

AUTHOR:

Dr P.J. (Flip) Buys 
<https://orcid.org/0000-0002-5038-8248>

AFFILIATION:

School for Ecclesiastical Science,
North-West University

CORRESPONDENCE TO:

buys.flip@gmail.com

DATES:

Published: 21 April 2020

HOW TO CITE THIS ARTICLE:

Buys, P.J., 2020. Building resilient communities in the midst of shame, guilt, fear, witchcraft, and HIV/AIDS. *KOERS — Bulletin for Christian Scholarship*, 85(1). Available at: <https://doi.org/10.19108/KOERS.85.1.2464>

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Building resilient communities in the midst of shame, guilt, fear, witchcraft, and HIV/AIDS¹

ABSTRACT

One of the most challenging issues in dealing with HIV/AIDS is breaking through the stigmas surrounding the disease and building resilience in communities where large numbers of people are infected with and affected by the HIV pandemic. This article explores the relationship between shame, fear, guilt, witchcraft and HIV/AIDS stigmatization with specific reference to a rural community in South Africa. This will be done by looking at key features of the African Traditional worldview and culture. Predominant witchcraft beliefs and how it manifests in community attitudes towards PLWA as we have observed it over a period of 10 years in the KwaNdebele region will be pointed out. The influence of prevailing beliefs in witchcraft and the way it aggravates the experience of fear, shame, and suffering of stigmatization by people infected and affected by HIV will also be highlighted. Approaches to Christian HIV/AIDS counselling and intervention have to be contextualised to be culturally sensitive and relevant. At the same time, the article wants to stress that a Christian approach to HIV/AIDS intervention may be enriched and become more holistic when the aspects of the Christian Gospel dealing with God's merciful covering of the shame of his children and Christ's victory over and disarmament of all evil spiritual powers and authorities are believed and embraced.

1. CHALLENGE

There is no doubt that HIV and AIDS – especially in sub-Saharan Africa – is still the most horrific epidemic that the human race has ever seen. Just a quick look at some of the frightening statistics is enough to establish this fact.

In a 2013 report of the World Bank it is stated that since AIDS first appeared in 1981, more than 65 million people have been infected and more than 30 million people have died of AIDS-related causes. (World Bank, 2013). Worldwide, 2.5 million people became newly-infected with HIV, and 1.5 million died of HIV-related causes in 2011 (World Bank 2013).

UNAIDS figures published in 2018, reveal that although there have been significant reductions in deaths due to AIDS-related illness the downward trend is not enough to reach the General Assembly's 2020 milestone. The annual number of global deaths from AIDS-related illness among people living with HIV has declined by 34% but reaching the 2020 milestone will require further declines of nearly 150 000 deaths per year (cf. UNAIDS 2018: 120).

Sub-Saharan Africa accounted for 68 per cent of all new infections and nearly half of all deaths globally in 2010 occurred in Southern Africa. (World Bank 2013).

It is shocking and painful to see that several researchers have pointed out that in terms of the absolute number of people living with HIV, South Africa had the largest number in 2016 with more than 6.3 million (Rosser & Ritchie 2018).

¹ Paper delivered at the IAPCHE All Africa Conference from 6-8 November 2018 in Potchefstroom.

In 2011, South Africa already had 2.09 million children orphaned from AIDS deaths. (Rosser & Ritchie, 2018). A research report of a project of 2010, funded by the German Development Bank in collaboration with the National Department of Social Development (DSD), South Africa indicated that there was a growing phenomenon of child-headed households in South Africa (Mogotlane *et al.*, 2010).

Unlike other disasters, AIDS is taking more lives, impacting the health of more people and leaving more children and orphans homeless than any hurricane, earthquake or tsunami (Keeba & Ray, 2002:20; Kilbourn, 2002:10).

The effects on people affected/infected by HIV/AIDS in rural areas like the KwaNdebele region are compounded by other desperate needs. The 500 000 people living in the Thembisile and Mkobola Municipal areas in the Ngankala District of the former KwaNdebele homeland (around KwaMhlanga) in the Mpumalanga Province, suffer dire consequences as the results of poverty, unemployment and general underdevelopment.

The desperate needs of this community (Thembisile Local Municipality, 2006:35; Martin, 2006:15) are highlighted by the fact that:

- 80% of the households have no hygienic toilets.
- 90% of the households have no refuse removal.
- 20% of the households have no piped water. Generally water provision is a problem in itself. Water supplies are cut off for months (including for those who have access to piped water).
- 20% of the people have no schooling.
- Only 8% of the people have completed Grade 12.
- 2% of the community continue with tertiary education.
- 27% of the population is economically active in the public sector.
- 43% households earn less than R1000 per month - which is considered as living below the poverty line.
- Only 24% households earn more than R1800 per month; this means that 76% of this population earn less than R1800 per month.
- 39% of people/households have access to electricity for cooking.
- The health facilities range from average to poor and are generally understaffed. The one and only hospital in KwaMhlanga is substandard and only provides very limited services. Four additional clinics are required for this area. There is a need for more ambulances. More equipment and medicines are needed at the clinics.
- Social services have limited transport and social workers cannot cope with the number of orphan cases reported.
- 50% of the children are below the age of 18.
- 63% of the population is under the age of 24.

2. PROBLEM STATEMENT

In a Fact Sheet on Stigma and Discrimination of UNAIDS in 2003 and confirmed in a new report in 2018, it has been pointed out that all over the world, the AIDS epidemic is having a profound impact, bringing out the worst when individuals are stigmatized and ostracized by their loved ones, their family and their communities, and discriminated against individually as well as institutionally (UNAIDS, 2003, Fact Sheet).

Stigma and discrimination continue to play a huge role in the HIV response by hampering access to and uptake of critical HIV services, such as in Botswana where 50% of pregnant women don't feed their babies with formula (a key substance for survival) so as to not to

identify their HIV status (Brown, Trujillo & Macintyre, 2001:12).

The way in which individuals discover and disclose their HIV status to others, as well as how they cope with their HIV status, is influenced by cultural and community beliefs and values regarding causes of illness, learned patterns of response to illness, social and economic contexts, and social norms (Brown, Trujillo & Macintyre, 2001:20).

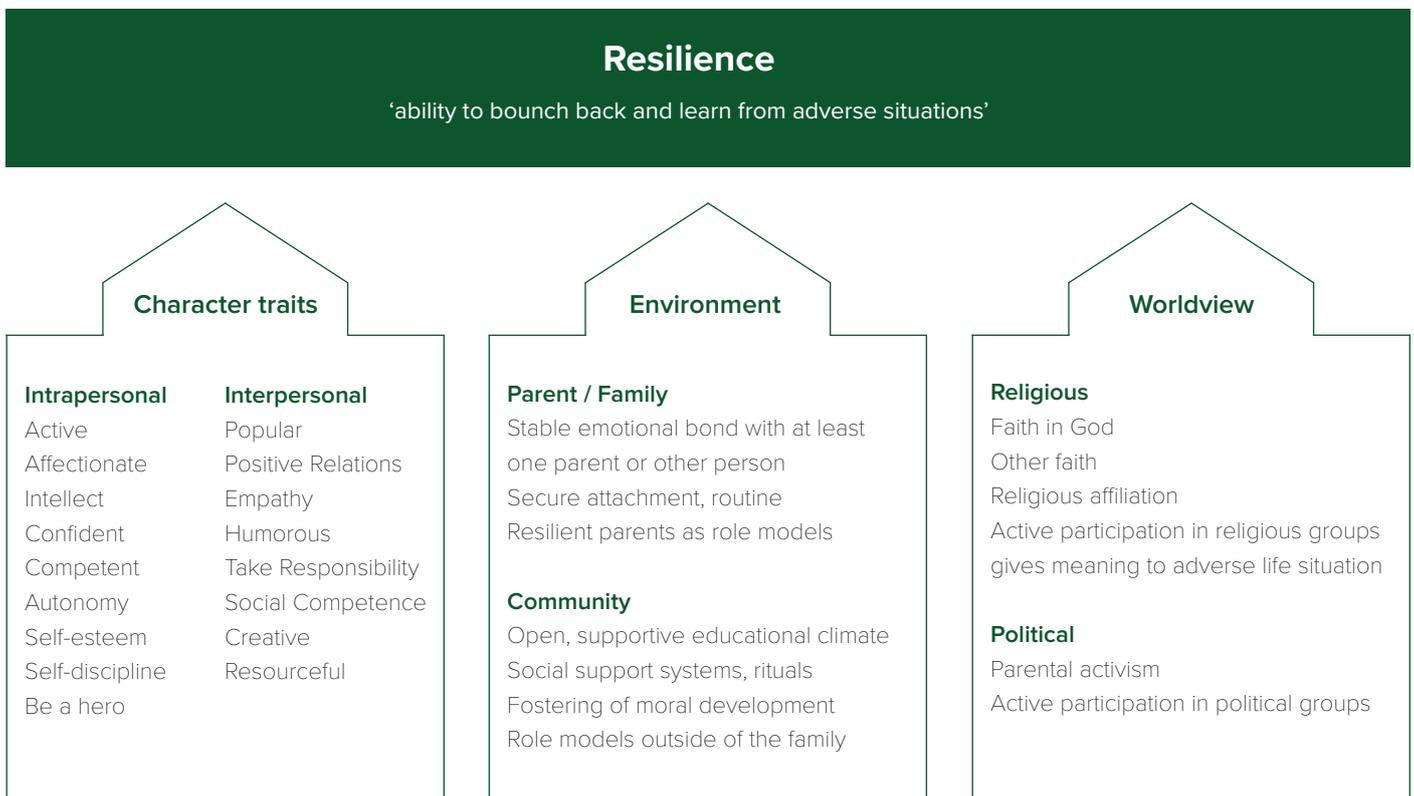
This article wants to consider the relationship between resilience and the predominant worldview of the people in the communities suffering from the HIV AIDS pandemic.

Within the African context life is perceived holistically. An individual is perceived to be in a continuous relationship with his community and the super-natural world, both of which has a distinct influence on the individual's life. The joys, struggles, and sufferings are interpreted within this scheme of relationship networks and there ought to be an equilibrium between individuals and their environment. Disturbing this balance causes sickness and suffering. This super-natural perception of sickness and suffering poses a pastoral care challenge in Africa and the pastoral counsellor may need to interpret God in terms of these supernatural perceptions and experiences (Magezi, 2007:657).

2.1 What is resilience?

Resilience can be defined as a process of adapting successfully in the context of a threatening situation (Germann, 2005: 42). In this paper resilience is understood as the ability to bounce back and learn from an adverse experience to such an extent that the ability is gained to reach out to others in adverse experiences and comfort them to deal with their challenges. From a Christian perspective resilience is described in 2 Corinthians 1:3, 4: "Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our affliction, so that we may be able to comfort those who are in any affliction, with the comfort with which we ourselves are comforted by God."

This requires a holistic approach as illustrated in the following image:



This article wants to contribute to the present discussion by investigating the influence of shame, guilt, fear, and witchcraft beliefs on HIV/AIDS interventions, with specific reference to the predominant worldview in a rural community in South Africa. This will be done by looking at features of the African worldview and culture and at the relevance of the Christian Gospel in this regard. Although the literature consulted refers to Africa and rural areas in general, this study has been done in the context of the Mukhanyo Community Development Centre NGO, functioning in the wider KwaMhlanga area in the former KwaNdebele homeland, where we have been involved in the care of 1000+ OVC's through day care centres linked to churches and foster mothers and care for 500+ PLHA's (People Living with HIV and AIDS) through home based care visits as well as a step down centre caring for 300+ terminally ill AIDS patients per year (Mukhanyo Community Development Centre, 2009).

In 2009 Mukhanyo Community Development Centre (MCDC) contracted the professional Chiastolite Professional Services to lead a baseline survey in the Vlaklaagte extension 2 in KwaMhlanga, Mpumalanga area. This baseline survey aimed to assess the current situation, identify existing needs and trends and provide as baseline for planning and monitoring and evaluation. (Mukhanyo Community Development Centre, 2009b).

The findings of the baseline survey confirmed the findings of the HIV/AIDS Bureau that one of the most challenging issues in dealing with HIV/AIDS is breaking through the stigmas surrounding the disease. The stigma related to HIV/AIDS appears to be more severe than that associated with other life-threatening conditions. This also confirms the experience of this researcher who has done pastoral ministry to many terminally ill HIV victims and their relatives. The MCDC survey also revealed that a significant number of people in the area relate HIV/AIDS to witchcraft and believe traditional healers (called witchdoctors or sangomas) have the power to heal HIV/AIDS.

It became clear that HIV/AIDS-related stigma compromises the well-being of people living with the disease. Stigmatised individuals may suffer discrimination and isolation that lead to loss of employment and housing, estrangement from family and society, and even increased risk of violence. HIV/AIDS-related stigma also fuels new HIV infections because it can deter people from getting tested for the disease, make them less likely to acknowledge their risk of infection, and discourage those who are HIV-positive from discussing their HIV status with their sexual and needle-sharing partners.

In the South African context the following negative effects and observations could be added to the problems referred to above:

- People in South Africa are still extremely afraid to reveal their HIV status or the status of their relatives.
- People living with HIV/AIDS (PLHA) are so afraid of stigmatisation and try to hide their illness for such a long time, that it becomes too late to seek medication that could have made a huge difference.
- Fear of witchcraft still prevents open and honest discussion and much needed counselling for patients and their relatives. In a research paper on AIDS, Witchcraft, and the Problem of Power in Post-Apartheid South Africa, Adam Ashforth (2001:5) argues convincingly - based on field research and statistical proof - that as the epidemic of AIDS sweeps through this part of Africa, *isidliso* ("sickness" caused by witchcraft spells and ancestral spirits²) is

2 In a web blog Antje Ramotswa explains the widespread reasoning of links between AIDS and *isidliso* as an illness caused by witchcraft: "Pneumonia, diarrhea, weight loss and other symptoms that appeared by having AIDS are similar to the symptoms of *isidliso*, an illness that is caused by witchcraft. The people don't speak about the illness not only because they are afraid of the illness, not only because they don't want to be known as sexual excessive, it is because they are not allowed to speak about witchcraft. The person who witched you shouldn't know he's known as a witch, because then the healing could fail." <http://ramotswa-antje.blog.com/1347614/>

the name that springs to mind amongst many in the epidemic's path. To the extent that this occurs, the epidemic of HIV/AIDS becomes also an epidemic of witchcraft. For when suspicions of witchcraft are in play in a community, problems of illness and death can transform matters of public health into questions of public power, questions relating to the identification and punishment of persons deemed responsible for bringing misfortune to the community, that is: witches.

- Traditional healers sometimes exploit the fears of PLHA and impoverish them and their families and endanger their lives.
- PLHA are marginalized from communities and often suffer in loneliness without care.
- Vulnerable children and orphans cannot ventilate their grief nor receive proper Christian bereavement and resilience counselling because of the stigma surrounding the illness and death of their parents.
- Sex education and HIV/AIDS education are hampered because of the shame surrounding HIV/AIDS
- Judgment and indifference, rather than compassion, continue to characterise the church's response to HIV/AIDS.

This researcher has experienced that several patients who left the Nakekela Step-Down Centre that MCDC has established, to go home came under such pressure of relatives to add traditional witchcraft potions to their ARV medication that although they left the step-down centre after some weeks of care with much improved health then soon died with symptoms of full blown AIDS.

Parker and Aggleton (2003:34) examined the influence of the broader contexts of culture in AIDS-related stigma and accompanying denial, and concluded that stigma could not be fully examined outside the cultural contexts that give it meaning. In a 3-year project funded by UNAIDS to develop a new direction for HIV/AIDS prevention in Africa, Asia, Latin America and the Caribbean, culture was one of the five key domains that was recommended to become central in HIV/AIDS prevention, care and support, particularly in Africa (UNAIDS, 1999). Magezi (2007:658) rightfully states that a pastoral counsellor in Africa should be aware of the crucial role played by the African worldview in order to make meaningful diagnosis. The worldview provides the schema for probing and interpreting the conversation.

3. CENTRAL THEORETICAL ARGUMENT

This researcher has a hypothesis that will form the central theoretical argument of this article namely that one of the key aspects of the predominant African worldview in rural and semi-rural communities in South Africa - like the former KwaNdebele - is that it is a shame and fear culture and that approaches to Christian HIV/AIDS counselling and intervention have to be contextualised to be culturally sensitive and relevant in this regard. The researcher also has a hypothesis that the key message of the Christian Gospel provides clear perspectives to deal with fear, shame and stigmatization and thus may make a huge contribution to the call made by UNAIDS in 2003 with regards to stigma and HIV/AIDS: "Live and let live. Help us fight fear, shame, ignorance and injustice worldwide" (UNAIDS, 2003: Fact Sheet).

4. CULTURAL ISSUES

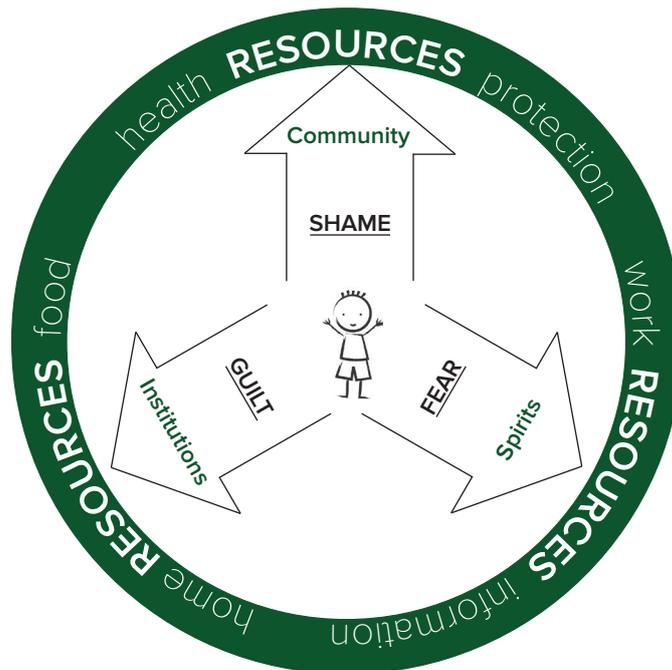
4.1 Unique characteristics of the African worldview and culture

Although it entails an enormous generalisation to speak of "African Culture and World View" several researchers (Mbiti, 1969; Mbiti, 1970; Turaki, 1997, Van der Walt, 2006; Van Rooy, 1995, O' Donovan, 1995:21, Van Rheenen, 1991:45) have pointed out that there are typical aspects of African culture that are generally found on the continent of Africa.

Turaki (2012:10) summarized it as follows:

The details of African Traditional Religion vary from region to region, but all variants share five fundamental beliefs: belief in impersonal powers, belief in spirit beings, belief in divinities or gods, belief in a Supreme Being, and belief in a hierarchy of spiritual beings and powers.

Georges explained that guilt, shame, and fear in the worldview of people are the moral emotions that they use to organize the distribution of resources between people. With the circle illustration below Georges visually depicts how a person (in the centre) acquires essential resources (the outer ring), and the three potential emotional barriers.



Following Mbiti, Turaki, Nyirongo and others, Van der Walt (2006) summarizes the uniqueness of African culture over against typical Western culture by means of the following seven characteristics:

1. Unique ideas about God; Africans believe that their creator god is far away and not interested in them.
2. Unique world views; For Africans the spiritual world determines the physical world – every visible event has a spiritual cause.
3. Unique views of society; Africans have communalistic views of society as opposed to Western individualism.
4. Unique views on and ways of experiencing time; Africans have an events-oriented vision of time opposite to the chronological (clock) time of the West.
5. Unique ways of thinking; Africa thinks more holistically, synthetically, while Westerners are more analytically oriented.
6. Unique ways of communication; Africans prefer a more indirect way of communicating and experience the direct way of communication of the West as rude.
7. Another aspect of traditional African worldview that has a bearing on the encounter with HIV/AIDS is the *Idea of the Limited Good*. Van Rooy (1999:236) has pointed out that many phenomena and aspects of African spirituality can be explained from the presupposition of the idea of limited cosmic good. Good in this case does not refer in the first place to goods in the sense of ma-

terial possessions, but rather to vital force, power, prestige, influence, health, good luck.

4.2 **Guilt, shame, fear and culture**

Van der Walt (2006:6) points out that of the first researchers who used the model of guilt and shame to understand Western and non-Western cultures, was Benedict (1946) who made it applicable to the American and Japanese cultures. Since then numerous followers have used her model and worked it out in more detail. He also says that Lienard (2001) pointed out that it is more accurate to speak about an *honour orientation* versus a *justice orientation*. This is confirmed in an article of Mbuvi (2002:310) who argues that African Theology should be developed from the perspective of honour and shame. Only after an offence against the community is exposed does a person in an honour-oriented culture experience shame, while a justice-oriented person experiences guilt after transgressing the norms, even when it has not been exposed and known by the community. The honour of the first-mentioned must be restored by the community, while in the last case care must be taken that justice is done.

In his well-documented doctoral dissertation of 521 pages (with a bibliography of not less than 64 pages) Hans Wiher provides a treasure of information. He documents in detail and analyses the origin and development of this approach in a variety of subject fields (psychology, cultural anthropology, philosophy, theology and missiology). He further devotes a chapter to shame and guilt in the Bible dealing with a wide variety of biblical examples and perspectives and insights (Wiher, 2003:179-281). He uses biblical perspectives in treating Western and African cultures critically. The value of this book is enhanced when it transpires that the writer knows the African context very well (he has been a medical doctor as well as lecturer in theology for more than 20 years in Conakry, Guinea).

Wiher's point of departure is the human conscience which shapes and influences human existence and culture. At the same time he does not deny that the surrounding culture forms a certain type of conscience in the individuals.

Magezi (2007:661) also states that the challenge of pastoral diagnosis in Africa is to develop an interpretational frame in which assessment focuses on interpreting the influence of the complex network of relationships. A "shame-oriented conscience", is linked to honour and status in the community. A "guilt-oriented conscience" is linked to offence as a result of the transgression of norms which the individual accepts as binding. Wiher (2003:45) believes that the acceptance of God's authority (by living according to his ordinances) plays a vital role in forming and transforming the consciences of individuals.

A possible weakness in Wiher's dissertation is that he did not deal with the very important role of fear and witchcraft in the traditional African worldview.

Georges and Jayson express the opinion that three responses to sin in human cultures can be identified: guilt, shame, and fear. According to him these three moral emotions have become the foundation for three types of culture: (1) guilt-innocence cultures are individualistic societies (mostly Western), where people who break the laws are guilty and seek justice or forgiveness to rectify a wrong, (2) shame-honour cultures describes collectivistic cultures (common in the East), where people shamed for fulfilling group expectations seek to restore their honour before the community, and (3) fear-power cultures refers to animistic contexts (typically tribal or African), where people afraid of evil and harm pursue power over the spirit world through magical rituals.

These three types of culture are like group personalities defining how people view the world. Just as individual people have a personality, cultural groups share a groupality. Groupality refers an "organized pattern of behavioral characteristics of a group." A person's cultural orientation, or groupality, shapes their worldview,

ethics, identity, and notion of salvation, even more than their individual personality does. For this reason, awareness of culture types helps us anticipate cultural clashes and communicate the gospel three-dimensionally to the world (Georges 2017:129).

In an in depth PhD dissertation Thias Kgatla came to the conclusion that

... witchcraft discourse in South Africa has increasingly permeated all social structures, thereby becoming a real threat to the process of reconstruction and development. The neglect of witchcraft accusations and their resultant consequences can cause the country to lose all it gained as a result of the liberation struggle (Kgatla 2000: iii).

Watertight categories can of course not be applied as Wiher (2003), Van der Walt (2005), Magezi (2007) and (Georges 2017) repeatedly state. A measure of guilt, shame and fear is present in every culture. In general people have mixed conscience orientations with a tendency towards the dominance of either guilt, shame or fear. In other words, people may have a strong guilt-orientation combined with a weak shame and fear orientation or the other way round. Therefore it would be wrong for one cultural group to think that another (foreign) culture does not have a conscience – they merely have a different kind of conscience. In personal interaction with the people in the KwaNdebele region and personal pastoral interaction with many people infected with and affected by HIV this researcher is of the opinion that the majority of the people has a fear as well as a shame cultural orientation.

4.3 African communalism, shame and fear orientation

Several African researchers have come to the conclusion that African culture and worldview are imbedded in a communalist understanding of society. Nyirongo (1997:102) agrees with Mbiti (1969:108) that a person's individuality is fulfilled through his or her participation in the tribe. The individual is not a person until he or she has been accepted by the community.

Because Africans believe that everything that exists is in an organic relation to everything else that exists, the same applies to how human beings interact.

Turaki (2012:19) formulates:

People are not individuals, living in a state of independence, but are part of a community, living in relationships and interdependence.

In traditional life, the individual does not and cannot exist alone except corporatively. He owes his existence to other people, including those of the past generations and his contemporaries ...The community must make, create or produce the individual; for the individual depends on the corporate group. Physical birth is not enough ... I am because we are, and since we are, therefore I am (cf. also Setiloane 1976:36 and Setiloane 1986:67).

In Africa the issue of *human relationships* is a matter of primary importance. Relationships determine ethical norms, modes of conduct and principles of education.

In communalist societies the community thus is of the utmost importance. Therefore a very high premium is placed on interpersonal relationships and harmony among people. It is important to emphasise here that it is what the *community does to the individual* that matters most, not the individual's view of him or herself. This identity is gained step by step, through various rites, but it is the initiation ceremony which truly incorporates the individual into the social group. Without this transition, one remains a child, an outsider, a "half" person or a nobody. Individuals will not fully enjoy the privileges of the community on their own. The community sets the norm and ideal for human existence. Consequently it is all-important to be honoured and accepted by one's own people.

Turaki (2012:14) made it clear that fear of spiritual powers and of the unpredictable contingencies of life, before which humans are powerless is a fundamental psychological belief in Africa.

Traditional religious rites, rituals, ceremonies, sacrifices and offerings provide only temporary comfort. Indeed, they often enhance fear, rather than reducing it, especially when they have to be repeated time after time (Turaki 2012:14).

The communal character of moral principles is reflected in the ethical code and education of African people. Characteristics which are inculcated to children in traditional education are those which would facilitate human relationships and prevent disunity in the community, such as respect for authority and seniority, humility, modesty, politeness, friendliness, willingness to compromise, sharing with others what one acquires, helping people in need, hospitality (Setiloane 1976:67). Harmony and acceptance mean honour and lead to a good conscience. A bad conscience arises when one has not met the ideals of one's group. When this is discovered a person subsequently loses status and honour. To be marginalised by one's group leads to a personal identity crisis.

In an individualistic culture living correctly (obedience to internalised norms) leads to a good conscience. Transgression of this norm gives rise to a painful feeling of guilt (even psychological depression) or a bad conscience.

Someone who has committed an offence in a communalist culture is never directly called to account or in the presence of others – definitely not someone with a high status – since it tarnishes his or her good reputation. Such an insult is even more serious than murder. Sanctions by the community thus take place in a more indirect manner, like gossip, stories, proverbs, parables, dramas and other symbolic actions.

In summary the difference between a shame-oriented conscience culture and a guilt-oriented conscience culture is the following (cf. Wiher, 2003:60): In the case of an individualistic guilt oriented conscience culture the transgression of norms leads to a feeling of guilt and fear of punishment. In the case of more communalistic cultures failing to meet the ideals of society leads to fear of rejection and, when it is discovered, to a feeling of disgrace or shame.

In their holistic approach traditional Africans believe that fear of being marginalized by your group a person can access spirit power by consulting specialists who have access to these powers through rituals, divination, ceremonies, sacrifices, incantations, symbolism, witchcraft, sorcery, charms, fetishes, and white and black magic (Turaki, 2012:23).

4.4 Implications of the high sensitivity for the opinion of the group.

The feeling of shame is a very serious matter with far-reaching consequences because it hits the individual hard and disturbs him or her deeply. It leads to a loss of status, low self-image, an emotional feeling of inferiority, little or no confidence, uncertainty and deep depression that may even lead to suicide.

Instead of hiding or removing oneself from the community the opposite can also happen: great anger may be stirred up and that could lead to efforts to take revenge on those who publicized one's offence and in this way caused one to lose face and be disgraced in the community.

Stating it in the first person, the whole process can be summarized as follows: My (1) fear that my offence will be discovered, at (2) discovery changes to (3) shame because I (4) have failed to meet (5) my duties according to the ideals of my community, (6) and consequently I have lost esteem/honour, (7) am open to ridicule, contempt and rejection by my own people, which lead to attempts to (8) withdraw/hide myself and (9) even clearing away

myself completely (suicide) or (10) revenge myself on those who brought shame on me. Consultation of specialists like witchdoctors or wizards who have access to a wide range of spiritual powers is seen as a very important means to solve life challenges.

Ashforth (2001:13) also explains how painful feelings of shame through marginalization from the communal and social group is aggravated by suspicion of witchcraft. He relates his experience in Soweto that no-one wants to publicize the fear and suspicion that they have been cursed. Such publicity would not only be embarrassing, but dangerous, because it would enable the witch that has caused the sickness to gain intelligence of the efforts being made to counteract his or her occult assault. Such knowledge allows the witch to redouble his or her efforts or seek out other avenues of attack; for this reason, traditional healers typically enjoin their clients to silence. The experience of our home based care workers in the squatter villages in KwaNdebele is that they are often called aside and then someone would almost whisper to them that a relative or friend also has had "caffir poison" (referring to suspected witchcraft as the cause of someone being infected with the HI virus).

4.5 Difficulties in giving and receiving forgiveness

To replace the feelings of pain of a guilty conscience to the restored joy of a good conscience in shame cultures, is very complicated. Both repentance and forgiveness are problematic (cf. Wiher, 2003:151). Firstly, acknowledging guilt and repentance (confession) is difficult, since the guilty one thereby further disgraces himself or herself. Therefore the offence, especially in the case of an important person, is preferably hidden as long as possible. If the offence can no longer be hidden (usually as a result of gossip) the guilty person will not himself confess his guilt but make use of a mediator (someone who does not share the shame) to acknowledge the offence publicly in his/her name and to negotiate about reconciliation.

Those thought to be wayward are asked to look within to find out where they had broken harmony or relationships, and are then told to do restitution by offering gifts and sacrifices to restore peace and find forgiveness. In the traditional world view, sin is viewed as a lack of harmony or a broken relationship with the ancestors, spirits and the natural world. Atonement is the way to restore harmony and relationships (Turaki, 2012:17).

Secondly, it is not only difficult after acknowledgement of guilt to offer forgiveness, but even to accept forgiveness. For if the affronted person forgives the guilty one, he is indirectly saying that the guilty one is a bad person. And for the guilty one the acceptance of forgiveness implies the acknowledgement that the other person is so much better than himself or herself!

Since the process of reconciliation can be so laborious in shame cultures it is often easier to sweep an offence under the carpet, keep silent about it with the hope to eventually forget it. The cultural trait to just keep silent about sensitive issues aggravates stigmatization.

4.6 The impact of fear and a shame oriented conscience on HIV/AIDS infected and affected people

Based on extensive research done in Soweto, Ashforth (2001 :12) expresses a strong view when he says:

To talk of a "stigma" attached to AIDS in contemporary South Africa without understanding the witchcraft dimensions is, in my view, to risk misunderstanding both the nature of community power relations and the impact of the epidemic.

Belief in *witchcraft* is stimulated and confirmed by the idea of the limited good. As soon as a person prospers because he or she is somewhat more hardworking than the neighbours, that person is almost automatically suspected of drawing away the life force of someone else

through witchcraft and that is what black magic amounts to. If the children of one man by different wives differ in their health, prosperity, scholastic and other achievements, the less fortunate ones will naturally suspect the others of witchcraft (Van Rooy, 1999:235-253)

In our daily encounters with HIV/AIDS patients in KwaNdebele, we often found patients who have been marginalized from the community and left without any care because they were suspected of being bewitched. To be in touch with them is seen to be dangerous because the evil spirits of bad luck might affect you, the caregiver, as well. That made it extremely difficult to break through the stigmas surrounding AIDS.

Because group identity is of such vital importance for the experience of personal identity the fear of being marginalized and losing one's place within a group leads to the fact that many PLHA would rather die than speaking openly about their status. When their condition cannot be hidden any longer it is often too late for them to receive antiretroviral treatment.

The strong beliefs in the healing powers of wizards and witchdoctors also often prove to be detrimental for patients and their families. Families who are already very poor because of a lack of income as a result of the effects of the disease may slaughter their last goat or cow or chicken in an effort to pay for the services of a sangoma in order to win the healing power of ancestral spirits in cleansing rituals. Ashforth (2001:11) has convincingly argued that "traditional healing" in South Africa is usually more expensive than Western medical treatment. Some of the sangomas communicate the idea that they have traditional healing medicines or potions that can heal AIDS or at least raise the CD 4 count levels of terminally ill patients. Patients and their relatives may then sometimes dump themselves in deep debt in order to buy such potions. We have seen traditional healers who have thrown sand or dirt on open bedsores or wounds of patients or encouraged them to replace their use of antiretroviral medicine with traditional cleansing laxatives which then cause diarrhoea and death.

The idea of the limited good also explains the strong feeling of obligation to *reciprocity*, repaying benefits with other benefits, as is practised in customs of brideprice or in loans and gifts. This is then also applied to ancestors. The widespread beliefs in the power of ancestral spirits to guarantee health, wealth and happiness lead to very elaborate funeral rituals. This means that many Africans in rural areas bury their economic future with these expensive funeral rites. In a rural area like KwaNdebele funeral parlours are mushrooming and business in this regard is flourishing.

There seems to be a fear of being suspected of witchcraft or being marginalized or ridiculed by the group if a "proper" (large scale) funeral is not organized.

Shame implies that in the conscience of many people - one does not feel emotional pain of transgressing God's laws and biblical norms for morality until it is discovered. As long as it is hidden and not spoken of nobody feels bad about it. This sometimes leads to the phenomenon that fear of disapproval from one's family/tribe is more extensive than fear of God's wrath over sin. Where that happens, it makes communities extremely vulnerable for peer group pressure, especially young people in the practicing of sexual morals. In fact, one must even tell lies just to avoid offending one's people. One's consciousness of the shame and disappointment experienced by one's family - especially one's elders and ancestral spirits - is more painful than fear of God's wrath. Various aspects of the shame culture make it very hard to break through the stigmas around HIV/AIDS.

5. The Christian Gospel removes both guilt, shame and fear

Wiher (2003:179-281) gives an elaborate discussion of the two above-mentioned and

contrasting consciences in the light of the Bible.

- After the fall Adam and Eve were ashamed and tried to hide from God. God restores personal relations with Himself and covers shame.
- He forgave the iniquity of your people and covered all their sins (Ps 85:2)
- Love and faithfulness meet together; righteousness and peace kiss each other. (Ps 85:11)

As far as the New Testament is concerned, Christ's death of atonement on the cross was interpreted in Western Christendom by most theologians merely from a guilt-oriented conscience. Christ paid for or made good in our place the guilt of our disobedience to God's commandments. But Wiher (2003:151) repeatedly shows that this is a one-sided understanding of the cross.

Georges (2017:158 -160) also explains that the gospel is a many-sided diamond, and God wants people in all cultures to experience his complete salvation. But despite the multifaceted nature of Christian salvation, Western Christianity emphasizes one aspect of salvation. He then illustrates his argument with examples from the book of Ephesians to explain "the unsearchable riches of Christ" (3: 8), which involves each of the three components of salvation of Christ forgiving guilt—"In him we have redemption through his blood, the forgiveness of sins" (1: 7a). Christ taking shame away "when we were dead in transgressions" (2: 5) and in love God predestined us to be adopted as his sons through Jesus Christ" (1: 5) so that we are no longer foreigners and aliens, but fellow citizens with God's people and members of God's household" (2: 19, cf. 2: 12-13). The fear-power emotions are addressed in that God's "power is like the working of his mighty strength, which he exerted in Christ when he raised him from the dead and seated him at this right hand in the heavenly realms, far above all rule and authority, power and dominion" (1: 19-21). Therefore Christians can be "strong in the Lord and in his mighty power and put on the full armour of God so that you can take your stand against the devil's schemes" (6: 10-11). Three aspects of salvation also emerge from Paul's central prayer: "I pray that the eyes of your heart may be enlightened in order that you may know the hope to which he has called you, the riches of his glorious inheritance in the saints, and his incomparably great power for us who believe" (1: 18-19). The gospel always remains an indivisible whole, but examining the facets individually provides a more complete understanding of salvation. Reading Ephesians three-dimensionally may help Christians to fully perceive "the riches of God's grace that he lavished on us with all wisdom and understanding" (1: 7-8).

Wiher also shows by means of numerous examples how different Bible characters dovetailed with the particular conscience orientation of their audiences. Christ Himself approached Nicodemus, a man of the law, in a direct way (cf. John 3). But in the very following chapter (John 4) He approached the Samaritan woman (a shame-oriented person, rejected by her own community) first in a subtle, indirect way before asking her an outright question about her husband.

After careful analysis of a wealth of biblical material Wiher (2003:159) can conclude convincingly that the Word of God does not make a choice between cultures, but prefers a balanced guilt and shame-orientation. According to him (Wiher 2003:178) both are necessary. For in our relationship towards God and our fellow men/with other people we have to live honourably (in love) otherwise we act shamefully; and in our relationship to God's norms (which have greater authority than our social values) we have to live correctly (in obedience) otherwise we are guilty.

This biblical balance however does not mean a mere compromise between various conscience orientations. Apart from finding links, Christ also criticises. He bluntly rejects the legalism of the guilt-ridden Pharisees, because they have forgotten the most important

thing – love. Likewise He cannot accept the ordinary people's admiration for status, honour and esteem (typical of a shame conscience) but calls them (including his own disciples) to humility and to regard others more highly than themselves.

6. The role evangelical churches living and preaching the Gospel of Jesus Christ ought to play in dealing with HIV / AIDS

From an evangelical faith perspective, the following solutions are offered for consideration:

Evangelicals believe that the gospel is the power unto salvation. It is also the power for transformation of lives and communities (Rm 12:1,2). It is an unmatched power to bring about the end of AIDS stigmatization and prevent new infections.

If the evangelical church cares for the sick and the dying, comforts the orphan and widow, shares its message of redemption, victory over all evil spirits and transformation, disciples its members and works for justice, then the worth and truth of the gospel of Jesus Christ will shine like a light on the hill and the nations will stream towards it.

Holistic mission and ministry implies that the Church of reconciled believers living from grace, forgiveness and assurance of shame being covered and taken away, and assured of access to the power of the Holy Spirit, needs to work towards creating an environment of hope and spiritual transformation in the midst of desperate suffering, poverty, fear and despair.

Believers from the diverse classes and races of a local village or region must unite in sacrificial fellowship and service to insure that the spiritual, physical, and emotional needs of the people in the community are met, and to make God's tangible love for the poor and suffering a reality. The church ought to work hard at being a place where everyone, including the poor and PLHA and affected relatives, feel welcome and valued. Corporate worship, small group ministry and culturally appropriate outreach are vital in a Christian response to AIDS.

Indigenous leadership development is an absolute necessity. Community people and leaders must be encouraged and developed to bring spiritual, moral and economic renewal to their communities. This is fundamentally the work of holistic disciple-making.

Holistic ministry implies that the church should provide servant leadership in a community-determined way, and model healthy Christian lifestyles.

The following comments need consideration:

- Evangelical Christians ought to recognize that all people are made in the image of God and that all Christians are sinners saved by grace alone. All people are equal and have innate value, whether they are young, aged, disabled, or illiterate. Living from grace alone in the power of The Holy Spirit, will stir up the strength to not only forgive one another as God has forgiven us in Christ (Eph 4:32), but also that love covers a multitude of sins (Jam 5:20) and that as children of God they have overcome evil spirits, "for he who is in you is greater than he who is in the world" (1 Jn 4:4-5).
- It is necessary to affirm that all people have a vocation. God has a calling on each person's life that requires them to be an agent - and not just a client or a lifelong beggar. Some of our best workers at MCDC were PLHA's who have come to a saving knowledge of God's grace in Christ forgiving our sins and covering our shame, and though the Holy Spirit fills us with power to live healthy lives (taking ARV's) of service to other people infected and affected

by HIV/AIDS.

- In a Christian response to AIDS we ought to recognize that all people have gifts and talents - which they have to use to the glory of God both in the church and in the community.
- A Christian response to AIDS should emphasize that labour and employment affirm dignity and contribute to our identity. We work not just to earn money - but it is a fundamental way in which we participate in the activity of God in the world.
- Evangelical Christians believe in a personal relationship with God as well as the unique communion of the saints, the fellowship of believers and our common call to serve humanity around us with compassion and service. In this regard the African concept of *ubuntu* may be enriched with the biblical concept of *koinonia*. Within this paradigm it is possible to accommodate those who have grown up in a predominantly shame oriented conscience cultures - to seek solutions for challenges through communal action.
- The only way to overcome fears of witchcraft is a sure knowledge and an overwhelming conviction that Christ did not only forgive our sins when he died on the cross but also disarmed all spiritual powers and authorities, and, triumphed over them, (Col 3:15; Wolford,1999). An experiential understanding that all power in heaven and on earth has been given to Christ (Mt 28:18; De Visser, 2000) drives away fear and instils assurance that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord (Rm 8:38,39)

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