

AS LONG AS I BREATHE,  
I HOPE  
DUM SPIRO SPERO




Mother See of Holy Etchmiadzin

Vagharshapat 2005

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## FOREWORD

“I said, “Lord, be merciful to me; heal my soul,  
for I have sinned against You”  
(Ps.41:5)

“Son, your sins are forgiven you”  
(Mark 2:5)

All diseases and disorders, having a permanent and sometimes a domineering existence in the human life, are in irreconcilable and incompatible contradiction with the universal harmony and perfection created by God, because everything that God has created is good. Therefore, even without an incredible and unknown human mind one can understand a simple truth: that any malady is the consequence and outcome of insurrection and disobedience - the sin, against that harmony and perfection. This is quite true also for those innocent people who suffer from illnesses or are sick from birth, as “the parents ate the sour grapes, but the children got the sour taste” (Jer. 31:29).

Having built its ideology upon this unambiguous truth, the Christian church teaches that it is impossible to fight against any malady without eradicating the sin that gives rise thereto. Accordingly, the pastoral care for the sick is a peculiar challenge thrown to the sin, emphasizing that sickness is not unto death, but for the glory of God (John 11:4), that sickness is a chance for repentance and penitence and not a black stigma of condemnation.

The aforementioned words are completely and even more relevant to the plague of the 20<sup>th</sup> and 21<sup>st</sup> centuries – the HIV/AIDS, that has invaded our planet as a direct consequence and outcome of unprecedented and incomparable disobedience and revolt against God, when the commandment “Do not commit adultery” became an object of ridicule and contempt, because the deceitful preachers of God’s adversary eliminated any boundary and limit of sexual perversion and sexual liberty offering the sin as a symbol and criteria of freedom, and the avoidance of sin – as a complex.

Today HIV/AIDS is the most horrible malady, but at the same time – the most controllable as it neither comes furtively, nor sneaks in through the window, nor penetrates into food, nor transfers through friendly contacts, but only through sexual relations (no need of mentioning cases of blood transfusion or transfer of the infection from mother to child, as they are even more controllable). However the civilization, medical science and the whole humanity, instead of fighting against the reason, have burdened themselves with the meaningless and unpromising work of making that reason permanent and undeviating, as well as creating favorable conditions for that.

HIV/AIDS has only one medicine, which is neither a pill, nor injection, nor a curative bath; that single medicine is abstinence and faithfulness, i.e., obedience to divine commandments, renunciation of sin, repentance, remission and return to the lost heaven.

Hence, being the vanguard in the persistent fight against sin and the evident missionary of fatherly compassion and ample mercy, a clergy - irrespective of the determination and willingness of the “world”,

is obligated to show the truthful medicine for maladies through the application of the belief: “heal my soul, for I have sinned against You”; and the healing words of the Only Doctor: “Son, your sins are forgiven you”.

We hope that this manual will serve the very purpose of cognizing the truth and being free by that truth.

The heaven and the earth will pass away but the words of God will live eternally just like those who consider His words and follow them.

*His Grace* Bishop Michael Ajapahyan

## PREFACE

All people enter this world with Hope, Faith and Love, but find quite different destinies: some live up to old age and grey hair; others leave this world young or in early childhood. There are many factors that affect our lives resulting in such a diversity of human destinies, and “Disease” is one of these factors. Throughout its history the humanity struggled against all kinds of deadly diseases. And every time, when we were proudly looking back at our victories against the numerous diseases, a new deadly scourge was already there, knocking at our door. Today the humanity is facing a new threat, a disease, the first cases of which were recorded only two decades ago. One of the biggest threats of our age that jeopardizes the peace of our minds and has no mercy to its victims is a disease called AIDS.

In view of its devastating and long-lasting impact AIDS has a unique place in the history of sufferings of the mankind. The impact of this disease on the society is not limited to destructive effect on physical health of individuals. The problem of HIV/AIDS has influenced

almost all the spheres of human activities and created a number of socioeconomic, psychological, moral and legal problems. Today the HIV/AIDS pandemic has evolved into a global crisis. Not a single place in the world has succeeded in avoiding its impact. By the end of the 20<sup>th</sup> century among other countries Armenia also encountered the problem of HIV/AIDS. The life showed that fighting HIV/AIDS is not a challenge for healthcare institutions only, but rather for the entire society, since the further spread of the pandemic can only be prevented by consolidated effort of the entire mankind. This implies that governments, leaders of communities, civil society groups, individuals, donor organizations, and the Church recognize the urgency of the HIV/AIDS problem and provide their consolidated and coordinated support to the activities undertaken against the disease.

One of the reasons (migration, poverty, unemployment, drug addiction, etc.) for such rapid spread of HIV/AIDS is the loss of fundamental spiritual and moral values. Therefore one of the main approaches for fighting the HIV/AIDS pandemic

should be the strengthening of moral and intellectual values in the society, especially among young people, through spiritual education. The Church can have a key role in this effort.

The main prerequisite for the effective accomplishment of preventive activities is public awareness. Which are the main challenges of the HIV/AIDS? How to resolve the religious and moral problems caused by HIV/AIDS pandemic? How can the Church help its members affected by HIV/AIDS? How can the Church assist in prevention of the further spread of HIV/AIDS? This book provides information that will help find answers to these questions.

The approach of different religions towards the problem of HIV/AIDS is not unequivocal. This book attempts to contemplate the subject matter in the light of the Christian ideology and the Holy Writ, which is a wonderful guideline for the solution of problems in different situations.

The “HIV-positive” diagnosis causes acute tension in the mind of the diagnosed individual. People living with HIV/AIDS are confronted with quite serious social and

psychological problems that emerge from the moment of HIV antibody test and persist over the lifetime. The individual who experiences emotional stress often loses the hope for the future and becomes unreceptive to advice. The faith in the Words of God can give peace of mind, strength and the will to confront adversities to one in sufferings and sorrow. The harm caused by the pandemic may be significantly alleviated by providing emotional and moral support to people with HIV/AIDS and to their relatives. Through spiritual encouragement the clergies can help people with HIV/AIDS to see light and salvation even in inevitability of death.

This book indicates the psychological characteristics of persons with AIDS, the knowledge of which will help the clergies in accomplishing their mission of spiritual support.

The Church and clergies are expected to give an adequate response to the challenges of HIV/AIDS. I do hope that this book will assist in the development of the response.

**S. Grigoryan**

*Director of the Republican Center  
for Prevention of AIDS*



## Essential Information on HIV/AIDS



### What is HIV and what effect it has on the organism?

**H** - Human

**I** - Immunodeficiency

**V** - Virus

When the HIV penetrates the organism it infects the immune (defense) system and weakens the immunity of the organism. The people infected with HIV develop a chronic disease called HIV infection.

The main function of the immune system is the protection of the organism from genetically alien factors. The alien albuminous bodies are called antigens (proteantigens). Viruses, bacteria, protozoa, and fungi are antigens. In response to the invasion of antigens the immune system generates antibodies. This process in the organism is controlled by specific cells called T-helper lymphocytes or CD4 cells. When the HIV gets into the blood it first of all infects these cells. The virus penetrates the lymphocyte and effects the gene of the cell in such a way that the cell starts producing new pathogen agents. The infected cell thus turns into a “factory” for production of viruses. After exhausting its resources the infected cell finally explodes and the newly produced

viruses flood the organism infecting more and more cells. The number of Lymphocytes gradually declines to the point where immune deficiency is developed and the body becomes defenseless to all kinds of infectious and cancerous diseases. These diseases start to appear during the last phase of HIV infection – AIDS.

### What is AIDS and How It is Identified?

**A** - acquired

**ID** - immunodeficiency

**S** - syndrome

AIDS is developed in people infected with HIV. AIDS is considered the ultimate phase of HIV infection and is characterized by recurring failure of the immune system. During the AIDS phase of HIV infection the infected person gets many diseases of which he/she normally would be intact in case of a functioning immune system. These diseases are called opportunistic diseases (from the English word “opportunity”) since



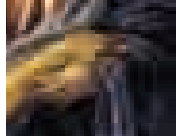
the HIV gives them the opportunity to develop by impairing the immune system. AIDS can be identified by occurrence of infections caused by opportunistic pathogenic microorganisms and by development of malignant tumors. The most common opportunistic diseases in patients with AIDS are tuberculosis, pneumocystic pneumonia, Kaposi's sarcoma, herpes, and fungal infections. The following symptoms can indicate to beginning of AIDS: continuous loss of weight (10% and more), continuous fever of unknown origin that persists for more than one month, continuous diarrhea of unknown origin that persists for more than one month, night sweating, recurring fungal infections in mouth or genitals.

It may take 7-15 years from the time of contracting the HIV to the first indications of AIDS. This period can be extended if special anti-retroviral treatment is taken.

The development of AIDS is faster in patients with initially impaired health. Such unhealthy factors as drugs, alcohol, smoking, bad nutrition, and stress can accelerate the process of development of AIDS.

### When the HIV/AIDS Problem Emerged?

AIDS was identified for the first time in 1981. The US Disease Control Center (DCC) in its report for June 1981 informed about 5 mortality cases among 30-years-old male patients with pneumocystic pneumonia during the last 8 months. This disease is caused by opportunistic pathogenic microorganisms which are not dangerous for a healthy organism, but can affect an organism with impaired immune system. Usually, this type of pneumonia occurs in premature infants or elders who suffer from serious illnesses (chronic diseases of internals, malignant tumors, diabetes, etc). The strange thing in the DCC report was that all the patients with pneumocystic pneumonia were young homosexual men who did not appear to have any obvious problem that could possibly result in impairment of the immune system. Approximately in the same period of time the DCC received reports on increased number of cases of Kaposi's sarcoma. This type of cancer is very rarely observed in the US; mostly in elder patients or in patients who receive immunoinhibiting medication. However, in this case the reported 26 cases of Kaposi's sarcoma



occurred during a period of 2.5 years, and again, all in young homosexual men. Some time later repeated reports were received on unusual increase of morbidity among homosexual men, and in all cases the disease was caused by severe impairment of the immune system. The identified set of clinical symptoms was defined as a completely new syndrome which, starting from 1982, received the name of acquired immunodeficiency syndrome – AIDS. Since all the cases of AIDS were observed among homosexual men, for a while AIDS was qualified as a homosexuals' disease, but afterwards, when cases of AIDS were found also in female and heterosexual patients, it became clear that homosexual relationships are not the only way for transmitting AIDS. Later, when the medical institutions started to report cases of AIDS in patients who received blood transfusion or in drug addicts who shared an infected syringe, it became clear that the infection could be transmitted also by blood.

For a long time the nature of AIDS was unidentified. There was no doubt about the infectious nature of the disease. This was finally confirmed in 1983 when two

different laboratories (L. Montagne in Pasteur's Institute, France, and R. Gallo in the National Cancer Institute, US) doing parallel research almost simultaneously identified the agent of the disease – the virus. Each laboratory gave the virus a different name, but later, in 1986, when it finally became clear that this was the same virus it was called Human Immunodeficiency Virus – HIV. In the same year L. Montagne's research group proved that there are two types of HIV: HIV1 and HIV2. HIV1 is spread everywhere and is the main cause of the pandemic, while HIV2 is spread mostly in Western Africa.

The history of HIV/AIDS pandemic is very interesting. The study of the US clinical archives in 1982 showed that in the period from 1979 to 1982 there were around 509 patients with AIDS symptoms, of which 209 died in the same period. Similar studies were conducted also in other countries. Many cases of diseases with similar symptoms were found in clinical archives of Central African countries. According to the archives there were patients with AIDS already in 1962. The retrospective serological examination of frozen

tissues and blood serum also proved the existence of AIDS in earlier periods. These examinations revealed AIDS in patients that died back in 1958-1976. In one of the Central African countries HIV was also found in samples of donor blood that date back to late 50s. Thus, HIV/AIDS existed long before the year 1981 when the pandemic started. In the early stages the infection had endemic nature and covered mainly the Central Africa region remaining unknown to the rest of the world for around 20 years.



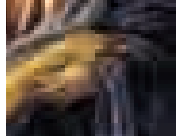
### **Development of the HIV/AIDS Epidemic**

From the time when the first cases of AIDS were diagnosed up to the most recent times the HIV infection snowballed into a pandemic and became one of the largest threats of our age.

In the last decades a number of factors such as development of tourism, intensification of migration, lack or absence of elementary knowledge on the means of transmission or prevention of the infection resulted in unprecedented spread of the infection.

The absence of extensive and coordinated preventive measures resulted in expansion of the spread from the risk groups (prostitutes, homosexual men, drug addicts) to general population and in development of the infection into an epidemic. Unfortunately, it is a fact that tens of millions of people do not know how to protect themselves from HIV/AIDS. But another horrible fact is that almost 90% of infected people do not know about the infection they carry, which is due to the specific nature of the disease. These people carry the virus but do not have the clinical symptoms of HIV infection. Being practically healthy men and women they don't even doubt about the existence of infection in their bodies, and thus unintentionally contribute to further spread of the infection. From the point of view of epidemiology these people become more dangerous when they exhibit risky behavior.

Today, AIDS is one of the top five mortal diseases of the world. Every minute it takes the lives of 5 new victims.



According to the world HIV statistics, every day 14 thousand people contract the HIV infection: 2 thousand are children below 15; 12 thousand are between 15-49; around the half of the infected people are women; more than 50% are in the 15-24 age group.

In general, since the beginning of the epidemic more than 60 million people contracted the HIV infection; 22 million of them already died of AIDS.

According to the classification used by the UN HIV/AIDS Consolidated Program and by the World health Organization the HIV epidemic has three phases of development:

**First phase (Beginning):** A few cases of HIV in people with risky behavior (prostitutes, homosexual men, drug addicts) reported. In this phase the spread of the infection in each risk group does not exceed 5%.

**Second phase (Concentration):** Speedy expansion of the HIV infection in the risk groups only. Further spread of the epidemic depends on the nature and intensity of relationships of the risk groups with the population. In this phase the spread of the epidemic

in at least one of the risk groups exceeds 5%, but does not exceed 1% among pregnant women.

**Third phase (Expansion):** Spread of the HIV infection in general population. Further development of the epidemic in this phase depends not only on the spread in the risk groups, but also on the culture of sexual relationships in general population. In this phase the spread of the infection among pregnant women exceeds 1%.

The HIV/AIDS entered all the countries of the world. Unfortunately it didn't bypass Armenia.

The studies carried out in 2002 in the capital city and provinces of Armenia among different groups of the population (prostitutes, homosexual men, drug addicts, pregnant women, prisoners, youth) showed that Armenia is in the second phase of development of HIV/AIDS epidemic – concentration phase.

At present the HIV/AIDS problem in our republic is practically one of the issues of the day. According to the assessments there are around 2800-3000 HIV carriers in Armenia. For a small country like Armenia this number is alarmingly high. Recognition of this fact

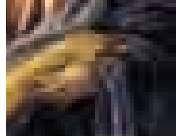
by the society, the government and the Church is an important precondition for successful fight against the epidemic. This is a simple truth and if we all perceive it the hazardous HIV/AIDS epidemic will leave our country.

### **Assumptions about the Origin of HIV**

There are a number of assumptions about the origin of the HIV. According to one of these assumptions the virus was created artificially by means of genetic engineering in one of the secret laboratories of Pentagon. According to the story, the virus was tested on prisoners who were sentenced to death or life imprisonment, and the deal with those prisoners was that they would be set free after the end of experiments. This hypothesis does not have objective or factual background. Moreover, most specialists of molecular genetics and genetic engineering think that the HIV has natural origin, since its structure is very similar to other natural retroviruses. Besides, the contemporary science does not have the know how and the resources for artificially creating a virus with such a complex structure.

According to another assumption the HIV originated from mutation of a similar retrovirus in monkeys. It is assumed that the “motherland” of HIV is the equatorial Africa, the habitat of green monkeys and chimpanzees. Researchers found in these monkeys a virus – the Monkeys Immunodeficiency Virus, which is very similar by its structure to the HIV. This virus, which originally could not infect a human being, mutated and became pathogenic for man. It is assumed that the virus was contracted from monkey to man indirectly – as a consequence of using raw monkey meat or brains during traditional rituals of local tribes. For instance, it was customary among the locals to inject monkey blood in the area of genitals, back or legs of men and women for increasing their sexual activity. It is possible also that the virus was transmitted by parasites. It is assumed that the mutation of the virus took place in 50s. It is also possible that the mutation was caused by frequent nuclear tests of 50-60s. Apart from direct effect on the mutation of the virus, the increased radiation could impair the immunity of the local population and expose them to impact of the infection. The fact that





the territories in the Central Africa that suffered most of all from the impact of the HIV/AIDS are in the vicinity of the French military polygon for nuclear tests and in the direction of the winds that blow regularly from the polygon supports this assumption.

Although there are many other assumptions and hypotheses about the origin of the HIV, and each of these assumptions is supported by certain facts, up to now there is no unanimous opinion on this issue among the scientists.

### Means of Transmission of the HIV

The source of the HIV infection are the carriers of the virus, irrespective of the phase of development of the infection in the organism of the carrier. The HIV carriers have the virus in all the biological substances of their organism. However, only the blood, the sperm, the vaginal secretion and the breast milk contain enough viruses for transmitting the infection. Any intervention resulting in infiltration of one of these liquids from the HIV infected organism into the blood of a healthy

person can cause HIV infection in that person. This means that HIV can be transmitted:

**Sexually:** unsafe (no condom) and penetrating sexual relationships with an HIV carrier;

**By blood:** transfusion of blood or blood components from an infected donor or sharing of infected syringes, needles and other cutting or piercing medical instruments;

**By an infected mother to the child:** during pregnancy, delivery or breast feeding.

### Transmission of the HIV Sexually

Sexual transmission of the HIV is possible during all kinds of unsafe penetrating sexual relationships (anal, vaginal, oral). In 70-90% of all the identified HIV cases in the world the infection was transmitted sexually. Even one unsafe sexual intercourse with an HIV carrier can be enough for transmission of the infection. The chances of contracting the HIV increase with the number of sexual partners and the presence of other sexually transmitted diseases (STD) in the

organism. Certain STDs can cause ulcers in genitals, which increase the chances of contracting the HIV by 6-10 times.

### **Transmission of the HIV by Blood**

The virus can be transmitted by blood during all kinds of medical interventions. In most cases the infection is transmitted during blood transfusion. The possibility of getting the infection after transfusion of infected blood is as high as 98-100%. The HIV can be transmitted also during transplantation of organs, artificial insemination, use of infected needles, syringes, medical instruments, and during direct contact of infected blood with damaged skin or mucous membranes of the eye, the nose, and the mouth (it is presumed that the healthy skin is a reliable barrier against the infection).

Transmission of the HIV by infected needles and syringes is a serious problem among drug addicts who usually share the same syringe for injecting the drug.

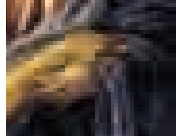
### **Transmission of the HIV from Infected Mother to the Child**

The HIV can be transmitted to the fetus/child from the infected mother during pregnancy, delivery and breast feeding. The possibility of transmitting the infection in this case varies from 25% to 45%. The use of preventive treatment by anti-retroviral medication can reduce this possibility to 1-5%.

During the pregnancy the virus can be transmitted to the fetus if the placenta is damaged or inflamed. This leads to impairment of the filtration capacity of placenta and creates a possibility for infiltration of the virus into the fetus. The possibility of transmitting the virus to the fetus during the pregnancy depends on the concentration of the virus in mother's blood and on the general health state of the mother. If the mother is in bad state of health and the concentration of the HIV in her blood is high, the risk of transmitting the infection to the fetus will increase. The presence of such diseases as anemia, diabetes, kidney deficiency, and STDs, as well as the abuse of drugs, cigarettes and alcohol can increase the chances of transmitting the infection.







The HIV can be transmitted to the child during the delivery when the child contacts with mother's blood or vaginal secretions in maternal passages. The possibility of transmitting the HIV during the delivery increases when the delivery is complicated by bleeding or when there is a need for obstetric interventions.

During the breastfeeding the HIV can be transmitted either with milk or with blood (if the nipples are damaged).

### **How the HIV is not Transmitted**

The HIV can live only in the fluids of the human body and can multiply only inside a live cell. Outside the cell the virus can survive only for a very short period of time. Thus, as opposed to many other viruses, HIV cannot be transmitted by air, water, food or solid objects that we touch, which means that it is not possible to contract HIV by shaking someone's hand, by hugging or kissing someone, by sharing the same flatware, furniture or cloths, or by using the same swimming pool. The HIV cannot be transmitted by kissing icons,

crosses, cross-stones or by using the same basin for baptism.

You should not be afraid of living in the same room with someone who has AIDS, nor should you try to avoid nursing that person for fear of contracting the disease. If you observe the simple hygiene rules and do not contact directly with biological fluids of the infected person you will have no chances to contract the disease.

The infection cannot be transmitted by birds or animals either, since the HIV does not infect them. The HIV cannot be transmitted by mosquitoes or other stinging insects, since it survives only in the live cells of the human body, and therefore, very quickly disintegrates in the stomach of an insect. Apart from that, the digestive system of insects is organized in such a way that makes it practically impossible for the blood that once enters the system to flow back into the organism of the next "victim". The fact that children below 15 and elders (the non-risk groups) do not or very rarely contract the HIV (which is not the case with other infectious diseases such as malaria, yellow fever,

etc) proves another time that insects cannot transmit the infection. Furthermore, in general the spread of the HIV infection in rural areas is much lower than in urban areas, while it is well known that the activity of mosquitoes and other stinging insects is higher in villages.

### The course of the HIV Infection

The course of the HIV infection can be broken into the following phases:

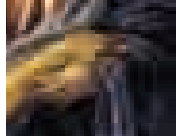
***The Incubation Phase*** lasts from the moment of contracting the virus to the time when the symptoms of “acute infection” are observed or when antibodies are generated. Normally, the duration of this period is from 3 weeks to 3 months; in exceptional cases – up to 1 year. Within 3 weeks or 3 months after contracting the virus 50-60% of the infected persons develop the first symptoms of acute HIV infection: general weakness, headache, fever, cough, swelling of lymphatic glands on the neck and in the armpits. Often it is mistakenly taken for a chill or flue. These symptoms do not cause

significant discomfort and usually disappear in 2-3 weeks, except for the swelling of the lymphatic glands that can last throughout the course of the disease.

From the beginning of the infection process the virus actively multiplies in the organism of the infected person. In response to the invasion the organism produces antibodies which significantly reduces the concentration of the virus in the blood. However, the HIV continues to multiply inside the cells at a tremendous rate – billions of new viruses per day. The defense system of the human organism starts a desperate struggle against the HIV. The infected person does not even realize about the fight going on inside his/her body, since he/she does not feel any discomfort. Only at the end of the so called “window period”, when the number of HIV antibodies in the blood reaches a certain point, the blood test can show the existence of the HIV infection. The Incubation Phase is followed by the Symptomatic Phase.

In the ***Symptomatic Phase*** the condition of the immune system gradually aggravates. During this period, which may last 7-15 years, the immune system of the infected person continues to struggle against





the HIV. This struggle can be compared to the process of balancing the scales; the immune system produces more and more T-lymphocytes as a response to the multiplying of the virus. In this process the infected person feels well and looks normal. However, the non-stop multiplication of the virus weakens the immune system. With the increase of the number of viruses and with the impairment of the immune system the organism of the infected person starts showing symptoms of the HIV infection (beginning of the ***Symptomatic Phase***): loss of appetite, loss of weight, weakness, disinclination to work, fever, night sweating, skin rash, chronic diarrhea, swelling of lymphatic glands. This phase is characterized by speedy development of the infection and occurrence of opportunistic diseases that normally do not affect people with unimpaired immune system, but that can be fatal for those who have the HIV infection. The development of opportunistic diseases shows that the HIV infection has entered its final phase – the ***AIDS Phase***. In this phase the diseases of the patient take an irrecoverable course, any treatment becomes ineffective, and the patient dies.

### **Antiretroviral Treatment During the HIV Infection**

Antiretroviral treatment slows down the development of the HIV infection and makes it possible to delay the AIDS phase of the disease. The antiretroviral treatment prolongs the life of the patient and makes it easier for him/her to cope with the disease.

The treatment is done by antiretroviral medication, which inhibits the reproduction cycle of the virus and ultimately reduces the concentration of the virus in the blood. Up to now the humanity has not discovered a medication that would completely expel the virus from the organism and restore the immunity system. Once contracted the virus stays in the body of the infected person for life.

At present, the most effective treatment is the high intensity treatment. The principle of this treatment is the simultaneous use of at least 3 medicines with different pharmacological effects. The combination of multiple medicines prevents the virus from developing drug resistance and increases the effectiveness of the treatment.

The antiretroviral treatment is prescribed in certain phases of the disease. The need for such a treatment arises soon after contracting the infection. The duration of the treatment is very individual for each patient. In most HIV carriers the need for antiviral treatment arises almost after 5 years from the day of contracting the infection. Once the treatment is started the HIV carrier should continue it for the rest of his/her life, and be under permanent medical supervision.

Yet, the antiretroviral treatment has also certain drawbacks, such as the expensiveness of the treatment, side effects of the medicines, and the need for permanent medical supervision which involves a set of complex and quite expensive tests.

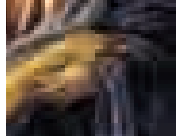
From all the 40 million HIV carriers in the world, in December 2004, 6 million needed antiretroviral treatment, but only 400,000 could afford it. The accessibility of the antiretroviral treatment is an essential factor for improving the control over the epidemic. Accessibility of the treatment will be a good motivation for the people with HIV symptoms to apply to medical institutions for inspection and

advice. The HIV positive diagnosis at early stages of the disease will help the infected person to take necessary and timely action for taking antiretroviral medication to delay the development of AIDS and for changing own behavior to prevent the further spread of the infection. The scanning will be good also for uninfected people, since they will learn more about the HIV and about necessary safety and preventive measures. This information will lead many people towards changing their risky behavior, reconsidering and reviewing their lifestyle. The medical institutions and the HIV control centers in their turn will learn more about the statistics of the disease and the real size of the epidemic, which will help to better plan and implement the necessary preventive and control measures.

This is why in 2003 the WHO presented the “3 to 5” initiative on treatment of HIV carriers. The idea of this Initiative was providing antiretroviral treatment to 3 million HIV carriers by the year 2005. The Republic of Armenia joined the initiative in 2004.

The antiretroviral treatment is available in the Republic of Armenia since February 2005.





## How to Know whether the Person is Infected or Not

At the time of contracting the infection the person does not have any extraordinary sensations. Moreover, for many years (7-15) the HIV carrier can be unaware of the infection in his/her body and have no serious problem with health. The appearance of the HIV carrier does not give any clue on the infection inside his/her body either.

The presence of the HIV in the body before the occurrence of the clinical symptoms can be determined only by special lab tests.

The main and the most accessible method for identifying the HIV is the lab test for identifying HIV antibodies – the immune-enzyme analysis (IEA). This analysis can give the following results:

- Positive: the test revealed HIV antibodies in the blood serum, which indicates to the presence of the HIV infection in the body;
- Negative: the test did not reveal HIV antibodies in the blood serum, which could indicate to one of the following:
  - The patient is not infected,

- The patient is infected but is still in the “window period”,
  - The patient is already in the AIDS Phase.
- Once the person is infected, the HIV will be found in his/her body for the rest of his/her life.

## What is the Window Period?

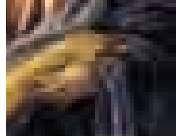
When the HIV infiltrates into the blood, the immune system responds by generating antibodies to fight the infection. In 90-95% of patients the blood test reveals the antibodies after 3 months starting from the day of contracting the virus, in 5-9% of the patients – after 6 months, and in 0.5-1% of the patients – later (<1 year). This period, when the virus is present in the body, but the concentration of the generated antibodies is not sufficient for discovering them is called “Window Period”. Already in this period the HIV carrier can transmit the virus to other persons, although the IEA is negative. This is why the HIV test should be carried out 3-6 months after the day of possible infection.

## Who is more Vulnerable to Contracting the HIV?

The HIV can be contracted by any individual, but those who are in the so called “risk group” have higher chances to contract it. Due to the specific nature of their behavior homosexual men, prostitutes, and drug addicts have higher chances to contract the infection. Formerly, they were called representatives of the risk group. In the beginning of the epidemic AIDS was considered a disease which was specific to these categories only. And as “disseminators of infection” the “representatives of the risk group” suffered from discrimination and persecution of the society. In 80s this discriminative approach had the opposite effect in a number of countries, resulting in further spread of the AIDS epidemic. To avoid bias and discrimination the expression “risk group” was later replaced with the expression “groups vulnerable to HIV”, which is more comprehensive and includes also such categories as clients of prostitutes, carriers of STDs, prisoners, migrants, soldiers, youth and others.

Even today, many people still think that the HIV affects only those who are in the “risk groups”. This wrong presumption gives illusion of safety to those who are outside these groups. As a result, most of these people do not think about the need to change their own behavior, although it is well known that in many cases the reason for contracting the HIV was the careless behavior and the unawareness of the fact that even one unsafe sexual contact or injection with an infected syringe can be enough to contract the HIV. The important thing to remember is that the HIV can infect anyone irrespective of the person’s sex, age, nationality, sexual orientation, political views, religion and profession.





## The most HIV Vulnerable Groups: Drug Addicts

*“God bless everyone who is not addicted to hashish”*  
Amirdovlat Amasiatsi (1478)

The fastest spread of the HIV epidemic was observed among drug addicts. According to the statistics, once the HIV enters an environment of drug addicts, within 3 year it infects 75% of individuals in that environment if no preventive measures are taken in due time. Transmitting of the HIV by infected syringe is in the first place in the CIS countries, where drug addiction grew dramatically during the recent years.

The infection is transmitted during the use of shared needles and syringes. After the injection some quantity of blood always stays in the syringe or in the needle. When the same syringe or needle is re-used by another person, the blood of the previous user mixes up with the drug and enters the veins of that person and all the subsequent users of the syringe. If the previous user is an HIV carrier, the subsequent user will have all the chances to contract the infection.

Sharing of the same syringe is not the only risk of getting the HIV by drug addicts. The drug itself can contain the virus, if the drug was prepared and mixed up with a used syringe, or if different users take the drug with their own syringes from the same mixer, or when the cups, spoons and filters used for mixing and preparing the drug are not sterilized after the previous use. Besides, sometimes blood is used for making the drug.

The users of non-inject drugs are also among HIV vulnerable categories, since the drugs impair the sobriety and can result in casual and risky behavior, such as unsafe sexual contacts.

## The most HIV Vulnerable Groups: Prostitutes

Prostitution is the provision of sexual services for compensation (money, alcohol, drugs, etc). Women are more involved in prostitution than men, although men also provide sexual services for compensation (to women and other men). Sometimes children are involved in prostitution.

The history of mankind evidences that prostitution has always been one of the most viable and stable businesses, since the demand for it never declines. There are many reasons that explain this non-decreasing demand for prostitution: the sexual relationships with prostitutes give sexual satisfaction without involving any responsibility; many people materialize with prostitutes the sexual fantasies, which they cannot materialize with their regular partners.

Prostitutes have sexual contacts with multiple partners. These contacts are often unsafe, which increases the risk for contracting the HIV and other STDs for them and their clients.

### **The most HIV Vulnerable Groups: Homosexual Men**

The word “homosexual” originates from the Greek word “homos” – “similar” (not the Latin word “homo” – “man”) and means “a person who is sexually attracted by the representatives of his/her own sex”.

Homosexuality is observed both in men and women. From different sources we learn that in general 1-4% of men and 1-3% of women are homosexual.

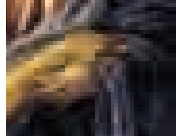
With regard to the spread of the HIV epidemic the homosexuality of men represents greater risk. Homosexuality among men has been observed throughout the history of mankind in almost all countries of the world and in all social systems.

The sexual relationships among men are mostly of voluntary nature and are concealed from the rest of the society. However, in some cases the homosexual relationships among men are due to the absence of women, for example: in the army, in prisons, and in boys’ schools.

The cause of 5-10% of all HIV infections in the world were the homosexual relations among men. However, this figure varies from country to country. According to the data of UN Unified Program for AIDS/HIV in most countries of North America, Australia, New Zealand and Western Europe this figure reached 70%.







The reasons for the increased vulnerability of homosexual men to the disease are related to the specific lifestyle and behavior of homosexuals, as well as the frequent changes of partners. The homosexual relationships of men often include anal sex, which causes multiple minor and major damages (ruptures) of the skin and the mucous membrane of the rectum. The damaged skin and mucous membrane can no longer be an effective barrier against the virus. The risk for contracting the HIV in unsafe sexual relationships is higher for the passive partner. There is the risk also for the active partner, but it is relatively lower.

### **The most HIV Vulnerable Groups: Youth**

All around the world youth is considered among the most HIV vulnerable groups. Every day around 14 thousand people in the world contract the HIV; half of these people are in the 15-24 age group. Younger people are vulnerable to the HIV and other STDs due to their specific behavior and a number of other biological and socioeconomic factors.

It is characteristic for youth to exhibit risky behavior: unsafe sex, multiple partners, sexual contacts with prostitutes, abuse of drugs. Teenagers often enter their sexual life without sufficient knowledge about the HIV and other STDs.

In many cases even the knowledge about the HIV does not stop adolescents from exhibiting casual and risky behavior.

Certain biological factors make teenage girls more vulnerable to the HIV. In puberty period the cervical mucous membrane undergoes certain physiological changes which temporarily create favorable conditions for infiltration of the HIV and other STDs into the organism.

The lack of information on prevention of the HIV and inaccessibility of preventive measures also increase the vulnerability of adolescents to the HIV. There are a number of other factors that prevent the adolescents from applying to medical institutions for assistance: no guarantees for confidentiality of treatment from parents of the teenage patients; unfriendly behavior of medical personnel towards teenage patients, expensiveness of

medical services; requirement to produce a parent or guardian for receiving certain medical services.

The marginalized teenagers (homeless children, refugees, migrants, etc) are especially vulnerable to the HIV, since they are less protected from sexual abuse and the temptation of using drugs.

The stereotypes, social isolation and lack of information create additional risks for adolescent men of homosexual orientation.



### **The most HIV Vulnerable Groups: Migrants (Guest Workers)**

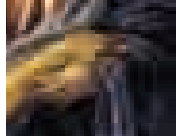
Migrants are the people who leave their countries to find abroad jobs or better conditions of life.

Migration is not a direct cause for contracting the HIV infection, but the migrants are subject to certain factors which increase the risk of contracting the infection. Being far from their families and sexual partners, most guest workers consider themselves free from the moral rules of the society and environment in which they used to live. Apart from that most migrant

usually experience certain problems with adaptation to the new environment, which results in their social isolation. All of the above lead the migrants to exhibiting risky behavior, such as using the services of prostitutes or finding consolation from the social isolation and harsh conditions in drugs. This behavior increases their vulnerability to HIV. Another factor that increases the vulnerability of migrants is related to illegal or semi-illegal status of most migrants. Being practically in the status of outlaws, most migrants are not protected by law and do not have access to medical or social services of the host country. Many migrants do not speak the language of the host country and thus cannot make much use from the anti-HIV information campaigns.

Female migrants are more vulnerable to the HIV. Being outside the protection of the law many female migrants are subjected to sexual and labor abuse.

After returning home most migrants resume the unsafe sexual relationships with their regular partners without even considering the need for testing against HIV and other STDs. This increases the vulnerability of the sexual partners of migrants to the HIV.



### The most HIV Vulnerable Groups: Soldiers

Soldiers, compared to other groups of the society, are more vulnerable to the HIV, for the following reasons:

- Most soldiers are in the HIV-vulnerable age group (up to 24);
- Military bases and camps attract prostitutes and drug sellers;
- Military service and peacekeeping missions are usually long-term engagements, during which the soldiers are often subject to stress that is further enhanced by loneliness. To cope with the stress soldiers often resort to drugs and prostitutes.

The psychology of risky behavior inherent in military environment is another factor that adds to the HIV-vulnerability of soldiers. This psychology, which is so important in the time of war, in peaceful time can lead soldiers to unnecessary risks and even violence (rape, unsafe sex, etc).

The absence of women in the army may also lead to development of homosexual relationships among soldiers.

### The most HIV Vulnerable Groups: Prisoners

According to world statistics, in most countries of the world 5-25% of all HIV carriers are in prisons. In other words, the infection rate in prisons is high due to increased vulnerability of the prisoners to the HIV.

In most jails of the world there is a shadow practice of using intravenous drugs by certain groups of prisoners. As a rule, the inmates share with each other the same syringe, since it is very difficult to get individual syringes in a jailhouse. It is also almost impossible for prisoners to sterilize the syringes and needles. Sharing of a non-sterile syringe is the most common way of transmitting the virus in prisons.

Homosexual relationships between inmates are also happening in most jails of the world. The most commonly observed sexual contact among the inmates is the anal sex, which is the riskiest in terms of transmitting the HIV. In most jails of the world condoms are not accessible.

Making of tattoos is a regular practice in most prisons. This is also dangerous in terms of transmitting the HIV, since the inmates usually share the same tools

for making tattoos without appropriately sterilizing them.

### **The most HIV Vulnerable Groups: Women**

A number of biological, social and economic factors make women more vulnerable to the HIV.

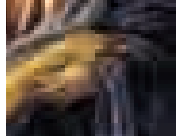
Among the most obvious biological factors we can mention that the surface of mucous membranes in female genitals is larger and the concentration of the HIV in the sperm is the highest. For these reasons the chances of transmitting the virus from a man to a woman are 2-3 times higher than from a woman to a man. Apart from that, as we mentioned above, the presence of other STDs in the body increases the chances of contracting the HIV; according the statistics the percentage of women with untreated STDs is higher.

Although there are obvious biological factors that make women more vulnerable to the HIV, in practice most cases of infection of women are due to other factors related to the biased legal, social and economic status of women and girls in the society.

One of such factors is the traditional difference between sexual behavior of men and women. In many ethnic groups a woman is expected to have only one sexual partner throughout the life and be loyal to her husband, while men are allowed and even encouraged to have sex with other women. The traditional mentality is that women should be more tolerant towards the infidelity of their husbands. However, with AIDS epidemic knocking at the door the price of such tolerance can be extremely high. We know many cases when a faithful wife contracted HIV from her unfaithful husband. Ironically, for many women in the world love, trust and loyalty to their spouses resulted in an HIV infection.

Usually, women marry older men who have had more sexual experiences and therefore more chances to contract the HIV. Since in most families the family budget is financed mainly by man, he enjoys the unilateral right of making the family decisions. In the context of HIV/AIDS this means that often women cannot even persuade their husbands to use a condom. Moreover, in certain cultures women are not allowed even to speak about sex; it is considered indecent and





unacceptable. The intolerance sometimes is so deeply rooted that many women do not dare to discuss with their husbands issues related to safe sexual behavior for fear of losing the respect of their husbands.

The financial dependence of women increases their vulnerability to the HIV. Most women do not earn enough money to provide for the living of their children and themselves. Such women will not have much chances to survive after divorcing their husbands. The reason for this situation is that many women do not have the chance to continue their education and develop a professional career. The employee reduction programs, too, affect in the first place women. And finally, the harsh social and economic conditions, unemployment and poverty force women to earn their living by prostitution, thus making them more vulnerable to HIV and other STDs.

## Prevention of HIV/AIDS

*"It is easier to prevent the disease than to treat it."*

Hippocrates

In the present stage of the HIV/AIDS epidemic, when the humanity does not have any effective vaccine or other treatment against the disease, prevention of HIV/AIDS is of utmost importance. The most effective prevention instrument is the public information and HIV/AIDS education, the idea of which is to inform every person about the danger of the HIV infection, about the means of transmission of the virus and about the ways of avoiding the infection. The principle of prevention is the change of mentality and behavior for reducing to minimum the risk of contracting the infection.

The HIV/AIDS prevention strategy has three main components:

1. Public information on HIV/AIDS,
2. Provide access to the means of prevention of HIV/AIDS,

3. Provide training on the use of the means of HIV prevention.

Primary prevention is the main weapon in the fight against the HIV/AIDS epidemic. It involves such activities as public information and HIV education that result in reduction of the infection rate by showing people the need to stop the risky behavior. Other epidemic control tools include such activities as regular screening of the population for timely identification of the HIV carriers, improving access to treatment for alcohol and drug addicts, and for carriers of other STDs. These are the primary prevention activities. The secondary prevention activities are aimed at fighting against the consequences of the HIV infection, other STDs and drug addiction.



## THE MAIN PRINCIPLES FOR PREVENTION OF THE HIV INFECTION

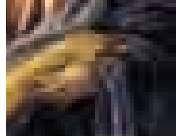
Principles for prevention of the sexual transmission of the HIV

- Delaying the first sexual contact
- Reduction of the number of sexual partners, excluding random sexual contacts, loyalty to the sexual partner
- Safe sexual behavior (use of condoms)
- Prevention and treatment of STDs

Principles for prevention of the HIV transmission by Blood

- Checking the donors of blood and organs for the HIV
- Excluding the reuse of syringes and needles
- Excluding the possibilities for transmission of the HIV in medical institutions

Principles for prevention of the HIV transmission from mother to child



- Prevention of unplanned pregnancies in infected women (termination of pregnancy)
- Early detection of the infection in pregnant women; preventive antiretroviral treatment
- Treatment/prevention of STDs and opportunistic diseases
- Caesarean operation, prevention of any contact of the fetus with mother's blood
- Excluding the breastfeeding

### PROSPECTS FOR PREVENTION OF THE HIV/AIDS BY VACCINATION

Generally, the viral infections are difficult to treat but easy to prevent by vaccination. Vaccination allowed to completely eliminate smallpox, it allowed to significantly reduce the morbidity by polio, measles, diphtheria, etc. For that reason, soon after identification of the HIV, many scientists started the work on development of anti-AIDS vaccine. But shortly afterwards the initial enthusiasm disappeared, leaving its place for doubts and despair. The scientists understood that this time

they deal with an extremely complex virus. The HIV exhibited a number of features that significantly complicated the work on development of the vaccine. The main difference of the HIV from other infections is that it directly affects the immune system, thus leaving the organism defenseless. The “classic” vaccines are made of weakened or dead germs. This method cannot be applied for making the HIV vaccine because of the danger of causing an HIV infection. For this reason, the experimental anti-HIV vaccines are based on components of the virus, which further complicates the work on development of the vaccine. Another problem is the mutability of the virus. The mutability of the HIV is 10 times (some scientists think that 100 times) higher than the mutability of the flue virus. Existence of different cultures of the virus also complicates the work. At present we know 10 cultures of HIV1 that are spread in different regions. We still don't know whether it will be possible to create a uniform vaccine or there will be a need to develop a vaccine for each culture. The impossibility of testing the vaccine on animals is another problem. The only animal that can be used for

testing the vaccine is the chimpanzee, which is a very rare and expensive monkey. Only a few laboratories in the world can afford buying chimpanzees for their experiments. And finally, development of the anti-HIV vaccine is not attractive from the point of view of private investors; the risk is high and the return is low, which is partly due to the fact that the vaccine is most demanded in developing countries, where the average level of personal income is very low.

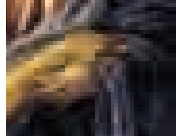
Despite these difficulties the scientists made a substantial progress in development of the anti-HIV vaccine during the last decade. According to the assessment of specialists, the total annual investment in development of the vaccine is USD 400-500 million. Currently, there are a number of research organizations that work on the development of the vaccine: the US national health institutions, the International Anti-AIDS Vaccine Initiative, the US disease control and prevention centers, the French National Agency for Research on AIDS, the European Cooperation and a number of biotechnology and pharmaceutical companies. Many countries have national programs

for development of the vaccine. These programs are supported by the WHO and the UN.

So far the scientists have developed a couple of vaccines, which seem to have the potential for becoming effective. But even if the effectiveness of these vaccines is proven, it will not immediately put an end to the epidemic. It will take time to involve all the world population in the vaccination program. For example, it took twenty years to achieve only 80% coverage for vaccination program against tuberculosis, diphtheria, tetanus and measles. Besides, presumably non of the HIV vaccines will have a 100% effectiveness. In the best case, vaccination will become one of the components of the larger prevention strategy. For that reason, the prevention efforts in the near future should continue to focus on public information and education programs.







## PROTECTION OF THE RIGHTS OF PEOPLE WITH HIV/AIDS AGAINST DISCRIMINATION AND BIASED BEHAVIOR AS AN IMPORTANT ELEMENT OF ANTI-HIV/AIDS PROGRAM

*Protection of human rights and freedoms is critical for reducing the vulnerability to HIV/AIDS.*

*The respect towards the rights of HIV carriers and AIDS patients will be the guarantee for the successful fight against the epidemic.*

*Declaration of Commitments in Fighting HIV/AIDS*

*UN General Assembly, 26<sup>th</sup> Special Session*

**June 25-27, 2001**

The human rights shall be respected and protected by everyone. The basic constitutional rights and freedoms of an individual can be limited only by Law, if it is required for the national security, safety of the society, protection of public order, public health and the rights and freedoms of other people.

Protection of human rights is important in all the sectors of social life, including the public healthcare sector. Protection of the rights of people with HIV/

AIDS has a special social dimension, since violation of these rights is indirectly increasing the chances for further spread of the epidemic. In general, people become more vulnerable to the infection when their social, economic and cultural rights are disrespected. For instance, the illegal status of migrants creates good grounds for their discrimination and exploitation, and finally increases their vulnerability to the HIV.

In those countries where the freedom of speech and expression is limited and basic rights of the citizens are not observed, effective fight against the epidemic becomes very difficult or almost impossible. In a number of countries the applicable law hinders the preventive efforts in certain vulnerable groups, since it prohibits the activities associated with that group (for example – prostitution) and does not allow the members of that group to establish NGOs.

The respect towards human rights undoubtedly results in reduction of the vulnerability to the HIV, elimination of any bias towards HIV carriers and AIDS patients, reduction of the negative impact of the epidemic on the society and individuals.



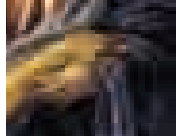
Every person has the right to enjoy non-discriminative and unbiased treatment from other members of the society. This right is essential not only for that person, but also for the development and prosperity of the society. For that reason the human rights are protected and discrimination is prohibited by constitutions and laws of many countries. The Constitution of the Republic of Armenia, too, specifies that all citizens have the same rights, freedoms and duties, are equal before the law and are equally protected by the law. Discrimination of people with HIV/AIDS is a severe violation of the Constitution and the Law.

Stereotypes and discrimination create an atmosphere of hatred and fear about everything and everybody associated with HIV/AIDS. This affects not only the people with HIV/AIDS, but also their families. For example, a person fired from his/her job for being an HIV carrier encounters many additional problems: how to pay for the medical services? How to finance the family budget?

Stereotypes and discrimination associated with HIV/AIDS directly hamper the effectiveness of anti-epidemic activities. The fear of discriminative treatment prevents people from being tested for HIV or using preventive measures. For instance, to hide the fact of being infected with HIV many individuals do not use condoms, infected mothers continue to breastfeed their children contributing to further spread of the disease.

Stereotypes and discrimination prevent the consolidation of efforts for assisting the members of the society affected by the HIV/AIDS, while these people are in big need of such assistance. Experience shows that the infected people can be isolated, rejected by the society, friend and relations, fired from job and left completely alone with their trouble and grief. The society should take steps to protect the rights of HIV carriers, establish ethical and legal norms for preventing any kind of discrimination towards these people.

The world experience shows that protection of the rights of HIV carriers and AIDS patients, tolerant and non-discriminative treatment towards these people by the society can reduce the damage caused by the epidemic and prevent its further spread.



## TREATMENT, CARE AND SUPPORT TO PEOPLE WITH HIV/AIDS

*Care, support and treatment are the main elements for effectively counteracting to the epidemic.*

*“Declaration of Commitments in Fighting HIV/AIDS”*

*UN General Assembly, 26th Special Session*

*June 25-27, 2001*

Most carriers of HIV infection may have no health problems for many years and consequently no necessity for treatment. Their state of health can deteriorate suddenly or gradually which is very difficult to predict.

The treatment of a person with HIV comprises a number of components:

- antiretroviral treatment;
- treatment of opportunistic and concomitant diseases;
- preventive treatment of the HIV transmission from mother to child;
- palliative treatment.

People living with HIV/AIDS are mainly cared about by their spouses, relatives or close friends. With this regard the families of infected persons can be assisted by NGOs functioning in support of people with HIV/AIDS, as well as by church representatives. Those people who care after infected persons have a significant role in helping them to live a meaningful life. Their care can sometimes be decisive for a person with AIDS in fighting his or her malady.

## PALLIATIVE ASSISTANCE AND TREATMENT

Palliative assistance is the active and many-sided care for people with fatal and incurable diseases, including HIV/AIDS, and is aimed at releasing the patients from pain and other excruciating manifestations of illnesses, as well as providing them with psychological, social and spiritual support. Palliative assistance can be carried out at home or in hospital. The purpose of the palliative assistance is to maximally mitigate the sufferings of the patient and to create adequate conditions for the patient to die with dignity. Palliative assistance enables the

patient to live an active life right up to death and helps the family members to overcome the anxiety about the disease of the patient and the grief of the loss.

### **VOLUNTARY HIV CONSULTATION AND ANTIBODY TEST AS A METHOD FOR PREVENTING THE HIV/AIDS INFECTION**

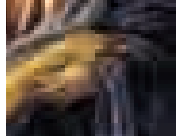
One of the main directions of preventing the spread of HIV virus is to educate the population of having a safe behavior in terms of HIV. In this regard voluntary consultation and examination (VCE) has significant importance.

In the process of consultation two people – the counselor and the patient, meet for the purpose of overcoming the crisis in relation to personal matters and behavior, solving the emerged problems and making decisions. The consultation is held in the form of an interview, at any place, which gives a possibility for ensuring the confidentiality.

The voluntary HIV consultation and examination is a process the results of which enable the patient to make a decision about undergoing a HIV-antibody test. The decision about undergoing a HIV-antibody test should be made by the patient. The counselor should not undertake the responsibility of making the decision neither have a compelling influence on the decision-making process. It is important to give a guarantee of confidentiality to the person to be tested.

The consultation on issues related to HIV is not the same as providing common information on a disease and its preventive measures. It's a method of social-psychological influence that stimulates a change in the human behavior. The aim of voluntary HIV consultation and examination is to focus the attention of patients on the real threat of being infected and on the risk factors existing in their behavior. The counselor should help the patient realize the responsibility for his or her behavior that increases the probability of contracting HIV and to reflect on changing the behavior and way of life and the necessity of those changes.





In the course of consultation the patient obtains reliable information on HIV, the ways and methods of its prevention, overcomes the anxiety, receives an emotional support and a psychological stimulus aimed at making a change in the dangerous behavior, as well as other information related to social and medical support services.

The awareness of the HIV status enables the patient to plan for the future, to prevent the transmission of HIV to the mate (spouse), and enables a pregnant woman to minimize the transmission of the virus to the child. The VCE of people with HIV-positive status allows establishing connections with a number of services and stimulates the behavioral change.

Patients, having exhibited risk behavior in the past but still having a HIV-negative status at present, can be stimulated by the VCE to avoid that kind of behavior and consequently to escape contracting the infection in the future.

Thus, the main objectives of VCE are the following:

- to prevent the spread of HIV virus;

- to provide informative and psychological support to people affected by HIV.

The process of voluntary HIV consultation and examination consists of three stages:

1. pre-test consultation;
2. HIV-antibody test;
3. post-test consultation.

The HIV-antibody test is voluntary (except for cases determined by law) and is accompanied by pre-test and post-test consultations. The HIV-antibody test is needed also for people that are running the risk of contracting the virus; such as persons with sexually transmitted diseases, intravenous drug users, persons having such mates, homosexual men and others. The HIV-antibody test can be anonymous upon the request of the patient.

VCE can be conducted also with individuals, married couples, people of any age, profession or social status. With the consent of the patient the consultation can also be provided to the spouse, mate and other close people.

The consultation can be conducted at any place allowing to ensure confidentiality and to discuss personal matters of the patient. The consultation is usually held in hospitals, policlinics, maternity welfare centers and medical centers. It can also be provided in confidence centers functioning in NGOs, or in non-medical institution; the main objective is the possibility of privacy with the purpose of ensuring strict confidentiality.

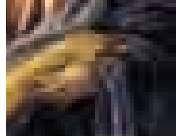
The responsibilities of a counselor can be assumed by doctors, nurses, social workers, and other members of the society that have attended a special training course for providing consultations.

According to the circumstances clergies can also act as counselors. Thoughts about the approaching death, the fear of loneliness and of losing control over one's life may motivate people living with HIV/AIDS to have an increased interest towards religion and spiritual matters and give rise to seeking spiritual support. In such cases the infected people usually start to reflect on the meaning of life, sin, fault, complete forgiveness and reconciliation. The emotional anxiety due to the

diagnosis of an incurable disease of someone dear and beloved may give rise to a necessity of spiritual support for the family members of those living with HIV/AIDS. Some others may seek the spiritual support out of their fears caused by prejudices. Therefore, spiritual fathers are expected to have consultation skills and adequate knowledge on HIV/AIDS.

The consultation provided by a clergy (spiritual support) can help people affected by HIV/AIDS – a child experiencing the death of a parent, an HIV-infected person planning for the future, a patient in the phase of AIDS and standing on the threshold of death, to overcome the anxiety and fears about the future, pain or death. It can become a stimulus for reflecting over one's life (faith, family relationships, health, etc.), for choosing a reasonable way of life, and for repenting. The consultation of a clergy can become one of the forms of caring after people living with HIV/AIDS. It is a method and practice that bestows blessing on people consoling and assuring them that they are not lonely. It is also a guidance and encouragement. Thus, the objectives of the consultation provided by a clergy are the following:





- to give hope and consolation to people infected with and affected by HIV/AIDS reminding of the hope bestowed by Christ against pain;
- to encourage people, irrespective of their HIV status, to choose a right way of life for preventing the spread of HIV/AIDS; and to stress the importance of abstinence and marital faithfulness;
- to encourage people in providing help and sympathetic and non-discriminatory attitude towards people living with HIV/AIDS, emphasizing that God has created all of us so that we live at peace and in harmony with others.

## HIV/AIDS AND RELIGION

Religion has a significant role in the lives of individuals, families, communities, as well as of the whole society. Religion is a powerful driving force and needs to be considered. Besides being a medical problem the HIV/AIDS is also a social challenge the solution process whereof needs the participation of religious communities as well. Religion has an important role in defeating HIV/AIDS because:

- All religions consider the problems of vulnerable groups of society on the basis of general ethical principles consistent with the UN efforts for justice, compassion, solidarity, equality and respect;
- Religion gives a shelter to people and helps to find harmony and meaning in the chaos of this swiftly changing world - a chaos which in some developing countries is considered to be the result of globalization and unfair structure of the world that bringing to inequality, poverty and military conflicts;
- Religious organizations implement also social and political activities, participate in elaboration and funding of strategies aimed at solution of challenging problems;
- Religious organizations are considered to be the recipients of various aid programs thus being able to speak in the name of target groups and consolidate the society;
- Religious organizations have long ago established institutions in support of poor, weak and rejected people;

- Religions communities respect their leaders considering them both as spiritual and social leaders who have power to influence human opinion and behavior.

In many developing countries discussions of issues about sexual life and reproductive health are strictly prohibited. There will be a need for serious changes in each person's understandings and behavior so that the society could start considering such issues which are extremely important in preventing the HIV/AIDS. This can be assisted by religion and culture, as the possibilities for broad discussions on intimate life depend on religious and cultural factors.



## THE ROLE OF THE CHURCH IN PREVENTING THE HIV/AIDS

*AIDS is a serious challenge as the process of counteracting to the epidemic is hindered by hardly surmountable problems concerning such matters as changing the social-ethnic, cultural and gender standards, holding straight discussions on sexual relations, ensuring the rights of women and giving importance to the role of men. Neither a government decree nor a document*

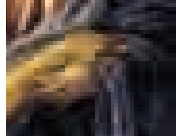
*can overcome these difficulties. It requires nation-wide efforts, including consolidated efforts of various communities, women's associations, churches and other organizations.*

Mark M. Brown, UNDP Administrator  
UN Chronicle, 2001

Under the circumstance of HIV/AIDS the mission of the church does not differ from the mission assigned by God and implemented throughout many centuries. Moreover, the present situation created by the HIV/AIDS disease is a new challenge for the church due to its nature, moral sources and social consequences, as well as magnitude.

The church can significantly contribute to the prevention of HIV/AIDS through love, compassion and promotion of social-economic, cultural and political changes. The role of the church in preventing HIV/AIDS is very important as the church can take the mission of preaching safe behavior in terms of HIV/AIDS.





Spiritual education aimed at strengthening of moral and spiritual values in the society should be one of the main directions in combating HIV/AIDS.

The church can become an institution representing the interests of people living with HIV/AIDS and in joint efforts with them can take real measures against discrimination and social injustice.

The efforts of the church in preventing HIV/AIDS should be implemented in two directions:

1. Primary prevention of HIV/AIDS;
2. Assistance to people living with HIV/AIDS and to their relatives.

Primary prevention of HIV/AIDS can be implemented by undertaking various preventive programs among children and teenagers aimed at their education in the spirit of Christian values and at dissemination of moral purity, wisdom, loyalty and responsibility towards family. Educational efforts should be directed also to preventing the use of drugs and alcohol among young people, to encouraging the adherence to those human, humanitarian and Christian principles that will help withstanding pre-marital sexual relations, valuing own

families, strengthening relationships with parents and overcoming family conflicts that very often become the reasons for youngsters to estrange from families and give way to drugs. Such programs can be implemented in general schools, Sunday schools attached to the churches and elsewhere.

The assistance to people living with HIV/AIDS and to their relatives includes spiritual, psychological and other support. In cooperation with non-governmental and governmental organizations the church can have its participation in providing home care and palliative assistance to patients with HIV/AIDS.

HIV/AIDS is a trial both for clergies and believers. The horrifying rapidity of spread of the HIV/AIDS confronts the religious communities with an urgent and acute necessity of showing capability to love and sympathize. The change in the behavior and attitude of a person can be stimulated by love and sympathetic attitude towards him or her. Love and sympathy find a response in the hearts of people and help them to change and recover. Only this change can assist people in preventing the spread of HIV/AIDS and regain their

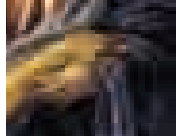
and their families' hope for the future. The essence of sympathy filled with love is the power to change people; thus by preaching love and sympathy the church can promote behavioral change.

The church can much contribute to focusing the attention of believers to the problem of HIV/AIDS. This can be assisted by memorial and prayer services held for the commemoration of the AIDS victims and on World Days against AIDS. It is even possible to pray for the infected and affected people on a certain day of the month (for example, the last Sunday of the month). The prayer can become a unique support for people living with HIV/AIDS and help them in fighting against the disease and realize that the church has not abandoned them in trouble.

The worldwide situation created by the HIV/AIDS epidemic, the reasons for the spread of the disease, discrimination against people with HIV/AIDS make it necessary that the clergies frequently address this problem in their preaches. Moreover, there should be made an emphasis to the principle "Hate the sin, but love the sinner", meanwhile disapproving sinfulness and disregard to spiritual and moral values.

Prevention of HIV/AIDS can be much supported by religious and spiritual leaders. With regard to this, the experience of Kenya is quite notable, where there is a clear distinction between the functions of medical and religious organizations in preventing HIV/AIDS. The church provides its parishioners information on the main methods of preventing HIV/AIDS: abstinence, loyalty to one mate (spouse), use of condoms and delay of sexual life. The church also implements preventive activities among young people by preaching them abstinence. If a teenager prefers to begin sexual relations, he or she is advised to apply to governmental and non-governmental organizations dealing with issues of reproductive health. Such an approach to the problem of HIV/AIDS is quite reasonable. According to the archbishop of Kenya, the malady of HIV/AIDS differs from other diseases only by its seriousness. He emphasizes that HIV/AIDS is neither a sin nor a punishment for sins, and urges all the believers to have a respectful attitude and care for people living with HIV/AIDS.





The church indeed can and should contribute to preventing HIV/AIDS. At the same time it is clear that like any other institution the church alone cannot fundamentally change the situation. Here there is a necessity for joint efforts with governmental and non-governmental organizations that have an experience in this field.

### **ACTIVITIES UNDERTAKEN IN ARMENIA FOR INVOLVEMENT OF THE CHURCH IN PREVENTION OF THE HIV/AIDS INFECTION**

At present a number of activities are undertaken in Armenia for the involvement of the church in the process of preventing HIV/AIDS. In 2003 the “World Vision Armenia” in cooperation with the Republican Center for Preventing AIDS and the Armenian Apostolic and the Armenian Evangelic Churches supported the organization of a conference on “HIV/AIDS and the role of the church” with the participation of representatives from the Armenian Apostolic and the Armenian Evangelic Churches and theological schools.

The conference was aimed at raising awareness of clergies on HIV/AIDS for involving them in preventive activities, as well as for organizing trainings of clergies by the “Equal to equal” method.

The key achievement of the conference was that the church representatives showed increased concern and attention to the problem of HIV/AIDS and realized their important role in the process of fighting against HIV/AIDS. Based on the experience and evaluation results of the conference it was recommended:

- To hold a conference in the future emphasizing and detailing abstinence, faithfulness in the family and monogamy as main strategies of the church in preventing HIV/AIDS;
- To involve also other churches of Armenia in the conferences on prevention of HIV/AIDS;
- To organize a special seminar for the church activists and train them as providers of social-psychological support with the purpose of developing their abilities of hearing confessions of HIV-infected persons, drug addicts, prostitutes and homosexuals, as well as developing their skills in providing adequate consultation and spiritual aid;



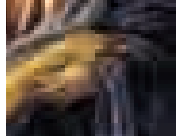
- To organize a special seminar aimed at teaching oratorical skills to the church representatives for the purpose of effectively urging and stimulating people in keeping to the safe behavior;
- To organize a seminar for preparing the church representatives as community leaders aimed at maximum involvement of communities in the struggle against HIV/AIDS;
- To develop and publish a manual about the role of the church in preventing HIV/AIDS (which has been implemented through the publication of this manual).

Considering the important role of the church in preventing the HIV/AIDS, the Republican Center for Preventing AIDS invites also church representatives to participate in various activities devoted to the problem of HIV/AIDS. Thus, in March 2003, the Coordinating Council on HIV problems in CIS countries held its regular meeting in the city of Yerevan. Moreover, the agenda of the meeting included also the issue of involving religious leaders in the implementation process of the “Declaration of Commitments in Fighting against

HIV/AIDS”. The representative of the Armenian Apostolic Church also participated in the meeting on that issue. It was noted at the meeting the participation of the church is drastically important in preventing the HIV/AIDS as the church can have a significant role in the spiritual education of younger generation and in the dissemination of spiritual values and marital faithfulness, which are important prerequisites for radically fighting against HIV/AIDS.

In June 2005 the Republican Center for Preventing AIDS, Armenian National Fund for AIDS and UNESCO with the support of the Flemish Government organized a workshop on “Culture oriented educational and informative measures aimed at prevention of HIV/AIDS in Armenia”. The representative of the Armenian Apostolic Church was invited and participated in the workshop.

The staff of the Republican Center for Preventing AIDS implements activities aimed at raising awareness of the representatives of the church on issues about HIV/AIDS. In November, 2004, the specialists of the Center conducted a seminar on actual issues for the



members of the Youth's Union of St. Sargis Church, Residence of Ararat Patriarchal Eparchy Leadership.

All the undertakings can serve as a basis for building up and strengthening the cooperation between the Republican Center for Preventing AIDS, NGOs functioning for fighting against HIV/AIDS, the Armenian Apostolic Church and other churches functioning in Armenia for the purpose of effective consolidated efforts against HIV/AIDS.

## SUMMARY

One of the effective prerequisites for resisting HIV/AIDS is awareness. The section “Basic information on HIV/AIDS” contains comprehensible information on the impact of HIV on the human body and the clinical course of HIV, the means of HIV transmission, the hypothesis of HIV origination, development of HIV/AIDS epidemic, the methods of preventing HIV/AIDS, groups vulnerable to HIV.

The section also covers issues concerning the role and participation of the Church in the activities aimed at prevention of HIV/AIDS, as well as the arrangements initiated for the involvement of the Church in that sphere.

Awareness of HIV/ AIDS problems will help the clergies in taking measures aimed at prevention of HIV/AIDS.



**Psychological characteristics of people living with HIV/AIDS**

*LORD God, give me strength to change what I can change. Give me patience to bear what I can not change. And give me wisdom for differentiating one from the other.*

R. Bray

## NEED OF SOCIAL-PSYCHOLOGICAL SUPPORT TO PEOPLE WITH HIV/AIDS

People with HIV/AIDS have quite complex social-psychological problems. These problems emerge from the moment of diagnosed HIV infection and stay for the rest of the life.

The awareness of being HIV-positive changes dramatically the life of the infected and the affected. This is a change that affects both the daily routine and the psychology. It leads the person to a point where very difficult decisions have to be made: how to accept and come to terms with the changes occurred in life? With whom and how this information can be shared? People diagnosed with this incurable disease find themselves confronted with a number of questions concerning the

meaning of life and death: “How much time do I have? How will my life change?”

The awareness of being infected with HIV is an experience that traumatizes psychologically and causes an acute tension in the mind of an individual. Most people accept this information as a sentence to death understanding that fatal outcome is inevitable. Generally, the response to learning about the HIV-positive status is expressed by the so called emotional reactions. Some reactions may seem to be extremely strong but they are considered to be a normal responsive reaction to the news about a threat to one's life.

The state of an emotional crisis hinders people from caring about their health and may even drive them to fatal mistakes. In general, the news about being infected with HIV makes most people become indifferent to their own life and environment, lose the sense of responsibility for their lives realizing that little time is left for them to live. For some others the diagnosed HIV-positive status becomes a motivation for reconsidering their attitude to their health and life. They begin to regard themselves and their relatives more seriously





and to use the maximum of their abilities for making life more meaningful. This second type of approach to life and behavior can be made more preferable for many people if adequate support be provided by caring people, i.e. family members, friends, as well as by a doctor, a psychologist and certainly a clergy.

Sometimes the state of emotional shock and crisis can help to reassess the values of life and to abstain from alcohol, drugs and other negative impulses that hinder from struggling for life and health; yet sustained emotional stress may also have a negative impact on the immune system and accelerate development of AIDS.

Thus, it is extremely important that people undergoing a severe emotional stress be provided with enough care and support to overcome it. They need both psychological and moral support the effectiveness of which depends on the knowledge and a clear understanding of the emotional reactions and experiences of persons with HIV/AIDS.

## POSSIBLE EMOTIONAL REACTIONS TO DIAGNOSED HIV

It is impossible to predict the human reactions to the news about being infected with HIV. The reactions can be quite different depending on a number of factors: the physical health of the infected person at the moment of diagnosis; the extent to which the person is ready to hear such news; personal characteristic features, person's knowledge and understandings of the disease, of life and death, as well as the support provided to that person and the latter's willingness to seek help from family members or friends.

With all the diversity of reactions to the diagnosis there is, however, a certain pattern of reactions and phases that are common to most people. The duration of reactions may significantly vary depending on the characteristics of the person and his/her social environment.



### *Shock*

Shock is a normal reaction to the news about a danger threatening to one's life. Shock is usually expressed by a motionless state, deep silence, confusion, embarrassment, unwillingness to participate in the conversation, emotional instability, quick shift from tears to laugh and vice versa, desperation, like: "Oh God! Everything's over". The sense of helplessness and uncertainty are typical to this phase.

### *Denial*

Some people may react to the news about the infection with rejection ("It cannot happen to me."; "No, only not me!"). At this phase people are inclined to deny the disease, to express strong conviction that the results of the test are wrong and be unwilling to believe in what happened. Denial may sometimes be helpful in terms of mitigating the emotional stress but may also hamper the change of behavior and impede the ability of accommodating to the new conditions of life so necessary for preventing the further spread of HIV and overcoming the difficulties imposed by HIV-positive status.

### *Anger*

Some people become extremely angry that "they are so unlucky" to have contracted the virus. This phase is typical with burning anger ("Why me?") and tendencies of aggressiveness towards others or oneself. Anger may be expressed as irritation caused by small and insignificant events and by aggressiveness to the environment and caring people. In some cases anger may be addressed to one's own self and shown by self-stigmatization for being infected with HIV or by self-destructive (suicidal) behavior.

This phase is quite a hard experience for people surrounding the infected person, however it may help the latter to pour out negative and hostile emotions and feelings, otherwise the probability of auto-aggressive behavior (suicide, physical injuries, est.) will drastically increase.

### *Agreement*

In this phase a man or a woman gradually acknowledges the fact of being infected with HIV and tries to come to terms with the reality, leaving anxiety

for the disease to the future and planning concrete actions by starting “negotiations” with surrounding people, doctors and oneself: “If you cannot treat me, at least make my life longer”, “The main thing is to have no pain”, “Give me at least a chance to accomplish my deeds” est.

### *Depression*

Depression is a state which at least once overwhelms each person leaving with HIV/AIDS. There are a number of reasons for depression. The main one is, of course, the awareness of the fatal disease which leads to the sense of helplessness. The person infected with HIV becomes distressed by regular medical tests understanding his or her inability to prevent the inevitable development of the disease. The emotional peacefulness can be disturbed when infected persons learn about deterioration of health or death of other familiar persons with the same virus, by the sense of inability to plan for the future and fulfill so many dreams like bringing up the children. Depression can also be motivated by difficulties raised in interpersonal

relationships, by the sense of loneliness, fear of the disease and death, and fear of being discriminated by the society.

Depression causes impairment of the state of health and the quality of life. Depressed persons refuse or forget to follow doctor’s instructions, which is especially dangerous during antiretroviral treatment. Deterioration of health is accompanied by loss of hope for recovery (“Yes, I will die”), pessimism, anxiety, gloominess and despair. The person becomes self-contained and seeks to be left alone with grief and sufferings.

The gradual impairment of the emotional and physical state creates a peculiar “vicious circle” that the infected person is unable to overcome alone, without the help of close people and society. Sometimes people think that the only way out is suicide. Therefore, psychological and moral support has great importance at this phase.

It is possible and necessary to fight against depression. Effective psychological and moral support requires knowledge of the signs typical to the state of depression. These signs are numerous and different. However, any





continuous melancholy is an indicator of depression especially in cases when a person has experienced a loss (of self-appraisal, a relative, job, etc.). The following signs indicate the state of depression:

- Low spirits continuing two or more weeks;
- Lack of interest to entertainment;
- Chronic tiredness;
- Lack of appetite, insomnia or evident sleepiness;
- Unjustified sense of guilt;
- Inability to concentrate on something;
- State of extreme irritation;
- Obsessive ideas on death or suicide;
- Sense of helplessness and despair.

Thus, a depressed person needs professional treatment.

### *Reconciliation*

*This is the final phase of going through sufferings. This phase is characterized with thoughts that lead to the following idea. "Well, it is certainly too bad, but I can still fight."*

## PSYCHOLOGICAL STATES COMMON TO MOST PEOPLE LIVING WITH HIV/AIDS

### *Fear*

A person living with HIV/AIDS can have various reasons for fear. Death and, particularly, painful death in loneliness are the most frequently occurring fears. Death is an inevitable outcome of life; and the human being is the only creature that is aware of the unavoidability in terms of own death. Yet, even the awareness of death is unable to make the human being accept it in reality who is trying to push away thoughts about death attributing it to others but not to him or her ("It happens to others"). However dying patients or those with fatal illnesses are inescapably obsessed with thoughts about approaching death that horrifies them. Morbid concentration of patients on death or problems of mortality may accelerate the development of AIDS.

Fears that are common to most people living with HIV/AIDS are the following: the fear of revelation of the status, the fear of being rejected or abandoned by family and relatives, the fear of discrimination

and stigmatization, the fear of leaving the family and children in a helpless situation, the fear of becoming invalid, the fear of losing mental capacity, social status, financial stability and independence. The reasons for these fears may be both the sad experience of friends or relatives and the lack of knowledge about HIV/AIDS.

### *Loss*

People living with HIV/AIDS incur losses in terms of health, hopes for the future and independence. These losses occur during a long period of time, slowly and gradually. People with HIV/AIDS realize over and over again that they are gradually losing everything and staying alone with the severe reality that leaves no place for illusions to make plans for the future. Along with the increase of the need for physical care there comes the sense of losing likelihood of privacy and control over one's own life. The loss of hope the most frequently appeared and dangerous fear as it leads to the decrease of willingness and capability for defeating the malady. In such situations it becomes very difficult to help people living with HIV.

### *Grief and sorrow*

People living with HIV/AIDS are often obsessed with the sense of sorrow which is determined by the losses they have incurred or expect in the future. A similar feeling can also appear as a reaction of the person to the emotional sufferings that family members and friends experience because of his or her malady.

### *Sense of guilt*

The sense of guilt very often overwhelms people living with HIV/AIDS who suffer from the feeling that they might have infected others or from the understanding that the infection is contracted as a consequence of their behavior. This feeling becomes stronger as a result of the negative attitude of the society towards infected persons. Persistent unpleasant memories of the past can also intensify the feeling of guilt. Besides, a man or a woman feels guilty for the sorrow, anxiety or loss that his or her illness causes to the relatives, family members and children.





### *Isolation*

Isolation is the complete refusal from socializing and communicating. One of the reasons for such behavior may be the fear of being abandoned: “Sooner or later everyone will turn away from me, better I do it first”. Stigmatization or “labeling” can also stimulate isolation.

### *Anxiety*

Anxiety quickly penetrates into the lives of people living with HIV/AIDS and haunts them over all the period of illness because an infected person is always overwhelmed by the feeling of uncertainty and alarm caused by the malady. Anxiety is felt first of all for the future, duration and essence of life and then, secondly, for employment and material welfare. Infected people also have worries that are caused by the increasing danger of being infected with other diseases, deterioration of physical activeness, lost of physical and financial independence.

### *Decrease in self-appraisal*

The self-appraisal of an individual begins to decline immediately after being identified as HIV-positive. The infected person abandoned by relatives and friends has the feeling of having lost the social status and self-assurance which can lead to the decrease in the self-appraisal. People living with HIV/AIDS gradually lose the sense of self-respect and significance. Together with the exacerbation of the disease the situation can change to the worse because the concomitant diseases may cause transformation of appearance, physical exhaustion and lost of physical strength and self-dependence.

### *Hypochondria*

The state of hypochondria is expressed by exaggerated anxiety for the state of health, insignificant physical senses and manifestations. It can be temporary, appearing immediately after the diagnosis of HIV, or can be an obsessive idea.



### *Suicidal thoughts and actions*

People, who are aware of their HIV-positive status, mostly surrender to the increasing danger of committing suicide especially at the initial stage of learning about the infection. The main reason for the suicidal behavior is the so called conflict. An infected person can encounter such conflicts in different areas of life simultaneously: personal life, intimate relationships, family, professional activities. The sense of inability to change the conflict situation drives to commitment of suicide as a means of keeping away from everything in life. In this case suicide is viewed as a way to avoid helplessness and stigma, as well as to lessen the grief of relatives and close people. Suicide can be both active (predetermined self-injury that causes death) and passive (self-destructive behavior).

### *Emotional sufferings*

Negative emotions and feelings (depression, despair, sense of inferiority, etc.) of persons living with HIV/AIDS affect their attitude to their own emotional and physical health, impede the proper understanding of

reality, and weaken the ability of having a sober and objective approach to their status, life and environment. The infected person may completely succumb to the disease and get inspired with the idea that he or she is not capable of working and cannot be in any way helpful to the environment and be a full member of the society, or may completely deny that he or she is infected thus trying to seek protection from the severe reality. Such distorted perceptions of reality, as well as daily stresses caused by the disease can drive a human being into a corner.

Emotional sufferings and permanent stress can overwhelm people living with HIV/AIDS because of keeping in secret the truth about their status from family members and close people. In fact, it is very difficult to share the information about the fatal disease. Most HIV infected persons prefer to live with their secret rather than confide in even closest people. No one can be blamed for such behavior. Some infected persons fear that the relatives will turn away when they know the truth; others have fears that close people will start pitying and being too much anxious about them;



and some others fear that the relatives will not be able to endure the news. The sense of guilt and shame for being infected with HIV can also hinder some people to tell the truth. However, it is necessary that the family members be aware of the infected person's status. This necessity arises first of all from the interests of the infected person. He or she can receive care and support from the family members who need a certain period of time for getting prepared.

Stigmatization and discrimination in relation to HIV/AIDS is also a reason for emotional sufferings and stress. The HIV/AIDS epidemic gave rise to a number of unfavorable social and psychological factors that impair the normal and common relationships between a person and the environment, deprive of any perspectives for the future, cause decrease in self-appraisal and low spirits, create a certain amount of confusion in all aspects of life and rise a necessity to reconsider personal understandings and attitudes. Such factors include prejudice, stigma and discrimination.

According to the prejudices existing in the society the HIV infection is viewed as an expected consequence of immoral behavior and all the infected persons are unconditionally attributed to the social groups that are criticized and rejected by the society. As a result, many infected persons lose their professional occupation, family, relatives not because they endanger the health of surrounding people but because their malady is identified with immorality. Besides, the lack of knowledge about the modes of transmission of the disease misleads most people to think that in everyday life, workplace or educational institution they are exposed to the danger of becoming infected if they find themselves side by side with someone infected. However, even with sufficient knowledge about the disease a man or a woman is unable to overcome the fear for health and life that is so common to human beings. When people surrounding someone infected learn about the status of the latter they may evidently become worried about their health and the possible danger of becoming infected. This kind of situation negatively affects the psychological state of an infected

person giving rise to depression and the feeling of being rejected and abandoned. Moreover, it is extremely difficult to endure insults, reproaches, sometimes even evident oppression and meanwhile remain the same and continue normal functioning. As a consequence, infected persons become embittered, self-contained and keep away socializing and communicating.

state of health without any manifestations of immune deficiency. The timely provided psychological support can facilitate in overcoming severe stress or mitigate its influence thus allowing an infected person to preserve as long as possible his or her ability to work and to lead and active, full and valuable life.

Emotional experiences of people living with HIV/AIDS are already a certain form of sufferings, and health professionals, psychologists, as well as clergies have the mission of relieving these sufferings.

The provider of psychological support (counselor) be it a doctor or a clergy in addition to knowledge and counseling skills must also be capable of self-knowledge, self-possession and restraint when working with people living with HIV/AIDS (patients). The counselor must first of all be able to determine how can his or her own way of life and education have some influence on the discussions over certain topics or acceptance of certain forms of behavior? The personal feelings, attitude and prejudices of the counselor may have a negative impact on his or her relationships with the patient. Therefore, it is desirable that before assuming the



## MAIN PRINCIPLES FOR PSYCHOLOGICAL SUPPORT TO PEOPLE LIVING WITH HIV/AIDS

There is no doubt that people living with HIV/AIDS need psychological support in order to overcome social and psychological stress. All people with HIV are haunted by stress, which is inevitable in living with HIV. It is well known that long-lasting stress negatively affects the immune system and accelerates the development of AIDS. This fact induces the necessity for taking effective actions against the emotional stress of HIV infected persons. It is especially important at the early stages of the disease when the infected is still in good





responsibility of providing psychological support each potential counselor ask himself or herself the following questions:

- What do I feel about people living with HIV/AIDS? What do I think those people whose behavior relates to the high risk of contracting HIV? Do I fear, condemn or worry?
- Are there any people or any types of behavior whereof my disapproval is so strong that would hardly allow me to work with them without expressing my attitude?
- Will I succeed in restraining from dictating my own sense values to those people? How strong is my desire to influence them or have control over them?

If the counselor feels that he or she has preconceived and disapproving attitude to the given fact and is unable to overcome it, then driven by the human and Christian principles he or she should resign that professional activity abiding by the principle of non-maleficence.

Counselors should view the patients as individuals having their own personal problems, should respect them and keep away from blaming them for

their behavior in the past. A counselor should be completely benevolent and amicable to all the patients irrespective of their way of life, sexual orientation and socio-economic, ethnic or religious peculiarities. The patients should have the feeling that they are not outcast and be confident that the counselor is willing to help them.

The counselor should try to build confidential relationships with the patient. In this regard much importance is attached to the counselor's sincerity, ability to keep secrets, to respect views and convictions of the patient, to enable the patient for freely speaking out his or her emotional experiences, problems, troubles and concerns. The counselor should restrain from teaching morale and should encourage the patient in sincerely expressing his or her feelings. He or she should never blame or pose questions with accusing tone. Even the question "Why?" may sometimes sound as reproaching. The incautious attitude, criticizing expressions and assessments may in addition to hindering the development of trustful relationships with the patients also serve as reasons for the intensification of the state of



depression and isolation. On the other hand, exaggerated demonstration of guardianship, instructions about the way of life and activity, unjustified reassurance and ungrounded inspiration of optimism underestimating the complexity of the problem are impermissible as well.

It is of much importance that the counselor be able of sharing emotional experiences. Empathy is more than pitying. This means an attempt of trying to see oneself in the shoes of the other. The counselor should try to empathize, yet, be able to control own emotions. He or she must try to find the right proportion of sharing the emotional experiences of the patient meanwhile remaining neutral to them. The willingness of deeply experiencing the grief of the patient should not lead to the identification of the counselor with the patient with the latter's sufferings completely transferring to the counselor and becoming his or her own personal pain, otherwise to the counselor will be found in a situation of seeking necessary support. To avoid this situation the counselor should clearly understand that mission of a counselor is to stand side by side with someone who

needs help and to share emotional sufferings without taking those sufferings as one's own.

The ability of keeping secret is an important prerequisite for building trustful and confidential relationships between the counselor and the patient, this necessity being driven by the potential possibility of discriminative and condemning attitude towards people living with HIV/AIDS. This ability has a specific importance when the counselor appears to be a clergy because the communication between a clergy and a patient always contains an element of confession, implying disclosure of sins and faults.

The counselor should avoid feeling pity for the patient as it can make the emotional sufferings of the patient even stronger. Besides, piteousness may suggest the counselor's "higher" position as compared to the patient, increase the latter's feeling of being different from others and foster his or her solitude.

The counselor should stay away from giving untimely recommendations to the patient without providing necessary information required for making a decision independently. Only a good and timely advice can be

quite helpful in reaching the desired result. Generally advice is given by the request of the patient. In most cases, people hardly or almost never follow a piece of advice which has a mandatory implication. This kind of advice is useless in terms of stimulating any change in someone's life. An individual will never adopt an idea which is strange to his or her nature. The mission of the counselor is to help the patient in finding ways for the alleviation of sufferings and making important decisions independently about one's own life. It is necessary to know that the emotional sufferings of the patient indicate that he or she is not indifferent to life. Hence, the efforts of the counselor should not be aimed at releasing the patient from sufferings but rather transferring them to a constructive route so that the emotional energy of those experiences could help the patient in making decisions intended for the alleviation of sufferings or solution of problems.

In the course of accepting their HIV-positive status and coming to terms with it some infected persons can lose control over their emotions and become aggressive, do harm to surrounding people or themselves.

Aggressiveness can be directed to the counselor as well. The latter should be able to abate it trying to avoid any possible conflict with the patient. However, the counselor should not attempt to suppress the emotions of the patient and should understand that they are quite normal in a situation when someone is trying to accommodate to the new conditions. It is well known, that suppressed aggression can be even more dangerous than hostility. It should be definitely understood that aggression of the patient is not directed to someone in particular but rather to what happened, to the occurred misfortune. In such a situation tolerance and patience can significantly help in weakening the feeling of hostility or even completely eliminating it, yet, criticism, blame and suppression will only intensify this feeling.

In addition to aggressive intentions to others, people living with HIV/AIDS can have suicidal thoughts as well. Prevention of suicidal behavior is the important part of the counselor's activity. The counselor should be able to discover the suicidal intention of the patient and carefully discuss that delicate matter with the latter



without confusion and anxiety. Such counselling actions are extremely necessary and fully justified as suicidal intentions are mostly expressed at the early stages of HIV infection when the state of health of the infected persons is comparatively satisfactory and the ability to work is still preserved.

There are no grounds for the opinion that discussions with the patient about the possibility of suicide will make the latter's intentions only stronger. Just on the contrary, talking about feelings that drive to suicide reduce the probability of committing it. The counselor should assess the extent to which the patient's intentions of committing suicide are dangerous. If the patient has already decided on the form of suicide and its commitment is quite easy, then there is an increasing level of danger.

It should be kept in mind that self-murderers are not extraordinary people; any person can commit suicide. Consequently, for the prevention of suicide one should not overlook any sign that warn about the approaching danger. There may be many indicatives of the threat of suicide but the following ones require closer attention:

- Talks about suicide or phrases implying willingness or intention to die;
- Attempts of suicide in the past;
- Depression;
- Personal or behavioral changes that are sudden and evident: a reticent and timid person suddenly becomes talkative and weird; or a sociable and friendly person becomes isolated from people.
- Manner of giving last instructions as if before dying.

In working with patients who have suicidal intentions it is justifiable to use the method of anti-suicidal factors (affection to close people, parental responsibilities, unfinished activities, sinfulness of suicide).

The problem of death has a special place in psychological support provided to people living with HIV/AIDS and requires significant efforts from the counselor. In the inner world of a human being the notion of death gives rise to anxiety due to both its inevitability and indefiniteness in terms of occurrence. Death represents a hopeless and fatal collapse for a person who is psychologically not prepared for it. Therefore,



clergies have a significant role in giving spiritual consolation to dying patients. They can stimulate the willingness of a dying person for coming closer to God thus diminishing the patient's fear of death.

Dying patients ask themselves a lot of questions including the one: "When will I die?" Some people consider that it is necessary to tell the whole truth to the patient, while others emphasize the necessity of showing thoughtfulness towards the dying person and prefer not to say anything about the approaching death. Some others think that in this situation the wish of the patient should have the guiding role. Of course, the patient has the right to know the truth about his or her state in reality. However the exercise of this right will be reasonable only if the patient shows true willingness to know truthful information. When the patient, using different arguments, requests some information about the time left for living, the counselor should try to understand the actual reason for such persistence. Some patients requesting the truth in most cases are hardly aware of their attitude to it. The courage of the patient is sometimes pretended and artificial. In fact,

such a patient is not in the least interested in knowing the answer as it will deprive him or her of the last hope. A dying patient may sometimes even be unwilling to know definite information about the approaching death. The counselor should respect the choice of the dying.

People often die in loneliness. The well known philosophical proverb "The human being always dies in loneliness" does not justify the fact of leaving a dying person alone. The fear and pain of death become even more intensified if a man or a woman stays alone. The attitude to a dying person should not be as to one already dead. A dying patient should be frequently visited and communicated. It should be remembered that dying people mostly prefer talking than listening to others. They should be given this opportunity and not be treated as objects under care as such attitude can significantly restrict their sense of individuality.

Uncritical and considerate approach of the counselor to the patient, respectfulness and sincerely concerned attitude to the latter, as well as the ability of empathizing can undoubtedly facilitate the stabilization



of the emotional state of people living with HIV/AIDS and help them in finding the essence and value of their future life. This will intensify their feeling of living a meaningful life thus stimulating the willingness of mobilizing still available physical and psychological strength and directing it to constructive and creative goals of full and complete life.

It should be noted that psychological support is needed not only for people living with HIV/AIDS but also family members, spouses, close people taking care of their ill relative. Sometimes relatives of the patient find themselves in a helpless situation without any ways out and answers to their questions. Taking care for someone, who is weakening from day to day, requires extensive psychological tension. No one knows for how long care will be needed. The help and support of relatives cannot be complete if they find themselves unable to overcome the feeling of hopelessness and despair. Therefore, the counselor should help them in defeating the feeling of helplessness thus improving the ability of family members to overcome the difficulties in providing care. Those who are engaged in taking care

of the patient should as well think about themselves, get involved in groups of mutual aid, and apply for professional help in receiving psychological support and restoring emotional strength.

### **GROUPS OF MUTUAL ASSISTANCE AND THEIR ROLE IN SUPPORTING PEOPLE LIVING WITH HIV/AIDS**

Today mutual assistance groups are established all over the world for people living with HIV/AIDS, their family members, spouses or simply close people.

A mutual assistance group is a group of people having joined together for solving a common problem or situation. A mutual assistance group involves people that directly affected by the problem and having difficulties in finding solutions for their situation. Participants of the group simply share their concerns and feelings, and exchange experiences. Every participant of a mutual assistance group feels surrounded with empathy and support, and receives practical information about the



methods of overcoming the difficulties. The atmosphere of mutual understanding and confidence helps people to feel that they are not lonely.

A mutual assistance group can facilitate participants in acquiring self-confidence and a sense of responsibility of their own life, stimulating people living with HIV/AIDS to overcome inevitable difficulties without succumbing to the devastating influence of alcohol or drugs.

Being governed by the participants themselves groups of mutual assistance function and exist for the participants' own benefit. Sometime activities of the groups involve health professionals, lawyers, psychologists and clergies.

## CONCLUSION

The diagnosis of HIV-positive causes quite acute tension in the mind of an individual and his/her relatives who may have a special need for moral support to overcome the difficulty.

The section "Psychological characteristics of persons living with HIV/AIDS" contains information on the emotional reactions in case of HIV-positive diagnosis, psychological states or conditions which are mostly common for the persons with HIV/AIDS. The section also identifies the main principles of moral support provided to people with HIV/AIDS the knowledge of which will help the clergies to encourage people that have appeared in difficult psychological conditions.



**The Church Against Hiv/aids Dum Spiro Spero**





*And you shall know the truth, and the truth shall make you free.*

(John 8:32)

The XXI century with all its troubles and challenges now imposes substantially new problems that require urgent solutions. Such solutions can be expected from the Christian ideology which by its viability is capable of regulating and providing adequate responses to any human problem of everyday life. However, it will be hasty and wrong to express a viewpoint or have an attitude to any matter without thorough consideration of the problem. From the last two decades of the XX century the humanity is facing the problem of HIV/AIDS which can be classified as one of such matters.

It is impossible to work out approaches and strategies for addressing these problems without having a proper understanding of the Christian fundamental principles relating to the human being as an individual, the relationships between the latter and God, the role of an individual in this world, the essence and purpose of life, problems of death, eternal life and so on, and so forth. Christian anthropology and ethics conduct studies of all these questions and provide systematized answers.

## A. FUNDAMENTAL BIBLICAL PRINCIPLES AND CHRISTIAN ANTHROPOLOGY

Generally, the approach of the church in solving any problem should be based on those principles the viability whereof has been verified by life and tested throughout time proving to be viable in this or that period of history of the church. Only this approach has always been the basis for adopting adequate decisions and formulas as a response to the matters of concern.

In case of HIV/AIDS whatever standpoint be developed, it should be based on general Christian anthropological principles. What is life? What is the purpose of life? Where do we go to? Is the human being free? How will a man or a woman use the freedom? The answers to these and many other similar questions should be built upon Christian values and the system of values.

## HUMAN FREEDOM, LIFE, PURPOSE OF LIFE

In the course of its formation and development the church, in fighting against fatalism, has always supported the idea of human freedom. Viewing the purpose of human life from the perspective of guiding that freedom by divine rules and enjoying the grace-given possibilities of salvation, the church has acknowledged the human responsibility for the committed deeds emphasizing that human beings themselves bear the consequences of their behavior.

Norms of human life cannot exist only within the framework of an individual's private life and activities. In the XXI century a person cannot be a Christian and at the same time be enclosed only within the family. The individual should recognize his or her role in the society, in and beyond the church, and in the State. In this regard, the Christian ethics can play an important role through being the guiding map of a person in navigating one's own ship of life.

As the Holy Book starts the history of humanity with the story of Adam and Eve, likewise we shall consider that story in view of matters that are of much concern nowadays.

A human being due to his limited nature is always subject to temptations and falls. Free from evil, but inclined to temptations by their inexperienced and sensitive nature, our first parents gave way to the words of the tempter. If they strictly adhered to the Commandments given by God, their Father, and obeyed them, they would have received the communion with God and eternal life. Instead, they were banished for their disobedience and found themselves in the land of evil even though having retained the freedom of will, the inerascible image of God.

Let's remember the story of the fall.

The Bible describes the "heavenly" life of our first parents with the following simplest words: "The Lord God planted a garden in Eden, to the east, and put there the man whom he had molded. Out of the ground the Lord God made all sorts of trees grow that were pleasant to the sight and good for food, as well





as the tree of life in the middle of the garden, and the tree of the knowledge of good and evil. There was a river flowing out of Eden to water the garden... The Lord God took the man and put him in the Garden of Eden to till it and look after it... Both of them were naked, the man and his wife, but they felt no shame.” (cf. Genesis 2)

The Lord God took the man and put him in the Garden of Eden; and the Lord God laid this command upon the man: “From every tree in the garden you are free to eat; but from the tree of the knowledge of good and evil you must not eat; for the day that you eat of it you shall certainly die...”

Now the serpent was the most clever of all the wild beasts that the Lord God had made. The serpent came up to the woman and said “And so God has said that you are not to eat from any tree of the garden?”

“From the fruit of the trees of the garden we may eat,” the woman said to the serpent; “it is only concerning the fruit of the tree which is in the middle of the garden that God has said, ‘You may not eat any of it, nor touch it, lest you die.’ “


But the serpent said to the woman, “You would not die at all; for God knows that the very day you eat of it, your eyes will be opened, and you will be like gods who know good from evil.”

When the woman saw that the fruit of the tree was good for food and pleasing to the eye, and also desirable for gaining wisdom, she took some and ate it. She also gave some to her husband, who was with her, and he ate it. Then the eyes of both of them were opened, and they realized they were naked; so they sewed fig leaves together and made coverings for themselves.

Then the man and his wife heard the sound of the Lord God as he was walking in the garden in the cool of the day, and they hid from the Lord God among the trees of the garden. But the Lord God called to the man, “Where are you?”

He answered, “I heard you in the garden, and I was afraid because I was naked; so I hid.”

And he said, “Who told you that you were naked? Have you eaten from the tree that I commanded you not to eat from?”



The man said, “The woman you put here with me— she gave me some fruit from the tree, and I ate it.”

Then the Lord God said to the woman, “What is this you have done?”

The woman said, “The serpent deceived me, and I ate.”

As we can see, the command is unambiguous; they should have died that day but lived a long life. They began to live bearing the sin within them, the consequences whereof can be considered the HIV/AIDS of those days. For God they died that same day, but continued to live and generate passing on the original sin across generations.

And now it is the same situation. People with HIV and AIDS are convicted to death as our first parents but continue to live. Despite the sin already existing within them God continued to teach and educate our first parents, likewise now people with HIV and AIDS fall within the same category and stand on the same level, i.e., from the ethical point of view, violation of their rights and personality, isolation and stigmatization are contrary to Christian understandings.

Another similarity can be identified between the first HIV/AIDS (original sin) and the second HIV/AIDS (present day HIV/AIDS); Adam and Eve tried to cover their “HIV/AIDS” with fig leaves but failed to do so. God Himself clothed them with garments of skin. Today it is the responsibility of us – the church, to make garments of skin for clothing all those “adams” and “eves”, many of whom have “inherited” that heritable disease not even for their own deeds.

Let’s continue considering the story of Adam and Eve.

And God cursed the serpent, cursed the woman and the man. Whatever was predetermined for them – the serpent’s crawling, the woman’s childbearing and the man’s working – suddenly turned into punishment. Indeed, in this case we could not unambiguously say how our first parents would procreate without committing a sin; however this circumstance is of no importance at this point.



All this caused harm also to the harmonic relationships between God and a man. And as a consequence to the wreckage of that harmony, there was also a collapse of harmony between the nature and the human being.

Enmity was put between human and animal worlds: the man became the enemy of wild beasts and the beasts became the enemy of the man. The most wonderful occurrence, i.e. the childbirth established by God for the woman turned into painful labour; the most natural and pleasant activity – the work, turned into a torment. And all these miseries came to their completion when “the Lord God banished the man from the Garden of Eden to work the ground from which he had been taken...”

## CONCLUSION

1. This story of Adam and Eve is the story of each of us, unfortunately, eternally recurring and everlastingly actual. Who has never undergone temptation just like Adam and Eve? Who has never been tempted by the look of the “forbidden fruit”? Who has never listened to the voice of those alike or to the voice of one’s own inner world saying: “Do not be afraid; do eat and you will become mature, you will gain wisdom, your eyes will open” and a lot of such pieces of “advice”? Who has never tried to reach out for the “forbidden fruit”, and finally, who has never given it to others either? Which sin has never had any volunteer or involuntary accomplices...?

It seems to be the same sickness that we feel when we violate the commandments ordained by God, and afterwards make intensive efforts for delivering ourselves from the consequences of that sickness...

2. Any illness existing today is a peculiar sample of HIV/AIDS. Noting that HIV/AIDS is relatively a recent disease, as discussed in previous sections, we can assume that this disaster emerging by the end of

XX century is the final and irrevocable consequence of the collapse in the harmony between the human being and God, as well as between the human being and the nature. Therefore, we can definitely affirm that the only way of delivering from HIV/AIDS is the urgent necessity to restore that harmony.

3. The Church prepares and leads people into eternal life, back to the lost heavenly place, with the help of salvation granted by our Lord Jesus Christ, i.e., according to the Christian understandings a human being does not live for dying and for death, but rather on the contrary, for living an eternal life.

*By the end of the XX century another mission added to the missions of the church: to help people with HIV/AIDS in preparing for the eternal life. This activity is also a security for the non-infected in their endeavors aimed at preventing the spread of this new "original sin".*

## LET US CONTINUE CONSIDERING "THE ORIGINAL SIN"

Which of us has never "opened one's eyes" to see oneself "naked" in terms of innocence? Only after loosing innocence a person starts to think about it. Seeing one's "nakedness", who has never tried to avoid looking into the eyes of the environment, parents and close people? Who has never tried to hide behind black eyeglasses or various masks so that to enjoy the temporary pleasure without realizing the dreadfulness of consequences?

Who has never avoided looking into someone's eyes fearing to disclose the story written in own ones? And at last, who has escaped the sense of "being banished from the Garden of Eden, or has never noticed that feeling in the eyes of others...?

All these things described in the Bible, written thousands of years ago, do not refer only to our first parents. These are contemporary and every-day occurrences the participants whereof are people living and breathing everyday and everywhere: me, you, he and she, all of us.





The story which started in the Garden of Eden has continued outside the Garden in all the times and continues nowadays, and will persist to the day, when the last man becomes dust from which he had been taken, on the ending of the world and on the threshold to a new and eternal life.


If Adam and Eve represent the man generally in the story of banishment, then what do the others - the forbidden fruit and the serpent, symbolize?

As the Holy Book says, besides all sorts of ordinary trees, there were two trees with supernatural power: “the tree of life” and “the tree of the knowledge of good and evil” (Genesis 2:9). Our first parents were free to eat from all the trees, including the tree of life, except for the “the tree of the knowledge of good and evil”. These trees symbolize the commandments of God, which collectively form two classes: positive commandments and negative commandments.

Positive commandments are, for example, “You shall love the Lord your God with all your heart, with all your soul, and with all your mind,” “You shall love your neighbor as yourself”. And many other similar commandments predetermined for educating and

giving knowledge to us so that the sin – HIV/AIDS, would not lead humanity to extermination like in the days of Noah. Following the commandments is good both for the follower and the society as restoration of the harmony will help preventing the spread of the malady. This means that we should be kind, courageous, merciful and kindhearted, and do to others whatever we want them to do to us and so on and so forth. Following such commandments means “eating from the tree of life”, i.e., deserving immortality and eternal life. These commandments give us health inwardly, bestow peace of mind and soul upon us, and even lengthen our lives on the earth. “Honor your father and mother, so that you may live long in the land the Lord your God is giving you”, says another positive commandment.

The other tree with supernatural powers – “the tree of the knowledge of good and evil”, symbolizes God’s negative commandments which always comprise a negating element, like “shall not”, for example, “You shall not steal”, “You shall not commit adultery”, “You shall not murder”, “You shall not defraud”, “You shall have no other gods before me”, “You shall not do to others whatever you do not want them to do you” and so on and so forth.



We should not eat the fruit of these; otherwise we shall die morally, sometimes even physically. There are a number of rules in the Old Testament condemning a murderer to death. “The committer of adultery shall be lapidated” says one of the rules; “You shall not keep the idolater alive” says another rule.

Consequently, saying “sin” we should understand doing something contrary to these commandments and rules. When God prohibits doing something, He acts so because that deed will eventually turn to be bad for us. God, as the architect of the universe and the creator of life, knows which deeds are harmful to a human being, like a father who knows what is bad and what is good for his child, and accordingly says “do this” and “do not do that”. Thus, “the forbidden fruit” symbolizes everything that is harmful to the human nature.

## CONCLUSION

1. Every sin leaves consequences; and those consequences directly arise from the sin: a drug addict, a gambler, an alcohol addict and a womanizer

will eventually be materially and physically punished for their deeds and extent that “punishment” also to the environment. Sometimes the harm caused by the consequences can be irreparable...

Besides, we can say that every sinful deed is an expression of disdain to the wisdom of God, disobedience to the will of God, and disregard to the love of God.

2. When God “says” something, it is not subject to any doubt in terms of happening. This “saying” is the ultimate and absolute truth. And the “saying” of God immediately “happens” in the universe; then God said, “Let there be light!” And there was light. So it will be the same in case of the lives of people, with the only difference that it will happen with human participation and agreement. God never obligates His will to the man whom He has created with free will: this is the main difference between human beings and animals. God’s will is dominative and ultimate in other parts of the universe, including in the animal world. Yet, in case of the man, God simply says: “do” or “do not do”. The man bears the image and resemblance of God and is free to make a choice.





Neglecting God's "saying" or deliberately ignoring His commandments means regarding oneself, one's mind and determination above God and His wisdom. This is the most unforgivable demand of a human being. And this is the reason for the severity and seriousness of punishment given to our first parents, being given at present and to be given to all incorrigible people of all centuries.

#### Advice to the clergy (pastor)


1. HIV and AIDS are incurable today, as we mentioned in the previous sections. Naturally, there arises another question arises: but which disease is curable? There is no illness that is completely curable. The church teaches that in all the cases, whatever a disease, including HIV/AIDS, the return to the state of obeying the commandments ordained by God and the life in "purity" will prevent the spread of the infection and will show the way of delivering from every malady.

The Holy Book says: what is impossible for people is possible for God. And one should never lose hope: a human being has chances be cured from every kind of disease.

2. People are born happy and, after all, are predestined to live a happy life. In this regard, it is remarkable that, in the Armenian Church, the Lent – the period of penitence and repentance, starts with a commemoration devoted to the notion of *happiness* - the Shrovetide (Shrove Sunday). It symbolizes the light-hearted and happy life, which we discussed earlier. The Lent reminds us why and how the man has lost that state of happiness and indicates the possibilities for regaining it. That is the reason that the day preceding the Lent is called *Shrove Sunday*, which means living a joyful, cheerful and wealthy life and *be happy*. (The Armenian equivalent for Shrovetide is "Barekendan", which consists of two words - "bari" meaning *good*, and "kendantutian" meaning *life*.)<sup>1</sup>

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<sup>1</sup>Translator's note.



3. Seeking happiness is the most important precept of the Christian doctrine. The apostle Paul in his epistle written from prison always beseeched to be glad and emphasized his prayer by always repeating “Rejoice!”; “For the same reason you also be glad and rejoice with me” (Phil. 1:18), “Rejoice in the Lord always, Again I will say, rejoice!” (Phil. 4:4)

The feeling of joy is a source of happiness for the Christians. There will be no separation any more, nothing can separate us from the love of God which is “in Christ Jesus our Lord” (Rom. 8:39)

This message of the Gospel has almost an absolute meaning: even HIV/AIDS has no power for estranging us from Jesus, from church, and for impelling that we abandon our hope.

## PURSUIT OF HAPPINESS OR DUM SPIRO, SPERO

There are people that seek their happiness in gambling, drug addiction and in other exhausting and perverse pleasures. Yet others may consider such way of life as irremediable adversity.

A person that finds happiness in working is unable to understand how others can feel happy being lazy and idle. The best definition of happiness comes from children who express this state or feeling of happiness by actions without words. A baby is inherently happy, if it is full-fed and engaged by something, i.e., plays with a toy and has no pain. With regard to this all children are almost unanimous (certainly we speak about healthy babies with normal development).

Unfortunately, these simple conditions of happiness do not remain the same for the baby; they grow and change together with the child. Along with the physical needs there emerge and increase cognitive, social and family needs, which if unsatisfied, can bring unhappiness to the human life. Then, after reaching the



zenith of age, a person starts to decline and face physical disabilities and psychological problems that become the reasons for the lack of happiness.

If this childish emotional state of content and satisfaction grew together with the child and if there never came forth the artificial needs and perverse strivings, the human being would have probably retained the feeling and possibility of happiness to end of life.

Yet today our needs are not only multiplied but most of them are either perverse or artificial. Let's leave aside for a moment such notions as "addictions" for which the human nature strives so strongly and "enjoys" them so madly. Most of the customary and seemingly innocent pleasures, from every-day cigarette and coffee to cinemas and domestic card tables, are perverse habits. It's true that they can give some kind of an unhealthy pleasure to a man for a short period of time but they can never grant long-lasting happiness. On the contrary, they can give rise to financial difficulties and physical anxiety and even, through depriving a person of reason and dignity, turn him or her into an egocentric living thing.

### Advice to the clergy (pastor)

1. Temperance, i.e. abstinence should be presented as an absolute moral principle, a guarantee of security in any matter. This principle has quite a significant usefulness especially in controlling sexual life. The modern liberal understandings of morality became the reason for the origination and spread of the present-day HIV/AIDS. We can undoubtedly say that absolutizing the human rights and putting them over God's commandments triggered the search for new means of sexual satisfaction and addition thereof to the characteristics of human freedom. The consequence did not keep waiting. The charts and figures presented in the previous chapters are not simply bare figures; they imply lives of innocent people...The "beast" called HIV/AIDS has been set free and now wipes out everyone on its way - everyone who has no harmony in the relationships either with the nature, or with our Lord Jesus Christ...

2. At this moment the humanity has arrived to a point wherefrom it is impossible to go back to abstentious life and to the requirement of living in terms with the nature; this is equivalent to saying that the human being

has irretrievably lost his or her inherent happiness...*yet retaining the inborn desire of regaining it.* People leading an abstemious life in harmony with the nature are more likely of having a satisfied and happy life than those crowds of people with multiple needs.

## EVERELASTING QUESTIONS: HEREDITARY INCLINATION TO SIN

The issues mentioned below have no period of limitation: in all the times, in all the nations and civilizations these matters were pressing. They are the same now for us either.

If a human being knows how to differentiate evil from good, wrong from right, and is convinced that good is right and evil is bad, then why is evil so widespread and good is so limited; why does evil multiplies and good lessens along with the development of civilization?

The answers to these questions are provided by religious scriptures as an explanation of “the original sin”, and also by the science and sociology as a notion of “inheritance”.

It is well known that the parents of a child, even the parents of some earlier generations (grandparents, great-grandparents) pass on to their children not only their blood, but also health or defects. Heritable can be some diseases, special inclinations and features, talent and capability for arts, trade, crafts, etc. Good and bad moral tendencies, virtue and addictions are also transmitted by heredity. Thus, the Christian theology says that the moral inclinations of a human being are not pure from the very beginning. The Bible explicitly says: “Every inclination of the man’s heart is evil from childhood” (Gen. 8:21). This means that the human mind is *predetermined* from childhood “to do evil”. And all these are the consequences of Adam’s fall.

The fall of a person is a terrible disaster practically affecting the human free will, however preserving the capability of accepting the grace of God that is absolutely necessary for the salvation of a man. All these form a standpoint which is called “traducianism” (transferability). The point is that the heritage received from the ancestors, started with Adam, passes on to all the generations.





Some others view the fact of the fall as a less significant event considering that the man was created as an infantile (underdeveloped) creature having more developed sensual perceptions than moral and logical nature. And consequently, yielding to sensitivity the human being appeared in a situation of disobedience to God.

The motivation of committing a sin lies in the weakness of giving way to sensitivity. The influence of Adam's sin on the human generation was mainly of that kind. The inherited inclination to the sin is an acknowledged fact. The example and commandments of Christ are divine commitments and assistance for a man to surmount sensitivity and gain capability of overcoming that weakness. The human being, by violating divine rules, shows disobedience and bears the consequences afterwards.

But still a person has a possibility of salvation. The human free will is the possibility of accepting the grace and salvation bestowed by Christ.

### Advice to the clergy (pastor)

1. It is important to discuss the viewpoints concerning human freedom mentioned below.

a. In recent times a widespread doctrine called "determinism" was highly popular. According to this theory a human being has no freedom of willpower; he or she commits each action under the influence of certain impulses which are not dependent on the person. Determinists say that it only seems to us that we are free in our commitments. For proving that theory they bring the example of the stone thrown by Spinoza; if the stone, thrown on the angle, had tongue and mind, it would have said that it was free, willful and was freely flying to fall where it wanted itself. Yet it was flying because somebody had thrown it, and it would fall on a certain place due to gravitation.

b. The doctrine contrary to determinism is called "indeterminism". It is definitely clear that the Christian ethics unconditionally rejects the deterministic standpoint. Otherwise, drug addiction, prostitution, satisfaction of perverse sexual desires and many other

similar addictions would be considered justified. Yet, as we know, the mentioned ones are the reasons for the origination and spread of HIV/AIDS.

2. Rejection of determinism: From the viewpoint of those standing in support of determinism, not every action should be condemned - neither theft, nor murder, nor any other crime, as the committer does not act on his or her free will, but forcibly implements whatever has been dictated by the external impulses, without being able to resist doing it. In other words, a human being in this case is identified with a slave having no willpower; yet a human being does have freedom. The man having the image of God cannot be a slave and act like a slave, being pinned to the sin with the chains of slavery.

But the reality is quite different. It can be witnessed by each person committing a crime that afterwards starts to cause anxiety and make the committer reflect over it, analyze and regret about it, by conceptually going back to the moment of the crime and making a firm decision not choose that wrong way again in

case of reoccurrence of the same conditions. And all these testify to the possibility of a human being to freely make a choice; otherwise he or she wouldn't have the feeling of repentance.

3. Consequently,

a. A human being is endowed with free will. The man was created with an absolute freedom of choosing good and evil, and this freedom passes on to each person in all generations. The human being was created by God as faultless possessing the freedom of doing good and the reason of perceiving God and His grace. If the human being were obedient, he or she would have reached a condition where it would have been impossible to commit a sin. And the human being, physically mortal, would have become immortal.

b. A human being is a sinner and has a sinful nature. Adam committed a sin on his free will. Most of his generations sinned following his track, which means that the notion of committing a sin became reality through voluntary disobedience. Succumbing to the tempting influence of the serpent the woman was





inspired with the sense of pride and a desire to be the first. *The sin was committed prior to eating the fruit.*

The fall entailed consequences such as loss of the freedom to choose, obscuration of mind, loss of the grace of God, loss of heavenly life, addiction to passions and physical death.

After the fall the situation of Adam became the situation of the whole mankind. All committed sins following Adam.


c. Divine grace is able to help people in regaining what has been lost – God’s image and likeness. Our first parents were endowed with special divine grace that would have made them firm in remaining obedient. Divine grace is utterly necessary to a person having experienced a fall, so that the latter could be able to wish and to do good; it is really necessary and irreplaceable.

## B. THE NOTION OF “A HUMAN BEING” IN CRISTIANITY

*“Let us make man in our image, after our likeness.” (Gen. 1:26)*

According to the Christian ideology Creation is viewed as one whole process and not a succession of separate or independent occurrences that afterwards will need to be interconnected and be given some meaning. The first chapter of the Book of Genesis shows that the act of Creation has a purposeful tendency, where every new day of creation gradually passes to a new phase, and eventually on the sixth day comes to the end with the creation of the man. Moreover, the very creation of this last sixth day gives meaning to the creations of the previous days.

Even a glimpse of the first chapter of the Book of Genesis makes it evident, that the human being has a special position as compared to other creatures. The creation of the man supplemented and identified the Universe, animated it and gave meaning to occurrences that at first sight had nothing in common. In religion



this standpoint is often called an existential factor, which implies that each work of creation is always vested with meaning.

If for a moment we remove the story of the sixth day from the first chapter of the Book of Genesis, the story of the remaining five will evidently lose any significance as well. According to the Christian conceptions, when God sees that something is “good”, this is already enough for understanding that the “good” contains the prophecy for the future creations or encloses the program and purpose thereof.

“Let us make man in our image, after our likeness”. And God created them in His image, and He created them male and female.

The work of creation of the sixth day differs from the creations of the previous days: prior to the sixth day God only was giving orders to the waters and the earth to give life to the representatives of the animal world; and the sixth day God created the man Himself with own hands, and breathed into his nostrils the breath of life, so that man became a s living being.

Which are the image and likeness of God?

As God has the power to change the nature upon His will, likewise a human being is able to change the world and nature surrounding him as he has been endowed with that power. The image of God and likeness after Him give the human being supremacy over one’s own sensitive world; the human strive for immortality is a divine feature. The good sense, the freedom of thinking and acting, the ability to create, the feeling of love as a response to the love of God and other similar characteristics make a human being superior to the animal world emphasizing the image of and likeness after God.

Any person is endowed with the ability to cognize real world and his or her position therein, so that to make right decisions. The human being is given the liberty for freely choosing his or her way of life, and if correct, also the possibility and ability to follow Christ. (II Cor. 3:17; John 8:32)





### Advice to the clergy (pastor)

1. It is important to take under consideration the case of the republic ideated by Plato (see below) and to present the chains used for nailing to the cave, as something symbolizing HIV/AIDS which nails down the patient and limits the freedom.

2. The “Republic” of Plato is described as one world – a cave, the inhabitants of which are prisoners who are nailed down by chains and do not see anything. The source of light is behind them, so they can see only the moving shadows of people. The reality for them is represented only by the shadows on those walls of the cave, because they have never seen other images. One of the prisoners manages to get free, turn back and see the source of light which hurts him. And despite that he ran out of the cave and saw that whatever he had seen before were only shadows.

3. The life of the man in the real world without Christ is like the life existing in the cave - with dark and unreal shadows. The chain, that fetters the man, is the sin, our sins, which deprive a human being of the image and likeness of God. Let's free ourselves from the chains

of sin, let's go out to the light, to the Living Light – to Christ, and only then we shall know the real world.

The Christian assessment of a man and humanity is just the same: under the influence of the sin a human being becomes the servant of sin and only the possibility of salvation granted by Jesus Christ helps to get free from the chains and get to know the truth.

Together with having the image of and likeness after God the human being is also created by God and is the offspring of God. The fact of being created by God ties a human being to the nature and the world showing his or her dependence from time and material world.

It results from being the son of God that the human being is bestowed with good sense, with the ability to gradually develop, to reach perfection through the experience of acting right or wrong, to make efforts for eliminating the mistakes, seeking for and gradually coming closer to Jesus Christ. By coming closer to Jesus the human being will get free from all those limitations imposed by the material world, even the power of time and many other seemingly insurmountable obstacles will disappear. This aspiration and purpose represent

the power that can change the man, in other words, can make A HUMAN BEING an INDIVIDUAL. Every deviation from this way will bring to some understating or theory of depriving the HUAMN BEING from the self of a real INDIVIDUAL. From this point of view, a change in the system of values and in grace bestowed to us shall deprive the man of His Image and Likeness. The human being shall cease being a human being and an offspring of God.

4. It will be of significant importance to present the story of the man who was blind from birth and was healed, as described in Chapter 9 of the Gospel according to John.

“Now as Jesus passed by, He saw a man who was blind from birth. And His disciples asked Him, saying, “Rabbi, who sinned, this man or his parents, that he was born blind?” Jesus answered, “Neither this man nor his parents sinned, but that the works of God should be revealed in him.” (John 9:1-3)

As this blindness comes from birth, it is natural that it be attributed to incurable defects without imputing the blame on someone, as Jesus said unlike the disciples.

In our days almost everyone is inclined to think like the disciples forgetting the Lord’s answer, *that the works of God should be revealed also in those who are blind “from birth“*.

## CONCLUSION

The human being is the greatest mystery in the whole universe. The human being is unique. God loves him or her to the extent that is ready to scarify the life of His Son for the humanity. God loves the sinful person and is ready to lead him or her on the path to the truth.

**Example 1:** “Yea, though I walk through the valley of the shadow of death, I will fear no evil; for You are with me.” (Psalms 22:5)

The “the shadow of death” referred to by the psalmist has many examples nowadays whereof HIV/AIDS is certainly a distinguished one with the difference that the valley and the shadows are real. The message of the psalm teaches not to fear; “Your rod and Your staff, they comfort me”. This last part of the psalm is quite noteworthy. The psalmist does not indicate that the





“the rod and the staff” will take him out of the valley but says that they will “comfort” him. Consequently, in providing pastoral care one should not segregate people with HIV/AIDS from others. Even HIV/AIDS cannot separate the human being from God, and He is always with us and shall not abandon us even in the shadow of death.


This covenant (of not abandoning us) is emphasized throughout the Bible. In the testament of our Lord Jesus Christ (John 14) He says “I will not leave you orphans” (14:18). Therefore it is quite important that in providing pastoral care attention be drawn to the problem of loneliness, because people with HIV/AIDS involuntarily isolate themselves from the environment. And isolation itself is a new kind of HIV/AIDS. Complete loneliness is a little “sample” of hell for any person. What kind of life will a person have if possessing all the treasures in the world be alone in the universe? That is why our Lord promises not to abandon us ever, neither in this life nor in the eternity.

**Example 2:** The examples presented in the New Testament about cleansing people from leprosy.

The cases of healing described in the Gospel definitely show that Jesus as a Savior healed people through different ways and methods. The Gospel describes 22 cases of healing in particular.

Especially noteworthy are the cases of healing the lepers, as they, being a source of infection, were prohibited to show up in the Jewry and were always kept isolated. From 22 cases of healing the evangelists have testified only two cases of healing the lepers. This disease was distinguished in the Gospel from all other illnesses (paralysis, withered parts, blindness, bleeding, etc.) because it was considered contagious and even by the rule of the Old Testament lepers were isolated and never dealt with.

In the first case (Matt. 8:2-4) Jesus touches them by breaking the rule of isolation, and in the second case, (Luke 17:12-19) He heals ten lepers from afar, with words without approaching them. In both cases Jesus tells them to obey the rules of the law and to



show themselves to the priests. This means that it is very important to obey the divine commandments that guarantee of both being cleansed and staying far from any viruses and profanations, as well as preventing the future spread of the virus.

The leprosy of our days is the infection of HIV/AIDS, and vice versa, the HIV/AIDS of those times of Jesus was leprosy.

With the first case of healing the Lord showed that there is no need to fear of dealing with people suffering from that disease. In the second case, there was also one Samaritan among those healed. In the times of Jesus the Jews were not associating with even healthy Samaritans. But even this Samaritan, who was considered impure, was delivered from this sin, i.e., his spiritual leprosy, by acknowledging Jesus. “Arise, go your way. Your faith has made you well”, said Jesus to him. An important role in this episode has a small element, which at first sight seems insignificant. The apostle Luke begins his story with these words: “Now it happened as He went to Jerusalem that He passed through the midst of Samaria and Galilee” (17:11). Geographically, the evangelist

should have written – through Galilee and Samara, as Galilee is located to the north of Samara. This means the priority is given to the Samaritans as opposed to the habit of Jews, because out ten people healed from leprosy only one – a Samaritan, came and expressed his thankfulness to the Lord.

Two facts:

- Nine out of ten lepers were Jews and one was Samaritan. They all were together; the lepers were no more in the “Jew-Samaritan” hostile relationships.

- The lepers were also law-abiding. According to the words of the evangelist: “There met Him ten men who were lepers, who stood afar off” (17:12). They did not come up to Jesus as in the first case but lifted up their voices and spoke from afar.

### **Advice to the clergy (pastor)**

1. Samaritans are the persons with HIV/AIDS living in present days and like all people are considered sinners, moreover even among sinners they are viewed as “Samaritans”. They as well need the word of the



Gospel that will heal them. All the “Samaritans” should be under support of the church, and it can be quite possible that they precede the “Jewish” lepers. Let’s remember that Jesus was surrounded by and visited people who were previously lepers (for example, Simon the leper, Matt. 26:6).

2. In providing pastoral care it is very important to have a clear understanding of life and to present it the way it is presented in the Bible. Life is a gift given by God, and no one has the right to use it at one’s own capricious discretion. After the flood God established His covenant with Noah and commanded: “Whoever sheds the blood of man, by man shall his blood be shed” (Gen. 9:6). With this strict rule God gave the solution to the matter of protecting life. This command has an absolute meaning; it concerns both the life of an individual and the lives of his or her relatives. Most of the widespread doctrines existing nowadays, being directly influenced by eastern religions, characterize life with quite different features, like a meaningless, aimless existence, etc. The doctrines with atheistic direction are especially dangerous.

For example, Nietzsche in his book “Thus spake Zarathustra” describes the surprise of Zarathustra when he coming down from his mountainous dwelling sees that people are not aware that God has died. Therefore, it was natural that Nietzsche would preach nihilism, i.e. negativism, by denying everything. This is the same situation as in the republic of Plato; nothing is the king in the kingdom of darkness. However even in that case he could not do without an ideal and created the character of a superman.

3. Any other ideal besides Christ shall lead to a cave. The idea, typical to our times, of creating a common religion based on a conviction that all the religions derive from the same God (Buddha was walking in Golgotha and crying out “Allah akbar” – the principle of uniting the religions of the world), is not consistent with the Christian understandings. Humanity was created from one blood, and this is its characteristic feature of being the offspring of God.

“And He has made from one blood every nation of men to dwell on all the face of the earth ... for in Him we live and move and have our being” (Acts 17:26-28).

The divine origin of the man and his belonging to His family and generation is testified almost everywhere in the Bible. The doctrine of being the generation of one couple – our first parents, is emphasized both in the Old Testament and in the New Testament with the words of Lord and statements of apostles.

## CONCLUSION

- We should always see the image of and likeness after God in the human being.
- A human being seeks to be saved from sin.
- Christ is the Ideal and the aim, and if we acknowledge that, we can communicate with Him and inherit the kingdom of heavens.
- All people are the offspring of God.

Consequently,

a. Irrespective of whether a person with HIV/AIDS or not his or her life is as valuable for God as the life of any other person.

b. This Christian principle values the life of an individual above all; this is why any form of suicide is rejected.

## WHY IS SUICIDE REJECTED?

The Armenian Apostolic Church does not even perform a funeral ceremony for the self-murderers; moreover, it is accepted in Armenia to bury self-murderers beyond public cemeteries. From the religious-legal point of view, it is unconditionally prohibited to ask priests to attend the funerals of self-murderers, i.e., to perform any religious rite or ceremony.

Why?

“The judgment codex” of Gosh demanded that the priest carry out an examination of the circumstances and only after clarifying perform a ceremony. Any performance of a ceremony was utterly forbidden, should it turned out that the deceased had committed suicide.



In all the times of its history this standpoint of the church has remained unchanged; suicide has always been condemned, and the priests having performed funeral ceremony for them have been punished.

One could say that the church has been extremely severe in its attitude to the matter of suicide and to self-murderers, and in considering them “out of church” and deprived of any hope for deserving the Kingdom of God.

Why has the church chosen such a strict position? There are sound arguments for this that can be divided into two main groups: a) arguments substantiated by Holy Scriptures, and b) arguments with religious-ethical substantiation.

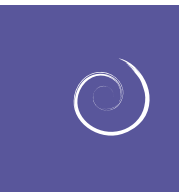
a) Substantiation by Holy Scriptures

The Bible refers to only four cases of suicide:

1. Suicide of Saul (I Samuel 31:3-5),
2. Suicide of Ahithophel (II Samuel 17:15-23),
3. Suicide of Zimri (I Kings 16:15-19),
4. Suicide of Judas (Matt. 27:5).

In all four cases the self-murderers were condemned and lost their possibility in terms of salvation, moreover, they were subjected to the judgement of God at that time and would also be subjected to it in the future on the Day of Judgement.

It seems that in all the episodes of the Old Testament suicides were committed involuntarily, i.e., were impelled by some factors (examples of determinism), because either Saul, or Zimri, or Ahithophel would be killed anyway. However, even this deterministic reasoning cannot serve as an “extenuating” circumstance for justifying suicide. All three of them have already been convicted prior to suicide, yet driven by their previous behaviour and actions they committed suicide, knowing very well that with this act they once again rise against God. In accordance with the Holy Book “both life and death belong to God” (cf. Deut. 32:39), and only God has the power to execute the judgement. And in this regard as well, the three of them – Saul, Ahithophel and Zimri, remained disobedient to God even at the very last moment of their life by committing suicide.



The case of Judas in some way differs from the aforementioned three cases. Generally, after committing a sin the sinner tries to get rid of the disastrous consequences of the sin; he or she tries “to turn the time back” in order to “correct” what has been done, but in vain. Whatever has been done is not subject to “correction” any more, so now one should bear the responsibility for that. Consequently, the conclusion of Judas’ wicked conduct should have been just like that, i.e. condemned both in this and in the other life. This is the matter of sin, and no one can escape it.

b) Religious-ethical substantiation

The sixth commandment forbids murdering. The words of the Book of Genesis give this direct command “Whoever sheds the blood of man, by man shall his blood be shed; for in the image of God has God made man”. Consequently, the man, being the crown of the Work of Creation, is unique in essence and bears the image of and likeness after God, the Creator. And for the purpose of protecting this unique creature there was created the Law or the legal basis for providing the inviolability of human life. Even after this the person

is not the master of his or her life; the human being cannot dispose of the greatest gift to one’s own delight.

The arguments brought forward have not lost their actuality even today.

**Advice to the clergy (pastor)**

a. In providing pastoral care, the examples brought should emphasize the importance of preserving life, of seeing an aim and essence in life and of trying to reach them.

b. This approach should awaken an interest in people with HIV/AIDS to cognize the Master of life – God. The path to cognition of God gives meaning and essence to life and inspires hopes and vigor in the patient.





## C. COGNITION OF GOD

God is the Creator (Mark 10:6, 13:19, see also John 17:5-24) and the Lord (Matt. 11:25) of heavens and earth. He spoke to Moses in the burning bush (Mark 12:26, see also Matt. 8:11, Luke 16:23-31) and gave the Ten Commandments (Mark 10:19) on the hill of Zion so that people follow them.


### Advice to the clergy (pastor)

1. Pure life of a human being in this world is guaranteed by obeying and living in accord with the rules ordained by God. We perceive God by doing His will. Cognition of God gives meaning to the life of people with HIV/AIDS and to the life of all sinners, and prevents them from unreasonable actions and senseless waste of time.

2. God does whatever He wills, but His will is directed to salvation and grace (see Matt. 20:15). The power of God is shown in His works, yet for Jesus the most urgent part of these works was the act of healing from the most hidden sickness of humanity – from sin. Jesus knew that He was dedicated and had the mission to deliver people from sin and physical defects. (John 5:17, see also 14, Mark 2:1-12 and the parallels)

3. This work of salvation includes also people with HIV/AIDS, and they should never be separated from other members of the church. The members of Christ's body are one in Christ, and there is no difference between Jews and Samaritans. Solomon says in his song "Love is as powerful as death" (Song 8:6). Likewise is the love of God that will come to deliver people from death.

4. God is also the Lord of history and leads it to a point He has prepared for it. He has put the times and seasons (see Luke 12:56, Acts 1:6-7). Everything that happens is subject to His decision and "must happen"



(Mark 13:7). Everything that will happen at the end of time is again known only to Him and is determined utterly by Him; of the day and hour knows only the Father (Mark 13:32). However He will shorten the days of tribulations for those whom He chooses (Mark 13:20). We should only pray for the Kingdom come, with all the power and glory of God (Matt. 6:10). From the foundation of the world He had “prepared” the kingdom for the blessed (Matt. 25:34), and the everlasting fire for the devil and his angels (Matt. 25:41).

5. Gehenna has not been created for people but for the devil and his angels. A human being on his or her own free will takes that path and becomes condemned, ignoring any little possibility of salvation. People with HIV/AIDS as all human beings will stand before judgement on the Last Day. This means that from the teleological point of view there is again no difference between the “Jew” and the “Samaritan”.

6. The New Testament gives a most vivid example of interconnection between grace and judgement of God that is described in the parable about the merciless

servant (Matt. 18:23-35). God is willing to forgive even the biggest debt of a human being and shows that with His bottomless mercy.

Yet He expects people to response to this by showing equal love and forgetfulness towards their own neighbors and close people. Otherwise, His mercy turns into anger. “With the same measure that you use, it will be measured back to you” (Luke 6:38). On the Day of Judgement (Matt. 15:31-46) the question to be asked will concern the charity bestowed upon “these least of brethren”, and those who have failed to do so, will go away into everlasting punishment.

7. “These least of brethren” are first of all people with HIV/AIDS. “These least of brethren” should not have the feeling of isolation and loneliness in the church.

8. The Christians find the essence and purpose of life in the following:

***A human being lives not for dying,  
but for living an eternal life.***



9. God is the Father. The parable of the prodigal son (Luke 15) has double emphasis. In the first part Jesus depicts the vivid and unforgettable character of forgetful and heavenly Father, who returned the privileged position of his son who was “lost” but came back remorseful and repentant. Father was the first who embraced his son and gave him a fatherly kiss.

The second part teaches the elder brother not to criticize the attitude of his father (Luke 15:11-24, 25-32). It was only the elder son in the house of the father that was not glad with the return of his brother.

The behest: the prodigal son symbolizes also people with HIV/AIDS who are feeding swine in far away countries and are doomed to perishing. However, such as he was, he came back to his father. The father allowed him to be back but the elder brother did not. Thus, let us not resemble the elder son, but be “perfect like our Father in heaven”, i.e. accept all the sinners and people with HIV/AIDS as our brothers.

## SUMMARY

The church has come to face a new challenge immediately after identification of HIV/AIDS: how to prevent the spread of that disaster? The Christian Church suggested its approach and solutions to this problem: HIV/AIDS is not an individual problem any more; it is the problem of everyone, including me and you.

The Christian doctrine shows the way which can lead us towards finding the solution of this problem and associated issues. These issues are primarily addressed in the Christian anthropology, the knowledge of which is vital for people who deal with the problem.

The life of a human being is not aimless and meaningless. Being created in the image of God, the human being lives his life to reach a dignified purpose of regaining what has been lost – the eternal life. Death is not the end of existence, but rather the beginning of new and eternal life.

No one is left outside of this divine program: the act of salvation of Christ in Golgotha is for all the mankind embracing everyone without exception.

That is why the church focuses on people with HIV/AIDS. When working or communicating with such people one should keep in mind the following:

- a. God is the Father of all people.
- b. All people have hope for eternal life.
- c. God loves all of us and wants that we follow His commandments for our own good.
- d. Man can find sanctuary in obedience to Evangelistic Covenants.
- e. Only people can prevent the spread of HIV/AIDS through obeying the Christian doctrine and living in accordance with the principles of Christianity.
- f. As all the people living with the sin of Adam and are bestowed salvation, the same way people living with HIV/AIDS can fully deserve salvation.
- g. The way to the knowledge of God lies through the Fatherhood of God willing to embrace everyone.



## DICTIONARY OF TERMS

**Symptom** - any sign (development) of a disease. For example, *headache* and *high temperature* are symptoms.

**Lymph node (nodus lymphaticus)** – an organ of the lymphatic system. The lymph nodes are round and soft formations, located alongside the direction of lymphatic vessels, in which lymphocytes and antibodies are generated.

**Immune deficiency** – impairment or complete absence of the body's ability to resist different infections and oncological diseases that is conditioned by the suppression or deficiency of functional activeness of cells responsible for the immune response

**Immune response** – the response of the immune system to substances that are genetically foreign to the body

**Immunity** – a state of congenital or acquired unresponsiveness to pathogen organisms of infection diseases or their toxic substances.

**Antigen** – foreign substances of albuminous nature that penetrate into the human body and specifically affect the cells responsible for the immunity and foster the generation of antibodies. Viruses, bacteria, protozoa, fungus, transplants (tissues, organs), as well as the cells subjected to malignant transformation by the organism are antigens.

**Antibody** – a substance of albuminous nature (immunoglobulin) that is generated by the organism as a response to antigens for the purpose of eliminating or neutralizing them. In case of HIV the antibodies generated by the body are not effective and do not neutralize the virus. These antibodies serve as markers for confirming the presence of HIV in the human organism.

**Antiretroviral treatment** – a treatment, which decelerates the development of HIV delaying the development of AIDS and extending the life of the person with HIV.

**Syndrome** – totality of symptoms that are typical to a certain disease, for example the syndrome of angina comprises the following symptoms: high temperature, redness of throat, painful swallowing.

**A homosexual** – a person who is sexually attracted by the representatives of his/her own sex.

**Mutation** – a structural alteration in the genotype that causes a stable change of the characteristic feature in the future generations.

**Conventional pathogen microbes** – microbes that have the potential for causing a disease (pathogenesis) in case of deficiency of the immune system. Most of those microbes exist in the organisms of almost all people without causing any disease in people with normal immune systems.

**Pandemic** - an epidemic that covers the population of a number of countries or continents.

**Risk factor** – a factor that has no direct influence on the development of a disease but increases the probability of the occurrence of that disease

**Risk behavior** – behavior that may result in getting the HIV infection (for example sexual relations without condoms, use of syringes and needles without sterilization, etc)

**Opportunistic viruses** – viruses that develop in the organisms of people with immune deficiency and are conditioned by conventional pathogen microorganisms.

**CD4 cells** – cells mostly affected by HIV. The quantity of these cells can give a clear understanding about the state of the immune system. The low level of these cells shows that the immune system is seriously affected.

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