SPIRITUAL DIRECTORS IN A TIME OF AIDS

Bearing Witness to Suffering and Grace

Susan S. Phillips

Christian scripture resounds with the affirmation that God’s dwelling is among people, and that God is making all things new. It also ends with the recognition that death, grief, mourning and pain, though they will cease eventually, are an ordinary part of human existence in which ‘God himself will be with them. He will wipe every tear from their eyes.’ (Revelation 21:3–4) In the midst of suffering and of what so often seems like intermittent grace, spiritual directors listen to people as they yearn towards the presence and promise of the One who claims to be with us.

Twofold Attention

The invitation throughout scripture is to look at twin realities: the future imbued with hope and the present-day experiences of the people among whom God dwells. Spiritual directors extend this twofold attention.

Last month a woman told me that her teenage daughter had been stalked and raped. In the midst of life-altering suffering, her daughter has become profoundly reliant on God. Deep in grief, anger and protest against a world in which her daughter could be hurt this way, the mother marvelled that her daughter did not question God’s existence, goodness or presence with her. The daughter said simply, ‘That’s to ask God the wrong questions’.

In the face of suffering, we often ask the wrong questions. In what follows we will examine the role of questions in spiritual direction with those who are suffering.

A Particular Case of Extreme Suffering: AIDS in Africa

In the presence of suffering, spiritual directors hope to stand in faith while openly regarding that suffering in all its reality. In 2012 I was asked to
A Ugandan family affected by the AIDS pandemic

write a theological chapter on suffering for an academic book about the AIDS crisis in Africa;¹ I also visited South Africa to participate in the ‘Spiritual Direction in the African Context’ conference. These two experiences heightened my awareness of the suffering owing to the particular reality of the epidemic. I have wondered what impact the ubiquity of that suffering has on the charism of spiritual direction on the African continent, and what people around the world might learn from it.

In the minority world of the global North, we know of the prodigious work being done to stem the tide of the epidemic as well as to tend those afflicted by it. Prevention and antiretroviral treatment efforts are proceeding at a much faster pace than appears from the published record; however, even with public health successes (many aided by the Christian community), the suffering is reaching a staggering epidemiological breadth. A recent report estimates that currently South Africans turning fifteen years of age have a 50 per cent risk of becoming infected with HIV.²

Undoubtedly the AIDS pandemic has become a concern for spiritual directors in South Africa, as it has for spiritual directors in other parts

of the world, including those of us who have lived in the San Francisco Bay area since the virus was first identified there in the 1980s. Speaking at a conference at St Augustine College, Johannesburg, in 2003, Stuart Bate addressed the magnitude of the crisis of AIDS in Africa:

This pandemic has become a matter of life and death, of sickness and health, of medicines and no medicines, of jobs and unemployment, of wealth and poverty, of politics and power, of spirits and witches, of sin and evil and of ethics and morality ....

With Albert Camus in his book *The Plague*, we ask why a good God allows innocent people to suffer and die in this way.

Our moral understanding is enraged by the behaviour of some people [who] go out and rape babies to be cleansed of the virus in a country whose value systems include Christianity, *Ubuntu/botho* and respect for individual human rights. We cannot understand how women with HIV/AIDS are left destitute by husbands or boyfriends .... In many rural areas, AIDS patients are hidden away in huts and often die quickly for lack of proper care or nourishment. In the same communities people often deny that there is a problem with AIDS. And in funerals people are never said to have died from AIDS yet people whisper the truth amongst themselves quietly.3

Bate also raises moral questions for us to address, questions that might surface in spiritual direction with the afflicted or with members of their communities:

What is the value system of a person who, whilst knowing HIV causes AIDS, continues with high risk behaviour? What is the religion of a church community that asks people to leave because of their HIV status in the belief that this renders them unclean: unworthy sinners who are not part of God's elect? What makes someone, on discovering they have the virus, set out to infect as many people as he can before he dies? ... [These] are behaviours which challenge the limits of our understanding, our beliefs and our values. The suffering they describe is unendurable and often we prefer not to know. Issues around HIV/AIDS go beyond our analytical limits, our endurance limits and our moral limits. For this reason issues around HIV/AIDS

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are profoundly religious and cultural issues. They can only, in fact, be effectively tackled within the framework of culture and religion.\textsuperscript{4}

Spiritual direction is an art that operates within a framework of culture and religion. How does that art participate with the light shining in the darkness of suffering?

\textbf{Martha}

One way in which the epidemic entered my life is through ‘Martha’, an African woman from a large sub-Saharan country, who has been infected with the HIV virus for nearly twenty years (and has given permission to be quoted pseudonymously). She has received treatment for more than ten years and radiates health and hope, even as she speaks about her suffering. She did not know she was infected for many years. Her husband died in the mid-1990s after years of illnesses and a final coma. Eight months later, her precious three-year-old daughter died. She was told the cause was cerebral malaria. Family members declared there was a curse on those who had died, and Martha says that about 1 per cent of her wondered if her loved ones had died from the disease about which no one spoke.

Reeling from loss and the unkindness of family members, Martha and her eight-year-old son made a long-hoped-for visit to a friend in California. Shortly after arriving, her son fell ill, comatose. When caregivers at the hospital asked Martha for permission to test him for HIV, Martha thought, ‘All I knew about HIV was that it was a death sentence. I told them I needed time to decide about the test.’ When he was tested and diagnosed as infected with the virus, he was already doing better, thanks to the medications he was receiving. Martha then, too, tested positive.

In Martha’s home country at the time, people infected with HIV were shunned, stigmatized, not allowed to shake hands with others, share food, be together in classrooms or sleep in the same room. Some children with the illness were abandoned. Going back home was not an option; yet her friend in California asked her to move out. Martha and her son found themselves at the mercy of the AIDS caregivers, who helped them create a stable life as they received treatment. Since then Martha has become an advocate for people who are HIV-positive, establishing an aid organization, travelling back to her country, and helping women to face their illness and receive treatment.

\textsuperscript{4} Bate, ‘Responsible Healing in a World of HIV/AIDS’, 5.
As much as Martha suffers from living with a medical condition, she has suffered even more from people’s malevolence. The fear and questions evoked by the AIDS epidemic sometimes manifest in the kinds of cruelty that history has witnessed towards lepers and plague victims, cruelty too often displayed by people committed to the God who ‘wipes away every tear’. Even though the situation for AIDS sufferers has improved over the course of the past decade, the suffering continues, and is reflected in what spiritual directors encounter in accompanying people who suffer.

**Bearing Witness to Affliction**

A key element in spiritual direction is that of bearing witness. I have seen Martha come alongside those who are HIV positive as a spiritual director would, in a way that bears witness to the twin realities of suffering and the hope that is found in faith.

Martha, who continues to live in California, works mostly with widows from or still living in her home country in Africa. Many of these women’s husbands have died in the HIV epidemic. The widows suffer bereavement, social marginalisation, often poverty (which, for some, leads to prostitution) and, far too often, also infection. Martha listens to the suffering of the women and broaches the subject of getting tested for HIV. Now, with new treatments available, she is able to counter the belief that testing positive would be a death sentence. She says, ‘This is not the end of the world …. Look at me. I can come with you for testing, and you can get medications like I have.’ With her support, women have been tested and treated. Similarly, an HIV-positive African man doing similar aid work wrote, ‘I have given hope, I hope, to some people’.5

The act of looking at suffering is significant. It is painful to bear witness to suffering, and especially so when the suffering is extreme and widespread, and when our ability to ameliorate it so small. Perhaps this contributes to the behaviour Bate saw among people who ‘whisper the truth among themselves’. Spiritual directors regularly listen to the whispers of souls in pain. Witnessing suffering is a challenge and for this work, Martha says, ‘God gave me courage. God wanted to save my life and for me to save others.’

But courage can falter when we experience shock, fear and impotence in the face of extreme suffering. We are then in danger of expressing an

unholy, but wholly human, negative reaction. When this happens, we compound their affliction. People admonish the homeless, banish lepers, mock those whom they see as losers, and shame the disabled and different among us. Those affected by the AIDS epidemic have received such reactions, as did Jesus. Spiritual directors hope to offer a relationship in which all human reactions, including these, can be expressed freely before God, as confession, demand, lament and plea, whether by the person who is afflicted or the one whose theology is challenged by the other’s suffering.

We bear witness to affliction. Writing in the context of the Holocaust, Simone Weil identified complex suffering as ‘affliction’. She wrote: ‘There is not real affliction unless the event which has gripped and uprooted a life attacks it, directly or indirectly, in all its parts, social, psychological, and physical’.6 The worldwide AIDS epidemic is affliction. It grips and uproots lives. For a variety of reasons, it particularly affects those who are already among the socially marginalised: women and their children. Bernadette Beya writes:

The woman is the victim of violence from all sides and in her many roles: first in her family as a child; next as a young woman; then in her marriage as wife and mother; finally, in her social environment as a worker or colleague. She suffers violence …7

Into this already existing suffering has come the pandemic of HIV/AIDS, with women now constituting more than 60 per cent of all HIV infections in sub-Saharan Africa, an area containing approximately 70 per cent of the global infections.8

Given that the majority of those seeking spiritual direction are women, how do these realities shape our ministry?

**Love, Meaning and the Questions Suffering Elicits**

Spiritual directors bear witness to suffering in all its dimensions. Even suffering that is expected, chosen or allowed changes us. We may be strengthened by suffering, or we may be debilitated, mutilated and scarred.

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As storied beings, we seek meaning from suffering. Even the suffering that is most vehemently protested against and rejected becomes part of our narrative. Such stories are heard by spiritual directors.

Made in God’s image, we suffer, though suffering often seems inexplicable or wrong. Suffering elicits desires for relief, justice, support and consolation. And it elicits questions, especially in situations of affliction. In our quest for understanding, questions that have a cross-cultural currency may be helpful, and some are offered here. Spiritual directors approach questions with caution, because questioning can be a strategy of fear and itself serve to exacerbate suffering. Over the course of many years of teaching counsellors, chaplains, spiritual directors and ministers about attending to those who are suffering, I have found it helpful to think in terms of the questions—both helpful and unhelpful—that surround the experience of suffering.

**What?**

In the context of HIV/AIDS, some forms of this question seek diagnosis in the hope of treatment. They have spurred research, the development of preventive strategies, and the offering of life-saving remedies. We also ask, ‘What is the nature of the suffering?’ This is an orientating question which seeks meaning and helps us enter the experience of the one suffering. The possible answers are manifold, ranging from mild to extreme, brief to chronic, isolating to shared, focused to pervasive, self-inflicted...
to imposed or befallen, comprehensible to bewildering, constructive to destructive, and more.

Illness and pain are coloured by experience laden with meaning, and we listen and watch in order to catch hue and tone. Increasingly, stories from the epidemic, such as Martha’s, help us learn about the experience of those afflicted with HIV.

How?

The theologian Dorothee Soelle poses two crucial ‘how’ questions about suffering.9 The first is, ‘What are the causes of suffering, and how can these conditions be eliminated?’ Those of us who ignore this question are liable to participate in maintaining the conditions responsible for the varieties of suffering that befall the majority of people. Martha asked this ‘how’ question and took up the work of eliminating the conditions causing suffering in her home country. Jesus calls us to listen compassionately, and also to participate in the work of health preservation and healing. Social, psychological and spiritual suffering are increasingly being addressed by religious and health workers. The stigma of HIV isolates and disenfranchises the afflicted, and it is arguable that this stigma is the primary obstacle to HIV testing and treatment in Africa today.10

Soelle’s second question is, ‘What is the meaning of suffering and under what conditions [how] can it make us more human?’ Even when suffering is due to impersonal forces and not their fault, people make meaning from it. Martha’s suffering enabled her to embrace what she sees as her life’s work of helping others infected with HIV. She would not choose the suffering, but she has found light shining in the darkness.

Those with illnesses and disabilities remind us all of our humanity. This identification erases the divisions between us and them that can cause us to barricade our hearts, laugh, point our fingers and pass by on the other side of the road. Coming alongside people in their suffering helps us and them to become more human and find a way forward. For Martha, it was the people at the hospital in California who stood by her when she discovered she and her son were infected. Sadly, none of those at her side were family members or church communities.

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Who?

Winstone Zulu from Zambia has suffered discrimination because he has AIDS. He has been pushed off buses, denied student visas, told to avoid meat, alcohol and sex. The discrimination has included ‘[h]aving special laws made for me. Being denied employment, promotion, insurance, God’s blessing when marrying. Written off.’¹¹ As spiritual directors we affirm a God who knows each person by name and writes off no one.

Suffering may be engulfing. It changes people. So does truly encountering a person who is suffering. We, as spiritual directors, learn from Winstone Zulu and Martha as they have followed Jesus’ example in caring for those with AIDS. They work prophetically in taking a stance against injustice and, at the same time, they compassionately attend to the suffering person. Jesus did this with people who bore afflictions similar to those borne by people affected by the AIDS epidemic. He did not offer them judgment, moral lessons, or talk of deferred hope or existential harmony but, rather, attended to real people in real circumstances.

Why?

In the face of suffering, especially extreme suffering, we also ask, ‘Why?’ Sometimes we turn our questions towards God, as Job and Jesus did. However, in scripture neither God nor Jesus offer direct answers to such questions.

Many answers to the question ‘Why?’ presume to judge God or the suffering person. We ask, ‘Why do good people suffer when God is all-powerful and all-loving?’ The tension lies in seeing God as all-powerful, all-knowing, all-good and, therefore, capable of preventing unjust and/or extreme suffering. There are those who resolve the tension by viewing God as not all-good. Some who believe in God doubt divine omniscience, while others adjust the equation by reducing God’s presumed power. For those who retain belief in the undiminished capacities of a God involved in human life, the ‘why’ questions may be turned towards people. This ancient enterprise of explaining and assigning responsibility for suffering has been called theodicy, and its various manifestations are flourishing today. When faced with inexplicable suffering, we ask ‘Why?’ and often generate explanations that offer no voice, help or consolation to those bearing the suffering.

There are four traditional forms of theodicy: theological, blame-allocating explanations of why people suffer seemingly unjustly, and sometimes extremely.\textsuperscript{12}

**Sin and Punishment**

There is the view that we suffer because we sin and God punishes us. Especially in cases of unjust and extreme suffering, this view attributes cruelty to God. Even though, in situations of suffering resulting from natural disasters, human action or terrible illness, we struggle to see how guilt could have precipitated these events, we sometimes seek comfort in the proverbial wisdom that through moral living we can avoid suffering. This view lingers despite our knowledge of Jesus’ teachings, stories and life. In speaking of a pastor who condemned AIDS patients for their immoral lifestyles from the pulpit, Martha said, ‘Can’t he think that there are some people here who are victims?’

Such contempt and discrimination have kept infected people around the world from speaking out about their suffering. An independent church leader in Botswana—expressing the view of many Christians in all parts of the world—said that HIV/AIDS was ‘a punishment sent by God …. Today we have all kinds of unnatural things …. Christ is the one who said that those who do such things are cursed already.’\textsuperscript{13} Spiritual directors encounter ‘why’ questions wielded judgmentally by those considering the suffering of others, and also by sufferers themselves.

This theodicy assumes a stance of contempt: we blame the victim. Fear and the self-protective illusion that we can fully control our health and well-being lie beneath this cruelty.

**A Larger Aesthetic Harmony**

This is the view that evil and suffering do not significantly undermine the goodness of creation; in fact, the suffering of some may allow for greater good from an ultimate perspective. The aesthetic harmony theodicy asserts that suffering is part of the deity’s created order, serving, perhaps, to illuminate the good and beautiful. This theodicy posits an indifferent God who plays dice with the universe while ignoring human suffering.


In the context of lives uprooted by disease and continents ravaged by epidemic, it seems especially heretical to conceive of God as indifferent. Throughout her tragic losses and journey towards healing, Martha has been a praying woman. She has talked to God and seems not to ask ‘Why?’ She believes God, however inscrutable, is aware of the particulars of her life, spared her life and that of her son, and has given her life-saving work to do. This is faith in the God who knows and loves us, rather than a detached, game-playing deity.

Education

Some argue that God inflicts suffering to refine, mature and strengthen us. People speak to those in the grip of suffering about how God is teaching them through the experience. For example, we hear religious leaders claim that God has allowed a city to suffer a natural disaster because the city was sinful and needed to be taught a lesson.

The usefulness of the education explanation for suffering comes from the point of view of the one suffering. By God’s grace, we sometimes find that good does come through suffering. The Greek tragedian Aeschylus wrote: ‘He who learns must suffer’;¹⁴ and contemporary psychology essentially affirms that point of view, seeing change as prompted by pain or suffering: ‘No pain, no gain’. However, God is greatly diminished when

viewed as an all-powerful schoolmaster, rapping our knuckles with a ruler. We see the opposite in Jesus’ parable of the Good Samaritan.

Day by day more of Africa’s inhabitants are infected or otherwise affected by AIDS. Everyone is bereft. Some African Christians say, ‘We all have AIDS’. This is a stance of solidarity in suffering, not one of masochistic, self-promoting piety or patronising spiritual pedagogy. We in other parts of the world can learn from this.

*Eschatological Hope*

This theodicy has given comfort to those who find no hope in history, and no evidence on earth that evil and suffering are not the last words. The hope is that though life has been full of sorrow, the one who dies moves on to something better. This is a consolation, not a justification for suffering.

In the most condemnatory responses to the AIDS crisis, people have sometimes claimed the afflicted are deprived of this hope. Early on in the crisis one Adventist man in Lusaka (Zambia) announced to those present at the funeral of his sister: ‘What worries me most is that she has missed heaven’. Years later in Kenya it was reported that people did not bury those who died of AIDS because they were ‘assumed not to have the chance of life-after-death’.

We must not deny the truth of hope for the future as described in scripture, but that hope must not render us apathetic, passive and indifferent in the face of suffering and injustice. Christian hope does not silence truth.

*Stay Awake, Be Watchful, Pray*

For Christians, Jesus is our exemplar in affliction. In Gethsemane he suffered physically, with blood, sweat and tears; suffered the disintegration of his company of followers; and was denied, betrayed and abandoned. Jesus said to his friends, ‘I am deeply grieved, even to death; remain here, and stay awake with me’ (Matthew 26:38). He agonized in solitude and, like Martha from Africa, he cried out to God. In attending to those who suffer, we may take our cue from what Jesus asked of his disciples: stay awake; be watchful; pray.

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15 See, for example, Peter Mageto, *Victim Theology: A Critical Look at the Church’s Response to AIDS* (Bloomington: AuthorHouse, 2006).
Because suffering is frightening, we are tempted to the primal responses of fleeing, sleeping, freezing or turning away, or to using our minds to try to figure things out and fix them. Jesus asks that we look at—stay awake to—the reality of the suffering itself. Jesus told his friends he was grieved even to death and asked them to face the whole of his experience: be watchful. We, too, bear witness to the particular experiences of particular persons, as best we can. Those particulars reside in larger conditions and situations which inform how we direct our attention. Being watchful includes attention to social, medical and political knowledge, as well as to sorrow, tears, the breaking heart, the beauty of faith, courage—what Paul in Colossians repeatedly calls ‘all things’.

As we stay awake, watch and pray, we may experience consolation and hope. Martha still goes to church, even though the churches she has attended in the USA have not responded helpfully to the AIDS crisis, nor have they been places of safe openness about her affliction. Her son told one pastor about his illness, and after that the pastor avoided him: ‘That was the end of it’, according to Martha. The church is, however, a place where she prays. She has prayed for herself and her son, and she prays for those to whom she ministers. As spiritual directors we offer people places of prayer.

We trust that God’s grace is present in suffering, even in suffering of the magnitude of the global AIDS crisis. A recent news report offered a sign of Jesus’ healing presence in the midst of the epidemic. The demographer James F. Phillips and African colleagues published findings suggesting that knowing Jesus, who listens to us in our suffering, makes a difference in the lives of the women who live in the Ghanaian hinterlands. Those who were converts to Christianity were three times as likely to use family planning as were their counterparts who adhered to traditional African faith. In their tradition, men make the decisions and engage in religious communication. But the women who have become Christians have learnt of a God who wants to listen to them.

He [Jesus] was, many of them may have felt, the first man ever to listen. This may have given them a language for speaking to mortal men as well, even about such sensitive matters as contraception.18

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This is good news for the world, and specifically for those confronting AIDS in Africa and elsewhere. This is good news, too, for those of us who listen to others through the ministry of spiritual direction. We participate with and represent to directees that God who dwells with people and wants to hear from and listen to them, in all things.

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