

**HOLISTIC HEALING:
OLD TESTAMENT INSIGHTS ON SICKNESS AND
HEALING – FOR CHURCHES IN AFRICA
CONFRONTED BY HIV/AIDS**

Danie C van Zyl
Old and New Testament
Stellenbosch University

Abstract

Notions on sickness and healing in the Old Testament are explored with reference to the HIV/Aids pandemic. Over and above simply collecting insights from the Old Testament, a more ‘involved reading’ of texts, particularly of Psalms, as suggested by Brueggemann, is argued and illustrated from Psalm 38. Perspectives from the Umwelt and the socio-religious reality in Ancient Israel are presented in order to create a framework for understanding Old Testament perspectives on sickness and healing. Furthermore, perspectives on sickness and healing from African world views and the practices in African faith healing churches are overviewed as a challenge to the African church to use the Old Testament in its dealings with people living with HIV and Aids.

Key words: Sickness, Healing, HIV/Aids, Psalm 38, Old Testament Worldview, African Worldview

The HIV/Aids pandemic has been making headlines in South Africa for the past number of years. For many people this remains a far-off phenomenon which does not really affect them. Others, for a variety of reasons, do not want to involve themselves too closely with this reality which is ravaging many communities in most of our continent. It is, however, only through exposing oneself to the facts and to real people and their suffering, that one can make a meaningful contribution. Once touched by the magnitude of the problem and the havoc it creates in the lives of individuals, families and communities, one’s attitude towards life, and towards fellow human beings, changes. It also has the potential to change the way one reads the Bible. In this article we look at what the Old Testament says about illness and healing, but then in a somewhat more involved manner, touched by and with an eye on the reality of HIV/Aids.

In order to put this discussion on illness and healing in the Old Testament into perspective, we start with a short note on HIV/Aids as ‘sickness’. Once infected with the HI Virus, one can remain ill; it breaks down the immune system of the body over a period of time, with the result that the body becomes unable to fight other viruses, infections and conditions. Once the stage is reached that the body can no longer protect itself, the person is said to have Aids. A person with so-called full-blown Aids usually suffers tremendously and is sure to die soon. But before one gets physically ill in the final stages, the emotional effects on a person who knows that he or she is HIV positive are dramatic. First, the knowledge that one has contracted an incurable virus which will surely lead to death sooner or later, is traumatic. Furthermore, the social and economic consequences, with often the added experience of suspicion and rejection by one’s community, complicate the emotional

burden. Often these psychological factors cause persons with HIV to lose hope and to fall physically ill and die, long before that should otherwise have happened. Therefore, over and above the physical dimension, there are dramatic psychological and social aspects involved with the 'sickness' of HIV/Aids.

Apart from containing key elements on the way in which the Old Testament views sickness and healing (to which we will come presently), the Psalms also offer a 'pastoral tool' to faith communities who have to deal with persons in distress. Reading the Biblical text in an involved manner, be it as a HIV positive person, changes what one finds in the text and what one experiences while reading. Brueggemann writes:

Praying the Psalms depends on two things: (1) *what we find* when we come to the Psalms that is already there and (2) *what we bring* to the Psalms out our own lives. ... (W)hen we come to the Psalms *we shall find* their eloquence and passion and boldness in addressing the Holy One. ... (W)hat *we bring* to the Psalter in order to pray is a candid openness to the extremities in our own lives and in the lives of our fellows, extremities which recognize the depths of despair and death, which acknowledge the sheer gift of life.

The work of prayer is to bring these two realities together – the boldness of the Psalms and the extremity of our experience – to let them interact, play with each other, tease each other, and illuminate each other. The work of prayer consists in the imaginative use of language to give the extremities their full due and to force new awareness and new configurations of reality by the boldness of our speech. All this is to submit to the Holy One in order that we may be addressed by a word that outdistances all our speech (1986:27).

Psalm 38 jumps to new life and meaning once one reads it from the perspective of somebody infected by HIV and in particular of someone suffering from Aids.¹ In verse 2 of Psalm 38 the Psalmist directly addresses Jahweh with the cry to be spared from his suffering, which is described in the following verses (38:4-8). The Psalmist acknowledges that what he experiences is Jahweh's wrath and fury, aimed at correcting him (38:3). The expressions used show that there is a strong emotional aspect to his suffering. His vivid description of his physical condition² shows striking resemblances with a person suffering from Aids (particularly verses 6-11). Over and above his sickness, he experiences rejection and even gossip by his closest relatives (38:12-13,17,20-21), which is a common experience of HIV positive persons. Isolation and the fear to speak out on ones condition adds to the suffering (38:14-15). The fact that he knows and experiences that his condition is due to his own wrongdoing, as is expressed in his confessions of guilt (38:5,19; Kraus 1979:165-166), is often an additional burden to people with HIV and with Aids.

This Psalm is an emotional but intimate wrestling with personal distress and with God (see 38:10). Jahweh himself as his ultimate hope is expressed in the central appeal in 38:16: *יִשְׁׁוּבָה ה' אֵלַי*. Nowhere in the Psalm is there a request for healing, but instead: "do not forsake me/be not far from me" (38:22). And the prayer for 'salvation' is paralleled, and thus qualified, by 'help' (38:23). This is not juridical terminology; this is cultic speech of a cultic prayer! What 'salvation' (*יִשְׁׁוּבָה*), the climax of this Psalm, means for this person in utter distress is to experience the accepting and caring closeness of Jahweh, of Adonaj (Weiser 1971:326).

¹ This article was originally presented as part of a series of postgraduate seminars. In preparation to reading Psalm 38, participants were to read short life sketches of people living with HIV and Aids in order to gain an awareness of the emotional world of such a person while reading the text.

² Note the use of different body parts in these verses. Re. Bromiley 1979:955; Wolff 1974:211-212.

To be able to appreciate this particular ‘solution’ to the problem of sickness and distress, which is typical for the Old Testament, we now turn briefly to the *Umwelt* of Ancient Israel. Apart from the exceptional attribution of personal sickness to the wrath of a deity, Israel’s neighbours attributed sickness and misfortunes to magical (particularly in the case of Egypt) and demonic causes (Babylonian). In the Canaanite world both these were probably prevalent. While magic has to do with the manipulation of supra-human powers, protection from these and healing from conditions caused by these powers had to be done by persons initiated to control and manipulate such forces. In Egypt, for example, these were usually priests. Demonic powers were likewise to be controlled by initiated individuals, probably different categories of diviners, who also might have been cultic functionaries. In such cases appeasing sacrifices and, or ritual procedures, accompanied the healing ceremony. In Babylonian texts ‘physicians’ are mentioned, but even they are believed to have had access to and made use of supra-human facilities into which they were initiated (Bromiley 1979: 954-955).

Over against its contemporary world, the Old Testament offers a very different view of the origin of sickness and of the means of healing. In the deuteronomistic materials of the Old Testament a very strong and direct link between sickness and suffering of different nature is seen with personal and national sin, it is: transgression of the covenant law (Dt 28:21-29). Sickness was not regarded as a ‘curse’ which automatically follows wrongdoing. Sickness was regarded as judgement by the Covenant God (Eichrodt 1982:423-431). To a large extent the way in which the deuteronomistic history is constructed and in the reaching of prophets, who built on this theological perception, suffering of diverse nature is not simply punishment by a wrathful God. It is the correcting, chastening reaction of the merciful and caring God. It has to be kept in mind that what the deuteronomistic and prophetic traditions in the Old Testament say in this regard mostly lie on a communal and national, and not an individual, level.³

Also the Jahvistic tradition, at least in the creation-fall narrative, sees a direct link between transgression and suffering. But the consequences of wrongdoing spelt out there lacks a personal dimension. In Genesis 3 suffering and pain are pictured as elements which became part of this created, albeit fallen, reality (Luyten 1990:10-12; Wolff 1974:172). In the wisdom tradition of the Old Testament a personal consequential relationship is seen between wrongdoing and suffering. Here, however transgression is not so much against the covenant law or God, but against cosmic harmony. It is caused by ‘foolishness’, which, in religious terms, stands over against ‘fear of Jahweh’. Of course it is this very wisdom tradition which challenges this perception that personal wrongdoing is always responsible for suffering and sickness (Luyten 1990:10,15-17). It is important to note that elements of all these views, as represented by these different traditions within the Old Testament, are found within the Psalter.⁴

While we are dealing with sickness and healing with reference to HIV and Aids, it is important to look at the way in which the Old Testament believer experienced sickness.⁵ In

³ Eichrodt 1982:431-438; Luyten 1990:4-8. Luyten argues that a shift in perspective towards punishment of the responsible individual can be noticed in the Chronicler’s presentation of the same history (1990:8-10).

⁴ Brueggemann, 2002:201-202. Luyten (1990:4-29) deals with reasons for suffering in the Old Testament under the following headings: (1) Suffering as Punishment for sin, either collective or individual, or as ‘Universal sinfulness and existential suffering’, (2) Suffering as absurd, (3) Suffering as a Source for new life, including as discipline and purification and vicarious suffering. Dau (2002:196-210) deals with Job under ‘Innocent suffering’.

⁵ Both Hebrew terms denoting sickness of diverse nature, *הלה* and *הרד* have connotations of being weak (Stolz 1978:567-570), while *קזק* restore to power often refers to healing (Wolff 1974:214).

line with the holistic understanding of life in the Old Testament, being sick or handicapped influenced every aspect of a person's life (Eichrodt 1982:360-366). If it caused one⁶ to be unable to work, the livelihood of the family might be jeopardized (Exodus 21:18-19). At the same time his place in the community is affected, because he might be physically unable to partake or be regarded as ritually unfit to share in communal events. This would particularly be the case with someone suffering from leprosy. Certain taboos might be imposed on him (Lev. 13). He could become the object of rumours, scorn and outright rejection. Furthermore he might be juridically disadvantaged if he could not take up his position in legal procedures and become a victim of evil minded fellows, of those whom the Psalms call 'enemies' (Kraus 1979:165-166).

Over and above these, such a person would be banned from the cultic community. Being excluded from regular meetings and festivals, he is deprived of the fellowship and blessings of the covenant community. He will thus miss out on what the Old Testament regards as the centre of life, the opportunity to praise God.⁷ Although Jahweh could be experienced everywhere (e.g. Ps 23), the cult served as an essential aspect of the believers' relationship with Him (Ps 84). Being ill, therefore, affected ones relationship with God. Serious sickness was regarded as the power of death intruding into life (Kraus 1979:208), threatening to separate one from a living relationship with one's God. Here one needs to bear in mind that the Old Testament essentially has a 'this worldly' (*diesseitige*) perspective of life and of the believer's relationship with God (see footnote 6).

A key term in the Old Testament expressing life and well-being is *shalōm*. Above all *shalōm* is a relational term. It is clear from the previous paragraphs that every relationship in which a person stands is affected and is disturbed when he is sick.⁸ Sickness was thus a major threat to the *shalōm* of the individual and consequentially also to the community, particularly to the household.

When one considers healing in the Old Testament, a major difference with its *Umwelt* comes to light (Bromiley 1979:995). We have seen that in the latter healing practices were probably closely associated with cultic procedures and cultic functionaries. In the Old Testament the priests fulfilled no such functions. At most they had to inspect and declare somebody whose sickness caused ritual impurity fit to rejoin the cultic community (Wolff 1974:214-215). A number of cases is reported where prophets performed healing of sick persons. But in all these cases it is explicitly stated that what they did is a wonder of Jahweh, and is aimed at demonstrating His power and glory. The fact that Isaiah used dried fig was probably a case of 'folk medicine', which would anyway not be effective in a dramatic way without the direct intervention of Jahweh. Certain taboos (e.g. on certain foods and particular sexual conduct) might, amongst others, have had common sense medical dimensions, like the prevention of infections (Bromiley 1979:995).

The essential 'solution' to sickness in the Old Testament is to resort to Jahweh, the source of life (Kraus 1979:25,204), with prayer as the way of resorting to Him (Wolff 1974:217). It is therefore no wonder that the Psalms contain so many prayers for help and salvation addressed to Jahweh (Kraus 1979:171). Although the number of cases in Psalms,

⁶ The Old Testament deals almost exclusively with the positions of males in this regard; they are the ones responsible for the livelihood of the family, protection of its legal rights, to participate in the cult and in protection of the community (war).

⁷ This aspect will be dealt with in more detail in a follow-up article on Life and Death.

⁸ Due to the social position of women in the Ancient Israelite community, sickness would not have that dramatic an impact on her position, since she was excluded from social and cultic roles and responsibilities of males. Women's social deprivation, according to our modern standards, excluded her in her sickness and suffering from the public eye, though the Bible does tell a few of their stories.

where sickness is explicitly mentioned, is few,⁹ the Psalms, being poetry and thus employing metaphoric speech, make it possible to use many of these prayers for help and salvation where sickness is not explicitly mentioned, also in situations of sickness and distress. In these prayers the Psalmists pour out their honest and raw emotions of pain, agony and fear. They dare to accuse the Creator of unfairness, or at least of forsaking them. They express their hateful feelings of vengeance towards fellows and even pray for the destruction of their enemies. But they also bring their confessions of guilt and honest hope to Jahweh, whom they regard as their only refuge. He is addressed as the God of the covenant, the One who has compassion for the lowly, the outcast, the suffering persons in society. This prayerful wrestling with Jahweh is the Old Testament answer to sickness and all distress. Often the praying believer does not receive an answer, in the sense that his or her need is solved, that she is healed. But in prayer a new dimension in one's relationship with your Lord breaks through and surpasses all pain and fear, as happens at the end of Psalm 38.¹⁰

In the Old Testament healing is a holistic experience. It is the restoration of all relationships, the restoration of *shalōm*. To be restored to health is to be saved, not only from pain and potential death, but from all other resulting trails. Above all, it is to experience a normal relationship with Jahweh again. To be healed is to be saved in the full sense of the word. Given the *diesseitige* understanding of reality in the Old Testament, to be saved is an earthly experience. It could be primarily physical (medical) or social (juridical) or national (from enemies) or cosmic (from natural disasters). But none of these is ever void of the relationship with Jahweh. The Old Testament knows no mere physical, or a mere religious, understanding of salvation.

When the Church today reflects on and deals with matters of illness and healing, it is influenced by a long post-Old Testament tradition. This starts with the New Testament. The cases of healing reported in the New Testament are all of a miraculous nature. These are often explicitly stated to be signs, events pointing beyond themselves, having a *kerugmatik* function (Jeremias 1975: 92-95). They are signs that the Kingdom of God has dawned, that Jesus is the Christ, or are demonstrations that the rule of Satan is curtailed. In a number of cases the physical or mental handicaps ('sickness') that were healed, are attributed to demonic forces. This new perspective, which is absent from the Old Testament,¹¹ is widely regarded to the influence of the Babylonian world-view to which the Jewish faith-community was exposed in the late pre-Christian era (Eichrodt 1982:224). Quite a few examples in the New Testament show how healing also served the re-integration of the persons into society and in the faith community, for example people with leprosy and the demon possessed. Paul's testimony in 2 Corinthians 12 comes close to what we saw in the Old Testament, that a renewed relationship with God may result from prayers for healing, despite the fact that no healing was experienced. In the early Christian community, along

⁹ הלל and הוד occur only in Ps 35:13 (both) and in 41:4. Descriptions like those in Ps 38:4-9 and 6:3-7 and probably 22:2 and 31:10-11 suggest some form of physical ailment.

¹⁰ See particularly Ps 73:21-28, Job 42:1-6 and Habakkuk 3:16-19. In a number of Psalms a sudden change of mood ('*Stimmungsumschwung*' Kraus 1979:177) occur when the hope or assurance of the caring favour of Jahweh dawns on the praying believer in distress.

¹¹ Two terms which may be translated as 'demons', *šā'ir* (Lv. 17:7; 2 Chron. 11:15) and *šēd* (Dt. 32:17; Ps. 106:37) refer to Canaanite deities and not to demonic powers possessing people, like in the New Testament. *šā'ir*, meaning 'hairy one' may refer to its scary image (Morris 1968:310-311). Further Eichrodt 1982:223-224.

with prayers *by* the sick, a practice seems to have developed where leaders offered prayers for healing on behalf of the sick (James 5:13-14).¹²

Western European Christianity has a long tradition of theological and philosophical reflection on the question of the relationship between God and evil, and thus of how God is related to human suffering.¹³ This question of the theodicy deals, however, with suffering as a phenomenon in this world, and not in the first place with the suffering and sickness in specific cases. The net result of this reflection over centuries is that, for many Christian believers, God is seen as ultimately in control of 'everything' but that He is not seen as directly responsible for every particular ailment (Dau 2002:178-180). Medical sciences have come to our aid to live with this dichotomy in our view by offering 'natural' explanations for most illnesses. Sciences has come very close to unravelling the physical causes of almost all medical conditions, though not to the point of curing all, as is the case with HIV and Aids. Also most psychiatric and psychological conditions can be healed, or at least managed, with the help of medication or therapy. Most medical practitioners, often even professing Christians, go about their business in a scientific manner, without any or an explicit reference to a higher reality, God. Likewise, Westernised Christians who seek the help of these practitioners do so with a largely secularised mindset. Even if the help of God is implored, it is often more or less explicitly stated that He may let the doctor or the medicine be successful in addressing the condition.

In more spiritualistic strands of Christianity sicknesses and other problems are often attributed to demons. In these circles 'faith healing', or at least healing by prayer, often in the form of exorcism, is practiced (Bate 1995:140-141). Here healing is exclusively and directly attributed to the intervention of God, or actually by the Holy Spirit, "in the Name of Jesus!" In some of these circles the role of medical sciences is explicitly rejected. But for the majority of people subscribing to faith healing, the role of medical sciences is at least not ruled out and is accepted for common or commonly curable diseases.

To understand African perceptions of illness and healing we start with a broad picture of the African world-view (Dau 2002:156-172; Frank 1999:52-68, 74-95). Living humans stand in the centre. But they are part of a reality which stretches from the natural and animal world, on the one hand, to living people in the middle, through to the supra natural world consisting of the diseased (the 'living dead'), good and evil spirits, which may inhabit nature, such as rivers, snakes, etcetera, and the supreme god. All partake in the same life power (*amandla*). As long as there is proper balance of power between these different elements of reality, life can abound. Living persons experience meaningful life by living in a harmonious relation to other people, particularly those of ones (extended) family, both living and diseased.

Although it is acknowledged that there are 'common sicknesses' (*izifo nje*) which are not caused by an external agent, sicknesses, and all other problems on a personal or family level, are caused by someone who disturbs the balance of power. Sickness is in fact to experience diminishing of life power, even to be threatened by death.¹⁴ In this regard (the suspicion of) witchcraft plays an important role. Anybody may affect another through medicine (*muthi*) or spells (*ukuthakatha*). Apart from seeking modern medical advice, it is also necessary to find the source of the ailment to counter that force. Likewise, sicknesses

¹² Praying for the sick might have been the task of the priests in the Old Testament, though it is nowhere stated explicitly.

¹³ Dau (2002:88-158) gives an extensive overview.

¹⁴ When someone is really not feeling well, the Xhosa would say '*ndiyafa*', 'I am dying'.

caused by evil persons (witches, *abathakathi*) should be countered by the necessary magical means, usually obtained from a medicine man (Bate 1995:139-144).

Ancestors may also cause illnesses, usually regarded as a response to the neglect of some ritual or custom on the part of the living, which upset the balance. Even if medical help is sought, it is not regarded to be effective without setting the balance right through performing the necessary rituals. An important category of sicknesses which is also caused by ancestors, is called 'cultural diseases'.¹⁵ These are not caused by evil intent of the ancestors, but are regarded as messages to perform a required custom, and in many cases a message that the sufferer should be initiated as a medium (*ukutwasa*). These conditions cannot be healed by Western medicine. In cases where an external source, either another member of the community or an ancestor is suspected, the source must first be identified through the help of a diviner. Then counter measures are to be taken before healing can take place. Traditionally the supreme god is seldom regarded as the source of personal ailment. (S)He may, however, causes disasters of national proportions.

Through the processes of acculturation and exposure to modern Western thought and medical means, the above picture of African thought has been changed to varying degrees in different communities and individuals. From a lifetime of experience with urbanized Xhosas, and particularly Xhosa Christians, I know that many of these traditional views still play an important role in their perceptions of sickness and healing.

An important phenomenon on the African Christian Church scene is the so-called African Independent churches of the Pentecostal type, particularly those calling themselves Zionists. An important feature of these churches is that they practice prophecy and faith healing (Bate 1995:28-48). In many of them prophets have taken the function of mediums in determining the source of an ailment, as described above. Healing by prayer, often by a 'gifted' individual, called a 'prayer person' (*umthandazeli*), is practiced, particularly when the prophet has identified a particular demon, somewhat similar to what happens Western type Pentecostal circles. The use of a variety of other means of healing, such as the use of empowered ropes or sticks [as revealed by the Holy Spirit in dreams], usually accompanied by singing, clapping of hands and 'dance' (*ukuxhentza*), as well as water blessed in prayer, play a particularly important role in these churches. Although some of these practices on face value may resemble traditional practices and often share in the traditional world-view, it is important to note that without exception these churches would attribute the healing power of these actions and materials to the Holy Spirit and not to any magical powers. Certain 'prayer people' even have 'schools' where individuals who experience that they are called to be initiated as mediums go to be initiated as 'prophets'. In all these practices, active participation in a community (of faith) plays an important role. By integrating a Biblical understanding of God with their traditional world-view, these churches seek to offer a Christian solution to sickness and healing. For this reason Bate calls them 'coping-healing churches' (1995:15-16).

HIV and Aids probably originated in Africa and thus far Africa is the continent that has suffered most severely under this pandemic. In some extreme and exceptional cases Aids is attributed to magical or supra-human means.¹⁶ Therefore magical solutions should be sought. Apart from the disastrous myth that sleeping with a virgin would cure one from the virus, some medicine men (*iinyanga*) make fortunes from supposedly Aids curing substances. Although some of these substances may in effect be healthy and may retard the

¹⁵ *izifo zesintu*, 'sicknesses of the people', in Xhosa.

¹⁶ Myths that are spread state that HIV comes from the *thikoloshe* who sleeps with women or through witchcraft by people with evil intentions.

deterioration of the immune system, it cannot destroy the HI-virus. The problem is that it may leave the patient with a false impression of being healed. All these means of coping with HIV from a magical perspective is not only ineffective, it is in fact highly disastrous, because it creates false hopes, while the virus is in effect spread further.

In Africa Christians and non-Christians attribute Aids to the wrath of God, particularly because of its pandemic proportions. For many there is therefore nothing that one can do about it but to accept it in a more or less fatalistic manner. Particularly for Christians, HIV infection and eventually death with Aids, is God's judgement on the immoral life of the individual. This view stems from the often too moralistic way in which the Gospel message was proclaimed by many Christian traditions in Africa. What aggravates the situation is that sexual misconduct has been, and most often still is, presented by churches as the epitome of immorality, while sex is known to be the major way of spreading the HI-virus. This has the disastrous effect that most people dissociate themselves from persons with HIV and Aids. They are frowned upon, and often literally despised and rejected.

In this situation in which the church in Africa finds itself today, the contribution of the Old Testament and the Psalms in particular, needs to be re-affirmed:

- In relation to sickness and healing, the Psalms present God as the caring God, as refuge and source of life. The one-sided perspective of God as judging particularly sexual misconduct needs to be replaced by the care of God, which is anyway strongly proclaimed in African churches in relation to all other forms of suffering.
- The holistic understanding of sickness and healing in the Old Testament, that it has to do with all relationships in which one lives, is particularly relevant to the African world-view. The important role of belonging, of sharing in and being accepted by one's community needs to be actively propagated in caring for people living with HIV and Aids.
- In Psalms, prayer is the honest wrestling with God, which enables one to come to peace with oneself and to a renewed relationship with God, even when no healing is experienced. Prayer by gifted individuals within the community of faith, as it is practiced in African churches, has an important role to play. But the insinuation, which is common in such circles, that healing will surely follow, or if not, the patient's faith is lacking, is dangerous in the case of persons with HIV and Aids.
- The role of prayer in the life of the individual sufferer and the use of Psalms in pastoral ministry of the church need renewed attention. The HIV/Aids pandemic puts a particular challenge to the pastoral ministry of African churches. That pastoral care in Africa often takes place in a communal, and not in an individualistic setting such as in the Western type churches, must be appreciated.
- In most Psalms, as is also the case with Psalm 38, it is important to follow the inner dynamics, the development of the prayer in poetic form. The practice of using individual verses or expressions from the Psalms, or for that matter from the Bible as such, as proof-texts or disconnected promises needs serious attention. Faith communities and individuals need to read the Psalms both liturgically and personally for the sheer inner power of the poetry to transform persons in distress, not least of whom are those living under the cloud of HIV and Aids.¹⁷

The African (Independent) Churches described above have tremendous potential to make an effective contribution to the prevention of the spread of HIV and in caring for those who live with HIV and Aids. First of all they are literally the churches of the poor, living in

¹⁷ Re. quote from Brueggemann above.

those communities where HIV and Aids abound. Furthermore they have embarked on a way to integrate a Biblical view of God with a world-view that makes sense to those most affected. Above all, most of these churches manage to create an experience of community, of belonging, which is essential for healing in a holistic sense, as we have seen in the Old Testament. But they also have a few challenges to overcome before they can make a dramatic impact. Most important is to leave behind moralistic views of sin and sex, and therefore the attitude of judgement and rejection. And what needs to be learnt from the Old Testament in particular, is that prayer is not simply a means to 'tap' God's healing power, but that it is a way of working through one's pain and distress to come to a new commitment and experience of wholeness/healing amidst uncured illnesses and incurable diseases.

BIBLIOGRAPHY

- Bate, SC 1995. *Inculturation and Healing – Coping-Healing in South African Christianity*. Pietermaritzburg; Cluster Publications.
- Bromiley, GW (ed.) 1979. *International Standard Bible Encyclopedia*, Vol. 1. Grand Rapids; WB Eerdmans.
- Brueggemann, W 1986. *Praying the Psalms*. Winona; Saint Mary's Press.
- Brueggemann, W 2002. *Reverberations of Faith – A Theological Handbook of Old Testament Themes*. London; John Knox Press.
- Dau, IM 2002. *Suffering and God – A Theological reflection on the War in Sudan*. Niarobi, Paulines Publications.
- Eichrodt, W 1982. *Theology of the Old Testament*. Vol. 2. London; SCM Press Ltd.
- Frank, ME 1999. "African Notions of Sickness and Death in Pastoral Care to the Dying". (DTh dissertation) Stellenbosch, SU.
- Jeremias, J 1975. *New Testament Theology*. Vol I. London; SCM Press Ltd.
- Kraus, H-J 1979. *Theologie der Psalmen*. Neukirchen-Vluyn; Neukirchener Verlag.
- Luyten, J 1990. *Perspectives on Human Suffering in the Old Testament*. In God and Human Suffering, J Lambrecht & RF. Collins (eds.). Chicago; Peeters Press.
- Morris, LL 1968. *Devil*. In The New Bible Dictionary. JD Douglas *et al* (eds.). Pp 310-11. London; InterVarsity Press.
- Stolz, F 1978. Krank sein. In *THAT I*, E Jenni & C Westermann (eds.) pp 567-570. München; Chr. Kaiser Verlag.
- Weiser, A 1971. *The Psalms*. OTL. London; SCM Press Ltd.
- Wolff, HW 1974. *Antropologie des Alten Testaments*. München; Chr. Kaiser Verlag.