SPIRITUAL CARE OF THE PERSON WITH AIDS

Literature and Art Can Touch Closed Hearts

BY SR. JEAN ROCHE, RSM

Persons with AIDS present a special challenge to spiritual ministers. Infection with HIV, the virus that causes AIDS, places them in the midst of a battlefield on which many wars are being waged. In addition to the physical struggle against numerous infections, persons with AIDS often must deal with a society that shuns them out of fear, ignorance, and contempt for behaviors that contribute to the spread of AIDS (or acquired immune deficiency syndrome).

On a spiritual plane, however, the disease represents paradoxes infinite in potential. In the midst of physical weakness, persons with AIDS can discover spiritual strength; they can face their terror and learn to trust; they can heal negative images of themselves and of God; and they can learn to let go of anger, guilt, and hurts to discover an inner freedom in spite of constraints.

Spiritual care of the person with AIDS can be enhanced with judicious use of some liberal arts. Poetry and art can be effective tools for opening hearts slammed shut by anger and despair. Dreams, rituals, and guided meditations can also play a role. With sensitive spiritual care, the person living—and dying—with AIDS can be transformed into a paradigm of the scriptural adage, “Power is made perfect in weakness” (2 Cor 12:9).

TOOLS FOR SPIRITUAL CARE

Story As Jesus reminds us in the Emmaus passage (Lk 24:13-33), the primary tool of spiritual care is the story. Thus, in meeting the grieving disciples on their journey, he encourages them to tell him what has been happening, and he listens to the whole gamut of emotions, including anger, fear, and disillusionment. Similarly, in working with persons with AIDS and their families, the spiritual minister needs to elicit and respectfully listen to their stories. The mere recounting of the events of one’s life is itself therapeutic. Also, the story becomes a diagnostic tool, enabling the listener to identify areas that need reconciliation, as well as those which warrant celebration. Moreover, in the Emmaus account, it is only after listening that Jesus points out the scriptural passages affording consolation and hope. Likewise, those ministering to the person with AIDS must take care lest they rush to assuage pain, rather than seek to accompany another through it.

Summary Spiritual ministers, challenged to find meaningful ways to heal the hearts of persons with AIDS, are turning to some untraditional sources for help. Poetry, art, and stories are among the creative instruments for healing that pastoral ministers are bringing to the bedsides of the terminally ill.

The story is the primary tool of spiritual care. Spiritual ministers working with persons with AIDS and their families should elicit and listen to their stories, which serve multiple purposes. Telling the stories is therapeutic for the person with AIDS. For the minister, the stories identify areas that need reconciliation, as well as those which call for celebration. Finally, when the time is right, the minister can tell another story, one that offers consolation and hope to the afflicted.

Ritual is another tool of spiritual care. Just as the concrete image symbolizes the spiritual reality, so, too, does ritual facilitate or help celebrate spiritual healing. The Bible is a rich source of ideas for creative ritual.

Other effective tools are art, drama, poetry, guided meditations, and dreams. In the hands of sensitive care givers, they are instruments of spiritual healing.
Often those afflicted need time to express their rage, terror, depression, and sadness before they are receptive to prayer or a relevant spiritual message. When the time is right, however, the story—be it biblical, mythical, or even juvenile—can be therapeutic.

One person with AIDS, for example, having shared his painful history, was drawn to the parable of the prodigal son (Lk 15:11-31). Using the Ignatian method of contemplation (a method to enter fully into a scriptural passage using all the senses), he first identified with the younger son in the story, acknowledging his sinful ways. Subsequently, in “dialoguing,” or engaging in imaginary conversations, with both brothers, he came to recognize the unforgiving self within who was unwilling to pardon his own recalcitrance. Before he died, this young man, having prayed and lived the parable, discovered within his own heart the loving Father and was able to embrace all facets of himself, rejoicing in his spiritual homecoming.

Ritual As the concrete image symbolizes the spiritual reality, so, too, does ritual facilitate or help celebrate spiritual healing. Again, the Emmaus passage offers guidance to the spiritual director. When Jesus helped the travelers view their experience in the light of faith, they celebrated by breaking bread together. It was a ritual wherein, to their surprise, the disciples discovered the presence of God in their midst. Similarly, breaking and sharing the bread of pain is itself a communion in which we, too, discover the sacredness of our experience.

Integral to healing are formal sacraments such as Reconciliation and the Anointing of the Sick. Inviting family members and friends to lay hands on the patient, sharing their personal prayers and wishes, can enhance the anointing experience.

As Jesus was infinitely creative, using a wide range of symbols and stories when he ministered to others, so, too, should contemporary caregivers strive to be resourceful. The Bible is a rich source of ideas for creative ritual that can easily be adapted to individual needs.

One example involves a young man dying of AIDS who referred to his cancerous lesions as “my evil coming out.” Having been told by a priest that he was inherently evil because of his homosexuality, the patient was convinced that his disease was a manifestation of God’s negative judgment. After sharing the account of Jesus’ intervention in the stoning of the adulterous woman (Jn 8:1-10), I suggested that his wounds might instead symbolize a virtual self-inflicted stoning caused by his incessant harsh condemnations of his own actions and activities. Placing a large stone in his hand, I led him in a guided meditation on this theme, calling on the spirit of Jesus within to bid him drop the stone. For some time, he clutched it tenaciously but eventually let go, relinquishing not only the symbol of his punishment but also his self-condemnation.

Numerous rituals may be used to celebrate the life of the person infected with the AIDS virus. A favorite of mine is a colorful candle-lighting ritual in which family members and friends light candles of various colors, each color symbolizing a particular quality of the person with AIDS (e.g., yellow for a sunny nature).

Art Because a terminal diagnosis evokes powerful emotions, it is imperative to provide opportunities for self-expression. For those who tend to be more visual than verbal, an invitation to draw or paint what the experience of AIDS has been like can be helpful. One patient, an artist whose home was filled with glorious paintings of nature, confided that only once had he sought to put his pain on canvas. He then drew a self-portrait (which also was a portrait of Christ) and proceeded to liken his struggle to Jesus’ way of the cross. Using this analogy, he spoke about his own jour-
The experience of “praying his portrait” strengthened the young man’s conviction that, just as he had shared in the suffering, he also would participate in the resurrection.

Drama The sense of impotence inherent in the experience of a life-threatening illness is frequently accompanied by rage; thus a healthy physical release can be liberating. Family members of a middle-aged woman who had contracted AIDS from a blood transfusion were especially irate. Their anger extended to the unknown donor, physicians, and friends who absented themselves because they feared contagion. After the family members had vented their feelings orally, we shared with them the passage of Jesus’ upsetting the tables in the temple (Mt 21:12). The story not only legitimized their anger, it also suggested the possibility of physical reenactment using imaginary tables.

Acknowledging each of the sources of anger by speaking out or by writing a journal is another avenue of release. Some hospices provide a soundproof room where persons are free to vent their wrath by shouting or pummeling a punching bag.

Poetry Because poetry has the power to touch the soul, often bypassing the intellectual defense system, a relevant piece of literature is often a springboard to healing. One person with AIDS who was an actor summed up his life by reciting this poem:

Whenever Richard Cory went downtown,  
We people on the pavement looked at him:  
He was a gentleman from sole to crown,  
Clean favored, and imperially slim.

And he was always quietly arrayed,  
And he was always human when he talked;  
But still he fluttered pulses when he said,  
“Good morning,” and he glittered when he walked.

And he was rich—yes, richer than a king  
And admirably schooled in every grace:  
In fine, we thought he was everything  
To make us wish that we were in his place.

So on we worked, and waited for the light,  
And went without meat, and cursed the bread; And Richard Cory, one calm summer night  
Went home and put a bullet through his head.

—Edward Arlington Robinson,  
“Richard Cory”

That the poem epitomized the young man’s life was clear, for beneath a suave exterior, cloaked with the success of a lucrative theatrical career, lay a heart of quiet desperation. Accentuated by the diagnosis of AIDS, issues of identity became paramount. As the patient was stripped of his masks and roles, he angrily stated, “I used to be known by names like Artist, Friend, or Actor; now, I’m nothing more than AIDS victim!” A spiritual care giver pointed out that his disease was divesting him of his illusions, and she shared with him another poem:

We wear the mask that grins and lies,  
it hides our cheeks and shades our eyes,  
This debt we pay to human guile,  
with torn and bleeding hearts we smile,  
and mouth with myriad subtilities . . .

Why should the world be overwise  
in counting all our tears and sighs,  
No, let them only see us while we wear the mask . . .

We wear the mask,  
but O great Christ,  
Our cries to thee from tortured souls arise,  
but let them only see us while we wear the mask.

—Paul Lawrence Dunbar,  
“We Wear the Mask”

With tears washing away his mask, the patient was finally able to share the cries of his tortured soul, which proved a powerful preamble to spiritual healing.

Guided Meditations Guided meditations such as those of Stephen Levine, Anthony de Mello, and Edward Farrell may also be helpful in spiritual healing. Focusing on issues of letting go, forgiveness, and peace, they enable the patient to come to a sense of inner peace. Another spiritual resource book for use with groups, titled Celebrations of Life, contains poems, prayer rituals, and meditations on themes ranging from healing the wounded child to celebrating the unique qualities of one’s life.

Dreams One cannot underestimate the power of
dreams as a spiritual tool and source of integration. Often what we fear to face in our waking moments is revealed through symbols found in dreams; they can be a source of inspiration as well.

For example, one person with AIDS who was a gardener told about a dream she had in which she was surrounded by people, all of whom were professional clergy, except one—a simple gardener. In the dream, it was clear that the gardener was to be the instrument of her healing. This woman was feeling guilty about the numerous sexual partners she had had. She found consolation in being reminded that the forgiving Christ had appeared to the promiscuous woman as a gardener (Jn 20:15). Later, the garden imagery was effective in helping her see her spiritual progress, as she journeyed from the Garden of Eden, where she experienced Eve’s shame and degradation after her fall from grace, to the Garden of Gethsemane, where she felt united with Christ in his agony, to a third garden described in Isaiah:

Those who search for integrity and seek God will find mercy, their desolation being turned into a garden, their wastelands into a place of new life, the garden of God where joy and gladness will be found, thanksgiving, and the sound of music.

—Adaptation of Is 58:6ff

**IMAGES OF GOD**

As suffering strips one of false facades, ultimately facilitating the discovery of one’s true name, a parallel search for a comforting image of God takes place. Here lies another significant challenge for the provider of pastoral care. So often terminally ill patients fear death because of distorted notions of God.

One woman, for example, became distraught during a minister’s prayer entrusting her to “God, our Father.” An exploration of her reaction revealed that her own father sought to tailor his children to his own perfectionist standards. Whenever she fell short of the ideal, she was severely punished. Thus, for her, God the Father was a terrifying, larger-than-life version of her own father.

Patients often project onto the Deity their own parental experience or glean from the Bible a reductionist vision of the “fire and brimstone” God. Helping persons discover the God that resonates as truth is yet another task of the spiritual care giver. Fortunately, the Bible and relevant religious hymns are sources of healthy images of God that help to rectify aberrations.

**ONE-OF-A-KIND CARE**

Each person with AIDS is unique, and so is that person’s family. Each needs to be treated as such. These tools are offered as aids to spiritual care, not cure-alls. There are no easy solutions or cures for deep-seated problems that often occur at the time of diagnosis; nevertheless, even when physical cure is impossible, spiritual healing can take place if high-quality pastoral care is provided.

---

**NOTES**


