Toward a Theology of Disease: HIV/AIDS and Religion/Science

INTRODUCTION TO THE SYMPOSIUM

by James F. Moore

Abstract. The articles in this section were presented at the conference "Toward a Theology of Disease" sponsored by the Zygon Center in October, 2002. This was a second conference designed to address the question of what the science-religion dialogue could contribute to the larger discussion of the rapid spread of HIV/AIDS. The conference brought a wide range of perspectives to this question from different religious traditions. I draw them together here around the idea that Philip Hefner introduced in his keynote address: our fragmented experience of the world. The notion of fragmentation opens the door for both a recognition of several possible approaches to building a theology of disease and the pluralism of religious traditions, as well as providing a framework for integrating our full awareness that HIV/AIDS is a problem without solutions and requiring a level of humility in posing any real answers. The essays clearly suggest that the question remains perplexing but that our efforts do show that a multifaith, multidisciplinary religion-science dialogue can contribute significantly to the larger discussion.

Keywords: disease; fragmentation; Philip Hefner; HIV/AIDS; stigmatization.

The essays in this section are a sample of the presentations given at the second symposium on HIV/AIDS sponsored by the Zygon Center for Religion and Science in October 2002. The theme was "Toward a Theology of Disease," and the essays show how problematic each of these terms is

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and how difficult the project of developing such a theology. The idea behind this and an earlier symposium in 2001[1] has been to find a way to bring the dialogue between the religions to bear on a science-and-religion conversation so that the agenda of the discussion takes seriously the aims of the religions but also incorporates the best information available from the sciences.

Initial conversations in previous years had turned the conversation in our dialogue group in the direction of ethics and, more specifically, to a global issue that could provide a forum for a common goal for the religions, such as with HIV/AIDS. As we proceeded to make this more specific, however, we became increasingly aware of how the basic terms that we might use to talk about disease or about common goals are not easily shared—not even, for example, the idea of "evil." Thus, this second symposium sees itself as an effort to progress *toward* a theology, with the full realization that we make tentative steps. The essays included here show how both the agreements and disagreements become resources for the process.

The idea that we are on the way, moving toward a goal, is a hopeful projection of our efforts. Still, this is a precarious assumption. In fact, Philip Hefner, using an idea developed by Zygmunt Bauman in *Life in Fragments* (1995), describes this process as fragmented. The prevailing view is that we live with a fragmented sense of meaning, not only because of the pluralism so keenly symbolized by a dialogue between the religions, and our awareness of a plurality of views even within each religion, but also because we approach knowledge with a sense that *knowing* means that we simply see more clearly what we do not know. Our efforts to bring meaning are, thus, broken by this awareness of gaps in our knowledge.

It is revealing as well that the current huge effort to commit the resources of biological research to gathering information from the sequencing of the genome means not only a lack of continuing attention to specific research work, such as on HIV/AIDS, but also a recognition that we are in an era of gathering bits of information far beyond what we can actually assemble in a meaningful way, as Gayle Woloschak reminds us. Thus, we not only sense gaps in our knowing but also realize that the enterprise of science is captured in a fragmentation that means these gaps will be sustained, at least for now. We might meaningfully say, for example, that new breakthroughs in treating disease are on the horizon without actually knowing whether these claims are an accurate reflection of the current best information we have.

This fragmentation is clearly seen not only in our efforts to find meaning but also in our living life together. Mary Hunt calls us to a shift in our thinking, because she sees that our efforts to shape a unifying and satisfying ethic of sexuality and our focus on sexual identity and behavior as the center of a discussion about HIV/AIDS are flawed and rather fruitless. Instead, we need to consider issues that are more powerfully consequential

for our discussion such as class and gender, especially as made evident in their richness by a cross-cultural conversation. But to make such an important shift is to take into the heart of our dialogue the fragmentation that Hefner noted. And, of course, the profile of HIV/AIDS is itself shifting, both as a disease, with the alarming information that we now have about the virus, as Woloschak makes clear to us, and also in terms of the key areas of mode of transmission and high-risk populations, as Joseph Edelheit shows us. As these defining elements of our discussion shift and fragment, the difficulty of any effort to shape a common approach is made more complex.

We are aware of the striking irony that the disease is caused by a virus, itself a fragment of DNA, which also is the key to life. The virus requires the living organism to survive even while creating the possibility for it to fail and die. The virus is, then, an image of the flow of life and the webs of connections that define societies. This strange conjunction of life and death (which describes many diseases, by the way) shakes us to realize that disease is a construction both in its meaning for us as individuals and for us as societies. Barbara Strassberg further unravels the ease we might have thinking about the "reality" of disease by setting what we say about HIV/AIDS alongside what we say and experience about the various forms of terror. Our language reflects both our desire to shape disease as we believe it should be understood and our realization that the virus and its impact, both in our current settings and in the evolutionary process, are out of our control. But is this feeling of being out of control also a part of the construction of meaning, which chooses terror of the virus as our response? We are certainly aware of the power of such constructions as we hear the numbers: 40 million infected, 20 million orphans, a pandemic that can affect all populations and is spreading wildly. There are a few success stories, of course (Uganda is one), indicating that there are ways that these trends may yet be reversed.

But is this sense of bringing the disease under control yet another delusion, a construction? Part of the wonder here is that we are not really talking about actually stemming the tide but about isolated cases in which we have made progress at effectively treating the symptoms. (Are retrovirals enough to maintain a sense of control among the countries that have access, creating yet another interesting dilemma of shifting to think seriously about a significant population of those "living with AIDS" rather than merely those "dying of AIDS?") Embedded in this discussion is our readiness to act in ways that honestly make a difference, as Edelheit and Hunt challenge us to think about. Or will we be constantly caught by our own constructions of terror, which disable us from thinking in ways other than our own interests, as Strassberg challenges us to consider? Above all, moving toward a theology of disease might require thinking more about how

people act—especially those who have the power and ability and motivation to act—than about the causes and treatments for the disease.

This is the problem that seems to underlie all of the presentations. Our ability to act is not shaped merely by our constructions of reality but also by the way those constructions are reinforced so as to create barriers, even for those who are fully motivated to act morally. James Moore argues that the religions might be ill prepared to act primarily because they are not geared to see disease or acting to meet social crises as central to their agendas. This seems surprising if we think about the religions as shaped by their "theologies," since these theologies are often portrayed as setting moral action aimed particularly at the plight of those in need. Yet, the actual activity of the religious community, including the texts that shape the minds of those who are active members of these communities, points toward other priorities.

Religious communities also are caught between the values of compassionate action and the barriers that are thrust before them through the processes of stigmatization, as Moore argues, which dismantle the effort to respond to HIV/AIDS—especially because the behaviors so often associated with the disease and its transmission put us face to face with populations that are stigmatized for their behaviors. Can this internal problematic be overcome so that religious communities can be a resource for action rather than a stumbling block to understanding? We are back at our sense of fragmentation. Perhaps we should not expect that a theology of disease that produces an effective ethic of disease will be a source that defines the religious communities as such, except for purposes of self-interest. As harsh as that proposal is, we must realize that any effective action will also fragment religious communities further through disagreements about moral and behavioral questions related to differing ways people understand shared religious traditions. On the other hand, we may find that the community that emerges, the dialogical community, will be a hopeful alternative. That is the next step in our conversation.

NOTE

1. Essays from the 2001 symposium appear in the March 2003 issue of *Zygon*.

REFERENCE

Bauman, Zygmunt. 1995. *Life in Fragments*. Oxford: Blackwell.