non-sharing of vessels with Samaritans as agreements in the social structure of the sons of Moses (the Jews). Most of what the disciples of Jesus protest against is based on the social structure of the larger community.

139 The resocialization spoken here is not a re-entering into relationship with the larger group, but the development of a new social group with its own social system of interaction hidden from the eyes of the larger group.
The Evangelist illustrates the resocialization processes by presenting the conversations of Jesus with minor characters in the gospel (see Joh. 3: 1-4:42; 5: 6ff; 6:22ff; 9: 13- 10:42; 11: 1-4; 11: 45- 12:36 and chapters 13-17). In these conversations, Jesus resocializes through interpersonal dialogue, addressing the conversation partners with the personal pronouns ‘you’ (singular) to indicate individual partners (ca. 60 times) and ‘you’ (plural) to denote the group (ca. 68 times) (Malina and Rohrbauch, 1998: 10-12 cf. Halliday, 1978: 170-171). The power of anti-language in the gospel of John is based on its ability to reinforce the construction of new interpretations of reality in various social interactions by creating new perceptions of the groups. The Evangelist constructed the patterns that were available in his group (Malina and Rohrbauch, 1998: 15; Petersen, 1993: 89).

5.2.4 Stigmatization: A New Perspective of Social Interaction

In my literary reading of texts from the gospel of John, I also draw insights from the historical and social contexts of the Johannine community which are explored by the above models. But instead of using the perspectives of ‘oppression/liberation’, ‘sect’, and marginalization/anti-language in analysing the world of the Johannine community with the major focus on political oppression and liberation, as is done in the above perspectives, I use a perspective of stigmatization in a more sociological and psychological sense. My interest here is to understand the interaction and relations between characters in the gospel, mainly Jesus and the minor characters, in their Jewish environment (i.e., the broader social system). I also draw on the theories of the exclusion from society and the construction of anti-language and anti-society by Martyn, and Malina and Rohrbauch respectively to uncover the existing social processes within the texts I analyse. In following the social processes suggested above, I place the new perspective in the context of earlier works of social-scientific biblical criticism.

In addition to using insights from historical and social scientific criticism from earlier studies, my approach in analysing the texts is related to the discussion of literary characterization in the Fourth Gospel and the way the language which the characters employ can be an agent of stigmatization. My concern is to explore the way groups in the stories I analyze employ language to make visible the process of stigmatization (in terms of gender, sexuality and sexual behaviour, class and ethnicity), and to investigate the role each character (or group of characters) plays in the scenes to make the meaning of the text explicit. Therefore, in this study, as I already stated, I use ‘stigmatization’ as a perspective of analysis within the Johannine characterization.
The hermeneutical question I raise in my analysis of texts is similar to that of Rensberger, i.e., how can the stories in the texts I analyse, with their embedded meaning, be of significance to people facing stigmatization in their own life situation? I approach my reading of texts from the gospel of John in the light of the contemporary situation of HIV/AIDS-related stigmatization. I am aware of the fact pointed out by the Windhoek Report on HIV and AIDS-related stigma that “It is not possible to find, in the Bible, an exact parallel to the stigmatization of those living with HIV and AIDS (…)” (Windhoek Report, 2007: 22) The Windhoek Report emphasizes that the contemporary reading of the Bible can still draw on the examples of stigmatization from biblical texts and relate such examples to the current situation (Windhoek Report, 2007: 22). Therefore, in my use of stigmatization perspective, I see the necessity to re-read texts from the gospel of John which point to the stigmatized people of the time of Jesus and show how Jesus and the Jewish community (the Jews) related to such people. I also see the necessity to reflect upon the relationship between characters in the texts, and the relationship between PLWHA and churches in the context of HIV/AIDS-related stigmatization in our contemporary situation.

Since this study combines biblical and empirical researches, i.e., both biblical scholarship and the life experiences of a stigmatized group (PLWHA), my reading of texts from the perspective of stigmatization bridges the gap between biblical scholarship and the experiences of the group that faces stigmatization. Reading the Bible from the perspective of stigmatization uses the Johannine characterization as a resource among groups, helping them to move from being objects of stigmatization towards being subjects who defend their worth and dignity in the society.

The format of my reading of texts from the gospel of John reflects the theoretical component of this study (chapter two). Following my theoretical chapter, I identify the characters or agents in the interaction within the society, types of stigmas, characteristics of the acts exerted by the excluding group, responses of the stigmatized group towards those who stigmatize, the role of the surrounding community (family or neighbours), and the role of Jesus. This characterization reflects not only life in the literary text, but also the real life experiences of the current stigmatized group (readers), and the way they respond to characters in the stories. In this case, the text speaks to people in their own reality of life.

I argue in my reading that stigmatization lies at the heart of the Jewish social structures represented by the narrative, even though it does not explicitly use the terminology

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140 For a similar question, see Rensberger, 1989: 135.
of stigmatization. Resseguié (2001) lists the characters whom societies in the gospel narratives stigmatized as those

at the margin of the dominant society. They are socially expendable avatars of low status, plebeian figures such as the poorest, sick, lame, blind, paralysed, beggars, prostitutes, tanners, and so forth. Women also were low on the status hierarchy, along with children. They have no voice in the dominant culture, and often are nameless-objects rather than subjects in there [sic!] own right. They are relegated to the margins of the text: by pools, in tombs, at wells, outside the city, at hedgerows. They are the living dead – socially and culturally – and many have physical ailments that make them near dead (Resseguié in Kgalema, 2004: 157).

Jesus appears to these groups as the teaching Messiah whose word (λόγος) plays a significant role in revealing both his own self and the will of his Father. The revelation of Jesus redefines the main structural pillars of Judaism, making stigmatization visible. Jesus becomes the new Temple, a refuge, where people worship God in Spirit and truth – as opposed to the Jerusalem Temple (2: 19-21). He redefines the Torah, which the Jewish structures used as a weapon to discriminate others (1:17; 5: 39-47). He redefines the way to be in communion with God (to be born ἄνωθεν – to be born ‘with a people’ in addition to individual sacramental celebrations) (3: 3-6 cf. 19: 11,23). He redefines the Sabbath and its use in relation to the will of God (7: 21-23). Through these re-definitions, Jesus subverts the stigmatizing social structures which enhance social inequality in terms of gender, race, class, and sexuality (cf. Bennema, 2005: 50).

In the following three sections (5.3, 5.4 & 5. 5), I read texts from the Gospel of John using the perspective of stigmatization. The texts I read are: the story of Jesus and the Samaritan woman (John 4: 1-42), the story of Jesus and the woman accused of adultery (John 7: 53-8:11), and the story of Jesus and the man born blind (John 9: 1-41). In reading these stories, I draw on the American sociologist Erving Goffman’s suggestions about three types of stigmas attached to stigmatized individuals (1963): the tribal stigma relating to the stigmatized group to which one belongs (gender, religion, race and ethnicity), blemish of individual character, and bodily abomination. The main method of reading the texts is literary/narrative criticism. Using the literary method, I examine the way stigmatization functions in social interactions among characters in texts with regard to the types of stigmas outlined by Gofman. At the close of the reading of each text, I list possible hermeneutical questions which emerge from the reading process.
5.3 STIGMATIZATION DUE TO GROUP OF BELONGING (JOHN 4: 1-42)

5.3.1 Introducing the Text

Reading John 4: 1 – 42 as a Text on Stigmatization

In the present text, I investigate how stigmatization due to membership in a stigmatized gender, religion, race and ethnicity (tribal stigma) works in the story of the Samaritan woman and her interaction with Jesus. I will also investigate how the woman tries to cope with stigmatization by her fellow women (and men) in Samaritan city life. I will ask: What is the reaction of those who stigmatize (e.g., the disciples of Jesus) towards Jesus and towards the Samaritan woman? How do those facing stigmatization react? For example, how does the woman react towards Jesus, whom she sees as a man from among ‘the Jews’, an ethnic group that stigmatized Samaritans?

Moreover, I want to study the way male-female relations within the text and within the ethnic differences carry stigmatizing consequences. Finally, I investigate how Jesus brings the woman (and the stigmatized Samaritans) out of stigmatization, employing conversation as his tool.

Literary Structure and Setting of the story

The structure of the story seems to be both a dialogue and monologue. It is dialogical in the sense that two partners (Jesus and the Samaritan woman) converse in order to understand each other. The story is partly a monologue in the sense that Jesus speaks to his disciples in an instructional way as he deals with the conceptions of the disciples about his conversation with the woman.

The story has three main components: The setting of the story (4: 1–6), Jesus interacting with the stigmatized woman (4: 7-26), Jesus dealing with courtesy stigmatization by his disciples141 and the inclusion of the Samaritan community as his disciples (4: 27-42). The interaction of Jesus with the stigmatized woman can be further subdivided into three components. The first component indicates the manifestation of the stigma attached to the woman (vv.7-9). The second indicates the initial initiatives made by Jesus to help the woman to move out of stigmatization (vv.10-15), and the third indicates the removal of the stigmas attached to the woman (vv. 16-26). The interaction of Jesus with the woman is full of misunderstandings and clarifications. Some of these proceed as follows: Jesus provides a

141 In his discussion with the disciples, Jesus makes a statement to them (4:32), the disciples misunderstand it (4:33), and then he clarifies it (4: 34-38).
statement (4: 7), the woman misunderstands it (4: 9),\(^{142}\) Jesus clarifies the statement (4: 10), the clarification in turn also leads to misunderstanding (4: 11–12), and Jesus clarifies again (4: 13-14), but the woman misunderstands it again (4: 15)\(^{143}\) (Malina & Rohrbauch, 1993: 102-103). The mention of Jesus, Pharisees and John in the introduction to this story (v. 1-3) is significant in providing a link with what precedes these texts (cf. Dube, 1996: 45; 2002: 61)\(^{144}\).

The connection between John 4: 1-42 and the preceding narrative seems clear: Jesus apparently continues his dialogues with people of various ethnic groups and statuses as a way of self-disclosure and with the intention of breaking down the ethnic boundaries that exist between them. We find the first dialogue of Jesus in chapter 3: 1-17 where he encounters Nicodemus, a man, a leader, and a representative of the Jewish orthodox. The conversation with Nicodemus centres on the importance of ‘water’ and ‘spirit’ in inclusion into the community of Jesus. Jesus holds a frank conversation with Nicodemus concerning his blindness, i.e., his ignorance of the factor for inclusion, despite his knowledge of the law. In its form and structure, the conversation of Jesus with Nicodemus is similar to that with the woman of Samaria. Therefore, in order to understand the conversation with the woman of Samaria, we need the light shed by Jesus’ conversation with Nicodemus.

Some of the main issues at stake in the story of the Samaritan woman are the questions of ‘blood purity’ or ‘blood contamination’, ‘religious purity’ or ‘religious contamination,’ and gender relations/identities between Jews and Samaritans. As I point out in the next subsection, the identity of Samaritans revolves around their relationship with their counterpart, ‘the Jews’. The loss of blood purity and the contamination of their worship with foreign deities certainly made them carry a stigma of impurity and of unworthiness to be God’s covenant people. In this case, Samaritans seemed a potential source of contagion to the Jews, who held that people from other racial backgrounds could spoil their own racial and religious identity.

\(^{142}\) Some theologians think that the misunderstanding of the woman in this story functions as the author’s way of making the readers have a clear understanding of what Jesus specifically intends in the conversation. The intention of Jesus is his progressive revelation and the inclusion of the woman and her community in the inclusive Kingdom of God (see Botha, 1992: 130 – 131 and Kim, 1997: 111). A similar kind of style also appears in the discussion of Jesus with Nicodemus in John 3: 1-21.

\(^{143}\) The statement, misunderstanding and clarifications in the encounter of Jesus with the Woman of Samaria lead her to a special ‘Christophany’ (4:26) which provides an important plot of the story.

\(^{144}\) The first component of the introduction indicates the struggle for power and influence in terms of acquiring many disciples. It is presented vividly as a conflict between the disciples of Jesus and the disciples of John (John 3: 22-26) on the one hand, and Jesus’ disciples and the Pharisees on the other (John 4: 1). The Pharisees see Jesus as a threat to their authority as religious leaders and they would like to eliminate him; Jesus sees the Pharisees as a threat to his works whose ‘hour’ for accomplishment has not yet arrived (see Dube, 1996: 46).
Characterizing Samaritans

The characterization of Samaritans presented by John is based on their relation to ‘the Jews’, both ethnically and religiously. The Evangelist presents Samaritans as an ethnic group which was at odds with ‘the Jews’ as a result of the construction of boundaries of purity and impurity between them (John 4: 9). Ethnically, the Evangelist seems to present Samaritans as a different ethnic group from that of the Jews. He presents them as descendants of the ancient Israelite tribes of Ephraim, Manasseh and Levi, who certainly refer to themselves as Hebrews and Israelites descending from the direct line of Jacob and Joseph (cf. John 4: 5).

In religious terms, the Evangelist presents the Samaritans as having a different faith and praxis from that of the Jews. The Samaritans claim that their faith is an authentic Israelite faith based on the Pentateuch and the Mount Gerizim tradition (Shechem). They reject the tradition associated with Mount Zion (Jerusalem). For them, the tradition of Mount Gerizim represents the faith practiced from early Israel (John 4: 20). Their authoritative scripture is only the Torah, without either the prophets (nebim) or the writings (ketubim). The Messiah they awaited was not a Davidic Messiah, but a ‘returning Moses figure’ by the name of Ta’eb, i.e., a ‘restorer’ or ‘the one who reveals’ (John 4: 25) (see Deut. 18: 15-19) (cf. Purvis, 1981: 124; Meier, 2000: 204-205; Wyckoff, 2005: 90). John presents Jesus in this text not only as the one the Samaritans awaited as the Messiah, but also as a man among the Jews.

In this analysis of stigmatization, I follow the characterization of the identity of the Samaritans and the relationship they had with their Jewish counterparts as the Evangelist presents it. The story of the Samaritan woman’s meeting with Jesus seems to fit well in the history of relationship between Jews and Samaritans.145 It fits well with the antagonisms

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145 The theologian Nathan Schur gives an account of the historical relationship between the Jews and the Samaritans. According to Schur (1989), the relationship between Samaritans and the Jews has a long historical background beginning with the Fall of Samaria (ca. 722 BCE). The fall of Samaria resulted in the exile of its inhabitants. The Assyrians deported most of the northern tribes of Israel to Assyria. However, we do not yet know for sure which among the tribes they deported and which they left in Samaria. This is because very little is known about their deportation and existence in Assyria (2 Kings 17). However, many scholars, on the basis of the inscriptions that kings erected to demonstrate their power, think that the Assyrians deported a small number of Jews and left most of the Israelites in Samaria.

2 Kings 30 explains what the king of Assyria did after deportation: he took men from the heathen tribes and placed them in Samaria. The following chapters relate their conversion to Judaism during their stay in Samaria. The expulsion of the Israelites from their own land to the foreign land, and the importation of people from Babylon and Cuthah, Ava, Hamath, and from Sepharvaim cause the mixing of tribes and interbreeding among the Israelites whom they left in Samaria, hence the loss of the original Jewish identity in terms of blood and race. The foreigners also brought with them foreign gods that the Jews in the northern kingdom worshiped, hence losing their monotheistic belief in God (2 Kings 17: 24 – 41). This justifies their despised identity as being sons of the foreigners. This was because the Mosaic Law did not allow intermarriages with foreign nations.

The polarization between Israelites in the Northern Kingdom and those in the Southern Kingdom, according to Schur, deepened with the return of Ezra and Nehemiah from the Babylonian Exile and their religious reforms. Their decrees to dissolve any mixed marriages, as one of the prerequisites for the true return to the covenant
between Samaritans and Jews concerning the constructions of social boundaries between the two ethnic groups. Therefore, the meeting of Jesus with the Samaritan woman represents the two races which each struggled for self-identity in the context of questions about worship and the coming of the Messiah.

5.3.2 Interaction of Jesus with the Samaritan Woman (John 4: 7-26)

Stigmatizing the Samaritan Woman (4:7-9)

The main scene commences in verse seven, when a woman of Samaria comes to the well\textsuperscript{146} to fetch water. The stigmatization of the woman in this text is mainly self-stigmatization, initially manifested in the fact that the woman comes to the well alone in the afternoon. The woman seems to belong to lower-class women of the Mediterranean world; one of their daily tasks, as Malina and Rohrbaugh note, is to draw water from wells for daily consumption in households. According to Malina and Rohrbaugh, such women do this kind of work in the morning or evening, when the weather is cool (cf. Gen. 24: 11). These women fetch water in the company of other women (cf. 1Samuel 9:11) and have private conversations at the well. This makes wells private spaces for them.\textsuperscript{147} Therefore, the statement that the woman sees Jesus at the well appears scandalous and outrageous (Malina & Rohrbaugh, 1998: 98), since wells were private spaces for women.

The woman comes to the well alone, and not at the time when women of Samaria usually fetch water (i.e., she comes in the afternoon). This solitary coming indicates something different from the other women: she feels ashamed, and the stigma attached to her becomes visible through her withdrawal from the private space of the women. Malina & Rohrbaugh suggest that the woman seems to possess a stigma which leads the other women to exclude her (Malina & Rohrbaugh, 1998: 98; see also Carson, 1991: 217). There can be no doubt that the other women (and men) attached a stigma of immorality to her. In this way – no matter how we are to explain the time she appears at the well (the afternoon) and the fact of

\textsuperscript{146} The well that the woman meets Jesus has the name ‘Jacob’s well’. This name seems to be significant to the woman because it indicates her cultural identity as a Samaritan whose descent is from Jacob and Joseph (Wyckoff, 2005: 92).

\textsuperscript{147} The Old Testament provides an attestation that wells were meeting places since antiquity. One can see such an attestation in the stories of Isaac and Rebecca (Gen. 24: 10-49), Jacob and Rachel (Gen. 29: 4-14), and Moses and Zipporah (Exo. 2: 15-22).
her conversation with Jesus (a man) at a private space for women – the woman of Samaria appears exceptional, in virtue of the stigma they attach to her (cf. Neyrey, 2003: 98).

The woman who comes to the well alone in the afternoon not only reveals the possible stigma of immorality attached to her, which made her feel ashamed; she also shows how she may have responded to the stigmatization inflicted on her by other women. The woman decides to withdraw from the realm of other women, which might confront her with stigmatization. She herself feels shame when she is with other women, because of the stigma they attach to her (probably a stigma of immorality). Through the stigma they attach to her, the woman seems to be socially deviant, and she herself internalizes the stigmatizing attitude of her fellow women in the city.

The second manifestation of the stigmatization of the woman is in her relation with Jesus, a man from among ‘the Jews’. The implicit question of his disciples (through their astonishment, v.27) when they return from buying food manifests the issue of gender identities in the text (Conway, 2003: 80, 85). Jewish social boundaries required that Jewish men should not speak publicly with women. We find the following examples of this prohibition in Jewish religious writings:

Jose b. Johanan of Jerusalem says: “Let your house be wide open (...). And don’t talk too much with women.” He spoke of a man’s wife, all the more so is the rule to be applied to the wife of one’s fellow. In this regard did sages say, “So long as a man talks too much with a woman, he brings trouble on himself, wastes time better spent on studying Torah, and ends up an heir of Gehenna”. (m. Aboth 1: 5)

“It is forbidden to give a woman any greeting.” (b. Kiddushin 70a)

These two quotations indicate that the interaction between men and women in the Mediterranean world was heavily controlled. Boundaries prohibited women from speaking with men outside their family realms. Men belonged to the public spaces outside their families, although they also had interactions in the private space; women belonged to private spaces in the family. To speak with a woman in a public space was shameful and contravened the existing norms of social control (Malina & Rohrbauch, 1998, 104-105). Therefore, the citation from Kiddushim above helps us to understand why the woman utters no word of greeting to Jesus after she arrives at the well (Botha, 1991: 116).
Jesus, who is weary and alone, meets the woman in a very public space. It is afternoon when the woman comes to the well and the weather is extremely hot.\(^{148}\) What happened at the well? How did Jesus treat the woman in relation to his religion and his Jewish ethnic identity? What did Jesus do that was probably unusual for a Jew and a Rabbi? Jesus is the one who initiates the conversation by a command: “Give me a drink.” (John 4: 7)\(^{149}\) Through this command to the woman of Samaria, Jesus goes against the ethnic social boundaries of his time; the command of Jesus seems anti-structural. The first offence of Jesus against the existing structure relates to gender differences: he is a man and the one he asks for a drink is a woman, and probably one who is involved in irregular sexual relationships.

The second offence is racial and ethnic, and concerns purity and impurity: Jesus is a Jew, and the woman is a Samaritan. She is thus considered to have heretical religious views, and she does not keep the proper Jewish religious observances. Ethnic social boundaries required Jews to avoid contact with Samaritans because they were impure. For Jews, having any kind of contact with Samaritans meant exposing themselves to contamination by their impurity: Samaritans carried a contagion. In order to preserve the maximum purity in religious leaders, Jewish boundaries allowed no Jewish Rabbi to speak publicly with women. In addition, ethnic social boundaries required that Jews and Samaritans should not use the same vessels, because Jews considered Samaritan women were constantly menstruating, and hence impure and contaminating. Contamination came not only through touching the person, but also through touching the vessels that the impure person had used (Malina & Rohrbauch, 1998).

\(^{148}\) Her coming in the afternoon has a theological importance when compared with Nicodemus’s coming during the night. In the gospel of John, the contrast between light and darkness theologically implies the contrast between good and evil. Darkness indicates evil and light indicates goodness. Nicodemus comes in the night and returns to the darkness. Neither he nor his community believes in Jesus, and they are not included in the community of Jesus’ disciples. The woman comes in the bright light of the afternoon, she believes in Jesus and she and her community believe and are included in the community. Therefore, this contrast provides the contrast between Jews who claimed to be in light while they were in darkness and Gentiles (Samaritans) whom Jesus incorporated into his community (Wyckoff, 2005: 91).

\(^{149}\) Other scholars think that the command of Jesus to the woman poses a problem with regard to the normal communication of his time, especially the politeness in making a request for something he needed (see Botha, 1991: 115). Others think that Jesus drank the water that he asked for from the woman after the woman left the vessel with him at the well when departing to the city (see Daube, 1950: 138). In this case, despite his weariness and thirst, it is still debatable as to whether Jesus really needed something to drink and that he drank it. This is because nothing in the whole story indicates that Jesus drank the water he asked for.

To me the request of Jesus for water seems to be his way of initiating the conversation that brings the conversation to something greater than water. This implication appears when Jesus tells the woman that if she knew she would have asked him to provide her ‘living water’ so that she would not thirst again (4: 10). Jesus moves from the normal language of water (normal ‘living water’) to an anti-language of it to mean something more than ‘living water’ that leads the woman to misunderstandings. Therefore, through the language of ‘giving’ (the request to the woman to provide normal water) Jesus explains his wish to provide her something more than normal ‘living water’ (4: 12-14) (Petersen, 1993: 103). Jesus wants to remove the woman from the shackles of stigmatization surrounding her gender, her ethnic belonging and her religious affiliation in relation to the Jews.
1998, 99; Moore, 1993: 21 see also footnote 14). The following quotations from the rabbinic Jewish writings highlight the existing boundaries:

With two nations my soul is vexed, and the third is no nation: Those who live on mount Seir, and the Philistines, and the foolish people that dwell in Shechem. (Sirach 50: 25 – 26).

R. Eliezer used to say, “One who eats bread [baked by] Samaritans is like one who eats pork.”

(*m. Shebiith 8: 10*)

Samaritan women are deemed menstruants from their cradle. And the Samaritans convey uncleanness to a couch beneath as to a cover above, because they have intercourse with menstruating women, and continue unclean for any sort of blood. But those [who have contact] with them are not liable for entering the sanctuary and do not burn the offering on their account because their uncleanness is a matter of doubt. (*m. Niddah 4:1*)

The above citations, though from later Jewish writings, indicate that a stigma of uncleanness was attached to the Samaritans, because they are foolish people whose blood (race) has been adulterated by their intermarriages with foreign nations against the command of God (see Schur’s historical account of the relationship between Samaritans and the Jews). Therefore, for Jesus using the vessel from the woman of Samaria was encountering contamination from the Samaritan impurities as a Jew and transgressing the existing Jewish religious boundary to talk with any women as a Rabbi.

Why does Jesus ask the woman of Samaria to give him some water, irrespective of the existing ethnic social boundaries? Jesus seems to lower himself before the woman; he seems ignorant of what the boundaries mean in his social context. It is more likely that Jesus indicates an intentional negligence of the boundaries, and this welcomes the woman to the conversation process. He turns the public space at the well into a private space where he can talk with the woman about issues that he might not be able to discuss with her anywhere else, in the public space. By conversing with the woman, Jesus takes up issues of the private space and discusses these with the woman in a public space which he makes private for her sake.

The woman challenges Jesus about the existing boundaries between the two incompatible ethnic groups. Her challenge indicates that she knows about the existing boundaries and cultural differences between Jews and Samaritans, and that she has internalized these in her life. She wonders why Jesus puts off his Jewish identity and esteem and becomes ready to talk and receive a drink from her. Her challenge expresses her
amazement: “How is it that you, a Jew (Ἰουδαίος)\textsuperscript{110}, ask a drink from me, a woman of Samaria?” (John 4: 9) (Greek emphasis mine) This challenge to Jesus is the first stage in her identification of who is Jesus within the conversation process. It indicates an awareness of her own stigmas, which she has certainly internalized for a long time: she is a woman (an impure woman, according to Jewish constructions) and a person from Samaria (a despised and neglected ethnic group because of ethnic and religious impurity, according to the Jews). She is aware of her difference in terms of gender, religion and race vis-à-vis Jesus, a male and a Jew enjoying high patriarchal and ethnic esteem (cf. Conway, 2003: 84; Moloney, 1993: 139). Therefore, the woman seems to dismiss Jesus as a Jew in her mind, because it was unimaginable for a Jew to behave in the way Jesus behaved towards her (cf. Carson, 1991: 218).

However, her calling Jesus as ‘a Jew’ indicates some sort of knowledge on her part that she belongs to a particular group with a specific racial orientation: hence her knowledge of the shame that faces the group to which she herself belongs. Jesus is not a Samaritan, nor is he a woman: he is an out-group person. He does not belong to the same group as the woman, and he does not have the same rights as those who are in-group, viz. the Samaritans. Therefore, the narrator (the Evangelist) emphasizes the challenge to Jesus with regard to the existing boundaries, “οὐ γὰρ συγχρώνται Ἰουδαίοι Σαμαρίταις” (lit. for Jews use no vessels that the Samaritans have used’ (cf. Daube, 1950: 138; Carson, 1991: 218; Wyckoff, 2005: 92).

\textit{Assisting the Samaritan Woman to come out of Stigmatization (John 4: 10-15)}

The challenge of the woman to Jesus indicates the ethnic boundaries which exist between the Jews and the Samaritans. Jesus does not respond to the challenge of the woman, nor does he further emphasise his request for water to drink. Instead, Jesus focuses his conversation on breaking down ethnic, racial and religious boundaries between the Jews and the Samaritans which had long been internalized by the woman and her Samaritan community. Jesus leads the woman into a deep conversation (Moore, 1993: 210) focussing more on the knowledge of his divine identity (i.e., the knowledge of the woman about ‘the one speaking to her’) and ‘the gift of God’ (τὴν διακονίαν τοῦ θεοῦ) (John 4:10). The two

\textsuperscript{110}It is only in John 4:9 that Jesus bears the identification of a ‘Ἰουδαίος’, a word that has no direct English equivalent, especially when used in the first century milieu. The word identifies the person “with beliefs, rights, and customs of adherents of Israel’s Mosaic and prophetic tradition.” In the Mediterranean world, the term also strongly indicated belonging to a particular ethnic group different from the other ethnic groups and the place of political orientation to which a person belonged. In her address of Jesus as Ἰουδαίος the woman seems to know sensitively that Jesus is different from her in race and ethnicity (Wyckoff, 2005: 89). For a more detailed account of ‘the Jews’ see section 5.1.3 above.
aspects on which Jesus focuses thus form the main concern of the bulk of his conversation with the woman (Moloney, 1998: 117).

In his initiatives to remove the stigma surrounding the woman Jesus focuses on something very different from his request (some water to drink), while symbolically using the same vocabulary (antilanguage). Instead of the normal water at the well, Jesus speaks of the ‘living water’ (᾽יודוρ 嗞יוη)151, which may refer to the inclusive salvation for all humankind irrespective of gender, religion and race (Beasley-Murray, 1987: 60; Kim, 1997: 111). This ‘living water’ is probably the ‘gift of God’ which Jesus mentions to the woman and attested by the Torah. However, the woman does not know this (Carson, 1991: 218). The conversation of Jesus with the woman of Samaria indicates the encounter between two different ethnic worldviews: the Jewish and the Samaritan worldviews. The two worldviews are full of antagonism on matters of worship, the sharing of vessels, and normal communications. Therefore, the silence of Jesus in response to the question of the woman implies that his willingness to share the vessel with her, and his shift of focus towards the knowledge of him and to the gift of God, are intentional. What is the intention of Jesus in relation to the woman from a stigmatized community?

The intention of Jesus seems to go beyond the realm of conversation. Jesus paves the way for a revelation of the will of God within the ongoing dialogue (Moore, 1993: 208). Jesus desires to remove the stigma from the woman and the exclusion she faces from other women, and from the community at large, so that she may be publicly included. Jesus employs the symbolic words ‘water’ and ‘life’ to explain what kind of person he is, and why his Father sent him. Jesus tells the woman: “If you knew the gift of God, and who it is that is saying to you ‘Give me a drink’, you would have asked him, and he would have given you living water.” (John 4: 10, emphasis mine) The woman seems to be ignorant of the purpose of Jesus. She misunderstands completely. Her ignorance here is greater than at an earlier point in the conversation, when her question concerned the efficacy of ethnic social boundaries. As the conversation continues, her ignorance makes her even more eager to receive knowledge.

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151 The phrase ‘living water’ has double meanings: first, it means fresh running water out of natural springs as opposed to still water from a pond or cistern; second, it has a metaphorical use for the dealings of God with humanity. ‘Spring water’ is applied metaphorically to express people’s continual acceptance of God and his faithful goodness to them, instead of choosing stagnant water of their man-made cisterns, i.e., choosing to worship idols made with their own hands (see Jer. 2:13) (Carson, 1991: 219). The phrase ‘living water’ has a long history from both biblical and other extra-biblical religions. In this history, water points to a reality beyond the normal physical water. Therefore, the author of John’s gospel seems to take the theme of ‘water’ from the great prophets of the Old Testament. In such prophets the theme speaks of God, his inclusive grace and the transforming power of the spirit (see Isa. 1:16-18; Eze.36: 25-27; 47: 1-12; Zec.14: 8). The theme of ‘water’ or ‘living water’ in the gospel of John appears in the following passages: 3:5; 4:10-15; 7:37-39; 19:34 (Carson, 1991:218-219; Moloney, 1998: 117).
The woman eagerly asks Jesus, “Sir, you have no bucket and the well is deep. Where do you get that living water?” (4:11) The question is generated by her inability to follow what Jesus is really saying (Malina & Rohrbauch, 1998, 99). While Jesus speaks of divine living water, the woman thinks of normal water, the water in the well which seems too deep for Jesus to reach. Jesus and the woman are in different worlds again: while the woman speaks of the water and the greatness of Jacob who had given them the well, Jesus figuratively speaks of the inclusive eternal life, the life where both Jews and Samaritans, male and female are included. Jesus and the woman belong to different worlds, but the woman proposes an identity for Jesus by comparing him with their honoured ancestor (Jacob). This comparison itself displays her lack of true knowledge: “Are you greater than our father Jacob, who gave us the well, and drank from it himself, and his sons, and his cattle?” (John 4: 12) (Culpepper, 1987: 176) In the first part of the conversation, therefore, Jesus is still hidden and unknown due to the anti-language he employs in the conversation. The woman still asks for living water from Jesus so that she may never again be thirsty: “Sir, give me this water, so that I may never thirst or have to keep coming here to draw water.” (John 4: 15)

The woman still thinks of the flowing water from a natural spring, probably somewhere at her home. She has no glimpse of the thirst for inclusion in eternal life of God, but thinks only of normal water. She is still traditional and cultic. Her arguments with Jesus about the depth of the well and the efficacy of Jacob reveal that the woman (and her community) had internalized the tradition and cult of Jacob for a long time. As the theologian Francis J. Moloney aptly states, the woman “is still locked within her own traditions”, the traditions of her ancestors. She fails to discern that Jesus is greater that Jacob, their venerated ancestor (Moloney, 1998: 118).

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152 Culpepper calls such kind of question as an “unanswered question, often based on a false assumption, in which the character suggests or prophesies the truth without knowing it.” (Culpepper, 1987: 176) He lists similar questions that fall under the category of ‘unanswered questions’ to include John 1: 46, 6:42, 6:52, 7:20, 7:26, 7:35, 7:42, 7:48, 8:22, 8:53, 9:40 and 18: 38 (Culpepper, 1987: 176).

153 The woman possibly represents the ‘secret Gentile Christians’ who had faith in Jesus but did not make an open and public confession of Jesus as Messiah. As with Nicodemus, Jesus raises the consciousness of the group the woman represents that mere ‘personal faith’ (in secret) and ‘sacramental initiations’ are insufficient. Getting ‘living water’ (ultimate realization of the truth and light) requires relocation. They need to make a public move from where they are towards the stigmatized Johannine Christian community. They require, as Rensberger rightly states, to undergo “a dangerous social relocation, a choosing of sides at the border between a familiar and secure social setting and the disenfranchised Johannine community.” (Rensberger, 1988: 113) They should accept bearing a double stigma in front of ‘the Jews’: the stigma of race and that of being members of a stigmatized group.

154 Cf. the response of the woman to Jesus (vv. 11-12) and the way the Jews respond to Jesus’ claim to build the temple in for three days (2: 20). The two responses look similar, but the woman does not indicate any hostility to Jesus, as do the Jews.
Nevertheless, the woman demonstrates some development in her perception of Jesus. She begins to perceive him as an abnormal figure. Instead of the teasing title that the woman gave Jesus (as “a Jew,” v.9) in her response to Jesus (vv. 11-12), she now addresses him in a more respectful way, as “lord” (Κύριε v. 11). This address forms the second stage in her development towards the identification of Jesus in the conversation.

**Breaking Stigmas Surrounding the Woman (John 4: 16-26)**

The second part of the conversation conveys Jesus’ desire that the woman and her community should break out of the gender, religious, ethnic and racial stigmas that surround them. Jesus alters the theme of conversation from concentrating on ‘the gift of God’ to concentrating on ‘the identity of Jesus’ (v.10 above).

**The First case: Breaking Gender Stigma (Marital Status of the woman) (John 4:15-18)**

The ‘marital status of the woman’ is the first issue to be discussed. This seems unrelated to the earlier issue of living water, which was discussed under the theme of ‘the gift of God’. However, when we look more closely, we see that Jesus’ change of the theme and issues under discussion points to his desire to reveal himself to the woman, to break the gender stigma surrounding her, and finally to include her among his disciples. Therefore, as the conversation continues, Jesus includes the woman as an insider in his community, which comprises both men and women. Jesus removes the woman from the status that the ethnic social norms had imposed upon her, and makes her an insider like his own self.

How does the removal of the stigma surrounding the woman happen, and how is it significant to her community? Through a divine command, the barriers related to gender orientations come to their end. Jesus gives his second command to the woman ‘to go...to call…and come back’ (John 4: 16). The issue under discussion has totally shifted towards the marital status of the woman (Moloney, 1998: 148). Her response to Jesus exposes the stigma she carried in relation to her Samaritan community (“I have no husband” (John 4: 17)) and makes it clear that this stigma must be removed. The response of Jesus in verse 18 reveals that he knows the hidden stigmata surrounding people’s lives. Jesus demonstrates that he knows the situation of the woman in her community and that he possesses the supernatural power to discern her own hidden stigma. As the woman becomes eligible to join the group,

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155 By this point, the title ‘lord’ has no divine connotation. Jesus is still compared with the titles of the Old Testament (see Raymond E. Brown’s notion of ‘low Christology’ and ‘high Christology’ (Brown, 1979: 25) 156 The first command Jesus issues to the woman is that of giving him a drink in John 4:7.
she becomes able to identify Jesus as a ‘prophet’ (4:19). For her, as a Samaritan, the designation of Jesus as a prophet is still based on Deuteronomy 18: 15-19, which promises that another prophet like Moses will come. The Samaritans had only the Pentateuch as their canonical book. The fulfilment of Jesus’ intention to break down the barriers approaches gradually as the woman comes to know him.

The conversation reaches its high point when Jesus unveils his ‘foreknowledge’ regarding the marital status of the woman. Foreknowledge distinguishes him from normal people. The foreknowledge that Jesus unveils increases the woman’s perception of Jesus. She now perceives Jesus to be a ‘prophet’ (John 4: 19). This address is the fourth stage in the process of her identification of Jesus towards a total inclusion of the woman and her Samaritan community as disciples of Jesus.157


The woman recognizes Jesus as a prophet, because of his ability to discern hidden stigmas. This turns the conversation to another theme, that of worship (John 4: 20-26). It leads the woman to get involved in very concrete theological questions about the place of worship and about the views held by the Jews and the Samaritans. The place of worship is one of the main issues that generate religious stigmatization between the two ethnic groups. Therefore, the shift towards issues of worship is equivalent to the progression towards understanding (knowledge), on the part of the woman, about God and about the identity of Jesus (cf. Conway, 2003: 84-85; Moloney, 1998: 126).

According to the Samaritans, the place of worship is Mount Gerizim (Deut. 11: 29), an appointed place for invoking the blessings of the Lord. While Jews, on the basis of the Pentateuch and other Old Testament books, saw the Temple in Jerusalem as the home of God’s presence. Samaritans, on the exclusive basis of the Pentateuch, worshipped God at Mount Gerizim (see historical background above). Therefore, in verse 21 Jesus breaks the boundaries between Samaritans and Jews in terms of places of worship, a cause of mutual contempt. Neither the Temple in Jerusalem nor Mount Gerizim in Samaria is an important place for worship in the eschatological ‘hour’ of the dawn of the salvation of God (cf. Beasley-Murray, 1987: 61).

157 See also John 6:14 and 7:40 for a similar address as a preliminary recognition of who Jesus is in relation to his signs and his teachings. In a similar manner, Jesus employed his foreknowledge as a tool for his self-identification before Nathanael, leading him to faith and confession of Jesus as ‘Son of God’ and ‘King of Israel’ (see John 1: 47–51). Cf. the chief priests’ insistence on putting an inscription on the cross of Jesus in John 19:19-22.

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Jesus centres his conversation upon three important points: first, true worship does not depend on any specific place; true worship depends neither on the mountain nor on the Temple at Jerusalem. Second, he insists that salvation comes through Jews and not Samaritans. 158 Third, he explains the nature of worship in the inclusive salvation, the worship of ‘spirit and truth’ over against the Samaritan heterodox and Jewish orthodox worship (Carson, 1991: 222). Jesus speaks of the ‘hour’; the appointed time that this kind of worship will take place as his description of the time when the whole human race will be included in his inclusive salvation. He speaks of the ‘hour’ of his cross, resurrection and exaltation that has to take place as a turning point from the existing exclusive constructions of worship towards the inclusive Christian worship. 159 The woman’s acknowledgment that she is awaiting a Messiah whose name is Christ brings her to the full realization of who Jesus is (v.25). This full realization emerges because Jesus reveals himself fully to her: “I am he, the one who is speaking to you.” (v.26) Accordingly, the revelation of Jesus to the woman also forms an important moment in the inclusion of both the woman, and the Samaritan community as a whole, as disciples of Jesus.

What does the statement of revelation provided by Jesus in v. 26 above mean? Does it mean that Jesus accepts the proposal of the woman about the coming Messiah (whose name is Christ, v. 25)? It seems to me that Jesus accepts the proposal of the woman about the Messiah who is Christ, but in a different sense, neither that of the Samaritans nor that of the Jews. Jesus is neither the Ta’eb anticipated by the Samaritans (the prophet like Moses, Deu. 18: 15-19) nor the political Davidic Messiah anticipated by the Jews. Therefore, the statement of revelation provided by Jesus has a deeper meaning: it reflects his identity as a divine Being. The use of ‘I am’ (Ἐγώ εἰμι) 160 indicates the kind of person the woman has been talking to (cf. v.26 above), and the person to whom the Jewish anticipations were pointing (without the knowledge of his divine identity). The fulfilment of Jewish and Samaritan anticipations is in Him (Jesus). Therefore, the statement of Jesus in v.26 confirms that throughout the conversation (from asking for water to drink up to the uttering of a statement of revelation), the woman has been talking to ‘I am’ (Ἐγώ εἰμι) (Moloney, 1998: 130).

158 The assertion that salvation comes through Jews does not necessarily imply that Samaritans were out of God’s plan for salvation, but denotes Israel as a heritage and foundation to God’s plan for human salvation.

159 This implication of Jesus as the replacement of the Temple (in Gerizim and in Jerusalem) appears when he is in conflict with ‘the Jews’ over the Temple in Jerusalem (see his declaration in Joh. 2: 19 and its explanations in Joh. 2:21).

160 The author of the gospel uses the phrase ‘I am’ several times in the sayings of Jesus to denote the identity of Jesus in relation to his Father (see Joh. 8; 24; 8; 28; 8: 58; 13; 19; 18: 5). The same phrase stands for the name of God when he revealed himself to Moses in Exodus 3:14. The prophets (Isaiah in particular) refer to the same phrase when they demonstrate the divine presence among people (see Isa. 43: 10; 48: 15).
5.3.3 Handling Courtesy Stigmatization by His Disciples (4:27-38)

The entire discussion with the woman takes place in the absence of his disciples. A clear interchange takes place between the disciples and the woman appears: while the disciples go to the city to buy food, the woman meets with Jesus, and while the woman goes to the city, the disciples meet Jesus (Dube, 1996: 48; 2002: 64). This dichotomy in place between the woman and the disciples of Jesus is a significant event in the process whereby Jesus includes the woman and her community in his inclusive community. The woman and her community belong to the worldview which is slightly different from that of Jesus’ disciples. Therefore, Jesus stands between the two slightly different worldviews. He longs to use the woman, who has already been enlightened, to break the boundaries which separate them.

When they come back, they see Jesus summing up his conversation with the woman. They are amazed and surprised. The emotional verb ‘ἐθαύμαζον’ (4:27) which the Evangelist uses indicates the surprise and amazement of the disciples (cf. Conway, 2003: 80, 85). They are surprised to see their teacher contravening the existing religious boundaries between Jews and Samaritans, and between Jewish men and women.161 It seems to me that the surprise of the disciples does not just begin here. The surprise begins when Jesus allows his disciples to go to the city of the Samaritans to buy food, against the existing convention of not eating the bread of the Samaritans (Daube, 1950:138).

Moreover, the disciples become more surprised when they see Jesus talking with a woman. It seems that they believe their teacher is contaminated by the woman from the stigmatized ethnic group. However, they decide to become silent about it.162 They only request Jesus to eat – and this leads them to misunderstand the metaphorical response of Jesus concerning the ‘unknown food’.163 Therefore, their misunderstanding of the reply of Jesus to their request changes the relational scene from a conversation with the woman to instructions to his disciples (4: 27–38).

Theologians, linking this text with John 5: 19-47, have long understood the way Jesus speaks to his disciples, and perhaps the whole story about his meeting with the woman of

161 The disciples’ emotional surprise is important in this narrative because it indicates the role of women in the gospel which Jesus inaugurates. This new role is so surprising that it makes even some among his disciples to marvel. In this new role, women are not characters that one can merely talk about, but are also active figures in the story. The gospel of John portrays men and women as equal participants in the mission of Christ, as disciples of Jesus. This becomes vivid in their equal interaction with Jesus (Seim, 1987: 59, Conway, 2003: 85).

162 The disciples do not ask Jesus why he speaks to the woman, nor do they ask the woman why she speaks with Jesus. This is probably because for them to ask the woman would be to commit the same offence that Jesus committed. To ask Jesus becomes difficult because of the interruption of other important issues about which Jesus addresses them after the woman has departed to the city (Carson, 1991: 227).

163 Jesus’ ‘unknown food’ in John 4: 32 depicts the Old Testament ‘unknown food’ of Israelites in their journey to the promised land mentioned in Deuteronomy. 8:3 (cf. Matthew. 4: 4; Luke 4:4)
Samaria, as an instruction about mission (see Talbert, 1992: 116; Dube, 1996: 47; Wyckoff, 2005). However, this conception seems to indicate a failure to capture the implicit literary reality of the moral life of the woman, which makes her bear a stigma in her own community (Kim 1997: 110), and which possibly leads Jesus to a courtesy stigmatization on the part of his disciples. Thus, it cannot credibly demonstrate the real purpose of Jesus entering into, and relating with, the Samaritan woman contrary to the existing ethnic historical boundaries.

Jesus conversed with his disciples in order to deal with the courtesy stigmatization they attached to him and to lead them to understand his role in a far more comprehensive way (Culpepper, 1987: 171). In this conversation with his disciples, Jesus stands between two social groups represented by his disciples (and Nicodemus in chapter three of the gospel of John) and the woman. The woman represents the Samaritans as an outcast ethnic group in relation to the Jews\(^{164}\), and the disciples represent the Jews who boast and claim a greater honour than the Samaritans (who currently are totally converted, and belong to a different worldview - they are born from above).\(^{165}\) Jesus, to whom the disciples attach a stigma, has become a meeting point and departing point. The disciples depart from Jesus to the city of the Samaritans for food and come back again to him. The woman meets Jesus, and then departs from Jesus, and everyone (including Samaritans from the city) converges upon Jesus (cf. Culpepper, 1987: 169). This means that Jesus’ utterance to his disciples about the ‘harvest’ and his ‘unknown food’ goes beyond the stigma they attach to him. It certainly foreshadows his work to include the Samaritans\(^{166}\) (whom the Jews consider as outcasts) in his community.

The determination of Jesus to include both Jews and outcast communities (Samaritans and Gentiles) in his community becomes vivid in his conversation stories (chapters three and four of the gospel of John). In these stories, Jesus offers a contrast between Jews and Samaritans by employing Nicodemus on the one hand, and the woman of Samaria on the other, as conversation partners. The conversation between Jesus and Nicodemus, a male Jew, someone with power and honour in the Jewish community, someone who is a defender of the Jewish orthodoxy, someone who is theoretically well knowledgeable, does not lead him and

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\(^{164}\) Koester and Wyckoff note that using the pronouns ‘our’ and ‘we’ in some of the verses indicates that the characters in the story represent groups of people. For example, the woman represents the Samaritans, the fallen world; Jesus, Nicodemus and the disciples represent mainstream Jews as in verse 12, “Are you greater than our (אָבֵד) father Jacob?” The same applies also in verse 20, “Our (אָבֵד) fathers worshiped on this mountain; and you (אָבֵד) say that in Jerusalem is the place where people ought to worship,” verse 22: “You (אָבֵד) worship what you do not know; we (אָבֵד) worship what we know.” (see Koester, 1990: 670) and Wyckoff, 2005: 93)

\(^{165}\) His disciples on the one hand, though Jews, are currently converts of Jesus. They do not belong to ‘the Jews’ but to Jews of the Johannine community. Nicodemus, on the other hand, represents ‘the Jews’ who become secret members of the Johannine community, which requires a total detachment from ‘the Jews’.

\(^{166}\) The author of the gospel of John provides an allusion of a similar contrast between the in-group and the out-group, and his inclusion of the out-group people in his group, in John 10: 16.
his community to inclusion (see John 3: 1-17).\textsuperscript{167} The conversation of Jesus with the Samaritan woman, an outcast, powerless, and a defender of folk religion, leads to the inclusion of the woman and her community in the flock of Jesus (see section 5.3.4 below). However, it is significant that both Nicodemus and the woman of Samaria need Jesus (Carson, 1991: 216; Smith, 1977: 13). What impression is made when the Samaritans are included, and Jews are not?

After her inclusion in Jesus’ flock, the woman departs from the well frightened but joyful (4: 28)! At this moment, she possibly knows the ‘living water’ which other people in her Samaritan community do not know. She leaves the water jar and goes to the city to bear witness about her freedom. She also goes to bear witness about Jesus, the one who liberates people from existing social entanglements, “Come see a man who told me everything I have ever done. He cannot be the Messiah, can he?” (John 4: 29) At this stage, the woman confirms that she has understood the identity of Jesus, who told her all that she ever did in her life (Culpepper, 1987: 171).

Instead of going to her private space after the departure from the well, i.e., to her home, she goes to the public space, to the city, where mostly males are gathered (Malina & Rohrbauch, 1998: 101). In this case, two things happen. First, the woman returns to the community which stigmatizes her because of her gender and her morality. Second, an exchange of roles appears here. The woman assumes the role of Jesus, calling people to the community of Jesus. What intention does the woman have when she calls her community to come and see Jesus?

On the one hand, her affirmation that Jesus may be the Messiah empowers them in relation to the Messiah for whom they have been waiting so long. It raises their consciousness about the Messiah who would come and break all the boundaries that made them inferior in relation to the status of their counterpart Jews, and in relation to the rule of the Roman governing authorities. On the other hand, the woman shares the information about Jesus as an insider, as an included member of Jesus community. The woman shares inside information with them (Malina & Rohrbauch, 1998: 101). In that case, the report of the woman about her conversation with Jesus plays an important role in another gradual transformation in the men to whom she speaks.

\textsuperscript{167} This does not rule out that the Jews were the first disciples of Jesus; this situation was the result of the friction and even persecutions between the synagogue and those who believed in Jesus as Messiah (see Martyn, 1979; Brown, 1979).
5.3.4 Including the Stigmatized Samaritan Community as His Disciples (4:39-42)

The report of the woman and the prevailing gossips\textsuperscript{168} about the works of Jesus convinces several people to believe and come to see what kind of man Jesus is (vv.28–30). This report indicates the power of gossip in disseminating information. The woman gossips about Jesus and this gossip convinces their minds and allows them to take a step. In this way, gossip becomes a powerful tool for social control and information management in a particular social setting (Malina & Rohrbauch, 1998: 103).

Jesus approaches the final stage of his intention vis-à-vis the stigmatized Samaritan community after several stages: first, after the woman identified Jesus as a Jew (4:9) and Jesus himself spoke as a Jew when he stated that salvation had its origin from the Jews. Second, after the woman identified Jesus as Lord (\textit{Kúrie}) and Jesus himself spoke as an abnormal figure about the ‘living water’. Third, after the woman identified Jesus to be a prophet and Jesus himself spoke as a prophet when he foretold the coming of a new form of worship that was different from that of his contemporaries. Fourth, after the woman depicted the coming of the Messiah who would illuminate people about everything (\textit{šĕnāwzar}, 4:25). Fifth, after Jesus revealed himself to the woman as the Messiah (Koester, 1990:667).

Verses 39-42 form the climax of Jesus’ intention of including the Samaritans in his community. The verses are the culmination of the plot of the story (and of the whole gospel), focusing on including stigmatized people in the group of his disciples (children of God) through their faith in him (John 1:11-12, cf. 20: 30-31) (Culpepper, 1987: 87). In the ultimate part of the story (verses 39-42), Jesus includes stigmatized Samaritans in his community through his illuminating conversation with the woman, and his socialization of himself (and his disciples) with people of another racially and ethnically different group (Samaritans). In this case, the ‘education’ that the woman obtains through the conversation process with Jesus and the ‘socialization’ which brings the Samaritans and the Jews together are the main ways in which Jesus breaks down existing boundaries between Jews and Samaritans (cf. Norlén, 2003: 336).

Their inclusion as a community of the disciples of Jesus makes them acquire a different status from the one they had before. In the community of the disciples of Jesus, there is no distinction between Jews and Samaritans, between those worshipping in Jerusalem and those worshipping in Shechem, and between women and men. His disciples (representing the

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\textsuperscript{168} Gossip network is an important means of disseminating information in ordinary oral communication in a world without media. In this case, the gospel of John is full of oral communications and gossip as a means of disseminating information (cf. John 18: 34; 1: 35-51; 20: 24; 4: 28-30; 20:2; 12: 21-22).
Jewish race) and the woman and people from the Samaritan city (representing the race the Jews despised and looked down upon) are together (Wyckoff, 2005: 90). They are endeavouring to understand each other, learn from each other, and respect each other as human beings (Norlèn, 2003: 336-337). There are certainly no more questions of whether one is a Samaritan or a Jew, whether one is religious or irreligious, and whether one is a male or female disciple of Jesus (cf. Seim, 1987: 58). The new members of his non-gender, non-religious, non-racial, and non-ethnic based community make high demands of Jesus: “they asked him to stay with them; and he stayed there two days.” (John 4: 40) In this case, the Temple (in Jerusalem and Shechem) is not a plausible meeting place for the community of the disciples of Jesus. Jesus becomes a final meeting point for them irrespective of their religious, ethnic, or gender differences (cf. Culpepper, 1987: 169).

The disciples, out of astonishment, are satisfied with the inclusion and ask him no more questions (4: 27). The new members of the community of Jesus openly confess their faith in the power of the inclusive works of Jesus they had before the woman gossiped to them. The possible source of their faith in Jesus is from gossip about Jesus that circulated in the Samaritan community. Members confess, “It is no longer because of what you said that we believe, for we have heard for ourselves, and we know that this is truly the Saviour of the world.” (John 4:42) (emphasis mine) At this moment, the Samaritans do not confess Jesus according to Old Testament titles, but as a divine Messiah.169 Therefore, according to this confession, Jesus is not a person heard in gossips, but a true long-awaited Messiah, not the human figure like Moses, but the Saviour of the world (ὁ σωτήρ τοῦ κόσμου).170

5.3.5 Summary

In this section, I have presented a reading investigating the process of stigmatizing the Samaritan woman, her responses to stigmatizing attitudes from the surrounding Samaritan

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169 Rensberger asserts that public confession of Jesus as Messiah was the prerequisite of members in the community of Jesus. Such a confession was problematic to the larger group (the Jews) and led the community of Jesus into conflict with outsiders (Rensberger, 1988: 140).

170 The title ‘Saviour of the world’ that the Samaritans give Jesus in their confession has a cooperative connotation. The title is found in only one other place in the New Testament (i.e., 1 John 4:14). Koester reports that by the time John wrote his gospel, people used the title ‘Saviour of the world’ in various ways: when the Roman emperors entered the Samaritan gates, people hailed and welcomed them by addressing them as ‘saviours of the world’. The contemporaries of John used the same title to address various Greco-Roman gods, e.g., Zeus, Isis and Serapis with the same title. They also used such titles to address philosophers and leaders of various ranks. In the biblical tradition, deliverers such as Othniel and Ehud bear the same title. The Samaritans’ confession that Jesus is ‘truly the Saviour of the world’ indicates their full enlightenment and a distinction from the saviours they have long been addressing. They compared Jesus with Caesar, philosophers, Greco-Roman gods and leaders with various ranks. They confess that Jesus is truly the Saviour of the world, different from all of the others. In that way, they ascribe him a title worth more respect than Caesar and all others (Koester, 1990: 666 - 667, 674, 680).
community, and the response of an outcast people (Samaritans) towards Jesus. The woman who meets Jesus at the well represents the outcast community. The themes of ‘the gift of God’ and ‘the identity of Jesus’ are the focus of conversation between Jesus and the woman in his initiatives to remove the woman from stigmatization. The reading indicates that the woman of Samaria undergoes a development of character as the conversation continues. Within this conversation, Jesus alters the issues under discussion, focusing on removing the stigmas attached to her. This makes the woman an important indicator of the kind of social interaction existing between Jews and Samaritans, the interaction that Jesus counteracts.

The interaction of the woman with Jesus indicates the ethnic and religious differences between Jews and Samaritans, which most likely led them to an asymmetrical relationship despite their common origin. However, the interaction of the woman with Jesus at the well demonstrates how Jesus breaks down racial, ethnic, gender, and religious differences between Jews and Samaritans. The interaction indicates a turning point from the conception of a worship of God according to race and ethnicity towards worship in spirit and truth. The reading demonstrates a movement from limiting God according to space and time – as seen in the praxis of both ethnic groups – towards understanding God as a universal and transcendent being. It also indicates that the stigma of gender difference attached to women, which spoils the relationship between men and women, has nothing to do with the legitimacy of being a disciple of Jesus.

This reading shows that the movements of the woman are dramatic, and we see this drama vividly in the climax of the story. The story terminates with the Samaritans providing words of confirmation of Jesus, his call, and his welcoming attitude to people in the stigmatized community. The last verse of this story (v.42) forms the core of the purpose of the gospel of John, viz. that excluded and shamed people should know Jesus as their Lord and Saviour. They should know that Jesus came to turn the Jewish convention and the conventions of all ages (those limiting God according to space and time) upside down, and to include them through this knowledge in his universal and timeless salvation through a forthright confession of faith in him (cf. John 17: 2-3; 20: 31 and 1: 11-12).

The confession of the Samaritan villagers that Jesus is the Saviour of the world illuminates the previous claims of Jesus about worship: true worship of the Father is the worship in spirit and truth. It is worship open to everyone. God is limited neither to the Mount Gerizim worship cult nor to the Mount Zion cult (the Temple) in Jerusalem. Jesus, who reveals the Father and whom the Jews reject, is both the Messiah and a universal figure (cf. Culpepper 1987: 169). Currently, he (for the first time in the gospel) attracts the attention of
several Samaritan villagers who believe in him, not primarily because of the words of the woman, but because of the word (λόγος) of Jesus. Therefore, the response of faith by the Samaritans and their appreciation of the identity and ability of Jesus to break down stigmas is a significant episode guiding readers of the gospel in their own potential responses.

What does this text help us to perceive as we read the interaction of characters in it? It can show us how biological body differences (race), places of origin (ethnicity), gender orientations (male and female), and religious affiliations are potential instruments for the stigmatization of other people. In this text, places of origin (Samaria and Judah), places of worship (Mounts Gerizim and Zion) are agents of the existence of stigmatization between the Jews and the Samaritans. In this text, difference in places of worship and the claim to possess ultimate truth have eliminated mutual tolerance and led to hatred and stigmatization.

The text also helps us see how Jesus facilitates the woman in her struggle to deal with stigmatization. Her own endeavours to cope with the situation do not succeed in removing the stigma, but Jesus facilitates a process that leads to breaking down the gender, racial, ethnic and religious differences between Jews and Samaritans. Jesus facilitates a process that leads to the inclusion of the woman in her community. The disciples of Jesus (representatives of those stigmatizing - the Jews) and the Samaritans come together in the company of Jesus. Therefore, the text is important evidence of how stigma attached to gender, race, ethnic belonging and religious affiliation works and how Jesus breaks it down, restoring stigmatized people to human dignity.

Moreover, the text helps us to see how associating with stigmatized people can cause courtesy stigmatization by immediate members of the community. Jesus encounters courtesy stigmatization by his own disciples. Jesus provides a better way to deal with courtesy stigmatization. Instead of avoiding it, Jesus directs his response towards opening up the knowledge of those who stigmatize (i.e., his disciples) to understand his will to associate with such groups, in this case the Samaritan woman.

The hermeneutical questions arising from the reading of this text relate to the role of Jesus, and of the faith communities, in the various ethnic and racial contexts: How do today’s faith communities understand a woman who bears a particular stigma, e.g., a woman living with HIV/AIDS? What is the place of stigmatized people in today’s Christian worship services? What is the role of Jesus vis-à-vis African women and men living with HIV/AIDS today? How can stigmatized people encounter Jesus, in order to understand his role for them? With respect to the group they belong, how can stigmatized people understand the salvation of God and their place in that salvation?
5.4 STIGMATIZATION DUE TO BLEMISH OF CHARACTER (JOHN 7:53 – 8:11)

5.4.1 Introducing the Text

John 7: 53-8:11 as a Text on Stigmatization

In the last section, I read the text of the stigmatized woman encountering Jesus at the well and inferred some hermeneutical questions from the process of stigmatization and the breaking of stigmatization. In this section, I will read the text of the woman taken in adultery in order to determine the way stigmatization attached to the character of a person works, and the way Jesus breaks it down. My focus is to study power relations in terms of gender and sexuality between religious leaders (Pharisees and Scribes) and the woman. I explore how the process of stigmatizing takes place, leading to blaming and condemning the woman. I also study the role of Jesus, both in relation to those who stigmatize and in relation to the woman who faces stigmatization, in breaking down the stigmatization which faces the woman. How does he restore the woman to her true humanity, and how does he handle the courtesy stigma which faces him in relating to the woman? The whole of this process will help me to draw up some hermeneutical questions for the further analysis of the text.

Brief Historical Background

Before describing the structure of the text, I first provide its brief background. Scholars seem to agree that the text was absent in the canon of the New Testament Scripture until later.171 The text was totally absent from the earliest manuscripts, including the important papyri (P66 and P75) and codices (Sinaiticus and Vaticanus). It appears in later fifth-and sixth-century witnesses. The text was also absent in the manuscripts of important early languages of the New Testament. The theologian Ulrich Backer in Scott (2000) lists the

171 There are also arguments against the Johannine composition of the text. The arguments are mainly based on style. Some expressions, for example ‘Mount of Olives’ and ‘scribes and Pharisees,’ do not occur elsewhere in the gospel. This difference leads some theologians to argue that the text belonged to the synoptic tradition, mainly Lucan (e.g., after Luke 21:37-38) (see O’Day, 1992: 639 footnote 24). Moloney also sees the introductory component of the story as reflecting Lukan tradition. He holds that the interaction of Jesus from the crowd, his going to Mount of Olives to pray, the teaching role of Jesus and the grouping of Scribes and Pharisees in John 7: 53-8:3 reflect Luke 4: 42: 6: 12: 9: 18: 11: 1: 21: 37-38: 22: 39-46 (Moloney, 1998: 260).

Other theologians argue that the phrase ‘Mount of Olives’ in John does not come from Luke’s τὸ ὄρος τὸ καλόταταν Ἐλαιῶν (Luke 21:37) but from the LXX text of Zec.14:4 τὸ ὄρος τῶν ἐλαιῶν which portrays the theme of ‘living water’ that is also found in the gospel according to John. The connection of the text on the woman taken in adultery with the feast of Tabernacles indicates considerable similarities to the text from the book of Zechariah (see Zec. 14:16 and John 2:16 in relation to Zec. 14:21) that is also read in connection with the Feast of Tabernacles. In this way it indicates that the text had no Lukan connection, but is linked to the Old Testament texts (Scott, 2000: 57). However, my concern in this study is neither with the composition nor with the literary style, but on the meaning of interacting characters in the present literary text.
languages in which this text was missing: “The oldest and most important Greek, Syriac, Armenian, Georgian, Coptic and Latin witness to the New Testament text unanimously concur in not knowing the periscope of the adulteress.” (Scott, 2000: 53) Accordingly, the text seems to have no significance in the main writings of the early church.\textsuperscript{172}

How can one explain the marginality of the text in the New Testament canon? The theologian Gail R. O’Day, on the basis of the attestation by Church Fathers (Augustine and Ambrose), suggests that the marginality of the text mainly relates to the fear for the persisting patriarchy, the fear concerning the issues it evoked in relation to existing Jewish social stratification and marital relationships which marginalized women while elevating the value of men. Certainly, their main fear was that the way Jesus handles the case of the woman and her accusers would lead women to imagine that adultery was allowed, in contradiction of the existing boundaries of life and praxis. They imagined that the text challenges the existing male-dominated status quo (O’Day, 1992: 639). Therefore, the inclusion in the canon indicates the gradual understanding of the Church concerning the potential of the text, especially in the whole setting and literary structure of the story.

\textit{Literary Structure and Setting of the Story}

The text has two main components: an introduction (7: 53-8:2), providing a setting of the story, and a main conflict drama (8:3-11). The main drama has a challenge-riposte form with four sections. First, the religious authorities ascribe a stigma to the woman, and provide the rationale for excluding her (vv.3-6a). Second, Jesus provides the first response (negative) to the stigma-related exclusion (6b-8). Third, Jesus provides the second (negative) response, exposing the shame of the religious authorities (vv.8-9) (O’Day, 1992: 631). Fourth, Jesus includes the woman in his community (10-11).

In most cases, the challenge and riposte form is the main tool in the competition for honour in a social interaction. It is a way of defending someone’s honour. It can employ words, or gestures and mechanical force, to enhance the maintenance of honour. This kind of

\textsuperscript{172}Early Christian writings provide an attestation of the existence of the text as a separate story from ancient times. Two of these early writings are by Eusebius of Caesarea and the \textit{Constitution of the Holy Apostles}. Eusebius quoting Papias (second century) sees the scene as “another story of a woman, who was accused of many sins before the Lord, which is contained in the Gospel according to the Hebrews.” (Scott, 2000: 53) The \textit{Constitution of the Holy Apostles} records thus: “And when the elders had set another woman which had sinned before Him, and had left the sentence to Him, inquiring of her whether the elders had condemned her, and being answered No, He said unto her: ‘Go thy way, therefore, for neither do I condemn thee’.” (Scott, 2000: 53) The two attestations from the Early Christian writings indicate the existence of the text in the Early Christian tradition even though the manuscripts of the early New Testament languages did not include it.
The challenge-riposte structure of social relationship takes place between parties who are either equal, or almost equal in honour (Moxnes, 1996: 20). In the case of this text, the challenge and riposte form is enacted between Jesus and religious leaders, both of whom enjoy honour in society. The challenge and riposte form indicates more explicitly the struggle for greater honour on the part of religious leaders, who fail to defend their honour and eventually lead themselves into shame.

The setting of the story seems to be within the Johannine community. The theologian Leticia A. Guardiola-Saenz constructs the Johannine community as an alien group, marginalized and excluded from synagogue affairs. It is a mixture of Jews and Gentiles (possibly Samaritans), people struggling to find their identity and theological positions (Guardiola-Saenz, 2002: 137; Wyckoff, 2005: 90). This community “was localized in the Galilean–Syrian border region.” The construction of the Johannine community explains the statement of John 4: 1 – 3, where Jesus moves from the area in which the Pharisees had considerable influence (in Jerusalem, in association with chief priests) to Galilee (Stemberger, 1999: 36–37). Accordingly, the community of Jesus (i.e., the Johannine community) in the gospel of John is composed of the poor and despised groups at the margins, whom Jewish religious leaders found to be stubborn with regard to the existing boundaries governing synagogue worship.

The Jesus of the Johannine community is always in association with the community members. He teaches them, even in the Temple. According to the Synoptics, the Pharisees and Scribes are not mainly associated with the Temple, but with the synagogues. However, in the gospel of John they are very much in association with the authorities in the Temple. They are the ones who exclude the Johannine community. They are also the ones who are mostly opposed to Jesus because of his teachings to the marginal community. His teachings seem to have a better reputation, and more power than their own to provide life to the marginal community. The hostility of the marginal group to the Roman law also makes them indecisive, especially in most cases regarding the observance of purity. Therefore, Jesus appears as a rival teacher in their midst, whom they must counteract in order for their own teachings to remain authentic.174

173 The introductory section of this chapter above states more clearly some attempts to construct the Johannine community. Here I provide a brief construction as an introduction to the text. In this case, I also situate the Johannine text that I analyze in the following sub-sections in the setting of the constructed Johannine community described in the introductory section of this chapter (see 5.2 above).
174 The theologian J. Louis Martyn asserts that in order to counteract the spread of the faith in Jesus as Messiah and Son of God the ‘Jews’ had an Edict of Eighteen benedictions. Benediction number twelve was against heretics (Birkath ha- Minim), and was used to detect the way members of the synagogue adhered to the orthodox
The context of the story is vague because of its absence from the original canonical gospel. The text seems to have less social relationship with what comes after and before it. However, scholars assign it a temporal context, at the culmination of the feast of Tabernacles in the precincts of the Temple at Jerusalem. In this temporal context, the story appears at the very heart of the Jewish religious and cultural calendar, and this makes it significant in relation to the Mosaic Law on sexuality (Scott, 2000: 53).

Four Approaches to the Text

In New Testament scholarship, there have been four main trends in approaching this text: first, the focus on grace, with Jesus as an example of true forgiveness. In this trend, the woman is employed as an illustration of the divine mercy. Second, Jesus is the one who invites both sinners and righteous to demonstrate mercy. The Jews view the woman as guilty of adultery, and Jesus remains the central voice in the story for both trends (Guardiola - Saenz, 2002: 140). The first and second trends have dominated Johannine scholarship from Augustine through Calvin to most contemporary theologies. Their main presupposition is that the woman is unequal to the Pharisees (O’Day, 1992: 633-636). The third trend has focused on the characters of the story and the way Jesus treats them equally, regardless of their statuses (O’Day, 1992: 636). The fourth trend focuses on structural sin and patriarchy (Guardiola Saenz, 2002: 143-151).

In analyzing this text, I combine trends three and four in order to capture the way the stigmatizing characters (the Jews) exercise stigmatization, the way the stigmatized woman responds to stigmatization, and the way Jesus breaks it down within the story.

5.4.2 Analyzing the Process of Stigmatization

Life Setting of Jesus and the People (7: 53-8:2)

The text begins with the life setting of the daily events in John 7: 53 to 8: 2. It indicates the two important spaces that Jesus and all other people (πᾶς ὁ λαὸς) occupy: public and private spaces. After a public meeting with the people, every one among the people goes home, to their private spaces. Jesus has no home; he turns Mount of Olives into his private space, where he spends the whole night. There is no mention of his twelve disciples in this text. Jesus is alone. The next morning they again convene in a public space (in the Temple). This

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teachings. A member that was selected to lead the recitation of the Eighteen Benedictions and showed suspicion in reciting the twelfth benediction was proved heretic and taken out of the synagogue fellowship. For more description on the procedure to detect heresy see Martyn, 1979: 59-62.
convening indicates that it is the culmination of the day; everyone goes home and Jesus goes to the Mount of Olives. Jesus sits down together with his community and begins to teach (Guardiola Saenz, 143-145). The teaching in the morning marks the beginning of the discourse of Jesus to the community, the discourse of life and grace.

Stigmatizing the Woman (8: 3-8:5)

After the discourse of Jesus, follows the main process of stigmatizing the woman, beginning with John 8: 3 to 8:5. This component of the text is a scene of power relations and struggle for honour among characters, leading to the stigmatization of the woman. It also describes how the Pharisees and Scribes attach a stigma to the woman, and the reason for excluding her from the Jewish community. Therefore, the presentation of the scene of struggle for honour sheds light on the whole process of stigmatization, because it clarifies the people concerned in the process, and the power relations that exist among them.

The main characters in the process are the following: Jesus, who bears a courtesy stigma since he is mostly preoccupied with people at the margins; the stigmatizers (the Scribes and Pharisees), who are the Jewish religious authorities with religious power; and the people, who are silent in the story. The people probably evaluate the arguments of their leaders as something consensual and justified within their Jewish community, and they attach the stigma of immoral behaviour to the woman.

The theologian Jean K. Kim, reading the text from a postcolonial perspective, contends that the perspective of the scene seems to be bigger than the characters that frequently appear in the story. It may include people who had gathered to listen to the teachings of Jesus and the whole nation of Israel. This impression is given because the scene takes place at the centre of the nation of Israel, at the Temple (Kim, 2002: 118). According to Kim, the perspective indicates the whole set of Jewish beliefs about power relations

173 Scribes are Jewish document dealers. They are currently in association with the Pharisees, may be this is the only scene in the gospel of John. Pharisees are the strict law defenders. Both the Scribes and the Pharisees are religious powers and defenders of the Jewish law, as Moses promulgated it. Therefore, in this scene the great and zealous religious bodies surround both Jesus and the woman.

176 This is because in the ultimate part of the process, shame faces not only the leaders, but also people who decide to depart leaving Jesus and the woman alone.

177 The theologian Doron Mendel provides a clear description of the main symbols of the Jewish nationalism. According to him what makes the Jews an autonomous nation are the temple activities, kinship relationships and structure, territorial boundaries and the nature of its army. The Temple cult was an important establishment in the period between 67 – 63 B.C.E. Despite the conquest of the Jewish territory by the Romans and the gradual transformation in national status after the conquest, the Temple remained a religious centre for ‘indigenous’ populations that resisted Hellenism from 63 B.C.E. onwards. Mendel holds that nationalism in terms of the Temple and its cult was one of the central thoughts that preoccupied every Jew, despite marginalization (See Mendel, 1992: 277-331).
between men and women in issues of gender and sexuality. Here, the characters of the story stand as representatives of what goes on in the Jewish community. I focus in what follows on the dialogue between Jesus and the stigmatizing group, the Jewish religious authorities.

The first element in the stigmatization of the woman appears when the Jewish religious authorities attach a stigma of sexual immorality to the woman. They drag her to the Temple: “The scribes and the Pharisees brought a woman who had been caught in adultery (ἐξωτικῇς) ...).” Jesus is in the Temple teaching when the Scribes and Pharisees (the religious authorities) drag a woman towards the Temple. They place her before him (Holmes & Winfield, 2003: 143). They impose a different discourse from the one that Jesus delivers to the people in the Temple. Their discourse acts as an interruption to the discourse of Jesus. In their discourse, they spell out the stigma facing the woman: adultery (μονηθεία). In contrast to the discourse of Jesus (teaching), the discourse of the Jewish religious authorities is mainly one of condemnation, judgment and death.

The second element in the stigmatization of the woman appears in the way the Jewish religious authorities conceal the actual name of the woman they stigmatize, and give her a different name. The woman in this scene is nameless in the sense of her actual name. Her actual name is anonymous. She bears the name that her stigmatizers ascribe to her in their attachment of stigma. O’Day (1992) asserts that the woman taken in adultery “is an object on display, given no name, no voice, no identity apart from that for which she stands accused, a woman who had been caught in adultery.” (O’Day, 1992: 662 cf. Scott, 2000: 58) This lack of a proper name may indicate how both negative and positive naming are powerful tools to associate value to a person attached with a particular stigma. They reveal identity and relations of power and control. This is why the Jewish religious authorities eliminated the actual name of the woman; they gave her a negative name that explained her undesirability in the Jewish community due to her sexual behaviour.

The theologian Jerome H. Neyrey asserts that the honour (or shame) of someone is embedded in the name of that person, either inherited or ascribed to that person (Neyrey, 1994: 116). Contrary to the negative naming ascribed by Jewish religious authorities to the woman, Jesus is concerned with a positive naming as the ascription of value and identity to the women with whom he relates or interacts in the gospels (for example, Mar. 5: 25-34; Joh. 11: 1-27; Mat. 15: 21-28 and Mar. 14: 3-9) (Holmes & Winfield, 2003: 146). The woman in this story is different from other women with whom Jesus relates. Her name does not appear in the scene. All we hear is the attribute ascribed to her by her religious authorities, i.e., adultery.
In contrast to other women who need the assistance of Jesus for healing or mercy, the woman in this text is silent. She does not explicitly ask any assistance from Jesus. She is silent before Jesus and before her accusers (Holmes & Winfield, 2003: 146). Silence probably indicates the power of stigmatization that the woman experiences. Where there is stigmatization, silence is more likely to prevail. The person facing stigmatization fails to speak publicly because of the power difference between the one facing stigmatization and the one who stigmatizes. Therefore, silence becomes a negative response to stigmatization, the response made by the one who faces exclusion.

The third element in the stigmatization of the woman appears in the way the Jewish religious authorities place the woman in a position where her stigma becomes visible. They place the woman in the midst (ἐν μέσῳ) of the people. This location probably indicates the situation of judgment, the Jewish courtroom scene (Scott, 2000: 58). In doing this, they make the stigma of the woman visible and increase her shame. The silent woman becomes a person who must wait for the decision whether she should die or live, a decision that is not in her own hands. It is in someone else’s hands. Is it in the hands of Jesus, or in the hands of the opponents of Jesus?

The fourth element in the stigmatization of the woman appears in the way the Jewish religious authorities accuse the woman on the basis of the Law of Moses as a consensual statute. The religious authorities bring to Jesus the woman as a case of adultery (μοιχεία) and the evidence for it - ‘caught in the time of the act of adultery’ (ἐπ’ αὐτοφώρω μοιχευμένη) (verse 4). Theologians see a linguistic link to the LXX in the use of the words μοιχεία and πορνεία (fornication, or sexual immorality- see Mat.19:9; 1Co. 5:1,2; 6: 13; 2Co. 12: 21; Gal. 15: 19; Eph. 5: 3 and Rev. 19:2) (cf. Scott, 2000: 60). The religious authorities treat the case of the woman as more than an issue of sin and punishment, because it goes beyond her; it also concerns Jesus and his teaching authority. The case also stands at the point of intersection between Moses and Caesar, and I discuss it below in this analysis. In this sense, the stigmatization of the woman seems to be based more on conventional social boundaries than on her own relationship with God.

The fifth element in the stigmatization of the woman appears in the way the Jewish religious authorities view the gender of the woman according to the Jewish law. According to Leviticus 20: 10, both participants in the act of adultery (man and woman) are sinners (hence impure) and should be subject to the death sentence: “If the man commits adultery with the wife of his neighbour, both the adulterer and the adulteress shall be put to death” (see also
Deuteronomy 22: 22-24 about the death of both partners). The claim of the Pharisees and Scribes that they caught the woman in the very act of adultery also indicates that there was an adulterer. He too had acted against the law, and ought to die. The rationale of exclusion they use (the Law of Moses) is a consensual, shared and justified phenomenon. The Jews seem to have an agreement which legitimized the exclusion through stoning of people (especially women) who committed adultery. 178

Contrary to the Law of Moses, they seek to stigmatize the woman, but they are less concerned with the adulterer and the husband of the woman. Jesus too is silent about their reluctance to bring the adulterer. His main aim here seems to be to expose the shame of the self-righteous, proud, and blind Jewish religious authorities who are prone to abuse the law of God. Therefore, the scene of stigmatization seems to be based on faith and egalitarianism, while having a shape of the honour and shame category: the intention is to change the honour of Jesus into shame. The practice of stigmatizing the woman invokes hierarchical and patriarchal structures of power in the Jewish community, which lead the stigmatizers to focus their attention on challenging Jesus (cf. Holmes & Winfield, 2003: 149).

**Challenging Jesus (vv.4-6a)**

The group of people who stigmatize (the Jewish religious authorities) approach Jesus with the address: Teacher (Διδάκτης) (verse 4). This title resembles the synoptic address of religious authorities like him. 179 On the one hand, the address demonstrates the acknowledgment that Jesus is qualified to interpret scripture, like the recognised teachers of his time. On the other, it introduces their challenge to Jesus. The name indicates that the Jewish religious authorities are unsatisfied with the teachings that Jesus imparts to the people. 180 In the context of the story, the name seems to carry a challenging connotation because of the attitude of the religious authorities towards Jesus and his teachings.

This title is accompanied by a description of the case of the woman caught in the very act of adultery and their justification for excluding the stigmatized woman, viz. the Law of Moses: “Now in the law Moses commanded us to stone such. What do you say about her?”

178 The Law of Moses in these verses does not indicate the type of death the adulterers should die.

179 In the gospel of John, the term ‘Διδάκτης’ appears only three times (1: 38; 8:4; and 20: 16). It is only in 8:4 that it appears as an address, while in the other two components it appears as a translation for the words ‘Rabbî and Rabbônî’ respectively. In the synoptic gospels the address to Jesus as ‘Διδάκτης’ appears frequently (about six times in Matthew, ten times in Mark and twelve times in Luke). The frequent appearance in the synoptic gospels indicates that this address was common in the synoptic tradition and not in the Johannine tradition.

180 Cf. the derogatory name that the Jews ascribe to him at the inscription on the cross. Thus, the name indicated more than his status; it seems to be used in a negative sense.
(John 8: 5) In this verse, the Jewish religious leaders state the rationale for excluding the woman: she has sexually transgressed the Jewish social boundaries which God put forward through Moses. They also state the consequence of deviation from the Jewish sexual boundaries. The woman has to be excluded from society; she has to die for the sake of social purity. Therefore, the challenge posed by the Jewish religious authorities to Jesus is to decide upon the fate of the woman who carries a social stigma which makes her undesirable in the Jewish community according to the consensual social norms prescribed in the Mosaic Law.

The main question that verse 5 raises is why the accusers bring before Jesus the woman whom they found ‘in the very act of committing adultery’ \((\text{ἐπ’ αὐτοφόρῳ μισθωκίᾳ})\). Jesus has no juridical power to decide on the death sentence for the woman; he is not a member of the Jewish Sanhedrin or the Roman judiciary. Why did they bring the woman to him? Another question looks at the ambiguity of decision-making: whose interest is served by the question the Pharisees and Scribes put to Jesus about the Law of Moses? This question points to the reason why the Jewish religious authorities challenge \(\text{Jesus}\), despite their knowledge of the Law of Moses (v.6a).

The Evangelist states the aim of the challenge of Jewish religious authorities to Jesus with regard to decision making in verse 6a, “This they said, tempting him \([\text{πειράζοντες αὐτὸν}]\), that they might have some charge to bring against him.” Accordingly, Jesus is faced with a dilemma when he is asked to take the decision about the capital punishment of the stigmatized woman. The rationale the Jewish religious authorities offer means that his honour is challenged by religious leaders who would like to put him to shame.

The members of the Jewish religious authorities bypass the normal tribunals and lay the case before Jesus. Holmes and Winfield see this act of placing the woman before Jesus as tossing her here and there like a ‘hot potato’ in the game of children (Homes & Winfield, 2003: 143 - 144, 154). They ascribe a stigma to the woman, a stigma of sexual immorality. The Pharisees and Scribes see the woman as having an undesirable difference which causes shame to her offended husband. This is a reason for exclusion by the Jewish patriarchy,\(^{181}\)

\(^{181}\) The infliction of the death penalty on the woman refers to one of the following occasions: first, if the husband did not prove the presence of virginity after marriage because he believes that she has led a promiscuous life before marriage, hence bringing shame to her father (Deu. 22:13-21). Second, if the husband was suspicious that his wife was unfaithful to the marriage bond. In such cases, the wife has to undergo specific rituals to prove her guilt (Num. 5:11-31). Another occasion that led to death is where people catch her in the act of adultery with sufficient witnesses. In this case, both the adulteress and the adulterer have to die (Lev. 20: 10, Deu. 22: 22-24). The adulteress dies because she has exposed the shame of her husband, and the offending man has to die because he has appropriated the wife of another man against the Law.

However, Jewish Scriptures prescribe four ways of exercising capital punishment: by stoning (Deu. 22: 24), by burning (Lev. 20: 14), by strangulation or hanging (2Sa. 21: 6, 9) and by decapitation (Exo. 32: 27).
which no longer wants her in their sacred community. Therefore, the woman faces double stigmas in this scene: the stigma of sexual misconduct and the stigma of being a woman – and hence the source of shame to the offended husband.

The main issue in the challenge to Jesus concerns the woman’s gender. Jesus’ dilemma is that if he defends the woman, the Jewish religious authorities will attach to him a courtesy stigma because of his association with stigmatized women; if however he accepts their judgement of the woman, he will be violating the Law of Moses and hence cannot be the Messiah from God. The Law of Moses requires both the adulteress and the adulterer should be put to death (cf. Deuteronomy 22: 22-24). This is a test of his claim to be from God and in unity with God, the claim that he is performing the works of God. They test him to confirm the courtesy stigmatization they attach to him – a stigma that would most likely lead them to condemn him to death. The Jewish religious authorities confront Jesus with a choice between Jewish expectations and his own claims to come from God. Both these choices lead to a ‘certain charge to bring upon him’ (v.6a). By putting Jesus to the test, they hope to distort the honour of Jesus, while winning for themselves a greater social recognition and honour.

**Breaking down Stigmatization (vv. 6b-9)**

Jesus makes two responses to the case before him, both with the aim of breaking down stigmatization. The first response to the question is ‘silence’ (v.6b). This silence is a negative response to the desire of the Jewish religious authorities to exclude the woman. The silence of Jesus reflects the silence of the woman, which may be her response to the stigmatization which faces her. The silence of Jesus is accompanied by the act of bending and writing on the ground. There is still no agreement among theologians about what Jesus writes on the ground when he bends down.\(^{182}\) His action in writing on the ground challenges the Jewish religious authorities, who are questioning him, to think about themselves in relation to their ascription

\(^{182}\) There have been various ideas among theologians concerning Jesus and his writing on the ground. While some do not accept that Jesus wrote some message on the ground (Guardiola- Saenz, 2002: 147 footnote 60; Scott, 2000: 64), others suggest words or concepts that Jesus wrote. O’Day lists four approaches of those who hold that Jesus wrote a message on the ground: first, those assuming that Jesus wrote the sins of people, especially the sins of those accusing the woman. Second, those considering that Jesus wrote Exodus 23: 1b at the first bending and Exodus 23:7 at the second bending. Third, those considering that Jesus wrote an excerpt from the story of Daniel and Susanna, and fourth, those considering that Jesus wrote the first five commandments of God at the first bending, and the second five commandments at the second bending (for more details, see O’Day, 1992: 635). Others see the writing in the sand as a claim to be Messiah, and a refusal to deny the Law of Moses which comes from his Father (cf. Holmes & Winfield, 2003: 159). What I find important in the debate about Jesus and his writing in the sand is that Jesus did write in the sand in the midst of a controversial question that puts him in a dilemma. What matters is not what Jesus wrote, but what one can discern from the process of writing: the prevailing subtle silence that Jesus demonstrates. This is because, in most cases, silence becomes a more powerful response to challenges than empty verbal speeches.
of stigma to the woman, and the exclusion they want to enact upon her. It also challenges them to reconsider the boundaries they uphold. Moreover, it alludes to the condition of victimization that Jesus is going to face during his glorification, a condition facing all who encounter exclusion and shame in this world. Therefore, the silence of Jesus lowers him to the situation of those who are silenced by existing authorities; and it provides a vain elevation to the Jewish religious authorities, who ignorantly continue their questioning. Both the woman and Jesus are silent at this stage; both are voiceless, yet potent.

What is the implication of the silence of Jesus as a tool for breaking down stigmatization? The implication appears in the second reaction of Jesus, the verbal reaction to their failure to read between the lines regarding his silence, “he stood up and said to them, ‘Let him who is without sin among you be the first to throw a stone at her.’” (John 8: 7) Jesus provides a vehement riposte which emphasises the challenging message of his silence, by ‘standing up’ and uttering the words, ‘any one of you without sin’. This confronts the Jewish religious authorities with a dilemma similar to that to which they subjected Jesus when they brought a woman in front of him. The second silence of Jesus after uttering these emphatic words poses a more pressing challenge to the Jewish religious authorities to reconsider the boundaries they employ to exclude others. He challenges them to examine the legitimacy of their consideration of sexuality and sin, a consideration that leads them to stigmatize people. In this way, Jesus stands before the Jewish religious authorities and the woman not as a judge, but as someone who challenges the Jewish religious authorities and makes them more aware that everyone is sinful, despite embracing well-honoured conventional boundaries.

The words of Jesus evoke and expose the sin of the Jewish religious authorities that eventually puts them to shame. The words of Jesus expose the dehumanizing attitude of the Jewish religious authorities, who enact the stigma they construct upon the woman, while leaving their own stigmas unexamined. The attitude of the Jewish religious authorities is the ‘anonymity of unanimity’ which keeps the community going, the unanimity which maintains the identity of the group. Anyone who transgresses the unanimous values must face the consequence of exclusion (Homes and Winfield, 2003: 160). At present, they cannot bear to remain before Jesus, because of their shame! They choose to disappear and hide themselves from their shame (v.9).

The departure from the scene is not a mob departure where all decide together, but an individual departure. This demonstrates that the raising of consciousness is both individual and communal. Jesus raises the consciousness of those who are present at the scene both as a group and as individuals. Each one feels the obligation to leave the woman free, the obligation
for self-transformation instead of perpetually condemning the woman. They do indeed leave the scene conscious of their dehumanizing attitude, but without undergoing a notable transformation in their hearts. In this scene, therefore, the convicted woman remains free from condemnation and Jesus, whose honour is challenged, remains full of honour, while the proud, arrogant, and self-righteous Jewish religious authorities depart convicted and shameful. What does this situation imply about today’s religious authorities in faith communities in the way they relate with those they label as sinners and sexually immoral?

Restoring Honour and Dignity to the Stigmatized Woman (vv. 10-11)

In the final part of the drama, Jesus remains ‘alone with the woman standing before him’. All the Jewish religious authorities have departed, and the same is doubtless true of the people in front of them. This highlights the existence of structural sin, not only among the Jewish religious authorities, but also among the other Jewish people whom Jesus teaches in the Temple. Jesus remains alone. No one else dares to remain, because the shame of the conventional social boundaries affects all of them; ‘from the eldest to the youngest’, all feel convicted by Jesus’ role as raiser of consciousness. This feeling indicates that the conventional Jewish communal mores about sexuality and gender roles permeate the entire Jewish community.

Jesus asks the woman two questions after the Jewish religious authorities and the people have disappeared: “Woman, where are they? Has no one condemned you?” (v.10) These two questions display the second consciousness-raising role of Jesus, in relation to the consciousness of the woman. Jesus opens the mouth of the woman, which had been silent for a long time in the scene. What kind of consciousness does the woman receive from the questions of Jesus? Why is this consciousness important? The response she makes to the two questions asked by Jesus reveals her consciousness: “She said, ‘No one, Lord’.” (v.11) Here, ‘no one’ seems inclusive. Certainly, it refers not only to the Pharisees, Scribes and the other members of the Jewish community, but also to Jesus himself (Holmes and Winfield, 2003: 161). Neither the Pharisees and Scribes nor Jesus accuses the woman. The woman may perhaps recognize Jesus as saviour, the one who delivers people from the shackles of stigmatization caused by their individual character.

The consciousness that Jesus give the woman bestows on her the power to break the silence, to be confident with Jesus. The woman makes a forthright confession of Jesus as ‘Lord’. Through her faith in him, Jesus finally provides the confirmation of her freedom and an admonition for her life: “Neither do I condemn you; go and do not sin again.” (John 8: 11
cf. John 5: 14) In the plot of the gospel of John, Jesus includes the stigmatized woman in the group of his disciples because she seems to have knowledge about him and to believe in him as the Lord (cf. John 1: 11-12; 20: 30-31). In his confirmation and admonition to the woman, Jesus demonstrates his knowledge of the existence of the constructions of sin in the midst of humanity, yet he acknowledges human weaknesses by accepting deviant persons (such as the woman in this text) into his grace.

5.4.3 Summary

In this section, I have attempted a reading of a ‘floating’ text, i.e., a text belonging to a synoptic more than to a Johannine tradition, in view of its textual and stylistic incompatibility with the Johannine writings. My main purpose was not to examine issues related to redaction and composition, but to examine issues relating to stigmatization within the text as we currently have it. The reading indicates that the social relationship among characters in the narrative is a challenge-riposte struggle between Jesus and the Scribes and Pharisees over the stigma attached to the woman. The Law of Moses becomes the sole consensual criterion for attaching a stigma and challenging the reputation of Jesus. The reading indicates, however, that Jesus wins the challenge by his questioning to the accusers, which convicts them of their likeness (sinfulness) to the woman. Jesus demonstrates that the values and norms his opponents claim to defend are not meant to safeguard the value of humanity, but to safeguard the status quo.

What does reading this text in the perspective of stigmatization help us to comprehend? The text makes a significant literary contribution towards understanding how characters respond to Jesus and view the nature of God as they interact in the process of stigmatization. It helps us to grasp the social processes of the situation. The scene shows us the interaction between those stigmatizing (the Jews), the stigmatized woman, and Jesus. The stigmatization of the woman is based on consensual social boundaries of purity, sin and gender in the Law of Moses governing the life of Jewish society; but the Law is not applied properly. Those in power inflict stigmatization on the powerless woman; and it is gender-specific. Stigmatization is directed at the woman, and they seek to attach courtesy stigma to their opponent, Jesus. In this case, the process suggests that although it is the woman who is stigmatized by the Jewish religious authorities, they are really aiming at their opponent, Jesus. The opponents use the woman as a case to shame Jesus.

The process also indicates that Jesus, through his response to the challenge of the Jewish religious authorities, turns around the stigmatizing claims of the stigmatizers. The
Pharisees and Scribes (stigmatizers) are sinners (8:7) in their individual character, and so is the woman (8:11). In this case, the texts show that sin cannot be a plausible criterion for stigmatizing other people.

The text also helps us to comprehend the special concern of Jesus with human value irrespective of gender and individual character. The concern of Jesus with a human person, as opposed to the accusers of the woman who want to exclude her from their society, is apparent in the final part of the story. The story culminates with freedom of mind to the stigmatized woman and a challenge to the Pharisees, Scribes and the ‘Jews’ at large about their use of power to defend the status quo.

The consciousness-raising role that Jesus exercises vis-à-vis the woman is important because this is how the woman recognizes her vulnerability to social exclusion in the name of God (which her opponents claim is the consequence of her sexual behaviour), and the rescue she receives from Jesus. She may recognize the way her religious leaders misuse Scripture to construct stigmas and stigmatize people. Her new consciousness leads her to the recognition of the difference in attitude between her opponents (Pharisees, Scribes and the surrounding synagogue community) and Jesus.

Throughout the scene, Jesus portrays a different attitude from that of those who stigmatize the woman. Jesus defends both the woman and his own integrity; yet, he does not do so as a dictator of the scene. He explores his own vulnerability to the loss of honour in the midst of tricky questions from his adversaries, and reacts through a powerful silence and powerful gestures with his finger on the ground. He does not leave the woman who suffers the anguish of shame to remain without hope. Jesus demonstrates his intimate relationship to the woman in the final part of the story. He takes the case of the woman in his own hands and risks courtesy stigmatization. Here, Jesus demonstrates the meaning of being human in relation to others, despite their life situations. Jesus challenges people who stigmatize, and provides hope for those facing stigmatization.

The hermeneutical questions I draw from the reading of this text relate to gender and to the power to define a person’s character as abominable: who defines an attribute as belonging to a particular gender orientation, e.g., HIV/AIDS as a women’s disease, in most of our current communities? In what ways are characters in this text similar to groups of people in communities in our everyday life? How do churches use the Bible and religious traditions? What does the silence of the woman tell us about the silence of most women before their husbands in most communities, as existing social norms require? What is the role of Jesus for these women? How can they move from unworthiness and a lack of power to self-worth? In
our current communities, how do churches, as organs of power, view PLWHA in relation to their understanding of the Bible? In other words, what place do PLWHA have in the church traditions?

5.5 STIGMATIZATION DUE TO ABOMINATION OF THE BODY (JOHN 9: 1-41)

5.5.1 Introducing the Text

John 9: 1-41 as a Text on Stigmatization

In the previous section, I investigated the relationship of Jewish religious authorities to a woman with a stigma due to a blemish of character, and how Jesus broke down stigma attached to her. In this section, I study the text of the man born blind in order to determine the way stigmatization due to body deformity works, and how Jesus breaks down this stigma, restoring the identity and dignity of the man as a human person. My focus is mainly on the challenges of the stigmatizers to the reputation of Jesus in his restoration of the stigmatized body of the man on the Sabbath, and the way Jesus responds to such challenges, leading them into shame.

In this text, I also examine how the Evangelist introduces to his readers the concept of courtesy stigma, the stigma attached to those who, in one way or another, associate with the one carrying a stigma. In this story, the parents of the man and Jesus encounter such a situation. The fear of exclusion from the synagogue conditions the parents of the man so deeply that they are afraid to testify about the status of their son. Therefore, courtesy stigmatization becomes an important aspect in viewing the kind of interaction among groups in the story.

Within the story, the enactment of stigmatization to the man entails exclusion from society. This is a consensual act whereby the Jewish community (by using established norms) agree to exclude people with abominations of the body (Koester 1990: 671). The religious authorities endeavour to dominate the man for their own purpose. Moreover, they abandon him as an unwanted person, one whose stigma is his permanent infliction. In this case, the story becomes an important portrayal of how communities adhere rigidly to their constructed communal norms and employ these to construct class structures for the purpose of social control.
The Text and Its Literary Structure

The text of the man born blind has the challenge-riposte structure with seven scenes. First, we have the first encounter of Jesus with the man attached with a stigma leading to removing it (9:1-7). Second, the man whose stigma is eradicated faces stigmatization by his neighbours (9: 8-12). Third, religious authorities meet with the man and question him about the removal of his stigma (9:13-17). Fourth, the parents of the man avoid the courtesy stigma they would incur from the religious authorities if they confess to associating with their son (9:18-23). Fifth, the religious authorities interrogate the man again about the removal of his stigma (9:24-34). Sixth, Jesus encounters the man for the second time, leading to the restoration of his dignity and worth (9:35-39). Seventh, Jesus uncovers the shame surrounding the stigmatizing religious authorities, and thereby abolishes their rationale for stigmatizing the man (sin) (9:40-41) (cf. Conway 1999: 127-135). This structure gives us a text that is easy to follow, as the episodes are in narrative form.

The story of the man born with a stigma of blindness, with these seven scenes, is a typical example of the way in which the Evangelist employs dialogue as a tool to construct his characters and of the efficacy of the interaction among characters. Through interaction with various groups in the story, the man moves from being an object to being the subject. As a subject, the man defends both the autonomy of Jesus and his own autonomy, despite the disapproval of his new identity by the Jewish religious authorities. The move from object to subject is made possible through gradual insight into Jesus and his identity, leading to his confession of faith (Conway, 1999: 126).

The form employed by the Evangelist in presenting this story is the following: Jesus meets a man with a stigma of blindness\(^1\) and orders him to perform a ritual of washing for the removal of the stigma. This order must be implemented without further interrogation. The man implements the order in the absence of Jesus and experiences a complete removal of the stigma. Up to this stage, the man is still an object of Jesus’ command. When the man returns from the pool, he finds Jesus has already disappeared, and he knows nothing about his whereabouts more than the order he received, an order that freed him from the stigma of

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\(^1\) Here, as with the woman of Samaria and the woman taken in adultery, people who stigmatize do not mention the actual name of the man. The Evangelist presents the names of the man (six times) within the narrative in relation to the stigma he carries: ‘a man blind from birth’ (9:1), ‘the man who had formerly been blind’ (9:13, ‘the blind man’ (9:17), ‘the man who had received his sight’ (9: 18), ‘the man who had been blind’ (9: 24) and ‘the man’ (9:30). The lack of a proper name of the man in the story carries a social significance. It indicates the power of naming in strengthening the enactment of stigma attached by the community to someone. In this story, people who stigmatize have forgotten the actual name of the one carrying a stigma and they identify him with the stigma they attach to him. This identification makes it possible for them to justify his undesirability in the community, hence leading him into exclusion and shame (Conway, 1999: 127).
blindness. The eradication of stigma from the man provokes a challenge from the Jewish religious authorities, who in turn search for a reason to shame him. The man struggles on his own to defend the autonomy of Jesus and of himself in the questioning by various groups in the scene. In this questioning process, the man becomes a subject in defence of Jesus. Finally, Jesus reappears to the man and restores to him worth and honour by confirming his belonging to the community of Jesus. The meeting of Jesus with the man also brings him into a confrontation with the religious leaders, and he eventually uncovers their shame.

This is not the only story in the gospel to employ this form; it also appears in the story of the healing of the man that was ill for thirty years in John 5:1-47. Therefore, the form of presentation for this story fits well with the message that the man carrying a stigma provides through the interaction with the faith community on the one hand, and with Jesus on the other.

After establishing and exploring the structure and form of the text, I commence the reading.

5.5.2 Analyzing the Interactions in the Process of Stigmatization

The actors in this story are the following: the man born blind, who faces stigmatization; the parents; people at large who belong to the same Jewish community as the man born blind; the Pharisees, representatives of the stigmatizing group; and Jesus, who associates with a stigmatized man. In the whole process, the restoration of the man’s body becomes the crucial reason why the Jewish religious authorities stigmatize the man. Moreover, people who are in power maintain the man’s stigma even after its eradication. The stigmatization of the man is based solely on the sacred Law of Moses, which has consensual status for the Jewish community members. The stigmatizers also ascribe a stigma to Jesus as a sinner, and attach courtesy stigmatization to the parents. My interest in this analysis is in what happens in the social process of restoring the stigmatized body and how the stigmatization is reversed within the process.

Restoring the Stigmatized Body of the Man (vv. 1-7)

The very first verse of John 9 presents a statement of the problem: “As he walked along, he saw a man blind from birth.” The stigma here is vividly stated (v.1). It is the abomination of the body, a divergence from the normal vision of humanity (cf. Goffman, 1961: 4). The man with the stigma, like the Woman of Samaria and the woman taken in adultery, has no proper name other than the one emanating from his stigma, “a man blind from birth,” nor is it he who initiates the conversation, but the disciples of Jesus. They go into
detail about the stigma of the man when they ask Jesus about its cause. The question has its foundation upon the law of cause and effect: “Rabbi, who sinned, this man or his parents, that he was born blind?” (John 9: 2)\(^{184}\) People can ask the same question when they meet people living with HIV/AIDS in today’s communities: Who has done wrong, so that these people contracted HIV? The question asked by the disciples of Jesus is about responsibility: Who is responsible for the blindness of this man? Does the man face punishment because of the sin of his parents, or did the man commit sin before he was born?\(^{185}\) In this question, it is obvious that the man bears a stigma, an undesirable difference from the community. This difference is related to sin (‘μαρτυρία’ 9:2), to a divergence from the Jewish social boundaries. The question of the disciples is prompted by their curiosity: they want to know who is to be blamed for the stigma attached to the man. This stigma makes the man someone the community has to avoid; he is undesirable in the Jewish community.

The response of Jesus demonstrates a different viewpoint even though, in his answer, he does not deny the existence of the relationship between sin and suffering\(^{186}\): “Neither this man nor his parents sinned; he was born blind so that God’s works might be revealed in him.” (John 9: 3) Here the stigma of the man (blindness) seems to be predestined: he is born for the purpose of the glory of God. Is the stigma that the Jews attach to the man a punishment from God for his own glory, a punishment without sin? How are the works of God manifested through people suffering from AIDS?\(^{187}\) Here, Jesus speaks with a ‘special language’ which

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\(^{184}\) The notion that committing sin (consciously or unconsciously) caused suffering was common in the everyday understanding of the Mediterranean world in the time of Jesus. People considered that a person suffering because of transgressing the ordinances of God reaps the consequence of this transgression (Malina & Rohrbaugh, 1996: 169–170; Nicolson, 1996: 73; Conway 1999: 127; Kgalemang, 2004: 157; and Guevara & Ramirez-Kidd, 2005: 23). In this story, John tells us that Jesus confronts people who had a strong faith that suffering or sickness was due to people’s own sins, and fatalistically accepted the sufferings that befall them (Nicolson, 1996: 74).

\(^{185}\) The question of the disciples reflects the rabbinic interpretation of Exo. 20:5: “You shall not bow down to them or worship them; for I the LORD your God am a jealous God, punishing children for the iniquity of parents, to the third and the fourth generation.” Some Rabbis thought that the reason a person was born with body deformity was the iniquities of the parents (cf. Exo. 34: 7; Num. 14: 18; Deu. 5: 9), while others thought that the child itself had a prenatal sin that caused its suffering after birth. The foetus sinned in virtue of its mother. If the pregnant woman worshiped an idol, the Jews considered that the foetus in her did the same (Malina & Rohrbaugh, 1996: 170).

\(^{186}\) Sickness and sin are often in close connection in the gospel of John. A good example of this connection is the healing of the paralytic in John 5: 5-15 where healing accompanies the forgiveness of sins. The healed person in John 5: 5-15 is told to sin no more. This suggests that Jesus sees sin as the cause of his suffering (see Nicolson, 1996: 73).

\(^{187}\) It is difficult to envisage that the glory of God can be manifested to people suffering from AIDS through their physical healing, because AIDS has no physical cure. In the gospel of John, the manifestation of the glory of God is also through the cross, through suffering, apart from the resurrection which demonstrates human happiness. As Nicolson puts it, “For John, the cross is the throne upon which Jesus reigns in glory. It is his highest accomplishment; it is his time of triumph.” (Nicolson, 1996: 75) It seems plausible that the glory of God through people suffering from AIDS is manifested when “AIDS does indeed bring an opportunity through which Jesus enables those with AIDS to see themselves (...) in a new light, changing their vision of life.” (Nicolson,
focuses the attention not on the question of sin (the interests of the disciples in the past), but on the stigma the man has as a fact, and on the removal of this stigma (healing) as a manifestation of the works of God which will be unveiled later in the narrative. In his response, Jesus discloses the perspective for the future scenes where the man himself provides an attestation of the works of God.

Jesus restores the man’s body, eradicating the attached stigma of blindness, by touching the eyes of the man. In doing this, he uses saliva, mud\textsuperscript{188} and the relationship with a person who bears a stigma. What impression do we obtain from the narrative of the Evangelist about the act whereby Jesus eradicates the stigma attached to the man in this way, especially in this era of HIV/AIDS?\textsuperscript{189} In the act of eradicating the stigma, as John narrates it, Jesus speaks no words to defend his action. Why did Jesus eradicate the stigma attached to the man? This question highlights the line of relationship between Jesus, the blind man, and those who stigmatize (i.e., the local community and the Jewish authorities). One possible answer to this question appears in verse two: Jesus removes the stigma attached to the man so that “the works [ποιήματα] of God should be made manifest.” Similar words appear in another story where Jesus eradicates a stigma: “My Father is still working and I also am working.” (John 5: 17) Jesus defends the acts of his Father and his own works. But what are the works that Jesus advocates and defends? Did ‘the Jews’ of his time understand them?

It is hard to provide direct and adequate answers for these questions because Jesus employs the terminology identifying his own mission, not the mission of ‘the Jews’. The term ‘works’ (ποιήματα) is taken from everyday language, yet it carries a deep connotation of engagement and commitment to something occupational, or official. In the gospel of John, the terms ‘work’, or ‘working’ indicate Jesus’ unique activities in fulfilling his divine mission, aiming at evoking faith and enhancing an understanding of the glory of God (Draper, 1999: 43). In the gospel of John, the works of Jesus are the works of God (see 9:3-4; 10:25, 32, 37-38; 14: 10; 17:4).

In the text, the responsibility for performing the ‘works’ of God extends beyond the realm of the divine to the realm of humanity through the statement of Jesus: “We must work the works of him who sent me while it is day; night is coming when no one can work.” (John

\textsuperscript{188} People of the Mediterranean world believed that saliva had a healing power, especially to someone who suffered because of the evil eye. However, people believed that sharing saliva was sharing a form of blood covenant and had a curative and protective implication (see Malina & Rohrbaugh, 1996: 170).

\textsuperscript{189} Jesus’ touching of the blind man, someone considered contagious, challenges people in the era of HIV/AIDS who avoid bodily contact with PLWHA for fear of contamination (Nicolson, 1996: 74).
9: 4) This assertion seems to be an inclusive and analogical statement. The statement includes his disciples, the healed man, other people who will believe after the death and resurrection of Jesus (John 14:12), and our current faith communities whom God sends into the world in the same way as Jesus sent the man to the pool of Siloam (cf. Quast, 1991: 74). The statement also provides an analogy between ‘working while it is day’ and ‘Jesus himself being the Light of the world’ who gives sight to the blind man. Here some questions may arise: Are today’s faith communities willing to fulfil the works of God which Jesus has commissioned them to perform among the stigmatized people of our time? How do faith communities see people with stigmas in our time? In other words, what status do faith communities ascribe to them?

What usually happens in current faith communities when God accomplishes divine works in the lives of stigmatized people in a similar way as in the man born blind?

Here, I discuss the responses of various groups of people after Jesus relates with the man attached with stigma, and the way in which he eradicates it from the man.

**Outcomes after Jesus Restores the Stigmatized Body of the Man**

Jesus’ removal of the stigma in the eyes of the man by using materials (saliva and mud) and by bringing the excluded man into a relationship demonstrates that he has control over all created materials and over all human relationships. He orders the man ‘to go’ (Υπεργε v. 7) to the pool of Siloam180 and wash the mud away. Jesus here seems to use mud in a symbolic way: ‘mud’ stands as a sign of the stigma which causes exclusion from the community, and ‘washing’ implies the eradication of the stigma and restoration to normal human worth. A response appears after the healing activity, in the interaction between Jesus, the Jewish faith community and the man from whom Jesus has removed the stigma of blindness. Therefore, the removal of stigma becomes a disputable phenomenon instead of being something charitable.

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180 The pool of Siloam where the blind man was ordered to go and wash his face can be interpreted in two intertwined meanings: ‘Siloam’ as a word that originates from the Hebrew word Shiloah to imply the water of Shiloh flowing gently as mentioned in Isa.8:6, or as a word that originates from the Hebrew word shaloh (send). In that way it can speak of Jesus who brings the blind man into sight as ‘the sent one’ (Ἀπεσταλμένος) of God who alone is able and qualified to impart inward illumination. The notion of Jesus as ‘the sent one’ appears in several passages in the gospel of John (cf. 1:14, 18, 34; 2:16; 3: 16-17; 3: 35-37). However, other theologians, such as Bruce Grigsby, see the washing event at the Pool of Siloam and the healing of the blind man as having a symbolic meaning. According to Grigsby, the command of Jesus to the man to go and wash at the pool of Siloam indicates a universal directive of Jesus for people to wash in the cleansing blood at Calvary (Grigsby, 1985: 227).
A. Questioning by the Neighbours (vv. 8-12)

After the man returns from the pool of Siloam, his removal of the stigma of blindness first provokes a controversy among members of his own community. The new identity and new belonging that the man acquires after Jesus removes the stigma are the most likely cause of this controversy. While some acknowledge that he was the man belonging to a stigmatized group, a group begging in the streets (but has now been transformed), others think he is a different person, who only resembles the stigmatized one.

The man identifies himself openly as the one who often sat and begged, but has now been transformed. He employs a phrase of identity: I am (Ἐγώ εἶμι) (John 9:9). As Conway suggests, the use of this phrase does not reflect a divine connotation of ‘self-revelation’ as when Jesus employed it in his ‘I am’ sayings in the Fourth Gospel (see also the way Jesus uses it in his conversation with the Samaritan woman in 4: 26). Nevertheless, it is an emphatic phrase. The man emphasizes to a sceptical surrounding community the transformation of identity he has acquired after Jesus removed the stigma (Conway, 1999: 129). By employing the phrase ‘I am’, the man changes from an object to the subject who bears witness to the manifestation of the works of God. Therefore, from this point on the man whose stigma Jesus has removed starts his own struggle before the questioning groups.

The man’s confession that he was the one with a stigma of blindness, but now is free from stigma, brings the dialogue into another phase. The surrounding community wants to know how the man became free from his stigma of blindness. The investigation to uncover the ‘how’ of the removal suggests that the neighbours regarded the man’s stigma as a permanent situation. They seem to wonder how a person can remove a stigma they considered permanent. The removal of a permanent stigma becomes a subject of inquiry.

The man replies to them with certainty: a ‘man called Jesus’ spread mud on his eyes and he went and washed and came back seeing, yet he admits that he knows nothing about this man and his whereabouts (vv.11-12). This description is a matter of fact: Jesus commanded the man to go to the pool of Siloam to wash the mud, and the man had no time to request the whereabouts of the one commanding him. When the man comes back, he sees nobody in the scene, so how can he know? However, at the very beginning of the struggle of the man for autonomy there emerges the question of knowledge which runs throughout the Fourth Gospel.191 Knowing and not knowing Jesus as Messiah and son of God is one of the

191 The theme of knowledge runs throughout the gospel. The divisions of opinions about Jesus and his works are mainly due to the question of knowledge. Some among the characters ‘know Jesus’ and others ‘do not know’ him (1: 31-33; 2:9; 9: 24-25), some claim ‘to know’ yet are proved ‘not to know’. This pattern highlights the
main themes of the Fourth Gospel: Nicodemus lacks knowledge of Jesus despite his theological training, and the Samaritan woman does not know Jesus as Messiah until he reveals himself to her (John 4: 26) (Conway, 1999: 129).

The response of the man in reference to Jesus as the one who removed his stigma causes Jesus to acquire a doubtful character. Jesus acquires a courtesy stigma because he associates with one with a stigma. The stigma of Jesus is sin. Some members of the mainstream Jewish community understand Jesus as a sinner, an ungodly man, due to his violation of the community norm concerning Sabbath and his relation with a sinner, an outcast from the community. Therefore, despite his absence in the scene, the community seem to have in mind who Jesus is, and the relation with stigmatized people he had before.

The community also stigmatizes the formerly blind man on the basis of its unchanging Jewish norms which are embodied in Jewish culture. It also stigmatizes Jesus who, through his actions, advocates the transformation of the prior understanding of life towards an inclusive community. Until the close of the story, the community sees the man from whom Jesus has removed the stigma as a sinner and as unworthy to be in the community. The man appears before the community as an ‘other’, impure, born in sin, and a man who is still in sin (John 9: 34). Sin, which caused his stigma, remains a burden for his whole life even after the removal of his stigma. Some members of the community are unwilling to accept him as fully belonging to the community. They resist recognizing the man as a totally transformed individual, and as one with the total human value that they have. In other words, some community members regard the man whose stigma Jesus has removed with the same negative attitude as before the removal of the stigma, while the other group in the community appreciate the removal of the stigma (see vv. 8-9).

way the evangelist uses language to distinguish between the insiders and the ‘outsiders’ and those who claim to be insiders but are proved to be outsiders. Those who ‘have knowledge’ are insiders and those who do not are the outsiders. The knowledge spoken of here is about the identity of Jesus and the efficacy of his works. For a recent extended discussion of the question of ‘knowledge’ in the gospel of John see the article by the Norwegian theologian Karl Olav Sandnes, “Whence and Whither: A Narrative Perspective on Birth ἐν οἴκῳ (John 3, 3-8)” (2005).

192 Here the division occurs between the community members. Some become sympathetic with Jesus and others reject him. People who are sympathetic with Jesus occur in several places of the gospel: from among common people (John 2: 23-25; 6: 2; 7: 40-41; 8: 31; 10: 42; 11: 45-48; 12: 11), from among leaders (Nicodemus – 3: 1-2; 7: 50-52; 19: 38-42; Joseph of Arimathea– 19: 38-42; the authorities– 12: 42-43; and Pharisees–19: 16). One can call the sympathy that all these groups have ‘faith,’ connected mainly with the signs that Jesus performs. Cf. Martyn, 1979: 30-32 in his description of the division among the man’s neighbours and among Jewish leaders concerning the man’s removal of his stigma.
B. Interrogation by Jewish Religious Authorities (vv.13-18)

The man confirms before his community that he is the one who sat and begged and that Jesus has eradicated his stigma of blindness. After this confirmation, the community brings him to the Pharisees (the Jewish religious authorities) for further interrogation. The community may have feared acquiring courtesy stigma from the religious body. The Pharisees interrogate the man about how his stigma of blindness was eradicated from his body. The man provides the same answer: “He put mud in my eyes and I washed and I see.” (John 9: 15) Again, as with the neighbours of the man, there is no consensus among the Jewish religious authorities. They split into two groups with conflicting views: some think of Jesus a sinner because he disobeys the holy Sabbath, while others see Jesus as an upright divine person, because a sinner cannot perform such signs as he performs (John 9:16). 193 When they request the opinion of the man about Jesus, he answers that ‘he is a prophet’. The man makes a public confession of Jesus as a prophet (cf. Rensberger, 1988: 140). Here, the man moves from knowing Jesus as a ‘man called Jesus’ in his response to the neighbours to knowing Jesus as a prophet in his response to the Jewish religious authorities. Now, he identifies Jesus as a ‘religious figure’ (Conway, 1999: 130).

C. Parents fearing for Courtesy Stigmatization (vv. 19-23)

After questioning the man, the Pharisees (i.e., ‘the Jews’) refer to his parents, to prove the reliability of the response of the man to them. They call upon his parents to bear witness about the status of blindness that the man had and the healing that took place as a confirmation of what he said to them before. The response of the parents is frightening to the stigmatized man. Though they confirm that he is their son, they are afraid to defend him against the second test by the Jewish religious authorities (vv. 21-23). The parents are afraid of the existing communal norms about Sabbath observance, and of the power of the community that may have grave consequences for them if they defend their son. The parents are afraid of the courtesy stigma that the religious authorities and the community will attach to them. They are afraid of facing exclusion from the synagogue worship (ἀποστιγματίζων γένεται, v.22) if they confess the removal of stigma from their son. 194 Therefore, his parents abandon him and leave

193 The division is important here because it opens up possibilities of identification in a reader–response criticism. This is because of the emergence of characters with differing opinions.
194 The term ἀποστιγμάτιζων (put out of the synagogue) appears also in 12: 42 and 16: 2 with a similar connotation as in 9:22.
him alone to feel the anguish of social exclusion. They leave the man to defend and feel the anguish of shame alone as the community excludes him because of his attached stigma.

**D. Breaking the Silence (vv.24-34)**

The goal of the second interrogation of the man by the religious authorities is certainly not to confirm that the man had a stigma, and that this has been eradicated. The goal is primarily to confirm that Jesus, who eradicates the stigma, sins before God because he disobey the holy Sabbath, and relates with a stigmatized person (v. 24). The goal is probably to confirm their conviction that Jesus also has an undesirable difference in the same way as the man born blind; he is a sinner. They want to use the words of the man in order to justify their notion of Jesus as a sinner (v.24). Therefore, for the Jewish religious authorities, sin was a yardstick to measure Jesus and the eligibility of the man to belong to their community.

In this second interrogation, the Pharisees, the strictest holders of the established Jewish norms, are unwilling to admit a total transformation in the status of the man. They also associate Jesus, the initiator of social transformation, with sinners (οὗτος ὁ ἄνθρωπος ἁμαρτωλός ἐστιν v. 24) because he disobey the holy Sabbath. They do not regard him as one who works by the divine will. To the Pharisees, obeying the Sabbath seems more important than saving human life. In other words, safeguarding the Jewish religious boundaries seems more important than attending to the value of humanity; or loving God seems more important than loving your fellow human being! How can one conceptualise such an attitude towards love?

The man responds to their description of Jesus as a sinner with words which cut through the hearts of their selves: “‘Whether he is a sinner, I do not know; one thing I know, that though I was blind, now I see.’” (John 9: 25) As they keep on asking how Jesus removed the stigma of blindness, the man responds: “‘I have told you already, and you would not listen. Why do you want to hear it again? Do you too want to become his disciples?’” (John 9: 27) This response is typical of a defensive mechanism on the part of those facing exclusion from society. The man becomes aggressive, uncooperative and defensive in relation to the purpose of those who exclude (see Major & Ecclestone, 2005: 64-65; Twenge & Baumeister, 2005: 27). Here the Pharisees (the Jews) are a group who long to exclude both Jesus and the man. Through aggression, an uncooperative and defensive attitude, the man with a stigma withdraws from a relationship with those who exclude him. Therefore, the answer that the man, whose stigma has been removed, gives to those who still uphold his former stigma
demonstrates the response of the man to those who would still like to exclude him and Jesus. The answer brings one to the epistemological tension of knowledge. Do those who uphold the stigma of the man on the bases of their communal norms really know for sure what they think and claim to know?

The riposte of the ‘Jews’ to the answer of the man reflects the attitude of a rigid excluding group who regard the past as unchanging. Moses is their paradigm and they claim to have no knowledge about Jesus and his works (John 9: 29). Verses 30-33 portray the witness of the man, conveying his confession and affirmation. The external removal of the stigma of blindness brings about an internal removal of shame (Malina & Rohrbauch, 1998: 169). As the theologian John W. Pryor rightly puts it, “The healing of the man represents the enlightening role of the light of the world, a role which is consonant with his creative work as eternal Logos (…).” (Pryor, 1992: 41) Through the removal of the stigma of blindness from the man, Jesus demonstrates the dawn of the Messianic Age upon people facing stigmatization.

The man had a stigma of blindness, but now he sees. He did not know about Jesus, but now he knows the truth about Jesus as his only Messiah, who brings people to self-worth. He was the object of stigmatization; but now he is the subject with autonomy to struggle for his own dignity in front of the excluding group. He now has power in his weakness before the excluding group which attempts to suppress his worth. The man breaks the silence and utters brilliant words after the rejection of the Jews to recognize Jesus and his works:

The man answered, ‘Why, this is a marvel! You do not know where he comes from, and yet he opened my eyes. We know that God does not listen to sinners, but if any one is a worshipper of God and does his will, God listens to him. Never since the world begun has it been heard that anyone opened the eyes of a man born blind. If this man were not from God, he could do nothing.’ (John 9:30-33, emphasis mine)

This affirmation is the discourse of the man whose community silenced him for such a long time because of the attached stigma. In fact, none of the ‘Jews’ can reject the argument of the man that “God does not listen to sinners, but he does listen the one who worships him and obeys his wills,” since this accords with the teaching of their Jewish religion (Conway, 1999: 132).

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195 Like the woman of Samaria, the man born blind undergoes a significant process towards the full knowledge of Jesus as the Messiah or Son of Man. In his process he first identifies Jesus as “The man called Jesus,” (v. 11) as a ‘prophet’ (v.17), and finally as the Messiah, the Son of Man (v. 35-38) (Conway, 1999: 126).
Through this discourse, the man whose silence and objectification persisted for a long time breaks the silence and goes public, defending himself against the stigmatization of the status of Jesus and of his own self. What impression does the discourse of the man create regarding the way to perceive those with stigmas? Even though no one can clearly know how the formerly blind man has the knowledge and confidence to speak before the stigmatizing group, his discourse suggests how we should perceive another person despite the stigma attached by the society. The man sums up his conviction through an interpretation of history, an interpretation of the way God deals with humankind in history. The man starts from what the Jews already know. His premise towards a conclusion is that God listens only to holy ones, not to sinners. For him, history indicates that the deeds of Jesus are peculiar, they are like no others. Jesus is sinless, he concludes, and of the divine essence.

The man undergoes a mighty transformation from a formerly weak and shamed person to the authoritative defender of the divine origin of Jesus (v.33), from a former adherent of traditional Jewish norms on Sabbath and holiness, which he probably internalized for a long time, to a skeptical person about the way his Jewish community viewed this. He has now become an interpreter of the healing act of Jesus, an act Jesus does in the heart of the holy Sabbath. He has changed from being an object of stigmatization to being a subject and the authoritative teacher of truth. The man is transformed from self-stigmatization, i.e., acceptance of stigma the community (the neighbours and the Pharisees) ascribes to him (shame), to self-worth.

The man perceives Jesus as his refuge and the one who reveals the truth. His experience of the importance of vision makes him wonder why the Jews reject Jesus. Jesus is an extraordinary man from God, a man whom God sends to remove all constructions of stigmas and boundaries among people in this world. For Jesus, sin is no longer a permanent situation for ascribing stigmas to people, but an adjustable one. The removal of stigma from the man is a transition from stigmatization to self-worth. The man vehemently rejects the traditional view that his community holds on the relationship between sin and suffering. He becomes not only a witness to the wrongness of the norms held by his community (the norms encouraging the exclusion of others from belonging to the community), but also a co-interpreter of the changing roles of the dealings of God with humanity according to contexts and value. The teaching authority of the man, as an autonomous figure, becomes explicit when the ‘Jews’ fail to refute his argument against them and decide to exclude him (v. 34).
E. Confirming the worth of the Man (vv. 35-38)

The story in verses 35 to 38 highlights the role of Jesus at the culmination of the struggle of the man for worth. The role of Jesus in the whole interaction remains enigmatic and difficult to comprehend. He is the one who brings hope and light to the man facing stigmatization; yet he leaves him to stand on his own in defending the truth. As he encounters the man for the second time, he opens his arms to embrace the man again after a brilliant defence. Jesus receives worship and honour from the man for his triumph over the existing Jewish religious norms that stigmatize people (John 9: 35–38). On the one hand, the man now stands as a judge over his community against lawful norms it holds, its deceitful self-acceptance, and its self-justification. On the other hand, Jesus also sees that the Jewish religious authorities carry the same stigma they ascribe to others; he sees them as sinners, despite their self-justification.

The climax of the drama in the story comes when Jesus encounters the man again (vv.35-38). Jesus as the compassionate father meets the man after his community has excluded him. The leaders of the Jewish faith community do not sympathize with his new status. They probably excommunicate him from the synagogue, and from every human relationship (v.34). Jesus meets this worthy man when the community has made him worthless. The man, like the woman of Samaria, keeps on asking for the assurance of his knowledge about the Messiah (v.36 cf. 4: 19-26). At this time, Jesus does not meet him as a person with shame. Rather, Jesus meets the man as someone who has worth, and as someone who needs knowledge about the one (Jesus) who restored his lost worth. When Jesus asks the man about his faith in the ‘Son of Man’, the response of the man reflects the final point of his knowledge of Jesus, and his total inclusion in the community of the disciples of Jesus (v.35b). The man continues asking for more assurance: “And who is he, sir, that I may believe in him?” (v.36) As with the Samaritan woman (4: 26), Jesus reveals himself as the Messiah who came to eradicate stigmas from those who are stigmatized: "You have seen him, and it is he who speaks to you." (v.37)

Through this revelation, Jesus provides the man with an assurance of total inclusion in the community of his disciples. The man, then, bestows upon Jesus the honour due to God: he believes in him and worships him (John 9: 38) (cf. Rensberger, 1988: 140). The message of the text is apparent: Jesus encounters the man facing stigmatization as a compassionate Christ, the one concerned with the status of the shamed and excluded people of this world. Through Jesus’ compassionate eradication of stigmatization from the man and his empowerment to the man to speak public about his worth, despite the status ascribed to him by his community, the
man passes from spiritual blindness (internalization of stigma) to spiritual sight (self-worth). In the same way, the theologian Kelvin Quast also points out: “The transition from physical blindness to sight was only a precursor to the ultimate journey from spiritual blindness to the light of belief.” (Quast, 1991: 75) Therefore, the transition of the man becomes an important paradigm to all who face stigmatization. In this text, the transition takes place through empowering the man to discover his worth in the midst of people who stigmatize.

F. Exposing the Shame of People who Stigmatize (39-41)

In verses 39-41 Jesus again encounters his opponents (the Jewish religious authorities). At this time, the healed man disappears. While he is with his opponents, Jesus uses the character of the man to pronounce his judgment upon light and darkness (Conway, 1999: 134). The judgment of Jesus is a radical one; it reveals his mission on earth: "For judgment I came into this world, that those who do not see may see, and that those who see may become blind." (John 9: 39) Jesus turns everything upside down. He turns the order of vision according to his contemporaries, the order which functions in order to safeguard their honour, into blindness (shame); and he turns the blindness (shame) of the expendable and marginalized people of his community into vision. This radical act of Jesus indicates a reverse challenge to the vain honour of the Jewish religious authorities of his time at the expense of those people they chose to stigmatize.

At this moment, the Jewish religious authorities try to vindicate their honour by challenging Jesus about their own status in terms of vision: “Some of the Pharisees near him heard this, and they said to him, ‘Are we also blind?’” (v.41) Jesus triumphs over his opponents by confirming their blindness (their remaining in the darkness of unbelief) and their inability to provide proper interpretations of the law. Jesus exposes their present sin and challenges them about their futile sleep in hope of a vision, while they are still in darkness: “If you were blind, you would have no guilt; but now that you say, ‘We see,’ your guilt remains (ἡ ἀμαρτία ἡμῶν μένει).” (John 9: 42) Jesus speaks publicly about the sin concealed in

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196 In the whole drama, the man almost stands alone to speak before the opponents of Jesus in defence of Jesus who eradicated his stigma and in defence of his own dignity. Jesus appears only in the beginning of the story (vv. 1-7) and at the end of the story (vv. 35-41). The man stands alone as an autonomous figure (Conway, 1999: 125-126). Conway following Martyn argues that the drama in this story falls in the law of twos, i.e., in the classical Greek drama where only two characters or groups appear on stage in conversation for each scene (Conway, 1999: 126 footnote 168). A similar characterization appears in the story of the woman of Samaria, and in that of the woman taken in adultery.

197 The Greek term μένει has an important connotation here. The term appears 40 times in the gospel of John while it appears only 12 times in the synoptic gospels. When it appears in the gospel of John, it indicates a deep
their meaningless glory and honour before the community: these Jewish religious authorities explicitly contravene their own rationale for stigmatizing other people.

5.5.3 Summary

In the above analysis, there has been an interesting interaction between two characters (or groups of characters) in each scene. While one character interacts with another character, the rest are silent, or absent in a particular scene. Through this kind of interaction, the text takes on a systematic quality, with a plausible presentation of characters.

The focus in the whole interaction has been on the stigma of blindness in the body of the man as a source of stigmatization. Characters indicated differing views on the stigma attached to the man. The local Jews disagreed among themselves as to whether the man was blind or not. They also disagreed about whether Jesus was a sinner or not, and the parents demonstrated a fear of courtesy stigma from the Jewish religious authority. These divisions and differing views are important in this text because they provide an opportunity for the reader to identify with the characters.

Within the story, the man born blind underwent a transformation of his character. The man was transformed from the object of discussion at the beginning of the story towards a gradual understanding of Jesus as the Messiah worthy of worship. On the way to this understanding, he struggled for his own self-worth before his stigmatizers, and for the defence of truth. The man took the role of Jesus as teacher. He too was excluded in the same way as Jesus when ‘the Jews’ failed to refute his argument.

The role of Jesus in the narrative appeared mainly as healer, the one eradicating the abomination of a human body. Jesus perceived the stigma attached to the man as a temporal phenomenon. He refused to adhere to the views of the disciples about the past in favour of the future manifestation of the works of God on earth. Therefore, Jesus became the central character in breaking down the stigma attached to the man in the story.

The interaction within this story raises some questions in relation to the compassionate deed of Jesus in eradicating the stigma from the man: What actually heals the man in the scene of the encounter of the blind man with Jesus, the neighbour community, with the ‘Jews’ and with his parents? Is it contact with the water of Siloam? 198 Is it the traditional mud that

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198 Bruce Grigsby attributes the water of Siloam with the ‘living water’ motif that Jesus pronounces at the conversation with the Samaritan woman and that runs throughout John’s Gospel. Drawing on the rabbinic and prophetic symbolic role of the Siloam waters, Grigsby believes that the inclusion of Siloam waters in the story of
Jesus puts on the eyes of the man? Is it the questioning process that various groups of people inflict on the man? Certainly none of these eradicated the stigma of blindness. In fact, it is perhaps the encounter of the man with Jesus, the encounter and relation with the ‘Sent One’ that brought about the eradication of the stigma of blindness from the eyes of the man (cf. Quast, 1991: 292). The meeting of the man carrying a stigma with his local community did not indicate the removal of his stigma, nor did it indicate their sympathy to this removal (especially in the case of the group that denied his healing). Instead, their exclusive attitude exacerbated further the agony of his shame. In this case, most of the members of the Jewish community seemed tyrants, rather than people who helped him.

The plot of the story helps us to comprehend the stigmatization of the man as a consensual act. We grasp the distinction between two groups of characters, first, the disciples of Moses (i.e., those who stigmatize), who have a consensus that they should exclude from the synagogue any one believing in Jesus (and those who entice others to believe in Jesus) (12:11, cf.16:2). The second group is that of the disciples of Jesus (those encountering stigmatization), who face exclusion from the larger group. The description of the groups in the analysis of this story of the man with a stigma of blindness, i.e., Jesus, the blind man, the ‘Jews’, the parents and the neighbours of the man, poses hermeneutical challenges to today’s faith communities.

Some of the hermeneutical questions arising from this analysis are the following: can there be similar situations, similar kind of people, and similar reactions, or attitudes within churches such as those encountered by the man born blind in this text? What can one say about HIV/AIDS as a stigma attached to humanity, especially when the bodies of people are worn down because of opportunistic illnesses? Is it a predestined stigma for those who commit sin, and are those who are innocent (if they exist at all) exempt from it? What can we say about those who unconsciously contract HIV through blood donation, during childbirth, etc.? Is it for the glory of God, as Jesus says of the blindness of the man, or is it a punishment for sin? What role do contemporary faith communities identify with among the roles depicted by the various groups in this story? How can faith communities justify their most frequent claims that people who live with HIV/AIDS are sinners because they lived a promiscuous life? How can PLWHA also make a transition from being objects of stigmatization to being subjects with autonomy to defend their self-worth? How can PLWHA mitigate the

the man born blind in John 9 has to do with the motive of ‘living water’ which has its origin from antiquity. For Grigsby, the glorification of Jesus at the cross brings about eschatological living water mixed with his blood (see Grigsby, 1985).
stigmatization they face from their community, which claims that their HIV/AIDS status is the harvest of their sin? If Jesus encountered the man with a compassionate attitude, does he not likely encounter people living with HIV and AIDS with the same attitude in our contemporary communities?

5.6 CONCLUSION

The reading of texts from the gospel of John in this chapter, and the hermeneutical questions I raised from each reading, brought me to the conviction that the process of stigmatization existed in the interaction of characters. This conviction gave me the task of investigating stigmatization in the same text as read by people with particular lived experiences (PLWHA) in contemporary churches. I accomplished this task through the Bible study method I suggested in the previous chapter and the hermeneutical questions which emerged from my reading of texts in the present chapter.
CHAPTER SIX

READING THE GOSPEL OF JOHN FROM THE PERSPECTIVE OF STIGMATIZATION II: THE GROUP OF PLWHA AND THEIR READING OF TEXTS IN COMMUNITY

6.1 INTRODUCTION

IN THE PREVIOUS CHAPTER, I PRESENTED my scholarly reading of texts using the perspective of stigmatization and suggested possible hermeneutical questions generated by the reading process. In the current chapter, I present an analysis of the readings of the same scriptural texts by the Group of PLWHA based on their lived experiences of stigmatization in a local village. I present an analysis of the readings of people who can be regarded as ‘simple people’ i.e., people who are not involved in the scriptural interpretation process in the academy, but who are involved in a particular experience of life – living with HIV/AIDS.

I present the way the Group understood the story of the Samaritan woman in terms of her Samaritan ethnic group, her gender and her religion; the woman caught in adultery in terms of her gender and sexual character; and the man born blind in terms of his bodily deformity. I discern a development of the PLWHA in the Group in their understanding of the texts from traditional views on morality, worship and salvation to more differentiated views. Therefore, in this chapter I attempt to illustrate how PLWHA in the Group used their lived experiences, and their reflections on these experiences, as resources in interpreting the texts.

6.2 PARTICIPANT-CENTRED CONTEXTUAL BIBLE STUDY ONE (JOHN 4: 1-42)

The text:

Introduction

RSV  John 4:1 Now when the Lord knew that the Pharisees had heard that Jesus was making and baptizing more disciples than John, 2 although Jesus himself did not baptize, but only his disciples, 3 he left Judea and departed again to Galilee. 4 He had to pass through Samaria.
Conversation with a Samaritan Woman

5 So he came to a city of Samaria, called Sychar, near the field that Jacob gave to his son Joseph. 6 Jacob's well was there, and so Jesus, wearied as he was with his journey, sat down beside the well. It was about the sixth hour. 7 There came a woman of Samaria to draw water. Jesus said to her, "Give me a drink." 8 For his disciples had gone away into the city to buy food. 9 The Samaritan woman said to him, "How is it that you, a Jew, ask a drink of me, a woman of Samaria?" For Jews have no dealings with Samaritans.

10 Jesus answered her, "If you knew the gift of God, and who it is that is saying to you, 'Give me a drink,' you would have asked him, and he would have given you living water." 11 The woman said to him, "Sir, you have nothing to draw with, and the well is deep; where do you get that living water? 12 Are you greater than our father Jacob, who gave us the well, and drank from it himself, and his sons, and his cattle?" 13 Jesus said to her, "Every one who drinks of this water will thirst again, 14 but whoever drinks of the water that I shall give him will never thirst; the water that I shall give him will become in him a spring of water welling up to eternal life."

15 The woman said to him, "Sir, give me this water, that I may not thirst, nor come here to draw." 16 Jesus said to her, "Go, call your husband, and come here." 17 The woman answered him, "I have no husband." Jesus said to her, "You are right in saying, 'I have no husband'; 18 for you have had five husbands, and he whom you now have is not your husband; this you said truly." 19 The woman said to him, "Sir, I perceive that you are a prophet. 20 Our fathers worshiped on this mountain; and you say that in Jerusalem is the place where men ought to worship."

21 Jesus said to her, "Woman, believe me, the hour is coming when neither on this mountain nor in Jerusalem will you worship the Father. 22 You worship what you do not know; we worship what we know, for salvation is from the Jews. 23 But the hour is coming, and now is, when the true worshipers will worship the Father in spirit and truth, for such the Father seeks to worship him. 24 God is spirit, and those who worship him must worship in spirit and truth."

25 The woman said to him, "I know that Messiah is coming (he who is called Christ); when he comes, he will show us all things." 26 Jesus said to her, "I who speak to you am he."

The Disciples Return

27 Just then his disciples came. They marveled that he was talking with a woman, but none said, "What do you wish?" or, "Why are you talking with her?" 28 So the woman left her water jar, and went away into the city, and said to the people, 29 "Come, see a man who told me all that I ever did. Can this be the Christ?" 30 They went out of the city and were coming to him.

Workers for the Harvest

31 Meanwhile the disciples besought him, saying, "Rabbi, eat." 32 But he said to them, "I have food to eat of which you do not know." 33 So the disciples said to one another, "Has any one brought him food?" 34 Jesus said to them, "My food is to do the will of him who sent me, and to accomplish his work. 35 Do you not say, 'There are yet four months, then comes the harvest'? I tell you, lift up your eyes, and see how the fields are already white for harvest. 36 He who reaps receives wages, and gathers fruit for eternal life, so that sower and reaper may rejoice together. 37 For here the saying holds true, 'One sows and another reaps.' 38 I sent you to reap that for which you did not labor; others have labored, and you have entered into their labor."
The Samaritans’ Response

39 Many Samaritans from that city believed in him because of the woman's testimony, "He told me all that I ever did." 40 So when the Samaritans came to him, they asked him to stay with them; and he stayed there two days. 41 And many more believed because of his word. They said to the woman, "It is no longer because of your words that we believe, for we have heard for ourselves, and we know that this is indeed the Savior of the world.”

How did I facilitate the Reading of This Text?

FIRST SESSION
The text was discussed in three sessions. There were 10 participants in the first session (4 males and 6 females). Four participants first read the text aloud in the plenary session, each person reading some verses of the text. Then I asked the first question and contextual Bible study participants provided responses in the plenary. QUESTION 1: What is the text all about? The point of saturation for their responses was reached when no more replies were provided. Then I requested the group to form two small buzz-groups to discuss the second question. Each of the two groups had a chairperson and a secretary to note down the proceedings of the group discussions and agreements.

After I described the task of each group, of the chairperson and of the secretary, I launched the second question that each group discussed and presented. QUESTION 2: Who are the characters in this text and what do you know about them?

SECOND SESSION
In this session, two questions were discussed and presented by the groups in the plenary. Three small buzz-groups were formed, each with five members. The members were randomly mixed in terms of gender. There were 3 male and 12 female participants in this Bible study session. The questions discussed in this second session were two. QUESTION 3: Why does the woman in this text comes to the well alone in the afternoon when it is very hot? This question aimed at exploring the understanding of PLWA with regard to issues of gender relationships surrounding the text. QUESTION 4: How does Jesus relate to the woman after her arrival at the well, and what was the woman’s response? This question aimed at exploring how PLWA in the Group understood the attitude of Jesus to stigmatized people like the Samaritan woman, and the internalization of stigmatization which the woman shows in the beginning of her conversation with Jesus.
THIRD SESSION

I began the Bible study session with only six participants (all females) who discussed two questions: QUESTION 5: Why are Jesus’ disciples astonished when they see Jesus conversing with a woman at the well as they return from the city to buy food? QUESTION 6: How does the woman change in the course of her conversation with Jesus?

After completing the discussion of the two questions, more participants joined the discussion. I divided the group into two buzz-groups for the following task of five questions. Before the task commenced, I provided the group with my input to the discussion. In my input I explained the historical background of the emergence of Samaria. I explained the relationship that existed between Israelites of the South and those in Samaria after the Samaritans mixed with the heathen tribes: their worship was despised and their race and ethnic membership jeopardized. This input aimed at helping the groups to contextualize the text into their own experiences. The following were the last five questions: QUESTION 7: How is the woman who lives with HIV/AIDS understood by your community? QUESTION 8: What is the place of people living with HIV/AIDS in worship in your churches? QUESTION 9: As PLWHA, where do you think salvation comes from, for whom is salvation, and what is your place in that salvation? QUESTION 10: Bearing in mind the way Jesus related to the Samaritan woman at the well, what do you think is the role of Jesus in the life of you who live with HIV/AIDS? QUESTION 11: After all that we have discussed in this Bible study, what is your response? That is, what will you do to let the stigmatized people that live with HIV/AIDS meet Jesus as the Samaritan met him?

6.2.1 The Traditional View of the Group on the Story of the Samaritan Woman

The Group began the reading of the text with a traditional view of the characters involved in the story of the Samaritan woman. They saw the woman as a sinner who went to the well in the afternoon and who coincidentally met a thirsty and weary Jesus. They saw the disciples of Jesus as Jewish men who accompanied Jesus wherever he went. When Jesus sat at the well, they were in the city searching for food. Therefore, the Group pictured the Samaritan woman, Jesus, and his disciples in the same way they appeared in the text they had in their hand.

It was not only Jesus, his disciples and the woman who were looked at in a traditional way, but also the Jews and Samaritans as ethnic groups. The Group saw them as distinct and incompatible groups. When the Samaritan woman arrived at the well, she was surprised when
she saw Jesus, a Jew, asking for water from her. This understanding of characters as they appeared in the text signified little critical awareness in their initial encounter with the text.

Their lack of adequate critical awareness became visible as they moved towards an analysis of the situation in the text. Most PLWHA in the Group understood the text to be about the living water that Jesus was able to give the woman. Those PLWHA in the Group conceived living water as the faith of people leading them into eternal life. Therefore, they recounted the story as concerned with the Jewish and Samaritan traditional customs. The meeting of Jesus and the Samaritan woman was the encounter between the Jewish and Samaritan traditional customs. The living water that Jesus promised was the uniting factor between the two customs which encountered one another here.

Other PLWHA in the Group found that the text was a missionary encounter between Jesus, the woman, and his disciples. In their understanding of Jesus’ discussing with his disciples, such PLWHA said that the text “is about harvest and the appointed time to harvest.” From the decision of Jesus to pass through Samaria, his encounter with the woman, his discussion with the disciples, the return of the woman to her community with a message about Jesus, and his invitation to the Samaritan city, the story and its events appeared to the Group as missionary endeavours. Although this view had little to add to their traditional interpretation of texts, it paved the way towards a more critical understanding of the same text in the course of Bible study progression.

6.2.2 Reading Characters within the Text

Their reading slightly changed as I launched the second question: Who are the characters in this story and what do you know about them? This question aimed at getting the group to focus on what they knew about the interacting characters within the text they had in their hands. Responses varied widely, but most of them were results of their thinking about the way the characters appeared in the text.

Pharisees as Heralds of Pure Jewish Religious Conduct

How did they understand the groups of Pharisees in the text? For the Group, Pharisees were specialists of the Jewish religion. They were the ones who enforced the proper use of the Jewish Law. The Group confirmed this understanding through their reference to some

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199 The group of Pharisees does not appear in the main story of the interaction between Jesus and the Samaritan woman, but at the beginning of the text. Since PLWHA read the text from the beginning, and this group of religious authorities are important in the following two texts (John 8: 1-11 and 9: 1-41), I find it better to present their understanding of this group at the outset.
occasions where Pharisees appeared and were concerned with the use of the Jewish law, especially in synagogues. Understood in this way, PLWHA in the Group saw the Pharisees here as a group of people who must be feared and revered because of their ability to enforce the proper use of the Jewish Law.

_The Samaritan Woman and Her Five Husbands_

The Samaritan woman was the central character in the text. The Group understood the woman to be one of the women in Samaria. But they saw her as set apart from other women because she had five husbands. The Group perceived that the relationship of the woman to the five husbands was probably not of her own will. They stated this hesitation straightaway in their description of the five husbands of the woman:

_The five men married to the Samaritan woman – These were Samaritan men. They shared the same woman, but none of them was the real husband of the woman. They are the ones who knew the secret of the woman. They are the ones who made the woman shameful before other women and she did not dare to accompany them to the well in the evenings and mornings. Jesus knew them because he had an extraordinary power from God._

The Group indicated that the husbands she had were the sources of shame for the woman before her fellow women. This was because the husbands were the ones who knew her whereabouts, probably more than any other persons in the Samaritan city. Consequently, the Group seemed to blame the men for making the woman shameful.

   The way the Group understood the role of men in the text probably correlated with their own experiences of matrimony within their village. They seemed to draw their understanding of the five husbands from polygynous marriages where several women marrying one husband were frequently blamed for being the causes of HIV infection in the home. The Group seemed to redefine their context in relation to the situation in the text they read. They started to identify structural systems within the text in relation to structural issues in their own context.

_The Disciples of Jesus as Representatives of the Jewish Structural System_

In their analysis of structural issues in the text, PLWHA in the Group discussed the ethnic identity of Jesus and of his disciples. When looking at the role of the disciples of Jesus, the Group read them as representatives of the Jewish culture. Jesus selected them from among the Jewish people as pioneers of the salvation of God. For the Group, the selection of pioneering
persons for the manifestation of the salvation of God from among the Jews was partially what Jesus meant when he said that ‘salvation comes from the Jews’ (John 4:22). However, the Group seemed to overlook the ambiguity of the statement of Jesus in John 4: 22 about the origin of salvation in relation to the goal Jesus was pursuing in the conversation with the woman.

According to the Group, the disciples saw Jesus as a person of higher status than the woman. They thought that their master suffered contamination from the Samaritan woman: “Jesus is a Jew, his disciples are also Jews, but the woman is a Samaritan. [T]he disciples see the woman is not worthy to converse with Jesus due to her bad conduct.” While the Group saw Jesus as a holy person, they saw the woman as a sinner. Her five husbands, according to the reading of the Group, indicated that this woman was unworthy to associate with Jesus. Therefore, according to the Group, the disciples of Jesus were representatives of the current Jewish tradition, which was at odds with the Samaritan tradition represented by the Samaritan woman.

*Jacob as a Figure in History*

After reading the disciples of Jesus as representatives of the Jewish hierarchy in the story, the Group discussed Jacob. Strictly speaking, he was not among the characters, but he is mentioned in the text because of the importance of the well named after him (4:12). However, the mention of Jacob indicated their remembrance of the past as significant for discerning the present. Jacob appeared as the foundation of the Israelite nation through his twelve sons. The Group made a connection between Jesus, who asks for water to drink from the well of Jacob, Jacob, who owned the well, and Joseph, who was the son of Jacob:

> Jacob – this man had twelve sons. His sons were the ones that developed into the different tribes of Israelites. He was the one that owned the well where Jesus needed water to drink from the woman. He gave the field together with this well to Joseph his son.

The Group’s mention of Jacob indicated their memory of history and its importance in the lives of the Jews and subsequent generations. It also depicted the importance of ethnic and racial membership as hereditary phenomena passed on from one generation to another.

*The Weary Jesus as Fulfiler of Human Identity*

As they continued with the reading of characters in the text, the Group understood Jesus as a man who was tired and thirsty due to the long journey he had made with his disciples though
the Samaritan land. The decision of Jesus to pass through Samaria, with his own knowledge of the enmity between the two ethnic groups, seemed to strike the Group in their reading. Most of the Jews hardly knew him, nor did the Samaritans know about him. The Group concluded that Jesus who sat at the well weary and thirsty was “the saviour of the world. He came from God. God is the one who enabled him to speak his word to human beings.” According to their conclusion, Jesus was not only of divine identity, but also human. While on earth, Jesus became a human being first of all, a relational being, before he became divine. That conclusion was similar to the one drawn by the Samaritan villagers later in the text, when they recognized Jesus and his primary role (see John 4: 42).

6.2.3 Tracing the Interaction in a Social Context

Their understanding of Jesus as a relational being led the Group into a more detailed discussion of the way interaction continued in the social context of the text they read. The discussions probed deep into the root causes of the stigmatization that the woman faced from her own community. They dwelt mainly on the question of the morality of the stigmatized woman.

The Immorality of the Samaritan Woman

I asked participants why the woman went to fetch water in the afternoon when it was very hot instead of in the morning and evening when the sun had less intensity. The participants discussed this question in small buzz-groups. Though their responses were similar, each contributed an interesting point. The first buzz-group responded by casting doubt on the private deeds of the woman. The group thought that the woman felt of shame due to her misconduct, which her community deemed to be immoral. Jesus revealed her deeds when he mentioned the five husbands of the woman. The fact that the woman implicitly confessed having so many husbands proved her lack of morality. Therefore, for the PLWHA of the first buzz-group, the fact that the woman went alone to the well in the afternoon was something unique and suggested that she was at odds with her fellow women in the community. She did not want her fellow women, who already labelled her as immoral, to see her.

They suggested that going to the well in the afternoon was a coping strategy in relation to the social mechanism of stigmatization. The woman went to the well in the afternoon in order to withdraw from relationships with other women who would stigmatize her for her bad sexual moral conduct. She decided to stay alone: alone at home, alone at the well to fetch
water, and alone in her own self. Her stigma of sexual misconduct created a fear within her that hindered her from having relationships with other people. She was afraid of the unmerciful community that could point the finger at her. In this case, concealment seemed to the Group to be one of the possible strategies for the stigmatized woman to cope with an acute situation of stigmatization inflicted by her community.

In response to the question about the woman going to the well in the afternoon instead of morning and evening, the second buzz-group thought that the woman went in the afternoon because she anticipated fetching clean water, since few people went to the well at that particular time. However, my further probing beneath their response revealed that though they conceived of ‘clean water’ as being the reason for her going to the well, that was not an adequate reason for her to seclude herself from the rest of women in the community. The woman probably was selfish, and that was why she went alone in the afternoon in order to fetch the clean water. This group suggested a possible relationship of conflict between her and other women in the Samaritan community. She seemed to distance herself from other women and the community at large, lest she enter into conflict with them over getting clean water.

The common aspect in the readings of both groups is the reality they portray in the interaction of characters in the text. Both groups portray the woman as struggling with stigmatization by establishing a coping strategy. The two buzz groups do not deny that the woman was morally deviant; but they see the integrity of the woman as the focus of her struggle. The readings of the two groups scarcely penetrate the reality of the woman in relation to Jewish men; however, their depiction of the woman as distancing herself from the realm of other women indicates the existence of a consensual stigmatizing reality that she faced from both genders.

The third group had a different response to the question about the woman going to the well in the afternoon. It appealed to the divine inspiration: “The Holy Spirit inspired the woman to go to the well in the afternoon so that she can meet Jesus there. It was not her own will to go to the well that afternoon, because it was too hot for her to go to fetch water.” It seems that the group thought that the decision of the woman to leave her home and go to the well was not her own will. It was divinely ordained so that the woman would meet Jesus. It was an appointed time (καιρὸς), in which the Spirit of God inspired the woman to stand up for her rescue from the stigmatization around her. PLWHA in the Group justify their assertion by the movement of the woman from the well to the community. The woman moves from being alone towards joining the community that stigmatizes her.
The Attitude of Jesus towards the Woman

In order to ascertain how the Group understood the attitude of Jesus towards the woman within the text, I asked them to explore the relationship between the two: ‘How does Jesus relate to the woman after her arrival at the well, and how was the response of the woman?’ Both first and second buzz-groups concentrated specifically on the conversation of Jesus with the woman in relation to their ethnic difference. The Group saw that Jesus indicated no partiality in terms of ethnicity. They saw Jesus as a strange person who transcended the existing ethnic boundaries of relationship. Jesus perceived the woman as a friend and a companion. He initiated the conversation by asking for water. He seemed to pay no attention to where one came from or what ethnic group one belonged to, and he certainly did not attach any importance to how other people in the Samaritan society perceived the woman and her moral conduct. The Group saw that Jesus adhered to his own mission: to save the outcast. He concentrated on delivering the stigmatized woman from the shackles of her current stigmatization.

Moreover, both buzz-groups saw that Jesus had no partiality in terms of religion and worship. The response of the Group to my probing question on issues related to worship indicated that the woman was ignorant about true worship. The woman did not associate her worship with the heart; she did not move beyond an external conception of worship. In this external conception, the woman associated worship to God with a particular place. “After Jesus told the woman about her secret and private affairs, and about her having five husbands, the woman told Jesus that he might be a prophet. She then told Jesus about the worship of her fathers on the mountain.” It seems that the Group believed that the woman held the wrong conception of worship. She understood worship in terms of outward conduct: perform outstanding worship at the right place, and God will accept your worship.

In their reading, PLWHA in the Group also found the woman to be confused about the question of truth. She appeared to be in a dilemma about two places of worship: either Jerusalem where Jesus came from, or at the Mountain where her fathers worshipped. The Group understood the woman to be in a hard situation in the conversation with Jesus. She probably did not know how to resolve that dilemma regarding the right place for the worship of the God of her fathers. PLWHA in the Group were convinced that the reply of Jesus about the ‘time’ (ἀπὸ) (Joh. 4:21) when none of the current worship places would be relevant was an appropriate reply. Jesus indicated no partiality of place for worship: neither Jerusalem nor Samaria was an appropriate place for worship. Jesus rejected both as irrelevant and credited
true worship only to spirit and truth, a worship that was based not on a particular location, but in one’s spirit.

Why did Jesus reject the two places of worship based on the group to which people belonged? The Group responded to this question thus:

*Maybe people did not worship God in truth at both places. Maybe worship was done for selfish reasons. The worship on the mountain and in the Temple in Jerusalem was wrong because it resembled the African traditional worship on big mountains, trees and tall buildings. In this case they did not follow what Jesus liked. They did not conform to salvation from Jesus.*

Though I disagree with their ascription of falsehood to African traditional religion, I still find their conception of the two worships to be similar to my study of John’s text in chapter five (see my study of John 4: 19-26 in section 5.3.2 above). Jesus seems to be at odds with the two worships. He does not consider a ‘place’ as something vital for true worship before God in the same way as his contemporaries conceived of it. Therefore, the question of worship becomes an important aspect in the conversation of Jesus with the woman at the well because it was both empowering and illuminating in her journey towards knowledge of truth.

In response to a probing question by a participant who was looking for a deeper meaning in the conversation between Jesus and the woman about worship and about the coming of the Messiah, the Group stated, “*The woman started to sense in her mind that Jesus might be the Messiah, and that is why she introduced the issue of worship on the mountain.*” The Group seemed to understand the woman as someone longing for what was true and real, yet confused about what it was like. She knew (like her fellow Samaritans) that the Messiah would come one day, but she lacked a clear knowledge of what kind of Messiah he would be. However, in the course of the discussion, the woman’s awareness slowly matured.

The third buzz-group concentrated on the ‘normal water’ and ‘living water’ and the question of sharing vessels. Participants from this buzz-group were astonished to note that the thirsty and weary Jesus did not drink any water and did not receive any vessel from the woman. Instead, Jesus turned the conversation towards the life of the woman herself. They saw that

*“Jesus turns the needs upside down. Instead of him needing water from the woman, he tells the woman about her need for the living water from him. Instead of the woman being the source of the water for Jesus to drink, Jesus becomes the source of the living water that the woman needs to have.”*
In their response to a probing question asked by a participant as to why Jesus asked for water that he did not drink, the third buzz-group stated five possible reasons. The first relates to Jewish and Samaritan taboos. Jesus counteracted the existing stigmatizing taboos about not sharing vessels. Jesus demonstrated that Jews and Samaritans were one, irrespective of their ethnic difference. Second, Jesus wanted to initiate a conversation that could enable him to fulfil his mission to the stigmatized woman. The mission of Jesus was primarily to return dignity to the despised and shamed woman whom the Samaritan community had marginalized. Third, Jesus wanted to teach the woman about the ‘living water’, which was available nowhere else than from him. Fourth, Jesus played an educative role towards the woman, especially with regard to the inadequacy of the worship that was based on outward show and on a particular place. Fifth, Jesus wanted to reveal himself before the woman as the Messiah, the saviour of the world. Therefore, the reading of all the buzz-groups indicated that Jesus had no partiality in terms of his feelings and actions. Jesus did not hold that salvation was only for the Jews (though he confessed that it started with the Jews, Joh. 4:23); it had no boundaries. The readings recognized the thirst for salvation in the Samaritan woman. The readings also recognized that inclusion in that salvation was available for all, irrespective of gender, race, and ethnic membership.

6.2.4 The Metamorphosis of the Woman in the Course of Interaction

My next question aimed at exploring the way the Group saw the woman’s transformation in the course of her conversation with Jesus at the well.

*From being an Outcast to a Preacher of Good News*

The first theme concentrated on the woman as an outcast of society and the way she was transformed into a preacher of good news to her Samaritan community. In the previous discussions, the Group had indicated that the woman was an outcast shunned by her own community. To shun someone meant to silence that person. The community forbade the woman to speak in the presence of her fellow women and men because of her stigmata. The Group found that the woman had undergone a gradual transformation of both attitude and action in the course of her conversation with Jesus. They saw her becoming a different person from the way she was before. Instead of being a silenced and wordless person in the community, she resumed her voice.
This corresponds to my own reading in the previous chapter; *the silenced woman became eloquent and assumed the role of Jesus* (see 5.3.3 above). The woman underwent a transformation in both attitude and actions, as we see when she leaves the water jar, and rushes to the city to tell people about Jesus. The Group asserted, “*The woman changes from being a sinful and unworthy person to a good preacher of the good news. The text we read shows that the woman left the water jar and ran to the city to tell others about a strange man at the well.*” Something happened in the course of the conversation. The woman received a feeling of courage through this conversation, empowering her to become a preacher of good news to her community of men and women, people with whom she earlier was unwilling to associate. Therefore, the Group noted that the conversation was a powerful instrument in the restoration of her dignity, empowering the woman to speak to those who stigmatized her.

*From being an Ignorant to a Knowledgeable Person*

The second theme of discussion concerned the shift of the woman from ignorance to knowledge about the long-awaited Messiah. PLWHA in the Group demonstrated in their previous discussion that the woman was confused about issues surrounding religion and worship. Her current knowledge brought her surprise because she found it inconceivable that a Jew would request water from a Samaritan woman. The Group observed that the woman underwent an abrupt transformation in the course of her conversation with Jesus: “*The woman changes from not understanding whom she is talking to, towards understanding Jesus as likely being the Messiah whom her forefathers awaited for so long.*” The Group pointed to the power of the words that brought the once ignorant woman to self-awareness. If the woman had remained in her home, she would not have met Jesus, and understood him in relation to her dilemmas in life. Therefore, according to the suggestions of the Group, the well seems to be not only a place of meeting, but also a symbol of knowledge for the woman about herself and her surrounding reality. It is here that the woman acquired knowledge about worship, and about what it really meant to be a human being, when she saw Jesus relating with her, a person of a different racial, religious and ethnic membership.

*From being the Provider of Gratitude to the One Requiring It*

The third theme of the discussion dealt with her transformation from being a provider of water to Jesus to becoming a person with an urgent need of ‘living water’. The Group observed that
when the woman left her home to go to the well, she certainly did not need the help of anyone else to obtain water from the well, and when she arrived at the well she was not thinking of anything other than the normal water in Jacob’s well. She had everything that she required in order to draw that water. She went there with the conviction that she would come back to her home with water.

The Group noted a shift in needs between Jesus and the woman. Jesus demonstrated a need of water at the very beginning of their conversation – the water he probably did not receive from the woman. The woman was surprised when Jesus turned the needs upside down. The Group stated what happened to the woman: “The woman began asking for water [living water] from Jesus. Therefore, instead of being the provider of water, she becomes the one who is in need of water [living water] from the one who asked her.” One participant probed further: why did she become interested in the water from Jesus? The Group offered two possible reasons for her interest. First, “The woman needed this spring water to be with her, so that she would no longer need to go to the well. Probably she thought that if she got water of this kind, her fellow women could not see her at the well any more.” Second, since Jesus promised the woman a different type of water, the woman may not have understood what Jesus implied by this living water, so she became eager to have it and see what it was like. However, both assumptions hardly provide sufficient information to explain the shift in the woman from a self-satisfied person to a needy person.

The Group supplemented these unsatisfactory suggestions about the woman’s motivation by turning their attention to what Jesus may have meant when he made the promise of ‘living water’. In response to a probing question by a participant exploring the kind of water that Jesus implied when he mentioned the concept of ‘living water’, the Group affirmed that, “Jesus implied eternal life. He intended to forgive the woman all her sins and make her a sharer in eternal life.” The Group equated the lack of eternal life with thirst. They believed that incorporation into eternal life would quench the thirst of the woman. In their eyes, the woman had no eternal life before she conversed with Jesus. The meeting of Jesus with the woman had a spiritual consequence, as they state, “Jesus wanted the woman to taste eternal bliss while she was on earth.” Therefore, according to the Group, eternal life was not beyond this life; it was something within people, something embedded in their social interactions here on earth before they went to heaven. It was something in their midst, and people needed to be empowered to recognize it.
**From Concealing to being a Community Member**

The fourth theme of discussion concerned the shift of the woman from the feeling of shame and self-concealment towards her inclusion in the community that had previously excluded her. According to the observation of the Group, the woman had a strategy to counteract stigmatization by her own community. One such strategy was to hide herself from the community by going to the well in the afternoon. This was also a withdrawal from the community. The Group noted that the conversation with Jesus restored the woman to her community. Hence, the woman who had hidden herself from the community was empowered to resume normal interaction with her community.

Jesus exerted no compulsion on the woman to recognize him and to return to the community. The woman was impelled by her own conscience and willpower to recognize Jesus: “**The fact that the woman leaves the water jar at the well and runs to the city indicates that through the conversation with Jesus, the woman encounters something more important than water at the well and the water jar itself.**” Therefore, the return of the woman to her community, and the two days spent by Jesus and his disciples with the Samaritan community, united the stigmatized woman and her community on the one hand, and the stigmatized Samaritans and the Jews on the other.

**From Experiencing Tribulation to Consolation**

The fifth theme regarding the transformation of the woman concerned the way the woman obtained relief from her anguish of stigmatization. In response to my probing question that explored what kind of relief the woman acquired in the conversation with Jesus, the Group stated that the woman obtained peace of mind. Her relational situation tormented her, but now she obtained consolation. Instead of being an isolated person with no partner, the woman became a relational human being. Jesus took the first step in facilitating such a relationship. The Group noted, “**She felt consoled when the Jew, a person of a different ethnic group, talked to her.**” Their observation indicated that the words and acts of Jesus had the power to break down ethnic and racial differences among people. They recognized that Jesus found race and ethnic membership unimportant factors in relating to a fellow human being. The woman became a happy person as the conversation proceeded. She displayed a transformation from sorrow due to stigmatization, to happiness due to her return to relationship – a return initiated by Jesus.
How did the Group members relate their reading of the relation of the woman with Jesus and with her community to the relationship they have with Jesus and with their own community? In the following sub-section, I study how PLWHA in the Group re-defined their own lived experiences in their endeavour to identify themselves with the lived experiences of the Samaritan woman in her community.

6.2.5 Identification of the Group with Characters and Issues in the Narrative

I concentrate on three themes on which the Group reflected in their identification with characters and issues in the text. The first theme is based on the situation of the Samaritan woman in relation to that of the Bena women. The second theme is based on worship issues in the situation of the Samaritans and the Jews, in relation to the place of PLWHA in worship services within the churches they belong to. The third theme concerns the ambivalence in the disclosure of the woman’s stigma in the text in relation to the ambivalence of the disclosure of HIV positive status by PLWHA.

Situation of the Samaritan Woman and Situation of Bena Women

As PLWHA in the Group continued with their reading of the Samaritan woman, they reflected on the situation of women living with HIV/AIDS in their own community. They found that a situation similar to that of the Samaritan woman existed in their community. In the discussion of issues existing in their community they noted that if a woman acquired HIV, the community regarded her as adulterous, or a fornicator. Their community judged her according to her lifestyle. The community considered her to have led an irresponsible lifestyle, and that this was probably why she contracted the virus. If she was married, they expected her to respect her official marriage and hence avoid bringing the virus home.

The whole understanding of the Bena women, as the Group depicted them, was within the framework of the Bena taboos about sexuality. A woman was under a taboo that allowed her to have no sexual relationships outside her marriage. The taboo placed the woman in a difficult situation if she acquired HIV in her endeavour to adhere to it (cf. chapter three above). If both the woman and her husband tested HIV positive, the woman was the one to blame. She was regarded as the one who brought HIV into the home. This relationship under the Bena taboo of abstinence from sex outside marriage did not apply equally to their husbands, especially in traditional Bena marriages. Therefore, this situation demonstrates how

\(^{200}\) For the description of the Bena ethnic group as one of the ethnic groups in Tanzania, see the introductory chapter of this study.
taboos and ethnic traditions enhance power relations between men and women. Among the Bena, the taboos about sexuality seem to silence and control women, so that they will be submissive to their husbands.

However, my recent observation of marriages among the Bena, and among most ethnic groups in Tanzania, indicates that the relationship between men and women is slightly changing. Marriages are becoming dramas of complicated life between the two marriage partners (husband and wife) and the community around them. As the so-called Western civilization penetrates the interior parts of villages, men and women acquire reciprocal voices in the homes. According to my observation, the woman can be silent, listening and submissive to the man, in most cases, in the first year after the contraction of marriage. In the second year, the voices of most women start to emerge. They can speak, and men are obliged to listen. In the third year, both can speak, while the neighbours listen to them. This scene indicates the power struggle that can take place between men and women in most homes within a changing community of the Bena ethnic group.

**Place of Samaritan Worship and Place of PLWHA in Church Worship**

After discussing the ambivalence of marriage relationships and the stigmatization of most women among the Bena, the Group reflected on the issue of worship services in their churches and the way this issue determines their presence. When I asked about their participatory role in worship services in their respective churches, the Group testified that some churches demonstrated responsibility towards PLWHA, though in a very reluctant way. Some churches allowed prayers for the intervention of God in the plight of HIV infection, and for the spiritual relief of PLWHA, though on an irregular basis. Worship within most churches centred upon people who were physically healthy. PLWHA, as broken bodies, had no proper place in such worship services. Other churches demonstrated an almost total reluctance to include HIV/AIDS and PLWHA in their worship services. Churches seemed to consider HIV/AIDS and PLWHA as unfit to be components of their worship services, which they regard as the most sacred worship of God.

There were two main possible reasons for churches to exclude HIV/AIDS and PLWHA in their worship services. First, they regarded PLWHA as persons cursed by God and harvesting the consequence of what they had planted. The Group attested in their own words, “We who live with HIV/AIDS are considered to harvest what we planted. They say that HIV/AIDS is the consequence of our own sexual misconduct. So they do not see any need to bother themselves with people who are suffering as a consequence of their own
This quotation indicates the experience of PLWA in churches, especially in the Bena area. Churches did not regard PLWA as true members of the worshipping community. Their HIV/AIDS status robbed them of this status. The worshiping community saw them as sinners, and AIDS was the consequence of their sin, causing them to suffer.

The second reason for excluding them in worship services was fear. Other church members feared hearing about HIV/AIDS because it reminded them about their own vulnerability towards contracting HIV. Churches perceived that they needed to avoid HIV/AIDS and PLWA, in order to feel comfortable in their worship services. PLWA were not to be heard in churches, because they would reveal their stigmas – and these stigmas could bring shame to churches. Churches considered HIV/AIDS a shameful disease, a disease of infidels. In addition, worship was not the worship of infidels, but of the upright, of those who sought God in spirit and truth; it was for those who were on the right path in the churches’ eyes.

As they reflected on the above reasons why churches exclude HIV/AIDS and PLWA from their services, the Group found a link between their situation in church worship and the situation of worship in the relationship between Samaritans and Jews. The Jews considered the Samaritans as sinners and worshippers of the unknown; similarly, churches considered PLWA as sinners, people who were unworthy to be present in church worship services. The Group considered the lack of recognition in a community to which one belonged (both in the texts they read and in the community of which they were members) as one of the reasons why people kept silent about their status.

**Disclosure of the Stigma of the Samaritan Woman and Disclosure of HIV/AIDS in Current Communities**

In fact, whether to disclose or to conceal the HIV positive status is one of the dilemmas facing people tested HIV positive. This resembles the Samaritan woman’s fear of disclosing her status to other women. The person suffers under the tension entailed by the need to manage information before the stigma becomes visible, as Goffman puts it:

> The issue is [certainly] not that of managing tension generated during social contacts, but rather that of managing information about his [sic!] failing. To display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where. (Goffman, 1963: 42)
A similar tension to what Goffman suggests was visible in the experiences of PLWHA in the Group and their ambivalence about communicating their status to other members of their own community.

The main issue at hand was the fear of facing the negative reaction from their fellow community members. The discussion of their situation in the contextual Bible study process demonstrated that stigmatization caused them to regret their decision to speak publicly about their status. For the Group, speaking publicly was both helpful and unhelpful. When I asked them whether they felt they had made a mistake in coming forward and speaking publicly about their status, their reply was both yes and no:

*On the one hand we feel that we made a mistake especially when we remember that there are a lot of people that have HIV/AIDS around us who have not spoken publicly and are not facing the stigmatization we do. On the other hand we feel better about having spoken publicly because most of us here would have died a very long time ago! But now we are still healthy because we are provided with ARVs [...] to prolong our lives. We remember the Swahili saying that goes: “Anayeficha maradhi kilio kitamfichua.” (lit. the person that hides illnesses, a cry will make such a person open).*

This statement shows that while stigmatization of PLWHA increased silence about disclosing someone’s HIV-positive status, silence also exacerbated the spread of HIV in the community, if infected people continued to have sexual intercourse with other persons in the community. Silence also exacerbated the death rates of those infected with the virus, because they lacked care from willing members of their families and community. Silence made it impossible to give a human face to the struggle against the HIV/AIDS pandemic, fuelled stigmatization, and hindered new ways of giving education about living with HIV/AIDS, and thus counteracting stigmatization.

### 6.2.6 Responses of the Group from the Reading Process

The reading of texts by PLWHA in the Group, and their recognition of the way churches denied their presence in various spheres of church life, led to four responses. First, they re-defined salvation as an alternative to the definition of their respective churches. Second, they indicated a negative attitude towards people who stigmatized them. Third, they reconsidered the role Jesus played in relation to them with regard to their situation; and fourth, they spoke to PLWHA who were silenced by stigmatization in their village, encouraging them to have the courage to disclose their status.
Emphasizing on the Universality of Salvation

How did the PLWHA in the Group re-define the salvation of God as they read the text? The Group understood salvation as something immaterial, something no one could claim to own. According to the Group, salvation was something that belonged to the entire human race, and came from God through the atoning grace of Jesus Christ. The Group attested, “There are people or churches that claim to own salvation. But as PLWHA, we understand that salvation belongs to God and comes to us through Jesus Christ our saviour. This is what we learned when we attended confirmation classes.” In this statement, PLWHA in the Group perceive themselves as recipients of salvation. Their attestation that they learned such an understanding from ‘confirmation classes’ they attended challenges churches to take seriously what they teach about salvation.

In their discussions, PLWHA in the Group went deep into the gospels, and visited Jesus and his deeds. In the gospels, they perceived Jesus who “came for the sake of those who are suffering, not for the healthy.” (cf. Mar. 2: 17) They perceived Jesus who ‘healed those who were suffering’. They perceived Jesus forgiving sins for those who were sinners, people who bore acute sufferings. They heard from the gospels about the consolation of people who wept and of those that were poor. They felt themselves to be members of those groups for which Jesus had a special concern. In turn, they had the conviction that although salvation belonged to the whole humanity, it was preferentially for those whom churches and communities marginalized.

PLWHA in the Group experienced themselves as helpless people in their own community, and in their own churches. They felt that they had ‘accepted’ salvation by leaving behind all they had previously enjoyed and considered helpful, and that they had dedicated their lives to God, waiting patiently for the inevitable death. Through their conception of salvation, PLWHA in the Group seemed to have internalized the acts of God in history and found that God alone was a reliable refuge in their situations of stigmatization. They were convinced that God was their creator and that he was with them, and that they were going to die in hope (cf. Sevens-Pino & Davis, 2005 in Appendix 2, song 3).

I believe that the link between what PLWHA in the Group observed above and stigmatization in relation to HIV/AIDS in churches is based on the question: What legitimates what people do to other people? What legitimacy do people have to justify their idea that PLWHA are candidates for hellfire, just because of their HIV/AIDS status? The African theologian Emmanuel K. Twesigye commented:
We can never be completely sure that the individual is completely lost to God, even when society may condemn that very individual to death as a criminal, and therefore we cannot know who is ‘saved’ and who is lost. The implication is that we should treat all human beings as potential candidates and heirs of supernatural salvation. (Twesigye, 1996: 322)

This statement suggests the finite nature of humanity in relation to the infinite nature of God. Who knows if PLWA, whom society condemns as sinners, deprived of salvation because of their HIV positive status, are the elect of God? Twesigye further comments on the dichotomy between societal values and the will of God for humanity: “The values of God and the values of society might sometimes be opposed to each other and might be in conflict, and therefore in this case what would be regarded as a sin and a criminal offence by human beings might prove the reverse with God.” (Twesigye, 1996: 322)

**Negative attitudes of the Group towards People that stigmatize**

The unwillingness of PLWA to disclose their HIV positive status was based on the attitude they had towards those who stigmatized them, the community around them. What attitude did PLWA in the Group have towards people who stigmatized them? PLWA in the Group mostly viewed people who stigmatized them (i.e., church members, their family members and neighbours, and the community as a whole) as enemies, because of their stigmatizing attitudes towards them. PLWA in the Group acknowledged the obligation of Jesus to love their enemies and pray for those who hated them as one of the most difficult commandments in the Bible. They confessed their inability to fulfil it in the midst of the acute situation of stigmatization which they faced, especially before they began attending contextual Bible studies:

*We look at them [stigmatizers] as enemies. May God forgive us about that. The word of God says we have to love our enemies and pray for those who hate and abuse us, but this is very difficult for us. How can we love those who stigmatize us and consider us as non-human beings? Those who call us nyambizi (submarines), wafa waliohai (living corpses), wa kafa kilo mbili (those who will die weighing two kilos), wanaosogeza siku (those who are waiting to die) and various other abusive names?*

In this quotation, PLWA in the Group illustrated the enigma of the double commandment of love (to love God and the enemy) which Jesus laid down in the gospels. They indicated human weakness to fulfil the demands of God and the necessity for the grace and compassion of God.
The German theologian Jürgen Moltmann also discusses the question of the love of one’s enemy. Moltmann begins one of his sermons with the following prayer:

Heavenly Father, we call upon you in Jesus’ name. We come to you with empty hands. We have not been able to love our enemies. As a rule we have never even seen them. We have avoided them. When we saw them, we felt only fear and anger, not love. So we come to you not as children of your love, but as the enemy of our enemies (...). Forgive us for what we have failed to do to our enemies. You lead us out of the constriction of fear and out of the prison of hate, into the wide space of freedom. Let us see your sun, which rises upon the evil and the good, and rejoice in its warmth together with our enemies. (Moltmann, 1983: 55)

This brilliant prayer of Moltmann demonstrates the impossibility of human love of one’s enemy and points to the divine nature of that love. In his sermon, Moltman asserts that: “love of one’s enemy is special, extraordinary. It is something that is specifically Christian, the ‘more’, the ‘better righteousness’. It is from this that we are supposed to be able to recognize the men and women who are free, God’s children.” (Moltman, 1983: 56)

The most important aspect of the love of one’s enemy is not whether it is Christian, but whether it is possible in our human reality. Moltman himself confesses that the love of the enemy is inconceivable, “humanly speaking, love of one’s enemy is impossible, ‘contrary to nature’ (...). So love of our enemies is the thing that is different, the thing that is divine. (...). The love of our enemies is the secret of Jesus that corresponds to God himself.” (Moltmann, 1983: 56)

Despite the impossibility to fulfil the double commandment of love, Moltmann suggests that the meaning of Jesus’ double commandment of love is that people know that they have enemies for the sake of truth, because that too is inevitable. Jesus himself, who commanded us love our enemies, refused to tolerate when he saw the political, social and religious misconduct in his society. Jesus had enemies for the sake of truth, and he died on the cross for the sake of truth. Therefore, the commandment to love the enemies points to the recognition that enemies exist, not only to PLWHA, but also to all people, and that people should endeavour to embrace them for the sake of truth.

**Recognition of the Role of Jesus in their Situation**

If the PLWHA in the Group perceived their stigmatizing communities as enemies, what did they see as the role of Jesus in their situation of stigmatization? PLWHA in the Group found that Jesus played two possible roles in their context of stigmatization: first, he united the
stigmatized members of the Group among themselves, by bringing them together. They saw the Bible as a uniting tool, rather than a weapon that condemned them. As PLWHA in the Group came together for Bible studies, they encouraged one another to remain in solidarity and hope.

Moreover, in the response to the question exploring their view of the role of Jesus to them, PLWHA in the Group affirmed that Jesus united PLWHA among themselves within the Group. He also united them with the community that stigmatized them: “Jesus (...) unites us who are infected, despised and considered as non-human among ourselves, with the other church members and with the community around us.” The response to the question demonstrated what participant-centred contextual Bible study contributed to the group. It was now a safe space for their re-socialization, and a safe space for their reflection on Jesus’ concern for people. Therefore, Bible study had the effect of uniting them and led them to recognize that both stigmatized people and those who stigmatize were creatures of God, irrespective of who they were. Their recognition of the value of humanity of those who stigmatize was a necessary step towards loving people who stigmatized them as they loved their own selves.

The second role of Jesus was to provide courage among PLWHA in the Group to resist stigmatization: “Jesus gives us the courage to proclaim to those who are not infected by the virus our status and our need of care and compassion. He also gives us courage to stand and proclaim his word to others in various ways.” As they responded to the probing question that I asked about how they thought Jesus united them to the community which segregated them, they also expressed the fear and shame that surrounded them when they contemplated the stigmatization that would face them once they announced their status publicly. They said:

\[\text{Before we announced publicly that we are HIV positive, we were very much fearful and shameful to appear before other people because everyone pointed fingers at us as wrongdoers. Now Jesus has made us free and confident to speak about our status to the community that surrounds us.}\]

This response to my probing question demonstrated the ability of the community to read the symptoms of AIDS to people who were positive and to react accordingly. The medical anthropologist Maud Radstake observed that the community around PLWHA could informally diagnose people with AIDS even when these persons had decided to conceal their
status (cf. Radtke, 2000:60). Nevertheless, the statement above demonstrates the way PLWHA in the Group had returned to the community that stigmatized them. They had become fearless witnesses of their status and of the stigmatization accompanying it, because Jesus vanquished the ‘fear and shame’ that surrounded them before they announced their status publicly. Hence, by vanquishing fear in the lives of PLWHA, Jesus seemed to assist them to move from coping with stigmatization towards rejecting its existence.

In their emphasis on the role of Jesus, PLWHA in the Group identified themselves with the Samaritan woman, and the experience she had in her meeting with Jesus. Jesus gave her courage to return to the community that stigmatized her – to return with love for them. In the same way, PLWHA in the Group found that through their discussion of the Samaritan woman, Jesus gave them the courage to return to the community. As the Samaritan woman stood up and bore witness to the stigmatizing community in the public sphere that was mostly comprised of men, so PLWHA in the Group acquired the courage to stand before the community to announce publicly their status, with love to their fellow community members. Therefore, Jesus enhanced their courage to resist stigmatization, just as the Samaritan woman resisted stigmatization by her community.

Commitment to Speak to PLWHA who are Silenced by Stigmatization

As the Bible study session continued, participants became aware that several people suffered from HIV/AIDS in their village; yet they were afraid to speak publicly because of stigmatization. Another threat such people feared was the negative reaction from their respective churches. Those fears caused most of them to die early, helpless and with no one to attend them. In addition, most of them lacked the adequate knowledge that testing for HIV would provide them with an opportunity for counselling and the use of ARV drugs.

For these reasons, PLWHA in the Group, empowered by their reading of the text, decided to join hands and provide advice to people who seemed to have viral infections. They stated, “As we are freed by Jesus from fear of stigmatization, we will join efforts (as a group) to advise those that show symptoms of AIDS to go for voluntary testing for HIV and counselling […].” When they were asked how they would do that, they replied: “Through constructing poems, songs, and public self-testimonies of our own experiences to be demonstrated as we visit churches and people’s homes.” The approach they selected was adequate in their context, and the language they used was appropriate for members of their

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201 The problem with people’s informal diagnosis is that it regards every human suffering as AIDS, thus leading to the stigmatization even of people who do not have AIDS, but suffer from normal illnesses.
ethnic group to understand what they were attempting to communicate to them. They
implemented this plan and evaluated it within my research time. The implementation of that
plan demonstrated the power of participant-centred contextual Bible study as an instrument to
empower stigmatized people to reflect upon their situation and to plan action to transform that
situation.

6.3 PARTICIPANT-CENTRED CONTEXTUAL BIBLE STUDY TWO (JOHN 7:53-8:11)

In the previous section, I presented the way PLWHA in the Group read the texts of Jesus’
interaction with the Samaritan woman at the well and the way they identified themselves with
the issues in the text. In this section, I present and discuss the understanding of PLWHA in the
Group on four main issues in the interaction between Jesus, the woman caught in adultery,
and the Jewish religious authorities. The first is their evaluation of faith, sin and judgement
regarding the situation of the woman. The second is their understanding of the way religious
authorities used the Bible and Jewish tradition. The third is their distinction between the two
understandings of the law, i.e., between Jesus and religious authorities, and the fourth is their
description of the role of Jesus in the text. I discuss the way PLWHA in the Group identify
themselves with characters and with issues in the text. I also present the way they describe the
process of stigmatization in their context in relation to their understanding of the text.

The Text:

Introduction

53 They went each to his own house,
RSV John 8:1 but Jesus went to the Mount of Olives. 2 Early in the morning he came again to
the temple; all the people came to him, and he sat down and taught them.

Jesus Handles the Case facing the Woman

3 The scribes and the Pharisees brought a woman who had been caught in adultery, and
placing her in the midst 4 they said to him, "Teacher, this woman has been caught in the act
of adultery. 5 Now in the law Moses commanded us to stone such. What do you say about
her?" 6 This they said to test him, that they might have some charge to bring against him.
Jesus bent down and wrote with his finger on the ground. 7 And as they continued to ask him,
he stood up and said to them, "Let him who is without sin among you be the first to throw a
stone at her." 8 And once more he bent down and wrote with his finger on the ground. 9 But
when they heard it, they went away, one by one, beginning with the eldest, and Jesus was left
alone with the woman standing before him.
Jesus Speaks with the rescued Woman

10 Jesus looked up and said to her, "Woman, where are they? Has no one condemned you?"
11 She said, "No one, Lord." And Jesus said, "Neither do I condemn you; go, and do not sin again."

How did I facilitate the Reading of This Text?

FIRST SESSION

The text was discussed in two sessions. The first session aimed at investigating how PLWHA read the text in the perspective of one’s individual character. It put more emphasis on how gender issues play a great role in the stigmatization process, both within the text they read and within their own life experiences as PLWHA. Ten people attended this session, nine females and one male. The group suggested at the very beginning that there should be only one group for discussion and that the findings be recorded on the blackboard as they presented them after discussion. I then followed up their presentation by asking them probing questions in order to focus their discussion towards the contextual theme. The following were the questions for this session: QUESTION 1: What is this text all about? (This question was responded in plenary after reading the text twice - once by one of the group members and then by the facilitator.) QUESTION 2: Who are the characters in this text and what do we know about each of them? (This and the following questions were discussed and presented.) QUESTION 3: How are the Bible and religious traditions used in this text?

SECOND SESSION

The second session discussed six questions. Eighteen people attended this session, 4 males and 14 females. The discussion was done in two buzz-groups and presented in the plenary. The following are the questions: QUESTION 4: Why do you think that the woman was silent before her accusers from the beginning to the end of the story? QUESTION 5: What do you think is the role of Jesus in this text?

I provided a short input to the reading within the session, describing gender relations and the question of sexuality in Jewish society. I used texts from the Old Testament, such as Deu. 22:13-21, Lev. 20: 10 and Deu. 22: 22-24 to explain the death penalty for sexual offences in Jewish society. Then I continued with the facilitation of the remaining questions.

QUESTION 6: Mention the groups of people in your church or community that resemble the characters you have mentioned from this text. QUESTION 7: How are the Bible and church
traditions used in your churches today? QUESTION 8: If it appears that one of the two parents in a home is infected by HIV, which of the two does the community consider to have brought the disease home? QUESTION 9: What is the message of this text for you who live with HIV/AIDS?

6.3.1 Faith, Judgment and the Universality of Sin

**Human Weakness as a Source of Universal Otherness**

In their response to the first question, the Group asserted, “This text [John 8: 1-11] is about avoiding pointing fingers at other fellow human beings because of their weaknesses.” The first theme of the discussion of the issues of faith, sin, and judgement was human weakness. This image presented the issue as one of the relationship between two persons: the one who pointed the finger and the one who was pointed at.

The Group asserted that the person to whom the finger was pointed appeared as the wrongdoing and the person pointing was perfect. The response of PLWHA in the Group above indicates that they understood that human frailty and weakness belonged not only to people at whom one pointed the finger, but also to the person pointing it. Both the pointer and the one pointed at are ‘other’, each in relation to the other. The Group observed that the text of the woman caught in adultery was about the otherness of the woman before her opponents, the otherness of the opponents before the woman, and the otherness of both the woman and the opponents before Jesus. Therefore, according to the Group, Jesus stood here between the two parties (the woman and the religious authorities) as an infallible judge.

**Tribulation as a Test of Faith of a Person**

The second theme concerned the role of faith in a situation of suffering. The Group noticed in the text the difficult path taken by the woman. The text [John 8: 1-11] was also “about believing in Jesus in times of tribulation, especially those unbearable ones, like the one that the woman in this text faced. Furious people wanted to cast stones upon her and kill her, but she believed in Jesus, no matter what was going to happen.” In the case of the woman in the story, religion and its norms seemed to be weapons for social control. Death became a potential reality for her when she was in the hands of the religious authorities. The woman was caught between two opposite, but important events - life and death - both under the control of her Jewish religious authorities. PLWHA in the Group noted in their discussions the significance of faith in Jesus in the unbearable situation faced by the woman. In that initial
analysis of the relationship between faith and tribulation, the Group seemed to have an idea of the role of people in authority, who exert suffering upon people under their control using various means, including the concept of sin and existing norms.

**Sin as a Universal Reality**

The Group regarded sin as inescapable, just as death is inescapable. They understood it to be an absurdity in life, contrary to human will. The absurdity of sin manifested itself through the reality of stigmatization. For the Group, life entailed a person’s vulnerability to sin, and the urgent need of salvation. For them, no human being was devoid of sin in God’s eyes. PLWHA in the Group suggested this when they said that the text “wants to show us that all human beings are sinners before God.”

At the same time, the Group saw Jesus as the saviour of the woman. Salvation for the woman was both physical and spiritual. Physically, Jesus saved her from death by stoning. Jesus saved the woman from the anger of her religious authorities. Spiritually, she received the forgiveness of sin from Jesus and an admonition not to commit any more sin. Those kinds of salvation responded to the needs of the woman in her time of trial.

**Gender Difference as a Source of Moral Dilemma**

The third theme was their analysis of gender and the moral dilemma surrounding the woman in the text. The Group observed that gender and morality were the two dilemmas in the text of the woman caught in adultery in her Jewish context. Sexual immorality was shame, and sexual morality was honour. The Group saw that the woman was an object of disgrace in the society to which she belonged. For the Group, the woman represented numerous disgraced women in Jewish society. The disgrace of the woman was in contrast to her counterpart, the man with whom she committed adultery. Nothing was said about him.

In response to the question about the way religious authorities used both the Bible and religious traditions in the text, the Group responded that religious authorities misuse them. They said that, “They are both misused because the judgement given to the woman on the basis of the law of Moses leans on one side, the side of the woman and not of her partner with whom she committed the act of adultery.” The man stood in another realm with respect to the Jewish law. In their view, the woman received a different treatment from the man with whom she committed adultery. To the Group, that different treatment suggested a gender imbalance in the context of the Jewish law and tradition.
Inequality in Human Conduct before the Law

The fourth theme of discussion was their evaluation of the way religious authorities used the law in relation to human conduct. The Group perceived that in the story the function of the law was to control human conduct. Religious authorities (Pharisees and Scribes) were instruments of the established law. They safeguarded and maintained it to the best of their ability, and at whatever cost. The Group noted that Pharisees and Scribes were more watchful of the conduct of other people than of their own lives. The Group stated: “The Pharisees and Scribes wanted to judge the woman because of her immoral behaviour, but they do not remember their own immorality.” The religious authorities evaluated the value of a human in terms of a person’s ability to comply with the law. For the Group, that way of evaluation explained why religious authorities subjected the woman to death after she had failed to comply with the law. It also suggested how Jewish religious authorities used the Bible and Jewish traditions in their ordering of Jewish society.

6.3.2 Jewish Religious Authorities and Their Use of the Bible and Jewish Tradition

How did the Group understand the way Jewish religious authorities used the Bible and Jewish tradition?

The Bible and Tradition used as Rules for Appropriate Conduct

The first aspect they saw was the use of the Bible and tradition to control moral conduct among their people. PLWHA in the Group were judgmental about the question of the way religious authorities used the Word of God. They saw that religious leaders misused both the Bible and religious tradition in the text of the woman caught in adultery. They saw that religious leaders used them for judgment and condemnation of the woman, not in order to restore her to normal life. The Group saw that the Word of God in the text was a weapon for stigmatization.

In their own words, PLWHA in the Group stated that the Bible and the tradition “are misused because they [seem to] go against Jesus’ authority. Jesus in this text breaks the tradition of following the Law of Moses, which allows the taking of human life, and establishes his own law, which does not allow one to kill another human being as one kills an animal.” According to this view of PLWHA in the Group, the Law of Moses was traditionally an authoritative tool to control human conduct; but they saw the defect in the way the Jewish religious authorities used it. The religious authorities used the law as a
weapon to allow the diminishing of individual life by killing human beings who did not comply with the Law. The Group saw Jesus as bringing a contrasting code of spiritual life with a morality that enhanced life. Enhancing life became an integral component of Jesus’ morality in his encounter with the woman.

*The Bible and Tradition employed as Weapons for Silencing*

The second aspect they saw was that the Bible and Jewish tradition were used in order to silence the voice of the woman, so that she could not argue against their accusations. Despite the misuse of the Bible and tradition to diminish life, as discussed above, the Group viewed the silence of the woman in two possible ways: first, as an internalization of individual behaviour. Her internalization of the Mosaic Law, which the community used for controlling human conduct, made her defenceless because her accusers caught her in the very act that legally demanded a death penalty. As a result, she became wordless before her accusers.

The second possible reason for her silence was the role of the Bible and traditional beliefs and customs. The Group noted that the existing structural relationship between men and women in Jewish society may have silenced the woman. The Group pointed out that the woman was silent *“Because she was surrounded by men and she could not dare to speak a word before these men.”* In order to substantiate their assumption, PLWHA in the Group appealed to their own Bena traditional customs governing the relationship between men and women. According to the Bena traditions, a woman had a separate space and played different roles from those of the man. *“This is similar to our Bena traditional life. If men have gathered together and are speaking,”* PLWHA in the Group said, *“women are not allowed to go to the place where men are sitting; and if they go they will not be allowed to contribute anything.”* PLWHA in the Group pictured the story of the woman and the events causing her to be silent, in the light of the way they experienced the silence of women in their own community.

*6.3.3 Jesus and the Law of Love: The Significance of His Silence*

The question that preoccupied the Group regarding the issue of silence in the text was the silence of Jesus before the accusers of the woman. If the silence of the woman was due to her internalization of immoral behaviour and the way her society used the law and tradition as weapons for silencing, what did the silence of Jesus mean? The significance of Jesus’ silence, according to the Group, was embodied in his bending down and writing on the ground. What
was the significance of the silence of Jesus and his bending down and writing on the ground according to the Group?

*Through His Silence and Bending down Jesus breaks the Existing Understanding of the Jewish Law*

The Group argued that since his contemporaries misused the existing law as an instrument to diminish life, the silence of Jesus and his bending down and writing on the ground broke the existing interpretation of the law. Through his silence, Jesus spoke more than the words he pronounced. The notion of the power of silence was noted in their comparison of the silence of Jesus to a Swahili saying that went “*Kinya kingi kina mshindo mkuu (Silence speaks louder than words).*” It seems that the Group perceived the powerful silence of God in the silence of Jesus, as the British theologian Oliver Davies puts it. Davies asserts that the silence is of God; and silence is the source of all speech about God and about fellow human beings:

> All speech is differentiation from silence, since the sounds that are words are carved from silent space. Without silence there can be no sound, and no speech. Silence is of God, for it is the creative bed of all sound, all speech and all world. Nothing spoken can have any other origin, but all is traced back to silence and to the first silence.” (Davies, 2001: 167)

Therefore, according to Davies, Jesus Christ, “was himself both Word and silence: one with the creative speaking and one with the unfathomable silence of God.” (Davies, 2001: 167)

PLWHA in the Group were of the opinion that on the ground, Jesus wrote a new law, he established a new paradigm. In order to substantiate their claim, PLWHA in the Group employed a Swahili saying, “*Ukiona kobe kainama ujue anatunga sheria.*” (lit. “If you see a tortoise bending down, you should know that it enacts a new law.”) Their metaphor of the bending tortoise combined the meaning of Jesus’ bending down and writing and his silence. PLWHA in the Group note: “*Through his bending down Jesus enacts a law that is more difficult for his opponents to recognize, a law that exposes their iniquities, hence making them leave the scene one after another.*”

According to the view of the Group, Jesus’ action of silently bending down and writing speaks to both the woman and her opponents. It indicates that both are sinners deprived of the glory of God. Jesus, who is both human and divine, turns his face down. He speaks to his Father about humanity (Davies, 2001: 167).  

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202 According to Davies, Jesus’ “speaking was of two kinds, for as a man he spoke with us and as God he spoke with God, but when he spoke with us, we heard too the divine voice, and when he spoke with God, the Father heard too a human voice.” (Davies, 2001: 167).
face is abhorrent to Jesus, due to hypocrisy and the misuse of the sacred law of God. The silence of God in the silence of Jesus, and Jesus’ bending down, become powerful tools to break the existing interpretation of the law and to introduce a new non-stigmatizing one, the law of love.

Through His Writing on the Ground, Jesus establishes a New Understanding of the Law

The difference between the interpretation that Jesus had and that of the opponents of the woman rested upon the question of morality. The new interpretation of Jesus enhanced life, while that of the opponents of the woman diminished it. PLWHA in the Group themselves put it as follows: “Jesus (…) writes down the law of love, the law that requires his opponents to love the woman who seems to be a wrongdoer and unworthy in the community. Jesus [establishes] a law that does not rush to destroy life, but to sustain it, the law that saves the lost ones like the woman in this text.” Here, PLWHA in the Group pointed to the tolerance of Jesus and his new understanding of the law. The law of Jesus was tolerant towards the lost ones, seeking to have them return, not to destroy them. In that situation, the Group identified the difference between Jesus and Jewish religious authorities in their approach to the law. PLWHA in the Group seemed to think that the Jewish religious authorities stigmatized the woman in the name of the sacred law and of consensual Jewish tradition.

6.3.4 The Role of Jesus in the Text

The Group observed that Jesus had four main roles in this text, all pointing to his relation to the woman vis-à-vis her accusers. First, he counteracted the existing interpretation of the law by introducing his own law of love through the power of his silence. Second, Jesus sustained the life of the woman by rescuing her from the anger of her accusers. In this act, Jesus demonstrated that life was the property of God and belonged to no individual human being. Third, by demonstrating that life belonged to God, Jesus unfolded his divine authority before the Jewish religious leaders. He demonstrated his ability to discern hypocrisy and the misinterpretation of the law. Fourth, Jesus counteracted the gender inequality within Jewish society, and the misuse of the word of the Bible to condemn only women, and not men. Jesus indicated gender equality before the law of God by restoring the woman to the community that stigmatized her. The woman was left free of judgment (both by her accusers and by Jesus himself) to return to her community.

Therefore, these roles of Jesus in this text, according to the reading of the Group, served to re-define and reform the existing reality in Jewish society. Jesus rejected the
stigmatization of people based on the Jewish law and the existing traditions governing human conduct. Moreover, Jesus empowered the woman to reject stigmatization due to sin, since not only she, but every human being was vulnerable to committing sin.

6.3.5 Stigmatization in the Social Context of PLWHA in the Group

After reading the text and identifying issues surrounding the woman and her accusers, how did PLWHA in the Group react to their own social situation in relation to their understanding of the text?

*They compared the Situation of Characters in the Text with Their Situation*

The first reaction of the Group was comparing the situation in the text and the situation in their context. When I asked them to mention the groups of people relating to characters they found in the text they read, they suggested that the group of church authorities resembled Jesus in their role. Jesus proclaimed the word of God for the salvation of people, healed the sick, and rescued those stigmatized by their communities. Church authorities are responsible for making churches healing communities. In the same way as Jesus prophesied against hypocrisy, self-righteousness, and stigmatizing structures, church authorities ought to prophesy against such realities. In the same way as Jesus advocated unity, peace and equality among members of the community irrespective of race and gender orientations, church authorities ought to respect the human rights, status and gender orientations of their subjects. Therefore, according to the Group, church authorities were under obligation to imitate Jesus in their responsibility towards members of their churches. However, did they fulfil that obligation? The following sub-section will illustrate that, according to the Group, they did not succeed in fulfilling the responsibility set by Jesus as a paradigm for them.

In contrast to the church authorities, PLWHA in the Group bore the likeness of the woman caught in adultery. The likeness they had was based on a similar form of stigmatization:

*We, who are infected with HIV, resemble the woman in this text because people point fingers at us as the Pharisees and Scribes pointed fingers at the woman. People speak a lot of abusive words to us. They consider us to have contracted HIV because we are adulterers.*

The Group attested that the main reason for their stigmatization was sexual behaviour. Their own communities pointed fingers at them and spoke abusive words to them as sexually
immoral people. Accordingly, they saw that this kind of stigmatization resembled what happened to the woman in the text.

The Jewish religious authorities stigmatized the woman in the text because of her sexual behaviour. She was condemned to death by stoning. The woman was silent before her accusers in the whole narrative. PLWHA in the Group attested that they experienced a similar type of stigmatization to that of the woman in the narrative from their religious authorities, and from fellow Christians in the churches they belonged to. They attested that there were times when their faith underwent a test by the fact that people stigmatized them. PLWHA in the Group stated about their situation:

*They say that we are HIV positive because we were adulterers and fornicators. They see us as being different from them. In fact what the woman faced is similar to what we face, even though our communities do not throw physical stones to kill us, as the woman was likely to face.*

This statement indicates that PLWHA in the Group considered themselves as being stoned in a similar way to the woman in the text, but with a different type of stones providing a different type of death. Instead of stones aiming at physical death, as in the case of the woman, stigmatization was thrown at these persons in the form of abusive language, a negative attitude, and exclusion. Therefore, the woman and PLWHA in the Group formed an analogous identification, as characters in two different contexts.

The third group was that of the people who stigmatized them. The Group identified the people who stigmatized them with the group of Pharisees and Scribes: “*Those who stigmatize us who live with HIV/AIDS resemble the Pharisees and Scribes because (like the Pharisees and Scribes) they do not know that they are also sinners, probably more than us.*” The identification of the people who stigmatized them with Pharisees and Scribes suggests that people were treating them in the same way the Pharisees and Scribes treated the woman. Sin was unidirectional: only PLWHA were considered sinners, not those who stigmatized them. Therefore, the way PLWHA in the Group describe their experience of stigmatization indicates that they regarded several members of their community and their church authorities as resembling the Pharisees and Scribes in the text: self-righteous, hypocrites, and filled with pride. The identification of groups existing in their community with the characters of the text they read influenced their images of religious leaders and how such leaders used the Bible in their churches.
They indicated a Positive Attitude to the Bible and Church Tradition

Second, the Group indicated a positive attitude to the Bible and church tradition:

_The Bible is good because it is the word of God. The church tradition is also good because it aims at making people follow a certain type of discipline. The problem lies in most cases with those entrusted by the church to use such tools for the betterment of all church members._

They demonstrated their awareness that the Bible was the word of God. It was for human good. They were also aware of church traditions as significant, because they indicated their own identity as Christians, and the identity of their faith. They understood the traditions to be instruments of God to enhance life, especially in their ability to prescribe human morality and destiny. However, in the case of the Bible, they questioned the claim to ownership by the clergy.

In the eyes of the Group where I facilitated Bible studies, the Bible traditionally belonged mostly to the clergy, whom they regarded as the most competent interpreters of what the Bible really meant. It was also kept in shelves in their own homes. At home, people scarcely ever opened the Bible, because there was no expert to interpret it. The Bible waited in the shelves until Sunday services and traditional Bible studies conducted by church authorities (cf. West & Zengele, 2006: 57). In such circumstances, the Bible was hardly something belonging to the lives of PLWHA. It did not say what God wanted it to say to people in a destitute life situation; it was a tool used selectively to say what church authorities wanted it to say.

They Showed a Negative Attitude towards Church Authorities

The third reaction was towards church authorities and their proclamations. The attitude of the Group towards church authorities was mostly negative:

_Most of the church leaders (including pastors) are used by the devil to speak their own whims using the Bible or the church traditions. In this way the Bible and the traditions become bitter instruments, especially to us who are infected by HIV and live with AIDS._

They saw church authorities as agents of the devil who mostly preached their own whims in most sermons, not the gospel of the salvation of God. Despite the fact that the Bible and traditions were instruments of the grace of God, church authorities spoiled their efficacy. Instead of being instruments of the grace of God, they became bitter weapons of torture, as
their statement declared. Therefore, according to the view of the Group above, church authorities spoiled both the image and instruments of God within churches. Though the Group had a positive image of God,\textsuperscript{203} church leaders presented God as a fierce judge instead of a loving friend.

The Group described the attitude of church authorities towards them, as seen through the way they used the pulpits, and the way they played their role in comparison to the role of Jesus in the text. The Group argued that the use of the Bible in pulpits was more stigmatizing than welcoming. Church authorities used the Bibles more as weapons of condemnation than as tools and symbols of the compassion of God. That argument was clear in their words:

\begin{quote}
\textit{Most times HIV/AIDS is equated with illicit sex (which is sinful) in the pulpits. PLWHA are openly condemned as sinners because of their bad sexual conduct. Therefore, we appear before our fellow parishioners as different people. This makes most of us not feel comfortable to attend church services in the morning. We find it better to attend fellowship gatherings in the evening.} \hfill (cf. Kgalemg, 2004: 150 – 151)
\end{quote}

This statement indicates that the Group did not find church services to be places of solace, but rather as places re-memorizing their anguish of living with the virus. Instead, most of them opted for evening fellowship gatherings where they were free to express their feelings in worship. The Group indicated that church worship services lacked something that was urgently needed in their situation; and that they obtained this by attending evening fellowship gatherings.

The Group saw that religious leaders used the Bible in pulpits to distinguish between the sinners and the righteous. They used it to create divisions among church members instead of unity. Those whom the churches considered righteous formed the group with whom they preferred to identify, and they categorized PLWHA as belonging to a group of sinners, a group to be shunned and forgotten. Here, church authorities seemed to identify themselves more with those they considered righteous and productive than with those they considered sinners and less productive. They acted and behaved as if there was no HIV/AIDS in their churches, because they regarded HIV/AIDS as punishment from God for promiscuous people and an outcome of sinful behaviour (cf. Haddad, 2006: 81 – 83).

\textsuperscript{203}In the Bible study process, PLWHA seemed to have a positive image of God, although their leaders presented to them a condemning and judging God, a God who avenges people’s sinful behaviour. PLWHA seemed to move from hating God to loving him as they attend church. Stevens-Pino and Davis (2005) in their song “You Called Us Good” describe a similarly positive attitude towards God that one can find among stigmatized groups, see Appendix 2.
The question was what PLWHA lacked in normal worship services in their churches that caused them to switch their interest to evening fellowship gatherings as their alternative worship sites. The Group found that church authorities had inadequately played the role that was required for their well-being as members of the church. They played a role different from that of Jesus:

_Most of them do not manage to do like Jesus does. Sometimes they pronounce stigmatizing words in their speeches and pulpits. Sometimes they stigmatize us PLWHA even in worship services when they refuse to allow a place for prayers in relation to the HIV/AIDS scourge._

The above statement indicates not only the church authorities’ failure to do similar deeds to what Jesus did for humanity, but also their deliberate reluctance to do what Jesus called them to do for his church. Instead of having compassion on PLWHA, they used worship services to stigmatize PLWHA through sermons, prayers and silence about addressing issues relating to HIV/AIDS. They stigmatize PLWHA by silencing their voices before other members of churches. They allowed little or no room for PLWHA to speak about their lived experiences (cf. West & Zengele, 2006: 52). Therefore, the misuse of pulpits by church authorities made PLWHA lack confidence and trust. For them, church authorities were no longer instruments of spiritual guidance, but instruments of spiritual terror!

The theologian A. van Wyngaard provides an example of the way church leaders use pulpits to stigmatize PLWHA and indicates a possible response from PLWHA. He illustrated his point by a story from Brown and Hendriks (2004) about a sermon that a priest delivered at the World AIDS Day celebration in one of the churches in Bujumbura in 1995. In the course of his sermon, the priest said, “We must have compassion for people with AIDS because they have sinned and because they are suffering for it now.” (van Wyngaard, 2006: 282) The statement received a prompt reaction from the pews:

At that point something propelled Jeanne Gapiya to rise from her pew and walk to the front of the church. “I have AIDS”, she declared, “and I am a faithful wife. Who are you to say that I have sinned, or that you have not? We are all sinners, which is just as well, because it is for us that Jesus came”. (van Wyngaard, 2006: 282)

The statement in the sermon demonstrated the way most church leaders misused pulpits to describe the sins and sufferings of people, relating these to the plight of HIV/AIDS. Certainly, the woman in the pew perceived that the church minister failed to distinguish between the innocent and the guilty when he condemned PLWHA. The woman counted herself innocent
and reminded the priest of the vulnerability of the entire human race to sin, quite independently of the HIV/AIDS scourge. This was why, the woman reminded the priest that the reason for the coming of Jesus was not only to save PLWHA; rather, he came to save ‘all sinners’, including the priest himself.

The priest stigmatized PLWHA in his sermon in the name of compassion. In this, he represented other church ministers who used church pulpits in other places in a similar manner. Such sermons were among the reasons why most PLWHA feared attending church services, and opted for evening Bible fellowships instead. Church authorities seemed to present themselves as more divine bodies than Jesus by strictly abiding to their interpretations of the Bible. They seemed to stick to a more divine theology, disregarding PLWHA because PLWHA appeared less sacred in their eyes.

For me, the attitude of the Group towards church authorities indicates their emotional struggle as they continue to live with HIV/AIDS. It reveals dissatisfaction with what other people endeavour to do for them. The authorities in many churches still condemn PLWHA. In addition, most of them have been slow to take action on issues facing PLWHA, especially HIV/AIDS-related stigmatization. Their paralysis with regard to taking action is probably caused by the fact that HIV/AIDS is linked to sexuality, and is considered taboo to speak about this in churches. Therefore, church leaders wish to confine their pastoral sensitivity to the cultural worldview regarding sexuality in the churches (cf. Haddad, 2006: 83).

*They rejected the link between HIV/AIDS and People’s Sexual Behaviour*

The fourth reaction was their rejection of the way those who stigmatized them associated HIV/AIDS with people’s sexual behaviour. The Group indicated in their discussions that the notion that HIV/AIDS was a sexual behavioural illness was widespread among most members of the Bena community. However, the Group rejected the notion that HIV/AIDS was a consequence of sinful behaviour by people. For them, HIV/AIDS was not a plight related to individual behaviour, because not all those who were infected had engaged in sexual conduct that led them to contracting the virus. HIV was beyond individual behaviour. It belonged in the realm of the unknown, the realm beyond human comprehension. Therefore, for them, assumptions made about HIV in relation to human behaviour showed the finitude of human nature and the inability of human beings to reveal what lay beyond the unknown.
6.3.6 HIV/AIDS and Gender Relations in the Context of the Bena Ethnic Group

How did PLWHAs in the Group describe the way their surrounding community understood the relationship between men and women in the context of HIV/AIDS? The Group attested that their community considered women to be inferior beings, because they were sexually loose and could easily bring the HIV home. One of my informants in the Group testified in her biography that her husband saw her as an inferior person:

After I heard about my HIV positive status from the results of the tests, I informed my husband, my sister, my brother and my children. My children were very sorry about what had happened to me. But this was not the case with my husband. It was a great issue to him. It was a sad news to him. It was not a thing he expected to hear from me. (…). My husband at home is not happy with me. He even does not provide me with money for the treatments of opportunistic illnesses.  

The above testimony indicates that the informant experienced stigmatization by her own husband because he thought that she had brought a stranger (HIV/AIDS) home. She was considered weak because she had not said ‘no’ to the sexual act when men requested this of her. Hence, the husband considered her HIV-positive status to be a result of her extramarital relationships with other men.

Moreover, a man among PLWHAs in the Group provided evidence in his biography of how men blame their wives:

After testing, the results were HIV positive. I was not so much shocked by these results because it was my own will to go for the tests due to frequent illnesses that invaded me. I hope that my ex-wife was the one that infected me with the virus due to her bad sexual behaviour. Her bad sexual behaviour was what led us to separation. I decided to leave her alone to continue with her behaviour.

The husband considered himself as innocent with regard to the entry of the virus into the home. He blamed his wife instead. Separation was the consequence of his recognition that they had the virus.

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204 Other places in Africa report an attitude similar to that of the Bena community, casting blame on women as the causative agents of HIV and AIDS in the homes. Maud Radstake reports about the negative attitude of the relatives of the husband to his wife when they learn that their son has HIV/AIDS among the Ashanti of Ghana. Radstake also reports that most husbands consider their wives as causative agents of their HIV infection because of their sexual looseness (see Radstake, 2000: 52-53). Judith van Woudenberg reports that in Zimbabwe some women would not like their husbands to know that they are HIV-positive for fear of being deserted because they have brought the virus home (see van Woudenberg, 1998: 48-49).

205 Despite the stigmatization of most women, inflicted by their husbands and relatives of the husbands, there are nevertheless some women whose husbands treat them well after they are tested and found to be HIV-positive.
However, PLWHA in the Group (especially females) rejected the notion held by most Bena men that women were inferior in the community. They considered this idea to be erroneous and stigmatizing because, for them, it did not do justice to the way women really were in relation to men. They also rejected the notion that women were the causative agents of AIDS in their homes because they were sexually loose. Instead, they pointed to the reality among the Bena: it was men who transgressed marital relationships, yet the men pointed the finger at women as transgressors and condemned them for this. The Group argued that in the Bena lifestyle,

*Men are the ones that marry more than one wife – not women. Who is that that have sexual relations with concubines (nyumba ndogo) outside their official marriages? Men are the ones that mostly leave their beloved ones and have sex with concubines out of their official marriages.*

The Group compared what happened to the woman in John’s text with what happened to women in their community. They saw the woman in the text as a scapegoat. From the Jewish cultural point of view, it was unimaginable that the woman should have seduced the man to a sexual act. It was possible that the man seduced her to perform sexual misconduct, yet the Jewish religious leaders cast all the blame on the woman, not on the man (cf. West & Zengele, 2006: 60). PLWHA in the Group noted that in the Bena context men were the ones who initiated the requests to have sex, not women. Yet women were the ones who received the blame for being sexually loose. The Group found an analogy between gender inequalities in the text they read and what happened to women in their Bena community.

The present section has displayed the detailed analysis of the text by the Group, and the context of their situation. They indicate sensitivity to stigmatizing mechanisms in the text, especially the way religious authorities use the Bible and consensual norms to stigmatize the woman. Their reaction towards stigmatizing situations inflicted by their church leaders indicates a development towards critical awareness regarding their situation. Hence, the critical evaluation of their situation of stigmatization indicates the achievement of the goal of the participant-centred contextual Bible study, i.e., to facilitate a move towards the redefinition and reformation of their situation.

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206 Another evidence of their rejection is in their Biographies. Most of them, especially female PLWHA, testified that their husbands had died and left them with children; others indicated the possibility of being infected with the virus by their husbands.
6.4 Participant-Centred Contextual Bible Study Three (John 9: 1-41)

The Group proceeded with their critical analysis of the text and contexts in the third contextual Bible study. In the study of the third text, about the healing of the blind man in John 9, they concentrated on the issues of blindness, sin and suffering, power relations between the man and people who stigmatized him, and the way the man was transformed in the course of interaction both with Jesus and with the people who stigmatized him.

The Text:

A Question of the Disciples about Sin

RSV John 9:1 As he passed by, he saw a man blind from his birth.
2 And his disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind?"
3 Jesus answered, "It was not that this man sinned, or his parents, but that the works of God might be made manifest in him. 4 We must work the works of him who sent me, while it is day; night comes, when no one can work. 5 As long as I am in the world, I am the light of the world."

Restoring the Blind Man to Sight

6 As he said this, he spat on the ground and made clay of the spittle and anointed the man's eyes with the clay, 7 saying to him, "Go, wash in the pool of Siloam" (which means Sent). So he went and washed and came back seeing.

Questioning from the Neighbours

8 The neighbors and those who had seen him before as a beggar, said, "Is not this the man who used to sit and beg?"
9 Some said, "It is he"; others said, "No, but he is like him." He said, "I am the man." 10 They said to him, "Then how were your eyes opened?"
11 He answered, "The man called Jesus made clay and anointed my eyes and said to me, 'Go to Siloam and wash,' so I went and washed and received my sight." 12 They said to him, "Where is he?" He said, "I do not know."

First Questioning by Religious Authorities

13 They brought to the Pharisees the man who had formerly been blind. 14 Now it was a sabbath day when Jesus made the clay and opened his eyes. 15 The Pharisees again asked him how he had received his sight. And he said to them, "He put clay on my eyes, and I washed, and I see." 16 Some of the Pharisees said, "This man is not from God, for he does not keep the sabbath." But others said, "How can a man who is a sinner do such signs?" There was a division among them. 17 So they again said to the blind man, "What do you say about him, since he has opened your eyes?" He said, "He is a prophet."

The Man’s Parents are afraid to defend their Son

18 The Jews did not believe that he had been blind and had received his sight, until they called the parents of the man who had received his sight, 19 and asked them, "Is this your son, who
you say was born blind? How then does he now see?”  
20 His parents answered, "We know that this is our son, and that he was born blind;  
21 but how he now sees we do not know, nor do we know who opened his eyes. Ask him; he is of age, he will speak for himself."  
22 His parents said this because they feared the Jews, for the Jews had already agreed that if any one should confess him to be Christ, he was to be put out of the synagogue.  
23 Therefore his parents said, "He is of age, ask him."

Second Questioning by Religious Authorities and the Man’s Self-defense

24 So for the second time they called the man who had been blind, and said to him, "Give God the praise; we know that this man is a sinner."  
25 He answered, "Whether he is a sinner, I do not know; one thing I know, that though I was blind, now I see."  
26 They said to him, "What did he do to you? How did he open your eyes?"  
27 He answered them, "I have told you already, and you would not listen. Why do you want to hear it again? Do you too want to become his disciples?"  
28 And they reviled him, saying, "You are his disciple, but we are disciples of Moses.  
29 We know that God has spoken to Moses, but as for this man, we do not know where he comes from."

30 The man answered, "Why, this is a marvel! You do not know where he comes from, and yet he opened my eyes.

31 We know that God does not listen to sinners, but if any one is a worshipper of God and does his will, God listens to him.  
32 Never since the world began has it been heard that any one opened the eyes of a man born blind.  
33 If this man were not from God, he could do nothing."  
34 They answered him, "You were born in utter sin, and would you teach us?" And they cast him out.

Jesus Meets the Man for the Second Time

35 Jesus heard that they had cast him out, and having found him he said, "Do you believe in the Son of man?"  
36 He answered, "And who is he, sir, that I may believe in him?"

37 Jesus said to him, "You have seen him, and it is he who speaks to you."  
38 He said, "Lord, I believe"; and he worshiped him.  
39 Jesus said, "For judgment I came into this world, that those who do not see may see, and that those who see may become blind."

40 Some of the Pharisees near him heard this, and they said to him, "Are we also blind?"

41 Jesus said to them, "If you were blind, you would have no guilt; but now that you say, 'We see,' your guilt remains.

How Did I facilitate the Reading of This Text?

FIRST SESSION

The text was discussed in five sessions. 17 persons (5 males and 12 females) attended the first session. The first session focused mainly on the general understanding of the group about the text they had just read. The text was read aloud by one member after another from beginning to end. After I repeated reading the text aloud, I asked them a question: QUESTION 1: What is this text all about? (This was responded to in plenary). This session discussed only one question.
SECOND SESSION

The second session focused in more detail on the characters of the text and their interaction. It took place in two buzz-groups, each of which discussed the question I posed under a chairperson and a secretary, and then presented their findings to the plenary. The first buzz-group had 9 members (1 male and 8 females). The second had 10 members (2 males and 8 females). The total number of members was 19. The whole session concentrated on only one question. QUESTION 2: Who are the characters in this text and how do they interact with one another? Make a drawing to show the way they interact.

THIRD SESSION

This session had 9 participants (2 males and 7 females). The group decided that there should be only one Group for the discussion. The discussion was held, and the findings presented to me (the facilitator). I then asked probing Questions about their discussion. This session focused mainly on the issue of sin as a causative agent of one’s suffering. The exploration of the group aimed at ascertaining whether the understanding of Jesus and his disciples about the issue was different, and how can they make sense of that difference so far. QUESTION 3: As you read the text, what do you think is the difference in understanding between Jesus and his disciples about the question of sin and suffering? QUESTION 4: Why do you think Jesus’ healing activity leads to so many controversies and divisions within his community? QUESTION 5: What is the role of Jesus in this text? QUESTION 6: How does the man born blind change in the course of his relationship with other characters of this text?

FOURTH SESSION

This session had sixteen people: 2 males and 14 females. It discussed only one question. I began facilitating the Bible study by revising what we did in the last session. After the revision of what had been discussed in the previous session, I provided them with my input to the ongoing reading process. The input aimed at linking their reading of the text in the previous sessions and their contemporary experiences of stigmatization in their society.

I first explained the general African understanding of suffering and its cause. I also asked them to discuss how their own Bena community understands the relationship between cause and effect, especially when disasters occur. Many examples given by the group explained their traditional experiences of cause and effect. Two were:
- when a person is seriously sick or dies, the remaining relatives consult the witchdoctor to know what the cause of the person’s death is.
- when a person encounters misfortunes such as a lack of paying jobs, of good marriage partners, good harvest, barrenness, etc. In all these circumstances people considered that there is a cause for each misfortune.

After the discussion of the African understanding of cause and effect and looking at the good examples from their experiences, I introduced the situation that existed in the Jewish community. I explained how the Israelites regarded the acts that a person did and their results. I explained the Jewish understanding of suffering as a consequence of one’s sin before God and how they looked upon those who were labeled as sinners.

After these explanations, I requested the group members to read some texts from the Old Testament that suggest that God inflicted suffering on people due to disobedience. Such texts included Deu. 7: 12-15, 28:27-29, and Lev. 26: 14-17. Then I spoke briefly about the suffering of some people such as Job, lepers, those with bleeding problems, the handicapped, etc., and the Israelites’ understanding of the cause of their problems (i.e., their sin before God).

I completed my input by emphasizing that the Israelites understood sin as something that could be transferred from parents to children or from one generation to the next (Exo. 20: 4-6). I also related this understanding to the question of Jesus’ disciples about the blindness of the man. After the revision and input to the group, I divided the group into two buzz-groups for the discussion of the question of this session. QUESTION 7: Can you identify in your church or community you live in a) similar situations, b) similar characters, c) similar reactions or attitudes such as those you have seen in this text?

**FIFTH SESSION**

The group discussed two questions in this session. 9 persons attended (2 males and 7 females). After I revised what we had discussed in the previous session, I divided the group into two buzz-groups and launched the Bible study. The groups discussed the questions and presented their proceedings to the plenary as usual. QUESTION 8: Is HIV/AIDS caused by sin? Why? QUESTION 9: In what way do you think PLWHA can reduce the community’s stigmatization due to the idea that they are harvesting the consequences of their evil sexual behavior?
6.4.1 Stigmatization and Human Blindness within the Text

*Human Blindness and the Need for Compassion*

At the initial stage of their reading of the text, the Group saw that the blind man required compassion because his blindness was not a matter of his own will. In one of their plenary responses to the initial question of what the text was all about, the Group responded that the text “is about love because the blind man needs love not humiliation. This is because his blindness is not for his own sake but for the sake of Him [sic!] who created him, God the Almighty.” Their observation was that the text emphasized compassion and human love. Love and compassion ought to be characteristic of the life of the man’s contemporaries, because every human being who led such a destitute life required the attention of fellow members in the community. However, the Group did not understand why that compassionate love was not alive in the narrative.

For me, the observation of the Group seemed to have something to say about the life situation of the community of the man born blind. It also had to say about people’s perception of bodily deformity, as well as of how deformed people should relate to other members of society, i.e., what places they occupied (public or private) and what treatment they received from society. It seemed to me that the lack of adequate love and compassion for the man born blind that the Group pointed out in their reading reflected their own life situation. The Group found that the blindness and lack of compassion in the text served as a paradigm to analyze their situation. Blindness and lack of compassion for the man born blind evoked in them feelings of despair as they watched the drama that faced the man in the narrative. Therefore, the themes of blindness and compassion formed an important component of their reading and focused not only on the blind man, but also on the feelings and perceptions of their own situation.

*Human Blindness and Human Knowledge*

As they continued with their reading of the text of the man born blind (still responding to the first question), the Group differentiated between bodily deformity and knowledge as two human traits. According to the Group, knowledge dwelt in a person’s intellect, in the inner self and conscience. Blindness had to do with the functioning of the physical body: “Blindness is only the bodily deformity that does not have any relationship to one’s knowledge. That a person is physically blind does not mean that such a person knows nothing, as the Pharisees and Scribes in this text thought of the blind man.” In making this
assertion, the Group saw knowledge as something invisible, yet valuable. For them, physical bodily deformity was a matter of physical appearance, while knowledge transcended the physical bodily deformity of that person. It included the whole sphere of life of the person. The blind man in the story proved knowledgeable before his Jewish religious authorities despite his bodily deformity. The man whom the community considered physically blind and intellectually ignorant turned into an eloquent teacher of truth.

It seems here that the Group felt that the community saw them as lacking knowledge. They saw the blind man as a model of the life they themselves lived, a life dominated by disregard from the community because of the way they were. Their bodily deformities, due to opportunistic infections, were the connecting point between the man born blind and their own situation. The Group’s reading, relating bodily deformity to a person’s knowledge, reflects the real-life situation in the community. It had something to say about how the community failed to regard them as normal knowledgeable human beings, with a significant contribution to make, because of the virus in them and their physical disability.

**Human Blindness and Contemporary reality**

In attempting to understand the deeper meaning of blindness as related to knowledge, PLWHA in the Group moved on to an abstract level of understanding the reality of the man’s contemporaries. They read the text as indicating a different kind of blindness among the people around the blind man. PLWHA in the Group were convinced that blindness was not limited to the blind man alone. Everyone in the various groups in the text was blind in one way or another: “Blindness is not limited only to the physical eyes but also to one’s reality of faith, thoughts, ideas, etc. Every one of us seems to be blind in one way or another in the life of following Jesus.” The Group expressed their awareness that it was possible for people to be blind about unjust treatments they faced because of internalizing and accepting existing reality.

In their response to a probing question by a participant who urged PLWHA in the Group to justify the way they conceived people to be blind, they held that blindness among the blind man’s contemporaries and in their own situation was manifested in various areas. First, when some people pretended to know more than other members in the community, as the Pharisees pretended, they were on the wrong track. Second, blindness manifested itself when some people pointed fingers at other people, saying that they were blind, instead of contemplating their own blindness. Third, it manifested itself when people viewed reality from only one perspective. The Pharisees and Scribes in the text did not think that the man’s
blindness could be transformed. From their perspective, the man’s reality was permanent. They were not ready to appreciate any modification of what they thought of as reality. Fourth, blindness manifested itself when people failed to do justice to other people, as the Pharisees failed to do to the adulterous woman in the previous Bible study text (John 8: 1-11). Therefore, according to the Group, blindness could not be localized in one specific place or situation, or in specific people.

What lies behind the Group’s categorization of blindness and knowledge? What I see is their assertion that lack of knowledge is universal. The universality of the lack of knowledge resists all claims by people who assert that they own it. The lack of knowledge cannot be ascribed to any one particular group of people. The universality of blindness (lack of knowledge) took its abode in the inner selves of people as they internalized a particular reality and held it to be the most correct one; the blindness permeated their consciences. In this case, the heart plays a central role in the relationship between human life and blindness, or knowledge.

**Human Blindness and Human Heart**

How then did the Group see the relationship between the human heart (*u-mtima*), the situation of the man born blind, and his relation with Jesus? The Group discerned that blindness also dwells in a person’s heart and inner conscience. They believed that the disciples’ question about the relationship between sin and blindness indicated that something in the disciples’ hearts was leading them astray; something was making them blind to reality. The same thing seemed to be the case with the Pharisees and the man’s neighbours. This blindness of conscience made them furious and anxious to know about the one who healed the man on the Sabbath.

The Group further noted that blindness was associated with fear. The parents of the blind man were afraid to defend their son because they were afraid of their religious authorities. They thought that these authorities had sight: they did not know that the religious authorities were as blind as they were. They were afraid of exclusion from synagogue membership. This fear reminded the Group about the way people feared their authorities in most spheres of human life, especially their own life situation, where they had to struggle with their fear of the religious authorities as they lived a religious life with HIV.

In addition, the Group saw that blindness was associated with hypocrisy. The religious authorities in the text pretended to have more sight than other members of society. This created a situation where people feared their leaders. They feared them not because they had
in fact more insight, but because they created an environment where people feared them. The
religious authorities were blind, without knowing it.

**Human Blindness and Human Faith**

How did the group understand the healing of the blind man? The Group emphasized that
blindness could change if it encountered faith. The faith of the blind man astonished the
Group: “The Pool of Siloam becomes the source of healing for the man. But we are
surprised by the faith and knowledge of the blind man. The man was born blind, so how did
he come to know where the pool of Siloam was, when he was ordered by Jesus to go there?”
The Group stated that the man went to the Pool through faith, without further questions to
Jesus about the location of the Pool. For them, the consequence of faith was transformation.
The man underwent transformation from blindness to sight because of his unconditional faith.
The Group imagined that blindness without faith had no consequence. In the text, the Jewish
religious authorities demonstrated this blindness without faith. Their blindness led them into
rigidity and hypocrisy. Therefore, the relationship between blindness and faith, according to
the Group, is connected with the consequence it brings. When a person obeys the orders of
conscience, faith has a transforming effect.

When I asked the Group to evaluate their own faith in relation to the faith of the blind
man, they confessed that they lacked faith, when compared to the man:

> We see ourselves as having shortcomings if we compare ourselves with this man. Maybe he did not
know where the pool of Siloam was, yet he did not ask Jesus anything. He just responded to Jesus’
command ‘to go’ and wash oneself. We feel that we have not adequately fulfilled Jesus’ commands
to us ‘to go’ to others and tell them about HIV/AIDS and the effects of the stigmatization that
accompanies it.

The admission of PLWHA in the Group that they lacked faith, when compared to the blind
man in the text, indicates the dilemma of faith in the process of the transformation of
individuals. The Jewish community had blindness, yet it did not confess its deficiency. The
man born blind showed himself to be exceptional. He accepted the command of Jesus and
internalized it in his conscience without conditions or questions. Therefore, when the Group
observed how the man responded to the command of Jesus, they could see how faith acquires
a special meaning in people’s lives.

According to the Group, faith is being ‘born again’. It means the transformation from
being ‘an agent of Satan’ to being ‘an agent of God’ through the encouragement and
empowerment by Jesus. In response to my probing question that explored the purpose of Jesus’ second meeting with the man, the PLWHA in the Group responded:

*It shows how Jesus encourages people when Satan attacks them so that they give up their faith in God. Jesus encourages the man who has been confronted by the Pharisees who are the agents of Satan and want him to continue suffering from blindness. The Pharisees wanted the man to blaspheme Jesus who healed him. The man’s faithfulness to Jesus was a threat to the Pharisees. Jesus encourages the man that he is a new creature, a born again creature who is different from those that threaten him.*

The agents of Satan (the Pharisees and Scribes), according to the Group, who wanted to make the blind man forfeit his trust and commitment to Jesus, confronted him in his conversation with them. The man’s steadfast faith in Jesus appeared to be a threat to the existing social norms. Jesus encouraged the man to stand firm because he was a new creature, a creature different from other members of society.

For the Group, understanding faith means understanding human roles in society. The notion of ‘being born again’ signifies a complete turnaround in one’s roles in relation to other people. It is a complete turnaround from being agents of Satan, i.e., from being promoters of stigmatization, to being agents of God, i.e., being promoters of autonomy and self-worth among people. The deviation of the community in which the man born blind lives (the Pharisees and Scribes, the neighbours, and his parents) appears in their current life situation, which perpetuated stigmatization instead of fighting against it.

The Group categorized faith as an encounter with God in people’s lives. For them, this was a transformative faith bringing a person to lack of fear, and to action that transforms the person’s situation. When they read the text of the man born blind, they saw him encountering the presence of God in his situation of stigmatization. The man became a new creature, not just because he believed, but because he encountered the God who empowered him to reject the situation of stigmatization. The man encountered the power of God to create and re-create. The man was blind from birth; this was the creation of God. The man encountered Jesus and received vision; this was the act of God, in order to re-create the man for divine glory. The group quoted the blind man’s confession of his re-creation: “*I know that though I was blind, now I see.*” (Joh. 9: 25b)

The Group believed that the encounter with God transformed the man from what he had previously internalized to something new. The confession of the man was not that he was a sinner in the sense commonly understood by his society – the understanding that he himself
had internalized and accepted before his transformation. The man spoke about blindness and vision as a reality common to every human being, something that could be transformed through the encounter with God in life.

Their understanding of blindness in relation to knowledge, faith, conscience, and contemporary reality raises some intriguing questions about the existential processes and social relations both within the text and within the community of the Group. Their understanding indicates the existence of social strategies which perpetuate the internalization of stigmatization. How did PLWHA in the Group understand the strategies of stigmatization within the text, and what inferences did they draw from such strategies?

6.4.2 Stigmatizing Strategies in the Text

To investigate how PLWHA in the Group understood the strategies underlying the stigmatizing relationship among characters in the text, I asked them about the characters involved in the text and the way they interact among themselves. The question focused on how the Group described the role of sin in the text.

Understanding Sin as being the Cause of Suffering

In response, the Group dwelt on the question that the disciples asked Jesus, and how it made sense within the context of suffering. They first discussed the role of the notion of ‘sin’ in increasing human suffering:

Yes it does. This appears early in the text. According to the question of Jesus’ disciples, the man suffers because of his own sins or the sins of his parents. In this case, the text introduces something about the relation between one’s sin and its consequences in life.

According to the Group, although the disciples wanted to know something from Jesus regarding the possible cause of the man’s blindness, they already had an answer in their hearts. For the disciples, blindness was the consequence of the sin of the man or of his parents:

The disciples ask him a question. They need to know something about the source of the man’s blindness. They have something in their hearts which they think causes the man’s blindness. The disciples need to know from their Master (Jesus) whom they follow and whom they think is to teach them all truth. (…). [However, the disciples] mentioned the thing themselves in this text. They said ‘who sinned’, his parents or the man himself that he was born in such problems. This question show that they thought in their hearts the man was blind because of sin.
The disciples’ understanding of sin and its consequences represented the commonly held view in the society to which the man born blind belonged. Therefore, according to the question of the disciples of Jesus, sin appeared to be an agent of suffering among people.

Using the Notion of Sin as a Labelling Strategy

The second issue under discussion was the mention of sin in the question of the disciples, and their reluctance to probe Jesus’ answer to them. The disciples mentioned the ‘sin’ of the man or of his parents as the possible cause of his suffering. Thereby, they posited sin as a cause of people’s suffering, and labelled those with body deformities as sinners. This labelling appears in the attitude of the disciples. They did not ask any probing questions about Jesus’ response to their question, a response that went against their traditional views about sin and suffering. This silence suggested something about their attitude towards sin and the man’s bodily deformity: According to the Group, the question of the disciples is stigmatizing because: “they keep silent when Jesus tells them that the blindness of the man was for the glory of God. The disciples do not keep on probing Jesus’ answer. That silence indicates that they were not satisfied with what Jesus told them and just neglected it.” They did not understand what it meant to affirm that the bodily deformity of the man was for the ‘glory of God’.

Moreover, the Group rejected God’s responsibility for the man’s bodily deformity and possible suffering. I asked them whether suffering ‘for the glory of God’ could mean that God inflicted punishments (such as being bodily deformed) upon those to whom God wished to manifest his glory. Their response indicated that God did not need to punish people in order to have glory. It also demonstrated that the glory of God was incomprehensible.

No, it is not what we say. God does not punish anybody for the sake of making himself happy or in order to obtain glory. The glory of God does not depend on the punishments or enjoyments of people. In this text Jesus shows that the suffering that a person gets may or may not be blameworthy, but in no case is God responsible. Human deeds emanating from personal wills are being the cause.

According to the Group, God was not glorified by carrying out punishments. The Group pointed out that God could not be the one to blame in whatever happened concerning the suffering of humanity. The fact that the man in the text was born blind was not a punishment from God, but a component of the acts of God to create and re-create humanity. Therefore, for the Group, neither sin nor punishment had any place in the work of God, but only the glory of God.
The Group admitted that human beings themselves could cause suffering through various activities. However, this was the responsibility of people themselves, not of God. For the Group, the teaching that suffering was a punishment from God and a retribution for human misconduct was typical of the faulty theology of the Jewish religious leaders in the text they read.

In the way they speak of sin as a labelling strategy, the Group exculpates God from the responsibility for human suffering, and portrays human beings themselves as the possible cause of suffering. However, they did not describe clearly the source of sin as a labelling strategy. The human responsibility for suffering, pinpointed by the Group, provides no clear account of the power of God. They did not discuss the dichotomy between the omnipotence of God in the governance of humanity, and the freedom of humanity to perform acts that bring suffering. Therefore, the question of God and human beings, in relation to the question of sin and suffering, remains open for further reflection.

6.4.3 Rationale for Stigmatizing the Man Born Blind

In order to ascertain the way the Group perceived the reason behind the stigmatization of the man born blind in the text, I asked them: ‘Why do you think the healing activity of Jesus brings such vast controversies and divisions within his community?’ This question aimed at exploring the main reasons, according to the Group, behind the stigmatizing attitude of his community to people with a bodily deformity, and to the blind man in particular. Their first response was to speak of the conviction and the attitude that the Jewish religious authorities, and the community at large, had towards people with such problems. The healing brought controversy “Because the Religious leaders (the Pharisees) did not believe that the man would one day see as a normal human being, nor did they believe that there could appear someone with the power to heal the man.” Jesus brought something new, something that the community members did not appreciate.

The second response concerned the communal norms. The community to which the blind man belonged doubted the efficacy of the healing activities of Jesus because he did not respect the communal norms. The Jews saw Jesus not only as one who broke the law, but also as a sinner: “Jesus healed on the Sabbath. The Jews saw that Jesus goes against their Sabbath tradition, hence he must be sinful.” They viewed him as an enemy of the religious authorities and of the Sabbath. This was because it was taboo, according to the Jewish law, to work on the Sabbath. In this healing encounter, Jesus seemed to re-define the meaning of ‘work’ in a manner different to the existing definition of the Jewish religious authorities.
Instead of observing the Sabbath through valuing the day, he observed it through valuing life. In the course of their reading, the Group perceived that Jesus did not follow the tradition, as the Jewish religious authorities would have liked, but he observed the tradition in the way that he found better for human life. This is what exposed him to numerous controversies with religious leaders, as recorded in the Gospels.

The third response concerned the question of belonging. Since the man had a bodily deformity, and the surrounding people condemned him as a sinner, he was unfit to be a ‘normal’ member of the Jewish community. Jesus’ healing activity brought an abrupt modification to the stability of the community. The community did not think that people with bodily deformities could become normal again. That may be why the community continued to reject the man even after his healing. Therefore, the healing of the man seemed to be a challenge to both their status as ‘normal’ people and their existing social norms which determined who belonged to the community.

The fourth response concerned the tradition of holiness and the contagious nature of diseases. Since the Jewish community regarded people with bodily deformities as sinners, it also considered them contagious: “They thought that he is dirty with sin. They were afraid that the man’s sin could come to them, and that is why they said the man ‘was born in sin and still lives in sin’. They considered themselves different from the healed man even after his healing.” In this text, the man born blind seemed to be contagious because of his sin. For the ‘normal’ and holy people of the Jewish society, he was not somebody with whom to associate. The sin and the possibility of contamination made his neighbours afraid to associate with him. They decided to send him to the religious leaders, so that they could confirm his return to a normal situation.

The fifth reason was the memory of their experience of sufferers, and the distress that could be caused by the presence of a deformed person. People seemed to dislike remembering the suffering that others encountered in their lives. That dislike was one reason for their unwillingness to allow deformed people to live in the city. In this case, they sent the man out of the city gates after he was healed, because they did not believe that he was healed (Joh. 9: 34): “The Pharisees are very surprised when they see the man whom they considered to be bodily weak is as normal as they are. They pursued him in order to get him to show that the difference still existed; they wanted to demonstrate that Jesus did not do anything to the man. He is still different from them.”

The sixth response spoke about the affirmation of individual happiness among the community members. The Group believed that the Jewish community excluded people with
deformities as a way to stay happy. It seemed that the community was happy if people with deformities fended for themselves instead of depending on ‘normal’ people in society. Perhaps people with deformities seemed to be sources of disturbance and unhappiness because they were a less productive group in society and in their families, and therefore were burdens.

6.4.4 Metamorphosis of the Blind Man

I asked them a question about the transformation that the man experienced through conversation with his opponents: ‘How does the man become transformed in the course of the relationship with other characters of this text?’ Their responses touched on various situations of the life of the man and the way he altered these situations for the better. First, the Group noted that the man was transformed from blindness to vision: “He changes from being a blind man to being someone who sees.” Blindness symbolized the finite nature of his humanity. His blindness hindered him from seeing the power of Jesus to heal and restore him to normal vision. Therefore, his gradual transformation, from blindness with regard to reality, to vision symbolized the fullness of humanity that Jesus came to bring about.

Second, through the conversation with people who stigmatized him, the man was transformed from one who lacked words to an eloquent and fearless person, firm in his defence of Jesus. The man changed “From being silent and begging to breaking the silence and being an eloquent and authoritative person.” The man moved from being vulnerable and defenceless in the presence of the powerful religious leaders to being someone full of power and authority before them. The man broke the shackles of a tradition which silenced deformed people and prevented them from having a public voice.

Third, the man was transformed from an outcast who stayed away from his community into a follower of Jesus who was nearer to the community than before his healing. The following of Jesus came after the man knew who Jesus was, thanks to what he had done for him. When he received this knowledge, the man knelt down and worshipped him, demonstrating his recognition of Jesus as Messiah, and the recognition that he was worthy to receive reverence and worship. Accordingly, the man moved from being an outcast, friendless and distant from other people, to being a follower and friend of Jesus, who welcomed him back to the community.

Fourth, the man rejected the views he had previously internalized and accepted without questioning. The man moved “From accepting his blindness and the stigmatization inflicted by his community to rejecting stigmatization and the views of his community.” It
seems that before the healing, the man accepted his stigmatization as the ultimate destiny for him. After the healing by Jesus, the man was transformed from accepting and internalizing the stigmatization to vehemently rejecting it as groundless. The man rejected the notion that physically deformed people were ‘abnormal’ people. Through his healing, Jesus demonstrated that the bodily deformity of the man was an impermanent situation. It was something transformable.

The man also rejected the views of the Jewish community about Jesus and his healing power. He proved to the people who stigmatized him that their categorization of Jesus among sinners was unfounded, because God listened not to sinners, but to righteous people. Therefore, the man demonstrated that he was more knowledgeable and better informed about God and his dealings upon humanity than his conversation partners were.

Fifth, the man moved from being someone experiencing rejection and lack of love from his community to someone experiencing love and compassion from Jesus, who becomes his companion. The man moved “From not experiencing the true love from his community to experiencing the true love from Jesus.” The love of Jesus for the man challenged the negative role played by the religious leaders of his time. Jesus challenged their claim to love God while hating their neighbour, the man born blind. In this case, the transformation of the man was a challenge to the religious leaders concerning their role as servants of God on earth.

Sixth, the man was transformed from a useless, fearful and passive recipient of stigmatizing deeds to an eloquent speaker, a useful resource for the proclamation of the good news. Jesus was absent in most parts of the story when the man interacted with people stigmatizing both Jesus and himself. The man stood alone before his opponents in defence of the good news about his healing encounter. In this case, Jesus transformed the man whom the community had long regarded as useless into a creative resource for the good news.

6.4.5 Role of Jesus in the Text

Since Jesus was mostly absent in the story, I asked the Group a more direct question regarding the role of Jesus, ‘What is the role of Jesus in this text?’ The Group observed that throughout the story, Jesus worked against the wills of his community. He struggled by his own works to free the man from fear of the established authorities. The Group noted in the course of their discussion that the Gospel of John and the synoptic gospels documented Jesus’ challenges to established convention. According to them, these were some of these challenges: his healing activities on the Sabbath, his face-to-face rebuke of the hypocrisy of the Pharisees, and his participation in meals with the outcasts of the community (such as tax collectors, and those
whom the Jewish community considered as sinners). Other challenges, according to the Group, were the healing and touching of people whom his contemporaries considered contagious (such as lepers and bodily deformed people), and the restoration to normal life of all those people with a bodily deformity whom the community considered sinners and outcasts.

The Group observed that in order to carry out these activities, Jesus did the following: first, Jesus restored to relationship the man whom the community forgot and shunned because of his disability: “Jesus gives sight (he does not restore it) to the man who has been blind in all his life.” The bodily deformity made him less than a human being, a walking corpse (cf. chapter three above). Jesus’ healing was an encounter with the dead person that brought him back to life by removing the vocabulary of disability in the Jewish community.207 Here, the Group perceived that Jesus’ attempt to remove the vocabulary of disability challenged Jewish community members who kept deformed people at a distance.

Second, Jesus played a uniting role between the blind man and the stigmatizing community: “Jesus unites the stigmatized man to his community that stigmatized him.” He brought the man back to the community which had formerly rejected him. Even though the community still did not recognize him as a full member, nevertheless he was back, and conversed with ‘normal’ people. Through the return of the blind man back to his community, Jesus demonstrated God’s will for humanity. He demonstrated that compassionate love should unconditionally prevail in all human beings because of the image of God upon them.208 In the eyes of the Group, the Jesus who welcomed and embraced people of all races, statuses and behaviours was a model of love that churches and the community must imitate if they took the teaching of Jesus seriously. In daily living, however, they did not succeed in doing so.

Third, Jesus played the role of a teacher: “Jesus teaches the Pharisees, the neighbors, and the man’s parents that he is the Messiah sent by God to have mercy on those isolated by the community.” He taught the various groups in the community that his compassionate love was for those on whom the community had no mercy. He taught them about his

207 The theologian Malcolm Duncan stated this aptly: “‘Disability’ is not part of God’s vocabulary. There are no examples of Jesus refusing help to people in the New Testament [due to their disability]. (…). He did not turn them away. He helped them.” (Duncan, 2006: 110)

208 This image of God is what Malcolm Duncan probably meant when he said, “the practical implications of what it means to be made in the image of God must be taken seriously if we are to take Jesus seriously. A spirituality that does not treat people with dignity cannot claim to be a Christian spirituality. Put simply, the example of Jesus tells me that there are no human beings less important to God than I am.” Duncan, 2006: 109-110) Duncan continued, “An Iraq, an African, an Arab and an American are equal. A Catholic, a Protestant, a Jew, a Hindu or Sikh are all made in God’s image. The married couple, the gay man, the lesbian and the transsexual – all are worthy of our respect, time and our unconditional love and service.” (Duncan, 2006: 110)
important Messianic mission, which the Jewish religious leaders and the community as a whole did not understand, so that they failed to comply adequately with it. Through his response to his disciples’ question, Jesus indicated the will and power of God to create and re-create his own creatures.

According to the Group, these actions made Jesus’ approach and attitude towards the blind man unique. The man did not receive true love and compassion from religious leaders and the community, who saw him as a sinner, abnormal, an enemy, and one with no contribution to make to society. But Jesus approached him with a friendly and compassionate love. Just as he approached the blind man in this text, Jesus approached other people whom the community regarded as cursed by God in a similar way. This indicated that the community had not carried out the important role of living positively with suffering people, and that Jesus came to demonstrate this role anew.

After discussing how the Group read the text of the man born blind and the issues they raised, the remaining question sought to understand how they evaluated their own context in relation to the issues of stigmatization they found in the interaction of the characters in the text.

6.4.6 Stigmatization in the Social Context of PLWHA in the Group

Stigmatization in Terms of Power Difference

In order to understand the way they evaluated their own situation, I asked the Group if they could identify in their churches or the community they lived in, a) similar situations, b) similar characters, and c) similar reactions or attitudes to those they had studied in the text. The response from the Group indicated that similar situations and acts of stigmatization existed in various situations of their lives. They stated:

In the community where we live and in churches we attend people segregate us; we are despised because of our sickness and the wearing down of our bodies due to opportunistic illnesses. There is also a fear of being infected by us. There is a great problem even when eating food together. People do not like to share dining vessels with us, just as the Samaritans and Jews did not share vessels in the first Bible study.

This statement of the Group indicates their experiences in the Bena area and shows how they understood their situation of stigmatization. According to this statement, churches and the community at large seemed unsuitable places for PLWHA. Their status made them face segregation and disregard on the part of fellow community members. Their bodily deformities
and the presence of the deadly virus in their bodies created a power relation between them. The Group identified the wearing down of their bodies due to AIDS with the deformed body due to blindness of the man in the text. Their deformed bodily status due to illnesses and the existence of the virus in their bodies made them powerless, people to be disregarded and segregated. This meant that the virus was an obstacle to equality and created asymmetrical relationships between PLWHA and other members of the community.

The Group frequently complained about the leaders of their churches and fellow church members. They saw them as similar to the Pharisees and Scribes, the neighbours, and the parents of the blind man in the text they studied. Church leaders and members of the community resembled the characters in the text, in that they maintained the notion of purity and danger (cf. Douglas, 1966). Hence, most church leaders regarded PLWHA as persons to be feared in the community, because they were contagious and dangerous.

Fear of contagion led people to avoid associating with those infected by the virus. Most of them perceived PLWHA as contagious, people to be avoided on most social occasions. In this case, the notion of pure and impure created a power relation between PLWHA and other community members that caused stigmatization. One PLWHA in the Group testified in her autobiography about the attitude of people in the community after they learned about her HIV positive status:

Soon after people knew that I was HIV positive, they immediately started to avoid me. Even relatives isolated me in most of their affairs. I seemed to be a disadvantaged person and a threat to their own lives. People I lived together with, especially those relatives that visited my home, showed an attitude of dislike and isolated me in most of their conversation and bodily contacts such as shaking hands during greetings, eating together with them at the same table, etc. Neighbours saw me not as a human being like themselves. Christians in the Roman Catholic church I attend for worships were divided into two groups: some treated me with compassion, but many of them isolated me even in seats during worship services. They did not feel comfortable about sitting in the same seat where I sat.

This testimony above indicates the power of the community to associate HIV/AIDS with something that can contaminate them. Certainly, the community considers PLWHA as people to be avoided, because they are a threat to their lives. As this testimony shows, the power relations between PLWHA and other community members concern not only relatives and carers at homes, but also neighbours and members of the worshipping community. In this case, the stigmatization of PLWHA is linked to the community’s power to define HIV/AIDS and its effects on their own lives.
Another aspect which creates a power relation was the attitude of the community, and especially of church leaders, towards PLWHA. The Group agreed that the attitude of segregating PLWHA existed both in churches and in the community at large. They affirmed that church servants were led mostly by selfishness to take this attitude; they did not want to foster equality with people whom they regarded as reaping the harvest of their sinful actions. They saw PLWHA as less human than their own selves. The notion that PLWHA sinned, and the negative attitude to people whom the community considered sinners, were rampant among the members of the community to which the Group belonged; and this notion was similar to the attitude to persons with a bodily deformity found among the Jews in the Johannine text.

In addition, PLWHA in the Group confirmed the existence of the courtesy stigmatization of children in their community. “The children of people infected by HIV (our children) are isolated by the community.” “Others are not comfortable to see us attending churches or visiting their homes, and others do not feel happy if our children play together with theirs. Our children are thought to be infected with HIV, just like us. These are some of the stigmatizing issues that are still prevalent.” The children of PLWHA faced stigmatization by other community members due to the HIV-positive status of their parents. The reason for the stigmatization was mostly fear of contagion. People were afraid of contaminating themselves with HIV from the children of HIV-positive parents. In such cases, association with PLWHA deprived the HIV-negative children of the power to protect themselves against people’s negative attitudes.

**Stigmatization in terms of Language Use**

In addition to acts of behaviour as a weapon to stigmatize PLWHA, language was used for that purpose, especially in religious spheres. Stigmatizing language among people in the community, and particularly among people caring for PLWHA, was something that PLWHA in the Group reported was persistent in their homes. Stigmatization was practised by asking PLWHA pejorative questions just as the disciples asked Jesus a pejorative question regarding the blindness of the blind man. The Group said they resembled the blind man in terms of the language that the community used to them:

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209The South African theologian Gunther H. Wittenberg states two possible ways of using religious language about AIDS patients in religious spheres. He asserts, “Religious language does not only liberate and lead to new perspectives and change, but it can also increase the agony of the patient when it offers religious ‘solutions’ to the problem of suffering which do not help but rather confine the sufferer to his or her own isolation.” (Wittenberg, 2007: 153)

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We who live with HIV/AIDS resemble the blind man in most aspects. People always ask us questions: ‘Why did you become infected by HIV? How did you become infected if not by your sin of adultery?’ They say that we bring shame to their community.

This statement suggests that the community held PLWHA brought shame because of their health status. Asking PLWHA questions regarding their status amounted in most cases to justifying their preconceived notion about the reason why they had contracted HIV. This was similar to the way the disciples wanted to justify their notion of sin as the cause of the man’s blindness. It was intended to justify their notion that people who acquire HIV must have committed the sin of sexual misconduct.\(^{210}\) The use of language by members of the community is a stigmatizing weapon which prevents numerous people from disclosing their HIV-positive statuses.

Moreover, PLWHA in the Group testified that the community spoke about them in relation to the wearing down of their body due to infections:

They also speak derogatory words regarding the wearing down of our bodies due to opportunistic illnesses. For example, when they see the hair of a PLWHA change in texture, they always ask: why is your hair like this, did you rub it with mlenda, or did you iron it?

The Group’s testimony indicates that their bodily structure became a point of reference for the pejorative speech of people in daily discourse. The community compared PLWHA with pejorative events surrounding PLWHA, such as rubbing hair with *mlenda* - a green vegetable commonly eaten in the Bena area, which is slippery when cooked. Therefore, bodily deformation due to AIDS-related illnesses brought not only physical suffering to PLWHA, but also the emotional suffering due to stigmatization.

In addition to pejorative questions, the Group said that they faced harsh language from people who provided care for them in their homes in times of illnesses. Relatives did not see any reason to bother about people who were useless and awaited death. Moreover, the language of those providing care for PLWHA aimed at silencing them, because they were felt to be upsetting the equilibrium of the family. The carers rejected their demands, especially those necessitating financial expenses. The relatives who provided care considered using money for PLWHA a waste, because the person would not survive for any long period. This was what the Group stated when I asked them what they faced in their homes: “\textit{Some of those...}\(210\)The theologian Gareth Moore makes a similar point about the language of the Church when he states: “Too often the Church speaks the language of strident condemnation when it comes across behaviour it does not approve of, especially sexual behaviour.” (Moore, 2007: 82)
people who care for us in the homes do not respect us when we need help. They do not show compassion (huruma), but they just use harsh language to silence us. We seem to bring a disturbance to them.” This statement shows how language is a powerful weapon to silence and to stigmatize PLWHA. By using language, the community silences the voices of PLWHA in numerous spheres of life.

But why did the community stigmatize PLWHA?

6.4.7 Rationale for Stigmatization of PLWHA in Their Social Context

I asked a probing question to learn about the similarities between the situation of PLWHA in the Group, and the attitude and characters in the story of the blind man. This question probed the reasons for stigmatizing PLWHA in the Bena community. The Group responded to the question by identifying human defects and the lack of compassionate love as some of the reasons for stigmatization:

*It is because of a lack of compassion to other human beings who suffer. Most people forget the Swahili saying that goes: ‘Leo kwangu kesho kwako’ (lit. Today this situation has happened to me, a similar situation will happen to you tomorrow).

The Swahili saying ‘leo kwangu kesho kwako’ in this statement indicates the reflexive nature of human problems. It pinpoints the requirement for people to respect those with problems, remembering that anyone at all can encounter a similar problem. It is thus the lack of compassion in people that causes them to forget a similar possibility of acquiring HIV, and of acquiring the same status as those that already live with HIV.

The Group also described another possible reason for the stigmatization they faced from their relatives and friends: they feared courtesy stigma. Since the community considered PLWHA as sinful and contagious, people were not willing to associate with them for fear of facing stigmatization themselves. In this case, the fear of courtesy stigmatization became a reason for avoiding and isolating PLWHA in their homes and in community as a whole.

Stigmatization due to hegemonic definitions of reality, as analyzed above, led most PLWHA to develop strategies to deal with the stigmatization that they faced.

6.4.8 New Practices of PLWHA in the Group to Deal with Stigmatization

How did PLWHA deal with hegemonic definitions of the situation in their social context? I asked PLWHA in the Group a question requiring them to reflect on the community views about sexual behaviour, sin and how they dealt with the stigmatizing situation in their social
context: ‘In what way do you think PLWHA can reduce the stigmatizing attitude of the community, which is based on the notion that they are harvesting the consequences of their evil sexual behaviour?’ This question sought to explore their responses to the situation of stigmatization and the strategies they employ in dealing with stigmatization.

Rejecting the Negative Views about Sexuality

PLWHA in the Group, in a manner that reflected on their study of the text about the man born blind, rejected the community’s idea that their HIV-positive status was due to sexual misconduct. They deduced their first argument from the Old and New Testament concepts of marriage and disease:

No, HIV/AIDS is not caused by sin. This is because the Old Testament in the Book of Genesis attests that marriage and sexual relations were instituted by God himself. God ordered people to reproduce and increase in number. In the New Testament Jesus also commands the same thing. Jesus also prophesied that when the end of the world is near there will emerge various incurable illnesses such as body rushes and leprosy, and today we have HIV/AIDS.

According to PLWHA in the Group, the Old Testament attested that God instituted marriage and sex. The Group understood them as God’s instruments for human reproduction. They considered sexual relations outside marriage illegal and sinful. However, their understanding of the New Testament prophecy was based mainly on apocalyptic passages in the gospels where Jesus expounded the signs of the end of the world and the inauguration of the new world. According to them, the signs mentioned by Jesus included incurable illnesses, such as AIDS. Therefore, since God instituted sex, it could not be sinful, if it is confined to official (religious) marriage relationships. The contraction of HIV could not be due to sin, because it was one of the illnesses and tribulations of the end of the world. They believed that it was not the exceptional sinfulness of human beings that caused the end of the world predicted by Jesus; rather, this was part of God’s plans for the destiny of the existing creation.

The second argument for their rejection of the community’s notion was phenomenological:

People who contract HIV are considered to be sinful. We do not accept this idea, because not all people contract HIV through sex. Even those who do contract through sex do not intend to contract HIV. The contraction of HIV is a resultant phenomenon which is not subject to one’s own will. It is something accidental! Some have sex when they are totally drunk; others are extra-emotional, in such a way that they fail to prevent themselves from not having sex. In this case, it is very difficult
to determine whether HIV/AIDS relates to people’s sinful sexual behaviour (kujamii ana kusiko halali).

The main ideas underlying their stance are the diversity of causes of the contraction of HIV, and the unintended nature of HIV contraction. According to the Group, the contraction of HIV does not only depend on sex; sex is one of the main ways in which one can contract HIV. Moreover, no HIV-positive persons intended to acquire HIV. It is something that happens, in most cases, without conscious knowledge. Accordingly, in this quotation, PLWHA in the Group challenged the community’s view that they contracted HIV because they had illicit sexual conduct: this view was limited and narrow in its perspective.

PLWHA in the Group admitted the reality and universality of sin. They acknowledged its mysterious existence even before the discovery of HIV in the human body, and they believed that churches and the community at large had postulated (with great emphasis) an incorrect relationship between sin and HIV/AIDS, which were separate entities. They believed that sin prevailed also among those without HIV/AIDS, especially among those often regarded as innocent people, e.g., children, spouses, and people who receive blood through transfusion. Therefore, PLWHA in the Group believed that the notion of sin was an inadequate basis for the arguments about the cause of HIV infection.

PLWHA in the Group noted that sin prevailed even among the people who stigmatized them. Although they appeared to be active Christians in their churches, they had fallen short in some aspects of their practical daily lives. Stan Neussbaum calls this kind of Christians, as portrayed by the Group, ‘superficial Christians’ as opposed to ‘nominal Christians’ (i.e., Christians who may not be fully involved in church affairs, but are deeply sensitive to the rites and affairs of the Church, so that they are truly Christian) (Neussbaum, 2007: 123). According to Neussbaum, ‘superficial Christians’ were those who are heavily involved in their churches. They may sing sincerely, they may pray sincerely, they may give money and time to their congregations, but all this has not translated into their everyday discipleship, especially in the areas of sexual behaviour and the practice of stigmatizing certain people. (Neussbaum, 2007: 123)

Accordingly, PLWHA in the Group saw that most of those who stigmatized them boasted of bearing the Christian name, while abusing it in their daily lives. Their observation was similar to that of Nussbaum.
**Strong Adherence to Faith in God**

This study found that faith and serious commitment to Jesus was one of the strategies of PLWHA to deal with stigmatization in their context. In response to the question about how they could reduce the stigmatization which they faced, PLWHA in the Group appealed to the power of God to intervene in their situation. They appealed to God because they felt that there was no one else on whom they could depend. The community was no longer friendly; nor were their churches and leaders. They did not receive fair treatment from relatives and neighbours in the places where they lived. Therefore, their appeal and dependence upon God for intervention denotes their endeavour to deal with the unfriendly situation of stigmatization.

**Breaking the Silence about HIV/AIDS and Stigmatization**

When I asked PLWHA in the Group whether they would only depend on their appeal to God for intervention without themselves doing anything, they identified themselves with the man born blind in the text they had read. They planned to act in a similar way to the man in his process of relating to Jesus. In their response to stigmatization, PLWHA in the Group planned to rise up and tell those who stigmatized them the evil they were doing. They said: ‘*The man was stigmatized, yet he rose up and taught those who stigmatized him. We will tell those who stigmatize us, that is our friends, parents, relatives and neighbours, that we think that what they do to us is unpleasing and stigmatizing.*’ PLWHA in the Group were convinced that just as the man in the text stood up and told the people who were stigmatizing him about their wicked deeds and about how God was so merciful in the midst of their wickedness, so they too felt compelled to do the same in their struggle against the stigmatization in their community. They were convinced that, when they did this, God was on their side.

What they actually did in their attempt to reduce stigmatization was to practise openness and to provide education to other people about the significance of disclosing a person’s HIV-positive status and about how HIV spread, and how people could eliminate potential infections. In doing this, they were convinced that ‘*If people are provided with education about how it spreads, this will help.*’ The Group suggested that church leaders and government officials were important groups who needed education about matters concerning HIV/AIDS and stigmatization. For these groups, PLWHA in the Group suggested, education should concern the relationship between sin and suffering, in order that they may be aware that the views on which they relied when they stigmatized PLWHA did not correspond to the
truth of the matter. For the Group, education was an important tool for increasing people’s awareness about HIV/AIDS and stigmatization in their community.

**Enhancing Re-socialization within the Group Itself**

A spirit of re-socialization was notable among PLWHA within the Group during the whole of my field research. PLWHA in the Group found their group a better place for them to express their sincere feelings and wishes. They found new relationships in the group which were safer and less stigmatizing. They were convinced that the establishment of strong love, solidarity, unity and concern among members of the group would make it easier for them to deal with the anguish of the stigmatization they faced outside the group. This conviction can be seen in their own words: “*We, infected people, need to love and help one another. We need to have solidarity and unity among ourselves as one element when we visit others and provide them with education about our status and how we handle it.*”\(^{211}\) This statement indicated how PLWHA in the Group evaluated the potential for group re-socialization and its benefits. In that case, the construction of a support group could not be seen in a narrow sense as ‘support’, but also as a community within the larger community of people. It was a strategy in fighting against stigmatization, as the stigmatized people began to find new ways of survival in their small communities.

In order to justify the way PLWHA in the Group appreciated the importance of membership in support groups, I asked them a probing question to know if there was any in-group stigmatization. The responses indicated that there was an in-group stigmatization especially in terms of daily requirements. The difference in economic status among them caused PLWHA in the Group who were less economically well off to go to those members of the Group who were economically better off to request assistance, especially in terms of material support. This mutual help within the group acted as a component of re-socialization because members of the group gave support to one another. According to the Group, this kind of support led to stigmatization. The in-group stigmatization emerged when those with material resources saw themselves as better than those that had not, and boasted to them.

Leaders of the group, especially pioneer leaders, exerted another form of in-group stigmatization when they failed to respect the value and the decisions of the newcomers to the group. They mostly practised this stigmatization by using bad language in communicating

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\(^{211}\) For more elaboration on resocialization within the stigmatized group as a means for new unity, solidarity, hope and gaining strength in the midst of the stigmatizing society, see the song of Marsha Stevens-Pino and Ken Caton (1991) “Building up One Another” in Appendix 2, song 2.
various issues concerning the group, since they considered themselves superior to other members of the group (cf. Freire, 1993: 44-45). However, most PLWHA in the Group criticized such stigmatizing attitudes as obstacles towards the mission and purposes of the group. In their eyes, the important mission was to make the group a better place to survive what they experienced at the hands of the larger community. This demonstrated that the formation of the group was, in general, one way to reduce the anguish of the stigmatization they experienced in various community activities.

6.5 CONCLUSION

In this chapter, I have analysed and discussed various views emanating from each participant-centred contextual Bible study. These relate to the way PLWHA in the Group read and understood characters in the context of the texts, and how such characters related to their own context. In the first Bible study (John 4:1-42), the central issue was the kind of group PLWHA belonged to in relation to the story of the Samaritan woman. PLWHA in the Group raised questions about the immorality of the woman, worship and salvation, gender and the way the woman dealt with such issues in the course of interaction. They related the issues of the woman to their own situation in the churches they belonged to.

In their identification with the text, they found that the situation of most Bena women was similar to that of the Samaritan woman. They considered the Bena women to have a lower status than that of men. According to the reading of the Group, this may have been due to taboos and traditional customs in the Bena ethnic group. The relatives of the diseased husbands took away most of the rights of women living with HIV/AIDS, because of the mistaken idea that they had caused the deaths of their husbands. Therefore, in their identification with the Samaritan woman, PLWHA in the Group pointed out that the churches to which they belonged had not yet adequately done what was required of them in addressing issues of gender in the patriarchal Bena ethnic group.

PLWHA in the Group also noted that churches did not take seriously their participation in worships and their situation of suffering. Their identification with the text demonstrated that most churches considered them as infidels who brought shame to their respective churches. The fear of courtesy stigmatization may have made most leaders of churches neglect to accord PLWHA their due position in churches, still less to allow them to speak about HIV/AIDS in churches during worship.

The Group’s understanding of salvation seemed slightly different from the official understanding of their churches. The understanding of most of their churches was more
exclusive than inclusive. The Group’s understanding of salvation was more inclusive, encompassing every human being irrespective of the kind of group to which he or she belonged. The inclusive understanding of the Group was based mainly on the fact that no human being owned salvation. They held that salvation belonged to God and that it was potentially available for everyone who believed in God.

For the Group salvation was preferentially for marginalized people, a group to which they themselves claimed to belong. Their claim was based on their observation in the texts they read that Jesus was constantly involved with those whom the society had rejected and marginalized. Since their society stigmatized them because of their HIV/AIDS status, PLWHA in the Group were convinced that salvation was for people like them.

The reading of the text from the gospel of John which I presented in the second participant-centred contextual Bible Study (John 7: 53-8: 11) demonstrated the dichotomy between Jesus and contemporary Jewish religious authorities with regard to using a ‘sacred space’, the Temple. Instead of using it as a safe space for the woman, the Pharisees and Scribes used it as a dangerous space, a space of execution for the one they chose to marginalize. Jesus displayed a different view from that of the Pharisees. For him, the Temple became a ‘protected space’ for the marginalized. The marginalized woman found refuge in the way Jesus used the sacred space. Therefore, the dichotomy between Jesus and the Jewish religious authorities in the text was an important tool for PLWHA in the Group to describe their situation in churches.

PLWHA in the Group indicated a negative attitude towards church authorities because of the way they used sacred spaces. They found that church authorities had parted company with Jesus in their use of sacred spaces. Instead of churches being protected spaces for those in need, church authorities mostly used them as places for condemnation. They were not protected spaces which could provide hope for them because these sacred spaces had been infiltrated by the stigmatization which caused great harm to their lives.

The main reason for the misuse of the sacred space, so different from what Jesus does in the text from the gospel of John, is probably a result of the establishment of hierarchies and of an extensive differentiation among people in worshipping communities. Church authorities most likely based their differentiation and categorization of humanity on individual behaviour. This categorization provided church authorities with the chance to abuse PLWHA by considering them as morally depraved persons who were unworthy to be full participants in the life of their churches.
In the analysis of the third participant-centred contextual Bible study (John 9: 1-41), the Group testified about the existence of the power relation between their communities and their own selves. This enhanced the stigmatization of PLWHA in terms of their bodily appearance, i.e., the outbreak of symptoms relating to AIDS due to the invasion of their bodies by opportunistic infections. The presence of HIV in their bodies made them powerless because they seemed less useful to society; and their society regarded them as people en route to death.

The stigmatization they experienced in relation to their bodily deformity was also expressed in the way language was used. Community members gossiped about PLWHA and pointed a finger at them, saying they were only harvesting what they had sown. Here, the community used language as a weapon for stigmatization, instead of as an instrument for consolation and the provision of hope.

What do the readings of the three texts by the Group indicate? We may note the following: first, the readings indicate the ability of PLWHA in the Group to create their own alternative narratives from the same Bible that their churches use to create their narratives. The narratives they create seem to place the main emphasis not on coping with stigmatization, but on reversing a stigmatizing situation in the direction of a greater acceptance. PLWHA in the Group question both the existence of stigmatization and the legitimacy of the infliction of this stigmatization by the churches and communities around them. When they ask these questions, PLWHA in the Group associate with Jesus in their narratives, and consider him to be their saviour in the context of the stigmatization of PLWHA in their churches and communities.

Second, the readings indicate that, through their discussions of texts and their identification with characters in them, PLWHA in the Group have grown in confidence from the first Bible study to the last. Instead of hating the people who stigmatized them (first Bible study), they promised to face them and tell them about their evil actions (last Bible study). Instead of regretting the disclosure of their HIV-positive status, they decided to raise the consciousness of other PLWHA in the village, so that they would be open about their status. Instead of accepting the views of their churches about salvation, sexuality and sin, they rejected these as unjustified. Moreover, PLWHA in the Group developed new strategies to deal with stigmatization, counteracting in this way the stigmatizing strategies of the larger community.

Third, despite the difficult relationship between PLWHA and their churches and communities, which leads to negative attitudes and to the mistreatment of PLWHA in
churches and communities, PLWHA in the Group depict Jesus as their companion. They see Jesus as a compassionate companion who calls them to come to the church and unites them through the Bible studies they attend. They see him as the one who gives them the courage to reject stigmatization. It is therefore possible that the negative conceptions of church authorities which PLWHA in the Group have expressed in almost every Bible study are due to the churches’ misrepresentation of the image of Jesus, whom the PLWHA in the Group consider to be their companion and their compassionate friend.
CHAPTER SEVEN
FROM STIGMATIZATION TO COMPASSION: AN ALTERNATIVE
CHRISTOLOGY FROM THE PERSPECTIVE OF PLWHA

7.1 INTRODUCTION

WHO DO THE GROUP OF PLWHA SAY JESUS IS, in their alternative narratives presented in the previous chapter, and how do they identify Jesus in the larger picture of Christology and anthropology in Africa? These are some of the central Christological questions requiring further reflections on the way in which the Group of PLWHA present the identity of Jesus, and their own identity, in the analysis of the contextual Bible studies I carried out in the previous chapter. In this chapter, I respond to the above questions by discussing the model of Jesus that PLWHA in the Group portray in their reading of texts from the gospel of John in stigmatizing situations. In doing this I first situate the model of the Group in the wider perspective of some prominent Christological models of Jesus in Africa. I present these models and the way they are inadequate to elucidate the Christological role of Jesus in the context of HIV/AIDS–related stigmatization. I then indicate how such models suggest the necessity to develop a new model in this era of HIV/AIDS, a task that PLWHA in the Group have attempted in their reading of texts from the gospel of John.

7.2 DISCUSSING SOME MODELS OF CHRISTOLOGY IN AFRICA

Since the initiatives of the Kenyan theologian John S. Mbiti (one of the fathers of African theology) to search for an African Christology in the 60’s and 70’s, theologians in Africa have aimed to let the role of Jesus resonate with existing African cultural models of lifestyles.213

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212 This Christological question emanates from the questions that Jesus asked his disciples: “Who do men say that the Son of Man is?” (Matthew 16: 13), and “But who do you say that I am?” (Matthew 16: 15). The questions of Jesus suggest multiple responses in various contexts. This chapter responds to the questions by focusing on the context of life and experiences of PLWHA in community.

213 The theologian Susan Rakoczy presents four categories of African Christological reflections: “reflection on the titles given to Jesus in Scripture, Christologies of inculturation, Christologies of liberation and feminist reflections on Christology.” (Johnson & Rakoczy, 1997: 79) In this subchapter, I give priority to the discussion of the Christological reflections focusing on inculturation. As one can easily note, the problem with such Christological reflections is that they still deal with titles of Jesus. They seek more to search for his nature or his person, and this means that they still do not differ from the traditional Christological reflections (see footnote 215 below). Such Christological reflections seem to neglect the type of relationship or functions that Jesus came to establish on earth, which are central aspects in African life and philosophy (see Pénoukou, 1991: 25).
Mbiti, in his theology, understands Jesus as *Christus Victor* following the way the New Testament tradition portrays him. In this section, I will focus my discussion on some of the models of Jesus in Africa, the way theologians build Christology out of these models, and the possible weaknesses of such models in addressing issues facing PLWHA.

**7.2.1 Jesus Christ as Chief**

The first model is that of Jesus Christ as an African traditional chief. The African theologian François Kabasélé in his article “Christ as Chief” (1991a) identifies Jesus Christ as an African chief in virtue of his authority, strength, wisdom to govern people, and his mediatory role. He considers Jesus as African chief because of his name; he is the Son of a chief of the universe (God) and revealed himself as son of God. One virtue of a chief among the *Bantu* people in Africa is, of course, his strength to govern, his ability to make people follow his visions, and the power to convince and command. Jesus has power to govern his followers and guide them in a wise way. In view of these attributes, Jesus appears to be a chief in his African community of believers (Kabasélé, 1991a: 108 – 112 cf. Küster, 2001: 59-61).

Among the Bena and Hehe of Iringa (Tanzania), for example, the name of a chief is *Mutwa* (lord). *U-mutwa* among the Hehe has to descend from the lineage of the chief and has to be an outstanding figure in the community. People such as Mkwawa (Hehe) and Mbeyela (Bena) who held such positions had outstanding characters. In this case, the description of Jesus as chief, suggested by Kabasélé, seems to have roots in the way Africans understand the autonomy of their traditional leaders (chiefs and kings).

The question in my study is how the title of Jesus as chief (African leader) fits PLWHA and their situation. Despite the interesting analogy that theologians in Africa make between Jesus and African traditional leadership, this title seems problematic in various ways, especially when we situate it in the context of HIV/AIDS-related stigmatization. The title appears to be an unfortunate choice; it is a choice that hardly represents the meaningful correspondence between Jesus and African society with its plight of HIV/AIDS. The first

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214 In *Christus Victor*, Mbiti certainly had a conception of the awareness of Africans about forces and powers surrounding their lives, and the activity of such forces to regulate lives by threatening them. The conception of Jesus as *Christus Victor* suggests their need of a more powerful being that could protect them from falling prey to these threatening forces (Bediako, 1983: 97).

215 The main concern of most theologians here has been to make reflections on the traditional New Testament Christological titles and offices of Jesus such as Son of God, Lord, Servant of God, Saviour, Redeemer, Son of Man, Prophet, Messiah-king, High Priest and sage, and see how they can resonate with the (African) people’s traditional lifestyles (see Rakoczy’s description in Johnson with Rakoczy, 1997: 79-80). This is one such endeavour Mbiti pioneered in his *Christus Victor* Christology.

216 For a thorough discussion about Jesus Christ as ‘African King’, see Manus, 1993.
obvious problem with the title of Jesus Christ as African chief is the distinction between power and authority exercised by Jesus and that exercised by African traditional leaders. Most traditional African leaders seek esteem and fear from their subjects, whereas the death of Jesus on the cross, and his identification with lowness in his whole ministry, indicated humbleness and humility vis-à-vis his subjects. Jesus appears to be a different kind of person from the traditional African leaders suggested by the title. Therefore, to consider Jesus as African chief (or king) among stigmatized PLWHA is like equating him with the kind of person they have to fear, which is probably a different connotation from the way he really appears in the biblical texts (Stinton, 2004: 188 cf. Wessels, 1990: 112).

The second problem is connected with the matrimonial lifestyles of most African traditional leaders (chiefs and kings) in the past. One of the typical matrimonial lifestyles is polygamy. Most African traditional leaders had more than one wife and a large number of children, and servants under them. Therefore, identifying Jesus with traditional leaders carries an unfavourable connotation to PLWHA, especially those who have had bad experiences from such marriages (Stinton, 2004: 188). It amounts to considering Jesus to be a polygamous African leader. Female PLWHA who face stigmatization from their husbands (or relatives of their husbands) in polygamous marriages may find a polygamous Jesus a threat to their lives!

The third problem concerns the spoiled African traditional identities of such leaders due to colonialism. After the arrival of colonialism, the identity of most African traditional leaders was spoiled. Most of them became agents of the colonizers, turning against their subjects. The spoiled identity of the role of African leaders after the arrival of colonialism is another problem when considering Jesus as a kind of African leader (chief or king). Depicting Jesus as chief (or king) may connote siding with the oppressors (stigmatizers), a connotation apparently contrary to the way Jesus appears in the Gospels (cf. Stinton, 2004: 188-189), and in the above narratives of the Group of PLWHA.

7.2.2 Jesus Christ as African Ancestor and Elder Brother

The second model of Christology in Africa is the depiction of Jesus Christ as an African Ancestor and Elder Brother. The Christology of Jesus as Ancestor217 and Elder Brother is based mainly on the ability of Jesus to lead people to God. In his article “Christ as Ancestor and Elder Brother”, Kabasélé makes this understanding more explicit. He uses the words of

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217In an effort to find a suitable term to express their status people have given ancestors various names: 'living dead' (Mbiti 1969); abazaire abahumwire in Haya, abasyuka among the Nyakyusa and wameku wakacha among the Chagga, which simply mean ‘parents who are resting’ (Kahakwa, 2005).
Jesus to Thomas (John 14: 6), “I am the way, the truth, and the life,” to indicate the relationship between the role of Jesus (to lead people to God) and that of ancestors as African people conceive it. Ancestors are important in the continuous maintenance of life and relationship with the Supreme Being. In a similar way, Jesus is a living tree (vine) making life possible for the branches (Kabasélé, 1991b: 116, 120). In this ability to maintain life and relationship with the Supreme Being, Jesus is an ancestor and elder brother.

The theologian Volker Küster expands Kabasélé’s description of Jesus as ancestor by further analyzing the reasons which qualify him to be an ancestor. According to the understanding of most Africans, ancestors have the following qualities: a mediatory role (the ability to mediate life to a community of believers), their being alive but not visible, their presence together with members of the community, and their being the elders of fellow human beings in the community (Küster, 2001: 63-64 cf. Bediako, 2000: 25-26; Nyamiti, 1984). According to Küster, Jesus plays a mediatory role in the same way as God communicates with people through ancestors. African ancestors are human beings who have gained more power and control after death. They live together with people in their entire lives, but without a visible form. They are spirits at work together with the community. Ancestors deserve remembrance and veneration. Remembrance and veneration make them live together with the community (Mbiti, 1969).

Jesus, as ancestor, is not only a human spirit, but also a divine Spirit standing above all spirits. Jesus is a life-giving Spirit who is present among members of the community of believers (Mat. 28: 20) in the same way as ancestors continually sustain and watch over the lives of their community members. African ancestors originate from among African elders who have lived decent lives; Jesus too is an elder brother (the first-born of God) who has lived a sinless life in this world. The ancestors are worthy of veneration alone, but Jesus goes beyond that. He is both venerated and worshiped because he is a divine Spirit who bestows life (Kabasélé, 1991b: 117-126; Nthamburi, 1991: 67; Wessels, 1990: 112-113; Pobee, 1979: 46, 94).

One of the problems with the title of Jesus as ancestor is due to the moralistic nature of African ancestors. A Kenyan theologian Zablon Nthamburi when evaluating the powerful nature of Nana (ancestor) among the Akan asserts: “The ancestor can judge, reward, or even punish human beings at will.” (Nthamburi, 1991: 67) The title of Jesus as ancestor represents a being that is higher than humanity, a being who controls human moral life. The title becomes unsuitable for PLWHA because it identifies Jesus with the moralistic ancestors who threaten people because of moral decay. Hence, the use of this term makes possible for
PLWHA to associate the moralistic attitude of church leaders in their churches to the moralistic Jesus as ancestor.

7.2.3 Jesus Christ as African Master of Initiation

The third model of Christology in Africa is the depiction of Jesus as an African Master of Initiation (Sanon, 1991). The Christology of Jesus as an African master of initiation is located within the cultural realm of African people. Initiations are ritual practices with a meaning within the community which practises them. They also determine a sense of belonging to that particular community. One example of initiation in most African societies is circumcision. Circumcision makes someone a real member of the community to which such a person belongs. It has several meanings: purity, maturity, and other related perceptions. Since initiation is a rite passed on from one generation to another within a particular community of people, the initiator must undergo initiation beforehand, and should know the real meaning of the initiation practice. Jesus is understood as sharing and understanding these rites.

Jesus was a Jew belonging to the Jewish community. His parents initiated him into the Jewish initiation rites and he grew up in the context of those initiations throughout his life on earth. In this sense, most theologians consider Jesus to be a master of initiation because he himself underwent the initiation rites victoriously, and now leads other people to undergo Christian initiation rites in his Church. He uses a language which evokes and points directly to the significance of the initiation rites in order to belong to his Church. For most Africans, Jesus becomes a perfect member of the African community who has undergone Jewish rites of passage and leads other people to undergo all necessary rites of passage in his Church (Wessels, 1990: 111 cf. Sanon, 1991: 93).

The first problem with this title is its failure to warn against dangerous initiation rites such as female circumcision which is practised by some among African communities in their lives. The possible questions posed by this title are the following: how can PLWHA, whose HIV infections came through circumcision, feel when they hear that Jesus is a master of the circumcision initiation ritual? Will those people celebrate Jesus as the Master of the ritual whose consequence is their HIV infection, and stigmatization? How can one contextualize the title of Jesus as Master of initiation in the context of HIV/AIDS and stigmatization? These questions provide a glimpse to the problems posed by the title in the context of HIV/AIDS and its consequences.

The second problem with the title of Jesus as Master of initiation is the inconsistency in the way most African people apply it. The American theologian Susan Rakoczy points out
that the experience of initiation rituals is not identical for everyone in the African continent. Most people, due to Western influence and the increase in cosmopolitanism in cities, have neglected the importance of traditional initiation rituals. Moreover, most communities practise initiation rites on young people, not elderly people. Since Jesus died, rose again, and ascended to heaven as a young man, this title can scarcely claim to have a universal application to people of all gender and age groups (Johnson with Rakoczy, 1997: 81). Her criticism of Jesus as an African master of initiation based on the inconsistency of African rituals holds water. Though Jesus passed through most stages of life that African people pass through, i.e., infancy, childhood, adolescence, and adulthood, but he still ascended to heaven unmarried, and without offspring to remember him. Therefore, the lack of consistency in the experience of initiation rituals and his lack of marriage and offspring (which are important rites of initiation to adulthood in most African societies) disqualifies Jesus as an African Master of initiation.

7.2.4 Jesus Christ as African Healer

The fourth model of Christology in Africa is that of Jesus as an African healer. The Guinean theologian Cécé Kolié has attempted an interesting Christological reflection on Jesus Christ as healer in his article “Jesus as Healer” (1991). Kolié presents a Christology based on the social life of Jesus in relation to the social orientation of African people. Kolié depicts Jesus as being at work within a “destroyed, humiliated, exploited society victimized by all manner of corruption” in his Jewish community, issues which also exist in the communities of African people (Kolié, 1991: 128). In this case, Kolié turns from understanding Jesus in a Western cultural sense of providing traditional titles towards the social reality of the African communities. He scarcely views Jesus as Victor. Rather, he sees him as the Crucified One dwelling among the crucified ones of African communities (Küster, 2001: 65).

As he turns to the social reality of African community, Kolié touches the real meaning of sickness and healing in African understanding. In the understanding of most Africans, sickness is primarily something surrounded by a social fabric: it is more than mere invasion of germs in the physical body. It is more a question of relationship than of the malfunctioning of the physical body. A spoilt relationship produces illnesses that require healing. The healing activity aims to restore the broken relationship, both to people within the community and between people and their ancestors. In this case, experts such as soothsayers, medicine men and women, seers and the nganga are the ones who practise the healing of social relationships in African contexts (Kolié, 1991: 132 – 133; Stinton, 2004: 80-87).
Therefore, for most Africans, Jesus is a healer, because his healing acts are central to his ministry. Jesus participated in the real sufferings of people of his time. He transformed the binding communal norms of purity separating the clean and unclean. He also showed the real meaning of Sabbath in contrast to the Jewish understanding that burdened the lives of people. In this way, Jesus healed relationships among people as he stood against the Jewish application of Scripture that guaranteed oppression (Kolić, 1991: 129).

The experience of Jesus justifies his title as African healer. Jesus experiences sufferings inflicted on him because of his opposition to existing pillars of communal sanctions. Therefore, Jesus participated in the world of the crucified in order to take them away from their crosses (Küster, 2001: 65). The participation of Jesus in the suffering of those he healed is what mostly distinguishes him from the African traditional healers.

The title of Jesus as an African healer becomes difficult when he is considered to be an African traditional healer (*Mganga* or *nganga*). Despite the fact that African traditional healers heal human relationships, one can hardly equate their healing with that of Jesus. The healing activity of African traditional healers is mostly surrounded by the urge for material gain, without any physical or emotional participation to the suffering situation of the person (Kolić, 1991: 137). Jesus possesses a special power to heal that is not surrounded by an urge for material gain, a power that is scarcely visible among African traditional healers. He heals the sufferings he participated in himself and experienced, while carrying out his ministry. The understanding of Jesus as African healer does not provide him with a mere title of dignity, or of equality with traditional healers; it is a title which alludes to the compassion he demonstrates to the crucified people in the face of their crosses.

The existence of traditional healers in African communities makes the title of Jesus as African traditional healer problematic to PLWHA in several ways. First, it can provide to PLWHA a narrow perception of Christ and his healing ministry, especially in their context of HIV/AIDS. This is because it cannot be easy for them to separate African healing practiced by traditional healers and African theology and worldview that accommodates such healing activities. A Canadian theologian Diane Stinton states this aptly: “On the one hand, African concepts of healing and healers inevitably influence the interpretations of African Christians regarding Jesus as healer. (...). On the other hand (...), such cultural constructs can potentially diminish one’s apprehension of Jesus (...).” (Stinton, 2004: 76)

However, it should still be noted that while the healing activities of traditional healers are limited to what they do, mostly for material gain (cf. Owusu, 2001: 85), the healing ministry of Jesus transcends what he does. It is materially costless and encompasses a wider
perspective of people’s context. Stinton outlines three important aspects of the healing of Jesus that transcend what he does:

first, exposing the structures that contradict God’s will for humanity and world, then analysing the social economic factors that imprison humans in sickness and misery; and finally, participating in active resistance to current socioeconomic structures that are incompatible with the gospel as an essential feature of Christian practice. (Stinton, 2004: 79)

Healing, for Jesus, is an aspect of the life-giving power he manifests in his compassionate encounter with people in suffering situations. In this case, while traditional African healers have no spiritual cure for AIDS in their healing practices, Jesus provides this through his attitude and acceptance of stigmatized sick people. He performs this cure when he accepts them as they are and provides them with assurance and hope beyond their destitute earthly situation.

Second, most people have a tendency to fashion Jesus according to their understanding and current requirements. Everyone, at any rate, gives Jesus a title according to his or her own understanding and urgent requirements. However, it is hardly possible to confine Jesus to either an individual understanding of reality, or the current requirement of one person. Rather, he encompasses every aspect of human life and requirement (Stinton, 2004: 76-77). The nature of Jesus is unfashionable. Jesus manifests the nature of God in his various sayings and deeds. Therefore, for PLWHA, Jesus is certainly not someone to fashion according to their requirements; but he is someone to identify with as they re-discover the way he lived, the attitude he had, and the compassionate deeds he performed among hurting people.

Third, the title of Jesus as African healer exacerbates the difficulty for most African people in distinguishing between the African ‘inganga’ (traditional healer) and Jesus. Most of them, especially traditionalists and nominal Christians, may find traditional healers better than Jesus, because they physically see and converse with them. This assumption, in most cases, leads most people infected with HIV to rush to consult traditional healers, consciously or unconsciously, without thereby getting any better. Others may equate Jesus’ healing with traditional healers, and this can lead them to underestimate Jesus and his divine healing role, by situating him in the realm of normal people. Equating Jesus with traditional healers makes people syncretistic because the idea of healing in relation to the nganga is a component of the African religious impetus (Stinton, 2004: 81, 88 cf. Phiri, 2006: 122).

In my opinion, the more general problem of the models of Jesus in Africa I have discussed above is that they are examples of ‘high Christology’. Each of them seems to portray a lofty Jesus. They seem to elevate Jesus as being above the people he came for, and
they scarcely make him someone among them. In this elevation, Jesus becomes more someone to honour and fear (in a similar way to people stigmatizing, e.g., religious authorities) rather than an intimate friend and companion.

Another general problem with the above models, in my opinion, concerns the way they depict the ontology and soteriology of Jesus. According to the Tanzanian theologian Laurenti Magesa, most Christological reflections in Africa (such as those discussed above) have tended to advocate what he calls ‘functional hermeneutics,’ which is similar to ‘functional Christology’. Magesa argues that to advocate a functional Christology is to “focus less on what Jesus was ‘in himself’ and more on his saving activity; less on ontology and more on soteriology.” (Magesa, 2004: 111)

I agree, in most cases, with the argument of Magesa that most Christological paradigms in Africa, such as the ones I have discussed above, seem to overlook the nature of Jesus as a human being. Consequently, Jesus appears in these models more as a saving God than as an intimate relational human being. It seems to me that to place the greater emphasis on the divinity (soteriological function) of Jesus diminishes the possible feelings of Jesus in his human state, the feelings that are important in locating Jesus as a relational being in a context of stigmatization. We must balance the two states of Jesus – the human and the divine – in order to enhance the better understanding of the ontology of Jesus in hermeneutical approaches (cf. Magesa, 2004: 112). In this case, I find the warning of the Indian theologian Stanley Samartha about how to consider the uniqueness of Jesus in Christological reflections useful here. Samartha warns: “elevating Jesus [only] to the status of God or limiting Christ [only] to Jesus of Nazareth are both temptations to be avoided. The former runs the risk of an impoverished ‘Jesusology’ and the latter of becoming a narrow ‘Christomonism’.” (Samartha in Chacko, 2003: 59)

The models of Jesus as African leader, ancestor and elder brother, master of initiation, and healer discussed above, and others like them, appear in most aspects to be inadequate to correlate their images of Jesus with the situation of the HIV/AIDS-related stigmatization facing PLWHA in African contexts. Thus, I asked myself the following question: if the models discussed do not more clearly balance the two states of Jesus (the divine and the human) to fit the situation of PLWHA, who do the Group of PLWHA say Jesus is to them?

In the following section, I present my reflections of the way PLWHA in the Group understood Jesus in their reading of texts in relation to their experiences of life, an understanding pointing to Jesus’ compassion to people in a particular situation of hurt.
7.3 Jesus Christ as a Compassionate Companion to PLWA: Towards a Christology from Below

I agree at the outset with the Swedish theologian Gunnar Norlén that “compassion is the concept in Christian ethics which is the most important to focus on today.” (Norlén, 2003: 275, emphasis original) This statement of Norlén highlights the main findings of my study with the Group of PLWA in the Bena area. In my study, I learnt that as PLWA in the Group read texts from the gospel of John they understood Jesus Christ to be a compassionate companion. Although I was uncomfortable with their understanding of Jesus, for reasons I state in the concluding section of this chapter (see 7.4 below), I believed that the title of Jesus Christ as ‘compassionate companion’ was more adequate to explain the relationship of Jesus with biblical characters, and with today’s stigmatized PLWA, than the models of Christology in Africa I discussed in the beginning of this chapter.

I was also aware that I, as a theologian, am called to study various strange voices of people at the grassroots, as starting points, in order to learn their potentials in the process of dealing with the HIV/AIDS pandemic, and deepening the understanding of the Gospel in this situation. The theologian Gillian Paterson states this more clearly, “A starting point for the reflection [about HIV/AIDS] is the experience of AIDS-related stigma, recounted by those who have been on the receiving end of it. (...) It is through the experience of stigmatized individuals, groups and institutions that we can take the first steps towards understanding the problem [of HIV/AIDS] we seek to address” (Paterson, 2005: 1) My conviction and ambition

218 Elizabeth Johnson, after evaluating the discussions of the German theologian Jürgen Moltmann and the Belgian theologian Edward Schillebeeckx about God and the suffering of Jesus on the cross, points out that both theologians (Moltmann and Schillebeeckx) have their concern with the involvement of God in human suffering. She suggests, “Out of this kind of reflection has come yet another new title for Jesus Christ. He may be called Jesus, the Compassion of God.” (Johnson with Rackoczy, 1997: 68, emphasis mine) Johnson proposes the new title of Jesus in contrast to the traditional divine titles bestowed on Jesus. Such divine titles include ‘the Light, the Word, the Truth, the Way, the Gate, the Life, and other related titles.’ (cf. Johnson with Rackoczy, 1997: 68) The title of Jesus as the compassion of God most probably emanates from the current recognition of his compassionate ministry and the involvement of God in human sufferings. Elizabeth Johnson suggests, “In our own time, with our awareness of the compassionate nature of his ministry, and with our reading of the cross as the event in which God’s solidarity with those who suffer came to an unsurpassed focus, we can say of Jesus that the divine quality of the Compassion of God became incarnate in him.” (Johnson with Rackoczy, 1997: 68)

In this section, I discuss the compassion of Jesus with stigmatized people mostly on the basis of his whole ministry, from the encounter with stigmatized people to the culmination of his ministry on the cross. Though the title ‘Jesus, the Compassion of God’ is important in the consideration of the involvement of God in human suffering, yet it seems to be based mainly on the distant divine nature of Jesus. I think that the title of Jesus as Compassionate Companion embraces both the divine and human natures making Jesus more imminent and relational, because it portrays a Jesus who does not only get involved in human suffering, but also participates in the suffering.

However, I agree with Johnson when she states that the way of thinking about God that considers the compassion of Jesus, the involvement of God in human suffering, “makes clear the call to the community of disciples”; and it indicates that “we are united with God in Jesus by being in compassionate solidarity with those who suffer.” (see Johnson with Rackoczy, 1997: 68) The question of compassion and the call to discipleship is the main subject in the following chapter of this study.
to learn from the Group of PLWHA was, in most cases, what led to the emergence of the Christology from their perspective. I will attempt to illustrate these claims in the next subsections, following the readings of the Group of PLWHA presented in the previous chapter.

7.3.1 Defining ‘Compassion’

The first question as I commence my illustration is what the notion of ‘compassion’ means and how PLWHA in the Group convey the image of Jesus in terms of this notion. In this subsection, I survey some definitions of this notion according to some scholars. The works of the theologians Arthur H. Becker and Marcus J. Borg, and the medical doctor Christina M. Puchalski, who are all concerned with caring for suffering people, provide some interesting definitions and discussions of the notion of compassion. I also use the works of the theologians Samuel Escobar who looks at compassion in mission perspectives, and that of Wayne Whiteson Floyd who analyzes the dynamics of compassion in the perspectives of the gospels. I hope that the definitions I survey will enable me to illustrate the way PLWHA in the Group understood Jesus in their situation.

The first definition is that of Becker, a definition understanding compassion as the foundation of care for the sick. For him, compassion is “a hallmark of our discipleship and the sign of God’s care for us.” (Becker, 1985: 26 emphasis mine) Becker grounds the whole work of pastoral care in providing compassion to people who are sick in the same way that Jesus provides compassion to the whole of humanity, which is sick in one way or another (Becker, 1985: 26-27). Therefore, according to Becker, compassion is one of the important elements which make communities faithful disciples of Jesus.

Becker mentions two important aspects that help us describe how people can be compassionate towards the sick: “First by being willing to open ourselves to share another’s burdens as Christ opened himself to share ours (Phil 2: 1-11). This means being willing to move from our secure and comfortable ‘normalcy’ or ‘maturity’ into the maelstrom of anxieties, doubts, pain, terror, and loneliness of the sick person’s world.” (Becker, 1985: 27) The second is the proper application of intercessory prayers for the sick, in a way that is well thought out and filled with a deep concern for the requirements and pains of those suffering (Becker, 1985: 28).219

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219The way Backer describes ‘compassion’ is similar to Enda McDonagh’s description of ‘companionship’. McDonagh understands companionship as something that exists in situations where sharing of suffering exists: “Companionship (…) will only persist if the suffering is shared.” (McDonagh, 2007: 56) For McDonagh, to care for suffering people requires someone to have companionship, not through sharing the physical sufferings of
Backer compares compassion to the cross of Jesus. He contends that “Compassion is truly the cross of the Christian, the cross we are called to take up (Mat. 10: 38) for the sake of our neighbour.” (Becker, 1985: 28) For him, compassion transcends ‘being non-judgemental’, ‘sympathy or feeling sorry’ for [someone’s] terrible state of suffering. It is “moving out into another’s pain, suffering, loneliness and isolation.” (Becker, 1985: 28) He concludes that “Being compassionate is not usually a pleasant experience; it means hurting with another’s hurt.” (Becker, 1985: 28) Becker’s understanding of compassion is useful because it enlightens us about the relationship between the attitude of Jesus, those who suffer, and the one who cares for suffering people.

The second definition is that of Borg, a definition comprehending compassion as “the central quality of God [divine state] and the central moral quality of a life centered in God [human state].” (Borg, 1995: 45) Borg places his understanding of compassion at the centre of the teachings in the gospels about God and ethics, i.e., the way of life grounded in *imitatio Dei* – the imitation of God in Jesus’ image and ethos. However, Borg believes that Jesus did not see compassion as something individual, but as something communal, centred on the socio-political life of the world he came to inaugurate (Borg, 1995: 45-47). For Borg, compassion has a psychological connotation of human feelings in relation to another human being. It is ‘to feel with’. Therefore, being compassionate, according to Borg, entails some sense of unity between the one moved with compassion (the normal person) and the one receiving compassion (the suffering person).

Moreover, Borg expands his understanding of the notion of compassion by investigating the etymology of the compassion of Jesus. He finds the compassion of Jesus to have its roots in the Old Testament word employed for ‘womb’ (Jer. 31: 20). The Hebrew word ‘*rehem*’

translated as ‘compassion’ in the Old Testament is the same word whose

someone, but through providing compassion, which is the result of one’s recognition of the suffering people in the inner conscience.

MacDonagh notes, “Companionship is always at the service of the other’s personal self-respect, integrity, and autonomy.” (McDonagh, 2007: 56) This view corresponds to the definition of ‘compassion’ where the central focus is on the relationship between two parties. McDonagh concludes that “Compassionate companionship after the manner of Jesus and God, which involves co-creating, co-suffering and co-redeeming in the community of caring, may be the best description of the first moral obligation of disciples to people living with AIDS/HIV.” (McDonagh, 2007: 56-57) Therefore, according to Backer and McDonagh, the meanings of the two terms ‘compassion’ and ‘companionship’ come together to form a model of the attitude required for caring for people in suffering situations in the manner similar to the attitude of Jesus towards humanity.

220 Boniface-Malle provides alternative meanings of the Hebrew word ‘*rehem*’: first, it “may indicate a womb as a pint of origin for all human and animal life (…). Second, it may imply “an appeal to soft place/emotion of action to find mercy from someone.” Third, when used in relation to human beings, it may refer to “a volitional acknowledgement (or rejection) of paternity involving the resultant duties of providing security and protection for the child.” (Boniface-Malle, 2004: 172 – 173) According to Boniface–Malle, the Hebrew word ‘*rehem*’ expresses more emphatically the attribute of the graciousness (compassion) of God when one uses it in
singular form ‘rahamin’ is translated as ‘womb’ (cf. Exo.34: 6; 2Ch. 30: 9; Neh. 9: 17, 31; Psa. 103: 8; and Joel 2:13). All the verses mentioning ‘womb’ (see previous sentence) describe God as ‘gracious and merciful’, the description characterizing the loving nature of God in the Hebrew Bible. The words of Jesus, “Be compassionate as your Father is compassionate” (Γίνεσθε σείκτηροι καθώς καὶ ὁ πατὴρ ὑμῶν σείκτηρον ἐστίν) (Luke 6:36), certainly have their roots in the compassionate God of the Hebrew Bible, in the love and feeling of God towards people. “God is like a ‘womb’, is ‘womblike’, or, to coin a word that captures the flavor of the original Hebrew, ‘wombish’.” (Borg, 1995: 48; cf. Bergant, 1993: 14-15) Borg elaborates the metaphoric implication of the ‘wombish’ God thus, “In the sense of ‘like a womb’, compassionate has nuances of giving life, nourishing, caring, perhaps embracing and encompassing.” (Borg, 1995: 48, see also Fuellenbach, 1995: 174-176, Davies, 2001: 243-246, and Boniface-Malle, 2004: 172-173) This is the typical character of God manifested in the compassionate (Σπαλαχρίζωμα) companionship of Jesus (Mat. 15: 32 and Mar. 8:2 cf. Mat. 9: 36, 14: 14; Mar. 6: 34, and Luk. 7: 13, 10: 33, and 15: 20) We see this compassionate behaviour in Jesus in his encounter with stigmatized people.

According to Borg, imitatio dei in demonstrating compassion is not based on a legalism that leaves some unattended, but on the love of God which forms the central message of the proclamation and praxis of Jesus. However, during the first century, the Jews of the time of Jesus hardly met this kind of compassion in their daily interactions with suffering people. They had another kind of imitatio dei, a legalistic understanding based on their own understanding of the Hebrew Bible. In this way, the message of Jesus about the real meaning of being compassionate, rooted in the Hebrew Scriptures, challenges both the understanding of his Jewish contemporaries, and attempts in churches today to go back to the Jewish understanding (Borg, 1995: 49).

The third definition is that of Escobar, describing the way compassion appears in a mission perspective. For him, “Mission also includes compassion as a result of deep involvement with the multitude and their requirements. It is neither [a] sentimental burst of emotion nor an academic option for the poor, but definite and intentional actions of service in order to feed the multitude with bread for life, as well as sharing of the Bread of life.” (Escobar, 2003: 106, emphasis original) I agree with Escobar that doing theology only in the perspective of the poor, of Africans, of PLWHA, and related categories of people, is inadequate because it assists very little in alleviating their suffering. An option to do theology

combination with the word ἱμν ὁ (hen or hanan), which means ‘to be gracious to someone’ (Boniface-Malle, 2004: 173).
for the poor and a compassionate involvement with the poor must go together. When Jesus came across people in their suffering situations, he not only taught them, but also felt the situation with them and acted to alleviate the anguish of their situation. In doing theology, therefore, one must combine the preference of Jesus for the poor and his involvement with them.

The fourth understanding of compassion is that of Wayne Whiteson Floyd. In his discussion of the parable of Jesus about the Good Samaritan in the gospel of Luke, Floyd summarizes the dynamic process of compassion into three cognitive, affective and volitional component stages. These stages are “(a) a disposition of solidarity toward the neighbor’s sufferings [cognition] plus (b) the action of entering into the context of that suffering as one’s own [affectivity], with (c) a commitment to overcoming the cause of the suffering itself [volition].” (Floyd, 1991: 48) Moreover, the British theologian Oliver Davies makes a similar point when he states, “In compassion we see another’s distress (cognition), we feel moved by it (affectivity) and we actively seek to remedy it (volition).” (Davies, 2001: 18) I think Floyd and Davies provide convincing summaries both of what compassion is, and of how we must practice it when we are compassionate as Jesus was.

The fifth definition is that of Puchalski, describing compassion thus: “Compassion comes from two Latin words: from the Latin *cun*, which means with, and *pati*, which means suffer. So the act of compassion is to suffer with another.” (Puchalski, 2006: 42 cf. Floyd 1993: 42) She expands her definition by quoting from the Dalai Lama (1998), who defines compassion as “a state of mind that is nonviolent, nonharming, and nonaggressive. It is a mental attitude based on a wish for others to be free of their suffering and is associated with responsibility and respect towards the other.” (Puchalski, 2006: 42) Hence, as Puchalski describes the caregiver, the compassionate companionship of the companion to the suffering person involves ones “ability to share the patient’s [or suffering person’s] pain and suffering without becoming overwhelmed and disabled by that suffering.” (Puchalski, 2006: 42) Accordingly, being compassionate demands more than having patience with suffering people.

How do these scholars help us understand the title of Jesus as compassionate companion in the context of HIV/AIDS? How do these attempts to define compassion enlighten us in understanding the compassionate Jesus of PLWHA in the Group, based on their reading of the gospel of John? In my view, all of these theologians seem to make a

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221 Davies further elaborates the cognitive, affective and volitional dimensions of compassion. For him, “Cognition is involved to the extent that we reconstruct, or recognize, the other in their need; it is affective to the extent that we share in the suffering of the other, and it is volitional to the extent that our recognition and our feeling prompt us to act in a way that will be in the other’s best interests.” (Davies, 2001: 232)
similar point about compassion. All seem to understand compassion as both a human and a divine attribute (cf. Davies, 2001: 232-253). The compassion of Jesus has both ontological and soteriological dimensions. This means that the understanding of compassion by these scholars differs from that of the models of Christology in Africa (see 7.2 above).

In Jesus, the compassion of God contains a communal aspect and a feeling with the life-threatening situations of another person. These feelings are explicit in the acts of Jesus, which mostly take into account the threatening situation (suffering) among people with the desire or willingness to alleviate it. The scholars above indicate that compassion is hardly a pleasant feeling; it is a feeling that mostly hurts on the part of the one feeling it, especially when it gives that person a responsibility towards another suffering person. It is more than a virtue (but ‘precipitating in virtuous acts’); it is a ‘kenotic or agapic’ recognition and feeling which makes a person responsible for doing everything necessary in order to alleviate the suffering of another hurting person (Davies, 2001: 18 cf. Stephens-Pino and Devis, 2005 in Appendix 2, song 3). Therefore, the discussion of these scholars opens the way to understanding the relevance and significance of the compassionate Jesus of the Group of PLWA in the gospel of John.

Jesus felt compassion for people in the midst of stigmatization exerted by his contemporaries. All scholars above focus on Jesus as the central figure who shows us what compassion means. The understanding of the compassion of God in the Hebrew Bible and in the activities of Jesus in the gospels was a challenge to the understanding of Jesus’ contemporaries. A similar challenge existed for the churches to which PLWA in the Group belonged, as they demonstrated in their reading of texts from the gospel of John.

7.3.2 Jesus Christ as a Compassionate Companion in the Gospel of John

How did the PLWA in the Group read and understand the compassionate companionship of Jesus in the gospel of John, and how is that understanding significant to them? According to the Group, the compassionate companionship of Jesus in the gospel of John appears more explicitly in his life than in his verbal teachings (cf. Floyd, 1993: 40). He manifests his compassion in two ways: by handling stigmatizing situations of other people, and by handling his own stigmatizing situation.

Handling the Stigmatization of Other People

As I stated in the previous paragraph the theme of the Compassionate Jesus in the gospel of John becomes visible when the Group read the gospel of John about Jesus’ relation to people.
The texts studied in the previous two chapters (chapter five and six) demonstrate this compassion more explicitly. The Group noticed that the language used by Jesus indicates that compassion is inevitably a disturbance to the dominant conventionality. Jesus demonstrates compassion to the adulterous woman by disagreeing with the conventional punishment that the Jewish religious authorities pronounced upon her, a punishment set within the realm of the Jewish Mosaic Law. He challenges the Jewish religious authorities about their own depravity and unworthiness to cast stones, as required by convention. Jesus empowers the conventionally powerless woman to speak out, a woman who had been silenced for a long time by the existing social structures. Therefore, through his language and acts in the story scene, the compassion of Jesus becomes explicit. Jesus becomes a companion to the woman, a discussion partner whom the society had stigmatized.

In addition, the reading of the Group indicates a different viewpoint from the conventional understanding of sin and suffering. Their reading shows that PLWHA in the Group question the legitimacy of religious authorities to condemn the woman alone to death. They also question the adultery of a woman alone without the adulterer. They stated:

“The Jews stigmatized women because they considered them to be weak. In this text the woman is stigmatized not the man. The Pharisees and Scribes were men and not women. Since they were men, they could not accuse their fellow man because they could be shaming themselves.”

In their identification with characters in the text, PLWHA in the Group pointed out that the social structures that mostly stigmatize women indicated by the text are prevalent institutions in most of their own societies, both religious and secular. Therefore, their reading indicates that the society which lives by a set of ethical rules is likely to lack real compassion, especially in the midst of tangible questions relating to human existence and relationships, such as those of PLWHA and their surrounding society.

The story of the woman of Samaria indicates the compassionate encounter of Jesus with the woman as he opts to converse with her, a woman they considered sexually promiscuous and a Samaritan, contrary to the existing Jewish convention. Even though the woman in the story is not physically sick, the stigmatization exerted upon her makes her an object of the compassion of Jesus. The Group saw that the language that Jesus employs throughout the conversation leads her to self-realization and self-worth. PLWHA in the Group also saw that Jesus’ action in conversing with a sinful woman whom they considered to

222 Real compassion includes wisdom to have adequate judgments of care, to select what is good on the side of the one receiving compassion and act upon it.
belong to a non-conventional ethnic group challenged the existing Jewish convention. The conversation of Jesus with a woman whose religious affiliation is different from the orthodox Jewish religion may also challenge today’s churches in their relation with PLHWA who might have religious beliefs different from conventional Christianity (cf. Nicolson, 1996: 76).

Another compassionate encounter of Jesus with people in suffering is found in John 5: 1-18. In this text, Jesus meets a paralysed man at the pool of Bethzatha (or Bethesda). How is Jesus’ compassion manifested in this story? Here, Jesus encounters a friendless sick man who has no one to bring him to the water when it is troubled. The water has to be troubled first, in order to have a healing effect on the first sick person to enter it. If it is not troubled, the water remains still and ineffective. Jesus meets a man with no companion to assist him and asks him about his urgent need. He does this on the Sabbath, which the Jews honoured. In doing this, Jesus refuses to preserve the calm, but breaks the convention regarding the Jewish Sabbath observance in favour of the suffering man. Therefore, this text suggests that some conventional observances are obstacles to providing effective compassion to people in need; they need to be disturbed in favour of alleviating suffering.

To provide compassionate healing to PLHWA requires us to stir up the still waters; it requires us to break the silence about stigmatizing attitudes. It requires us to befriend the PLHWA so that they have a companion to encourage them in their way of life with the virus. Nicolson speaks thus about Jesus and his compassionate encounter with the suffering man: “Jesus becomes the man’s friend (John 5: 7-8), the friend of the friendless. He encourages the man to seek healing. He thus incurs the wrath of the authorities.” (Nicolson, 1996: 76-77) I think the important question to ask is, how far today’s churches have advanced in favour of PLHWA, and other stigmatized people, in the manner that Jesus did to the paralysed man.

In the story of the man born blind, the Group emphasized the significance of the healing method of Jesus, which gives a compassionate message about sin and suffering. He healed the man by touching him, using mud as a symbolic material. Through the intimate relation with the blind man, he confirmed his friendly encounter with the man. I posed a probing question to the PLHWA in the Group, wishing to know how they thought Jesus united the man with his stigmatizing community. One of their responses indicated that Jesus disturbed the Jewish convention and became a friend to the friendless man, just as he was a friend of the paralyzed man. The Group of PLHWA responded:

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223 This text is not one of my research texts, nor was it read by PLHWA. I cite this text here because of the interesting insights it provides concerning Jesus’ meeting with a stigmatized person, and the way he handled the stigmatization facing the person.
Jesus came to the man as a friend and had a friendly attitude. Since Jesus was a normal person and shared with those whom the community had rejected as being cursed by God, he plays a [significant] role that the community was supposed to play to such people but it did not bother to do that.

What does this observation indicate? It probably indicates the difficulty in communities to break the existing conventions which are dear to such communities, not only in the time of Jesus, but also in our own time. Jesus, in the above observation, possibly indicates that being compassionate to those in need is being more human than divine. His acts turn all feelings, attitudes, and actions towards benefiting those whose lives are threatened by communities.

The Group learned that Jesus disturbed the conventional relevance of the Jewish Sabbath in favour of the suffering man in a similar way to the paralytic man at the pool. Hence, the man born blind, whom the Jewish convention considered responsible for his own suffering (who internalised stigmatization), found in Jesus a compassionate relationship empowering him to speak publicly about his status.

In his healing activity, Jesus disturbed the existing Jewish convention of honouring the Sabbath more than human life. He also disturbed the link between suffering and the sinfulness of individuals, or of parents. PLWHA in the Group perceive an apparent compassionate message on the issue of sin and suffering. According to the Group, people are not necessarily suffering because of their sin (or the sin of their relatives) even though most sinful acts undergone by people can enhance suffering in one way or another (cf. Nicolson, 1996: 73). Therefore, the compassionate relationship of Jesus with the man that was born blind challenges the notion that AIDS is a punishment for the sin of people (a notion that is currently apparent in most churches and societies). It also challenges the notion that AIDS is a contagion. When Jesus touches the man born blind in his healing process, and employs a language of compassion, contrary to that of his disciples and the Jews, he challenges people today about the way they relate to PLWHA in their daily lives.

These observations about the exegesis of texts show that PLWHA in the Group saw Jesus playing two compassionate roles to their situation: first, uniting them among themselves within their group, and with the surrounding communities which stigmatize them, and second, empowering them to confront the stigmatization around them. They stated:

*Jesus has two roles to us: First, he unites we that are infected, despised and considered as non-human among ourselves, with the other church members and with the community around us. Second, Jesus gives us the courage to proclaim to those who are not infected by the virus about our*
status and our needs for care and compassion. He also gives us courage to stand and proclaim his word to others in various ways.

The above statement from the discussions of PLWA in the Group indicates that their view of Jesus as compassionate companion is more explicit in his deeds towards characters in the texts. The woman of Samaria was empowered to challenge her stigmatizing situation, and so they find Jesus playing this role in their own situation. They learnt about Jesus uniting the woman of Samaria, the woman caught in adultery and the man born blind to communities that stigmatized them. They learn that Jesus plays a similar role towards their own situation. Moreover, they find that Jesus plays a role beyond that of characters they read about, by uniting them among themselves, and making them have a sense of re-socialization within their group.

The compassionate nature of Jesus towards PLWA in the Group is more open in the way he transformed their attitude, so that they were more committed to religious affairs than they were before they recognized their status. They rely on Jesus as their shield from the harsh kisses, similar to that of Judas, which they receive from people, and the unphysical stones thrown upon them by their spouses, relatives, neighbours, fellow church members and leaders in a similar way as Jesus protected the woman caught in adultery. They affirmed:

*They say that we are HIV positive because we are adulterous and fornicators. They see us as being different from them. In fact what the woman faced is similar to what we face, even though our communities do not throw physical stones to kill us as the woman was likely to face.*

What are the invisible stones the community throws upon PLWA, the stones from which Jesus protects them? It is probably the use of stigmatizing language in churches, and in communities where they live. In their reading of texts, PLWA in the Group testified that leaders of churches misused the word of God when referring to the HIV/AIDS pandemic. Church leaders exerted silencing strategies vis-à-vis PLWA that were visible in worship in a similar way to the silencing of the woman caught in adultery by the Jewish religious leaders. In that case, the Group saw that the unphysical stones had a killing effect similar to the physical stones that the Jewish religious leaders had to throw upon the woman caught in adultery. In both cases, Jesus appears as a compassionate shield to protect them from killing stones.

The deeds of Jesus in the above texts do not primarily focus upon benefiting the characters without reducing their suffering situations. The great deeds of Jesus primarily focus
on alleviating the suffering of the people concerned. The main suffering facing characters in the three texts, as we have seen explicitly in the previous chapters, is stigmatization by their surrounding society. Jesus feels compassionate, a feeling leading him to act to alleviate their hurting situations regardless of what happens to him. The Windhoek Report on HIV and AIDS related stigma aptly states thus regarding the way he compassionately related with stigmatized people, “Jesus mixed with them, included them, invited them in his circle of friends, touched them and, in turn, allowed himself to be touched by them.” (Windhoek Report, 2007: 22)

The theologian Wayne Whitson Floyd also states more explicitly that “it is crucial that Jesus depicts compassion as involving not merely a responsive disposition of solidarity with a stranger; one with whom someone is estranged, or those in suffering and need. Jesus ‘does not merely help (…) from without, standing alongside.’ Rather, compassion involves the radical risk of the involvement of one’s very self into the context of the distress of the sufferers.” (Floyd, 1993: 40, emphasis original cf. Davies, 2001: 232) The theologian Wendy Barley also makes a similar point that compassion

does not stand outside the suffering in handwringing sympathy. It does not peer down on the victim and demand a stoicism that denies the pain. It begins where the sufferer is, in the grief, the shame, the hopelessness. (…). Compassion is with the sufferer, turned toward or submerged in her experience, seeing it with her eyes. This communion with the sufferer in her pain, as she experiences it, is the presence of love that is a balm to the wounded spirit. This relationship of shared, sympathetic suffering mediates consolation and respect that can empower the sufferer to bear the pain, to resist the humiliation, to overcome the [feeling of] guilt. (Farley in Johnson, 1992: 267, emphasis original)

Therefore, according to the above statements by Floyd and Farley, and the exegesis of the Group, the way Jesus handled the stigmatization of other people is characterized by a compassionate feeling and acting to remove or alleviate the stigmatization of those people, while at the same time struggling himself to handle his own stigmatization.

**Handling His Own Stigmatization**

How did Jesus handle the stigmatization attached to him? My reading of texts from the gospel of John on the perspective of stigmatization in chapter five indicates that Jesus also has compassion to people that stigmatized him. The first way in which Jesus demonstrates compassion on people who stigmatize is ‘silence’. In the text about the Samaritan woman (John 4:1-42), Jesus demonstrates compassion to his disciples who initially disapproved of his
conversation with the woman from a stigmatized ethnic group. Jesus manages the
stigmatization by his disciples through silence. Jesus does not tell his disciples why he
converses with the woman from a different ethnic group; he leaves them to understand for
themselves. Consequently, the disciples remain silent; certainly, the silence of Jesus speaks
louder than their negative attitudes towards him.

Jesus uses silence as a tool to fight against stigmatization in the text about the woman
cought in adultery. He condemns neither the woman nor her accusers, despite the sinfulness of
both parties before God. He also does not comply with the will of his opponents (the Jews).
He compassionately remains silent. He does not defend the Jewish law that could lead him to
stigmatization and loss of honour; but he establishes the law of love, the law that enhances
life.

In the text about the man born blind, Jesus is silent in the midst of the provocative and
stigmatizing language of his opponents. His opponents say that he belongs to a group of
sinners; yet he is silent about their groundless accusations. Indeed, he is physically absent
when his opponents utter stigmatizing words against him as they converse with the man born
blind. He appears at the close of the story, compassionately conversing with his opponents
about their sinfulness. Therefore, the silence of Jesus plays a great role in handling his own
stigmatization.

Another strategy through which Jesus manages his own stigmatization is withdrawal
from the realms that are likely open to stigmatization. In the text about the Samaritan woman,
Jesus withdraws from Pharisees (who probably stigmatized him because of making more
disciples through baptism) to Galilee which he finds safer than Judea (John 4: 1-3). He is
perhaps unwilling to compete with his opponents, who seem ignorant about his ministry. In
the text about the woman caught in adultery (John 8: 1-11), Jesus goes to the Mount of Olives
instead of going to the community. In the text about the man born blind (John 9: 1-41), Jesus
disappears from the realm of his opponents in most of the story. Therefore, the three texts
indicate that Jesus breaks social stigmatization by withdrawing from the realms which
enhance stigmatization.

7.4 CONCLUSION

In this chapter, I attempted to illustrate that the Christological titles given to Jesus by
theologians in Africa, in their attempts to resonate Jesus with the cultural life situations of
most African people, are inadequate to account for the role of Jesus in the context of
HIV/AIDS-related stigmatization. I have discussed the Christology of Jesus as a
‘compassionate companion’ drawing on the reading of texts from the gospel of John by the Group of PLWHA. I have analyzed the way Jesus manifests his compassion through handling his own stigmatization and the way he handles the stigmatizing situations of other people with the focus on alleviating sufferings to such people.

However, as a biblical scholar, I find it difficult to grasp fully the understanding of Jesus as ‘compassionate companion’ in the readings of the Group above, and to see how it can be helpful in alleviating the problem of stigmatization. One of the problems with it is probably its failure to address Jesus on the side of the non-stigmatized, hence running the risk of being biased. Jesus seems to be only for those who suffer stigmatization and not for those who stigmatize. This dichotomy of Jesus – being only for the stigmatized and not for those who stigmatize – seems to make the Christology of Jesus as compassionate companion less helpful towards solving the problem of stigmatization. The Christology does not address the positive side of the acts of those who stigmatize. Consequently, the Christology of Jesus as compassionate companion proposed by the readings of stigmatized PLWHA appears to limit the compassion of Jesus to one particular group of people.

Despite this weakness of the Christology, I have suggested in this chapter that the compassionate involvement of Jesus with people under stigmatizing situations makes the title of ‘Jesus as compassionate companion’ more plausible to the context of HIV/AIDS-related stigmatization than most Christological titles. Moreover, the notion of the compassion of Jesus suggested by the Group of PLWHA provides challenges to the models of Christological reflections in Africa I presented above in this chapter, to the theoretical perspective I stated in chapter two above, and to faith communities about how they should attempt to provide ‘real compassion’ to people in need.

Unlike the models of Jesus that the Christologies above present, the Group present Jesus primarily as a relational human being, not as a heavenly being isolated from people. The Group seem to start from the world, a place where Jesus was born, lived and experienced the reality of being human. To me, this way of presenting a human, relational Jesus seems to assist PLWHA in the Group to justify their theology as a theology from below. I think the theologian Malcom Duncan is right when he states,

Jesus Christ was deeply motivated to overcome exclusion and to bring forgiveness, acceptance and justice to the world. It is precisely because of his humanity and his divinity that this commitment is so challenging. As a human being he shows us that a better world can be built. He demonstrates that human beings can live in a community well. He demonstrates that compassion and love and fairness
and dignity are all traits of character we fellow human beings can display. (Duncan 2006: 105-106 emphasis original)

Duncan continues, “As God, Jesus also shows us that we are tremendously valuable to God and that we are each viewed as significant. God is so committed to us that he lives amongst us and demonstrates ways we can relate to one another as well as we relate to him.” Duncan 2006: 106) Duncan’s understanding of Jesus seems similar to the way PLWHA in the Group understood him in their narratives. Their understanding corresponds with the development of characters in the texts – from knowing Jesus primarily as a human being towards knowing him as a divine Messiah (see the analysis of characters in chapters five and six above).

The participant-centred contextual Bible study process done by the Group, and the resulting alternative Christology, seem to go beyond the theoretical perspective on stigmatization I presented above (chapter two). The above theoretical chapter mostly presents stigmatization as an irreversible process. It also portrays stigmatized people as the ones who must cope with the stigmatizing situation. The theory of stigma outlined in chapter two above does not suggest the existence of a saviour from the harshly stigmatizing situation; but it claims that stigmatized people ‘adapt’ the situation through coping with it.\(^{224}\) The participant-centred contextual Bible study in the form of problem-posing indicates, through the involvement of Jesus, the possibility of a saviour in such a situation, a saviour who enhances the ‘integration’ of stigmatized people into the stigmatizing community.\(^{225}\) Hence, participant-centred contextual Bible study is not limited to a theoretical level, but transcends theory as it indicates the possibility of reversing stigmatization as a threat to human identity and acceptance towards a greater worth and a situation where people are accepted. According to the Christology of the Group, this is possible through the model of compassion demonstrated by Jesus in his relationship with stigmatized people of his time.

The reversal of stigmatization enhanced by the participant-centred contextual Bible study does not necessarily entail physical well being; it may be spiritual and emotional well being. Puchalski provides an interesting list of outcomes of ‘real compassion’ and being compassionate in relation to spiritual well being: “Compassion is also the foundation of all

\(^{224}\) Coping with stigmatizing situations includes volitional efforts by stigmatized people to adapt the stigmatizing reality in their struggle to regulate the effect of such reality upon them (cf. the definition of coping in footnote 47 above). Freire notes that a person who adapts to a particular reality “loses his [sic!] ability to make choices and is subjected to the choices of others, to the extent that his decisions are no longer his own because they result from external prescriptions (…).” (Freire, 1973: 4)

\(^{225}\) Integration,” Freire states, “results from the ability to adapt oneself to reality plus the critical capacity to make choices and to transform that reality. (…). The integrated person is person as Subject. In contrast, the adaptive person is person as object, adaptation representing at most a weak form of self-defense.” (Freire, 1973: 4; emphasis original)
spiritual values. From it flow patience, perseverance, forgiveness, kindness, generosity, and
tolerance. The fruits of being compassionate are joy, love, gratitude, peace, and meaning in
life.” (Puchalski, 2006: 44)

What is the challenge of the compassionate life of Jesus discussed above for churches
in the context of the HIV/AIDS-related stigmatization? I claim in this study that what most
churches have done to confront stigmatization is inadequate compared to the way Jesus
demonstrated in his compassion to the needy. For churches to have a more adequate
compassion to PLWHA and other people in need, they certainly must return to Scriptures to
investigate the model of the compassionate nature of Jesus and the way it can be significant
for their situation. I shall illustrate this claim in the following chapter.
CHAPTER EIGHT

TOWARDS BEING FAITHFUL COMMUNITIES OF THE DISCIPLES OF JESUS:
IMPLICATIONS OF THE READINGS OF PLWHA FOR CONTEMPORARY
CHURCHES

8.1 INTRODUCTION

In the previous chapter, I presented the compassionate Jesus as seen by the Group of PLWHA. I presented a theology that emerged from their own reading of texts from the gospel of John in the perspective of stigmatization related to HIV/AIDS. In this chapter, I discuss some of the implications posed by the understanding of Jesus as a compassionate companion for churches in Tanzania and in other places of the world.

The crucial question here is this: how should churches, as members of the Church (the one Body of Christ), be faithful disciples of Jesus in a world with a prevalence of HIV/AIDS and HIV/AIDS-related stigmatization? The Windhoek Report on HIV- and AIDS-related stigmatization points out what the Church is required to provide: “As a community of disciples of Jesus Christ, the Church should be a sanctuary, a safe place, a refuge, a shelter for the stigmatized and the excluded. The Church is called to work towards both the prevention of stigma and the care of the stigmatized.” (Windhoek Report, 2007: 29) The statement from the Windhoek workshop suggests that the way the Church sees, feels and handles stigmatized groups is an important aspect of its mission to proclaim Christ. I argue in this chapter that current churches, to which people living with HIV/AIDS belong, face challenges in three general areas of their lives: First, to the way they understand themselves and their vision. Second, to the churches’ understanding of their mission to PLWHA as integral components of the one body of Christ in their respective churches, and third to the way they lead their day-to-day life in relation to PLWHA and other stigmatized people.

8.2 CHURCHES SHOULD BE SANCTUARIES OF STIGMATIZED PEOPLE

The first challenge is that churches have hardly grasped their role as sanctuaries for stigmatized groups of people. When I asked PLWHA to draw out the message of the text of the woman caught in adultery in their process of reading, one of their observations was, “The text illuminates to us that Jesus is the only refuge for people with acute problems. The woman in this text took refuge in Jesus. That is why she kept silent most of the time. She
left a chance for Jesus to speak for her before her accusers.” This observation of PLWHA is important when we consider the role of Jesus as a compassionate companion to the woman and the roles that churches ought to assume in the midst of people stigmatized by their communities.

The theologian Jackobson W.Carroll notes that churches are places where people belong, places through whose structures and relationships people “can experience acceptance, care, and support as well as deal with issues of meaning and discover what it means to live as God’s people.” (Carroll, 1991: 84) This observation is important when we consider today’s churches as potential sanctuaries for stigmatized groups such as that of PLWHA. In the context of this study, I use the concept of sanctuary (sanctuarium) as a space set apart for people to run to when faced with stigmatizing situations, and a place where people belong and feel comfortable about being there. In this sub-section, I highlight three aspects of the role of churches as sanctuaries to PLWHA: healing of stigmatized people, inclusiveness in the worship of God, and hospitality.

8.2.1 Healing of Burdened Souls

In order to be sanctuaries of PLWHA, churches must be healing communities. They should heal the whole human being. In the context of HIV/AIDS, churches are required to heal the souls of PLWHA, who are burdened by their prevailing stigmatization, just as Jesus healed the burdened souls of the characters of texts from the gospel of John which we have examined in this study. This is because the involvement of churches in physical cure alone is inadequate to meet current healing requirements for PLWHA. Christina Puchalski makes an important point about healing: “Healing is more than a physical cure or treatment. Healing is the restoration of wholeness and a sense of balance and meaning in one’s life.” (Puchalski, 2006: 43)

What Puchalski points out also appears in a statement from a man living with HIV/AIDS in Norway. In expressing his wish for what the church should do to him in order to bring about healing, the man states:

The church ought to take care of those who are ill, pray for the sick and hold services for them. It would be wonderful to be blessed! I wish Jesus the healer was in focus sometimes. What I am talking about is Jesus as a healer and the church as a healer. I am not saying that everyone will get well. The most important thing is not a physical cure. What is most important is to be cured spiritually. (Church of Norway General Synod, 2003: 31)
This statement demonstrates PLWHA’s identification of Jesus as a compassionate healer, and their requirement that the healing compassion of Jesus should be visible in their churches.

The crucial question facing current churches is, what kind of critical stance should they adopt towards stigmatization, a process in which they themselves participate in various ways, in order to become healing communities for PLWHA? One of the possibilities for churches to move towards being sincere healing communities is to heal themselves from their ‘sick theology’ about the value of humanity. The Latin American theologian Jon Sobrino calls this situation “a sleep of inhumanity” requiring an “awakening”. It requires an awakening from the churches’ “dogmatic slumber” (Sobrino, 1994: 1).226 In addition, the Ghanaian theologian Doroth BEA Okoto notes that this awakening requires a “complete change of attitude, a mental reshuffle and a complete departure from the ‘dominant culture’ (…).” (Okoto, 2004: 109)

Healing oneself, or awakening from the sleep of inhumanity, requires acknowledgement and repentance. It requires taking a step towards a different way of thinking and acting. It is a transformation in the mindset and attitude of churches. Such a transformation is always painful and wrenching because it requires shunning the triumphalism and glory that churches have embraced for such a long time. As the theologian Malcolm Duncan writes: “When we take Jesus seriously we discover a figure that powerfully shakes our status quo and calls us to leave our comfort zones.” (Duncan, 2006: 111)

According to Sobrino, healing oneself requires one to be ‘moved to compassion and mercy’ instead of embracing comfort zones (Sobrino, 1994: 1-2, 4). Sobrino further notes, “It costs the church a great deal, as it would any institution, to re-act with mercy, and it costs even more to maintain that mercy. (…). [I]t is costly to the church to bow to the supremacy of the Reign of God.” (Sobrino, 1994: 23) This is to follow the example of Jesus, who shunned his heavenly divine glory, came to earth and identified himself with those who faced stigmatization by the dominant traditions of his time.

Churches have an obligation to acknowledge that their theologies have been discriminatory and have lacked an adequate portrayal of the compassionate nature of Jesus Christ whom they claim to serve. The tendency of churches to exclude others in accordance with their own labels, their interpretation of scripture, and their theology of sin have all contributed to promoting social structures and inequalities within churches. The self-criticism

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226 The phrase ‘dogmatic slumber’ implies the churches’ defence of dogmatic promulgations while paying very little attention to contextual experiences of their members. Dogmatism often takes reality as motionless, static and deprived of transformation.
of churches is, therefore, an important tool towards building a healthy theology that will lead to a healthy church faith.

At this point, I may point out that churches in Tanzania and other places can learn from the church of Norway in her confession of weakness and a promise towards a new step in meeting stigmatized people:

The Church of Norway confesses
- that we often have seen only what we want to see, and heard only what we want to hear
- that we often have bypassed people who need us
- that we often have not cared for the pain and need that is not our own
- that we too long have been silent/without dialogue in relation to other churches
- that we have not made use of the resources which HIV positive people represent
- that we want to change our course of action
- that we want to include
- that we want to contribute to greater insight. (Church of Norway General Synod, 2003: 4)

It is my conviction that such a confession, which acknowledges weakness in the attitude and treatment of people facing stigmatization, is important for churches in Tanzania and other places of the world in order to take steps to counteract the HIV/AIDS pandemic. However, a confession of this kind is powerful only if it is accompanied by tangible committed actions, instead of being just empty words (cf. Freire, 1993: 32).

As churches confess their weaknesses and plan for committed actions to rectify existing situations, they are also obliged to heal themselves from the structuralism that most likely exacerbate the silence about HIV/AIDS and stigmatization in churches. Their own healing from the sickness of structuralism and the moralistic attitude which promotes exclusiveness should accompany the healing of existing divisions within churches which likewise hinder potential cooperation with other participants in the battle against the HIV/AIDS pandemic. They should transcend a self-oriented thinking towards cooperation with secular organizations and other, non-Christian religions. Cooperation is one among important elements leading to success when fighting a common enemy. Players on the ground win against their counterparts through commitment and effective cooperation. Therefore, since HIV/AIDS is a common enemy in both religious and secular spheres, cooperation within the country (and even outside) plays an important role towards the war against infection and against the stigmatization brought about by the pandemic.

I hope that individual churches are not alien to the worldwide ecumenical movements. If the pandemic is an ecumenical disaster, then the commitment to fight against it must also be
ecumenical. The possible problem of most churches in Africa, and Tanzania in particular, is their unwillingness to deal with HIV/AIDS and stigmatization in cooperation with other ecumenical agencies. The Kenyan theologian Nyambura J. Njoroge states this problem more clearly when she writes:

If there is anything HIV/AIDS pandemic in Africa has revealed is our inability or unwillingness to work together ecumenically. In my view this has been a clear verdict on our lack of ecumenically minded leadership and the fragility of ecumenism in the continent. It also points to the fact that most of the church leadership seems not to recognize that as Christians challenges in our lives must be addressed in unity despite our many differences. (Njoroge, 2002)

Individual churches, in Tanzania and in other places of Africa, cannot fight the pandemic effectively without their willingness to engage in the healing purposes advocated by ecumenical cooperation and interfaith institutions. It is only through involvement in the ecumenical fighting of the pandemic that churches in Tanzania will fulfil the healing call of Christ that is entrusted to the whole body of the Church.

Being healing communities means that the churches must assume responsibility. Assuming responsibility mostly means (not forcing) people to behave responsibly towards the pandemic and towards those already infected, and acting responsibly in terms of their theological and spiritual approaches to the factors of the pandemic. This means dealing with the pandemic not in the framework of individual moral values that often lead to stigmatization, but within the framework of social justice.

Being healing communities also involves the acknowledgement by churches that they have failed to talk about, or educate their members on, issues of sexuality. Churches must acknowledge that their refusal to talk openly or teach about sexuality has also led to abject silence in the homes of individual Christians. Parents have been silent about such issues in the homes, leading children to learn them from the worldwide media. Therefore, the acknowledgement of irresponsibility involved in breaking the silence, and the desire to assume a positive responsibility, will certainly manifest the true acknowledgement by churches of the need to fight against stigmatization in all its manifestations.

As one can note from the voices of PLHWA, churches have mainly threatened to exclude them from the sphere of the church life because of their status. Churches have mostly not recognized the potential of PLHWA to play the role of healing stigmatized people. The Windhoek Report advises churches that in their healing role, “people living with HIV and AIDS are the churches’ most precious resource. They have been described as the ‘wounded
healers’ of our time. Their inclusion in all aspects of the Church’s life is the best possible strategy for changing attitudes and removing fear.” (Windhoek Report, 2007: 30) PLWHA are the neglected major interlocutors in the healing role of churches because of their potential experience of living with HIV and AIDS that makes them know the real meaning of suffering and the real meaning of living in hope in a hopeless situation.

8.2.2 Being Inclusive Communities

The Windhoek report asserts that: “churches have habitually excluded and stigmatized those who were ‘different’, those who did not conform, and those who have sinned or were thought to have sinned.” (Windhoek Report, 2007: 29) This attitude towards PLWHA has led to neglect of the contributions of PLWHA in the churches and their responsibility towards stigmatized people. Hence, the neglect of the PLWHA’s contribution to the healing process of churches has blurred the real meaning of worship in churches as worshipping communities.

Worship is directed towards God, only God is worthy of Christian worship. If God is the creator of all human beings and all existing matter, the worship towards God must be inclusive. It must be an attempt to place this special moment of celebration in interaction with life itself, as this is described in the document of the World Council of Churches:

Worship – a special moment for celebration – attempts to place daily life on the stage. The repetition of gestures, words, sounds and colours that form the moment of celebration re-creates the reality that in many aspects is also lived in an unconscious way. More than the scheduled times of celebration, worship is the connection between this moment and life itself. It is a time for recognising that we are created in God’s image, a time to acknowledge our differences, to learn to be together, to be in touch, to overcome our prejudices. (WCC, 1997: 78)

Since worship is a ‘moment of celebration’ for the worshipping community, some of the questions facing churches in the era of HIV/AIDS pandemic are: What place do HIV/AIDS (and PLWHA) have in Christian worship? How are they reflected in Christian worship services?

The praxis of churches in their worship services can provide a clear picture of how they perceive the phenomenon of stigmatization. Most churches in Tanzania rarely incorporate issues concerning HIV/AIDS in their worship services. However, the question is: Why do most churches fear to discuss issues relating to HIV/AIDS and HIV/AIDS-related stigmatization in worship services? I think some church leaders hesitate to incorporate affairs concerning HIV/AIDS in worship services because of the fear of courtesy stigmatization that
they may incur if they dare to consider HIV/AIDS. Still, the responsibility to address issues of social injustice and stigmatization is one of the major tasks of a worshipping community.

The integration of HIV/AIDS in church worship should not be an opportunity for church leaders to bring to God what people living with HIV/AIDS require ‘out there’; it should be a moment of acceptance and inclusion of PLWHA in the worship. An acceptance of PLWHA as belonging to their respective churches and communities is certainly the main task of churches as worshipping communities. In this case, acceptance and integration are linked to the healing role of churches.

The fact that churches rarely pray for PLWHA in their worship services reveals the exclusion of PLWHA from the realm of churches. The suffering of PLWHA has met with less recognition in normal church worship. The churches seem to assume that all people who come to church for worship are physically and emotionally healthy. This is a failure to take responsibility. It turns its back on the attitude displayed by Jesus towards those who were facing stigmatization from their own communities. I hope that the churches will assume their responsibility in the era of the HIV/AIDS pandemic within healing and worship, thereby demonstrating their role of being hospitable spaces for those in situations of suffering.

8.2.3 Being Spaces of Hospitality

The British theologian Anthony G. Reddie, reporting the contextual Bible study among Black communities in Britain, posed a central question surrounding the hospitality of churches to PLWHA: ‘How can churches become safe, hospitable spaces where those who are vulnerable and broken can find a welcoming home?’ In response to this question, Reddie quoted a statement by Charles R. Foster (1998):

The movement from messages of hostility to hospitality is required for congregations seeking to embrace the strangers they find in their communities. The difference is seen in comparing the posture of the Prodigal son’s father – standing out on the road expectantly waiting – to the posture of the sulking brother, refusing to participate in the banquet. (Reddie, 2007: 30)

Churches face the challenge of following the spiritual generosity that Jesus demonstrated in the story of the Prodigal son, as depicted by Reddie. The prodigal son was, according to the Mediterranean world of honour and shame, considered a transgressor. He had failed to behave as a child was supposed to behave in the family in order to bring honour to his father. The hospitality portrayed by the father to his disobedient son brought him to shame because he was not supposed to behave in that way. Yet, the father opted to lose honour in order to
provide a hospitable space for the guilty son. Though losing his honour, the father worked towards preventing any kind of stigmatizing situation befalling the younger son. Therefore, churches must acknowledge that the attitude of the eldest son, which they embraced for a long time, has militated against establishing an attitude that aims at preventing situations of stigmatization in the community.

8.3 CHURCHES SHOULD WORK TOWARDS PREVENTING STIGMATIZATION

The second challenge is based on the call of churches to work to prevent stigmatization. The attitude of PLWHA towards their respective church authorities, as indicated in their discussions of texts, suggests that churches have not adequately assumed their prophetic roles as disciples of Jesus. This indicates that churches have not promoted compassion; instead, they stigmatized them in the name of helping them.

God calls prophets to see, feel and act against specific wrong situations. This section discusses the necessity for prophetic voices from within the churches to speak against stigmatizing situations as wrong situations, in the communities where PLWHA live. Throughout history, prophecy has played a great role in maintaining life, rather than destroying it. Prophecy has been directed against social dehumanization and injustice. The Malawian theologian Isabel Apawo Phiri makes the following suggestion about the prophetic role of the Church: “We need a prophetic theology to come from the Church to guide the rest of society on how to deal with these different issues of injustice for all children of God.” (Phiri, 2007: 45) As Phiri suggests, churches as Members of the Church are required to play a prophetic role against the threat of stigmatization in their theological reflections for the betterment of the society around them.

The role model of prophecy is Jesus himself. In the reading of texts by PLWHA, it was evident that Jesus protected the three main characters in the three texts from stigmatizing voices and actions from their surrounding communities. When I asked PLWHA what they thought was the role of Jesus in the texts, most of them responded that Jesus had three roles, all protective. The first was to break the existing communal conventions about issues of race, sexuality and bodily deformity. The second was to rescue characters from stigmatizing hands, and the third, to manifest, before people who stigmatize, the power he had to counteract stigmatizing actions and speeches. In this case, churches seem to be obligated to follow the prophetic role model of Jesus in order to demonstrate before the larger community that they have an extra power to counteract injustice and the stigmatization of their members.
Churches, as prophetic communities, are required to be communities of empowerment of their members, both stigmatized and non-stigmatized. Churches must empower their members to have compassion on stigmatized people, and make them participate in the prophetic ministry of Jesus to rebuke stigmatization around them (cf. Carroll 1991: 86). They are required to make the prophetic mission against stigmatization a cooperate activity among their members. Therefore, empowerment of stigmatized people, as members of churches, not only helps them to reclaim their self-worth in the stigmatizing situation, but also to work towards alleviating stigmatization.

The role of churches as prophetic communities against the stigmatization of PLWHA assumes the role of the one Body of Christ, the Church. To assume the role of the Body of Christ is to assume the role of Jesus himself. Through his compassionate attitude and actions, Jesus demonstrated that he was the prophet of God for stigmatized people. He assumed the role of a prophet in the situation where stratification and power differences were major agents exacerbating stigmatization. In this case, Jesus set an example of how faith communities, as his disciples who call upon his name in the world, should act in reaction to the prevailing social stratification.

The prophetic role of the churches will be effective after they heal themselves of the theologies that allow stigmatization of PLWHA. Churches must act in reaction to the prevailing stigmatization which is favoured by the majority in society. Churches must expose the relationship between the HIV infection rate and poverty, due to unfair trade rules and international debts, privatization and the exclusion of local people from the globalization process. Churches should favour globalization from below as a means to raise awareness of how to equip themselves with the ever-growing global economy. In doing this, churches will prophetically share the compassionate attitude of Jesus, who also shared with the stigmatized people with whom he identified.

8.4 CHURCHES SHOULD CARE FOR STIGMATIZED PEOPLE

The third challenge is based on the caring role of churches. The role of churches to care for stigmatized groups of people is an important component of Jesus’ compassionate companionship. The theologian Enda McDonough argues that “compassionate companionship must seek to offer effective care to the suffering while encouraging and enabling them to care for themselves as far as possible.” (McDonough 2007: 57) PLWHA made a similar note in the second contextual Bible study, when I asked them to mention the groups in their communities
which resembled the characters in the story. PLWHA identified leaders of their churches with the caring role of Jesus if they fulfil this: “Pastors and other church leaders resemble Jesus because of their caring role in the church. Their role is to preach, to give counselling and care for people with problems such as we who live with HIV/AIDS when we suffer from opportunistic infections.” Therefore, the statement by the PLWHA suggests that caring for stigmatized groups forms one of the important prerequisites, if the churches are to become disciples of Jesus who are faithful to the primary role played by Jesus to stigmatized people.

The caring role of churches makes them communities of meaning, places where stigmatized people can make sense of their lives and experiences in the light of the compassionate nature of Jesus to people around him (Carroll, 1991: 83). Caring for stigmatized people in churches, as communities of meaning, takes several forms depending on the context and requirements of the stigmatized groups. In the following sub-sections I suggest two of such forms of caring that churches can attempt in the context of PLWHA and other stigmatized groups: caring by listening to alternative voices of stigmatized people, and caring by thinking afresh about the teachings and actions that are necessary, if the churches are to provide compassionately caring spaces for PLWHA.

8.4.1 Listening to Alternative Voices of Stigmatized People

The American psychologist Michal P. Nichols states: “To listen is to pay attention, take an interest, care about, take to heart, validate, acknowledge, be moved … appreciate.” (Nichols, 1995b: 13) According to Nichols, “Being listened to means that we are taken seriously, that our ideas and feelings are known and, ultimately, that what we have to say matters.” (Nichols, 1995b: 9) PLWHA require a listening ear for their life problems; they require a companion to listen to them, and to take them seriously. As a stigmatized group in most communities and churches, they are usually depressed, anxious, and fearful people. Most of them regret their disclosure of their status, since this has led them to the stigmatizing situations that they face. In these situations PLWHA require the encouragement and re-assurance that can be given through listening to their life experiences.

To listen to PLWHA, in this case, means to be present, to be available as their friends and companions who care for their predicament. Being present means assisting PLWHA to discover the grace of God in Jesus’ compassionate encounter with them in the way they are. It means being there when God works to provide compassionate care for their desperate situation. It means assisting them to find the meaning of life in their situations of despair, when they find life meaningless. In most cases, being present means not only waiting to meet
PLWHA in church on Sundays, but also meeting them where they live, in streets, markets, schools and other related places, where they face the reality of life; in the places where they struggle to cope with stigmatization.

Why is it important for churches to listen to PLWHA? The Document of the WCC states regarding the relationship between churches and PLWHA, who need to listen to each other:

Many PLWHA have been stigmatized in their communities and discriminated against institutionally sometimes by churches. (…). There is a need for reconciliation for the individual, but also between individuals, and between individuals and their churches. For this to be possible churches and PLWHA need to be able to listen and be open, humble, forgiving and most of all capable of showing true love. (WCC, 2005: 8)

This statement suggests the necessity of reconciliation between PLWHA and their churches. On the one hand, PLWHA are required to reconcile with the churches they belong to, because they have held a negative attitude towards church authorities. On the other hand, churches are required to reconcile with PLWHA because of their failure to care for PLWHA by listening to their contributions and attending to their suffering situations. So, to enhance a coming together of PLWHA and the non-infected members of their communities and to help them to understand each other, to accept each other, and to demonstrate the love of God to each other, is an important aspect of a properly caring church as a community of disciples of Jesus.

Another important aspect relates to the context in which the churches are working, i.e., the post-modern and postcolonial context. The pastoral theologian Emmanuel Y. Larkey suggests that it is crucial for churches working in a world whose influence comes mostly from the post-modern and postcolonial mindset that they listen to the voices of the marginalized groups, in order to hear God speaking through human experiences. Larkey asserts, “Subjugated and marginalized peoples are increasingly being recognized as sources of authentic and crucial knowledge.” (Larkey, 2006: 42) He urges that “It is time for us to listen to and learn from ‘the least of these’ (…) whose traditions most of them are both ancient and rich with wisdom for living.” (Larkey, 2006: 42)

Certainly, Larkey’s suggestion is more than a plea to churches and theologians to have a compassionate encounter with stigmatized groups: it also indicates the reality of life in the post-modern and postcolonial age. It points to the hidden knowledge that churches have silenced for a long time, since they apparently thought that truth lay within their own boundaries. Following the suggestions of Larkey, listening is important because it helps the
churches to have compassion on stigmatized people, and gives them a crucial opportunity to learn from the voices of the marginalized.

How should churches listen to PLWA? Nichols suggests that: “The essence of good listening is empathy, which can be achieved only by suspending our preoccupation with ourselves and entering into the experience of the other person.” (Nichols, 1995b: 10) At this point I suggest that the participant-centred contextual Bible studies shaped by the problem-posing strategy (see chapter four above) is one of the possible tools of empathetic listening churches. As PLWA have attested in some of their biographies, participant-centred contextual Bible studies provide adequate spaces for consolation, peace and hope. Participant-centred contextual Bible studies are safe places for re-socialization between the two parties, i.e., churches and PLWA. They are places where PLWA will feel accepted by the churches and free to discuss and reflect on the reality of their situation. I heard them testify about the efficacy of participant-centred Bible studies after asking a probing question on the way they thought Jesus united them with the community that segregates them from normal affairs. PLWA attested: “As we attend Bible studies we hear about his [Jesus’] promises and dealings with those who are stigmatized like us. In these promises and dealings of Jesus we find hope in the destitute life we face.” This testimony indicates that contextual Bible studies are better places for openness and sincerity than the traditional Bible studies normally conducted by their churches.

8.4.2 Re-visiting Teachings about Sin, Suffering and Sex

Thanks to the openness and sincerity of their members, participant-centred Contextual Bible studies are not only tools for listening to incipient voices of PLWA, but also help churches to rethink their doctrine of sin and suffering. As one can see in the readings of PLWA and the context of HIV/AIDS-related stigmatization, the churches’ understanding of the relationship between sin and suffering has been one of the major agents of stigmatization for PLWA. The readings from PLWA indicated that churches had certainly not taken their situation seriously, thanks to the notion that most HIV-infected people ‘reaped what they had sown.’ In other words, they were receiving the consequences of their promiscuous life. Consequently, most churches today have given very little space to PLWA in church affairs.

In fact, it may be true that some of the PLWA had led an immoral sexual life, according to the prescribed moral codes of their churches, before they contracted HIV. The challenge of the readings of PLWA to churches is based on the attitude of Jesus to sinners in their destitute life situation. The readings of PLWA raise the issue of the compassionate
approach of churches to the stigmatized and outcasts of society, those very people with whom Jesus identified in his ministry. PLWHA challenge churches to develop an understanding that “suffering is part of human life and it should not necessarily be interpreted as a result of sin. What is sinful is to accept unjust systems that cause people to suffer unnecessarily.” (Phiri, 2007: 44-45) In this case, the readings of PLWHA challenge the effectiveness of the ministries of churches in the midst of the HIV/AIDS pandemic where stigmatization is so rampant.

The study of Bible texts by PLWHA in the Group indicates that most of their churches favoured negative attitudes towards some forms of sexuality. They condemned these as not conforming to the biblical witness. They were not willing to discuss issues of sexuality in the churches, nor did they indicate any interest in developing a theology of sexuality which focused on caring in this era of HIV/AIDS.

The negative way that churches perceived PLWHA exacerbated their unwillingness to discuss issues of sexuality, both in churches and in the homes of their members. When I asked PLWHA why some churches stigmatize them, their response indicated that churches understood HIV infection to be a consequence of transgressing biblical teachings about sexuality. They stated thus in one of their responses:

_We who live with HIV/AIDS are considered to harvest what we planted. They say that HIV/AIDS is the consequence of our own sexual misconduct. So they do not see any need of bothering about people who are suffering as a consequence of their own sin._

The issue of sexuality seems to be one reason why churches left PLWHA out of the sacred spaces because it was either too unholy to be addressed in holy worship services, or else it was too private to be addressed in front of the worshipping Christian masses.

The theologian Stan Nussbaum made a similar observation: “The churches are not operating in a well-developed theology of sexuality that relates it to the transforming power of the Messiah.” (Nussbaum, 2007: 127) Following the example that Nussbaum provided, Isabel Apawo Phiri suggests another possible reason why most churches do not have an elaborate theology of HIV/AIDS and of sexuality. She writes, “our theological institutions have not sufficiently equipped the church leaders to come up with a theology of sexuality that is life-affirming and takes the African world-view into account.” (Phiri, 2007: 41) The South African theologian Denise M. Ackermann emphasizes that: “A distorted understanding of human sexuality bolstered by centuries of Christian sexual ethics that have done little more
than teach the ‘don’ts’ about human sexual behavior has also contributed to the stigmatization of HIV/AIDS.” (Ackermann, 2006: 238)

The suggestion by Phiri above illuminates what I discussed in chapter four, where I wrote about the gap that exists between academies above and churches below. One can notice this notion in the fieldwork with PLWHA. PLWHA seemed to lament about the churches’ condemnation of their sexuality in pulpits and their refusal to have sincere and open discussions of issues regarding HIV/AIDS and sexuality in their churches. Therefore, as Phiri and Ackermann also note, it seems normal for church authorities to blame PLWHA for their sexuality and their infection with HIV, without giving them an appropriate theological description of the relationship between HIV, sexuality, and what constitutes a moral community (Phiri, 2007: 41, Ackerman, 2006: 238).

Why are churches and academies silent about sexuality as a moral issue? This study has responded by attempting to understand the source of the gap between the academy and the community of believers in churches. It indicates that the coming of Christianity and the way its missionaries presented it was one of the great causes of the existing gap. In the implantation of Christianity, missionaries condemned African sexuality as evil. They implanted in people’s minds the attitude of seeing their sexuality as something to be concealed, a taboo subject that could not be discussed or spoken about in churches. Phiri provides a similar observation when she writes, “Silence in the church on discussion of sexuality […] is not a result of African culture but a new culture that evolved as a result of African interaction with Christianity and Western civilization.” (Phiri, 2007: 43) Phiri herself does not believe that it is evil and unbiblical to discuss issues of sexuality in churches, nor does she see such discussions as a contradiction of the fact that God created everything.

Unfortunately, most contemporary churches endeavour to embrace the missionaries’ conservative and moralistic teachings about sexuality and sin. This has made most of their ministers less than helpful when faced with the suffering of PLWHA. The theologian Gareth Moore emphasizes, “When a priest is unhelpful it is not always because he [sic!] is lacking in human sympathy and understanding. It can be because he is striving to be faithful to what the Church teaches. He is caught in a bind because any gesture of sympathy on his part can seem like […] a betrayal of the Church whose servant he is.” (Moore, 2007: 85)227 Therefore,

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227The role of safeguarding the will of the existing structure, for which church ministers strive in their ministry is certainly not something new in the ministry of God. The theologian Richard D. Nelson reports that Old Testament priests practiced a similar role in their services. Nelson states that priests were “part of a stratified social hierarchy, appointed to serve the religious interests of the monarchy and to justify the power structures of
churches, as members of the Church of Christ, are required to reshape their moralistic understanding of sexuality based upon the missionary approaches in the past, in order to fit current experiences of the reality of PLWHA. Churches require to “move away from a theology of HIV and AIDS as a punishment from God to a theology of God who is in solidarity with the HIV– and AIDS affected and infected people (...).” (Phiri, 2007: 44)

In order to be faithful disciples of Jesus, churches must reconsider their moralistic teachings about sexuality in this era of HIV/AIDS, in order to suit the post-modern era. Why should churches re-consider their moralistic teachings about issues of sexuality in relation to the HIV/AIDS pandemic? This is, in most cases, because churches live in post-modern communities where there is a considerable moral crisis. The sociologist Zygmunt Bauman (1993) describes the moral crisis existing in post-modern communities we live when he writes:

Going about our daily affairs…we live in and act in the company of [an] apparently endless multitude of other human beings, seen or guessed, known and unknown, whose life and actions depend on what we do and in turn influence what we do, what we can do and what we ought to do – and all this in ways we neither understand nor are able to presage. In such a life, we need moral knowledge of the ‘laws of nature’ or technical skills. Yet we do not know where we can get them; and when (if) they are offered, we are seldom sure we can trust them unswervingly …It is, this discrepancy between demand and supply that has been recently described as the ‘ethical crisis of postmodernity’. (Bauman in Clough, 2005: 119 cf. Clegg & Rhodes, 2006: 173)

These words of Bauman above directly touch the crisis confronting churches and other communities in their attempts to follow strict prescribed moral codes in the post-modern era. David Clough rightly states that living by following prescribed moral codes subjects people to what he calls ‘haunting responsibility’ in their judgement of life around them, where they do not understand why they should have such haunting responsibilities (Clough, 2005: 119).228

Clough aptly comments about the serenity and self-delusion of churches in relation to Bauman’s diagnosis of the changing post-modern world. He states that churches have in most cases thought of themselves as being less affected by the transformations of the twenty-first century, and that they stay serene thinking that such transformations have only an indirect impact on them. According to Clough, the churches would be reliable institutions if they were

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228 Being subjected to haunting responsibility mostly means being moral. Bauman states that “being moral means being bound to make [sic!] choices under conditions of acute and painful uncertainty”. This makes morality more complex and challenging in people’s lives (see Bauman in Clegg & Rhodes, 2006: 173).
not faced by the negative effect of the crisis of morality (Clough, 2006: 119). In addition, Clough asserts that the situation in churches has been worse for two possible reasons:

First, they [churches] are among the institutions in which people have lost confidence, whether because they proclaim a message many no longer find it credible, or because they have been shown in their practice to have fallen short of the ideals they preach. Second, church members are also members of wider society and are therefore far from immune to changes in it. Along with everyone else, they find themselves struggling to orient themselves in a world where almost everything is up for question. There is no safe haven for the churches (...) in which they can shelter from the crisis (...) though (...) they can opt to respond to it in different ways. (Clough, 2005: 119-120)

Clough presents one possible way in which churches and their proclamations have lost credibility in the midst of the post-modern social reality. Their loss of credibility is certainly due to their reluctance to realize the empirical reality of life in communities.

But what should churches realize in their teachings about sexuality and the moral life of people in the midst of the HIV/AIDS pandemic, especially within the framework of the more pressing theory of Bauman on the crisis of morality? Bauman himself provides an alternative response about what communities, e.g., churches, should realise:

Human reality is messy and ambiguous – and so moral decisions, unlike abstract ethical principles, are ambivalent. It is in this sort of world that we must live; and yet, as if defying the philosophers who cannot conceive of an ‘unprincipled’ morality, a morality without foundations, we demonstrate day by day that we can live, or learn to live, or manage to live in such a world, though few of us would be ready to spell out, if asked, what the principles that guide us are, and fewer still would have heard about the ‘foundations’ which we allegedly cannot do without to be good and kind to each other. (Bauman in Clough, 2005: 120)

In fact, it is this realization that can bring churches to make a proper choice between morality with foundations and morality without foundations. It is the realization of the ambiguity of human reality that can make churches learn that moralistic and judgmental teachings about sexuality are far from plausible. This realization may show churches that, “social change has continued as an unabating upheaval resulting in a context where the moral ambiguities of the past, rather than being resolved, are replaced, time and time again, with newly ambiguous moralities.” (Clegg & Rhodes, 2006: 172)

I conclude this section by affirming with Bevans that to be a Christian in a context of social transformation, a context where some people who worship God stigmatize others in virtue of the way they are, is indeed a challenge. To see a Christian in our churches
stigmatizing other people in this context, especially in the name of providing services to them, is a double challenge to us as members of our respective churches (cf. Bevans, 2002: 86).

8.5 CONCLUSION

In this chapter, I have highlighted some challenges facing churches in the time of HIV/AIDS, on the basis of the reading of biblical texts by PLWHA in their own context of stigmatization. On the basis of the Christological reflections by PLWHA and their reading of texts, I have demonstrated that the churches, as disciples of Jesus, have inadequately fulfilled their roles to PLWHA. They have been inadequate sanctuaries for PLWHA, have inadequately worked towards the prevention of stigmatization, and have inadequately cared for people infected and affected by HIV, when compared to the way Jesus reacted to people who were stigmatized by their communities in his own day. Hence, the reading by the Group of PLWHA has indicated that churches need to concentrate their attentions towards fulfilling these obligations as communities of Jesus’ disciples.

Moreover, PLWHA in the Group developed a critical attitude to the stigmatization they face, protesting against it and developing an alternative strategy to the three alternatives stated in chapter three above (see 2.6.1). Using their ‘alternative community’ of PLWHA as their basis, their reading of the Bible has provided them with a new basis for their self-worth. This represents a challenge to churches and a modification/alternative to that outlined by sociological/psychological theories. Hence, what looks like a criticism and challenge for the churches is certainly a great potential for their growth also!

The readings by PLWHA in the Group and the emerging Christology of compassion indicate the ecclesiological inclusion of all members of churches, irrespective of who they are (cf. Dube’s statement in 1.3 above). Through their own critical and hermeneutical reading of narratives from the Gospel of John, PLWHA provide a challenge to churches about how they understand membership in the body of Christ. Their reading indicates that there is, above all, a potential for PLWHA and stigmatized groups in other contexts. This Bible reading offers a potential for all churches in the fight against exclusion and the promotion of inclusion. There are other texts in the gospel of John and in the synoptic gospels which require re-reading in the perspective of HIV/AIDS-related stigmatization in order to discover their inclusive potential.

I am convinced that there is a necessity for trained biblical scholars in churches, by facilitating the Bible reading, to listen to the lived experiences and interpretive interests of stigmatized people at the grassroots. The notion of listening to the voices of stigmatized
people is important for scholars for several reasons. First, it provides the necessary awareness for a critical assessment of the traditionally top-down decisions of issues in which they may be involved. This listening to people’s lived experiences bridges the gap, or bridges existing barriers, between various people in society and builds confidence among stigmatized groups by restoring to life their silent voices and giving them the right to participate in solving their own problems. Second, contextual Bible studies in small units or groups of people at the grassroots can provide a contextual care of individuals and their unity (cf. Larkey, 2006: 69). Therefore, since this study limited itself to a group of PLWHA mainly in the church setting and within the Bena ethnic group, there is a need for more participant-centred contextual Bible studies in other places of the country and in other contexts, apart from the church settings.

Communities do not attach stigmatization only to HIV/AIDS and PLWHA, but also to other conditions and groups of people such as widows, childless people, orphans, stepchildren (watoto wa kambo), divorced people, prostitutes, homosexuals, intravenous drug users, beggars, matching small business people or hawkers (wamachinga), persons with albinism, house maids, street children, and other groups of people with physical and emotional disabilities. The reading of texts from the gospel of John by PLWHA indicates that apart from HIV/AIDS, there is a potential for facilitating contextual Bible studies to people facing stigmatization in other contexts than HIV/AIDS and HIV/AIDS-related stigmatization. If this study shows us a possibility of reading biblical texts using the stigmatization perspective and the participant-centred contextual Bible study methodology in order to discover the potential of stigmatized people in dealing with their situation in various contexts and lived experiences, then it will serve a useful purpose.
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APPENDICES

APPENDIX 1: TABLES

TABLE 1: CUMULATIVE AIDS CASES BY REGION, TANZANIA 1983 – 1992

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SOURCE: The United Republic of Tanzania, Ministry of Health- Tanzania Mainland.
National AIDS Control Programme, HIV/AIDS/STI Surveillance Report,
### TABLE 2: CUMULATIVE AIDS CASES BY REGION, TANZANIA 1993 – 2001

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<td>12214</td>
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<td>5534</td>
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<td>777</td>
<td>801</td>
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<td>1359</td>
<td>1621</td>
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<td>3361</td>
<td>3824</td>
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<td>4861</td>
<td>5440</td>
<td>6310</td>
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<td>1688</td>
<td>1908</td>
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<td>2167</td>
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<td>2692</td>
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<td>4733</td>
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<td>44</td>
<td>44</td>
<td>44</td>
<td>44</td>
<td>44</td>
<td>44</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>73572</td>
<td>79668</td>
<td>84167</td>
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<td>109863</td>
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</table>

## TABLE 3

### HIV Prevalence by background characteristics, Tanzania 2003-04

<table>
<thead>
<tr>
<th>Background characteristics</th>
<th>Women 15-49</th>
<th>Men 15-49</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage HIV positive</td>
<td>Number tested</td>
<td>Percentage HIV positive</td>
</tr>
<tr>
<td><strong>Residence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>12.0</td>
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</tr>
<tr>
<td>Rural</td>
<td>5.8</td>
<td>3,982</td>
<td>4.8</td>
</tr>
<tr>
<td><strong>Region</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dodoma</td>
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<td>296</td>
<td>5.7</td>
</tr>
<tr>
<td>Arusha</td>
<td>5.7</td>
<td>231</td>
<td>4.8</td>
</tr>
<tr>
<td>Kilimanjaro</td>
<td>7.3</td>
<td>281</td>
<td>7.4</td>
</tr>
<tr>
<td>Tanga</td>
<td>7.4</td>
<td>282</td>
<td>3.2</td>
</tr>
<tr>
<td>Morogoro</td>
<td>6.7</td>
<td>283</td>
<td>4.1</td>
</tr>
<tr>
<td>Pwani</td>
<td>10.5</td>
<td>149</td>
<td>3.9</td>
</tr>
<tr>
<td>Dar es Salaam</td>
<td>12.2</td>
<td>660</td>
<td>9.4</td>
</tr>
<tr>
<td>Lindi</td>
<td>3.5</td>
<td>141</td>
<td>3.6</td>
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<tr>
<td>Mtwara</td>
<td>7.1</td>
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<td>Ruvuma</td>
<td>6.4</td>
<td>234</td>
<td>7.4</td>
</tr>
<tr>
<td>Iringa</td>
<td>13.4</td>
<td>278</td>
<td>13.3</td>
</tr>
<tr>
<td>Mbeya</td>
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<td>372</td>
<td>11.5</td>
</tr>
<tr>
<td>Singida</td>
<td>4.2</td>
<td>155</td>
<td>2.1</td>
</tr>
<tr>
<td>Tabora</td>
<td>9.5</td>
<td>233</td>
<td>4.7</td>
</tr>
<tr>
<td>Rukwa</td>
<td>6.4</td>
<td>155</td>
<td>5.5</td>
</tr>
<tr>
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<td>1.9</td>
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<td>Kagera</td>
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<td>293</td>
<td>3.9</td>
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<tr>
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<td>468</td>
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<td>Mara</td>
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<td>219</td>
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<tr>
<td>Manyara</td>
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<td>144</td>
<td>1.9</td>
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<td><strong>Education</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Primary complete</td>
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<td><strong>Employment</strong></td>
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<tr>
<td>Currently working</td>
<td>7.7</td>
<td>4,520</td>
<td>6.7</td>
</tr>
<tr>
<td>Not currently working</td>
<td>7.8</td>
<td>1,232</td>
<td>4.4</td>
</tr>
<tr>
<td><strong>Wealth quintile</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lowest</td>
<td>2.8</td>
<td>1,030</td>
<td>4.1</td>
</tr>
<tr>
<td>Second</td>
<td>4.6</td>
<td>1,016</td>
<td>4.3</td>
</tr>
<tr>
<td>Middle</td>
<td>6.8</td>
<td>1,073</td>
<td>4.3</td>
</tr>
<tr>
<td>Fourth</td>
<td>10.9</td>
<td>1,135</td>
<td>7.7</td>
</tr>
<tr>
<td>Highest</td>
<td>11.4</td>
<td>1,499</td>
<td>9.4</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muslim</td>
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<td>1,742</td>
<td>6.1</td>
</tr>
<tr>
<td>Catholic</td>
<td>8.4</td>
<td>1,847</td>
<td>7.6</td>
</tr>
<tr>
<td>Protestant</td>
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<td>1,669</td>
<td>5.6</td>
</tr>
<tr>
<td>None</td>
<td>5.1</td>
<td>445</td>
<td>4.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7.7</td>
<td>5,753</td>
<td>6.3</td>
</tr>
</tbody>
</table>

Table 4

Accepting attitude towards people who are HIV infected, Tanzania 2003-04

<table>
<thead>
<tr>
<th>Percentage of Respondents who have heard of AIDS and who:</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would be willing to care for a relative sick with AIDS in own household</td>
<td>87.7</td>
<td>89.5</td>
</tr>
<tr>
<td>Would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus</td>
<td>52.2</td>
<td>62.5</td>
</tr>
<tr>
<td>Believes a female teacher who has the AIDS virus but is not sick should be allowed to continue teaching</td>
<td>70.5</td>
<td>69.8</td>
</tr>
<tr>
<td>If a family member got infected with AIDS virus, would not necessarily want it to remain secret</td>
<td>61.7</td>
<td>70.1</td>
</tr>
<tr>
<td>Express positive attitudes on all four indicators</td>
<td>27.2</td>
<td>36.7</td>
</tr>
<tr>
<td>Number of Respondents who have heard of AIDS</td>
<td>6,801</td>
<td>5,649</td>
</tr>
</tbody>
</table>


Table 5

Knowledge of HIV and its transmission, Tanzania 2003-04

<table>
<thead>
<tr>
<th>Percentage of respondents who:</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have heard of AIDS</td>
<td>99.1</td>
<td>99.8</td>
</tr>
<tr>
<td>Say having just one uninfected, faithful partner can reduce the chance of getting AIDS</td>
<td>86.6</td>
<td>88.4</td>
</tr>
<tr>
<td>Say using condoms every time can reduce the chance of getting AIDS</td>
<td>67.6</td>
<td>74.8</td>
</tr>
<tr>
<td>Say having one faithful partner and using condoms can reduce the chance of getting AIDS</td>
<td>62.5</td>
<td>68.9</td>
</tr>
<tr>
<td>Say not having sex at all can reduce the chance of getting AIDS</td>
<td>87.0</td>
<td>87.3</td>
</tr>
<tr>
<td>Number of respondents</td>
<td>6,863</td>
<td>5,659</td>
</tr>
</tbody>
</table>


Table 6

Rejection of misconception about AIDS, Tanzania 2003-04

<table>
<thead>
<tr>
<th>Percentage who know that:</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>A healthy looking person can have the AIDS virus</td>
<td>78.0</td>
<td>84.1</td>
</tr>
<tr>
<td>People cannot get the AIDS virus from mosquito bites</td>
<td>71.3</td>
<td>72.9</td>
</tr>
<tr>
<td>People cannot get the AIDS virus by sharing food with a person who has AIDS</td>
<td>75.5</td>
<td>81.2</td>
</tr>
<tr>
<td>A healthy-looking person can have AIDS and mosquito bites and sharing food cannot transmit AIDS</td>
<td>66.3</td>
<td>73.9</td>
</tr>
<tr>
<td>People cannot get the AIDS virus from witchcraft or other supernatural means</td>
<td>82.1</td>
<td>89.0</td>
</tr>
<tr>
<td>With comprehensive knowledge*</td>
<td>46.3</td>
<td>54.2</td>
</tr>
<tr>
<td>Number of respondents</td>
<td>6,863</td>
<td>5,659</td>
</tr>
</tbody>
</table>

*Comprehensive knowledge means knowing that consistent use of condoms and having just one uninfected faithful partner can reduce the chance of getting the AIDS virus, and knowing that HIV cannot be transmitted by mosquito bites or by sharing food with a person who has AIDS

### TABLE 7

**HIV prevalence by socio-demographic characteristics, Tanzania 2003-04**

<table>
<thead>
<tr>
<th>Socio-demographic characteristics</th>
<th>Women 15-49</th>
<th>Men 15-49</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage HIV positive</td>
<td>Number tested</td>
<td>Percentage HIV positive</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never in union</td>
<td>3.8</td>
<td>1,390</td>
<td>3.0</td>
</tr>
<tr>
<td>Ever had sex</td>
<td>6.6</td>
<td>657</td>
<td>3.5</td>
</tr>
<tr>
<td>Never had sex</td>
<td>1.4</td>
<td>734</td>
<td>2.4</td>
</tr>
<tr>
<td>Currently married/in union</td>
<td>6.9</td>
<td>3,682</td>
<td>7.8</td>
</tr>
<tr>
<td>Formerly married</td>
<td>19.8</td>
<td>680</td>
<td>15.0</td>
</tr>
<tr>
<td>Polygyny</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In polygamous union</td>
<td>9.9</td>
<td>371</td>
<td>9.0</td>
</tr>
<tr>
<td>Not in polygynous union</td>
<td>6.6</td>
<td>3,311</td>
<td>7.7</td>
</tr>
<tr>
<td>Not currently in union</td>
<td>9.1</td>
<td>2,071</td>
<td>4.5</td>
</tr>
<tr>
<td>Currently pregnant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>6.8</td>
<td>533</td>
<td>na</td>
</tr>
<tr>
<td>No/not sure</td>
<td>7.8</td>
<td>5,219</td>
<td>na</td>
</tr>
<tr>
<td>Total</td>
<td>7.7</td>
<td>5,753</td>
<td>6.3</td>
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</table>

Na = Not applicable

TABLE 8

Forced sex among young women, Tanzania 2003-04

<table>
<thead>
<tr>
<th>Background characteristic</th>
<th>Percentage of women age 15-24 who were forced to have sex in the past 12 months</th>
<th>Number of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
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<td></td>
</tr>
<tr>
<td>15-19</td>
<td>1.6</td>
<td>1,484</td>
</tr>
<tr>
<td>20-24</td>
<td>2.9</td>
<td>1,386</td>
</tr>
<tr>
<td>Marital status</td>
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<td></td>
</tr>
<tr>
<td>Never married</td>
<td>1.7</td>
<td>1,486</td>
</tr>
<tr>
<td>Ever married</td>
<td>2.8</td>
<td>1,383</td>
</tr>
<tr>
<td>Residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>3.5</td>
<td>971</td>
</tr>
<tr>
<td>Rural</td>
<td>1.6</td>
<td>1,899</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td></td>
<td>504</td>
</tr>
<tr>
<td>Primary incomplete</td>
<td>3.1</td>
<td>537</td>
</tr>
<tr>
<td>Primary complete</td>
<td>1.2</td>
<td>1,496</td>
</tr>
<tr>
<td>Secondary+</td>
<td>2.3</td>
<td>334</td>
</tr>
<tr>
<td>Wealth quintile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lowest</td>
<td>2.3</td>
<td>502</td>
</tr>
<tr>
<td>Second</td>
<td>0.6</td>
<td>493</td>
</tr>
<tr>
<td>Middle</td>
<td>1.4</td>
<td>512</td>
</tr>
<tr>
<td>Fourth</td>
<td>2.6</td>
<td>533</td>
</tr>
<tr>
<td>Highest</td>
<td>3.4</td>
<td>831</td>
</tr>
<tr>
<td>Total 15-24</td>
<td>2.2</td>
<td>2,870</td>
</tr>
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</table>


TABLE 9

Adult support of education about condom use to prevent AIDS, Tanzania 2003-04

<table>
<thead>
<tr>
<th>Age group of children</th>
<th>Percentage age 18-49 who agree that children should be taught about using condom to avoid AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
</tr>
<tr>
<td>Children age 10-11</td>
<td>38.7</td>
</tr>
<tr>
<td>Children age 12-14</td>
<td>60.7</td>
</tr>
<tr>
<td>Number of respondents 18-49</td>
<td>5,967</td>
</tr>
</tbody>
</table>

TABLE 10

<table>
<thead>
<tr>
<th>Differentials in adult support of education about condom use to avoid AIDS, Tanzania 2003-04</th>
<th>Percentage age 18-49 who say children 12-14 should be taught about using condom to avoid AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women Agree</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>18-19</td>
<td>57.7</td>
</tr>
<tr>
<td>20-24</td>
<td>63.9</td>
</tr>
<tr>
<td>25-29</td>
<td>65.9</td>
</tr>
<tr>
<td>30-39</td>
<td>60.8</td>
</tr>
<tr>
<td>40-49</td>
<td>51.1</td>
</tr>
<tr>
<td>Marital status</td>
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<tr>
<td>Never married</td>
<td>60.3</td>
</tr>
<tr>
<td>Ever married</td>
<td>67.3</td>
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Total 18-49: 60.7 × 5,367 = 328,851

# TABLE 11

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<th>Background characteristics</th>
<th>Women</th>
<th>Among those who had sex in the past 12 months</th>
<th>Among those who had higher risk sex in the past 12 months</th>
<th>Men</th>
<th>Among those who had sex in the past 12 months</th>
<th>Among those who had higher risk sex in the past 12 months</th>
<th>Number of men who had higher risk sex in the past 12 months</th>
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<td>Age</td>
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<td>Percentage engaging in higher risk sex in the past 12 months</td>
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<td>Percentage who used condom at last higher risk sex</td>
<td>Number of women who had higher risk sex in the past 12 months</td>
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<td>Number of men who had sex in the past 12 months</td>
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<td>Number of women who had sex in the past 12 months</td>
<td>Percentage who used condom at last higher risk sex</td>
<td>Number of women who had higher risk sex in the past 12 months</td>
<td>Percentage engaging in higher risk sex in the past 12 months</td>
<td>Number of men who had sex in the past 12 months</td>
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<td>Number of women who had sex in the past 12 months</td>
<td>Percentage who used condom at last higher risk sex</td>
<td>Number of women who had higher risk sex in the past 12 months</td>
<td>Percentage engaging in higher risk sex in the past 12 months</td>
<td>Number of men who had sex in the past 12 months</td>
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<td>Number of women who had higher risk sex in the past 12 months</td>
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<td>Number of women who had sex in the past 12 months</td>
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Note: Higher risk sex refers to sex with a non-marital, non-cohabiting partner.

TABLE 12

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<th>Percent who never had sex</th>
<th>Percent who had sex in past 12 months</th>
<th>Number of never married women 14–24</th>
<th>Of those who had sex in the past 12 months, percent who used a condom at last sex</th>
<th>Number of women 15–24 who had sex in the past 12 months</th>
<th>Percent who never had sex</th>
<th>Percent who had sex in past 12 months</th>
<th>Number of never married men 15–24</th>
<th>Of those who had sex in the past 12 months, percent who used a condom at last sex</th>
<th>Number of men 15–24 who had sex in past 12 months</th>
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<td>43.4</td>
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<td>41.6</td>
<td>543</td>
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TABLE 13

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<td>20-24</td>
<td>66.1</td>
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<td>25-29</td>
<td>51.9</td>
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<tr>
<td>30-34</td>
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<td>40-44</td>
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<td>ZONE</td>
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<td>Southern Highlands</td>
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<tr>
<td>TOTAL</td>
<td>57.4</td>
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</table>

Note: Total includes 15 women in the Southern zone

Source: Bureau of Statistics Planning Commission Demographic and Health Surveys
## TABLE 14

**HIV Prevalence by Circumcision status, Tanzania 2003-04**

<table>
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<th>Men 15 - 49</th>
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</thead>
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<td>45-49</td>
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<td>167</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muslim</td>
<td>5.3</td>
<td>287</td>
</tr>
<tr>
<td>Catholic</td>
<td>4.0</td>
<td>272</td>
</tr>
<tr>
<td>Protestant</td>
<td>4.0</td>
<td>409</td>
</tr>
<tr>
<td>None</td>
<td>(0.0)</td>
<td>46</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4.3</td>
<td>1,019</td>
</tr>
</tbody>
</table>

Note: Numbers in parentheses are based on 25-49 cases

**Source:** Tanzania HIV/AIDS Indicator Survey 2003 -04 (2005: 75).
APPENDIX 2: SONGS

1. The Body of Christ Has AIDS

I may be a young man, my story familiar,
Or perhaps I’m the woman next door.
I’m a teacher or a lawyer or your present employer,
I’m your lover, an infant, a whore,
But lately I sweat in the night and I’m losin’ weight,
Feel just like I’m nailed to a cross, been consigned to this fate,
My name is Jesus and my Body had AIDS

I may be fat, I may be hunky, or perhaps I was a junkie,
Shared the needle with all my so-called friends,
Or I cruised through a bar and made love in a car
One sweet summer night without end.
Now with the harsh kiss of Judas you condemn me for what I have done,
Our own parents like Peter deny we’re their daughters and sons,
My name is Jesus and my Body had AIDS

Like the 39 lashes, I’m covered with rashes
As I carry my cross through the crowd,
So please deal with your pain, by stitching my name
On a panel that will serve as my shroud,
I once gave you salvation from an old rugged cross that you built,
But in this generation, I’d resurrect from the Quilt,
My name is Jesus and I’m dying of AIDS


2. Building up One Another

Like the twig that stands alone, and is broken easily,
Like the single strand that comes apart with strain,
Like the house that’s built on shifting sand comes tumbling in the storm,
So alone we live in frailty and pain.
But together we are stronger than we ever are apart.
A church of health and power, a vision of the heart.

Chorus:
Building up one another, give you the comfort given me,
Building up one another, finding hope in our diversity,
Strength begins together and all our dreams depend,
All our dreams depend on unity.

I may only have the chance to touch one of you today,
You may be the one who reaches many more.
Interwoven we’re a fabric that can clothe a shivering world,
Set a banquet for the hungry and the poor.
In my weakness, you empower,
In your illness, I will heal,
In brokenness and failure, I will take your hand and kneel.
(Repeat Chorus)

3. You Called Us Good

Created in your image from heaven’s point of view,
You made us all so different and yet we’re just like you,
You know us best, yet love us most imperfect works of art
Others see the outer shell, but you know us by heart.

(Chorus) You called us good, you called us good,
You felt our every pain, so we’d know you understood
You filled our world with signs of you
Gave us the strength to make it through
Brought peace into our lives no other could,
You looked on all you made and called us good.

When anger and rejection come at us undeserved,
And life’s unfairness whispers that justice can’t be served.
When might makes right and we are feeling cold and battlescarred
Remind us through the conflict we’ve forgotten who we are (go to chorus)

(Bridge) You taught us by example what it means to be a friend,
And when we look through Your eyes we start to comprehend…