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JESUS CHRIST, A COMPASSIONATE COMPANION: CHRISTOLOGICAL REFLECTIONS IN THE TIME OF THE HIV/AIDS PANDEMIC

ABSTRACT

Who do people living with HIV/AIDS say Jesus Christ is in their context of stigmatisation? This is an ancient Christological question that helps us understand and deal with this issue in a new way. This article presents the views of people living with HIV/AIDS about the role of Jesus to them in a context of HIV/AIDS-related stigmatisation. Through their reading of biblical texts from the Gospel according to John, people living with HIV/AIDS argue that Jesus Christ is a compassionate companion who not only sympathises with them, but also cares for them and seeks to improve their situation. In this instance, the article critiques the “cult of normalcy” ever embraced by the church that excludes those it considers to be abnormal and includes those it considers to be normal. This “cult of normalcy” is contrary to the compassionate way in which Jesus treated those who were suffering.

1. INTRODUCTION

If there is a sin at all, one aspect thereof must be that of disregarding human value and dignity. Since sin concerns one’s relationship with one’s Creator, it is inevitable because one cannot relate with the Creator without relating with one’s fellow human being. Therefore, the individual remains at the centre of relationships. This means that the Creator relates with the individual before relating with the community. Likewise, the community relates with the individual before it relates with the Creator.

In this article, I examine the issue of sin as enshrined in the community’s “cult of normalcy” and the way in which stigmatised groups understand

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Jesus in this community.¹ My central focus is to investigate the ways in which the “cult of normalcy” works in enabling some to be members and others to be non-members. I also examine the art of resistance to the “cult of normalcy” and its functioning which is produced by the stigmatised and excluded groups.² What is at stake in this instance is the image of Jesus Christ as portrayed by the majority of Protestant churches³ in contrast to the image of Jesus Christ from the perspective of people living with HIV/AIDS, the image that emerges as a result of their own reading of Scriptural texts.

In this instance, I listen to the voices of people living with HIV/AIDS speaking from the periphery, producing their image of Jesus Christ, which prompts us to rethink the symbols which we as Christians use in our relationship with God, with our neighbour, and the kind of God we have to learn to worship.

2. THE “CULT OF NORMALCY” AND THE KIND OF GOD THAT CHRISTIANS WORSHIP

2.1 The “cult of normalcy” and its parameters

What stands at the heart of human relationships is the question of inclusion and exclusion: who/what to exclude and who/what to include, and which criteria to use. This is the power that the community has over its members, the power to define them in respect of the way they are. However, why should the community define its people? What is the sole purpose for this definition? The question of definition is inevitable provided that differences exist among community members. What to include and what to exclude depends solely on the definitions and meanings imputed upon the target people. In this instance, the decision on what to include and what to exclude lies within the parameters of the “cult of normalcy”.

1 The term “cult of normalcy” is adopted from Thomas Reynolds’ (2008) *Vulnerable communion*. In this article, the term is used to mean anything that the church, community or society considers to be the “good”, a thing that every member ought to follow. It is that thing considered normal which the society uses to control the behaviour of its members. Moreover, the term “sin”, which I propose to examine in this article, is more implied than mentioned. In the following discussions, the term “sin” will not be mentioned directly, but embodied in the activities of the “cult of normalcy”.

2 In this instance, the group of people living with HIV/AIDS in a Tanzanian context.

3 In this instance, my research group of people living with HIV/AIDS belonged to the Protestant churches in Njombe, Tanzania.

The main problem that engenders the difficulty to decide what to include and what to exclude is based on the legitimacy of the norms that are usually taken for granted and used to impose definitions upon people. What to exclude and what to include is based upon the norms that determine differences. Questions that arise with regard to these communally active norms are obvious, and these include the following: Who decides them and for whose purpose? What are the criteria for normalcy and are those criteria universally accepted? The same questions arise when considering the emerging differences determined by the norms of the community.

Upon close examination, norms that determine differences among members of the community mainly focus on maintaining the community's status quo. They are meant to maintain social control and assimilation. The community has an image of what is normal, and, through its norms, enforces conformity on what it regards as "different", on what it views to be a failure to conform. In this instance, one can imagine how the "freaks, monsters, savages, and invalids are created" (Raynolds 2008:62). The force or pressure applied by the community to enhance conformity is not necessarily physical. It may be tacit or overt pressure exerted on behaviours and attitudes about what the community assumes to be "the ideal".

The pressures to conform are, in most instances, based on an illusive notion of the "ideal", an illusion that can hardly be attained by created beings. Human beings as created beings are everywhere and always dependent and deficient beings.⁴ Very few of them, if any, have ever attained an ideal condition in a given community. Human beings are "unfinished animals" (deficient beings) that call for compensation within a fabric of relationships with other human beings. Hence, the line between "normal" and "abnormal" human beings within a given community is, in most instances, blurred.

What is the "cult of normalcy" and why does it exist? The theologian Thomas Raynolds responds to this question more clearly when he points out that the "cult of normalcy" has to do with what is socially or communally considered "normal". Raynolds (2008:48) thus writes:

Normalcy operates as a cultural system of social control. On one account, it is simply a way of considering and bringing meaning to the every day world shared by the group. ... Normalcy is a force that flows according to strategic mechanisms of power that serve the conventions of the status quo, which in turn serves primarily

4 Genesis 1-2 shows that, in spite of being created in the image of God, sin introduced imperfection in the lives of human beings in terms of their relationship with God and among themselves.

those persons whose bodily appearance and abilities fall within a recognizably standard range.

With these words, Reynolds emphasises that what is normal is determined by the community, especially the dominant group. The community deems “normal” those people it wants, according to its prescribed norms of normalcy. Such people become a measure of the way “the different” are supposed to align. In this entire process, normalcy goes unchallenged on being considered as the only unquestionable fact to follow. In this instance, normalcy is, determined by the dominant group in the community.

The community sometimes refers to what is normal as being “the good”. The framework of “the good” is within the community itself. This “good” holds the community members together. Reynolds (2008:53) notes more clearly:

But, “the good” is not something that floats about in the abstract. It is culturally embedded, tied to the exigencies of a corporate way of life. The good is what we find meaningful about life together.

According to Reynolds’ assertion, the good is not only meaningful regarding life, as members of the community live together; rather, the good also provides meaning to the life of the community. In adhering to the good, every member feels welcomed. S/He feels urged to belong to that community and that community becomes his/her “home”.

To be outside the good is to be undesirable, to have an undesirable difference, to have a stigma, an undesirable aspect that is not expected to appear in the “cult of normalcy”. It is falling short of the community’s definition of the normal, or the good. The American sociologist Erving Goffman (1963:5) has these words to say about what happens when one attaches a stigma to a person:

We believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we, effectively, if often unthinkably, reduce his [or her] life chances. We construct a stigma theory, an ideology to explain his [or her] inferiority and account for the danger he [or she] represents.

According to Goffman, the person is summed up and judged to be unfit to belong to a particular community because of his/her particular difference that considers such a person abnormal. This is normally how exclusion and inclusion work within a particular social interaction (Volf 1996).

However, we can still raise other questions: What really determines the value and dignity of a person? Can the value and dignity of a person be the result of such person's conformity to the prescribed values of the "cult of normalcy"? Is the significance of the person measured according to his/her ability to contribute positively to what is considered "good"? Is whatever the community considers "normal" good? The group of people living with HIV/AIDS will provide some answers to these questions, as we consider the voices from their reading of texts (see section 2.3). At this stage, it is worthwhile considering the kind of God worshipped by the Christian community that is centred in Jesus Christ as their Lord and Saviour.

2.2 The kind of God that Christians have to learn to worship

In his book *Theology and Down Syndrome*, Amos Yong (2007:3) quotes Heuerwas:

[T]he challenge of learning to know, to be with, and care for the retarded is nothing less than learning to know, be with, and love God. God's face is the face of the retarded; God's body is the body of the retarded; God's being is that of the retarded. For the God we Christians must learn to worship is not a god of self-sufficient power, a god who in self-possession needs no one; rather ours is God who needs a people, who needs a son. Absoluteness of being or power is not a work of the God we have come to know through the cross of Christ.

What does it mean when one says that "God's face is the face of the retarded; God's body is the body of the retarded; and God's being is that of the retarded?" Does it imply that God the Creator of everything that exists has some deficiency in God's being? In my opinion, it is important to explain that Heuerwas speaks about God from the point of view of the retarded. However, God cannot be limited to a particular point of view. It seems obvious that Heuerwas uses this point of view to explain the nature of God as conceived by Christianity (the decidedly vulnerable God) that Christians have to learn to worship.

Heuerwas's words most likely imply the difference between the Christian God and idols as objects of worship. Despite the fact that Christians have ever hardly managed to worship the Christian God, the Christian God is different from idols. Heuerwas mentions that the God whom Christians have known through Jesus Christ, but have, in most instances, not managed to worship, has the face, the body, and the being of those on the margins of the "cult of normalcy" in their respective communities. Heuerwas also

stresses that God revealed through Jesus Christ is not a self-possessing, lonely, and someone with self-sufficient power to control. The Christian God is God to people and other created beings. God is not God to vacuum. God is God in relationship with the created beings.

As the words of Heuerwas suggest, the major question is that of the picture of God. It is about the dichotomy between the God whom Christians have epistemologically known, and the God whom they have practically worshipped; the God whose face, body and being have been revealed to Christians, and the face, body and being that Christians have seen; the God whose kind of power and relational nature have been revealed, and the God whom Christians have been embracing in their daily lives. In order to differentiate between the “real God” (not properly worshipped by Christians) and the “unreal god” (mostly embraced and cherished by most Christian communities), Yong suggests that we perceive Jesus Christ and His person as the revelation of God. This way of perceiving Jesus Christ, according to Yong, will give us a perspective on what it means to us to say that human beings, irrespective of their differences or similarities, are made in the image of God.

If God, who revealed Himself to humankind through Jesus Christ, is the one whose face, body, and being are those of the unfit in the established “cult of normalcy”, then who do church communities say Jesus is, and who do the stigmatised and excluded (the unfit) say Jesus is? I will focus on these crucial questions in the following subsections.

2.3 In search of a relevant Jesus Christ for people living with HIV/AIDS

In the above subsection, I discussed the image of Jesus according to Heuerwas from the point of view of the retarded people as one of the groups not fully accepted by the “cult of normalcy” to belong. In this subsection, I present and discuss the image of Jesus Christ (God among us – Is. 7:14; Matt. 1:22-23) as portrayed by the group of people living with HIV/AIDS from their own perspective. The key question underlying my observation is: Who do people living with HIV/AIDS say Jesus Christ is? To put this question differently: What kind of image of Jesus Christ do people living with HIV/AIDS portray with regard to their lived experiences of interacting with the “cult of normalcy” in their respective churches?

2.3.1 Rationale for hearing the voices of stigmatised people

Before answering the above question, I need to respond to another question: Why should we take our time and effort to listen to, and hear

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from the voices of the marginalised and stigmatised group of people living with HIV/AIDS? In my opinion, mainly one important issue prompts us: the God whom Christians have to learn to worship has preferentially sided with the poor and marginalised people in history (Is. 61:1-3; Luke 4:18-19)! This God still sides with those whom the “cult of normalcy” has marginalised and consider unfit to belong to it.

The theologian Clemens Sedmak (2002:99), in his book *Doing local theology*, explains this point explicitly:

Doing theology is about making an option. Jesus paid special attention to the poor, to the excluded, to the marginalized, to the “little ones,” to the weakest members of society: the children, the sick, persons with handicaps. Theology is a way of following Jesus. That is why the theologian is called to pay special attention to the poor.

Sedmak (2002:100) adds:

Theology is called to look at society and culture “from below,” with a special attention to the losers and the outsiders, the weak and the voiceless.

In fact, it is hardly possible to understand God, who sides with the marginalised, from the point of view of those who marginalise. The Latin American theologian Miguel de la Torre (2002:105) explains this point more clearly:

As long as people on the margins bow their knees to a Christ who resembles their oppressors, people on the margins will find themselves bowing before their oppressors. For Christ to have any power to liberate those who are disenfranchised, Jesus must be seen, perceived, and understood through the eyes of the marginalized.

The words of De la Torre suggest rejection of the dominant image of Jesus Christ portrayed by the “cult of normalcy” for the image of Jesus Christ envisioned by the marginalised, from their point of view. The following paragraphs will illustrate this point based on my research conducted among marginalised people living with HIV/AIDS.

2.3.2 The research process

In order to listen to, and hear from the voices of the marginalised and the image of Jesus they portray, I conducted research among a group of people living with HIV/AIDS in Njombe, Tanzania, from October 2006 to March 2007. This group was one of the support groups in the Bena area

in Njombe District. It included a total of 25 men and women who regularly participated in the research process (Mligo 2009:141).

The main aim of the research was to

investigate the way in which the Bible [could] be a resource for empowering People living with HIV/AIDS towards dignity, “healing” and wholeness within the context of stigmatization (Mligo 2009:11).

In most instances, based on the contexts of HIV/AIDS throughout the world, the research took for granted that people living with HIV/AIDS were deprived of dignity and wholeness as they interacted with churches and communities.

I used Bible Study, which I named “Participant-centred Contextual Bible Study”, as my method of investigation. The Bible Study process included selecting biblical texts, selecting contextual themes, arranging the schedules for meetings, and composing by-laws to govern the Bible Study process. The group members made all these arrangements in the early days of the study process with myself as the facilitator. In most instances, the contextual Bible Study process was owned by the participants themselves, and not by the facilitator (Mligo 2009:142-143).

During the study process, I facilitated the division of groups into no more than five people each. I called such small groups “buzz-groups”. Each buzz-group had its chairperson and secretary. The chairperson facilitated the discussion and the secretary recorded the proceedings. My main role as facilitator was to pose questions about the text under study and leave the buzz-groups to discuss and reach conclusions on their own. The secretaries of the buzz-groups wrote down the discussions and conclusions that formed the bases of my data for the research about a particular text. These written scripts from the groups were then transcribed, analysed, and interpreted (Mligo 2009:139-140). In this instance, the Bible Study method I used can be regarded as a “triple hermeneutic” process. In other words, it comprised the analysis and interpretation of texts by the facilitator in order to raise questions that were further explored by the groups; the analysis and interpretation of texts by the groups in their lived experiences of stigmatisation, and the analysis and interpretation of written scripts of the groups by the facilitator in order to gauge, from the groups’ understanding of texts, their interaction with the “cult of normalcy” in their respective churches (cf. Mligo 2009:150 footnote 113). The research was based on three texts from the Gospel according to John: Jesus and the Samaritan woman at Jacob’s well (4:1-42); the woman caught in adultery (8:1-11), and the healing of the man born blind (9:1-41).

2.3.3 Research results

Several themes emerged from my qualitative analysis of the group's written scripts.

Group members identified themselves with characters from the texts they read.

All the texts of the study dealt with people in interaction with a particular social setting, that is, the Jewish social setting. The groups found that the process of stigmatisation, as demonstrated by the interaction of characters within the texts, was similar to that in their own context of interaction with churches. For example, as far as worship is concerned, the stigmatisation of the Samaritan was regarded as being similar to that of people living with HIV/AIDS. The group stated this vividly:

We who live with HIV/AIDS are considered to harvest what we planted. They say that HIV/AIDS is the consequence of our sexual misconduct. So they do not see any need to bother themselves with people who are suffering as a consequence of their own sin (Mligo 2009:249-250).

The group members felt stigmatised and isolated by their churches in worship services in various ways including even daring to pray for them.

The fear of the Samaritan woman to disclose her marital status to other women was regarded as being similar to the fear of people living with HIV/AIDS to disclose their HIV-positive status. The Samaritan woman feared the negative reactions from her community. Similarly, people living with HIV/AIDS fear the negative reactions from the other church members. Those members of the group who disclosed their HIV-positive status regret doing so, and consequently face negative reactions:

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 (Mligo 2009:251).

Like the Samaritan woman, people living with HIV/AIDS are anguished about their status being scorned and jeopardised by the "cult of normalcy".

The situation of the woman caught in adultery was considered similar to that of people living with HIV/AIDS. People living with HIV/AIDS experience a stigmatisation similar to that of the woman in the text:

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 (Mligo 2009:265).

According to the group, the main reason for pointing fingers to the woman and to them is sexual behaviour that seems to be unfit in the communities' "cult of normalcy".

Group members recognised the role of Jesus in their situation.

After the group had scrutinised the texts, I asked them about their view of the role of Jesus. I wanted to know what they viewed as the role of Jesus in their situation. In some instances, people living with HIV/AIDS found Jesus to be the one that unites them around the Bible:

Jesus ... unites us who are infected, despised and considered as non-human among ourselves, with the other members and with the community around us (Mligo 2009:255).

People living with HIV/AIDS considered the re-socialisation they attained in the Bible Study gatherings as an effort by Jesus to alleviate their stigmatising anguishes.

Moreover, the group was of the opinion that Jesus not only united the group members in his effort to alleviate their stigmatising anguishes, but he also gave them the courage to face their hurting situation. People living with HIV/AIDS confessed in their own words:

Jesus gives us the courage to proclaim to those who are not infected by the virus our status and our need for care and compassion (Mligo 2009:255).

For the group, courage to speak openly about their hurting situation was a step forward in fighting stigmatisation.⁵

Group members indicated the power relation that was at play in their interaction with the "cult of normalcy".

In the case of the man born blind, I asked people living with HIV/AIDS to identify characters, situations, attitudes and reactions in their own social interactions that were similar to those narrated in the texts. The group

5 However, the group of people living with HIV/AIDS did not discuss the command of Jesus to the woman to "go and sin no more" (John 8:11). In this instance, Jesus seems to share the Jewish belief of suffering as a consequence of sin.

indicated the power mechanism of the “cults of normalcy” that were at play within their respective churches. In one of the buzz-groups, people living with HIV/AIDS noted:

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 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 (Mligo 2009:289).

This statement indicates the community’s power to set aside those who are unfit or those who do not conform to the “cult of normalcy” for its own sake. People living with HIV/AIDS were deemed unfit to belong, as they did not conform to the established normality.

In general, people living with HIV/AIDS found that their churches and communities were not safe spaces for them. The following question promptly emerges: Why did they regard the situation of their churches as places for more anguish, and not consolation? The people living with HIV/AIDS answered this question themselves in their response to one of my probing questions. Their response indicated human lack of compassion for another person’s condition, and human self-centeredness: “It is because of 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)” (Mligo 2009:293). In this statement, people living with HIV/AIDS found that, due to self-sufficiency and carelessness about other people’s predicaments, human beings have succumbed to the existing normality and have, unfortunately, forgotten the reflexive nature of life’s problems. Problems are not for only one person or a certain group of people. They are for everyone, though they differ in magnitude.

2.4 Jesus Christ, the compassionate companion

Who did the group of people living with HIV/AIDS say Jesus Christ is in their context of stigmatisation? The question of “who Jesus is” is about the image of Jesus Christ in the lives of the group members. In fact, this question is neither a new question in Christological circles nor does it start with this group of people living with HIV/AIDS. It is an old question, and probably a familiar one. Yet, it is one of the questions whose plausible response is still far from being attained. In this instance, since Jesus himself asked his disciples, “Who do men say that the Son of Man is?”

(Matthew 16:13) and “Who do you say that I am?” (Matthew 16:15), there have been numerous responses to these questions.

In the African context, for example, there has been an increase in Christological images of Jesus Christ.⁶ Yet, in my opinion, none of them has comprehensively captured the heart of the reflections provided by the people living with HIV/AIDS who all share a similar deficiency that deems them unfit: they are Christological reflections “from above”. They mostly present Jesus of those who marginalise and stigmatise. They present a picture of Jesus embraced by the “cults of normalcy”, who has self-sufficient power, and who hardly needs someone. This Christ can hardly be meaningful and liberating from the point of view of the marginalised and stigmatised people who present Jesus as needy, vulnerable, and not self-sufficient.

This means that, in their reading of texts and reflections upon their interaction with their churches, the group of people living with HIV/AIDS portrayed Jesus Christ as a compassionate companion. What kind of Jesus Christ is this? According to the group of people living with HIV/AIDS, this is Jesus Christ being involved. He is the Christ who is constantly involved with human life and its perils. I noted in my dissertation:

The compassionate nature of Jesus towards People living with HIV/AIDS 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 (Mligo 2009:320).

I added that people living with HIV/AIDS

rely on Jesus as their shield from the harsh kisses 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 (Mligo 2009:320).

6 For an analysis of some of these Christological images of Jesus in Africa, see Mligo 2009:302-310. For specific images of Jesus circulating among ethnic groups in the Evangelical Lutheran Church in Tanzania, see Richebächer (2007:236-271). Some of the images that Richebächer draws from the Tanzanian ethnic groups include Jesus as “King and Blood Brother” among the Buhaya of Northwestern Tanzania; “Jesus Christ, the Mother’s Brother” and “Rain Maker Priest” among the Ilyamba of Central Tanzania; Christ the Lord as “Healer and Elder of the New Covenant” among the Iraqw of Northern Tanzania, and Jesus Christ as “Age-Set Herald” among the Massai of Northern Tanzania (Richebächer 2007:236-262).

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The Jesus of people living with HIV/AIDS is not a lofty Christ who dwells far yonder. He is an imminent Christ that is involved in daily human predicaments. He is Jesus Christ viewed “from below”, from the perspective of those marginalised and disregarded by their communities. He is not Jesus embraced by the “cult of normalcy”, but the one known by the members of this cult, yet hardly worshipped. He is the Christ whom churches have to learn to worship (cf. Volf 1996). The words of the theologian Donald Messer clearly illustrate this assertion when he writes that Christians have to learn to

worship a God of life, not death; of hope, not despair; of love, not hate; of acceptance, not stigma and discrimination (Messer 2002:xiv).

This Jesus Christ of the marginalised people living with HIV/AIDS is in solidarity not only with stigmatised and estranged people, but also with the person who takes a radical risk in order to alleviate a person’s harming situation (see Mligo 2009:321). He is a friendly Jesus and a companion to the suffering. He is the one who breaks all kinds of barriers of the “cults of normalcy”, who reaches out to people as a companion and friend in their situations. Messer (2002:63) notes the following about what Jesus did in his time:

Jesus crushed the barriers and smashed the bias of his time as he reached out both in compassion and companionship to the lepers of his time. ... Clearly Jesus [was] a compassionate companion and call [sic!] us, his disciples, to join him whenever and wherever we can.

Through his friendly involvement in the lives of suffering people and the radical risk he takes in order to alleviate such suffering, Jesus Christ of the group of people living with HIV/AIDS indicates compassion by his

disposition of solidarity towards the neighbour’s suffering (cognition) ... the action of entering into the context of that suffering as one’s own (affectivity), with ... a commitment to overcoming the cause of the suffering itself (volition) (Floyd quoted in Mligo 2009:315).

This is the essential compassion required by the disciples of Jesus Christ in churches as his witnesses; yet, it is the one that lacks most in current churches.

Despite the group of people living with HIV/AIDS’ nuanced Christology of who Jesus Christ is, there are still some issues with this Christological reflection. In my opinion, one issue concerns consistency. Since this reflection was done when people living with HIV/AIDS faced stigmatisation as they lived with the virus, I am not certain whether these people could

reflect in the same way, if they were healed. Moreover, those who stigmatised did so because they did not live with the virus. I am not certain whether such people would reflect in the same way, if they were infected by the virus and experienced similar stigmatisation. In my opinion, these uncertainties imply that plausible responses to the questions: “Who do men say the Son of Man is?” (Matthew 16:13) and “Who do you say that I am?” (Matthew 16:15) are still far from being attained. The uncertainty implies that there are multiple identities of people who have multiple conceptions about Jesus according to their own lived experiences.

3. CONCLUSION

My issue in this presentation is based on the legitimacy of the “cult of normalcy” exhibited by the community as a measure of what is “normal” and what is “abnormal”. As noted in the discussions of the group of people living with HIV/AIDS, the measure of what is normal and what is abnormal is too relative to envisage. In this instance, it appears that difference, or abnormality is not something to exclude; rather, it is something to embrace, because it is one of the contributing factors in making the “whole” whole.

The discussion engendered by this presentation demonstrates that social interaction is mainly a symbol of being, especially of being in a particular community. This is the reason why it is possible to claim for the specificity of what is stigmatised. Since the definition of what is “normal” and what is “abnormal”, hence the inclusion in or exclusion from the “cult of normalcy”, is based on the meanings of symbols used in the interaction within that particular community, I see a necessity for current churches and communities in my research area and elsewhere to review the way in which symbols are used and meaning is attached to them. Hence, I strongly agree with Reynolds’ suggestion that

we must engage in a process of “re-symbolizing” what it means to be human, such that new images of wholeness are created and new ways of dwelling together in community are envisioned. Fresh criteria must be introduced to measure the moral character of society and its way of mediating “wholeness” (Reynolds 2008:69).

My use of the word “whole” does not mean something more than that which encompasses human life and human well-being. The Ghanaian theologian Mercy Amba Oduyoye aptly illustrates my statement: “Wholeness is ... all that makes the fullness of life, and makes people celebrate life. ... Fullness of life is defined as a state of prosperity, victory over evil and death-dealing forces” (Oduyoye 2001:34). Since the “cult of normalcy” enshrined in the community threatens the life of some of the

community members by deeming them unfit to belong to it, then such cult has to be challenged.

Moreover, re-symbolising symbols used by the community requires going hand-in-hand with the understanding of God to be worshipped, and the God whom Christians have in most instances worshipped. The compassionate God of people living with HIV/AIDS, portrayed in their image of Jesus Christ discussed in this article, challenges the way in which their church communities' "cults of normalcy" have excluded them from belonging because of their being HIV positive. This means that churches have mostly embraced the wrong image of God that is revealed in Jesus Christ. This view is obvious in the critique by people living with HIV/AIDS in their reading of the story of the man born blind:

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 (Mligo 2009:319).

What people living with HIV/AIDS depict in their words is that Jesus sets an example of what it means to be a true friend and a companion in life. Jesus shared friendship with his disciples, and he called them "friends". He trusted them and shared with them the mysteries of the Kingdom of God; he loved them and was involved in their lives (Sedmak 2002: 50).

Sedmak (2002:51) outlines the qualities of a good friend and companion in life:

Friendship is not about making the other person feel good all the time. A true friend invites us to be the best person we can be. And a true friend discovers our wonderful sides and invites us to cultivate them. A good friend wants our well-being, even if this means being painfully honest. ... It is in this sense that we could say that a good friend is the one who knows the melody of our soul and sing it to us.

Following the above assertion of friendship, Messer (2002:46), quoting from Henri Nouwen (1988), also explains the role that churches must adopt towards those who require a friendly concern:

More than ever the Church has to live out Christ's love for the poor, the sinners, the publicans, the rejected, the possessed, and all who desperately need to be loved. ... He revealed the total and unlimited love of God for humanity. This is the love that the Church is called to make visible, not by judging, condemning, or segregating, but by serving everyone in need.

Sedmak and Messer thus suggest that churches have embraced the “cult of normalcy” that prevents them from being faithful disciples of Jesus Christ, disciples that have the qualities mentioned above and that follow Jesus’ example of being friends to those who are marginalised. Suffice it to end this article by mentioning that, just as Jesus disturbed the conventional setting of the Jews in favour of human well-being, the current conventional settings of churches have to be disturbed in favour of those who are put out of conventional margins.

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