African American Churches at the Crossroads of AIDS

Robert L. Miller, Jr., PhD, CSW

For many African American gay men, the church has been a central institution in their lives, providing a connection to the past as well as a place of support during times of crisis. But many churches have not known how to address the needs of gay men with HIV, and many gay men have experienced this as rejection. This rejection constitutes both social and personal alienation for individuals already stigmatized by attitudes toward same-sex behavior.

This article explores how rejection is experienced by some men and discusses how spirituality has led to a personal reconciliation. It also addresses how the relationship between these men and their religious institutions has changed as a result of this reconciliation.

Participation in Christian worship has shaped, to a considerable degree, the social norms and expectations of African Americans, and scholars have developed the label, the “Black church,” as a way of describing this influence. But, it is important to understand that this shorthand creates an impression of a monolithic institution. In fact, the experiences of African American gay men may vary across religious denominations, including Baptist, Episcopalian, Roman Catholic, and Methodist. Just as it would be a fallacy to propose an archetypal Black person, it is misleading to assume an identical experience of a Black church.

The Gifts and the Sorrows of the Church

At their core, churches provide religious education and the opportunity for social cohesion. Religion acts as an attempt to bring the relative, temporary, disappointing, and painful things of life into relation with what is conceived to be permanent, absolute, and cosmically optimistic. That is, religion is socially integrative, fosters acceptance of authority, order, discipline, and responsibility, makes sacred norms and values, and provides symbols and rituals that support significant life events and transitions. It confers a sense of identity, provides emotional support, hope, and consolation, and enables the expiation of guilt.

Many African American gay men are born into families where God was introduced to them at a young age, an experience that exposed them to cultural traditions and fostered an African American identity. Going to church was central to the lives of these men. Participation in church, in addition to supporting religious and spiritual development, provided a link to the historical, political, and social coping skills African Americans needed to acquire to confront the oppression of American society.

For adults, going to church provides opportunities for continued support as people confront the various problems of their lives. However, as African American gay men mature through adolescence and adulthood, they are forced to choose between honoring who they are and sublimating their sexual identity in favor of church membership, community, and support.

Many preachers proscribe a variety of sexual behaviors. Some are specific in their castigation of same-sex behaviors or thoughts, often singling these actions out as the worst transgressions. Listening to these messages is emotionally damaging, and to cope with the personal alienation these messages evoke, many African American gay men leave their churches. In the process, they rob themselves of the essential cultural and family-like emotional support system that their parents had experienced, support that is tantamount to a birthright.

Sacrificing Church

The childhood developmental processes of individuation and separation are similar
Driving through the foothills of the Sierra Nevada—imagining a home in the country—I passed in quick succession several churches, a church retreat, and some kind of church center. I do not think a lot about organized religion, but when I do I am impressed by the variety of theological manifestations. Out in the foothills—perhaps in cities too—I realized how much the church functions as a center not only of spiritual and theological practice but also of social life.

I always assumed that if I ever moved to the country, I’d be isolated because I was gay. But now, I wondered if the real source of isolation might be my absence from Sunday sermons and all the functions that form a church community, that my greatest sin in these small communities might not be my sexual orientation, but my unwillingness to join in this crucial center of community life. Without children, I could not rely even on the relationship of a parent to a school community to bond me to my neighbors. I asked Robert Miller whether he might like to join me in this speculation, to write about the role of the church as a social institution. He was way ahead of me. He ended up talking about the role of the church as both a social and a spiritual institution and connected it with the psychology of African American men who have sex with men, among the people hardest hit by HIV. After all, according to a 1991 study, paraphrased by Mindy and Robert Fullilove (see Recent Reports in this issue), African Americans are "the most highly 'churched' community in the United States."

Yvette Flunder picks up where Miller leaves off, describing a program that seeks to educate pastors about the ways in which scripture supports a vigorous response to the HIV epidemic. Mindy and Robert Fullilove call it a "moral and ethical question," which is, of course, a way to meet religious institutions on their own grounds. Does any religion assert that letting believers become ill and die is better than accepting the fact that individuals may diverge with the church on issues of sexuality? At the foundations of most religions, certainly of Christianity, is love and forgiveness; what confused sense of piety leads to the precedence of disdain over compassion? Can churches, African American and otherwise, put aside even what seem to be fundamental dogma to respond to fundamental human needs?

Churches are social institutions, not just religious ones. In this respect, one of their roles is to mediate between elemental theological doctrines and human behavior, to acknowledge that there is a moral truth inherent in the variety of human experience, including sex and sexual orientation.

Providers working with HIV have an opportunity to help African American men who have sex with men explore the role of religion, church, and spirituality in their lives. Until the church accepts its ultimate social responsibility, secular institutions will have to fill that void.

for all people. But men who have sex with men face the additional task of integrating a growing awareness of their sexuality as different from most other people, in particular, other family members and peers. Further, they begin to understand that their religious identities are in direct opposition to their sexual desires. This conflict is heightened because family members, previously able to aid in the developmental process, are often confused about how to guide such children in integrating competing identities. Parents, particularly mothers, may know that their sons are "different" early in the children’s lives. Some respond by attempting to circumvent their sons’ natural inclinations, for example, by choosing their sons' friends or creating an environment in which it is unsafe for their sons to explore their cognitive and behavioral queries regarding homosexuality. The added complication is timing. This exploration occurs during a period when children continue to need the support of their parents and social group, both of which may be influenced by a religious perspective that is predisposed against homosexual identity and behavior.

The power of the religious and spiritual identities as well as cultural and family norms cannot be overstated. Most children do not feel competent to stage an independent exploration and selection of an identity that is so definitively perceived as "other." The strength of the conflict is mitigated by several factors, including how much the child is willing to reveal; his family’s—particularly his mother’s—identification with social and religious group norms; and, in general, the child’s perception of how much he will be "annihilated" by forgiving one identity for another. How a child fares through this task, including possibly being ostracized by the people who are supposed to love him most, has profound implications for later psychological development. As they become adolescents,
these children develop various ways to contain this difficult conflict. They are internally driven toward another developmental milestone: because they are less dependent on their family for survival, they may decide it is safe enough and important enough for them to further explore the process of individuation and separation. At this point, individuation and separation transcend most areas of life. For many adolescents, the power and prominence of early religious identity may diminish in relation to sexual identity.

One of the many behavioral manifestations of this choice is infrequent, if not totally discontinued, church attendance, a strategy that limits exposure to prescriptions against gay identity. Some men are able to avoid this step by attending churches whose leadership offers tacit acceptance of a gay social identity (even though they may never offer public acknowledgement of its acceptability). In some cases, gay men and lesbians even occupy lay leadership positions in these churches. But, this situation may become intolerable for those who cannot reconcile the apparent contradiction between a church’s teachings against homosexuality with the mere tolerance of homosexual congregants. Some gay men remove themselves from this hostile environment—either by completely leaving the congregation or, sometimes more dramatically, by walking out when a preacher is speaking about homosexuality—a wholly adaptive, albeit painful, response.

Choosing Spirituality

To cope with these attacks on gay identity, many men focus on spirituality rather than religion. They see spirituality as leading to an intimate relationship with God, one that is less dependent than organized religion on outside influences. But those who are able to sustain a spiritual identity may still suffer the loss of the church as a central force in their social and spiritual lives, and both of these aspects may be compromised by the absence of church membership. Many men seek out other forms of spiritual assistance, for example, through Eastern philosophies, in this way evoking a personal relationship with God or a higher power in the absence of religious affiliation. Ironically, many African American churches also have as a significant teaching point the development of a personal relationship with God.

The struggle to release one part of a person’s identity in favor of another is both adaptive and traumatic. By eliminating church attendance, gay African Americans avoid the painful assault of homophobia. But they also sacrifice the institutional expression of religion which is a part of their personal history and identity. Choosing one over another is akin to cutting off a part of the self, resulting in a wound similar to the one they wanted to avert as children. By suppressing in childhood their sense of difference, they were able to avoid facing impending separation. In adulthood, recognizing this sense of difference as it manifests in the church enables them to gain a greater awareness of God as personally available. The result can be a transformation of the God of their childhood and of their parents into the God of their experience. This transformation is visible when confronting AIDS.

A Healing Spiritual Relationship

The works of Carl Jung and the Christian theologian, Paul Tillich, provide a context for understanding this transformation and how spirituality helps people reconcile the psychological and emotional splits that happen when one identity is too painful to embrace. Their work is particularly useful in thinking about how African American gay men living with AIDS are able to reconcile and accept their various identities, which were stigmatized by those who were supposed to love and care for them. This acceptance encourages behaviors that support wellness and HIV prevention.

African American gay men with HIV who have been castigated because of their race, sexual orientation, and disease status have been diminished by the experience, taxed in terms of their natural coping responses, and, in effect, estranged from themselves. Tillich states: “Strangeness is the disruption of an essential unity and consequently a destructive situation. If the subject and object of the estrangement are identical [in this case, an African American gay man himself], an intolerable situation arises; estrangement then becomes self-alienation . . . a quest for reconciliation is the necessary consequence of it.” Jung suggests that such an individual is “now at a place to

References
develop a response that is authentic for himself. In effect, discovering and implementing strategies for problem solving and growth, which strengthen him psychologically." 

Tillich suggests that the response is found through grace and love, which is offered by God. He says that "grace happens to us during those moments when reunion spans separation, recognition conquers estrangement, and reconciliation accepts that which is rejected." He defines love as "the reality of reconciliation. It is the dissolution of estranged objectivity, of strangeness and enmity against others and against oneself."

Grace and love are significant because they are the essential elements of the Christian messages African American gay men with AIDS learned as children in church. As adults, these men can harness grace and love as agents of spirituality to help them to accept themselves and perceive their own inherent value and dignity. Healing comes with leaving the church, but grace, love, and a personal relationship with God—the basis of their childhood experience of religion—become the central instruments of this transformation.

African American gay men who leave their churches may still harbor the desire to find supportive communities that will respect and embrace rather than merely tolerate all aspects of their identities. Some men seek out churches with congregations and leadership that promote healing and growth; but these churches do not necessarily reflect the churches of their childhood. Other men, who have experienced spiritual healing, may decide not to seek out religious congregations, instead getting support from the secular community. Ultimately, their sense of personal reconciliation, not their church membership, provides an internal capacity for self-love and growth.

But what happens to those men who do not “heal their estrangement”? One concrete effect may be the secret engagement in sexual behaviors with other men, a practice known as “acting on the down low” or “DL.” Public heterosexuality combined with secret homosexuality sometimes prevents these men from using condoms in their ostensibly monogamous heterosexual relationships, resulting in increased risk of HIV transmission to their female partners.

Conclusion

With the latest studies from the Centers for Disease Control and Prevention—showing a dramatic overrepresentation of new cases of HIV among African Americans—African American churches have a mandate to move through their discomfort regarding homosexuality and AIDS. AIDS is squarely in the African American community and gay men are bearing the brunt of the infections. Whether African American gay men with HIV need an institution with which to share a cultural and historical link is a question that some answer by experiencing a personal relationship with God outside of denominational affiliation. Likewise, African American churches face the challenge of responding in a sensitive and affirming way to heterosexual women and men affected by HIV, another task that many churches have avoided.

Moving through discomfort regarding homosexuality and AIDS requires the church to learn more about intimate relationships, and African Americans to face their own contradictions about power and privilege: sexism and classism in addition to homophobia. As the epidemic enters its third decade, African American churches will have to decide whether an institution that has played such a pivotal role in the lives of African Americans should decide that some African Americans are expendable. Applying the forces of grace and love, churches must work to create healing and growth and move toward establishing partnerships with organizations working to stem the increasing infection rates.

Clearinghouse: Religion and HIV

References


“My People Are Destroyed for Lack of Knowledge”: Ministering and HIV
Yvette A. Flunder, MA, DMin

Faith centers—churches, temples, and mosques—remain the largest social, informational, spiritual, and educational non-governmental institutions in African American communities, and have enormous influence on the social norms. They are the primary artery to the heart of the African American community. Many faith centers see their role as the harbinger of justice and healing; this is the history of the African American faith community, the birthplace of the civil rights movement and for hundreds of years, the key venue for health, political, and community education. However, because of the stigma and denial surrounding HIV disease, the African American faith community has not been in the forefront in addressing the epidemic.

The Public Media Center's Report on The Impact of Homophobia and Other Social Biases on AIDS compares the religious response to the AIDS pandemic to that of the cholera epidemic.1 A minister wrote of the divine function of cholera to "promote the cause of righteousness . . . and to drain off the filth and scum which contaminate and defile human society." Statements far worse have been heard from ministers and church members regarding people with HIV, invoking a god of vengeance in the form of the epidemic.

Faith communities are also divided on who should receive compassion in the epidemic and who should not: while gay men make up the largest number of African Americans with HIV and are actively involved in many faith communities, they are the objects of the greatest disdain. But AIDS is a justice issue, and churches and their congregants have an obligation to address it—just as they have abolition, women's right to vote, and South African apartheid.

The Role of Pastors
Despite the reluctance of some African American religious institutions to address HIV, there are many African American church leaders willing to take on this challenge. To address the specific needs of the African American community and develop HIV prevention materials that are sensitive to the church environment, the California Department of Health Services, Office of AIDS, joined with African American church leaders around the state to create an HIV church outreach program. A major component of the program has been the development of Healing Begins Here: A Pastors Guidebook for HIV/AIDS Ministry through the Church.2 The guidebook was designed to help Christian churches, whatever their denomination, address the epidemic by equipping faith leaders with HIV-related information and

Since most people in faith communities fear those who do not reflect the status quo of their particular community, it is crucial to redefine what is morally correct.


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See also references cited in articles in this issue.

"My people are destroyed for lack of knowledge" is a quotation from Hosea 4:6a.
scriptural tools, as well as practical suggestions, guidance, and resources for developing AIDS ministries. Among the issues the guidebook covers are: theological themes, moral correctness, and humanizing the epidemic.

**Theological Themes.** Many religious leaders find it extremely difficult to preach and teach AIDS compassion and prevention messages that are affirming, uplifting, and non-punitive. The guidebook includes sermons and sermon notes that “script” pastors in HIV-related themes, including self-love and self-esteem, responsible sexual behavior, the need to be tested and to know one’s status, compassion and tolerance, and the celebration of diversity.

For example, Reverend Norman Johnson of First New Christian Fellowship Missionary Baptist Church in Los Angeles contributed a sermon to move his colleagues towards affirming the church’s ministry to people with HIV. His sermon identifies the theological bases for the church’s involvement in HIV by using the Biblical reference “Jesus Heals a Man Born Blind” (John 9:1-5). He concludes that Jesus’ vision of humanity was aimed at inclusion not exclusion. As an instrument of divine agency, Jesus “must work the works of him that sent me while it is day.” In this passage Jesus is suggesting that the work God sent Him to do was focused on healing, not on condemnation. The challenge is also true in facing today’s HIV pandemic.

**Moral Correctness.** Faith leaders often do not address the issue of AIDS for fear of being labeled gay-friendly or drug-friendly. This kind of stereotyping can have dramatic and negative economic, institutional, and political effects on a leader and his or her future in a church organization. Since the majority of people in faith communities are fearful of the “other”—those who do not reflect the status quo of their particular community—it is crucial to redefine what is morally correct. The guidebook quotes some of the most respected preachers and religious leaders in the African American community to address these fears.

Bishop Kenneth C. Ulmer of Faithful Central Bible Church in Inglewood, California, focused on the Biblical reference “A Man with Leprosy” (Mark 1:40-41) to address moral correctness and compassion. Bishop Ulmer suggests that if we understand Jesus’ attitude about leprosy, the AIDS of His day, then we will know how we ought to respond to it. Ulmer encourages pastors to let the position and posture of Jesus be their position and posture as they deal with the issues of AIDS. The church should be a place where people whose lives have been touched by AIDS can come, find compassion, hear the word of God and receive prayer.

**Humanizing the Epidemic.** It is important to personalize HIV, so that the disease can be identified with real people having real experiences. Because politics and fear can overwhelm compassion, particularly in large organizations, “the way” of the majority becomes the master narrative applied to everyone. Every other way of living is dismissed as a “lifestyle” of lesser value. When religious leaders are challenged by real and familiar people, they are more likely to respond with compassion and justice. The guidebook uses true testimonies and stories of people with HIV to dispel the myth that only “others” are infected, emphasizing the fact that our communities, our churches, our families, and our children have HIV.

The testimonies of Arlene, Ava Gardner-Shipp, and Reverend Elder Claude Bowen of Unity Fellowship Church in Riverside help put a face to HIV. These real-life stories provide perspective and insight as to how people with HIV view themselves and their relationships with family and friends. The central theme of all of the testimonies is that hope comes from acceptance and affirmation by the faith community. When reflecting on those in the church who offered her spiritual support, Arlene acknowledges, “Because of the God in you, I live.”

**Conclusion**

African American churches and church leaders possess the potential to educate church members to help prevent the spread of HIV and provide models of compassion for people affected by HIV. Through individual and collective efforts, churches can play a pivotal role in turning the tide on an epidemic that is devastating our communities.

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**References**


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Recent Reports

**Black Churches and Sexual Behavior**
Woodyard JL, Peterson J, Stokes JP. “Let us go into the house of the lord”: Participation in African American churches among young African American men who have sex with men. Journal of Pastoral Care. 2000; 54(4): 451–460. (Stetson University, Deland, Fla.; Georgia State University; and University of Illinois at Chicago.)

Despite the fact that African American churches marginalize and condemn same-sex activity, many African American men who have sex with men are active in these churches, according to a small qualitative study.

Researchers in Chicago and Atlanta interviewed 76 young (ages 18 to 29) African American men who reported having sex with men in the previous six months. Questions gauged involvement in the church, how the church had affected self-image, and how the church had affected sexual behavior. Researchers recruited participants from four sources: public cruising areas, clubs with gay and bisexual clientele, organizations in gay communities, and private parties.

Overall, participants reported consistently high levels of church involvement. Men who attended church did so for three reasons. First, churches fulfill a social role; since the actual presence of men who have sex with men is rarely denounced in church, church becomes a place where men who have sex with men can meet. Second, church is a place that affirms the racial, economic, and social oppression of African American men and supports them. Third, church is a place where African American men who have sex with men can serve their communities. Men who detached from the church had done so either because they did not find it to be a safe environment or because they felt hypocritical about attending church as men who had sex with men.

Most respondents were aware of the conflict between the doctrine against homosexuality, which was fervently preached in churches, and the church “tradition of discreet hospitality” toward men who have sex with men. As a result, despite the covert acceptance of men who have sex with men, church attendance caused psychological discomfort, raising feelings of guilt, condemnation, embarrassment, and alienation for many participants.

Finally, while most participants believed that same-sex preference “comes from God,” most agreed that the orthodox teachings of churches influenced their negative attitudes toward same-sex behavior and reduced the frequency with which they had sex with other men.

**Stigma and African American Churches**

A review of HIV-related focus group transcripts from 12 different U.S. studies between 1988 and 1995 suggests that homophobic stigma within the African American community is fostered by churches and interferes with their ethical obligation to respond to the HIV epidemic.

Participants identified three factors that create a pattern of stigmatization: public degradation of gay men by preachers, the closeted bisexuality of ministers, and the rejection of gay men for themselves but not of their “gifts,” for example, music. At the same time, the transcripts make it clear that churches form the pillars of African American communities, and particularly in places like New York, it would be unlikely that any church would be untouched by HIV. In addition, participants suggested that there is a fear that congregations could be torn apart by ideas that seem too radical and, at the same time, that the spread of death could be a great leveler.

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These data provide an insight into the “open closet,” which permits gay men to participate in the church as long as they obey rules of conduct and suppress public recognition of their homosexuality. The homosexuality is thereby—at least symbolically—“extruded” from the church. Treating homosexuality as if it were just a sin, rather than an intrinsic part of the self, is in line with church teachings, but out of step with science, which acknowledges homosexuality as integral. It creates an impossible situation for gay men, who must either hide their identity or leave the church. It leads to both a loss of a faith community and the loss of self-esteem.

But stigma also damages the holder by evoking a false sense of well-being, security, and “rightness” that may be used to...
evade moral and ethical obligations. Churches, like other social institutions, have obligations during crises; even assuming a stance against homosexuality were correct, does that standard apply during a life-threatening epidemic? Many religious thinkers have argued, in fact, that religious obligations are superseded by the obligation to protect life.

**Teen Sex Education and Black Churches**


A survey of African American clergy found that all respondents wanted additional health education seminars for adolescents in their churches, including contraceptive education. But 30 percent would exclude some sexual topics, including anal sex, bisexuality, homosexuality, masturbation, and oral sex, and only 6 percent would make condoms available.

Researchers mailed questionnaires to 45 African American churches in a southern U.S. city. Of the 34 clergy leaders who responded, 41 percent were Baptist, 18 percent were African Methodist Episcopalian, and 18 percent were Holiness. About half of the respondents’ congregations had more than 400 members, and 94 percent of the clergy leaders were men.

Among the top five health issues cited by the clergy were HIV disease, drugs, violence, pregnancy, and alcohol. The most important issue was HIV, which was the focus of presentations at the churches of 76 percent of the respondents.

Clergy leaders justified omitting topics, such as anal and oral sex and homosexuality, because: the topics are too advanced for young adolescents, there are no “preventive measures” for some of the behaviors, and discussing these topics would require parental permission. They said that the behaviors could be presented only in terms of how they relate to Christian living. However, 60 percent of the respondents who objected to the discussion of sexual topics, and 88 percent of all respondents, said that these sexual topics should be discussed in school.

Eighty-two percent of the clergy believed that at least some of their young adolescent congregants had experimented with sexual intercourse. Yet the group had difficulty estimating its prevalence, and the most common estimate given was 10 percent or less. In contrast, in an unpublished survey conducted in 1993 and 1994, more than half of 814 African American middle school students in this city reported having had sexual intercourse, and 62 percent of these adolescents reported attending church at least once a month.

**Spirituality and African Americans with HIV**


A study of African American men and women with HIV found that existential well-being, a spiritual indicator of meaning and purpose, more than religious well-being, was significantly related to psychological well-being.

Researchers recruited 117 participants through HIV clinics and agencies in Los Angeles and Oakland, California. Participants responded to a survey including spiritual well-being scale, and four measures of psychological well-being (including hope, depression, and state and trait anxiety scales). Of the sample, 80 percent were male, 42 percent were heterosexual and 58 percent were homosexual or bisexual, 45 percent attended church regularly.

One-half of the sample had moderate to severe depressive symptoms, and having HIV or AIDS did not contribute significantly to psychological well-being scores. Existential well-being and HIV symptoms—but none of the sociodemographic variables—were significantly related to the four components of psychological well-being.

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**Next Month**


In the October issue of FOCUS, Seth Kalichman, PhD and Eric Benotsch, PhD, both researchers at the Center for AIDS Intervention Research at the Medical College of Wisconsin, review the variety of presentations on prevention and on mental health issues for people with HIV.
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