

Death and Darkness: Conveying Messages of Hope to African
Americans with HIV/AIDS.

- Jimmy Rowe

"The light shines in the darkness, but the darkness has not understood It."

John 1:5, NIV.

This prologue to the Gospel of John cannot be expressed more metaphorically than as described by an HIV patient during a pastoral care encounter:

"There is a darkness so profound that even a flicker of light will not attempt to tread into this neck of the woods. The silence is eerie and makes you anticipate any kind of sound like the sound of an ant walking across the floor. The isolation is as if you were in a bottomless vacuum. A toilet flushes, then another and another one. A heartbeat that you think is distant is your own. It pounds harder and harder till it seems that it is going to rip open your breast. Pounding and pounding, the sound becomes unbearable. Will it ever stop? There is a scream that seems as if it started on the open plains of Texas and continues to get louder and more frightening. Who or what is making this sound? Is it human or is it an animal? Are we in civilization or are we in some distant jungle? It screams out again! Is it closer this time or am I hearing things that don't exist? It is dark again. Only this time it is also cold, extremely cold. There is nothing to put on.

You stand there naked, extremely naked. Is there anyone looking, can they see me? I don't care. I just want to get warm. Stripped of all humanity - naked. I search again

something to put on. There is nothing except darkness, coldness and nakedness. How can I comprehend even a flicker of light, when the darkness is so profound! Where do I start? Am I at the end or is the end the start? I don't remember the start of my life, it was so long ago and the present is so obscure that I cannot fathom what is happening to me. Death may be an ending and if we don't understand it, how can we understand life?"

This vivid description profoundly makes one imagine that he is standing right beside this patient and that he is a real character in the situation. One can sense and feel the stark hopelessness and despair that engulfs this patient. What makes this situation meaningful is that he is not alone in what he has experienced. He is one in the midst of many!!! It is not a question of why it happened that resulted in this descriptive experience of darkness, but rather where does he find *hope*, where does he find *God*?

Intentionality: Messages of Hope

The process and direction of pastoral care in encountering death and darkness must be explicit and intentional about shaping the message of hope to persons with HIV/AIDS. This message of hope must be guided with theological and pastoral content. This content must embrace also the integration of the historical, cultural, and spiritual constructs of one's "roots" and of their spiritual storage bin. In order for the chaplain to guide this process he must first acknowledge and be open to an understanding and sensitivity of one's suffering. Secondly, the chaplain must have a willingness and desire to look into his own spiritual storage bin and grasp the notion of unconditional love.

Victor Frankl noted that, "To live is to suffer, to survive is to find meaning in the suffering."¹ The message of hope that the chaplain must decipher is that individuals, who have been infected with HIV or are living with AIDS, do not suffer "abstractly".

critical meaning for the chaplain to help the person interpret is not the question of suffering, but of loving again. Only being what is divine in the world is, like God, universal, communicable, efficacious. *It becomes our hope!*

The chaplain's messages of hope must be intentional, because the message of hope for many poses a very significant challenge to uncover things that they have buried and don't wish to unearth. It challenges them to look at the intimate elements of their spiritual self, because it is only here that one can be healed. Finding the vestiges of hope for anyone is an internal job, not an outside job! One must explore the innermost cavern of the self, the spirit, and the soul. Many of us don't want to be explorers, because it means exploring what many of us have placed into our spiritual storage bin, years of hurts, pains, disappointments, and our most intimate secrets. Suddenly we are faced with the possibility of having a shorter life expectancy. We don't want to re-play these tapes in our life again. It reminds us of the negative aspects of our life, our disconnectedness with God, our family, our community of friends, and most importantly with ourselves.

Chaplains must have some prior knowledge of what is contained in this spiritual storage bin if they are going to be intentional in providing appropriate messages of hope. All of one's hope is based in this storage bin called the "soul", the deep sacred part of our being. It is here that we find God and it is here that we find hope!

For Black folks this storage bin was filled with the memory of hundreds of years of pain, suffering, lynchings, rapes, stolen children, and torture - all without the presence of God. The spirit of God had been disenfranchised from the souls of Black folks by robbing them of their religion, their right to worship God and their pursuit of freedom.

God prevails in everything He places His hands on! God kept the "soul" of the Black Folks pure and engrained in them a new spirit, a spirit to live and not to die, a spirit to withstand the misery of long long hours in the fields under the brazing heat of the summer sun. A spirit that says that we might weep tonight, but in the morning it is going to be all right. A spirit that says that we are the ancestors of Abraham, Moses, Joseph, and Elijah. A spirit that says we are children of God. A spirit that says God keeps his promise to all who wait and suffer in His Name. For Black folks this spiritual storage bin holds the hope for persons who have HIV/AIDS.

Chaplains, therefore, must be intentional and cognizant of a person's roots and spiritual storage bin when they convey messages of hope in the midst of death and darkness.

Staging: Where Is GOD?

"In the midst of death (and darkness), can we experience the deeper forces of life that stand firm regardless of the pain (and suffering) or fear that threatens to overwhelm us? In such moments, many of us cry out, GOD, where are you when I need you?" 2

Our primary focus in this stage is to explore where God is at in the patient's life relative to suffering. The suffering of unquenchable pain, immeasurable loss, utter hopelessness and total abandonment experienced by persons who are infected with HIV initially leads them to question the existence of GOD!!!

This verbalization of protest and anger at seemingly unfair and unjust suffering, even anger at GOD, may serve the pastoral care function to assist sufferers to work through their disconnectedness and negative feelings.

Suffering for the purpose of understanding this stage can be defined as the existential anxiety, fear, worry, or hopelessness that may or may not accompany the pain of having HIV/AIDS. Suffering in this stage is a reaction to this pain.

The most common questions asked by patients in this stage are: "Why is GOD doing this to me? I don't deserve this pain and loss! If GOD were a good God, why am I suffering?" This is the meat and potato menu for the chaplain because it provides an opportunity to make a paradigm shift from thinking "WHY" to "WHERE". The appropriate questions then become, "Where is GOD in all of this? Where is GOD in the darkness of suffering? Where do I find GOD?". When facilitating this paradigm shift in thinking, chaplains must be very aware that they can not remove a person's suffering, but can only help the suffering person learn to interpret his or her suffering in the shadow of the Cross and in the light of a living Savior, Jesus Christ.

Chaplains must intentionally think outside the box of traditional utilization of pastoral and spiritual assessment instruments in order to facilitate the paradigm shift from "Why" to "Where." What I am proposing at this point is the use of the Stage of Change/Transtheoretical Model (SOC/TTM).

The Stage of Change/Transtheoretical Model has been used for behavior change for a wide variety of health related behaviors, including smoking, weight reduction, contraceptive use, substance use, and behaviors associated with persons living with HIV/AIDS.

This adaptation of the SOC/TTM is an applied intervention of how a chaplain can stage a patient for a paradigm shift in thinking moving them from "disconnectedness" to "re-connectedness" with GOD.

My discussion will primarily utilize the first three stages of this model that I have taken from the works of Prochaska. 3

1 - Precontemplative

2 - Contemplative

3 - Preparation

1 - Precontemplative: Is the stage at which there is no intention to change behavior or thinking in the foreseeable future. Many individuals in this stage are unaware or underaware of their problems. Patients in this stage *have no intention* of making a paradigm shift in their thinking regarding their disconnectedness with GOD. Example: "What have I done to deserve this fate? I hate GOD!" "There is no God, why did he take my wife/husband from me?" "He does not love me, he has given me this dreaded disease!" In this stage what we listen for is the level of denial that the individuals feels and states: "No Way".

2 - Contemplative: Is the stage in which individuals are aware that a problem exists and are seriously thinking about overcoming it but have not yet made a commitment to take action. Individuals can remain stuck in the contemplative stage for long periods. Patients in this stage *often acknowledge a need* to change their thinking regarding being connected with GOD, *but* will not change their thinking during the current pastoral care encounter. Example: "I know that GOD has always been there for me, but it seems that He does not care anymore." This stage is like asking a person if they are heading in the wrong direction. The person replies, Yes, I know. I am not quite ready yet. This is contemplation: knowing where you want to go but not

quite ready yet. In this stage we listen for the level of ambivalence. Here we hear a Yes, but ... response.

3 - Preparation: is the stage in which people *have concluded* that they will make a paradigm shift in their thinking and will reconnect with GOD. They have validated this change by possible actions, i.e., prayers for forgiveness and reconciliation. Example: "I realize that each day I have a choice. I can live each day in God's love." In this stage we listen to hear whether a person is prepared to make a change in their thinking regarding their relationship with God. What we hear is that the individual is ready to accept God into their lives. This stage can be described as motivation.

The Transtheoretical Model is a model of intentional change. It provides an appropriate paradigm that serves as an organizing construct for the chaplain to investigate the nature of the container in which the patient is confined in, relative to their spiritual suffering. Once the HIV patient is std, the chaplain can then move to initiate the process of validation.

- It's Okay: Messages of Hope

This stage is critical in validating the paradigm shift in thinking. One of the needs is to assure patients that they are in the presence of GOD, regardless of what they have done or what they are going through at the moment of the pastoral care encounter.

Chaplains must be very intentional in presenting "Messages of Hope" that are both scriptural and theologically acceptable to the patient's past experiences and current level of spiritual suffering. Chaplains must "Validate" and not "Minimize" the

importance of the patient's life experiences or the patient's perception of their current circumstances.

The process of validation originates from primary relationships with the self, GOD, church and community. These relationships are primary in the sense that patients are dependent on these relationships or sources of validation to facilitate a developmental paradigm shift from the "Contemplative Stage" to the "Preparation Stage", relative to their re-connectedness with GOD.

The process of validation at this stage must include the following questions: "What Biblical texts contain theological themes to address the HIV/AIDS sufferer's experiences and spiritual suffering? What images in the Bible, in sacred literature, or in life can be employed to make hope vivid?"

Chaplains must be able and willing to travel with the HIV/AIDS patient through the dark recesses of past experiences and to bring a vivid message of hope to their sorrowing spirit. Chaplains must understand that they serve as an "Icon" of a living Savior and that "It's Okay" to challenge the patient's spiritual barriers into a transforming vista of hope.

As the door closes, we hear the prophet Jeremiah proclaim, "For surely I know the plans I have for you, says the Lord, plans for your welfare and not for harm, to give you a future with hope" (Jeremiah 29:11).

Post Script:

"True faith means I live with GOD, I am one with GOD. I have come to know GOD and, therefore, I know that He truly Is. God lives inside me and is victorious over death and I move forward with GOD."⁴

We must reach a stage of change and thinking where we become conscious of the reality of God within ourselves. Until we reach that point we simply remain stranded within the domain of nothingness and spiritual suffering and not within the essence of spirituality and hope, which is the direct communion with God. This is the Message of Hope that we must afford to persons who suffer with HIV/AIDS.

Notes:

1 Frankl, V. (1963). *Man's Search for Meaning*. Boston: Beacon Press.

2 Epperly, Bruce G. and Solomon, Lewis, D. (2002). *Mending the World: Spiritual Hope for Ourselves and Our Planet*. Innisfree Press: Philadelphia, pg.30.

3 Prochaska, J.O. et. al. (1992). In search of how people change: applications to addictive behaviors. *American Psychologist*, 47, pg. 1102-1116.

4 Markides, Kryiacos C. (2001). *The Mountain of Silence: A Search for Orthodox Spirituality*. Image Books/Doubleday: New York, pg 45.

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