

not who is going to help the grandparents who will see all their children die in their twenties and thirties.

There are huge questions about how we can cope with what the future will bring. There is, of course, much that is the task of the Government and the local authorities, and much, indeed, that voluntary organisations can and must do. But we must listen to the people we presume to help. Too often the *poor* and the *sick* are ministered unto as though they had no minds and their bodies were not theirs either, and we always know what is best for them. However, the people whom I know who are living with AIDS, and their lovers, friends and children, are brave and inspiring people. They do not need our sympathy, but they will accept our help if we offer it without condescension and acknowledge that they have much to offer us too. Statistics are meaningless insofar as they do not represent the personal qualities of the men, women and children whom I have come to know and admire.

Hear what AIDS says to the churches

Antoine Lion OP

Even though, as these years of AIDS go by, knowledge accumulates, experiences circulate and piles of books about the subject are written, nevertheless everybody seems to advance into an unknown territory, without maps or compass. Humanity has not got this landscape printed in its memory and each person who is HIV positive must rediscover for himself or herself how to cope with life and death, with time and with love, with the future, with sex, with money, in short with all those relations that human beings do not stop more or less consciously creating so that their lives have meaning, and which, among those that the virus overtakes, are overthrown from top to bottom.

Often the man who is HIV Positive must live very much alone, so much is incommunicable. Moreover, he must often live with rejection and avoidance and fears—his own and others—in a society in which (to quote

an observation of Olivier de Dinechin's) it is many people's opinion that 'they brought it on themselves' or even that 'they have only got what they deserved' ... whereas cancer is seen as a calamity and a heart-attack as almost an honour: 'He worked too hard'. It is in a general silence or else censure that some whole families are going into extinction, as Simon Robson describes in 'Through the eye of a needle'. And, at least in some countries, to this rejection by public opinion very often is added exclusion from work, from one's digs, from insurance coverage, from school ... the list goes on and on.

But not only individuals are tested, of course; our societies are tested also. Without knowing anything like the upheaval which is shaking some AIDS-infested African societies and even putting their future in question, our Western societies are none the less experiencing formidable shocks. Myths crumble, such as that of the increasing power of medicine, or that of progress in the standards of living (does not the epidemic seem, among us at least, to be a terrible 'blow to progress?'). And some of the society's institutions are shaken. The hospital and public health services have been stirred up in these last years more than they have for decades. (Jean-François Malherbe and Sergio Zorrilla show this in what they have to say about patient-practitioner relations in 'AIDS and Truth'.) So have the education services, facing the problems of children coming to school who are HIV Positive and of organising courses in AIDS-prevention. So have the legal systems, burdened with new problems affecting rights to work, insurance and the penal system. And, for the great majority of people, sex cannot be—save at the level of the unconscious—'just as before'. The very tissue of society has been torn.

There is a positive side to the picture too. With the epidemic have emerged forms of collaboration of impressive generosity and imaginativeness. We have seen the spread of dedicated work by doctors, nurses and social workers, and of a network of supporting associations. And, for, perhaps, the first time in a situation of this kind, the people infected have themselves also organised and developed truly remarkable forms of mutual support, individual and collective. On the other hand, we also see emerging rather different forms of collaboration among those who are not infected. In order to remain 'pure and proper', some ask, should there not be associations of 'non-PWAs'? Which will be stronger, the forces of true collaboration or the forces of fear and rejection, aggravating the processes of exclusion which already overwhelm those with the virus? Today, at least in France, the answer to that question has not yet been decided.

I have not yet mentioned Christians. Nor their Churches. Frankly, in France, they are never as such part of the country. Undoubtedly some have joined the associations already mentioned, and quietly work there; undoubtedly a number of them are supplying, in France, services of the same quality as Christopher Webb (author of the opening article in this issue) is supplying in London. Yet it would be difficult to present a

picture of Christian activity combatting AIDS in France comparable with that in England which Martin Pendergast describes in his article here. I have seen for myself the differences in the level of involvement of the Churches on each side of the Channel. I want to share here the burdensome question which troubles me. But first let us define what, in the crisis brought about by AIDS, are the issues for Christians.

I : Issues for Christians

1. A spiritual dimension of the epidemic?

Dare we speak here of a spiritual dimension? With caution, and without generalising, yes. Among certain sufferers from AIDS, the shock brought by the sudden prospect of a death much nearer than had been expected gives rise to a search for meaning which expresses itself in aesthetic, esoteric and religious ways. It is necessary to open a space in language in which such aspirations can be formulated, or aesthetic spaces in which the appropriate symbols are able to emerge. Neither the carers nor the associations that are necessarily lay, such (in France) as AIDES, are equipped to do this.

This spirituality, which often comes to birth in proximity to the grim reality of bodily sickness, is not an instrument of healing but of caring. It must be respected. This task belongs particularly to the Churches, but how many of their members have yet grown aware of it? There is evidence of a great suffering of many people sick with AIDS who travel towards death unable to put their quest into words or unable to find situations in which it is possible for that quest to speak for itself.

In this sickness, as in others, the person who is close to death knows realities that we do not. The man or woman close to him ought only to try to share his world in order to try to improve the quality of the life that remains for him. As has often been said, it is essential to remember that we should not speak of people 'dying of AIDS', but of people 'living with AIDS'.

2. Calling moral theology to account

Nobody has so much as spoken of the ethic which is relevant to this epidemic, and, first of all, relevant for fighting against the virus. While certain Christians have been aware only of the questions raised in the area of sexual morals, those responsible for prevention are putting all the emphasis on education in responsibility. When lay authorities preach on values which are part of the Christian heritage, it is likely that the Churches have some role to play.

Let us take an example: faithfulness. Never before has a Minister of Health been heard to preach publicly on this virtue (as one of the two essential ways of fighting AIDS). Investigations in the homosexual subculture show, besides, a stabilising of relationships between couples. For the Churches, which themselves preach fidelity (conjugal fidelity), a

double intention is something to avoid. We are not attempting here to identify too quickly as 'Christian' these developments which are made outside faith. But surely it would be mistaken to depreciate these attitudes, under the pretext that they are not the 'true' fidelity desired by the Gospel. Should the theologians not take into account this new change?

Some other values take unexpected forms. Let us mention just one—one greatly underestimated: friendship. Surely the modification of sexual behaviour imposed on people who are HIV Positive (and their frequent loss of sexual desire, at least for a time) emphasises its importance?

Regarding the ethical questions posed by sexuality, which is so central in the debate on this epidemic, Gareth Moore writes here in his article 'The Church, Homosexuality and AIDS'.

3. A search for symbols

Discovering symbols, discerning rites, seems to be a feature peculiar to this sickness. I have never noticed it in, for example, cancer cases. A striking example is that of the patchwork movement which appeared in the United States in 1987. The idea came to the friends of a man who had died of AIDS to weave a quilt which would recall his life. The idea caught on and soon there were hundreds, even thousands, of such handwoven quilts, great bed-spreads in which the imagination and sense of beauty were given free range to find images, each time very personal, around the name of the one who had died. Sometimes it would be a child's name. An organisation was set up in San Francisco to help would-be makers of these quilts. Some immense displays of them have been put on—one of 8000, before the Capitol in Washington. Such secular liturgies are novel, establishing unprecedented forms of relationship with the dead.

But a demand has also been directed to the traditional realisers of symbolic forms, above all those relating to death, in other words the Churches. Not counting what happened on the World Day of Prayer for AIDS sufferers in December 1988, in France so far they do not seem to have responded at all.

However, many priests now have experience of the special character of funeral ceremonies or memorial services for a victim of AIDS. They also have experience of the questions which they pose: Should AIDS be mentioned or not? And, if the dead person was a homosexual, should his homosexuality be mentioned or not, assuming it was generally known? The risks of doing this are clear, but also the feeling of rejection which a supporting group, often mainly homosexual, is able to experience if that reality is denied. There are also instances, outside France, of refusal to open a church to groups of homosexuals wishing to mourn and commemorate their dead together. The question is likely to arise among us in France one day and it would be good, for a beginning, for us to

think about it. It takes us back, effectively, to the problem of finding in modern towns places for the performing of symbolic acts which may be welcoming and, in addition, beautiful. Our culture offers few, outside the Churches.

4. The theological virtues at risk from the virus

a) Faith in depth

Life is here our first concern, and Jesus Christ is bringer of life; so we must speak of him and of faith in him—but discreetly, like Jesus himself, who reveals but does not unveil. There are, moreover, sufferers from AIDS whose suffering leads them in the direction of faith. For many that search is intense and should be respected regardless of whether or not it is Christian.

The person travelling towards death very often needs objects, images. One of them is gripped by Fra Angelico's 'The Crowning of the Virgin'; another, by writings of the mystics. In the hospitals, books on Hinduism and esoteric texts circulate. The question, then, is: what language of faith should be used with those who are prepared to listen?

It is necessary also to think of those close to the sick, in particular of the mothers of the sick. One of them said to a chaplain: 'The priests understand nothing. But, in the course of seeing my son die, I have discovered a depth in my faith. I have wanted to cry out.'

b) Hope and despair

It is the linking together of these two terms that is to be thought about and lived: the presence of hope in the abyss. How can we go where hope has been lost and say there is something other than death? Some people live simultaneously in confusion and a profound confidence. Parents wonder: 'How are we to say to our children that there is hope on the other side of AIDS?' Or again: 'How are we to speak of hope to somebody seeing his T-cell count drop below the critical level?'

Faced by this, one has no easy answer. A silent presence is very often the only thing possible, as we prepare for the moment when a word on death will be able to come, allowing us, perhaps, to convey some hope-giving words or gesture. One thing we know: that words not founded on a strong close relation have a good chance of being violently rejected.

c) Love, tenderness and protection

Wherever there is grief, there are calls on charity. In the case of AIDS the call is specific: the anguish of those who live with HIV is often aggravated by the rejection which they endure, or the secrecy to which they are driven. It is a paradox: AIDS is a 'social' sickness which stirs up a great desire for closeness, and yet those who suffer from it are kept at a distance. Besides, when the sexual urge has vanished—which frequently is the reason why one has got the disease—there comes a great desire for tenderness, a need to have someone affectionate close by. The sickness very often results in some moving examples of maternal love: the love of mothers who stay near their sons and yet do not prevent others from

coming near them. A hospital chaplain has stressed the essential role which mothers can have—that is, when they are there.

Human relationship: this is what is fundamental. HIV forces us to relearn that relationship with the other, to reintroduce it into our lives, to rediscover the otherness of this person who is at one and the same time so near and yet so distant. These questions addressed to our love are very personal and also political: How can we organise society so that relationships of this kind are possible? Concretely, how are we to get to grips with this kind of exclusion?

The virus leaves one unprovided for; one has no more defences against the outside world. The world becomes menacing, threatening to invade you. At the very moment when you have need of another human being you discover that this other person can endanger you, because you are vulnerable, fragile. But it is talk which wounds. Are the things said by Christians always inspired by love? Those who suffer from HIV do not look for lectures on doctrine or morals from the Church. For what, then? For a protection. Or something which goes beyond being a protection, beyond being security. Will love find the means of saying it?

II: An epidemic and the Churches

We have spoken of the human resources in the supporting associations, of their effectiveness and their role in the stirring of the collective conscience in France, as well as of their help to those suffering from the virus. There is quite a lot of interest in what Christians could offer, a quite widespread awareness that in the religious traditions and experiences there are hidden elements able to confront various dimensions of the plague. In any case, the churches have an age-old responsibility in the West when death approaches and the dying are undergoing their ordeal. But in France they do not seem to have tried much to fulfil this role in this crisis.

1. The weak role of the Churches in France

It is impossible to ignore that the image of the Churches remains, today, very negative in those places in France where AIDS sufferers are being cared for. Without speaking of the disastrous effect produced by the World Congress on AIDS which assembled at the Vatican in November 1989, the Catholic Church is judged from various sides as not only failing to play a significant role in the fight against AIDS in France, but even as contributing in a negative way. In three areas the official attitude of the Church is, by some, severely judged.

Firstly, concerning prevention of the disease, by its sustained opposition to the public campaigns for prevention launched by the Government. The first declaration of the French bishops in January 1987 appeared to be more concerned with defending traditional conceptions of sexuality than inspired by desire to resist the spread of the epidemic.

Secondly, we also hear it said that the Church must bear part of the responsibility for the rejection of which people infected by the disease have been victims. Has not the condemnation of homosexuality openly declared by the Church authorities strengthened the prejudices resulting in exclusion in ways which the same authorities' warm appeals to be charitable towards those sick from AIDS have failed to counterbalance?

Thirdly, it has been said that the Catholic Church has only venerated its customary discourse on the new realities and many have continued to hear there the language of guilt and blame.

But it is not only a matter of official pronouncements. Few French Christians either as individuals or as communities have protested at, for example, flagrant cases of rejection, like that of an employee thrown out of his job because of a legal mistake or of a family forced to abandon its village under the pressure of public opinion. The Churches in France still seem to be little concerned about the epidemic—far less than is the case in Britain. For most French Christians AIDS seems something remote. The clergy in particular seem poorly informed. The consequences of their ignorance are often serious. One trembles on hearing of a prison chaplain who, embarrassed on meeting somebody who said he was HIV Positive, comforted him with the words: 'Perhaps it will go away'.

We do not, of course, suggest that there are not numerous individual exceptions to our overall criticism. Collectively the most outstanding one is the hospital chaplains.

2. Tasks still to be done

First of all, there is a need for more thinking. Notably by the articles of Olivier de Dinechin and Gareth Moore, this special issue has sought to contribute to the opening of ways to further theological work. Particularly the shortcomings evident in this crisis in what the Church has to say on sexuality point to the need for hard theological reflection, if certain challenges are to be met. But there are other huge questions which demand tackling: the problem of guilt, of the relationship between life and death. We have also mentioned the questions which should concern liturgists, as specialists regarding the symbolic or sacramental theology.

The second task still to be done is to open spaces for speech. As in other times, regarding other questions, theological work will not progress just as a study, but by collaboration with all those involved with the epidemic. More widely, a strong need has been felt among Christians, as among others, for information to circulate freely and for experiences to be shared. A specifically Christian association to meet this need is, at long last, likely shortly to be constituted in France. As we have already said, we have been made painfully aware of the distress of AIDS sufferers who wish to find a way of saying something about their illness, who wish to find ways of symbolising their experience, when the answers do not arrive. Christians individually can help them find the words, whether or not those words are in full conformity with their own faith.

Finally, there is a call to charity: AIDS gives space for exercising Christian compassion in the strong sense of that term. There is the call to fight discrimination and offer hospitality. The resolute involvement of Christians in preventive action is also a form of charity. And this could be the place for gaining respect for Christian values—values which today are precious.

We are not, of course, sketching a programme here; only certain lines according to which Christians can play a role which is their own, in one of the great crises of our times. Perhaps, then, we will manage together to hear what, in this crisis, the Spirit is saying to the Churches.

This article brings together (without claiming to disentangle them) reflections of the author and of members of a group which has met twice at Le Centre Thomas More, L'Arbresle, near Lyon, France. It has in places been abbreviated in the present translation.

Philippe Cochinaux OP and Marie McLoughlin SND
assisted in the translating.

New Blackfriars

In February 1991 we are producing the first of a number of issues dedicated to basic questions of doctrine. Its title will be:

How *does* God 'speak' to us?