EMORY | ROLLINS SCHOOL OF PUBLIC HEALTH | Interfaith Health Program
Hubert Department of Global Health

Title Silence and Speech: Theological Articulation and Negation in Response to HIV

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Date 2009

Location Task Force on HIV, Presbyterian Church in the USA

Background Dr. Blevins offered this lecture in conjunction with IHP Director, Sandra Thurman. In it, he explored the Christian theological traditions of apophatic and kataphatic theology in relation to what they could tell us about our responses to the global HIV epidemic.

The Theology School where I teach, the Candler School of Theology, is noticeably proud of its library holdings. Online and print media describing our school will quickly inform the reader that our library is "the second largest theological library in North America." Conversations with our faculty and administration (or presentations such as the one you are listening to right now) often embellish this fact with a further claim that our library is the *largest* (we usually emphasize that word) free-standing theological library in North America. Christian theological writing has produced an astounding library of texts and documents over the course of our religious tradition and history; Emory likes to tout the extent of our collections of those writings. In response to your invitation to speak with you today, however, I want to ask some theoretical questions in regard to the nature of that body of writing, particularly in regard to the very small piece of that body that deals with the global HIV/AIDS pandemic over the last twenty-eight years. I ask these questions as a precursor to laying out a theological framework for thinking about the church's response to the HIV/AIDS pandemic today. I have found that framework helpful for organizing some of my own myriad thoughts in regard to HIV/AIDS and for helping me consider strategies and tactics for responding to the epidemic both as a scholar and as a Christian. I share with you today and leave it to you to determine whether it's a helpful framework for your work as a Task Force. Before I share that framework, however, I want to lay out some broad characteristics of our collective theological writing and pastoral responses to HIV/AIDS and to offer a critique of what I perceive those characteristics to be.

A search of the holdings in our aforementioned library at Emory lists sixty-six texts catalogued under the subject "AIDS (disease) Religious aspects Christianity". Of these sixty-six texts, sixteen of them (all published since 2002) discuss the pandemic in Africa. One explores Christian responses to the epidemic in India and two discuss Christian responses in Europe. The other forty-seven explore HIV in America but only six of those

forty-seven texts were published since 1996, the year in which combination antiretroviral therapy significantly reduced the mortality rates of this disease; *only one has been published since 2006*. The chronology and the subject matter of these texts beg the following questions: Why did we only begin to write theologically about HIV in Africa and other developing countries in 2002 even though the virus had decimated many countries long before? Why did we only write theologically about HIV in America when people were dying without recourse to effective treatment? Why did new theological thinking and writing about HIV/AIDS in America virtually cease beginning in 1996, once new medical treatments that prolonged life became available? Why did theological thinking and writing about this epidemic only begin again in response to the pervasive reality of death in the countries of sub-Saharan Africa? Why was there little or no theological writing to speak about the prevention of the spread of the HIV virus in Africa or America or other parts of the world? Will theological writing on the epidemic in Africa cease if and when combination antiretroviral medications are readily available and reduce mortality rates?

Now, this series of rapid-fire questions does have a point. In fact, these questions move me toward a number of points not merely about the quantity of our theological writing in response to this epidemic but also the tenor of that writing. Here, then, is my point in regard to what we currently have available to us: I find the survey of theological texts on HIV/AIDS to be depressing for two reasons. Those reasons do not relate to my disagreement with what is being said in those texts—and I do disagree strongly with some of them. Rather, I find our collective theological library of HIV/AIDS depressingly inadequate because 1) it is so exceedingly sparse and 2) because it generally fails to point us to new theological questions and new theological insights and we desperately need new theological questions and insights to respond to this epidemic. What we have written in response to the epidemic is constrained by theological and ecclesial histories and perspectives that insist on reiterating old messages while limiting reflection on the implications of our faith for our situation today. What we have, then, is a kind of unwritten rulebook in regard to our Christian responses to HIV that allows us to speak—we are not utterly silent in response to this epidemic—but that also limits what we might think or say. We can speak, but only to certain things. We can reflect but only in certain ways. We can act, but only under certain conditions. And so it seems to me that our theological reflection on HIV/AIDS is marked by a certain kind of "chattering" speech (we can say certain things at certain times) and by a simultaneous enforced silence in regard to what may not be said.

This description may depress you as much as it does me; in fact, I hope it does. But I do not want to paint only a grim picture of an anemic Christian theology that offers nothing to the current state of this pandemic in the United States and around the world. In fact, I promised to share with you a framework that I have found helpful in my own pastoral work and scholarly reflection on this epidemic. For me, that framework speaks powerfully to the constrained dynamic I've just described above because it offers us a series of practices *intrinsic to our Christian tradition* (and that is important) that offer an alternative to the limited rhetoric and enforced silence I find to be so common in regard to HIV/AIDS.

I am speaking about the ongoing dialectic in Christian theology between the kataphatic and apophatic. Now, I realize I'm sounding like a dusty old theologian here so

let me lay out those terms briefly. The kataphatic move in Christian theology consists of our most faithful attempts to articulate the nature of God and of our faith. It is an attempt to put into words the exquisite mystery of God, creation, estrangement, sin, incarnation, salvation, reconciliation, sanctification, grace, conviction, discipleship, confession, mission, evangelism, revelation… and on and on. The kataphatic is abundant in its articulation. In the kataphatic dimensions of Christian theology, all perspectives are considered, all voices are heard, all questions and wrestling discernments are offered in an attempt to put language to the mystery greater than language. The kataphatic gives language to our belief. In Christian theology, it must accompanied by the apophatic—by a negation of that language. The kataphatic move of negation is necessary for Christian theology not because the beliefs we confess are necessarily false but because inevitably incomplete. Negation shields us from the idolatry of thinking that our language about God provides us with the full revelation of God; it is an acknowledgment that our human thinking—including our theological thinking—is an imperfect medium for telling us the fullness of God's revelation in the world because as a human construction, our thinking and language cannot fully ascertain or contain the fullness of the Divine God. The kataphatic and apophatic elements of our theology are ongoing; we never finish in our attempts to speak about God and in our honest confession that what we have said is insufficient. I believe that the dialectic of the kataphatic and apophatic is sorely needed in regard to our Christian theological responses to HIV/AIDS.

Now this dialectic would look quite different from the theological state of affairs I described in the beginning of this presentation. The kataphatic does not constrain what may be said (the British theologian Denys Turner describes the kataphatic as an embarrassing proliferation of writing and speech in response to God's ongoing revelation in the world) but multiplies our speaking in response to HIV/AIDS. This multiplication of speaking provides us with resources to multiply our doing. The kataphatic allows to ask—in fact requires us to ask—how God is involved not only in our pastoral responses to someone dying from AIDS but in efforts to speak honestly about how to keep from getting HIV in the first place. It acknowledges that theologians in academies and pastors in pulpits have something to say about this epidemic but also imagines that an injection drug user or African woman who has traded sex for food for her children or a gay man has something to say about this epidemic as well. In short, the kataphatic compels us to pay attention to every testimony of HIV/AIDS and to seek to discern God in the midst of that because it asks us to take seriously the idea that God is at work in this world in its entirety. In the kataphatic, every claim about the nature of God's love and revelation in the world is articulated in order to help us see past our own blindspots.

The kataphatic precedes and is proceeded by the apophatic. *Everything* that is said in response to this epidemic must then also be negated. Again, that negation is necessary not because what is said is necessarily false but because it is inevitably inadequate and if we assume that we have grasped the fullness of God's wisdom in response to this epidemic we have plunged into a dangerous, dark idolatry (unfortunately, we have abundant evidence that we have not fully grasped God's wisdom given the dynamics we see in America and around the world in response to this epidemic).

Now, I have spent far too long in the realm of the theoretical and the abstract. But, then again, I do wear the identity of seminary professor. So let me end with a series of concrete propositions that I find it possible to articulate out of the framework of the kataphatic/apophatic dialectic. I offer them as a kataphatic move asking you to expand them with your own kataphatic contributions and recognizing that all of them will also need to be negated in order to keep them from getting in the way of God's work in regard to this epidemic. Such is the nature of Christian faith, thought, and practice. Here, then, are my propositions:

1. **Say Something.** Be kataphatic. Break through the stifling and deadly (I mean that literally) silence that has engulfed the American church in regard to this disease. Multiply what you say. Look for revelation from unexpected sources.
2. **Avoid any attempt to be so grandiose as to think you will arrive at a solution.** This does not mean you have nothing to say. Faithful negation of our idolatrous tendency to think we have the answer is not the same as pervasive silence in the face of this epidemic. Articulate and develop concrete recommendations and strategies. Just realize that those recommendations and strategies and responses are distinct from solutions. Think practically about achievable mediary "steps in the right direction" rather than trying to articulate broad, expansive solutions that are ambitious but unachievable.
3. **Develop a comprehensive theological response.** Multiply the kataphatic dimensions of what the church can say in regard to this epidemic. Speak in regard to the epidemic here in the US as well in other parts of the world. Continue to speak about compassion for people with HIV/AIDS and expand your speech to include comprehensive messages for helping prevent infection. This means thinking kataphatically about human sexuality.
4. **Allow those who have the highest stake in this epidemic to speak.** Avoid the too-common tendency to make them the objects of a theological pronouncement but make efforts to engage them as participants in the conversation *because you need them.* Listen to African-Americans, Latina/os, gay men, women, the rural and urban poor, injection drug users, commercial sex workers. men who have sex with men. Don't speak *about* them; listen to their own testimony of grace in their lives.
5. **Address and work to destabilize the long-standing divides in our ways of thinking and talking in regard to the public/private and the individual/ corporate.** Speak to both. Overcome a reluctance to avoid delicate conversations such as sexual transmission of the virus and move beyond a limited way of thinking that prevention efforts are sufficient if they only speak to individuals about individual acts and fail to engage community and cultural dynamics.
6. **Continue to struggle with theological questions of sexuality.** The church is simply not of one mind on this topic but we *must* continue to find ways to talk about sexuality. That conversation must be kataphatic—it must accept as revelatory a broad range of theological viewpoints and not insist on a singular viewpoint. In the broad diversity of human lives and human bodies a singular theological claim about the complexity of human sexuality is dangerous wishful thinking.
7. **Recognize the structural sin embedded in US drug control and treatment policies.** Seriously consider the theological idea of sin in thinking about the fact

that today in the county in which we are meeting—a county with a population of over 1,000,000—there are 78 state-funded Substance Abuse treatment beds.

8. **Consider the theological implications of thinking about HIV/AIDS from an emphasis on life rather than death.** The silence that became pervasive in response to this epidemic in the wake of medical advances is an indictment to a religion that claims that God became flesh that "we might have life and have it more abundantly."
9. **Develop a response that helps illuminate why our advances in the fight against this virus have occurred on the medical front and not on the prevention front.** Think seriously and concretely about the steps the church can take in regard to HIV prevention.
10. **Articulate a response to HIV that is part of a broader response to health, wellness, and glaring health disparities.**