

**A critique of the pastoral care ministry of the Anglican Church in the time of HIV and AIDS: A study of the pastoral care ministry of the Anglican Church to HIV positive lesbians in the Gay and Lesbian Network in Pietermaritzburg.**

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## Declaration

I, Tracey Chantelle Wright, a candidate of Masters' degree in Ministerial Studies in the School of Religion, Philosophy and Classics at the University of KwaZulu-Natal, Pietermaritzburg, hereby declare that except for the quotations specifically indicated in the thesis, this is my own work unless otherwise stated.

Student's signature:



Supervisor's signature:

Date:

## **Dedication**

I dedicate this work to my late mother, Jane Wright,  
and to my late grandmother, Laphina Kubheka.

I also dedicate this work to;  
Alice Fabian,  
my supervisor Dr. Herbert Moyo,  
and to my friend Pamela Hartgerink  
for all their help and support,  
without which this work would not be completed.  
Thank you all.

## Abstract

This research is a critique of the pastoral care ministry of the Anglican Church in the time of HIV and AIDS, with a focus on the Gay and Lesbian Network in Pietermaritzburg. The research focuses on the position of the Anglican Church towards Civil Unions and their response to HIV positive lesbians. The research also finds that the Anglican Church prefers that homosexuals remain celibate.

Data was collected from the internet on the Anglican Church, the library of the University of KwaZulu Natal and the Gay and Lesbian Network in Pietermaritzburg. Narratives were collected from HIV positive lesbians who participated in the research.

The findings of this research are that HIV positive lesbians cannot access the Anglican Church for pastoral care because homosexuality conflicts with the long tradition of Christian moral teaching. It has shown that violence towards lesbians is a real threat especially towards those lesbians whose dress code is masculine. Corrective rape is used as a weapon in an attempt to alter the sexual orientation of lesbians because lesbians are viewed as a threat to dominant societal norms.

The challenge in light of the research findings is for the Anglican Church to see HIV positive lesbians as women who are in need of the Anglican Church's pastoral service above and beyond traditional Christian moral teaching. According to the findings of the research HIV positive lesbians are women who want to be accepted who want to feel secure in the knowledge that the Anglican Church is a safe place to share their stories and to go for pastoral counselling.

A summary of the definitions given which need to be understood throughout the remainder of the paper. The understanding of WSW- women who have sex with women who do not subscribe to lesbianism. While defining lesbianism as a women who is attracted to or falls in love with other women. While 'gay' is a man who is attracted to or falls in love with other men. Bisexual is the ability for an individual to be attracted to or fall in love with both men and women.

Transsexual is someone who feels he or she is born in the body of the wrong gender. Intersex people are born with more than one sexual organ, a person may be born with both male and female organs totally visible and fully developed. And 'MWM' men who have sex with men who do not subscribe to be called gay who therefore do not consider themselves homosexual. Asexual people do not have sexual feeling or do not desire to have sex although they have the ability to be attracted to or fall in love with other people. Chapter three will explore the challenges faced by HIV positive lesbians in the Anglican Church in Pietermaritzburg and society.

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## Chapter 1

### General introduction to research

#### 1.1 Introduction

This research focuses on the interface between human sexuality and the pastoral ministry of the Anglican Church, St Alpheges to HIV positive lesbians in Pietermaritzburg, South Africa. The research will explore the lived experiences of five HIV positive lesbian's, in Pietermaritzburg and will explore if St Alpheges is openly accepting of them by providing pastoral ministry. Part of the research will be conducted at the Gay and Lesbian Network in Pietermaritzburg. The research will explore what services are provided for by the Gay and Lesbian Network for lesbians, what their mission is, their goals and vision. This research will focus on the *L* of the acronym LGBTI.

The research will also explore the importance of lesbian identification. Part of the research is to discover the views of the Anglican Church toward homosexuality and their response to the issues that have arisen in the Anglican Communion and the concerns the Anglican Church have on Civil Unions. Further research is focused on the importance of pastoral ministry and counselling to HIV positive lesbians. The purpose of this chapter is to explore the different world views, such as patriarchy, and Christianity that is represented by violence towards lesbian's violence in South Africa.

#### 1.2 Background to research problem

The Marriage - Alliance makes the comment about South Africa that it "has a patriarchal and heterosexist worldview about marriage and family" (Sistig 2009:3). Alliance goes on to state that "same sex marriage poses a direct threat to patriarchal, Christian, family values and poses a direct threat to patriarchal worldview" (Sistig 2009:3). The patriarchal world view is not able to imagine and conceptualize a context where women get married to each other. In South Africa everybody have grown up in an heterosexist society in which heterosexuality is normalized and viewed as the only acceptable model relationships. Coupled with this, patriarchal worldviews are not able to conceptualize lesbians getting infected with HIV the

same way in which their male (gay) counterparts do. Yet in reality lesbians are getting infected because of many reasons such as the lack of access to protection such as finger condoms which are important during sex for protection.

This factor is then coupled with the fact that the South African context is a high risk – population for HIV. Lesbians are also at risk through different forms of violence such as corrective rape. This is used as a punishment for being a lesbian. The motivation behind ‘corrective’ rape is to show lesbians how it feels to have sexual intercourse with a man and is intended to change their sexual orientation to heterosexual. Corrective rape is also understood as ‘punitive’ rape to punish lesbians for having sex with another women as this is viewed as a threat by heterosexual men. Some lesbians present their dress code as masculine and their physical appearance if they are butch.

Butch dress code involves dress mannerism which emulates heterosexual masculine dress codes. There are lesbians who prefer to dress in a manner which is stereotypically associated with men; because these lesbians identify as butch, men feel threatened by this and this leads to lesbians being attacked. In addition to this some lesbian women are raped to ‘correct’ their sexuality especially those who are butch, some heterosexual men “want to teach them (lesbians) to behave like women” (Human Right Watch 2013:8). Society does little to combat this crime of corrective rape, often further victimizing the victim and views same sex relationships as perverse.

Society especially services providers such as “police services, hospitals, community centers, and lesbians family often perpetuate the circumstance by agreeing with the crime’s intention, and the raped lesbians are further hurt”( Human Rights Watch 2013:9). After an attack whether of rape or violence lesbians “will delay accessing the criminal justice system” (2013:9) for fear of not receiving the support that they deserve. The director of Ekurhuleni Lesbians Gays, Transvestites and Intersexes (LGBTI) Thulisa Mziza told *Mamba Online* replies “it seems that we as lesbians cannot go anywhere. We cannot be ourselves. We have to hide ourselves, otherwise we get killed. We have to stay indoors - like caged animals, it’s like we living in the apartheid era again and homosexuals are the oppressed” (*Mamba Online*) writer. This high lights the fact that while the Constitution has given lesbians the freedom to choose the life they want to live, society is not ready to accept lesbian’s freedom,

that is the right to choose how they want to live resulting in homophobia. Homophobia is the avoidance of gay and lesbian people (Gay and Lesbian Network 2013).

### **1.2.1 Categories**

Early detection of HIV in homosexuals

The Anglican Church in Pietermaritzburg

The Gay and Lesbian Network in Pietermaritzburg

### **1.2.2 Early detection of HIV in homosexuals**

Five gay men who had a disease called pneumocystis jirovecii were reported in June (1981) in the United States (Karim and Karim 2010:37). The discovery of the virus in gay men led to the disease being referred to as punishment from God amongst lesbians and gays because homosexuality was viewed as a sin. First reported in South Africa in (1982) the virus was called AIDS amongst homosexual and this led to AIDS being associated with homosexuals for five years promoting fear and stigma (Karim and Karim 2010:41). Today HIV is a disease that continues to cause havoc in the lives of people from different sectors of society. It is a community disease more than an individual disease because it infects all who come into contact with it in an unproductive manner and it affects all who have to deal with it within their homes and in society.

### **1.2.3 The Anglican Church in Pietermaritzburg**

The Anglican Church in Pietermaritzburg, St Alpheges is a very family orientated church. The St. Alpheges congregation is made up of students of the University of KwaZulu Natal, grandparents, youth and Sunday school children. The church is also made up of a variety of cultures resulting in diversity of the congregation. The different types of ministries that the church runs are youth, ministry to the old, hospital visitation, and bible studies. Pastoral ministry to the aged is a priority which includes home visitation for the elderly.

Because the Anglican Church is part of the greater Anglican Communion it applies the same policies around same sex relationships (gays and lesbians). The Anglican Church cannot acknowledge marriages of same sex couples because it goes against the authority of God and

scripture. In a statement made by the Synod of Bishops of Southern Africa, *Proposed Guidelines in response to Civil unions within the wider contexts of Marriage and Human Sexuality: Marriage and the church*, the statement points out that the Anglican Church “affirms that partnerships between two person of the same sex cannot be regarded as a marriage in the eyes of God and that consequently we as the church cannot recognized such unions” (October 4, 2014). Therefor the Anglican Church in Pietermaritzburg does not have a relationship with the lesbian community in Pietermaritzburg.

#### **1.2.4 The Gay and Lesbian Network in Pietermaritzburg**

*The Gay and Lesbian Network identifies itself as follows:*

The Gay and Lesbian Network in Pietermaritzburg hosts forty to fifty lesbians a week. Running workshops on HIV and AIDS, gender violence, safe sex practices and contextual bible studies. The Network provides a safe space for both gays and lesbians by providing counselling and a safe space to share their stories. When a crime has been committed against a lesbian the Gay and Lesbian Network assists the victim of the crime by accompanying them to the police station and reporting the crime (Gay and Lesbian Network Brochure 2012).

The Gay and Lesbian Network is situated in Burger Street, Pietermaritzburg. Its motto is “Equality, Tolerance, Respect, and Acceptance” (The Gay and Lesbian Network 2012). It aims to create a “non – discriminatory supportive and accepting society in which all communities are uplifted and developed”. The aims of the network are to provide a safe space for lesbians, gays, bisexuals, transgender and Intersex (LGBTI) community. The LGBTI community, according to the network, “is a vulnerable group and members are often exposed to prejudice and hostility from society”. The network aims to create a “safe and supportive space where community events can be held, with drop in and centers resource centers” (Gay and Lesbian Network Brochure 2012).

The vision is to create a non – discriminatory, supportive and accepting environment in which lesbians, gay’s, transgender, and intersex community is uplifted and developed (Gay and Lesbian Network Brochure 2012).

The Gay and Lesbian Network will ensure the optimum commitment and services for the upliftment and recognition of the LGBTI community through creative programs that foster, equality, tolerance respect and acceptance (Gay and Lesbian Network Brochure 2012).

1. The mental, emotional and physical well-being of all LGBTI people is improved
2. LGBTI people have enhanced capacity to engage meaningfully and openly in the social, spiritual, economic and political life of their communities and society in general.
3. To sensitize and create an awareness that helps change the attitudes of the larger society to create an integrated and broadened safe social space for all LGBTI people
4. Effective mainstreaming of the LGBTI community through networking and use of the media (Gay and Lesbian Network Brochure 2012).

The network exists to respond to the psycho –social needs of LGBTI individuals and the context in which they live. They offer lay counseling and advice as well as a referral support system. The network as part of its future plans hopes to provide direct psychosocial support, personal development workshops and life skills. The lesbians who attend these workshops have also drawn attention to the fact that there is a lack of information on lesbians and HIV and the risk that they face. The lack of knowledge and information, the fear of rape and abuse are one of the greatest concerns to lesbians, as well as gender violence when they reveal their sexual orientation. The Gay and Lesbian Network provides workshops in different communities such as Mbali, Richmond and the University of KwaZulu Natal in Pietermaritzburg (Gay and Lesbian Network Brochure 2012).

The network is working with the Office of the Premier in Pietermaritzburg to find ways to include HIV research amongst lesbians (Strategic Meeting: Ensuring protection of human rights 2012). The Office of the Premier has undertaken to “promote and support the lesbian, gay, bisexual, transgender and intersex community LGBTI community” (Strategic Meeting: Ensuring protection of human rights 2012). The concern is HIV amongst the lesbian. The Office of the Premier with the help of the Gay and Lesbian Network has committed to involve the LGBTI “community through empowerment to recognize and deal with human rights violations as well as promoting access to justice (Strategic Meeting: Ensuring protection of human rights 2012) This intervention is for the LGBTI community to recognize

and stand up for their human rights. Including nondiscrimination, respect for LGBTI rights in employment and services in all sectors and greater openness and public acceptance of the LGBTI community (Strategic Meeting: Ensuring protection of human rights 2012).

### **1.3 Motivation**

The Anglican Church in Pietermaritzburg is in a position to build relationship with the Gay and Lesbian Network in Pietermaritzburg. Because The Anglican Church as well as the Anglican Communion has been in dialogue around the matter of homosexuality and are aware of the sensitivity around this issue. HIV positive lesbians and the lesbians need for a safe space to worship and to discuss issues that they are faced with are urgent matters. The clergy needs to be trained on how to respond to the questions that will arise if HIV positive lesbians visit the church. Open and frank discussion means that the clergy must be able to handle the stigma and discrimination they might encounter. Clergy are not trained to handle homosexual counselling and this is a challenge for homosexuals and clergy (The first African dialogue on Christian faith and sexuality 2009).

The fear of the unknown especially for both clergy and lesbians means that education is key to finding away forward. When a lesbian walks into the Anglican Church she is looking for safety, assurance and security. Lesbians have experienced suffering through violence and corrective rape, lack of access to services, such as safe crime reporting to the police. Secondary victimization when reporting crime becomes an obstacle when reporting a crime especially a crime that involves rape. The motivation for this research is to find out the root cause of these discriminatory tendencies.

#### **1.3.1 Contextual challenges faced by lesbians**

The following are some of the contextual challenges faced by lesbians in the South African context: Self-discrimination, self-hatred, self-judgment, identity crisis, and a place to belong, a sense of isolation, stigmatization, fear, distrust and self-loathing.

Asking God why he (sic) created her a lesbian which is sometimes followed by suicide. Isolation from within the Anglican Church.

The double stigma of being HIV positive and lesbian as well as being married to a woman. Living life on a heightened sense of alertness. In the sense that a lesbian cannot let down her guard and simply enjoy life.

The inability to access the church when she is in a crisis.

Abuse from family members and the threat of corrective rape hanging over their heads.

The children of lesbians also face stigma and hatred.

The manifestation of feelings differ in relationships.

Sexual intercourse may not be the major source of connection between lesbian partners because connections can happen on an emotional level. The challenge arises when the couple has already been in a relationship for a while.

Identity in the lesbian community is very important in the sense that lesbian identity is not straight forward.

There are lesbians who identify as butch (the masculine form of identity), soft butch (the masculine form of identity but a softer presentation) and the femme identification (very female presentation). Prejudice and discrimination are major factors for alienation and fear found in society and the church.

### **1.3.2 Personal motivation**

There is no place for active lesbians in the Anglican Church. A lesbian who would like to be part of the clergy of the Anglican Church are not allowed to be ordained. There have been many occasions when a lesbian needed to go to her Rector to discuss personal problems that she might have encountered in life. The fact that the lesbian is married means that she is further removed from the Anglican Church because it does not recognize same sex marriages as marriage because in the eyes of God the marriage is not a marriage. *The Proposed Pastoral Guidelines for Civil Unions in the Anglican Church 2013* states in paragraph three page three that "Our church has therefore affirmed that partnership between two persons of the same sex cannot be regarded as a marriage in the eyes of God, and the Church consequently has not recognized such liaisons (2013: 3).

The inability of lesbians to access the Anglican Church for pastoral care during times of crises in their relationships has created dynamics that further alienate them from the Anglican Church.

The personal motivation behind this research is that lesbians do not have the freedom to worship in the church where they were baptized and where they made their Holy Commune, to freely receive at the Alter Holy Commune without the nagging sense of guilt and shame and-for the discrimination and self-hatred to end. The perception that lesbians choose their sexual orientation is a fallacy; nobody will choose an identity that causes such pain, suffering and exclusion. Being a lesbian means that one has to live one's life very cautiously.

#### **1.4 Question and objectives**

##### **1.4.1 Research question**

1. To explore whether the Anglican Church in Pietermaritzburg is providing pastoral care to HIV positive lesbians.

##### **1.4.2 Objectives**

1. To expose the socio – religious challenges faced by lesbians
2. To discuss the pastoral care of the Anglican Church amongst HIV positive lesbians
3. To consider the challenges faced by HIV positive lesbians in the Anglican Church and society

##### **1.4.3 The problem**

The problem is the religious discrimination against lesbians in Pietermaritzburg, KwaZulu Natal. There are no pastoral care programs for lesbians by the Anglican Church in the dioceses of Natal yet lesbians are part of the HIV key populations together with men who have sex with men, sex workers and young black African women (UNAIDS 2014) report.

#### **1.5 Research methodology: Qualitative**

The qualitative method is a method whereby information is collected by an individual. This process is accomplished by listening to one person at a time and interacting if necessary. Wanting to understand the worldview of HIV positive lesbians in the Anglican Church in a conversational manner I planned unstructured interviews. Authors Martine Terre Blanche and Kevin Durrheim in the book titled *Research in practice recommend* that "If you want people to talk to you in some depth about their feelings or experiences, you will do better to plan an unstructured interview" (Blanche and Durrheim 1999:128). I conducted interviews through guiding questions. The participants would respond to the guiding questions and they could add information in a discursive manner as they saw fit during the qualitative conversation.

The first step was to set up a meeting with the Director, of the Pietermaritzburg Gay and Lesbian Network, Anthony Waldhausen. After receiving permission from the director to gather information through pamphlets and brochures the researcher asked if it would be alright to meet those lesbians who were HIV positive. After the researcher was introduced to nine HIV positive lesbians, five of them agreed to participate by sharing their stories on how they became HIV positive and why they went for a HIV test in the first place. Each participant was called and asked if they would participate in the research and if not it would be alright. The women were also informed that they could stop their stories at any point if they felt uncomfortable during any part of the sharing. The meetings were set up after the women were introduced and their cell phone numbers were collected. Each participant signed a consent form before sharing their stories.

The researcher books read books and pamphlets, from the Gay and Lesbian Network on lesbianism and the church. The researcher is an Anglican, so she will seek to discuss, analyze, the position of the Anglican Church on lesbianism and the pastoral care role of the Anglican Church to this group of people. The researcher will also discuss pastoral care in general and pastoral care to marginalized, invisible and minority groups such as lesbians. The researcher has read literature on sex, sexuality, sexual orientation, HIV- AIDS and stigmatization.

The researcher made telephone calls to set up meetings with each participant. During the conversation the researcher inquired if the participants will be willing to share their stories as part of the thesis and would they be willing to answer questions in connection with their

sexuality and HIV status. The researcher was invited to listen to the narratives of two of the participants in their homes. One of the meetings were held in her office and one was a lunch date another was a breakfast date. Lunch and breakfast was provided by the researcher at her own expense.

The researcher also provided transportation fair to and from the meetings for the participants. The researcher used the internet to access information from the Anglican Church an example of this is past Indaba meetings on issues of sexuality, the pastoral progress on the issue of homosexuality and same gender unions (same sex marriage) and the position towards homosexuality in the Anglican Church in the Dioceses of KwaZulu Natal. This research while it writes on homosexuality and the LGBTI community it focuses on the *L* of the acronym.

## **1.6 Theoretical framework**

The increasing level of HIV infection amongst women in sub Saharan Africa is a result of a number of socio- cultural factors and gender insensitive traditions that result in gender inequity (Cooper and Marshall 2010:115). These insensitivities surrounding lesbian women are heightened as they face the double stigma of being HIV positive and lesbian in a society that has very little tolerance for same sex relationships. With the church's stance on caring for all of its members regardless of their orientation but failing to do so with HIV positive this researcher will use the perspective of pastoral care where race, gender and orientation meet as presented by authors (Cooper and Marshall 2010:115). In order for the pastoral caregiver to assist with caring for HIV positive lesbians it is important that she or he is,

“-Aware that one's identity is shaped not simply by one's inherited genetics, biological, skin color or sexual orientation. Instead meanings attached to race, ethnicity, gender, and orientation become part of broader social constructs that influence our understandings and our experiences. It is no longer assumed that people have an identity but rather that people's lives are constructed around multiple identities that intersect and interact in dynamic ways”- (Moessner and Snorton 2010:118).

According to (Moessner and Snorton 2010:119) “pastoral care ministry should be able to discern how to bring a prophetic vision of liberation from heterosexism into the lives of a family and a community that will not be particularly open to homosexuality”. It is also important that the pastor is clear about where he or she stands. Identifying as a “lesbian of color within a particular community any pastoral response must be conscious of the historical and contextual realities for the communities” (Moessner and Snorton 2010:119). Pastoral care ministry involves more than caring for those who need help but also the community at large as well as the congregation. Pastoral care therefor is a key that can restore families that have been torn apart by the unexpected coming out of the closet relative making the church a safe space for all in the community.

To handle the complex situation that will arise from being a lesbian (Moessner and Snorton 2010:118) argue that “the pastor needs a complex and multilayered approach to understanding ethnicity, gender, and orientation” (Moessner and Snorton 2010:118). Particularly the fact that, “we all live with multiple identities whose meanings are created in the context of the world around us”. Our self-understanding and our “interpretation of others are shaped the identities of others and are shaped by our systems of belief, our experiences in the world and the messages we receive from the dominant culture, which is white and heterosexual” (Moessner and Snorton 2010:118).

According to authors (Cooper and Marshall in Moessner 2010:7) “authentic pastoral care requires the integration of one’s prophetic voice into concrete acts of care and counseling. Without such integration, pastoral care turns one dimensional by focusing so much experience and feeling that it misses the call of God “to do justice, and to love kindness and to walk humbly with God” (Micah 6:8). And according to authors (Waruta and Kinoti 2000:6) “the sanctity of human life is based on the concept of Imago Dei – that humans are created in God’s image, God will seek ways to restore damaged”.

Augustine of Hippo (d 430) one of the most influential Western Church fathers declared “that a woman is the image of God when she is joined to her husband” (Susan Rackoczy 2004: 34). This statement is implicit that lesbians are not created in the image of God, especial those lesbians who choose to celebrate their love by getting married. The text further states (2004: 34) “that the woman with her husband is the image of God when the whole of the body

(marriage between a man and woman) is one image (sexual intercourse), but when she is alone, she is not the image of God". According to the scripture Genesis 1: 27 God created men and woman in his [sic] image, in his [image] God created him; male and female he [sic] created them". According to authors John Piper and Justin Taylor *Sex and the supremacy Christ* (2005: 137) being created in the image of God is consigned to couples who are (male and females) married.

This implies if an individual is single then that individual is not created in the image of God. The image of God can only be attained in a covenanted (marriage) relationship. Piper and Taylor (2005: 137) point out that "God created us to reflect his [sic] image as we relate to another person in a covenantal relationship – flesh unions is one of the principles of being created in the image of God. What serves as an indicator here is that lesbians as humans have their proportion as part of the created aspect of the image of God by virtue of the fact that God said "let us create in our likeness" Genesis 1:26. There is no image or likeness that comes to us directly from 'heaven' except that which is created by man.

The church – and the definition for church here is the leaders who have the authority to decide the nature of the pastoral care ministry of the church. The church has a fundamental role in the discourse concerning HIV positive lesbians. It has a prophetic voice that should be heard concerning the issues around HIV positive lesbians and the violence against them.

Pastoral care and counseling affirms that human life is sacred and must be preserved, defended and must be raised up. The church has a mission to bring hope by remembering that all of humanity is created in the image of God. Pastoral counseling seeks to "highlight the spiritual dimension especially the after effect of broken relationships" (Waruta and Kinoti 2000:6). Relations that are destroyed leads to alienation as is evident in relationships with many HIV positive lesbians. HIV is a challenge and is a highly stigmatized disease because it raises moral and ethical questions due to the way it is sexually transmitted.

### **Pastoral Care**

According to Emmanuel Lartey pastoral care "is to heal a problem that has arisen which can be understood as sin or alienation from essence of God and the task of the pastoral caregiver

is to remove or correct what is wrong” (Lartey 2003: 55). The church because of its divine and Messianic function to heal, to help and to save those who are in the margins of society should be the prophetic voice. It should shepherd its wounded flock as in the HIV positive lesbians. The church has a Christian duty to provide pastoral care to the victims and family’s relative who are infected and affected by HIV.

Pastoral care is “a commitment to expressing and integrating God’s love and resources through service and counsel in Christ name” (Waruta and Kinoti 2000:95). One of the key gaps is that there is no literature available that talks about pastoral care to lesbians living with HIV. HIV positive lesbians are currently invisible to scholarship. Available literature talks about the policies of the church on pastoral care to lesbians but does not talk to HIV positive lesbians. The literature does not talk about the challenges faced by HIV positive lesbians.

Clebsch and Jaekle’s (1964) definition of pastoral care is - “Pastoral care consist of helping acts done by representative Christian persons, directed toward healing, sustaining, guiding and reconciling of troubled persons, whose troubles arise in the context of ultimate meaning and concern” (1964). Howard Clinebell (1984:25-26) in Lartey (2003:22) describes pastoral care as,

“Pastoral care and counseling involve the utilization by person in ministry of one –to one- or a small a group relationships to enable healing empowerment and growth to take place within individuals and their relationships...Pastoral care is the broad, inclusive ministry of mutual healing and growth within a congregation and its community, through the life cycle” (2003:22).

Alastair Cambell (1987:188) in Lartey (2003:23) provides the following definition of pastoral care as “that aspect of the ministry of the church which is concerned with the well-being of individuals and of communities”. The church is therefore called to be a prophetic voice in that should carry the burden of HIV positive lesbians.

This researcher is using this theoretical framework because HIV positive lesbians need the Anglican Church to come alongside them; to nurture and comfort them to give them the assurance of God's love and acceptance. Because of its association "with homosexuality which the church has condemned, HIV is seen as a shame disease, and a cause for moral judgment and condemnation and pastoral approach is to "reach out with love, support, prayers and assistance" (Waruta and Kinoti 2009:95).

### **1.7 Limitations**

The challenge of obtaining adequate literature on pastoral care for lesbians who are HIV positive as this is a subject the Anglican Church is silent on.

### **1.8 Structure of dissertation**

**Chapter one: General introduction:** The chapter deals with the general introduction of the research, which is background, research problem and objectives, the theoretical framework research methodology and methods.

#### **Chapter two: Literature review**

This chapter will focus on a number of topics such as exploring the various sexualities and the Anglican Churches stance towards pastoral care towards lesbians who are HIV positive.

**Chapter three: Challenges faced by HIV positive lesbians in the Anglican Church and society.**

This chapter exposes the challenges faced by HIV positive lesbians in the Anglican Church and society in general. This chapter will discuss theological foundations that contribute to the challenges faced by HIV positive lesbians.

#### **Chapter four: Research findings**

This chapter is an exposition of research findings in the form of narratives of HIV positive lesbians. This chapter discusses the pastoral needs and role of pastoral care in the lives of HIV positive lesbians.

**Chapter five: Summary of findings, conclusions and recommendations**

This chapter deals with the research findings and conclusions and includes the recommendations of the research. Issues raised in the research are discussed in the chapter. The outcome of the research will clearly show and recommend a way forward.

## **1.9 Conclusion**

The purpose of the research is to focus on the collaboration between human sexuality and pastoral care in the Anglican Church in Pietermaritzburg. Focusing on gender violence, the role of the bible and lived experiences of HIV positive lesbians. This research seeks to explore the relationship between the Anglican Church in Pietermaritzburg and the Gay and Lesbian Network in Pietermaritzburg and the pastoral ministry of the Anglican Church to HIV positive lesbians in Pietermaritzburg. The focus of the research is to explore whether there are safe spaces for lesbians to worship or if the Anglican Church in Pietermaritzburg is openly accepting of lesbians by providing pastoral ministry for HIV positive lesbians. The next chapter will deal with literature review and theoretical framework.

## **Chapter 2**

### **Literature Review**

#### **2.1 Introduction**

This chapter will focus on a number of topics; such as exploring various – sexualities, with special emphasis on the Anglican stance toward pastoral care to the LGBTI community - lesbians, gays, bisexuals, transgender and intersexed – community; the different aspects of pastoral care as well as the need for pastoral care in the life of lesbians. The literature review pays attention to different authors who have written about the issues from diverse focal points. As well the different challenges faced by lesbians both in society and in the Anglican Church and the invisibility as experienced by lesbians in different sectors of society.

Lesbians have for a long time lived their lives on the premise that they could not contract the HIV virus. The reasoning behind this was the fact there has hardly been any research done on lesbians who were HIV positive. This knowledge gap is slowly being filled as researches such as Ditsie Palesa is quoted as saying, “There [have] been so many times that we [lesbians] have been told that we’re not at risk,” reflecting out loud she questioned herself (“why should I use protection?”) And, in response to her own question replied, “I am thinking the same thing as half the population; until there is research done about [our] risk of HIV transmission and how to prevent it, how are [we] going to know how to protect ourselves”(Irnnews: July 2009)? The misconception that lesbians do not contract HIV is one of the fundamental issues facing the lesbian community.

#### **2.2 Literature review**

##### **2.2.1 Sexuality within the context of sexual identity**

Sexuality is the “central aspect of being human throughout life encompassing sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sex refers to the biological characteristics and are not mutually exclusive as female and male, as

there are individuals who possess both sexual organs” (Phillips 2002: 2). Nye gives an alternative definition as he states, “human sexuality is the way in which we experience and express ourselves as sexual beings” (Nye 1999:1). We are living in a time when knowledge and information surrounding topics can be effortlessly acquired. For knowledge is easily accessible from the internet, through different types of technologies and information and this availability has created a global village. Information is new, developing every day. With this, change is inevitable and change comes with controversy. One such controversy is the issue of human sexuality.

The different types of sexualities, also called “sexual diversity” (INERELA 2013: 2) which are presented in the acronym LGBTIA which stands for, lesbian, gay, bisexual transgender, intersexed, and asexual are often covered under the umbrella term of homosexuality. Giving a fuller description of the various sexualities, here are “WSW”, women who have sex with women who do not subscribe to lesbianism. A lesbian is a woman who is attracted to or falls in love with other woman. Gay is a man who is attracted to or falls in love with other men. Bisexual is the ability for a person to be attracted to or fall in love with both men and women. Transsexual is someone who feels he or she is born in the wrong body. Intersex people are born with more than one sexual organ. Some people, known as hermaphrodites, are born with both male and female organs which are totally visible and fully developed. There are “MWM” who are men who have sex with men, who do not subscribe to being called gay who do not considering themselves homosexual” (INERELA 2013:3). “Asexual people do not have sexual feelings or nor the desire to have sex although they have the ability to be attracted to or fall in love with other people” (INERELA 2013:3).

The natural use of the body sexually is for members of the opposite sex to have sex in the correct manner. This is with the male on top and the female beneath him. Anything else is contrary to nature is a “defective mode of using the body” which according to Payer in Nye is a “reference to oral or anal sex” (Nye 1999:48). The issues of and surrounding sexuality is causing controversy in society as well as the Anglican Communion.

Today we are faced with the issues of different types of sexuality. But as one delves into ancient histories and societies such as Greece and Athens one sees that the issue of different types of sexualities did not exist it was just sex. According to author Nye “sexual partners

came in two significantly different kinds-not male and female but active and passive, dominant and submissive” (Nye 1999:26). Relating this to the Athenians he points out “that the current distinction between homosexuality and heterosexuality and between homosexuals and heterosexuals as individual types was meaningless” (Nye 1999:26). Two kinds of sexuality did not exist for them as it does for society today “there was a single form of sexual experience allowing for variation in individual taste” (Nye 1999:26). Meaning that if an individual desired to have sex with the same sex it was not seen as problematic and it was viewed as normal maybe even expected.

The twentieth century is faced with distinct boundaries on how human being relate to each other sexually. In fact according to the Anglican Church there is only one way and that is through heterosexuality. But this in itself was brought “into discussion in ancient times as priest had to hear full confessions of married couples to hear if their bodies were involved in the natural use of sex” (Nye 1999:48). Peraldus cited in (Nye 1999:49) “caution the priests about the vice (sex) and how much information they should reveal to the husbands in case it lead them to sin”. In other words procreation was the only reason for sex and not any form of sexual pleasure. The church went so far as to “provide a manual of penance in an attempt to chart a middle course of questioning but at the same time to be cautious in their attempt to determine whether there was infringement of the correct form of having sex to ensure conception” (Nye 1999:49). In this way the church could ensure the ‘natural’ use of the body and to have control over sex and sexuality in the home. This highlights the fact that the church controlled human sexuality and ensured that its main purpose was for procreation and not pleasure.

(Godow 1982:4) points out that “we exist within a sociocultural structure that places certain values and expectations on the male role and the female role especially within the role of love and marriage”. “The current values and expectations regarding sexuality in particular and male female relationships have evolved from historical roots as far back as ancient Greeks and Hebrews. In ancient Greece “women were treated as inferior and subservient to men” (Godow 1982:4). Women served specific roles, they were either wives or prostitutes (Godow 1982:4). Sexuality asks two fundamental questions “what should I do and who am I” (Nye 1999:11). Who am I looks to “autonomous selfhood” in other words looking at yourself as independently from others. Nye points out that “the eighteen century marks a coherent notion

of a sexual self and its significance for individual identity” (Nye 1999:11). It is this understanding that is pervasive in society today amongst the LGBTI community. Identity therefore plays a vital role in any society, culture, race, or religion. Identity by and large is an important factor for this community because they do not fall into what society would call a ‘normal’ grouping which is understood to be a dominant, heterosexual, patriarchal society.

When accepting one’s sexual identity and sexual orientation one accepts one’s identity which is on the whole an identity that does not fall into a neat category of society. One of the reasons that the lesbian community struggles is because of the stigma that is associated with being different or being ‘the other’ the dynamic of them and us. Author Nye (1999: 11) explains that “a person who is stigmatized is a person whose social identity”, or “membership in some social category call into question his or her full humanity.” In other words the person, individual or community is degraded. “Stigmatization involves devaluation, threat, aversion and the depersonalization of others into stereotypic caricatures. So stigmatization is “personally, interpersonally and socially costly” (Heatherton 2000:1).

The cost in the lesbian community is that many are raped or correctively raped and murdered. According to authors Gaertner and Dovidio “stigma is a social construct which is a powerful phenomenon, inextricably linked to the value placed on varying social identities. Involving two fundamental components, the recognition of differences based on some distinguishing characteristic and a consequent devaluation of a person” (Gaertner and Dovidio 2000:3). Some societies view lesbians as flawed, compromised and less than fully human because of the fact that the majority of lesbians do not have a phallus, causing people to pose the question about how lesbians have sexual intercourse.

“Stigma is also related to prejudice in the sense that a person who is stigmatized is always the target of prejudice. Stigma is a term that involves both deviance and prejudice. Stigma involves perception of deviance, about character and identity posing direct threats to lesbians” “Stigmatizing others can serve several functions for an individual, including self-esteem enhancement, control enhancement and anxiety buffering” (Gaertner and Dovidio 2000:7).

Sexuality is complex involving attraction, identity and a sense of belonging. “Sexuality is who an individual is attracted to. It is how an individual sees himself or herself whether, - they are heterosexual, homosexual, transgendered and intersexed” (*Save Toolkit: Sex, sexuality and gender* (2013:1). Sexuality covers both activity and identity. “Sexual identity reflects who we are, what we feel, how we look at ourselves. It also refers to the ability to fall in love or be attracted to someone, sexual activities or sexual intercourse reflects how we express our sexuality” (*Save Toolkit: Sex, sexuality and gender* 2013:2). Sex is a normal part of being a human. It is the activity that joins us intimately with the partners we have chosen to have a relationship with.

Religion and Sex are two fundamental issues which are presented to humanity in all societies and all cultures. Zuckerman and Manning refers to the “symbolic and practical importance for all societies, grappling with universal questions of what it means to be intimate with other humans and what it means to be intimate with the otherworldly” (Zuckerman and Manning 2005:1). The sacred and the secular play an important role on how people conduct their sexuality which includes their sexual preferences. Zuckerman and Manning remark: that religion is “an endless varied and ever nebulous phenomenon” (Zuckerman and Manning 2005:1).

In other words religion is equivocal and open to more than one interpretation. This is true because different societies have different religions and even then they are fluid concepts; not static and are open to many interpretations. Through the Christianity centuries viewed sex with awe and suspicion. Anthony Lo Presti in *Sex and Religion* points out that “through much of history sex has been valued chiefly for procreation in Christianity, which is tinged with sin” (Zuckerman and Manning 2005:120).

Lesbian activists, according to Alison Oram, from the 1970s and 1980s “felt that it was important to trace a heritage of lesbian sexuality in the past” (Oram 2001:4). She also points out that in doing so “lesbian history would belong to a long powerful, transgressive, feminine and queer history” (Oram 2001:4). Doing this would be helpful in “understanding the mechanism of oppression, why and how lesbians had have been invisible, stigmatized or a persecuted minority” (Oram 2001:4). Oram high-lights the invisibility of lesbians during the 1980s and 1990s in the same manner that Reddy Vasu, in a paper titled: *Raising visibility of*

*Lesbians, Bisexuals and other women who have sex with women in relation to HIV and AIDS in Southern Africa*, addresses the issue of how “HIV positive lesbians are invisible and how they are on a quest for visibility as they access health care without fear of revealing their sexuality” (11<sup>th</sup> March 2013). Both authors look at the visibility and invisibility of lesbians.

The journey of invisibility for lesbians has been a long and is an ongoing one. Melanie Judge in her paper titled: *In the garden of ‘good’ and ‘evil’: Lesbians and (in) visible sexualities in the patriarchy*” points out that “the lesbian is a woman and she is lesbian making her the other in the system of patriarchy” (Judge 2009:12). The lesbian does “not inhabit the role of female sexuality nor does she represent the female gender” (Judge 2009:12). The lesbian is invisible, Melanie Judge states it succulently, “having chosen to not take males as her sexual partner, she defies the heterosexual prescription. She dares to have a sexuality that is potentially autonomous from males. She disrupts. She must be silenced, invisibilised, insulted, raped or killed, she is evil. She is invisibility in plain sight” (Judge 2009:13). To avoid social ostracism it has been necessary for lesbians to assume heterosexual identities and in this way remain invisible.

Father Robert L. Arpin a Roman Catholic priest of the diocese in Springfield Massachusetts came out publicly in (1987) after being diagnosed with - HIV. He points out that the lesbian and gay community says “that the hardest thing for them is that there is very little or no support from their religious community, from society and from their co- workers” (Robert 1992:243). He rightly points out that we are living in a world where there is much more openness. He says “if AIDS has done nothing else, it has made the world extremely aware of gay and lesbian people and their issues. We’re much more out there than we’ve ever been. He further states that the lesbian and gay community have not been attracted to institutionalized religion because it has always come across as the enemy for gays and lesbians” (Robert 1992:244). People are becoming much more spiritual, as the reality of God has become much more important. The community in general is searching. They are looking for a deeper sense of spirituality” (Robert 1992:246). With this sense of spirituality comes a need for a place to belong.

### **2.2.2 Anglican Churches stance on pastoral care for HIV positive parishioners**

*The Pastoral Standards on HIV and AIDS (2004) practices and procedures for all in ministry in the CPSA, (Church of the province of South Africa).* In August (2004) the Anglican Church declared their stance on the issue of pastoral care for parishioners who are HIV positive. It states that “after twenty years of its own silence the worldwide Anglican Communion has declared that HIV and AIDS is not a punishment from God” (CPSA 2004:7). The Pastoral standards states implicitly that "CPSA upholds the dignity of all people living with HIV and AIDS and will not discriminate against any person on the grounds of their HIV status"(CPSA 2004:7). It further states that it "will minister to all without fear or discrimination as set out by the example of our Lord Jesus Christ" (ACSA 2004:7).

In the above statement made by the Synod of Bishops of Church of the Province of Southern Africa the Anglican Church clearly states that “the church will assist all its parishioners who are HIV positive, to uphold their dignity and to affirm that parishioners who are living with HIV and AIDS are entitled to the same rights, benefits and opportunities as are provided to any other person by the ACSA” (ACSA 2004:7). They further state that “stigmatizing people is a sin, against God and humankind, they commit to upholding the worth and dignity of their brothers and sisters who are living with HIV and AIDS who are experiencing silence and rejection” (ACSA 2004:8).

These statements while highlighting the church’s stance on parishioners, minister’s and clergy who are infected with AIDS are significantly silent on the care for HIV positive lesbians. This issue is of specific interest to this paper. While the church is geared up to minister pastorally to infected clergy, heterosexual parishioners (ACSA: Pastoral Standards on HIV and AIDS 2004) there is silence around pastoral care for HIV positive lesbians.

The Anglican House of Bishops issued a pastoral statement to help the Church as it addresses the implications of the Civil Partnerships Act, which came into force on (5 December 2005). The statement reaffirms the Anglican Church's teaching on both marriage and sexual intercourse. “Sexual intercourse, as an expression of faithful intimacy, properly belongs within marriage exclusively”. Marriage, it states, “is a creation ordinance, a gift of God in creation and a means of his grace. Marriage, is defined as a faithful, committed, permanent and legally sanctioned relationship between a man and a woman, and is central to the stability and health of human society”. Marriage therefore between same sex couples (gays and

lesbians) is not considered a marriage by the church although the couple consider themselves married and register their union as such. Clergy who are approached by people asking for prayer in relation to entering into a civil partnership are reminded to respond pastorally and sensitively in the light of the circumstances of each case, having regard to the teaching of the church on sexual morality, celibacy, and the positive value of committed friendships in the Christian tradition.

The (1998) Lambeth Resolution 1.10, “draws a clear distinction between homosexual orientation and practice, rejecting the latter (sexual practice) as incompatible with Scripture” while calling on all “our people to minister pastorally and sensitively to all”. It also recorded that the Conference “cannot advise the legitimizing or blessing of same-sex unions nor ordaining those involved in same gender unions”. Although this resolution, calls for continued listening to the experiences of gay and lesbian people.

An article produced by the Anglican Church on *Issues on Human Sexuality* (2005) makes it clear that, “while the same pastoral standards apply to all, the Anglican Church did not want to exclude from its fellowship those lay people of gay or lesbian orientation who, in good conscience, were unable to accept that a life of sexual abstinence was required of them and instead chose to enter into a faithful, committed relationship”. The House “considers that lay people who registered civil partnerships ought not to be asked to give assurances about the nature of their relationship before being admitted to baptism, confirmation and communion”. “What needs to be recognized, says the House of Bishops' statement, is that the Anglican Church's teaching on sexual ethics remains unchanged”( Anglican Communion). Marriage and a relationship belong exclusively between a man and a woman. Indicating that homosexual marriages were inferior to heterosexual marriages.

### **2.2.3 Violence against lesbians**

The current meaning of stigma is complex and does not necessarily mean that a person has a literal brand or marking. South African feminist, Denise Ackermann, cited in Pillay (2008:211) argues that “Stigma is shaped by historical and cultural context” further stating that the root of stigma lies deeply within our profound thoughts and feelings which are influenced by societal, cultural, ethic, political, gender and religious factors”. (Ackermann

2005:388) further argues that stigma is a term “that marks then excludes a person as being tainted, alien or of less value, blameworthy or to be feared as undesirably different”. Internal stigma, explains South African high court Judge Edwin Cameron is the “shame one feels about having picked up an infection from a private, intimate expressive hopefully loving act” (Sunday Times: 2007). This is why HIV positive lesbian’s people feel guilt and shame also linked to this fact is that both the Anglican Church and society at large are patriarchal.

In a way lesbianism is seen as a challenge to the patriarchal dominance of society by showing that women can live their lives without men. According to Sistig, the Marriage – Alliance - of South Africa “has a patriarchal and heterosexist worldview of marriages and family, and aims to show that same sex marriage poses a direct threat to their worldview” (Sistig 2009:3). Hence the direct challenge to lesbianism. Lesbianism is also seen as a direct threat to patriarchal Christian family values. Sistig asserts that, “a queer analysis based on an understanding of gender and the roles within family are not determined by inherent gender identities” (Sistig 2009:3). Lesbians are also infected and affected by HIV. Lesbians get infected just like their gay male counter parts especially when they are raped or like any other person who is sexually active and indulges in unsafe practices.

Protection during sex also possess a challenge. Like the access to finger (which are placed on the fingers for sexual protection) and oral dams (which are placed over the vagina during cunnilingus) to protect the mouth during sex are important especially during sex with an infected partner because bodily fluids are exchanged. Normal female condoms do not work as phallus penetration between some partners is not done. If the couple are using sex toys and do not wash them afterwards or do not use a condom the virus is transmitted from one partner to another” (Gay and Lesbian Network 2010). The fact that these types of protection are not easily available as male condoms, which are found in many toilets, having been made available for free by the government, highlights a key feature. There is no consideration for lesbian health. Unless a lesbian goes to a Gay and Lesbian Network such as the one in Pietermaritzburg, and become aware and educated about the risks, lesbians will continue to be at risk while their gay counter parts can effortlessly obtain a condom from a toilet.

A key researcher in the area of violence against lesbians is author Comstock (1991) in his book entitled *Violence against Lesbians and Gays*. He points out that “violence against

lesbians is usually perpetrated by young males” and he calls this the “special province of adolescent males” who like lesbians do not fit into ‘normal’ society and are therefore seen as ‘alien’ (Comstock 1991:115). Comstock further asserts that “some young men by attacking lesbians are doing what men should and have the right to do, the right to be masculine by attacking what they consider to be the weaker” (Comstock 1991:116). Therefore attacking lesbians allows them to be “masculine to be physically aggressive, to be dominant over someone else, to do something exciting and to be in control” (Comstock 1991:116).

In South Africa violence against lesbians in most cases is directed against the issue of the woman belonging to another woman, stemming from the popular belief that the whole identity of woman is seen to belong to a man. Culture and patriarchy plays an important part of this sense of ownership. The Human Rights Watch (2011:22) records that verbal abuse, ridicule, harassment and intimidation are faced by lesbians because of sexual orientation. Gender expectation through the manner of masculine dress – resulting in lesbians constantly receiving threats. A female who dressed as a (man) butch was asked “why do you look like a boy when you a girl. God didn’t make women and women: he made Adam and Eve” (The Human Rights Watch 2011:27). Another comment made towards this woman was, “it’s not our tradition to be like this. You should be with men. At this age, why don’t you have children? Why are you not with a man?” (The Human Rights Watch 2011:29). Lesbians have exposed the vulnerabilities of male masculinities in the sense that it has been perceived that male masculinities depends on men’s need to control woman Which in contemporary South Africa is proving to be a challenge as woman in general become empowered.

Part of the violence against lesbians is hate crime. Hate crime is the expression whether verbal or physical that derives from homophobia. This is inclusive of prejudice, discrimination and stigmatization. In a recently published booklet titled *Stop hate Crime targeting LGBTI people (2013)* by the Gay and Lesbian Network in Pietermaritzburg the statement is made that “hate crimes are motivated in part or whole by prejudice, hostility, and hate” (2013:7). According to the research “hate crimes are criminal offences that are committed against people and property, because of the group to which they belong or identify with, this includes assault, murders, rape, malice, and torture” (Stop hate Crime targeting LGBTI people 2013:4), - The booklet further reports that a recent study done by *Human Rights Watch* points out that lesbians experience widespread “discrimination, harassment and

violence”. According to the booklet “they are regularly thrown out of home ridiculed, harassed and insulted” and “corrective rape” has been used to make them “straight” or “correct” their sexuality” (Stop hate Crime targeting LGBTI people 2013:8).

“Lesbians experience further victimization when they turn to service providers for assistance after a sexual attack which means they delay accessing healthcare or criminal justice services” (Stop hate Crime targeting LGBTI people 2013:9). Mamba Online reported a killing of a lesbian in Johannesburg on Monday 1st July (2013) in an article online titled *New horror lesbian hate murder in Joburg*. The online article points out that the “lesbian was brutally raped with a toilet brush and murdered” 26th July 2013). The director of Ekurhuleni Lesbians Gays, Transvestites and Intersexes (LGBTI) Thulisa Mziza spoke to Mamba Online saying that “it seems that we as lesbians cannot go anywhere. We cannot be ourselves. We have to hide ourselves, otherwise we get killed. We have to stay indoors - like caged animals, it’s like we [are] living in the apartheid era again and homosexuals are the oppressed” (Mamba Online). Lesbians are targeted for embracing their identities and choosing to live their lives.

The case of being a lesbian becomes complicated if one happens to be both lesbian and HIV positive. According to the Gay and Lesbian Network society seems not understand how a lesbian can be HIV positive. The general assumption is that they do not have sex with men so how can they become infected with HIV. The Gay and Lesbian Network in Pietermaritzburg is one of the very few spaces where lesbians can safely disclose their HIV status and get objective counselling. Thus the motivating the need to challenge the lack of pastoral care ministry to HIV positive lesbians in the Anglican Church. Protection is not easily available to lesbians unless they go to a network like the Gay and Lesbian Network in Pietermaritzburg.

#### **2.2.4 Lesbians challenges and experiences**

Research conducted in (2013) a *Research initiative of the joint working group conducted by OUT LGBT Well - being in collaboration with the UNISA Centre for Applied Science* points out that there “is a cause for concern that a fairly large number of participants were unsure that (STIs) sexually transmitted diseases can accelerate the spread of HIV” (2013:1). They further state that “interventions need to be aimed at educating the gay and lesbian population

as well educating health care practitioners because many lesbians and gays do not consult a doctor for fear of discrimination and having their sexual orientation exposed” (2013:2). The current popular misconception is that lesbians cannot be infected with the HIV virus.

The infection happens when lesbians are raped by men who believe it will cure them (Narratives 2014) or alternatively if the lesbians are bisexual. Contributing to this is the already mentioned limited access to barrier methods like finger condoms. Presently there is no research which concretely proves whether HIV positive lesbians can infect an uninfected lesbian. An online edition of the *Clinical Infectious Diseases* which was published on the 1<sup>st</sup> February (2003) describes a case where a twenty year old woman from Philadelphia presented with HIV, despite having tested negatively before entering into a monogamous lesbian relationship for two years” (Oxford Journals).

It is believed that she contracted the virus through her bisexual partner through sex toys that were used roughly during sex. The woman was medically examined and it was established that the woman was in good health. When the twenty year old woman went for a test again it was discovered she was infected with multi-drug resistant HIV.

The investigators note that this is the “first case of female – to - female sexual transmission of HIV supported by identification of similar HIV genotypes in the source and the patient recipient” (2003). While lesbian – to - lesbian transmission of HIV is low risk it does not equate to there being no risk. This is proof that a lesbian can become infected from her partner who is HIV positive.

#### **2.4 Gaps in the Anglican Church literature**

The Pastoral Standard of the Anglican Church was published in (2002) in (2004) the *Pastoral Standards on HIV and AIDS* was adopted as an appendix to the *Pastoral Standards* of the Church of the Province of Southern Africa (CPSA).

The canons vary from the tenure of clergy, to the vestries, residence of clergy, parish councils, church wardens and chapel wardens. The two canons specific to pastoral ministry are C23 Canon of Pastoral Charges and C35 Canon of Pastoral Discipline. C34 Canon of Holy Matrimony is the affirmation that the “Church of the province of Southern Africa

affirms that marriage by divine institution is a lifelong and exclusive union partnership between one man and one women” (page 23). At a (2004) meeting in Grahams Town: entitled *Proposed Pastoral Guidelines*, the Synod of Bishops of the Anglican Church in response to Civil Unions within the wider contexts of marriage and human sexuality.

The bishops met to discuss and propose guidelines for future pastoral care within the Anglican Church of Southern Africa (ACSA). The bishops’ point out “that while they understand that people are hurting because of their sexual orientation and feel despised, misunderstood, and demonised the church affirms that partnership between two persons of the same sex cannot be regarded as a marriage in the eyes of God and will not recognise or bless such unions” (Proposed Pastoral Guidelines 2004:6). The pastoral guidelines further state that “although the church has reinterpreted scripture over time in history, questions around homosexuality have been at the heart of ongoing disagreements and are not easily resolved this does not mean that we are bound to reinterpret the text on homosexuality” (Proposed Pastoral Guidelines 2004:7).

The Church of the Province of Southern Africa recognizes that there are “different cultures and different interpretation of scripture within these cultures and the issue of same sex relationships will not go away but as a church it does not sanction Civil Unions” (Proposed Pastoral Guidelines 2004:11). The church points out that “New Testament and Christian history identify singleness and dedicated celibacy as a Christ like way of living alongside the calling to marriage” (Proposed Pastoral Guidelines 2004:11). Despite this the Anglican Church in Southern Africa is committed to continued dialogue with homosexuals, and to continue listening to their experiences.

## **2.5 Pastoral Care**

### **2.5.1 The seven stages of pastoral care according Emanuel Lartey**

“The purpose of pastoral care lies within its context. It is a contextual concept that fits into the realities of individuals as they face their challenges, discoveries and explore personal identities, values and purposes in life” (Lartey 2003:62). To discover ones purpose is to have a sense of belonging and identity. There are according to Emmanuel Lartey seven functions

of pastoral care, “healing sustaining, guiding, reconciling, nurturing, liberating and empowering” (Lartey 2003:62).

### **2.5.1 Healing**

A human being can find themselves feeling broken and bruised and in many ways in need of physical emotional psychological and spiritual restoration. According to Lartey healing presupposes that we have lost something we once enjoyed and that is possible to regain what we have lost. Healing is transcendent therefore Lartey says the God who heals is near. He goes on further to say the task of the pastoral healer is openness and attentiveness (Lartey 2003: 62).

### **2.5.2 Sustaining**

To be “sustained is to find strength and support from within and without. This strength and ability helps a person to cope adequately with what cannot be changed” (Lartey 2003:64). It has to do “with traversing through which in a sense it is about an attitude” that refuses to surrender to internal and external pressure (Lartey 2003:64).

### **2.5.3 Guiding**

Because society is faced with so many questions around a bewildering varieties of views of philosophies and subjects many decisions and choices have to be made. A “crucial function of pastoral care is to attempt to respond to the myriad of questions and leads the seeker to their own knowledge” (Lartey 2003:64). Guiding is about enabling people through faith and love to draw out what lies within them (Lartey 2003:65). Leading people to the realization that they have knowledge and pastoral cares are there to lead them “to the threshold of their minds” (Lartey 2003:65).

### **2.5.4 Reconciling**

Reconciling “involves bringing together again parties that have become estranged or alienated from each other” (Lartey 2003:65). The “pastoral quest in this situation is to restore harmonious relations between people” and in the instance with lesbians who feel alienated from God to assist in harmonious restoration (Lartey 2003:65). Lartey points out that “the pastoral quest lies in the active and creative search for means to bring people together in ways that are respectful of their differences” (Lartey 2003:65). This is a function that is sorely

missing in the Anglican Church who in their pastoral statement affirm to take care of all those brothers and sisters who are HIV positive. Within the structure of the pastoral statement there is no indication of specific care to HIV positive lesbians.

### **2.5.5 Nurturing**

Nurturing involves growth. The function of the pastoral practitioner is to facilitate growth. By caring and confrontation. Clinebell in Lartey points out that “growth will occur in a relation to the extent to which caring acceptance, affirmation grace and love is experienced”. With this confrontation it is important that ‘openness and honesty about those aspects of reality that are being ignored and denied’ (Lartey 2003:66).

### **2.5.6 Liberating**

Liberation involves the process of raising awareness about the sources and causes of oppression and domination in society. This process involves according to Lartey “an analytical examining of both personal and structural sources, causes and development in the establishment of current situations of inequality” (Lartey 2003:67). Pastoral practitioners are therefor called to be “involved in social and cultural action for personal and communal liberation” (Lartey 2003:67).

### **2.5.7 Empowering**

According to Lartey (2003: 68), “empowering is seen as a communal affair it is expressed through working together with people to restore community spirit; encouraging groups based on one’s identity issues. Supporting and working with people makes the difference between personal well-being and psychiatric illness”. The challenges that lesbians face instills a certain dynamic of tension, which can be likened to walking a tight rope of non-discovery.

## **2.6 Conclusion**

The information provided in this chapter has shown the specific use of the body for sex. The popular understanding of sex which is that there is natural and morally correct way to have sex. This natural position is considered to be male and female. In light of this there is a way that could be considered as acting contrary to nature, which is seen as moving away from the

natural manner in regard of execution of the 'normal' or acceptable expression of sexual intercourse. Which is expressed in homosexual relationships. This expression being with the male on top of the female beneath him, heterosexual is considered an acceptable expression of sexual intercourse. Anything else contrary to this is considered a defective mode of sexual intercourse. It looks at the different types of sexualities or sexual diversities. Chapter 3 will focus on the challenges faced by HIV positive lesbians in the Anglican Church in Pietermaritzburg and society.

## **Chapter 3**

### **Challenges faced by HIV positive lesbians in the Anglican Church In Pietermaritzburg and society**

#### **3.1 Introduction**

This chapter exposes the challenges faced by HIV positive lesbians in the Anglican Church and society in general. The chapter discusses theological foundations that contribute to the challenges faced by HIV positive lesbian women which will be juxtaposed with the local traditions and cultures. The specific challenges that will be explored are violence, corrective rape, marriage and lesbianism, and the socio - economic and religious preference of men over women. The important role that Christianity has played in determining how women ought to be perceived in history will also be explored. Lastly the chapter will look at the role language plays within the context of lesbianism and the lesbian identity, the Anglican Church and its pastoral role towards HIV positive lesbians or lack thereof. The final section of the chapter will deal with the conclusion.

#### **3.2 Challenges faced by lesbians from the Anglican Church**

##### **3.2.1 Challenges**

Philip Yancey (2003) in *Designer Sex* points out that it is "unfortunate that few people look to the church for perspective on the true meaning of human sexuality since they view the

church as an implacable enemy of sex and has fallen on the side of repression rather than celebration” (2003:5). Yancey further states that “by its prudency the church has silenced a powerful rumor of transcendence that could point to the Creator and originator of human sexuality” (Yancey 2003:8). In other words God has created sex. The church has for many decades been the moral guide on society in public thought and standard and it influences culture” (Dallas and Heche 2010: 26). Today the church has “lost its authority and influence it once enjoyed and there is change inside and outside the church” (2010: 26) Authors Joe Dallas and Nancy Heche (2010) “point out that the “bible with its moral absolutes and sexual prohibitions has become irrelevant in the minds of many” (2010:27).

The church has been placed in a difficult position but at the same time the church such as the Anglican Church could reach a place where it can according to its *Pastoral Standards* (2004: appendix 1: page 20 -21) says “as the embodiment of the merciful Christ in a suffering world, we commit to equip our clergy and laity to support all people, especially those living with HIV, in life - sustaining relationship with their God and community” make a safe space within its walls for HIV positive lesbians to care and nurture with the love and support they need to survive. The *Pastoral Standards* goes on to say that “silence permits inaction and is a breeding ground for stigma. We call for bold, compassionate community and intuitional leadership at every level, and we further declare that all people have the right to health, which includes access to basic health care” (2004:21). The Anglican Church (2004:17) says “we confess our sins of judgment, ignorance, silence, indifference and denial” in relation to HIV and AIDS.

### **3.2.2 Challenges faced by lesbians from society**

Lesbians are constantly questioned. Questions such as “why they don’t have children at a certain age” and those that are butch are “asked why they look like men when they are girls” and some lesbians are told that “it is not our tradition to be like this” lesbian (Human Rights Watch report 2011: 27). This is the experience of some of the lesbians who live in Pietermaritzburg. Standing at a taxi rank and waiting to board a taxi is uncomfortable because people stare especially if the lesbian couple choose to display public affection. There are times when men will walk right up to a couple and just stand in front of them invading their personal space, sneering at them. This tactic of fear and intimidation serves as a warning of

violence to the couple who feel threatened by this display of aggression. During a discussion with a HIV positive lesbian she mentioned that it was safer to stay at home with her friends because they did not know what could happen if they went out (at the home of the lesbian in Pietermaritzburg 2012)

The freedom to go the shop is a challenge because of the hyper tension that is associated with being out in public. It is because of her gender that men feel entitled, and sexism together with culture poses a great challenge for lesbians. While males and females are not the same they share a genetic code of humanity which means that we are greater than the sex that defines human beings. The point is that lesbian voices in society are not heard and it is culture that can influence society to promote the humanity of lesbians especially HIV positive lesbians.

Violence against lesbians has escalated and many lesbians fear for their lives. The culture of violence and devaluing of women can be seen in the role that media is seen to play. A role on how gender roles are managed in society is perpetuated. A Human Rights Watch report (2011) reports “that lesbian women are called demonic, satanic people and they are constantly harassed at taxi ranks as the men threaten them; they tell lesbians that they are going to stab them because they are stealing their women”(Human Rights Watch report 2011:26). This threat has been carried out many times over the last few years as lesbians have been killed or raped.

### **3.3 Socio cultural religious drivers exposing lesbian women to the vulnerability of HIV infection and violence as currently experienced in South Africa**

#### **3.3.1 Corrective rape**

Lesbians are beaten and raped because of the way they look or because of the way they dress. They are consciously targeted because they choose to love women but more than that some of them choose to do it openly, while others still go further and marry the woman they are in love with. This raises a challenge against the expectation of society, inciting people, particular, men, to intervene in an attempt to convert lesbian women, who express their

sexuality, to the expected behavior, making them 'straight'. Their level of violence and discrimination that is experienced is intensified because of their sexual orientation.

Women in general are vulnerable in South Africa, as there is a high rate of crime against women. But the level of violence and discrimination that these lesbian women experience is intensified because of their sexual orientation. Some lesbians are deliberately victimized because of the fact they are lesbian. Because some lesbians have chosen to live their lives openly they have been murdered. Some studies report that "lesbians face violence twice as often as heterosexual women" (Stop Hate Crime Targeting LGBTI People: 2012:8). Some lesbians it

was observed "were raped while they were virgins and through this became infected with the HIV virus and fell pregnant. The child is subsequently born HIV positive as well. Some were "forced into marriage by their parents when extended family members questioned the parents about why their daughter looks like that (masculine) they should be married" (Stop hate crime: 2012:8). Other lesbians have run away from home rather than being forced into a marriage they do not want to be or to avoid being raped because they choose to love a woman. For many of the lesbians being HIV positive was forced on them when they were gang raped or "corrective" rape that infected them with HIV.

The attitude of some of the men who rape lesbians in some communities is one of boasting when they tell survivors of rape that "the lesbians who were raped were too *tsatsaragh* - forward; proud of themselves. Whatever we did, we are going to do again, we will fix them" (Human Rights Watch 2011:29). According to Human Rights Watch (2011:29) "men who rape lesbians are known not only to boast of the criminal acts in public some assert their intent to rape again because according to them lesbians do not treat the guys with due respect". Raping a lesbian can make the men heroes in their communities they are applauded for what they do. And the lesbians live in constant fear over the threat of these men. It is a well-known fact that when a lesbian is being raped and assaulted she is told by the perpetrators that the men will teach them, (lesbians) "how to be a woman" (Human Rights Watch 2011:29).

### **3.3.2 The social – economic and religious preference of men over women**

Often in the home setting or work place men are “preferred to women and it is believed that women should be seen and not heard” (Akintunde 2001: 35). It is “believed that men can harass and dominate women without any restraint, men are also portrayed as authoritative, disciplinarians, superior, powerful, courageous, and brave while women are seen as weaklings” (Akintunde 2001:35). Lesbianism challenges all the above mentioned stereotypes, the women are able to get married raising children together and living their entirely without the expected male support. In these instances lesbians are able to take care of themselves economically and attend church services amongst other things, without male supervision, care and superiority.

### **3.3 Theological tradition of Christianity of marriage**

Traditionally, Christian marriage is between one man and one woman. The “marriage will only commence when instruction for Christian marriage has been approved by the Bishop of the Diocese” (Canon 34, Holy Matrimony). Religion is central to the lives of many South Africans where socialization and communal life occurs, and where social attitudes and ethical responses form. But more than that the church is often the social space where discrimination occurs. This could be “looked at in context, in the sense that religious communities often fuel and facilitate a climate of intolerance” (Human Rights Watch 20:2011). The role of the family is also very important but as the church influences the family against those of a differing sexual orientation many family members do not accept or welcome their lesbian daughters.

Families are faced with the decision of attending the wedding of their lesbian daughter and sometimes decide not to attend, accepting the resolution of the church by not accepting their lesbian daughter. An example of this is a Human Rights Watch interview with a lesbian. When she came out to her grandmother, telling her that she was a lesbian, the grandmother shouted at her that “this *stabane* (gay) thing is a sin, I have to go church. How will people look at me when you are like this?” (Human Rights Watch 20:2011).

ACSA leadership has the potential to influence communities and how they think as ministers' wield immense influence on moral and social matters. This is an influence that can directly and sometime does have a direct impact on lesbian members of the congregation in a negative way. As church leaders continue to use the pulpit to demonize lesbians it will continue to contribute to a climate of intolerance, which in turn will continue to fuel the climate of discrimination, hate and violence.

### **3.4 Challenges posed by the role of language in relation to lesbianism**

Language plays an important role in how societies accept issues. In Africa, "Eurocentric language is used to explain same sex relationships and many of these terms are used to signify an individual's sexual orientation" (Epprecht 2008:4). "This further adds stumbling blocks to an already sensitive issue in Africa. The term homosexuality suggests a 'clarity arising from specific scientific enquiry' as opposed to a more naturalistic or inherited gene. In some African countries, this language was not used to describe the relationship that women who had sex with women. The language that was used was euphemistic or coy, for example *stabane* (Epprecht 2008:8) which denotes homosexuality.

According to Epprecht this behavior was not given a name in Africa and individual sexual choices were kept from public awareness. It was something that had to be hidden, a secret as discovered by Kendall's research on Abioye's women, hiding meanings from that intimate public of one, the individual's own self-conscious" (Epprecht 2008:9). Ideologies change over time; perceptions, politics, culture and human rights all have an impact on how people, communities and cultures relate to each other. Gay right movements and changes in relationship between "ethnic groups within post colonies have contributed to a change in new attitudes and state policies toward homosexuality" (Epprecht 2008:9).

Epprecht goes on to say, "That same sex sexuality and attitudes toward it clearly have a history in Africa just as they do elsewhere in the world" (2008:10). Despite numerous claims that homosexuality is new to Africa or that it is a Western sexuality. Although there "are gaps in this history, documentation has taken place over time; an example of this is the Islamic jurist who wrote judgments and advice on civil cases through a huge swath of Africa, creating

a documentary archive that extended for a thousand years or more” (Epprecht 2008:10) drawing attention to the fact that there is evidence to the contrary concerning homosexuality in Africa as pointed out by Epprecht. Amongst such documentation are “Portuguese documents which extend back hundreds of years, which would shed light on the changing ways of sexuality and how it was understood and regulated over time” Sweet (1996) in (Epprecht: 2008:10).

There is very little education for some African clergy on sexuality and a lack of willingness by some clergy to accept new ideas. Clergy also lack counselling skills and a misconception that homosexuality is a choice (IAM 2009:18). The South African Anglican Church which was instrumental in combating apartheid, provides a counter balance, by speaking up for homosexual rights. The South African government has legalized same sex marriage. However, with the same breath, although the policy around homosexuality has progressed, “there are still many homophobic people who are still targeting South African lesbians, which can be seen by the number of instances of gang rape and corrective rape (Economist newspaper: 2007). There has been a slow trajectory of acceptance by some people in society concerning same sex marriage making it very difficult for married couples whether it be gays who are married or lesbians to live normal lives without fear.

At the 1998 Lambeth Conference some African Bishops were calling for bishops who supported equal rights for homosexuals to “repent or to leave the Communion”. Bishop Emmanuel Gbongi of Nigeria was quoted as saying, “I won’t listen to them because I’m a bigot. As far as I am concerned, it is against the word of God. Nothing can make us African Bishops budge, because we view what God says as firm.” A South African Bishop over hearing the conversation intervened, “Archbishop Tutu supports homosexual inclusivity”; to which Bishop Chukwuma replied, “Desmond Tutu is spiritually dead” ( Economist newspaper: 2007). With attitudes as devastating as these, what hope is there for reconciliation, full acceptance and peaceful integration into society and the Anglican Communion for the homosexual community?

### **3.5 Lesbian identity**

The issue of “lesbian identity is a complex one, with no single understanding or description of the term for not all women who have sex with women consider themselves lesbians. Heterosexism and compulsory heterosexuality have a powerful impact on sexual identities and behavior” Rich (1993) cited in Zethu Matebeni (2009:100). Lesbian women are “called ‘butch’, ‘bisexual’, ‘dyke’, ‘homosexual, and stabane ’and ‘gay’. There are also lesbians who get married to men because their parents insist upon it and there are lesbians who refuse to be labelled, except to say that they are human (Gay and Lesbian Network)” (2012).

Adrienne Rich (229:1993) argues that “women in same sex relationship exist in societies that are dominated by heterosexuality, sexism and homophobia. These societies inhibit women’s rights and opportunity to develop and shape their own identities and freely practice their sexual preferences”. Rich (1993) cited in Zethu Matebeni (2009:100) “argues that many women find themselves in “compulsory heterosexual” relationships. Rich (1993:229) further argues that “heterosexuality is the presumed sexual preference of most women either implicitly or explicitly” but lesbianism proves that this is not the case. Male dominance, patriarchy and church hierarchy all ensure that this form of relating to each other continues (Matebeni 2009:100). Hierarchy in the Anglican Church and in society have a stronghold on what is considered to be a normal sexual relationship. There is as yet no place for sexual fluidity in the Anglican Church.

Matebeni (2009:100) quoting Doan (1994) points out “while there are women who engage in same sex behavior who do not identify themselves as lesbian there are also women who do not engage in sex with women and consider themselves lesbian”. It appears that some women have a fluid understanding of sexuality while some women have evolved enough to embrace a plurality of sexual identities or sexual partners. The question of lesbian identity or who the lesbian is and what lesbian means has not been sufficiently explored in South Africa (Matebeni 2009:101). Whether women in same sex relationships choose to identify as lesbian or not these women especially if they are oppressed face numerous struggles. These struggles add to an already volatile and vulnerable situation for lesbians. Their struggles range from name calling, stigmatization a lesbian and is “considered disruptive therefore she is seen as a threat” (Matebeni 2009:13). To be a lesbian is to be considered a threat that should be dealt with harshly as possible for what could be disturbing the status quo in society.

Matebeni quotes Swarr and Naga by arguing that “identity categories such as race, gender, class, sex and sexuality” (Matebeni 2009:1) have a huge impact on women in same sex relationships. They argue that woman in same sex relationships are “constantly reminded of the social structures; social power, patriarchal societies and economic situations they live in” (Matebeni 2009:2). Legitimate reasons exist as to why some women find it difficult to adopt a lesbian identity when in same sex relationship. These difficulties include internal and external constraints such as stigma and silence surrounding lesbianism, incompatibility between self-perceptions and stereotypes of lesbians, awareness of social consequences of adopting lesbian identity including fear of rejection and violence. Fear and horror invested in the word lesbian and believing that continued sexual attraction to men is incompatible with being a real lesbian” (Matebeni 2009:101) and society’s inability to accept lesbianism and the implication of this.

An example of this is when a lesbian couple went to home affairs to change their surnames after being married for three years. The lesbian couple were told to wait in an office while someone would come to assist them. After a few minutes of waiting two coworkers came into the room looked at the couple spoke in isiZulu laughed and walked out of the office; leaving the couple feeling uncomfortable after waiting a little while longer without assistance, feeling humiliated, the couple walked out the office and straight out of home affairs without sorting out their identity books (Tracey 19 June 2012).

A lesbian first has to acknowledge and accept that she is lesbian. Self-disclosure and self-acceptance is critical in the identifying process of a lesbian woman. Identity is one of the ways that “people construct, perceive present and enact themselves it is the group that informs this it is also a way in which lesbians can understand their lives and the world they live in” (McLachlan 2010:13) a world in which their identities are carved out and they can feel safe and secure.

McLachlan (2010:13) proposes the term “narrative self; to describe the ongoing creation of identity rather than seeing identity as a fixed structure”. Some lesbian women experience themselves as being physically born of one gender but have an innate desire to identify as male. So their dress code emulates men. Some are ‘butch’, ‘tom boy’ and ‘femme’ and they dress and behave accordingly. There-fore their identity “forming becomes an ongoing process

of growth and creation” (McLachlan 2010:13). McLachlan goes on further to say that “the process of recognizing acknowledging and developing one’s own identity as a lesbian is a “multistage process in which the sense of a lesbian identity develops before one can name it” (2010:14). This process can begin at any age and any stage of one’s awareness and self-acceptance and continue for many years as society, culture and the church continue to stigmatize.

According to Kendall in Hoad and Martin a “public gay identity is particularly problematic in an African context, Kendall also found that the notion of lesbian identity was not helpful in understanding female to female relationships (2005:202). One of the problems facing lesbians is the fact that their relationships are not accepted as sexual because neither one has a phallus nor is cunnilingus defined as sexual. This means that “women’s ways of expressing love, passion or joy in each other is neither immoral nor suspect” (Kendall 2012:56). The “need for legitimacy is more of a Western ideology” (2005:202) but it is a legitimacy that many lesbians want. Since the end of “Apartheid seeking visibility has become the increasingly common especial with the advent of protection lesbian” (Swarr, 968: 2012). They feel the need to belong whilst they do not want to conform to society’s expectations. Black lesbians have a particular oppression when they come out to their families and are “dragged from one inyanga (traditional healer) to the next to heal them of their demon possession” as their parents “ask what will the neighbors and people at church say” (Discussion with HIV positive lesbian: 2012 April).

Religious belief has a “strong influence not only on the forming of a spiritual identity but also on gender identity. This identity is formed not only through involvement in the religious community but being called by the religious community into traditional roles of what it means to be male and female. Being gendered by performing gender within the church” (McLachlan 2010:13). The “church calls this gendered identity into being through the sacred text, theological tradition, ecclesial forms and rituals. Repetitive forms of cultural norms that uphold the gender dichotomy and not the inherent nature of the person are also supported within in the church structure” (Armour 1999 in McLachlan 2010:13). The church therefore has the key to restore lesbians to society as it communicates to society what is culturally acceptable or not.

### 3.6 The Anglican Church

The church has been placed in a difficult position but at the same time the church such as the Anglican Church could reach a place where it can according to its *Pastoral Standards* (2004: appendix 1: page 20 -21) says “as the embodiment of the merciful Christ in a suffering world, we commit to equip our clergy and laity to support all people, especially those living with HIV, in life- sustaining relationship with their God and community”. To make a safe space within its walls for HIV positive lesbians to care and nurture them with the love and support they need to survive would be a step forward for the Anglican Church.

The *Pastoral Standards* goes on to say that “silence permits inaction and is a breeding ground for stigma. We call for bold, compassionate community and intuitional leadership at every level, and we further declare that all people have the right to health, which includes access to basic health care” (2004:21). The Anglican Church (*Pastoral Standards* 2004:17) says “we confess our sins of judgment, ignorance, silence, indifference and denial” in relation to HIV and AIDS.

The Anglican Churches journey on the issue of homosexuality and pastoral care has been a long one beginning with the (1978) Lambeth Conference *A Call to Listen* has been their motif. The (1978) Lambeth Conference, states “that it recognizes the need for pastoral concern for those who are homosexual and encourages dialogue with them”. In (1988) the Lambeth Conference with the same motif *A Call to Listen* states, that it “reaffirms the continued need for study for deep and dispassionate study of the question of homosexuality”. The (1998) Lambeth Conference *A Call to listen*, states “we commit ourselves to listen to the experiences of homosexual persons and we wish to assure them that they are loved by God and that all baptized, believing and faithful persons regardless of their sexual orientation are full members of the body of Christ”. In (2004) *A Call to Listen*, the *Windsor Report* and the *Pastoral Guidelines* (2008) “reminds the commission of the call for listening asking to engage honestly and frankly with each other on issues related to human sexuality”. These are some of the on the progress of the Anglican Communion concerning homosexual in the Anglican Church showing that the Church is still aware and engaging with the topic,

### 3.7 A report from the Lambeth Indaba, 2008

Part of the identity of the Anglican Communion involved a reflection on the issue of human sexuality. The *Section H - the Proposed Pastoral Guidelines: The Synod of Bishops of the Anglican Church of Southern Africa Pastoral Guidelines in Response to Civil Unions Within the wider Contexts of Marriage and Human Sexuality*: highlights the fact that the Anglican Commune when it has encountered difficulty situation such as the ordination of women at the (1976) Anglican Consultative Council (ACC) (1976) “spoke about how the Holy Spirit in the first century to press them to listen to each other to state new insights frankly and to accept implications of the Gospel new to them whether painful or exhilarating” (2008) The report points out that the “whole issue of homosexual relations is highly sensitive because there are very strong affirmations and denials in different cultures across the world. Ranging from legal provisions for same sex marriage to criminal action against homosexuals” (2008:31).

This report gives the reader an idea of how the Anglican Communion is willing to make changes although changes do happens it is a very slow process over an extended period of time. It highlights the Anglican Communion’s willingness to explore the scriptures with new insight but the issues on same sex marriage and homosexuality is difficult and will not be resolved in the near future. But with continued listening to the Holy Spirit there is hope for change concerning acceptance of same sex marriage.

### **3.8 Why the Anglican Church stands firm on its resolve concerning homosexuality**

ACSA stands firm on its resolve on homosexuality and same sex marriage because it views marriage as Holy Matrimony as a divine institution a lifelong and exclusive union partnership between one man and one women” a C34 Canon of (page 23). Polygamy was used as an example to draw attention to the lengths the Anglican Church is willing to go to address issues in the church. The question of polygamy has according to the report been perceived to be handled by the Anglican Communion. The Anglican Commune says that “polygamy has been part of the history and been part of the present of some of the Provinces of the Communion and it is unacceptable in other parts of the commune” (2008:32).

The Communion made space for provinces to deal with issues at their local levels. This they have done “setting clear standards while providing pastoral attention” (2008:32). The

question posed by some members of the Commune was, “why can they not make the same space in regard to homosexuality” (2008:32)? The reply, was “in the case for polygamy, there is a universal standard - it is understood to be a sin, therefor polygamist are not admitted to positions of leadership including Holy Orders” (Pastoral Guidelines 2008:32). From this it can be seen that homosexuality is not universally perceived as a sin. Indicating that if homosexuality cannot be perceived as a universal sin, there is still a chance for homosexuality to be accepted within the Anglican Church. Only time will tell as the Anglican Church is slow to change.

This therefore is a reason why the Anglican Communion is divided on the issue of same sex gender unions, (marriage between gays or lesbians) it is not universal recognized as sin and it has not yet been universally accepted as a sin nor is it universally recognized as acceptable human behavior. The report further states that the “issue of homosexuality has challenged us and our churches on what it might mean to be a Communion. For many Anglicans, “ordination of members in same gender unions is seen as questioning the authority of scripture and the Church’s traditional readings” (Pastoral Guidelines 2008:32). This is one of the central matters around human sexuality and the Anglican Communion “whether the Bible transforms the culture or the culture is allowed to transform the Bible” (Pastoral Guidelines 2008:33). Biblical cultures has been allowed to transforms todays culture through the Church. The Church as a universal institution has given the bible a platform to transform culture through interpretation of scripture and preaching on those interpretations.

There is an undercurrent of we rather you did not accept the welcome which would force the hand of the church into action of actually performing pastoral care specific to lesbians in the sense that when she is asked about her husband or spouse, she would have to declare her sexual orientation. This in and of itself would mean that lesbians would have to reveal her sexual orientation when she might not have intended to. This would be an awkward moment as the church has not positioned itself to handle this paradigm shift, of reconciliation, to intentionally embrace lesbians.

### **3.9 The Pastoral care statement in the Anglican Church (2004:20)**

The Anglican Church's pastoral care statement reads as follows: "pastoral care supports spiritual growth with the aim of sustaining whole and holy relationships with God, each other and the community (society). This is achieved by affirming the dignity and worth of each other. Our churches must be HIV and AIDS friendly that is places of hope where people living with HIV and AIDS can experience care, comfort and support system" (2004:20).

The above statement while it speaks to all people living with HIV and AIDS its does not speak to HIV positive lesbians because of the underlying tension that exist in the church around homosexuality and lesbianism.

### **3.10 Conclusion**

Violence and corrective rape are tools used in society by some men to teach or straighten lesbians from their sexual orientation. A lesbian's identity is a complex one, with no single understanding or description of the term for not all women who have sex with women consider themselves lesbians.

Many African governments view homosexuality as a white man's disease or an issue that belongs solely in Western society and call homosexuals worse than dogs and pigs. Today there has been many deliberations in the Anglican Church on issues of homosexuality and the pastoral care that is needed. The Anglican Church has said that is will continue to listen and engage with the homosexual community and will not judge these brothers and sisters in Christ. Chapter four deals with narrative posed by five questions to HIV positive lesbians. Chapter four is an exposition of research findings in the form of narratives of HIV positive lesbians. The chapter is also going to discuss the pastoral needs and the role of pastoral care in the lives of HIV positive lesbians.

## **Chapter 4**

### **Research findings**

#### **4.1 Introduction**

This chapter is an exposition of research findings in the form of narratives of HIV positive lesbians. The chapter also discusses the pastoral needs and the role of pastoral care in the lives of HIV positive lesbians. As part of gathering information towards the narratives five questions were asked of the respondents. The narratives are an exposition of the lived experiences of HIV positive lesbians as they relate to the pastoral ministry of the church.

The narratives are guided by the following five interview questions. What was the reason that you went for an HIV test? How is your love making affected by the fact that you are HIV positive? Who did you go to for support when you first found out about your HIV positive status? What role has your church played in your situation of being and HIV positive? What would you like to tell other HIV positive lesbians on your experiences? Five HIV positive self-identifying lesbians participated by sharing their narratives.

## **4.2 Response from participant one - Sophi**

The first respondent is thirty two years old. She is a female who identifies as a lesbian and had been HIV positive for five years. She is in a long term lesbian relationship and has three children from a previous marriage to a man. Her level of education is grade ten.

### **4.2.1 What was the reason that you went for an HIV test?**

I had no intention of going for an HIV test. I went because my friend asked me to go with her. I was supporting her that day. After the test I found out that I was positive and she was negative. I was angry and fumed “why the hell did this happen to me”. I ran away from home when I was sixteen and I was married at seventeen. I left home because my mother forced me to have an interracial relationship. So I ran away from home and married a black man. It was after this that my friend said I should go with her. I was not worried because I had been married for five years. She was scared and I said “hai man come on its not that hard”.

“As I said she was negative and I had a positive result”. “I was so angry and confused, I believed what I now realize was a myth that married women are safe from contracting the virus. I did not have the relevant knowledge”. I hate taking antiretroviral (ARV's) they are a constant reminder that I am sick. It pisses me off. I got married because I was a staunch Catholic even though I knew I was lesbian. I did not come out<sup>1</sup> to my family until my children had grown up. I thought that it would be better for my children to wait until they were older to tell them that I was a lesbian. My kids were not surprised, my father said “Ek het lank al gesien!” and my mother's reply was” you always doing the strangest thing”.

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<sup>1</sup>This is a process of revelation to the family. When the individual informs family members that they are homosexual. Either gay or lesbian.

#### **4.2.2 How is your love making affected by the fact that you are HIV positive?**

Before I told my girlfriend that I was HIV positive I waited for four months but we always used barrier methods. I wanted to see if the relationship would last because sometimes when it is revealed to early (HIV positive status) your girlfriend leaves you. My girlfriend and I are still together. There is always tensions during love making and it is extremely difficult, it influences how I make love. When we use barrier methods like the dental dam I pray please God don't let it slip or move. I have to make sure that my lips are not parched and not to eat sweets that cause abrasions. In the heat of the moment have to be alert all the time. So I have to be on high alert all the time very tense cannot relax into love making and cant climax because something could go wrong.

#### **4.2.3 Who did you go to when you first found out about your HIV positive status?**

I am an Anglican, but I told my friend, and then later I told my partner and my family. I always make it a point to tell who ever I am in a relationship with that I am HIV positive or else it interferes with love making. I don't want to ruin anyone's life. Being HIV positive ruins your life because the medicine hurts and destroys other organs.

#### **4.2.4 What role has your church played in your situation of being and HIV positive?**

I didn't go because we (homosexuals) are not welcome there. I feel like I am not a child of God. I pray and I go to a gay church. I have faith in God. God is powerful.

#### **4.2.5 What would you like to tell other HIV positive lesbians on your experiences?**

Encourage them to go for testing. That they must take the ARV's. Never tell yourself that you will not take the tablets today. You can't you have to take them. Nothing is impossible take the tablets they are a reminder that you HIV positive but don't live for the tablets live for yourself. Make sure you disclose your status to your partner and don't ruin anyone's life.

#### **4.3 Response from participant two - Nompilo**

Respondent number two is a twenty seven year old female who identifies as a lesbian and has been HIV positive from the age of sixteen after she was raped by a family member for

dressing like a boy. She became ill and went to the clinic and had a HIV test at which time she discovered she was HIV positive.

### **Narrative two - Nompilo**

I loved to play soccer. I never wanted to stay in the house and do house work. My father would always ask my mother why does she just let me go out and play soccer and leaves me to wear boy's clothes. I would go to school and run home to change so that I went to play soccer with the boys. I was a tomboy at school when I was growing up and I loved my life. My cousin used to spend a lot of time by our house. He would ask me "why I don't like to clean up why do I always run and play soccer with the boys. One day he asked me why I dress like a boy". Why is she being allowed to be like a boy? He asked my mother. I told him I liked to. He was there for many days' and one day my mother was out. He raped me and said he wants me to enjoy it. He was always harassing me. I told my mother and in our culture we don't let things like this go outside of the family. It was handled by the family.

My mother passed away and I continued to play soccer. I was always spending time with my soccer coach who knew I was lesbian. The coach wanted me to be his wife. I said no. He went and paid labola to my uncle and demanded that I sleep with him. He raped me many times that nigh because I said no when he asked to sleep with me. This is how my life has been. I have two children from being raped twice from two different men. I was infected with HIV when I got raped. Both my children are infected. I am single because I fear that I will infect someone it makes me scared.

#### **4.3.1 What was the reason that you went for an HIV test?**

I already knew that I was HIV positive after I got raped I had a HIV test. I was always sick and losing weight.

#### **4.3.2 How is your love making affected by the fact that you are HIV positive?**

I am not in a relationship because I am too scared to infect someone else.

#### **4.3.3 Who did you go to when you first found out about your HIV positive status?**

I told my mum and my grandmother. My mother was not surprised because my cousin who raped me was HIV positive and she knew and did not tell me.

#### **4.3.4 What role has your church played in your situation of being and HIV positive?**

I didn't think that the priest would want to listen to me. You know they think that we are demonized. So what? The priest is going to pray for me for the demons to come out me. No, I go and sit with my friends and we talk about what is happening in our lives as lesbians. I want to go to church but the way people stare so I don't go. People stare because of my manner of dress which is like a man. I feel comfortable dressing like a man.

#### **4.3.5 What would you like to tell other HIV positive lesbians on your experiences?**

They must be strong they must go for testing and they must talk about what is happening in their lives. It is scary, yes, I know but they must talk.

#### **4.4 Response from participant three - Gloria**

Respondent number three is twenty eight years old. HIV positive and a lesbian with one child through a rape encounter.

##### **Narrative three - Gloria**

I come from a very open family. My parents love me and accept me as a lesbian. In my community it is known that I am a lesbian and nobody really worries me. There are a few men who treat me bad and call me names like stabane but mostly I am left alone. I have a girlfriend we are going to get married.

She did the traditional thing and went home to my parents to ask them if she could marry me. And then later she paid labola<sup>2</sup> for me. After a reed dance<sup>3</sup> I was on my way home through fields. While I was on my way a man walked next to me and then he attacked me I was able

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<sup>2</sup> Bride price negotiated and agreed upon by the elders in each family.

<sup>3</sup> This is a festival of young virgins who present themselves to the Zulu King.

to fight him. But after a while there was a second man who grabbed me from behind and threw me on the ground.

They raped me. They had turns. I was so depressed because up until that point I was a virgin. I was scared but I knew that I had to go for a HIV test. I did not know how to tell my family or how to tell my girlfriend. I went for a test and found out that I was HIV positive and pregnant. I was devastated. I went home and told my mother. She cried and cried. I told my girlfriend and she was very angry but we are still together. It has been a hard journey but I am surviving.

#### **4.4.1 What was the reason that you went for an HIV test?**

I was raped by two men after that I went to the hospital and had a test and this was when I found out I was HIV positive

#### **4.4.2 Who did you go to when you first found out about your HIV positive status?**

I told my mother and my girlfriend. We pray a lot and we talk. I go to church but they don't know that I am lesbian.

#### **4.4.3 How is your love making affected by the fact that you are HIV positive?**

We are very safe. My girlfriend is a nurse and we are very careful. I am a little tense when we make love but my girlfriend is very carefree. She always says that we should not worry. But I worry all the time that she can become infected.

#### **4.4.4 What role has your church played in your situation of being and HIV positive?**

I am not in a relationship with a man. The church does not allow us to be who we are so I did not feel comfortable and I did not want to be judged for who I am. The church ask the wife to come in for counselling with her husband. While they do not ask directly if I am lesbian,

when they ask me to bring my husband for counselling they put me in a position where I have no choice but to reveal my sexual orientation. Not being able to go to the church where I was baptized makes me feel unworthy to attend any church. I do not want to go to a gay church. I want to go where I belong where I was baptized. I was told that I must not bring the church into disrepute.

#### **4.4.5 What would you like to tell other HIV positive lesbians of your experience?**

They must be careful and go for testing on a regular basis. They must be strong. But I also want to tell the church that we are humans that I believe that God loves me. Treating me like I am not a child of God forces me to think that there is no place for me on earth.

#### **4.5 Response from participant four – Fikile**

Respondent number four is a thirty eight year old minister who identifies as a lesbian and has one child from a previous relationship. She is HIV positive. She contracted the virus from the man she was dating as she had to conform to her family and the church she attended.

##### **Narrative four- Fikile**

I am currently in a relationship. Before I met my girlfriend I was in a relationship with a guy. My mother wanted me to get married because I was a minister. I didn't want to get married to a man. I got pregnant and had a baby girl. When my daughter was three months old I got sick. I went to the clinic they said I had contracted a sexually transmitted virus. The nurse gave me medication and said that I must tell my partner to come to the clinic to be seen too. I told him and he did not go. I got better and then a little later I got sick again. I went back to the clinic and they encouraged me to have a HIV test. I had the test done and the result was positive.

I was numb I did not know how to respond. I went home and told my mother. Who just cried and refused to believe that it was true. She thought that I was going to die. When I went to talk to the father of my daughter who was my ex-boyfriend he did not even react it was as if he knew. I was more shocked. My daughter was not infected and for that I thank God. I have a girlfriend and at first I did not know how to tell her. But I just thought that I must do it. I told

her that I was HIV positive and she said ok. I was surprised but glad. I have accepted that I am HIV positive. You know when something happens that you cannot change or reverse, you can throw yourself around but it won't change a thing. There is nothing I can do about it. I'm HIV positive so what I just have to accept it or I will go crazy. I had to accept it for my daughter's sake. If I didn't have a daughter I would have done something stupid.

#### **4.5.1 What was the reason that you went for an HIV test?**

I was sick and I went to the clinic where I was given treatment for a sexually transmitted disease. I used the medication but it did not help. I returned to the clinic and they encouraged me to have an HIV test and I agreed. That is how I found out I was HIV positive.

#### **4.5.2 Who did you go to when you first found out about your HIV positive status?**

I told my mother first then my girlfriend and then the father of my daughter. My family was very supportive.

#### **4.5.3 How is your love making affected by the fact that you are HIV positive?**

We have fun but we are very careful. We always clean the sex toys before we use them again. My girlfriend is not worried we use condoms on the toys as well but we have to be careful that we are not too rough and tear the condoms.

#### **4.5.4 What role has your church played in your situation of being and HIV positive?**

I was dating a girl from 2007. My family knew and they accepted me. But later on I had to tell the church committee and now they are aware of my sexuality. The church was expecting me to get married to a man. I mentioned that I was an active lesbian in the church and part of the ministerial team. We are all created in the Image of God and this means that I am a child of God. When the knowledge of my sexual orientation was public knowledge I was told that if I continued in this type of relationship I would be at packer at Checkers. The Anglican Church of Southern Africa wants the congregants to behave.

#### **4.5.5 What would you like to tell other HIV positive lesbians on your experiences?**

All I can say is that life is too short to live it in regret and acceptance is the key to healthier and longer life. They must be strong and if they are HIV positive they must take their medication.

#### **4.6 Response of participant five - Phezi**

Phezi is thirty years and an old AIDS activist. She travels to different areas of South Africa and has been abroad to talk about the different challenges that are faced by HIV positive lesbian's especially the violence that many lesbians face in South Africa.

#### **Narrative five - Phezi**

I knew at a very early age that I was different. I started dating men to hide that I was different. I began a relationship with a man to fight my sexual attraction towards woman. I got pregnant and had a baby girl. Because I dressed in a masculine way men were calling me names. One day I was beaten and raped by five men because of the way I dressed. They said that she must behave as a woman. After taking an HIV test I found out I was negative.

I got married to a man from the church I attend. I had a second child. When my daughter was three months old she got sick. I took her to the clinic where we were tested for HIV and the test was positive. I learnt how to take care of myself and my children I take anti-retroviral therapy. I struggle and I get very angry sometimes. But my partner and I talk about what is happening how we are feeling and we live day to day. I accept that I am lesbian. My eldest daughter reminds me to take my medication and makes sure that I have something to eat. It is depressing though I did not ask to be a lesbian and I did not ask to be HIV positive. Sometimes I want to kill myself but I can't because I love my children.

#### **4.6.1 What was the reason that you went for an HIV test?**

I was raped by five men and went for an HIV test. That is when I found out I was HIV positive.

#### **4.6.2 How is your love making affected by the fact that you are HIV positive?**

I am scared for us to make love. I don't want my partner to get infected but we are careful. We use condoms on the sex toys but it is still tense.

#### **4.6.3 Who did you go to when you first found out about your HIV positive status?**

I was so angry for so long. But it so happened that my mother had already known about the test and the positive result. I spoke about it with the doctors who told me that I had a very short time to live.

#### **4.6.4 What role has your church played in your situation of being and HIV positive?**

So much had happened in my life. Many ugly things. I did not feel that I would be welcome there. I dressed like a man. I am comfortable as I am. In church when they do preach about homosexuality they preach about how evil it is and how we going to hell.

#### **4.6.5 What would you like to tell other HIV positive lesbians on your experiences?**

Violence against lesbians is very real. It is scary because sometimes lesbians are not taken seriously when they go to the police station to report a crime. So they must go and continue to go and report their cases. They must persevere even if they feel that the police are not doing their jobs it is important to do so. Go and continue to go until you get a case number. We have to be strong for ourselves.

### **4.7 Analysis of research findings**

The narratives were eagerly told by the participants. Part of sharing their stories is that there is an underlying need for their stories to be heard and for lesbians to be understood from their perspectives as they experience life. This freedom that came with telling their side of the story meant that they were not reading what other people have said about them but what they have to say to society and to the Anglican Church. Four of the participants had been raped.

A plethora of emotional evidence of sadness, pain, and anger gives one a sense of isolation and loneliness. This was expressed in the manner that they sat, the tone of their voices and the tears that they shed. Lesbians have an intense desire to be accepted not just tolerated. The separation from the church is acutely felt mainly when they are first diagnosed with an HIV positive status. Four of the participants said that the first desire is not to go home and tell a family member or their parents' but to go to the church and talk to their minister, this is what they would like to do but fear of rejection and stigmatization prevents this connection. This view concurs with what is said by Robert in chapter two, "lesbians highlight the fact that there is very little support from the church" (Robert 1992:244) and this is the hardest thing for the five HIV positive lesbians. Lesbians and the homosexual community are "spiritually searching for the reality of God as spirituality becomes more important" (Robert 1992:246).

The reason that the four participants revealed their HIV positive status to family first is because the Anglican Church has chosen to separate itself from participating in the lives of lesbians. The role of the mother has come through as central to the well – being of the participants. The mother has been identified in most cases as the safest space to come out too on issues of violence, rape and on the issue of health. Respondents Nompilo, Sophi, Gloria and Phezi said that revealing their HIV positive status, and their sexual orientation to their mother was innocuous because the threat of violent retaliation is almost nonexistent and the mothers seeks to protect their daughters and keep them safe.

Fikile told her mother because they had a close relationship and felt safe. Stigmatization has had a negative effect on the lives of Nompilo, Sophi, Gloria and Phezi who are HIV positive lesbians, they are told that they are demon posed or are prayed for particularly in the church for the demons to leave their bodies. Stigmatization is a source of anger and frustration in the lives of lesbians as pointed out by Crocker cited in (Nye 1999:11) "a stigmatized person whose social identity in some social category call into question her full humanity". All of the participants mentioned that their mothers loved them and were confident that they would be protected from the rest of the family if they communicated their HIV status and sexual orientation to their mother.

Although the participants belong to the Anglican Church they did not go and talk to their ministers for fear of rejection and non-acceptance. The participants speak with saddens and

tears at the fact that they cannot go to their church to talk to their ministers. Particularly when they feel that the church is one of the place they should get help. Some spoke with anger at being judged especially seeing that they did not ask to be born this way, lesbian and HIV positive. Participant five is in a unique position in that she is a pastor within a church that she established. So according to her it was not a difficult process when she went at the directing of family members who are on the board of the church to reveal her HIV positive status and her sexual orientation. Her mother was instrumental in assisting her with coming out<sup>4</sup> to her family. It was also the fact that her some of her family members where on the board at the church. She was confident because she had the backing of her family, especially her mother, many of the board members were her family, and this placed her at an advantage.

The Anglican Church while it clearly states that “it will not discriminate against any brother or sister living with HIV and AIDS” (Revised Pastoral Standards 2008:14) there is a sense of ambiguity present, as it is choosing not to see the ‘*pink elephant*’ in the room. Rector Janet Trisk (2014) of St. Alpheges Church in Pietermaritzburg points out “that while the Anglican Church acknowledges that people who are in same sex relationship are part of the church there is not more that can be done for them pastorally by order of the House of Bishops” (2014). This means that while the Anglican Church acknowledges that gay and lesbians attend the church they are not in a position to change their stance on homosexuality or create spaces for pastoral care for HIV positive lesbians. Most of the lesbians started off by having sexual relations with men and having children and also chose to get married so that they could be spared the stigma of society.

#### **4.8 Summary**

In conclusion the above questions revealed the heart of theses HIV positive lesbians. They are faced with fear, on a daily basis but at the initial moment of finding out their HIV positive status they make decisions based on what they have initial experienced in the Anglican Church. Sermons that did not affirm their sexual orientation and not affirming their constitutional right to get married. The C34 Canon of Holy Matrimony “the Anglican Church affirms that marriage by divine institution is a lifelong and exclusive union partnership

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<sup>4</sup> Coming out – is a process whereby a time is reached in a lesbians life when she wants to tell her family about her sexual orientation.

between one man and one women". A marriage between two women, lesbians, which the Anglican Church will not acknowledge as a marriage and identifies it as a Civil Union; is discouraging because lesbians view this as a marriage union between them as witnessed by God and ordained by scripture. The rejection by the Anglican Church based on none acceptance means that pastoral care is not available to HIV positive lesbians. By choosing not to be celibate the respondents have chosen to go against the teaching of the Anglican Church.

The narratives and responses highlight the urgency of a safe space for HIV positive lesbians to have a protected place for catharsis to occur. While the mother has been chosen as a safe place the first instinct was to see the minister because of the traumatic nature of the situation and the initial impact meant that the mother had to be the one to absorb this agony from her daughter. Going to the Anglican Church as a first option would mean that pastoral care would have absorbed the first impact of this agony as experienced by the HIV positive lesbians and not their respective mothers.

#### **4.9 Theological insight**

The Anglican Church because it continues to have discussions on a way forward on how to deal with the issues on homosexuality indicates that there is willingness even if it is a slight one to do more than just hear who a lesbians is or who the homosexual community is. Love is the key word that strengthens the Anglican Church but with this love should come liberation not fear, anger and separation. The respondents mentioned that while they still pray and have a relationship with God they no longer attend church services but that they do want to attend. Fikile points out that scripture says that we are all created in the image of God, all of humanity not some of humanity. Then the LGBTI community has a Biblical mandate to accept that they are created in the Image of God and HIV positive lesbians have the right to claim an inheritance Ephesians 1:11 in the kingdom of God as they are daughters of God. James 2:1 and 2:8b-9 highlights the sin of partiality; while the researcher is not saying that the Anglican Church is guilty of this she is highlighting the fact that there is a certain amount of ambiguity in the church towards lesbians who could benefit from pastoral care especially HIV positive lesbians.

#### **4.10 Analysis of pastoral care ministry to HIV positive lesbians.**

With the above narratives in mind it is of necessary importance that the minister sees the unique role he or she plays in the lives of HIV positive lesbians. He or she has to encourage and help individuals through a time of crises. Because both the Gay and Lesbian Network and the Anglican Church do not have a relationship; accessing the church for pastoral care is nonexistent. This is key, building a relationship, the Anglican Church in Pietermaritzburg can reach out to help the human being created in the Image of God while knowledge and information will help the ministers to understand sexual orientation.

This relationship building assists in healing between the minister and the lesbians. In this manner the minister is able to have some entrée into homes, and hospitals. In this relationship building process the minister is able to access sensitive information about the individual and the family bond. As the respondents point out they have need of Gods assurance, love, support and care and attending Sunday service does something special to someone who is hurting deep in their soul. Especially if the sermon is life affirming and encouraging. Sometimes just sitting in the church building gives peace and calmness mentioned Phezi. The respondents want to live in peace and without fear.

“Wholeness involves the unity of all dimensions of a persons, body, mind and spirit in community” (Clinebell 1966:52). To love God as quoted by Jesus in Mark 12:30 “with all your mind as with all heart, soul and strength” emphasizing the importance of the cognitive intellectual as well as emotional and spiritual aspect of the mind. This is an important aspect with HIV positive lesbians to be in alignment with the spiritual aspect of their lives. Their relationship with God is a fundamental aspect of their healing especially their emotional self. This aspect is denied to them when pastoral care is absent from their lives.

Loving God in relation to their identity and self-image means that HIV positive lesbians needs the Anglican Church to understand that they are created in the Image of God and should be welcomed on this premise. There is a lack of pastoral care to HIV positive lesbians in the Anglican Church. The clergy are not trained to minister to HIV positive lesbians or to the LGBTI community their relationships, and the lack of knowledge and education creates tension between clergy and lesbians (The first African dialogue on Christian faith and sexuality 2009: 18). Silence in the Anglican Church in Pietermaritzburg about homosexual

issues and HIV positive lesbians needs to be addressed. According to the current Rector Janet Trisk the Anglican Church, St Alpheges in Pietermaritzburg does not provide pastoral care for HIV positive lesbians.

#### **4.11 Conclusion**

The narratives presented here highlight the issues of rape and corrective rape in the struggle of lesbians which had a major role in the infection of the lesbians. These narratives highlight the need for pastoral care to become an active category within the Anglican Church. Alongside the mothers union, bible study groups, women's meeting and youth meetings. Wholeness in the community involves the unifying of all dimensions of persons, body, mind and spirit. While the Anglican Church has taken great strides to listen with repentance it seems to be in a unique position to say categorically that it will support the pastoral ministry of HIV positive lesbians.

The Anglican Church agrees that pastoral care is a necessary part of the ministry of the church but by its middle ground stance does not encourage pastoral care for HIV positive lesbians. While the Anglican Church has made a clear distinction between homosexual orientation, sexuality and practice and sexual act, preferring the couple to remain celibate, it draws the line when the couple or individual needs to make their relationship holy in the sense that they cannot legitimize same sex unions. The church acknowledges the homosexual community exists but hesitates to create safe spaces to minister pastorally to HIV positive lesbians. The participant highlight the fact that they would rather go the family and friends to disclose their HIV positive status and to tell them how they got infected or to tell them they are infected with HIV because they do not have access to the church. Reporting a rape case is traumatic because this is where secondary victimization occurs after a rape a lesbian is infected with the HIV virus.

The desire to go to the church to speak to the minister is what the participants wanted to do but because of the stigma of being gay is attached to them they did not do this. The instinct to find safety in the church is overridden with fear of rejection and the desire to attend church services is overrun with the feelings of shame and of unacceptance. The Anglican Church is pastorally sensitive to the needs of the homosexual community but is pastorally inactive. An

awakening it appears is needed. Homosexuals are made to doubt that they are children of God, and this must nearly be the ultimate blasphemy. Chapter five deals with the Summary of findings, conclusions and recommendations.

## **Chapter 5**

### **Summary of findings, conclusions and recommendations**

#### **5.1 Introduction**

This chapter is the final chapter of this dissertation therefore it will give a summary of findings, conclusions and recommendations. The summary of findings will be based on summarising the four chapters of the dissertation. Each chapter was based on a particular question and or objective, so the answers to the questions will be part of the summary of findings. The conclusions will be derived from the achievement of the research objectives and conclusions of the chapters of the dissertations. The section on recommendation will be the area where the researcher identifies areas for further research in the area of the church and pastoral care to women who have sex with women and live with HIV.

## **5.2 Summary of findings**

It is imperative that the Anglican Church moves beyond the boundaries of consultations and into active participation in the lives of HIV positive lesbians and the LGBTI community; in this way moving them from being marginalized and discriminated against. While it appears that the Anglican Church is no longer in control of how individuals live their lives it remains a powerful institute in the sense that many individuals in society attend church and continue look to the church for guidance. HIV positive lesbians and literature seem to concur that connection to God happens in the church and this is the strength of the Anglican Church, people have a need for the church.

Chapter two concentrated on literature review and theoretical framework. Literature demonstrates that the church is not yet engaging lesbians in general and HIV positive lesbians in particular in pastoral care. According to UNAIDS women who have sex with women (lesbians) are part of the key population at high risk of infection. If the church is to make a meaningful contribution in the fight against new HIV infection it has to interact with the key population. Literature deals with questions of the church and HIV and AIDS. However based on current literature the church is yet to come up with a meaningful well organised response to the pastoral needs of HIV lesbians. On the other hand literature has demonstrated the unacceptable high levels of societal based violence against lesbians. This includes institutions that are expected to be delivering unbiased services to the vulnerable such as clinics and police stations.

The objective for chapter three was to answer the following question;

What are the unique socio-religious challenges faced by HIV positive lesbians. Chapter three identified a number of issues such as violence against lesbians, corrective rape, marriage and lesbianism and the socio – economic and preference of men over women. It also looks at the importance of language within the context of lesbianism and lesbian identity and the Anglican Church. The chapter concluded that lesbians are vulnerable to certain forms of violence in society which is focused directly towards their sexual orientation and identity.

The objective for chapter four was to answer the following question; What role does the Anglican Church play pastorally in the lives of HIV positives lesbians? Chapter four deals with the elucidation of the narratives of five self-identifying HIV positive lesbians. The narratives for chapter four are guided by five interview questions which are as follows. What was the reason that you went for an HIV test? How is your love making affected by the fact that you are HIV positive? Who did you go to for support when you first found out about your HIV positive status? What role has your church played in your situation of being and HIV positive? What would you like to tell other HIV positive lesbians on your experiences?

Chapter four identified a number of issues, violence and rape were the main reasons for HIV infections and the mother is portrayed in the pivotal role in the lives of the participants although they would have liked to have spoken to their ministers. The chapter has highlighted that sometimes lesbians enter into heterosexual marriage to protect themselves from society, violence and the stigma attached to lesbian relationships. The chapter concluded through the narratives that violence played a major role in HIV infection of lesbians through rape. It also concludes that the participants would rather tell their ministers that they are infected with the HIV virus but because they do not have access to the church they choose instead to tell their parents and friends.

This research also discovered that there is no objective education in the Anglican Church about other sexualities. Each time there is a lesson on homosexuality the church is determined be condemning and demonizing of other sexualities. The church does not have a programme for discussing the socio – economic, biological, religious, and political aspects of lesbianism in particular and other sexualities in general. This research discovered that there is a need for the Anglican Church to educated both men and women in the church on issues of sex, sexuality and the importance of diversity in the community.

To educate the parish on the dangers that are faced by the homosexual community in Pietermaritzburg especially lesbians who are in danger of corrective rape. The leadership within the church are facing new challenges and unanticipated issues homosexuality making it very difficult to approach issues on the subject of HIV positive lesbians. Division of a local congregation over the issue of homosexuality is a stumbling block to reconciling the need for pastoral care ministry to HIV lesbians. The responsibility of the Anglican Church is to preach a message of love and reconciliation. Acceptance starts with the Anglican Church.

### **5.3 Conclusions**

Based on the above summary of findings this dissertation has reached a number of conclusions.

#### **5.3.1 The socio - religious challenges faced by lesbians in Pietermaritzburg.**

Corrective rape has been proven to be one of the major causes of fear amongst lesbians alongside murder and secondary victimization when reporting crime at a police station. Women who are in love with women are challenged by the intensity of violence brought on by discrimination because of their sexual orientation. Further challenges arise when family members inquire why the, lesbians are dressed as men or why they do not have children. Some men in society have an attitude of pride and boastfulness are sometimes seen as heroes in the community who have fixed lesbians by their action of crime. In some societal settings men are preferred over and above women. It is believed that women should be seen and not heard. Men are seen as powerful and authoritative while women are seen and received as weaklings who must be submissive. Christian marriages are between one man and one woman. This tradition has changed in society and same sex couple are allowed to be married although these marriages are not recognized by the Anglican Church because it is seen as a sin.

There is a misconception that that being a lesbian is a choice and with this choose comes a lifestyle of promiscuity over a life of holiness. There is a lack of visibility in the Anglican Church because there is no learning and moving forward. There have been many discussions but no real way forward. Identity confusion, identity acceptance, self-acceptance is all part of

the journey of growth for lesbians but with this comes a sense of confusion in the sense that lesbians believed or accepted for a long time that they are one thing but have a sense of being different and not the same as other females. At some point in their lives they accept their lesbian identity and what it means to their lives and for their future as HIV positive lesbians and lesbian in general. This is a death knoll for lesbians who are married because lesbians choose to build futures for themselves exclusive of men.

Sexuality and all that it entails will always be a natural part of what it means to be a human being. Almost every aspect of humanity has changed over the last couple of centuries and will no doubt continue to change. Lesbianism has caused a disruption in society by not staying in the closet by choosing to come out into the light. They have taken something that is considered negative and unacceptable and integrated into society. As mentioned earlier in the research, same sex marriage in this case between two women is a direct threat to patriarchal Christian family values and poses a direct threat to patriarchal worldviews.

To say that lesbians do not get infected with HIV is a fallacy, there may be a low risk but it is not no risk. There is a lack of resources an example of this is a lack of lesbian stories that need to be heard in local congregations to bring understanding to the challenges that are faced by HIV positive lesbians. This research found during the narrative sessions with the HIV positive lesbians it was revealed that they have experienced a loss of confidence in the ministers put their (ministers) biases aside. They feel that they cannot confide in their ministers because of a lack of trust. This coupled with the fact that the pulpit has been used as a place to denounce their sexuality as demonic and they (lesbians) need deliverance from this demon.

There is a lack of information and knowledge because there is limited literature on HIV positive lesbians, a lack of research around issues of lesbianism and a lack of openness to discuss issues on sexuality. A lack of knowledge on how to counsel HIV positive lesbians and the LGBTI community. A shying away from the Anglican Church by lesbians needs to be addressed. A lack of openness by the church to accept new ideologies but continues to dialogue on contemporary issues on sexualities. The limited literature and lack of research serves as a point of departure in the sense that both the lesbian community and the Anglican Church in Pietermaritzburg is impacted by this. Assumptions based on a lack of knowledge

about homosexuality in society are limited. An absence of safe spaces for discussions on sex, sexuality and violence against lesbian's, and secondary victimization is course for concern for lesbians. It is very important to get cases numbers when lesbians go and report a crime because report dockets go missing and life can get extremely difficult.

Culture within families expect their daughters to get married and have children. Families choose to keep problems to themselves for fear of rejection from the church and the community they live in. Culture and religion in communities are stumbling blocks because culture has taught us that we cannot ask questions regarding sexuality, the subject of sex and is taboo. Self-hatred and stigma are part of a lesbian's identity specifically if they are HIV positive. It is a journey of processing and accepting oneself as a person (lesbian) as an individual with a right to life being, HIV positive and needing pastoral care from the church. Internalized homophobia is part of being lesbian because there is extensive denial from society and the church which adversely affect lesbians by keeping themselves locked within themselves. This is traumatizing as it is all internalized which sometimes leads to risky behaviour which could include suicide or alcoholism. The attitude of non-acceptance by the church has led to self-exclusion.

Violence is a real threat towards lesbians especially if their HIV positive status becomes public knowledge. Identity is an important concept of who a lesbians is and how they live their lives. The dress code is of particular importance especially to those lesbians who are butch and their dress code is masculine. Lesbians are targets of violence because they choose to marry the woman they love living openly and raising children. These actions incite certain members of society, predominantly men to intervene by raping lesbians in an attempt to convert their sexual orientation

This raises a challenge against the expectation of society, inciting people, particular, men, to intervene in an attempt to convert lesbian women, who express their sexuality, to the expected. They level of violence and discrimination that is experience is intensified because of their sexual orientation. Woman in general are vulnerable in South Africa, as there is a high a high rate of crime against women. But the level of violence and discrimination that these lesbian women experience is intensified because of their sexual orientation. Some

lesbians are deliberately victimized because of the fact they are lesbian. Because some lesbians have chosen to live their openly they have been murdered.

Lesbians face violence twice as often as heterosexual women, some lesbians it was reported were raped while they were virgins and through this became infected with the HIV virus and fell pregnant. The child is subsequently born HIV positive as well. Sometimes lesbians are forced into marriage by their parents when extended family members questioned the parents about why their daughter appear masculine, they should be married. Other lesbians have run away from home rather than being forced into a marriage they do not want to be or to avoid being raped because they choose to love a woman. For many lesbians contracting the HIV virus happened when they were gang raped or when “corrective” rape as occurred that are infected with the HIV virus

### **5.3.2 The challenges faced by HIV positive lesbian in the Anglican Church.**

HIV positive lesbians do not have access to the church view the church as an implacable enemy and do not find the church a safe space because their sexual orientation is viewed as a sin. The Anglican Church points out that it is the embodiment of Christ in a suffering world and as such will support all people especially those who are HIV positive. The church also committed itself to equipping the clergy to support all people. The Anglican Church has not provided a safe nurturing environment for HIV positive lesbians. The church has not be well-coming or affirming of lesbians.

The Anglican Church by its own admission will not affirm same sex relationships or civil unions and calls for continued listening of the homosexual community. But it does stress the point that it will provide pastoral care for HIV positive clergy and the brothers and sisters in the church. The Anglican Church does not preach a gospel of peace and acceptance toward lesbians and gays but a gospel of tolerance. The Anglican Church therefore is not seen as a safe space by lesbians especially HIV positive lesbians to rest their weary bodies and souls. The church is strung out on dogma and hierarchal tradition which is not going to change any time soon. It is understood to be doing something (having discussions) but is not seen to be doing anything positive for HIV positive lesbians.

The Pastoral Standards states that HIV and AIDS is not punishment from God. This is the premise on which the HIV positive lesbians who have shared their narratives do not attend church; amongst other issues such as stigmatization and discrimination in the church. By stating in the Pastoral Standards that it will minister to all pastorally without fear or discrimination alludes to the fact that it will minister to HIV positive lesbians but this is not the case. The HIV positive lesbians who have shared their narratives do not feel safe to go and share their stories with clergy because of uncertainty and exclusion. The Anglican Church in Pietermaritzburg has not taken steps to be inclusive in its pastoral ministry. When HIV and AIDS was first acknowledged in the Church as punishment from God for sexual immorality.

The homosexual community was the community who received the worst end of the stick in the sense that it was blamed for the disease but later it was discovered to be a disease that was transmitted through human bodily fluid. And in this sense cleansing the homosexual community from this disgrace. By this measure the Anglican Church should put into praxis ministering pastorally to all its parishioners who are HIV positive, upholding their dignity. To affirm that parishioners who are living with HIV are entitled to the same rights, benefits and opportunities as are provided to any other person. They further state that stigmatizing people is a sin, against God and humankind. The Anglican Church in Pietermaritzburg is in a position to uphold the worth and dignity of their homosexual sisters who are living with HIV.

### **5.3.3 The pastoral needs of HIV positive lesbians**

HIV positive lesbians need the church, need a good support structure and need a safe environment to tell their stories. The care and nurturing of HIV positive lesbians if left to the Gay and Lesbian Network. While the network provides an invaluable service to the lesbian community the work of a soul in crisis belongs to the church. The process of healing and restoring of a wounded soul is a calling that the church is responsible for. HIV positive lesbians need the reassurance that they are loved and accepted children of God. Their pastoral needs are a safe space to tell their narratives a place that will accept them with love; that will not judge them or discriminate against them and serve to remind them that they are created in the Image of God.

### **5.3.4 The pastoral care of the Anglican Church amongst HIV positive lesbians**

The church acknowledges that pastoral care should be provided but have not trained clergy on how to do this. Pastoral care amongst HIV positive lesbians is desperately needed because they look to the church for acceptance, affirmation and God's love. This research has discovered that there is a lack of literature and resources on pastoral care for HIV positive lesbians in the Anglican Church. While the Anglican Communion has held meetings over the last couple of years it is no closer to finding a solution or a way forward on how to minister pastorally to HIV positive lesbians. The Anglican Church acknowledges that there are brothers and sisters in the church who are gay and lesbians but would prefer that they remain celibate and those that are in same sex unions (married), the Anglican Church will not recognize these marriages as they are in direct conflict with the authority of God and scripture. Recognizing that there are same sex couples within the Anglican Church does not mean that they will reconsider their position on homosexuality, that it is a sin.

The case of being an HIV positive lesbian within the Anglican Church is challenging in that there is fear associated with lesbianism, and same sex marriage. Fear associated with stigma, prejudice, violence and secondary victimization are major stumbling blocks in the lives of lesbians especially those who are HIV positive because pastoral care is not available to them from the church. The narratives presented in the research highlight the fact that through rape lesbians become HIV positive and fall pregnant. When they give birth to their babies they are born HIV positive. The role of the Anglican Church will go a long way in restoring relationships between families. While the Anglican Church understands that same sex people are hurting because of their sexual orientation it, will not reinterpret scripture around homosexuality.

The pastoral guidelines states that differing views on human sexuality takes second place to the fact that the Anglican Church is committed to the conviction that Christ is amongst all on regardless of their sexual orientation. The research has discovered that the Anglican Church has and continue to dialogue on the issues of human sexuality and because there is no easy manner to discern the matters that the church is faced with they remain committed to continue to wrestle with the questions of homosexuality. The Anglican Church assures them (homosexuals) that they are loved by God.

The pastoral ministry of the Anglican Church is important in that it can be a safe space for HIV positive lesbians. The minister is in a position to become a friend on a deeper level to better understand the needs of the individual because of the double barrel stigma of being a lesbian and HIV positive. The unique situation represented here is the fact that the HIV positive lesbian faces being ostracized at home by her family, by the church and by society. If the Anglican Church can offer the pastoral care based on the humanity of the HIV positive lesbian it will be filling a void in the life of the lesbian. In this way the wholeness that involves the unity of all dimensions of a person allowing the HIV positive lesbian to be in alignment with the spiritual aspect of their lives. Their relationship with God is a fundamental aspect of their emotional heading. When HIV positive lesbians are denied pastoral care loving God in relation to their identity and status means that they need the church to understand that they are created in the image of God.

The main function of pastoral care is to heal a problem that has arisen in an individual's life at a certain point. The pastoral minister's main function is to help the individual through the crises so that they are able to continue living their lives. Pastoral care and counselling affirms that human life is sacred and must be preserved defended and must be raised up it seeks to highlight the spiritual dimension especially the after effect of broken relationships. When relationships are destroyed it leads to alienation especially for HIV positive lesbians who already carry the burden of being HIV positive and lesbians. The sanctity of human life is based on the concept of Imago Dei, - humans are created in the image of God.

At present the Anglican Church does not have a pastoral care programme that includes HIV positive lesbians. The pastoral ministry that is provided is provided for HIV positive clergy and congregations but HIV positive lesbians need to have a pastoral programme suitable to their needs. The clergy need to be trained on how to minister pastorally to HIV positive lesbians. There is a specific language, words and that align themselves to being a lesbian and HIV positive. Revealing their sexual orientation to clergy is a scary prospect but more so if the clergy are not trained to deal specifically with homosexual issues or HIV positive lesbians.

The social challenges faced by HIV positive lesbians in Pietermaritzburg is economic, unemployment is high and many work at the Gay and Lesbian Network in Pietermaritzburg.

Social integration is low and many lesbians spend time socialising with each other. Socially lesbians are faced with stigma and derogatory names especially those lesbians whose dress code is masculine. The religious challenges faced by HIV positive lesbians and lesbians alike is that they do not have access to the Anglican Church. The Anglican Church's ambiguity affects the LGBTI community as well as HIV positive lesbians who need the church because the church can offer a safe place for them.

The Anglican Church has taken steps in the right direction by discussing issues on homosexuality and same sex relationships and how to deal pastorally with the issues of Civil Unions but is slow toward a journey of praxis that will be inclusive. Towards an inclusive ministry for HIV positive lesbians is absent. The problem is that lesbians especially HIV positive lesbians cannot access the Anglican Church in Pietermaritzburg

#### **5.3.5 Early discovery of HIV infection amongst lesbians**

This research has revealed that infections between lesbians are rare but that the possibility does exist for this to occur as is the case that is presented. While lesbian – to- lesbian transmission of HIV is low risk it does not equate to there being no risk.

#### **5.4 Recommendations**

In light of the above conclusions the researcher has two recommendations for further research in the area of the pastoral care ministry of the Anglican Church to other sexualities especially in a context of HIV.

1. There is a need for further research on the Anglican Church and the education of the clergy on issues of human sexualities. Such research should consider the content and methodologies used in the training in the Anglican Church.
2. There is a need for another study on relationship between the Anglican Church and the LGBTI community. This may require a theological investigation on the core values that silence the pastoral ministry in the church when it comes to dealing with HIV positive lesbians.

The Anglican Church is not willing to re interpret the scripture on homosexuality which is the right of the Anglican Church but it can explore ways on how to minister to the LGBTI community that is inclusive that will not condemn but affirm LGBTI's humanity. The Gay and Lesbian Network is invisible in the Anglican Church in Pietermaritzburg and the church is unaware of the challenges that are faced by HIV positive lesbians. Building relationships that heal the divide and create awareness. Exposure is a necessary part of growth and acceptance thus creating a safe space for dialogue.

#### **5.4.1 Holistic approach and pastoral care**

Pastoral care is about caring for the whole person that is the emotional, spirit, physical, relational and mental capacity. Practically this means building relationships between the Anglican Church and between the Gay and Lesbian Network in Pietermaritzburg in order for dialogue to take place with the gays and lesbians in the community. This will provide information about who HIV positive lesbians are and what their needs are and how the Anglican Church can ministers to them.

There also needs to be dialogue between local ministers and leadership of the Gay and Lesbian Network in order to share information. The LGBTI community can learn from the Anglican Church through developing a relationship that will lead to understanding on the pastoral needs that are required for this community. We are all created in the Image of God coming out to one's family sometimes also means coming out to the church. This would be easier if there is a relationship between the ministers in the church who understands the needs of lesbians especially those who are HIV positive. This relationship building could ensure that lesbians are not prayed for demons to leave their body as this is how they are perceived buy some in society but are accepted as part of the community of faith.

The Anglican Church by operating in its calling to provide pastoral care to all its congregant who are suffering from HIV is an indication that it as the church understand the vital role that pastoral care has in their lives. This same attitude of love care concern and support is needed by HIV positive lesbians from the Anglican Church. Bible studies that are life affirming and preaching that is life affirming are keys to restoring relationships. Education on what the

LGBTI community is who they are and some of the issues that they face as human beings will go a long way in assisting with reconciliations. Open dialogue with the Gay and Lesbian Network in Pietermaritzburg to create a bridge that will open gates for networking and understanding.

The Anglican Church allows for a safe space to be provided for counselling HIV positive lesbians. Counselling is not a once off relationship. HIV is a lifelong illness that threatens the health of an individual at any given time which means that the church is vital to the lives of those infected particularly those on the margins of society like HIV positive lesbians. Specific training is required to minister pastorally to HIV positive lesbians because their needs while they are the same as all HIV sufferers in the sense that they all need specific care there is the added dimension of identity. HIV positive lesbians need to speak specifically from their identity. In other words they need to speak from who they are, their sexual orientation without fear of rejection (Wilson 1988:29). This is an indication that the Anglican Church should equip their clergy with the necessary skills on how to minister to HIV positive lesbians. Special counselling consideration is required because pastoral training for ministers does not specifically cater for the needs of HIV positive lesbians. Clergy have their own fears and ambivalence towards homosexuals (gay and lesbians) and face the situation of their belief of separating sin from the sinner

## **5.5 Summary**

HIV positive lesbians who require pastoral care and ministry at this point in time do not have a safe space within the Anglican Church to discuss their problems and have to depend on non-profit organizations to help them with counselling and care such as the Gay and Lesbian Network in Pietermaritzburg. The Anglican Church stands firm on its resolve concerning the open acceptance of gay and lesbians in the church because while polygamy was seen as a sin (universal standard) homosexuality is not a universal sin. This is the point of departure within the Anglican Church homosexuality is not a universal seen sin and has not been identified as a universal sin. The Anglican Church will not be seen as questioning the authority of God and neither will it be seen as questioning the scriptures.

The challenges mentioned by the HIV positive lesbians in their narratives are corrective rape, health service providers who are not educated on how to treat HIV positive lesbians without prejudice and the lack of protection during love making. The police services, the church, stigma, discrimination, a lack of safe spaces, and no dialogue between the Anglican Church in Pietermaritzburg and the Gay and Lesbian Network in Pietermaritzburg is of grave concern to the LGBTI community and HIV positive lesbians. The Gay and Lesbian Network caters for HIV positive lesbians by providing counselling, discussions on issues of services providers. It provides condoms for safe sex, it has workshops on how lesbians can protect themselves in society, and it calls on theologians who will avail themselves to have bible studies that will help and motivate HIV positive lesbians. Effectively being the prophetic voice in the LGBTI community.

Lesbianism has caused a disruption in society by not staying in the closet and by choosing to come out into the light. Being a human being naturally means that one is a sexual being. Lesbians have taken a negative dynamic and created a life that affirms them. The Anglican Church has come a long way with discussions on the issue of sexuality. But it still stays within the boundaries of Lambeth Conferences and dialogue. Those lesbians who are HIV positive need the church to have an active response to human sexuality. Active participation of the Anglican Church in the lives of HIV positive lesbians could be instrumental from moving them to from the margins into active society and what society calls normal.

The research has discovered that there is lack of literature and resources on pastoral care for HIV positive lesbians. While acknowledging the pain and suffering of homosexuals (gays and lesbians) the Anglican Church is not in a position to affirm same sex marriages because homosexuality is not seen by all as a sin which adds to the pain and suffering to homosexuals. The church prefers that same sex couples remain celibate and in a sense hoping to continue to have a hold and a monopoly on love and marriage based on procreation.

This chapter has highlighted the need for the Anglican Church to fulfil its role as a prophetic voice in the lives of HIV positive lesbians. The chapter further highlights that reconciliation and restoration between the LGBTI community, the Gay and Lesbian Network in Pietermaritzburg and the Anglican Church in Pietermaritzburg is vital. Pastoral ministry as pointed out by the Anglican Church is available to all congregants but as the HIV positive

lesbians in this research have shared they do not have access to the church the fore they do not have access to pastoral ministry is unavailable to them. This research has shown that the Anglican Church is in a position to do more than discuss issues on homosexuality and HIV positive lesbians. HIV positive lesbians

This research has shown that violence against lesbian continues to threaten their piece of mind and safety particularly the issue of corrective rape that is used as a weapon in an attempt to straighten a lesbian's sexual orientation specifically those lesbians whose dress code is masculine. Access to health care for barrier methods are not available and lesbians have to go to the Gay and Lesbian Network in Pietermaritzburg to obtain protection. Lesbian's face violence twice as often as heterosexual women and the reason for this is that lesbians choose to live their lives openly and get married. While it appears that some heterosexual men in society are under the distinct impression that women are their property and it is their right to rape and abuse lesbians. Identity is a key feature in the life of a lesbian. Some lesbians choose to get married to hide their sexual orientation from family members and society. HIV positive lesbians need the church. They need the love, support, guidance and acceptance of the Anglican Church to ease the pressures of their lives.

The Anglican Church points out that the issue of homosexuality has been a challenge and there is no easy way to handle the issues presented. Specifically the issues raised by the passing of the Civil Union Bill in 2005 and what this means for the Anglican Church pastorally. There is a consensus by the Anglican Church that celibacy for homosexuals is paramount. These HIV positive lesbians would like the Anglican Church to realise that their relationships are important to them, and that their sexual orientation is who they are and for the Anglican Church to remember that lesbians are created in the Image of God because they are daughters of God.

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## **Appendix**

### **Questions posed to participants**

1. What was the reason that you went for an HIV?
2. How is your love making affected by the fact that you are HIV positive?
3. Who did you go to when you first found out about your HIV positive status?
4. What is the role of your church in your HIV status as a lesbian?
5. What would you like to tell other HIV positive lesbians?

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