

The Beloved Journey

by

Raymond T. Moreland, Jr.

Abstract for the Ph.D. Program in

Pastoral Psychology

The Graduate Theological Foundation

Donaldson, Indiana

The Beloved Journey is, for the reader, an excursion into the world of the hero's journey as seen through the lives of persons who are living, struggling, and dying with HIV/AIDS. It is also a journey through the mind and pastoral heart of one who has been in ministry in local churches for 29 years. You are invited to join in this journey as you read, hear, and listen with your heart and mind to the stories of those who have something to teach all of us about our own journey in life, spiritually and psychologically. The reader needs to keep in mind that each "beloved" story is unique and highly individualistic. There is no attempt to try to categorize or label each story in a final way. Yet each story of the heroes presented is bound together by their suffering, their disease, and the need to discover meaning and faith in the midst of their lives.

From hours of interviews and listening and talking to many different persons, male and female, gay and straight, black and white and Asian, the beloved journey allows the reader to enter into a remarkably personal and dynamic adventure of soul-making in the lives of persons who are living constantly on the edge of death and dying and the fragile thread of life itself. Their search for God and faith may be different from each one of our own individual journeys, but there is senses in which that search are defined by all the heroic elements that are potentially inside each and every human being. Some were seen as orphans on the journey; others were known as wanderers; some were viewed as martyrs and many were visible as warriors and magicians. It will be in the review of the stories of these beloved that the reader will be challenged to reflect upon their own conclusions of meaning and faith in the lives of the beloved.

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As unique as each journey of the beloved with HIV/AIDS is, there are lessons to be learned by those who care for the beloved whether they be caregivers, pastors, friends, family members, husbands or wives, sons and daughters, or lovers. We are all involved in the same journey. We are all

subject to the need for empathy and understanding along the way. And we are all struggling to discover the role and value of faith and God as the journey is played out in the struggles to discover where faith and God fit in to the suffering and joys of life and in the fight of living with HIV/AIDS. The "beloved journey" raises many issues and confronts us with many concerns, both psychologically and spiritually. But the most important result of the journey for the reader is to hear the story of the beloved, enter the journey, and in some manner of creative imagination, discover truth and the care of the soul in their own journey of faith and life. It does not take a theologian or a psychologist to analyze the journey; it does take persons committed to tell their heroic adventure and journey and allow their lives to be changed - transformed - by the journey through the power and presence of love, faith, and hope. For the Christian reader of this journey, there will be the intersection, many times over, of a cross - the symbol and icon of sacrificial love and giving - as well as the power of resurrection hope and new life. Entering the lives of the beloved ones will change your life and soul - it will enable you to discover the hero of faith and life which lies deep within each child of God.

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The Beloved Journey is a personal, professional, and academic study of the psycho-spiritual lives and stories of persons living with, struggling with, and dying of HIV/AIDS. The research began with the personal involvement of the writer in the life of one person named David whose name in Hebrew means the "beloved one of God." Thus, the title speaks of all those who are mentioned in the research as beloved of God - men and women on an heroic journey of faith in the midst of their own personal tragedy of life with HIV/AIDS. As a pastor for 29 years, the writer was determined to learn what insights would be helpful to other professional caregivers as well as to family and friends as they relate to the beloved on their journey with HIV/AIDS.

There are three main chapters and sections involved in the research. The first chapter introduces the reader to the insights and key concepts at the heart of the research from the work of Carol Pearson and her book, *The Hero Within*, as well as the insights from Joseph Campbell on mythology and the heroic journey, and the work of Carl Jung, James Hillman, Jean Houston and others. The effort was to establish a model from which to interview and to understand the journey of the beloved with HIV/AIDS that would establish both psychological insights and reflection as well as religious and spiritual insights. Out of the research into primary reading and thinking, two main tools were developed for the interviews and data gathering instruments for the study: (1) each person interviewed or contacted would be asked to complete Carol Pearson's "Self-Test" on the *Hero Within*, and (2) a simple questionnaire was developed to map certain religious and

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spiritual affirmations predominant in the life of the person interviewed or contacted for the research.

Nearly a hundred persons living with HIV/AIDS were contacted and thirteen primary interviews were established for the main section of the research. The interviews and stories presented by each of the beloved truly present the heart

of this research. It is the personal story of the "human document" that makes this project a vital and dynamic understanding of the psycho-spiritual aspects of the hero's journey with HIV/AIDS. Each story was personal and unique. Each person came from a diverse cultural, human, ethnic, and religious background. Within such a mix there were common elements discovered in each story that enabled the writer to reflect upon the dominant and predominant archetypes of the hero working within the life and struggle of the beloved. Each beloved story was viewed through the lens of Pearson's work and the insights of Campbell and Jung. Each beloved demonstrated certain fundamental similarities and differences as they lived out their psycho-spiritual experience through suffering and circumstances related to HIV/AIDS. Some share their journey as an orphan, lost and abandoned by life and circumstances. Others share their journey of wandering aimlessly and with uncertainty. Others share their journey as a martyr - witnessing the sacrifice of their lives within society and within very personal and intimate relationships of life which are most important. Others share their heroic journey as warriors, willing to fight and to struggle against great odds in order to claim power over and the ability to defeat the dragons that would seek to destroy their lives. Others share their heroic journey as in the hero of the magician - working to transform life and discover soul-making as the meaning for life.

Following the presentation of each of the stories of the beloved, the writer seeks to reflect upon the elements of the hero's journey that seem to indicate some commonality for all the beloved. And also there is an opportunity to examine some of the significant

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differences found in the varieties of the beloved journeys. At the heart of this reflection is

the realization that each heroic story of the beloved is an example of soul-making and the transformation of faith and life in the midst of the ambiguities and suffering and uncertainty of living and struggling and dying with HIV/AIDS.

The final chapter reflects upon the psychological insights of the beloved hero's journey. It also deals with the spirituality of the beloved's journey and insights for the care of the soul. And, finally, it considers the whole area of pastoral insights from the journey which would enable clergy, caregivers, family, friends, and lovers, to know some helpful guidelines in understanding and relating to the beloved on their journey with HIV/AIDS. The

writer reminds the reader at the conclusion of the research and reflection that "...all of life, therefore, becomes the struggle to discover our own story - our own mythos. All of life becomes an heroic journey ...all of life becomes a spiritual pilgrimage..." with or without HIV/AIDS. All of humanity participates in the journey of the beloved. Ultimately all are transformed in their soul by the journey and the heroic spirit within each human child of God. Thus, because of the diversity of humanity, this research is merely a snapshot of a never-ending journey of faith and life. In conclusion, the writer invites the readers to reflect upon their own heroes within and to discover their own soul-making journey as a beloved one of God.

THE BELOVED JOURNEY:

A Psycho-spiritual Study of Persons
Living, Struggling and Dying with HIV/AIDS

A DISSERTATION

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Writing the "Beloved Journey" was a labor of time, energy, research, and love. It was made possible by the support and encouragement of many persons in my life, especially my loving wife, Sandy, and my mother, Mary Elaine Moreland. It was a journey of love that allowed me to intersect and to touch the lives of so many brave and wonderful and faithful persons who themselves taught me much about my own faith and my own ability to care and to be compassionate in the suffering and struggle of life, especially with those in life suffering with HIV/AIDS. It is with a thankful and grateful heart that I dedicate my simple work to the beloved life of David Bishop and those other beloved heroes who have enriched my journey of faith and life. From David to Monyette and all those in between, I have been enriched psychologically and spiritually by their stories from the depth of their soul-making journeys of faith and life.

My deepest appreciation also goes as well to one who has journeyed with me with tremendous skillful guidance and encouragement, my Ordinarius, the Reverend Doctor William Hug, Ph.D., a Pastor, Clinician, Counselor and member of the Faculty of the Ecumenical Institute of Theology at St. Mary's Seminary and University in Baltimore, Maryland. It has been the influence and the teaching of Dr. Hug that has enabled me to sharpen my skills of writing, reflection, and imaginative insight into the psychological and spiritual depth of the hero's journey.

Also I wish to extend my gratitude to the hard work and labor of Ms. Joan Myers for her time and great skill in proofreading my text and typing the final work. Joan's many hours of work are deeply appreciated by me. Joan is the Secretary and Bookkeeper for the Maryland Bible Society in Baltimore.

For the opportunity to work and to study at the Graduate Theological Foundation, Donaldson, Indiana, I will always be thankful to God. The GTF has been a marvelous educational and growth opportunity for me and my career. It is my deepest prayer that this small contribution to understanding and living the beloved journey of faith and life will be helpful to pastors, caregivers, and to the "beloved" who continue to struggle and to spiritually survive by sharing their story and by learning to live their faith. May the words of this study and the reflections of my heart and mind join with their stories and words to

become acceptable to God to whom belongs the dunamis (power) and the shekinah (glory).

Raymond T. Moreland
Frederick, Maryland
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I

PREFACE

As you will quickly realize in reading the following project thesis, my work is a personal journey of life and ministry with persons whom I have known and loved and ministered to in the past 29 years of pastoral ministry and more recently in terms of the AIDS epidemic. More than academic research and reflection, this writing has become an avenue of evaluating and examining my own faith in light of one of the most overwhelming of human tragedies called HIV/AIDS.

The key to understanding my story of the beloved journeys of persons living with HIV/AIDS and their psycho-spiritual analysis is not my exegesis of Jung or Hillman or Pearson or any other psychologist or theologian in the light of the stories of real people. It is more than that; it is an attempt, as I state in the introduction, to read and to understand and to minister compassionately to the human document - the human life - of those with whom we too share the journey of the beloved - the beloved ones of God - the journey of persons with HIV/AIDS.

I have tried to bring to this reflective research the insights and concepts and theories from psychology, spirituality, and theology which I believe speak realistically and helpfully to our understanding of the beloved journey. But above all, I hope that the reader who joins in the journey will capture the spirit and the importance of the soul and life of each person's story and each person's faith or lack of faith.

From David's story, which triggered and set the stage for this work to the many persons who participated in the Eastern Panhandle AIDS Task Force in Martinsburg, West Virginia in the late 1980s to those persons interviewed on the Quality of Life Retreats sponsored by the Baltimore-Washington Conference of the United Methodist Church to the persons from the many communities in Maryland, Washington, DC, and West Virginia

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who allowed me to enter their journeys with HIV/AIDS, I am deeply grateful for the openness and honesty of sharing their stories and their faith. This becomes the heart of such a project; and it is my prayer that after all the interpretations

and conclusions are presented with regard to the beloved journey of persons with HIV/AIDS, that pastors, families, friends, lovers, caregivers, and the whole community will realize that the beloved journey is truly all our journeys together. It is in this sense that we can truly discover a caring and compassionate ministry for the lives of people who are suffering and who also seek to discover the hero -- that heroic part of their mind, body, and soul, that enables them to live a quality of life that brings transformation and meaning to them.

Certainly, there is no attempt in this study to be comprehensive and observe and tell all the stories of all the heroes who are living and sharing the beloved journey with HIV/AIDS. Maybe these stories and the true lives of persons, whose name have been, for the most part changed to protect confidentiality, will enable you to listen, to see, and to understand more honestly and more clearly the need for human compassion. Maybe you will learn what is necessary for all of us to learn in this most devastating epidemic in the beloved lives of so many beautiful men and women from all walks of life who have sought to live life with HIV/AIDS with dignity and meaning. Maybe each beloved journey will stimulate and challenge the hero in your life and experience.

If, after reading the stories and sharing the journey briefly and examining my conclusions, you feel a need to become involved in ministry to and with persons with HIV/AIDS in some form or fashion, then my work and my writing this paper will also be validated. Because as a Pastor for many years in the local church, ministry is the point where your story and journey and my story and journey intersect and form the shape of a cross where we learn to minister and to serve and to love one another with a love that never allows us to be separated from God's love.

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So, I invite you to read, to ponder, to evaluate, to listen to the stories and listen to your own life and faith, and then be ready for the transformation which God may be ready to work in your life and ministry.

My deepest gratitude goes to those many persons who were willing, in the midst of their fears, anxieties, suffering, and struggle as well as their joys, to take time and allow me to enter their journeys and to share many hours of interviewing, taping, listening, and reflecting, and sharing together. I am

only a reflector of their beloved journeys. They are the ones who really have something to teach me and to teach you. That is why this project becomes a special tribute and remembrance to each person's beloved journey. May their stories and heroic life and faith help us to transform our journeys and our ministries as clergy and laity within the community of faith with all persons, especially those persons living with, struggling with, and dying with HIV/AIDS.

THE BELOVED JOURNEY:

THE HERO'S STORY AND SOUL-MAKING

THE HERO'S BELOVED JOURNEY BEGINS

It is the vision of this project to help open a new perspective on the psycho-spiritual journey of persons living with HIV/AIDS - those persons whom I will refer to in this project as the "beloved ones." As I have talked with and interviewed many persons with HIV/AIDS, and after having experienced 29 years of pastoral ministry, I am convinced now, more than ever, that Anton Boisen's view is correct: it is the "human document" - the story, the mythos of the human spirit and life and psyche - that enables us to catch the vision of the spiritual journey of the soul. The "beloved ones" share their story - the joys and the woundings - as a human document to be read and understood. In the reading of that document, we view the indomitable human spirit and its spiritual odyssey of faith and soul transformation. It is this "human document" which reveals, in story and myth, the data necessary for reflection. It is the human document which encourages our own "beloved journey" of transforming soul and the evolution of the sacred interconnection with other "human documents."

The reading of this human document of the beloved living with HIV/AIDS raises many questions for the reader. How do we transform the soul of persons living with HIV/AIDS? How can we learn from their "beloved" journey - the journey of persons who are the "Davids" of the world - the "beloved ones of God"? Is there some way of helping us understand their spiritual as well as psychological journey through their own special "dark night of the soul"? How do we understand their psycho-spiritual journey as a new mythos for living - a mythos filled with pathos - a passion of life and faith as well as filled with pothos - a desire for community of persons and relationships? When do we learn to affirm their journey of faith as they struggle with life from a complex constellation of social, religious, political, and medical views? What will be the ultimate "nachleben" or effect of this soul journey of persons with HIV-AIDS?

These are just a few of the perturbing and disturbing questions which have been raised in my mind as I have talked to, listened to, and interviewed persons who have lived with and struggled with HIV/AIDS on their own beloved mythos and soul journey of faith. Some of the persons already interviewed in this research have died since the beginning of the interview process in August of 1994. Some of the persons interviewed have been persons whom I have tracked on their

journey for a number of years and others have been persons interviewed strictly for the writing of this project. Some persons interviewed I have had the privilege of being a friend and a pastor, others have been merely persons who have intersected or crossed the path of my life for a brief moment for the purpose of sharing their beloved journey and story.

All the persons in this research are unique beloved children of God who have a story to tell - a mythos to share - a challenging story of faith and soul transformation and psycho-spiritual struggle for understanding. But upon careful analysis of the spiritual and religious affirmations and the self-inventories, developed by Dr. Carol Pearson, with the emphasis on dominate and mythological hero archetypes, I have discovered an amazing thread of divinity and humanity that connects and interconnects again and again the lives of each person interviewed as well as all who share the beloved journey of faith and life. We, therefore, are enriched by their stories; we are encouraged by their faith journey and their soul transformation as we experience our own journey of the soul. Thus, there is a direct and significant sacred connection between their lives and our own journey.

As caregivers, lovers, husbands and wives, children, family, and friends, we are enabled to be more sensitive to persons with HIV/AIDS, not just in the deterioration of the physical body and the battles of survival generated by the lack of a functioning immune system. But we are open to their journey of faith or lack of faith purely on the basis of our own common humanity. In connecting our faith journey with theirs, we discover so much that draws us together psychologically and spiritually. We are both struggling to understand suffering and life's meaning and purpose. Through our mutual sharing in the beloved journey, we are forced to seek our own heroic archetypes for the journey and our own process of soul-making and transformation.

All the stories in the "beloved journey" have been altered to some degree for the sake of anonymity and professional confidentiality. Only several interviewees gave permission for names to be used in the telling of their stories. Furthermore, the over 30 plus surveys and self-tests presented in the appendix have also been presented with anonymity in order to protect those persons who are still making their journey with HIV/AIDS with fears, uncertainties, and questions. Many of the persons and the data presented were participants in several Quality of Life Retreats held over the past several years and sponsored by the Quality of Life Retreat Committee of the Baltimore-Washington Conference of the United Methodist Church as a ministry of support to

persons and families and loved ones of persons living with HIV/AIDS and other networking groups as well.

By sharing the "beloved journey" - its psychological development, its mythos, pathos, and pothos, its faith and soul-making and, as Thomas Moore would remind us, even its "care of the soul", it may be possible to discern the internal spiritual story as it is worked out in the life of the person living with HIV/AIDS. From story telling and reflection, through surveys and inventories and interviews, it is my hope that, pastors, family, caregivers, loved ones and the community of faith, and support networks, may better do the work of empathy and sympathy with persons living with HIV/AIDS and develop a new depth of awareness of the spiritual transformation and needs of the soul in such persons.

As we examine the "beloved journey" of persons living with HIV/AIDS, I must, at this point, recognize the importance of the thinking and writings of several key persons, who have affected and influenced my own thinking. I am deeply grateful to Dr. Carol Pearson for her work in the area of hero archetypes. From reading her books and in several letters of correspondence with Dr. Pearson, her work has been a key factor in this research. Her work, as well as my own thinking, has been deeply influenced by Carl Jung and the master of mythology, the late Joseph Campbell. It is through Dr. Pearson's personal permission that I was able to use her Self-Test for the Hero Archetype in my interviews and information gathering process. The Self-Inventory of Dominant Hero Archetypes comes from her book *The Hero Within* and is presented in the Appendix. This very simple inventory used by all my interviewees and the many others who shared their ideas through this method has enabled me to establish a structure for analyzing and interpreting the inner shape of the stories and the indications of spiritual and psychological factors within the lives of persons living with HIV/AIDS.

Dr. Pearson's "Self-Test" and my own designed Survey of "Religious Beliefs and Spiritual Affirmations" (also in the Appendix) have been key tools in making the sacred interconnection between the spiritual journey and the life story of the beloved ones living with HIV/AIDS. By using these two basic and very simple inventories of feelings, perspectives, values and attitudes and beliefs, I am able to understand the psycho-spiritual effect on the person's own mythos or story as they deal with HIV/AIDS. Thus, as I examine the "beloved" journey, look at the dominant heroic archetypes, review the spiritual and religious beliefs and affirmations, there comes through the analysis a sound demonstration

of the powerful soul transformation which can be known in the journey of the persons with HIV/AIDS.

One of the most powerful and challenging hypotheses of this research has been the reaffirmation in my own mind that there is no separation between the body, mind, and spirit. Scientifically, this has been demonstrated for a number of years by those working in the area of psychoneuroimmunology. Contemporary and popular writers and speakers, such as Deepak Chopra, have made this belief the foundation of the deep linkage between the body, the mind, and the soul, in relation to health and wholeness. One of my own hypotheses, which may be an area for further research, concerns the ability of the compromised or deteriorating immune system developing based primarily on the stimulation and nurturing of spiritual receptors and transmitters in the brain, then translated to the thought processes of the mind and the entire physical body. This psycho-spiritual immune system will not be dependent on the biological or physiological immune cells of the body, but it would, nevertheless, release into the life of a person tremendous healing channels, chemically induced, flowing through the body to stimulate and to generate a sense of wholeness even in the face of the inevitable process of death. This hypothesis is not the focus of our telling the "beloved journey" of persons with HIV/AIDS. But it is a fascinating concept for further thinking and has many far reaching implications for psychological as well as spiritual research.

Our story is a story of body, mind, and soul relationship - a sacred relationship - within the person and outwardly; it is, as Joseph Campbell believes, the "inner reaches of outer space." It is a beloved relationship of the spiritual construction, and sometimes reconstruction, of the human and divine sacred interconnection, the material and the phenomenological. The "beloved journey" transcends the frailty of its human condition and yet it very much experiences the totality of the human. In other words, the beloved journey of persons in this research, as well as my own beloved journey, is predicated upon a psycho-spiritual sacred interconnection of life in its totality. Spirituality is not subject to material or physical conditions, yet it impacts the physical and is in turn impacted by it. The journey of the beloved is our search for harmony and unity within the heart, the mind, the soul, and the strength of the body. Could this be the reason why the Deuteronomy writer of scriptures and Jesus himself saw the universal commandment of life to be learning how to love God, the "ultimate beloved", with all ones heart, mind, soul, and strength, and to learn to know and to love the other "beloved" ones as they love the "beloved" within themselves?

In the book, *The Path of the Everyday Hero*, by Lorna Catford and Michael Ray, I was introduced to a new way of looking at this matter of soul and spirituality as it relates to Pearson's work and to the work of Joseph Campbell's idea of the "power of the myth." The "beloved" journey is a journey of the hero as the hero meets the challenges of the journey. Catford and Ray draw upon major myths and allow those myths to speak to the matter of spirituality. They used a model which is very helpful in our examination of Pearson's idea of the "hero within" and the ability of awakening that hero within each person.

The key to the beloved journey is to create, to experience, and to discover purpose and meaning in life. It is the Campbell concept of "following your bliss." As Campbell writes, "If you do follow your bliss, you put yourself on a kind of track that has been there all the while, waiting for you, and the life you ought to be living is the one you are living. When you can see that, you begin to meet people who are in the field of your bliss, and they open the doors to you. I say, follow your bliss and don't be afraid; and doors will open where you didn't know they were going to be."¹ Campbell's words are another way of saying that the hero's journey of the "beloved" is a spiritually creative path of discovery and enlightenment.

This "beloved" journey of following your bliss involves four particular tools related to the hero's journey. They are tools which help us understand spirituality and soul transformation. And they are tools that help us interpret the dominant heroic archetypes which may be highly visible and operative in the life of the "beloved one." Catford and Ray list the four heroic tools in the following way: (1) the hero experiences faith in his/her own ability to create, (2) the hero operates from the mindset which shows an "absence of judgment", (3) the hero uses the tool of exact and skillful observation - seeing and listening with depth of perception which may be seeing beyond seeing itself, and (4) the hero uses the tool of "penetrating questions."² If you look at each of these tools, you will discover a soul-making or spiritual parallel. The first tool deals with the ability to trust one's generativity and creativity - it is the genesis of spirituality and soul-making - it is the pursuit of a faith that seeks to create meaning and purpose for the hero out of the void, the darkness, and the chaotic waters of life's creation; it enables a "brooding spirit" to penetrate the void and darkness and trust enough in the power of the Beloved One to create life. The "absence of judgment" helps the hero learn that prejudging life creates a life which is void of mercy and justice. A hero's beloved journey is either scarred by judgment or it is marked and mapped out by mercy.

Also, the hero needs the tool of "precise observation" which is more than surface seeing; it is depth perception - it is the use of what my father used out on the Chesapeake Bay while fishing - a depth finder - it told my father the depth of the water and where there might be a good place to stop the boat and start fishing. This depth perception is a three dimensional vision and a genuine hologram of the view of inner space - the mind, soul, as well as the body. Here again, it is a beloved journey of the hero to see beyond the physical sight level only. And finally, the hero needs to ask questions - to question life - to question faith and beliefs - to question even God. The hero is challenged by questions and never afraid of questions - seeking the word of truth that shapes the soul and transforms the journey. It is critical for the beloved journey to raise the questions of the mind and heart, no matter how painful, no matter how trivial they may seem. To question and to doubt and to ask the questions of pain and suffering puts the beloved in a position to find meaning and understanding like a Job sitting on the ash heap of life or a Jesus sweating blood in the garden or hanging from a cross - it is also a tool of creating meaning and purpose. But even the Jobs of time and Jesus of history never escaped the reality of pain and suffering. No journey of the beloved is exempt. And like Job, the beloved will cry out, "I really don't deserve this hell." And like Jesus, from the cross, the beloved will shout, "My God, why have you abandoned me."

The hero's journey will go through the valley of the shadow; it will experience the "abyss" or pit described by Teilhard de Chardin. The journey will not avoid the unfairness of life and the injustice of the world system. The journey and story of the beloved will not escape the agony of the soul transforming adventure of the hero. Thus, as we examine the stories of a number of persons with HIV/AIDS, listen to and even question their journeys, we will encounter the hero within the beloved and we will observe the hero's use of the hero's tools. We will meet these persons in their own peculiar and particular stories and times and places. We will identify quickly their journey as our journey, their faith search as our search for faith, their disbelief as our disbelief. Nevertheless, as we embark on sharing their stories, I trust that we will also seek to celebrate the hero in each of the beloved ones and try to understand and to learn from their soul transformation as human beings and as beloved sons and daughters of the Beloved One.

We will follow the beloved ones' journeys as a mapping of spiritual growth and transformation, and their struggle with pain and suffering. We will seek to capture those heroic elements of their journey. Some of the beloved ones made

the hero's journey rise to spiritual heights; others fell from the overwhelming task and its consequences. All dealt with the debilitating and destructive power of the HIV virus and its physical siege on the body as well as the soul.

Catford and Ray, in their book, mapped the journey of the hero with the use of a diagram which moved from innocence - a view of life which accepts where one is - to the "call to adventure" - where the beloved one is able to name and to recognize the conflict or challenge of the journey - to the "initiation" or the slaying of the dragons and the battles and testing grounds - to the "allies" - those significant relationships imparting vitality and support for the journey - to the "Breakthrough" where the beloved discovers new truth about his soul and life itself - to the final return home of the hero or beloved one which is known as "celebration."³ It is out of this map of the journey that the hero emerges revealing the transformation of the beloved one's soul, and the discovery of faith in the meaning and purpose of life in the face of great forces and dragons such as HIV/AIDS.

I invite you to share this beloved journey with many heroes who are beloved of God, as they share with us their psycho-spiritual development in their heroic story of living with HIV/AIDS. Most of the names of the interviewees have been changed to honor their request for anonymity. Dates and places have also been altered or omitted. The particulars are not as important as the beloved one's own story and his or her psycho-spiritual adventure in the face of HIV/AIDS. Reflections upon what will be shared in the section on the beloved one's stories may raise more questions than answers. I make no apology for the fact that this project was never intended to be definitive, but I do hope that it will help to define, in some important ways, the dynamics of the beloved spiritual journey and the release of the heroic elements of faith and life which played such a key role in the stories of soul transformation. Somewhere in the telling of the stories there will be serendipities or "aha" experiences that will clearly demonstrate movement from brokenness toward wholeness.

As we tell the story of the beloved, we will share their pain, their joy and their faith, their crosses and their resurrections. And we will share their homecoming of faith through soul transformation as heroes of the community of faith.

OVERVIEW OF CAROL PEARSON'S THE HERO WITHIN

From Pearson's study of James Hillman, Carl Jung, and Joseph Campbell, she concludes that "finding the hero within" is to discover "the meaning of life."

It is a very spiritual exercise in the journey of life.⁴ Pearson bases this spiritual conclusion on Hillman's view that, in reality, when psychology turns to its fundamentals, it is going to its roots and those roots are, indeed, "the effects of Gods in the soul."⁵

The underlying premise of the spiritual view of the hero within is based on the idea of each person indwelt in the psyche by particular heroic archetypes which, at times, predominate or potentially predominate in the life of the beloved. In the story of the beloved, there are, at particular moments, predominant archetype, heroic in nature, that controls or influences or has the potential for influencing the agenda of the person's life and situation. On the basis of Pearson's view, even though her research did not include specifically persons with HIV/AIDS, there is a need to ask the question: of all the potential heroic archetypes possible in the psyche of a person, which heroic archetype tends to be predominant in the spiritual journey of a person living with HIV/AIDS?⁶

Pearson agrees with Jung and Hillman that there are present, in the human psyche, deep and constant patterns called archetypes which are manifestly evident at various moments within the life of a person, based on internal psychic concerns or external physical needs. There are archetype patterns of the hero which come to the surface of a person's life which affect that person's handling of life's joys and concerns. The journey of the beloved becomes a spiraling and circular interplay of many dominant archetypes and predominant archetypes that have a direct effect within the person's spiritual journey and search for meaning and purpose from the hero's point of view.

Pearson defines six specific archetypes of the hero which have a potential for predominance in the life of the beloved ones who manifest the hero's journey. They are based on the needs of the person as a direct correlation to their search for meaning and purpose. The six needs and heroic archetypes are (1) Trust of the Innocent, (2) Safety of the Orphan, (3) Self-Sacrifice of the Martyr, (4) Exploring of the Wanderer, (5) Competition and Triumph of the Warrior, and (6) the Authenticity and Wholeness of the Magician.⁷ All of these needs are apart of all beloved journeys. Thus, all of the heroes within are dormant and potential within the psyche of all persons.

In defining these six heroic archetypes, Pearson tries to view each from the perspective of its goal, task, and fear. Since all of the persons interviewed and all of the self-inventories presented to nearly 75 persons were based on Pearson's own self-inventory, therefore, we need to state, for purposes of understanding, what the goal, task, and fear predominates are in each heroic

archetype. When analyzing the interviews of the beloved ones with HIV/AIDS, these elements will be helpful in understanding the psycho-spiritual journey.

Without elaborating or trying to over define each area, it would be sufficient at this point to present Pearson's chart:

INNOCENT:	Goal: None	Task: The Fall	Fear: Loss of Paradise
ORPHAN:	Goal: Safety	Task: Hope	Fear: Abandonment
MARTYR:	Goal: Goodness	Task: Ability to give up	Fear: Selfishness
WANDERER:	Goal: Autonomy	Task: Identity	Fear: Conformity
WARRIOR:	Goal: Strength	Task: Courage	Fear: Weakness
MAGICIAN:	Goal: Wholeness	Task: Faith	Fear: Superficiality 8

If the goal of the beloved journey is to move from brokenness or Fall to wholeness and faith, then Pearson's view of the heroic archetype is a helpful tool in analyzing and understanding the story of a person dealing with a life dominated physically and in so many other ways by a retrovirus called HIV/AIDS. There is no classic model which predicts the hero within a person that will direct the psycho-spiritual journey. But it is clear that the potential for such heroic manifestations are always present. Some heroic archetypes do, indeed, come to predominance at some point in the journey based on all the other variables within the life of the person. In Pearson's view this is seen as based on hero as male or female, although elements of the archetype may be configured differently. It is a view of the heroism of all persons within the sacred and beloved journey. All persons are seeking within the circle and spiral of life to discover a movement from "suffering to self-definition, to struggle, to love."⁹ Pearson does make it clear though that "male and female modes of heroism seem different because men linger longer in some stages and women in others." This may be due, as Pearson concludes, from the fact that women are socialized for the role of nurturing and serving and men are socialized for need for control and power.¹⁰

Pearson also makes another interesting analogy between the heroic manifestations of the archetypes found in both men and women. She contends that women's visualizing of the world comes in the form of "nets and webs of connectedness" and men see the world in the visual form of ladders and hierarchies of power.¹¹ Although there may be many other gender elements defining the archetypes of the heroic, our main interest is to apply a broad general overview of the archetypes and their predominance in the psycho-spiritual journey of persons struggling and living with HIV/AIDS no matter what their gender, sexual orientation, ethnic background, educational background or

religious background. The hero within will manifest itself in the sacred journey of the beloved in spite of outward differences or similarities.

What I like about Pearson's concept of the heroic archetype is that she does not over analyze to the point of paralysis. What she does is establish a model to help define what is common in all the beloved one's journey. Pearson establishes a very heroic paradigm which merely asks the question: "What if the goal of life is not to prevail (survive, live to a ripe old age), but simply to learn?"¹² This transforms the whole dynamics of the beloved one's journey and the priority of the psycho-spiritual agenda. Pearson states her case in this manner, "Heroism is redefined as not only moving mountains, but knowing mountains; being fully oneself and seeing, without denial, what is, and being open to learning the lessons life offers us."¹³ From a spiritual point of view, this perspective of the hero's journey is a very liberating view. It allows us to look at the spiritual beloved journey, not merely from victories and conquests, but from a deeper more soul transforming view - the view of knowing and being known by other beloved ones and the Beloved One. It also puts the goal of spirituality in terms of learning - learning how to live with brokenness, learning how to move from physical suffering and brokenness to spiritual wholeness and glorification, or, in terms of my own Wesleyan tradition, the growth in sanctification or a sense of belonging to the Beloved One.

Thus, heroic archetypes may enable a person to understand what they have learned, what they are learning, and what they need to strive to learn. A person with HIV/AIDS, I have learned, is one who ultimately becomes open and sensitive to learning at a depth. He becomes more self-learning with his own psyche and he seems to manifest this learning in relation to other beloved ones in their lives. This includes other persons with HIV/AIDS and those who care for them or have another special professional or personal relationship to them. This becomes a profoundly important part of his spirituality and soul-making. He becomes transformed at the level of understanding and at the unconscious level as well. This identifies greatly with what Thomas Moore calls the level of soul which exists between understanding in life and the depth of the unconscious self. A crisis or profound change in the beloved journey caused by such events as HIV/AIDS, would certainly redirect and restructure the learning and the knowing of a person's life and a profound reconsideration of matters related to the soul itself.

Pearson says that the hero within thus learns many things on the beloved journey. The Innocent hero learns to trust; the Orphan hero learns to

mourn; the Wanderer hero learns to find and name one's own truth; the Warrior hero learns to be assertive of truth in a world where the conquerors slay the dragons of untruth; and the Martyr hero learns to love, to make profound commitments, and learns how to let go of things in life and even of life itself. And finally, the Magician hero learns how to move beyond mere trust to a profound faith in the wholeness of one's soul in unity with life in a sacred mystery beyond the time/space or cyberspace context.¹⁴ Pearson states that to "cultivate the Magician's faith in the universe, in mystery, in the capacity of the unknown, to provide you with what you need ... (it is) quite rational to trust the universe, God or your higher self and let go."¹⁵

Finally, in this overview of Pearson's thought on the hero within, Pearson presents a very helpful view of spirituality in relationship to the heroic archetypes. In another recent book, Carol Pearson refers to the "awakening of the hero within." From my understanding of the hero's journey this is the task of the soul through its many dark valleys and nights, as well as its walk by the still waters and the quiet streams of life. Spirituality defines the holistic work of the beloved journey as it interconnects the body/mind/soul search for meaning and purpose, which is the hero's true journey.

Previously I have listed the defining elements of spirituality related to five of the hero archetypes presented by Pearson. The Innocent hero archetype is referred to by Pearson as Pre- and post heroic because it relates to the concept of paradise - there is no agenda for needs or goals or fears or work, before the Fall, before the realization of nakedness and guilt and shame as related to the biblical myth of the Garden of Eden. But the other five are richly related to views of spirituality. The Orphan hero's spirituality, according to Pearson, is the one who seeks deity that will in turn seek and rescue and bring one to safety. The Martyr hero operates out of a spirituality that seeks to please God through conscious and unconscious acts of suffering and sacrificial giving to others. The Wanderer hero moves with a spirituality that is a continual searching for God through doubts and questioning. The Warrior hero operates within a spirituality that uses power to evangelize and convert or change the world, slay the dragons, rescue the treasure or Holy Grail or the damsel in distress; it is a spirituality defined by spiritual discipline in doing battle with life and the exercise of power and courage. And the Magician hero archetype is the one whose spirituality is defined by an experience of God in all of life and a profound experience of the sacred interconnection of life.¹⁶

The hero within each person is a manifestation of the awakened archetype of the soul. All of life, with or without HIV/AIDS, is a sacred journey of the beloved one. In our lives, we see the predominance of certain heroic archetypes which help define our journey and impinge on our psycho-spiritual life. Pearson writes that "ultimately, there is no way to avoid the hero's quest. It comes and finds us if we do not move out bravely to meet it. And, while we may strive to avoid the pain, hardship, and struggle, it inevitably brings, life takes us eventually to the Promised Land, where we can be genuinely prosperous, loving, and happy. The only way out is through."¹⁷ One must go through the learning and the knowing in order for the soul to be transformed and life to become an heroic quest of faith.

The beloved journey, indeed, is a journey of "living in process"¹⁸ - a process of learning, knowing, and experiencing within the soul a transformation of life's depth of meaning and purpose - heroically defined, but spiritually significant. As Dorothy Norman writes in her book *The Hero: Myth/Image/Symbol*, "myths of the heroes speak most eloquently of (persons) quest to choose life over death."¹⁹ In other words, the hero within, especially as we look at persons living with HIV/AIDS, is the hero who is in process of soul-making through suffering, through life itself, in order to learn life itself. One must learn, not merely its content, but to know the meaning of the beloved sacred journey of life over the power of death, rather than the denial of death in life. If all life is suffering, as the Buddha would insist, then maybe all suffering in life is a sacred journey of soul transformation and a discovery of wholeness amidst life's suffering and fragmentation. The beloved journey allows all the psychic archetypes within and the depth of soul to shape and reshape the journey for learning or unlearning, for knowing or not knowing, the manifestation of soul in life. No one escapes the journey unless he is dead. The beloved journey is the soul's journey and the care and nurture of the soul. It is the work of heroic archetypes dominate and predominate along the journey that molds the soul and transforms the soul just as the potter and his wheel of life and his hands shape the spinning clay.

The person with HIV/AIDS is on the same beloved journey. But because of the circumstances of his particular journey, there are lessons to be learned from his heroes within and the psycho-spiritual molding of his soul's transformation. The map for each beloved one is different for his heroic journey. But Pearson's scheme presents us with one particular view of the journey which is helpful in making sense of the journey's spiritual meaning. Pearson writes, "Whatever journey you are on, trust it absolutely for the

archetypes are here to help you. Open up and let them in." 20 As we open up the beloved journey of persons with HIV/AIDS, we may learn about our own journey and the hero within and the shaping of our soul. Plus we also may learn how to care for one another and to show honest compassion for one another in our separate yet similar sacred journeys. As Pearson concludes, "As we experience the lessons of each archetype, we learn many skills that help us to ask respectfully what we need, from God, each other, and the natural world; to give away to each other and to the universe, as a statement of our willingness to receive; to choose and value ourselves, for until we do that, loving our neighbor as ourselves means little; and to fight for ourselves, our loved ones, the species, and the planet against anything (or anyone) that threatens to lessen life and vitality for all of us."21

As we turn to the interviews and the beloved journeys of a number of persons living with HIV/AIDS, we will be using Pearson's view of the hero as a tool to evaluate microscopically the psycho-spiritual journey and transformation of the soul life within the beloved. We may observe similarities and differences in the hero's journey of each; but the purpose of using Pearson's interesting and creative work is merely to guide us on our reflective journey of understanding. The uniqueness of each person's journey is affirmed throughout this paper. It is not the intention of the writer to produce a new paradigm that proves any set pattern or irrefutable theory on the psycho-spiritual reality and soul transformation peculiar to persons with HIV/AIDS. But it is the purpose of this work to reveal the eclectic and diverse manifestation of the beloved sacred journey as it reveals itself in the life of persons experiencing one of the most debilitating plagues of the body, mind, and spirit in our time. Yet even in the midst of this plague, which has caused persons with HIV/AIDS to be stigmatized, ostracized, criticized, condemned, and excommunicated, there is still a spiritual faith journey of the beloved ones which is soul-full, soul-transforming, and soul-nurturing and caring. For when we look into the face of one who is on the hero's journey of life with HIV/AIDS, we catch a glimpse of our own mortality, our own psycho-spiritual reality, and our own process of transformation. We see what David Shallenberger of DePaul University has called a "process of exodus and reclamation"22 - a suffering in bondage which leads to a spiritual exodus or journey of freedom to reclaim the promise of one's self and one's soul. We have to learn to leave some things behind as we allow the hero within to move out into life's suffering against uncertain odds. Through it all, we learn from the beloved journey of others that we too are "spiritual companions" with the beloved ones until the journey is complete.23 Spirituality

is shaped by the whole experience of the life journey. The journey is never over until it is over and even then it is never over for one whose soul has been transformed by the journey itself. It is the hope of our sharing this journey with a number of beloved ones living with HIV/AIDS that some of our journeys in life will have renewed "spiritual direction". We may learn what Shallenberger calls "surviving into God",²⁴ where the journey itself and the challenges and the struggles result in a profound love of the depth of soul experienced and transformed and the work of God, the Beloved One, within all the lives of the beloved ones. We must celebrate the exodus, the liberation, and the reclaiming of the promise of the soul in each beloved one of God, without trying to overgeneralize specific meanings and interpretations beyond the pale of the journey of the hero itself. The key is to understand each person, each beloved one, within his own life story and journey. Spirituality and the soul's transformation in and of itself is the only valid criteria for making any conclusions of the interconnectedness with and among the stories of the beloved ones. As Shallenberger at DePaul, concludes, "As individuals move toward 'integration', spirituality may once more emerge."²⁵ It is the emergence of spirituality and the manifestation of the soul and the care of the soul for the beloved ones that challenges the hero within each of the beloved ones with HIV/AIDS and those who love them and provide compassionate care and support for their journeys.

The stories are all different and unique. The journeys are separate and specific and self-contained. But there is a sacred thread of interconnection of soul and spirituality that enables us to learn and to know the depth of this hero journey of the soul in the life of those living with HIV/AIDS.

HIV/AIDS: MYTHS AND MYTHOS

Joseph Campbell sounded the alarm that this generation needed to discover or develop a new mythology. In other words, he was challenging us to examine our present lack of myth in life in order to catch an image of a new mythos that would help us understand the time in which we live. The truths of the past myths have been lost and need to be reclaimed in new forms. Thus, the eternal verities of life need to be captured in our present day story in order to speak with clarity and understanding to life's journey now. The talk of great mythological heroes of the past and stories of their adventures must be remolded for the lives of people living in cyberspace technology.

Persons living with HIV/AIDS need to understand their journey in life from the perspective of a new mythos. Thus, discovering and sharing a new mythos is a form of "soul-making." Jean Houston believes that "soul-making requires that you die to one story (the old myths of the past) to be reborn to a larger one (a new mythos) in order to understand life within the context of living with HIV/AIDS."²⁶ Thus, a new mythos or spiritual journeying through the image and power of mythology helps us understand the "soul-making" process or what Jung would refer to as the process of individuation.

HIV/AIDS is one of the many psycho-spiritual woundings which may occur in a person's life to devastate their hopes, dreams, break down their physical immune system as well as their spiritual immune system, destroy relationships, and futures. But as Jean Houston reminds us, this wounding of the soul or "breaching of your soul (is) an invitation to your renaissance"²⁷, or rebirth spiritually and psychologically. Throughout the ages, myths have demonstrated the power of this wounding of the soul from Adam's rib to Achilles heel, from Prometheus' liver to Job's boils, from Jacob's broken hip to Oedipus' blinding to Jesus' crucifixion. All share the power of the mythos that works a renaissance of the soul through "sacred wounding."

All diseases and plagues may have the potential to bring about soul-making through sacred wounding. A heart attack or cancer in a person's life may be just as much a sacred wounding for soul-making as the HIV virus.

Yet, unfortunately, persons living with HIV/AIDS have been marked by many untrue myths that have hindered us from seeing the true mythos in dealing with soul-making in their sacred journey. Persons living with HIV/AIDS have had to endure many false myths generated by phobias and fears in peoples' minds due to the lack of education and proper information, as well as the skill of human sensitivity to the needs of suffering people. These false myths have also been the conspiracy of different segments of society from media ignorance and bias to governmental groups fearful of the consequences of dealing with HIV and the most troubling series of false myths spread from the religious voices and pulpits of the nation.

The myths range from a belief that HIV/AIDS was a "gay disease" to the myth that HIV/AIDS may be spread by hugging a person infected with the virus. All such myths have been shown to be groundless. Yet there are still those in certain quarters of Christianity, who see HIV/AIDS as God's punishment on certain behavior and lifestyle. Such judgmentalism is the product of a world void of a genuine mythos found on truth. Maybe this is the reason why Jean Houston says that "we pathologize because we cannot mythologize."²⁸ In other

words, we are prone to look at persons with HIV/AIDS only through the perspective of a pathological view of life rather than a desire to understand the mythos or story of a person's genuine journey in life.

The beloved journey is a psycho-spiritual story of soul-making and soul transformation. This is the definition of the human journey or story with or without HIV/AIDS. This is our story and it is necessary to rid ourselves of the myths that are distorting our view of the journey in order to reveal the true and necessary mythos which enables soul-making and transformation.

Maybe the reason Thomas Moore writes of his concern over the "loss of soul" is precisely related to our failure to distinguish between myths that are false and genuine mythos - the real heartfelt story of the person living with and surviving and dying with HIV/AIDS. Persons interviewed in this project all had to live with the myths and untruths within society and within themselves. They also had the opportunity to become intimately related to their own mythos and story. It is the ability of the person on the beloved journey to determine fact from fiction in their lives which enables them to experience soul-making and transformation of the soul. This is and was just as true for the person whose spiritual or religious experience was limited or almost nonexistent.

Telling the beloved one's journey and story is, as Moore affirms, "an excellent way of caring for the soul. It helps us see the themes that circle in our lives, the deep themes that tell the myths we live."²⁹ That is why it is so important to allow a person with HIV/AIDS to tell his story and receive a sense of the sacredness of their journey purely as a human being who happens to have a deadly virus.

HEROES WITHIN THE SOUL

Once we invite the beloved to tell his mythos, freed from the distortions of cultural, religious, and personal myths, then we are opening the possibility for the beloved ones to experience the hero within their own soul and life. Our definition of hero is based on the beloved one's ability to deal with the pathos of their lives rather than the pathology of their situation. The hero is one who becomes in the biblical sense, "more than a conqueror" - more than one who rescues the fair maiden or retrieves the Holy Grail. This hero within the soul is a manifestation of a person's depth of being - a manifestation and revelation of the quality of inner being, which is challenged by exterior factors and situations.

Those who are on the beloved journey of living with HIV/AIDS are prime candidates for the manifestation and revelation of the hero within the soul.

Thus each story or mythos of the hero within the beloved is a revelation of the beloved's individuality, eccentricities of soul, the self-expression of the beloved, and the passion of the soul.³⁰ Every person interviewed with HIV/AIDS shared a very unique and remarkable individuality in the form of their story. The hero is not a generalized model or generic in nature. Every hero of the beloved journey has expressed an individuality of thought and expression that cannot nor should not be replicated. Each hero definitely manifests many eccentricities of life and thought which make him above all unique. Each shared his own ability to self-expression. And each hero demonstrated a passion for life and surviving that was deeply moving and challenging to anyone's journey. Such uniqueness of each hero's journey and story is expressed in several lines from Oscar Wilde's letter, "De Profundis." "The final mystery is oneself. When one has weighed the sun in the balance and measured the steps of the moon, and mapped out the seven heavens, star by star, there still remains oneself. Who can calculate the orbit of his own soul?"³¹

The hero within the soul is a unique manifestation of the quality of our life within, the quality of our spiritual journey, as well as the quality of our psychological self. That is the reason why HIV/AIDS has the potential, as tragic as it is, to produce a hero within the soul of a person whose journey and story seems far removed from anything heroic. The hero, never dreamed possible, may be revealed and known as a product of the beloved journey with HIV/AIDS. The virus, which has taken so quickly so many beautiful and creative lives, has also produced heroes of the soul in the lives of many. The hero becomes the manifestation of the wounding and suffering of the beloved one. Paradoxically, as in the case of the suffering servant written by Isaiah, it was the wounding that brought forth healing and transformation of soul in life. The hero of the soul in the beloved journey is correctly identified by Henri Nouwen as the "wounded healer." The pathos of the hero's story and the mythos become the experience and means of bringing healing and wholeness in ways more than physical healing. Thus, the hero conquers more than a disease or virus; in the case of HIV/AIDS, there is not a conquest of the disease. But the hero's journey, psycho-spiritually, is a clue to the quality of the soul as it manifests itself in the living with HIV/AIDS. The beloved one becomes a hero within his own beloved and sacred journey of soul and life. Defining the hero in each mythos and peculiar story of the beloved is a part of the overall task of this reflective research and writing. Let the individual stories of the beloved themselves help define the hero within the soul.

Dr. Carol Pearson states that the discovery of the "hero within" is a fundamental need of all persons to discover "the meaning of life."³² The hero's journey is a profoundly spiritual journey. It is a journey which is profoundly cyclical in nature as it confronts life and circumstances. Pearson sees this hero's journey as a journey of individuation, within terms of Jung's thinking. The hero's journey is the process of soul-making. Thus one can not view the hero who is living with HIV/AIDS as either a psychological phenomenon only or a spiritual experience. It is a both/and experience. The hero is both male and female; the hero is both psychological and spiritual; the hero is both sick and well; the hero is both broken and whole; the hero is both alone and related to the community of others. If, as Pearson insists, that the new heroic paradigm is not merely dealing with a quest or crusade or a warrior's battle or even overcoming a disease but to learn more of the interiority of one's soul - learning to live rather than moving mountains - then it is the hero who determines how that life will be lived and how that soul will be tested and how that soul will learn the meaning of life.

It does not take Jung or Pearson or Hillman or Campbell to affirm the reality of the hero in all persons on their beloved journey. There is a hero in each human being. There is a potential heroic soul in the making or fully developed in each human life. Neither does it take a virus known as HIV/AIDS to validate this heroic nature of the human soul and spirit. Discovering life's meaning is the heroic task of each person on earth. It is a fact which is not determined merely by events or situations in life; it is the modus operandi of the human conscience. It is the spark of our divinity and the nature of our humanity. Those whom we have declared to be on the hero's journey of the beloved just happen to be a particular group of persons, but from their heroic journey, we are able to learn something about our own heroic spirit and the soul-making of life's value and meaning.

For those who look at life from the perspective of the Christian faith, the hero's journey of the soul is the Christ event of one who confronts life with love and discovers that life and love demand sacrifice, even to the point of a cross. The Christ-like hero informs our journey of faith with a spirituality that is very visible and demonstrable in nature. The Christ-hero within the soul is more than a courageous deed maker and doer. He is a way of life that celebrates the soul as the center of one's self and being. It is the Christ-like hero that lives and acts redemptively in spite of the dragons or opposition and in spite of the face of death and elimination. The hero in the soul affirms Joseph Campbell's idea that "our life evokes our character." The

hero in the soul is the life of the person in all of its imperfections as well as strengths of character. The Christ-hero reminds us that in each person there is a story - a beloved journey to tell - which is greater and larger than life and more significant and powerful than death. Maybe this is why in the Gospel accounts of the life of Christ, the largest portion of the Gospel accounts are focused on the passion narratives - the events surrounding the wounding, suffering, crucifixion, and resurrection. Does this not indicate that the hero's story and journey is mainly the soul-making and transforming power of one who experiences the suffering of life's pain and wounding and returns home, at last, as heroes do, triumphant, yet scarred, crucified but ultimately resurrected. Herein lies the secret or mystery of soul-making and transformation for the hero's journey. It is this factor alone which radically changes and/or transforms the meaning of life for one who shares the beloved journey of living with HIV/AIDS.

The hero within the soul changes life on every spiraling experience of life. The hero within the soul at one minute demonstrates the power of the human spirit and in the next minute, the hero cries from the cross, "Why have you forsaken me?" The hero shares the odyssey by faith, never fully comprehending the ending or any possible new beginning. The hero within the soul thus experiences not only a journey of meaning spiritually, but discovers the power of a soul and self and spirit transformed by life in all its dark nights of the soul, in all its passions, and in all of its joys. The hero within the soul at one minute cries out with Job, "I really don't deserve this hell on earth," and in the next minute proclaims, "Father, into your hands, I commend my spirit."

For this reason, our telling the beloved journey of persons living with HIV/AIDS and examining the hero within each of the beloved is the key to our discovery of the meaning and value of life. Pearson states that the hero within each person shows, in a traceable and demonstrable way, the effects of God working in the soul. We become "spiritual diagnosticians" as we examine the hero's journey within the soul of a person living with HIV/AIDS.³³ Robert Sardello refers to AIDS as a "disease of soul"³⁴ - a picture of the world in its wounding and struggling to discover meaning. At the same time AIDS becomes a "manifestation of the soul of the world." When we hear the story of the hero coming from the soul, we see our own hero's journey and belovedness. A person with HIV/AIDS mirrors before our soul the need to examine our own beloved journey of soul.

One further note of explanation with regard to the hero within the soul needs to be added at this point. The soul is also a story of dualism. Often at one moment in the beloved journey or sacred story of an individual, there is a cooperative, or, at times, competitive dualism which needs to be observed. Using the archetypal framework for this study presented by Carol Pearson, there may be a moment when the person struggling with HIV/AIDS may be, simultaneously, the Warrior and the Magician. The hero slays the dragon and fights the good fight generates as well the Magician archetype which may seek to affirm or incorporate and assimilate the dragon (i.e., HIV/AIDS). The reward for such dualism may never be fully realized. The person may seek the conquest more than the acceptance of inner wholeness and faith in the search for the spiritual meaning of life.

We often speak of persons struggling with terminal illness or HIV/AIDS as persons who have fought the good fight. Therefore, we emphasize the warrior archetype as dominant within their soul to the exclusion of the archetype of the Magician as it becomes more oriented toward inner wholeness, healing, and faith. This is not to conclude that we must dismiss either archetype as insignificant. The dualism can and should be, viewed as highly important and gives the soul the element of creative tension which is very necessary for meaning in life and for soul transformation. It is this creative tension within the life of the beloved and within the soul of the beloved who is living with and struggling with HIV/AIDS that allows us to attempt to define in a significant way the meaning of the psycho-spiritual nature of the journey.

DEFINING THE PSYCHO-SPIRITUAL NATURE OF THE BELOVED JOURNEY OF THE SOUL

Thus far, I have tried to define, in general terms, the concept of the beloved journey; the meaning of myth; and the hero's journey within the soul. And now, we need to go beyond introductory definitions to a clear picture of the meaning of the psycho-spiritual nature of the beloved journey of the soul which is fundamental to an understanding of the interviews of persons living with HIV/AIDS. It is important that we gain a framework in which to place the stories to be shared and the analysis of those beloved journeys of the soul within the psycho-spiritual context of the beloved ones and their hero's journey with HIV.

If Jung is correct as stated by Thomas Moore that every psychological problem is at its core a spiritual one,³⁵ then it can be assumed that all of life is a psycho-spiritual interconnection between the soul and one's life in community. The soul then becomes for Moore the centering of the body-mind-

psyche continuum. One cannot examine the matter of soul without considering the gestalt of body and mind - whether that be within the context of health or sickness, physically, emotionally, or spiritually. The psycho-spiritual focus then enables one struggle with the soul and its journey toward meaninglessness or meaning in life.

Thomas Moore is very helpful at this point when he reminds us that telling the story or sharing the journey is a necessary part of the psycho-spiritual care of the soul. That is why we need to examine the beloved journey and its soul-making process. Moore writes:

Storytelling is an excellent way of caring for the soul. It helps us see the themes that circle in our lives, the deep themes, that tell the myths we live. It would take only a slight shift in emphasis in therapy to focus on the storytelling itself, rather than on its interpretation.³⁶

In other words, storytelling is the relationship of the human document to the journey of the soul and all the psycho-spiritual aspects and factors that enable one to "recover a sense of the sacredness of each individual's life."³⁷ This storytelling of the journey and the accompanying concerns of the psycho-spiritual elements of the soul are never told in isolation; it is always a journey and story that must be interpreted by a community of persons in relationship to and with one another.

The psycho-spiritual nature of the beloved journey of the soul must consider the soul's power as it relates to individuals and their emotions, self-expression, and the passion of their lives. The story of the soul is its nachleben of the psycho-spiritual nature of the journey of the beloved. It is this mystery of the soul which is so important to our study. The psycho-spiritual phenomenon of the soul's journey can only be observed. It can only be told as a story. The truth of the soul's psycho-spiritual nature is marked by the individuality of each Self and each soul's imaginative power. The soul can not be analyzed in a test tube or under a microscope, but it can be shared in story and known in experience.

The care of the soul of one who is living with HIV/AIDS is more important than any scientifically measured psychological test or analysis. Allowing the psycho-spiritual nature of the journey to be both a mystery and a journey of faith, moves us out of predictability and into the world of the spirit and its

immeasurable phenomenon. This, in itself, validates the humanity and the spark of divinity in each human's beloved journey, with or without HIV/AIDS. The physical effects of the disease and sickness only enable us to view our soul's nature and the psycho-spiritual effects of life in a most dramatic way. The soul's work becomes the telling and rehearsing of our beloved journey. The soul needs to experience the spiritual and the sacred in all things, especially within the nature of illness and disease.

The soul's psycho-spiritual nature then connects with the sacred story of life in all its many experiences. Out of this view of myth comes an understanding of the wounding of life through disease and the potential for transformation of the soul and healing. In this context of the telling of the beloved journey, we realize with Moore, that the "soul needs spirit, but our spirituality also needs soul - deep intelligence, a sensitivity to the symbolic and metaphoric life, genuine community, and attachment to the world."³⁸ Thus we see that the soul's psycho-spiritual nature is truly a marriage of the inner spiritual web of life's body, mind, and psyche continuum. The very nature of the psycho-spiritual aspects in life is never divorced from the whole of life, whether it is health and wholeness of body and mind or whether it is brokenness and disease.

The psycho-spiritual nature of persons interviewed in this reflective research becomes as diverse as the individuality of any human being, with or without a virus called HIV/AIDS. But the creativity of the soul and the soul's ability or lack of ability to deal with suffering and life and death becomes universal. All persons are faced with this fundamental and essential element of commonality in the psycho-spiritual journey of their universally related soul. Because we can identify these common elements of universality within the soul, we are able to draw specific conclusions as they relate to persons faced with a terminal condition physically as in the case of persons in the later stages of AIDS. But also we are able to chart the spiritual dynamics of the soul in those persons who are seeking to survive and live with HIV/AIDS with a life that has quality, meaning, and value. Nevertheless, the soul's beloved journey is marked quite clearly by the visible manifestations of spirituality and psychological health or sickness.

But as Moore again helps us understand, "The care of the soul for ... a person must begin in the simple telling of (his/her) story."³⁹ The psycho-spiritual nature of the soul is the story told by the individual. Each person interviewed in the writing of this paper represents a snapshot of the beloved journey of all persons and their spiritual and psychological struggle in gaining

value, dignity, meaning, and quality in life. All of these stories together present us a picture of the story of soul-making. It is the universal story of the pilgrimage of faith and the adventure of the hero. The story becomes a psycho-spiritual process of creativity and imagination within the soul. It is what Jung describes, in his book *Memories, Dreams, Reflections*, as "the whole man... challenged and (who) enters the fray with his total reality. Only then can he become whole and only then can God be born."⁴⁰ Out of the creativity of the storytelling of the beloved, out of the myth, out of the soul, out of the wounding of HIV/AIDS, comes the story of the beloved journey and a look at the psycho-spiritual nature of the human document as well as the creative power of the soul's nature and strength. It is the telling of this story which is at the heart of the psycho-spiritual nature of any human being. Helen Luke, in her analysis of Dante's "Divine Comedy," states that the theme of the story is the same for all:

the conscious return of a (person) ... to the Center which is love made whole, by the hard road of individuation. It is a road which leads through experience of the uttermost extreme of separation from that Center, and back through the long effort of discriminating every movement of our wandering loves, until, when the purging is over, we stand on the border of Paradise.⁴¹

The story of the beloved is the creative and imaginative return to this center of consciousness - this center of soul alive in each person.

The beloved journey of the person with HIV/AIDS is the same psycho-spiritual journey for all who need to find in life's pain and suffering and separation a return of the hero back home to the Center - the Center of the soul which is the transforming power of love. It is the journey toward this center and the discovery of this center which becomes the crucial test of the beloved and the hero within each person. It is the discovery of this center of the soul which allows for imagination on the journey and ultimate transformation of soul.

The psycho-spiritual nature of this beloved journey of the person living, surviving and dying with HIV/AIDS allows the hero within the soul to be known and become visible. This concept of the "awakening the hero within" is at the very heart of Carol Pearson's writing and research and has become the basis of the interviews and data on the psycho-spiritual nature and lives of HIV/AIDS persons. It is also the heart of Pearson's work and my work as well to be

influenced totally by the work of Joseph Campbell, as was stated earlier, and his concept of the hero's journey - a very psychological and spiritual phenomenon influenced, in part, by the thinking of Carl Jung's process of individuation.

Campbell's hero has a thousand faces and for those working with HIV/AIDS persons that hero's face becomes personified over and over again. The hero's journey of the beloved is as varied as the people who make up the journey. And the truth of the hero's journey is the power of each person to share their story and its psycho-spiritual meaning for their lives. Here we confront the heart of what I believe is the essence of Campbell's understanding of the psycho-spiritual journey. This idea is expressed in Campbell's book, *The Inner Reaches of Outer Space*. It is the experience - the outer space of one's life and circumstances, life's joys and sorrows, pain and suffering, and yes, even God, that impinges upon and inner connects upon the inner depth and resources of the soul and its psycho-spiritual nature. When Campbell was interviewed on the very popular series on PBS entitled *The Power of Myth*, he told Bill Moyers that he did not need faith because he had experience. It is experience which is the "genesis of spiritual and mythopoetic truth."⁴² And it is the truth of the experience which creates the "inner reaches" or the psycho-spirituality for the beloved journey of the hero. The hero within is awakened by the outer space translating itself into inner or spiritual truth through the power of imagination. The only real danger of Campbell's thinking for our study of the beloved on their hero's journey is the over emphasis on a kind of extreme self-reliance or rugged individualism which divorces the beloved one from a sense of the communal nature of the inner psycho-spiritual experience - the loss of community and human interdependence and connection. Following one's bliss may lead to a totally subjective journey that lacks any relationship to a community of similar persons sharing common needs and concerns on the very same journey. As one writer admits, "Can we ever 'follow our bliss' without some kind of communion and community?"⁴³ In my mind, the hero concept of Campbell may be more shallow in its connection with the beloved journey of all the heroes with a thousand plus faces. They need to understand their journey within the context of some kind of communion of spirit and community of relationships. A beloved journey of a hero who is too centered upon his own "bliss" may miss the true transformation of the soul possible on this hero's psycho-spiritual journey in the face of HIV/AIDS.

Campbell wants the hero awakened within a person to return from the journey whole, complete, and realizing one's goal even when one is terribly

wounded by the journey and the experience. But unfortunately, many of the beloved with HIV/AIDS do not return from the outer journey with any healing or completion. And just as significant, many end the beloved journey very much wounded, dealing with much suffering and loss, and yet sometimes more complete and whole within their own psycho-spiritual self than any hero could possibly achieve slaying dragons, retrieving holy Grails or rescuing princesses and damsels in distress. For many, the beloved journey with HIV/AIDS becomes a hero's journey from pathology into an experience of the "inner reaches" of outer space, which becomes the evolving and transforming soul of one who truly discovers a hero within themselves and the meaning of their beloved story and journey.

Could it be that the pathological wounding of the immune system from HIV may bring the beloved in touch with the hero's infirmities and begin a true hero's journey of spiritual wholeness and transformation? This, in itself, would reaffirm for the beloved journey of persons with HIV/AIDS, the concept of Henri Nouwen of the "wounded healer." It would also be an affirmation of the hero's journey of being the "suffering servant" as mirrored in the life and passion of Jesus the Christ and captured in the Hebrew prophet Isaiah, who saw the wounds of the suffering servant as the source of healing - a healing which may only be a holistic interiority of the life and soul of a person living with HIV/AIDS.

Thus, the beloved journey of those persons interviewed and those who shared in the survey of religious affirmations and the Pearson's heroic self-inventory enables us to examine the experience of the psycho-spiritual nature of the hero awakened within persons living with HIV/AIDS. It is this telling of the beloved journey which activates not only the active imagination of the person, but it also releases and sets free the spiritual dimension of the hero's journey. This enables us to learn, as Robert A. Johnson writes, "from (our) own experience those profound truths of life that can't be transferred from one person to another with words but can only be genuinely known through one's own connection to the collective unconscious"⁴⁴ - the reality of the psycho-spiritual nature and transformation of the soul of each beloved one.

This is why the psycho-spiritual nature of each person on the beloved journey is so unique and so special. There is no way of making a complete generalization about the journey or the psycho-spiritual nature of each person living with HIV/AIDS. Their identity is as unique as their finger prints outwardly and their DNA inwardly, as well as the identity of their soul.

As you read and listen with your heart, your own active imagination, and your spirit, you will be amazed at the variety of understandings of each person's life experience and story. And you will understand the uniqueness of the beloved journey of the hero inside of each person, which is awakened by the virus called HIV in a way many people never fully realize. Fundamentally, we are confronting and reflecting upon the human document as it copes psychologically, emotionally, physically, and spiritually with HIV/AIDS. Allow each story told to quicken your active imagination and spirit. Allow each person's beloved journey to speak to your own beloved journey and story. Allow each person's story to challenge your own psycho-spiritual nature; allow each story to cause you to share his or her journey either as a pastor, family member, spouse, friend, lover, or caregiver.

After the reflection is completed and the analysis is made, it is the writer's hope that the telling of these beloved journeys will enable you to be a more compassionate and more understanding caregiver and companion to those who share the hero's beloved journey with you. As Krysten Winter-Green writes in her thesis, *HIV/AIDS: Confrontation with Being*, "The person with HIV/AIDS can be enabled in a process of transformation that will provide a redemptive self-understanding and restore meaning to the process of living with dying."⁴⁵ Ultimately, the hero of the beloved journey is known and understood when this transformation of the soul is reflectively known and understood. With this in mind, it is time to turn to the heart of this reflective research and share the beloved journey and the awakened heroes and heroines in the lives of persons living with HIV/AIDS. Experience the soul transformation of those who can release and awaken the hero in each one of our own beloved journeys. This transformation of the soul is the essence of spirituality which understands that "although broken and fragmented, we can come to peace with our brokenness and come to find acceptance in our own imperfection."⁴⁶ Who knows, this may be the meaning of that reference in scripture that enables each beloved journey of the soul to discover a peace which passes all human understanding.

1. Lorna Catford & Michael Ray, *The Path of the Everyday Hero*, (New York: G. P. Putnam's Sons, 1991), p. 51.
2. *Ibid.*, pp. 58-59.
3. *Ibid.*, pp.64-65.
4. Carol S. Pearson, *The Hero Within*, (San Francisco: Harper, 1986), p. xv.
5. *Ibid.*, p. xv.
6. *Ibid.*, p. xvii.

7. Ibid., p. xxvi.
8. Ibid., p. xxvii. (Chart)
9. Ibid., p. 4.
10. Ibid., p. 7.
11. Ibid., p.8.
12. Ibid., p. 9.
13. Ibid., p. 10.
14. Ibid., p. 15.
15. Ibid., p. 18.
16. Ibid., p. 21.
17. Ibid., p. 24.
18. Carol Pearson, *The Hero Within*, op. cit., p.143.
19. Ibid., p. 151.
20. Ibid., p.156.
21. Ibid., p. 168.

22. David Shallenberger, "The Exodus and Spiritual Odyssey of Gays and Lesbians." Paper written at DePaul University, Chicago, Illinois (unpublished at the time).

23. David Shallenberger, "Companion on a Gay Journey." Research paper written at DePaul University, Chicago, Illinois.

24. Ibid.

25. David Shallenberger, "Reclaim the Spirit." Research paper, DePaul University, Chicago, Illinois.

26. Jean Houston, *The Search for the Beloved*, (New York: Tarcher/Putnam, 1987), p. 104.
27. Ibid.
28. Ibid., p. 203
29. Thomas Moore, *The Care of the Soul*, (New York: HarperCollins, 1992), p. 13.
30. Ibid., p. 135.
31. Ibid., p. 143.
32. Carol S. Pearson, *The Hero Within*, op. cit., p. xv.

33. Robert H. Illes (ed.), *The Gospel Imperative in the Midst of AIDS*, (Minneapolis: Augsburg Fortress, 1991), p. 123.
34. Robert Sardello, *Facing the World With Soul*, (New York: Harper Perennial, 1994), p. 71.
35. Thomas Moore, *op. cit.*, p. xii.
36. *Ibid.*, p. 13.
37. *Ibid.*, p. 19.
38. *Ibid.*, p. 229.
39. *Ibid.*, p. 237.
40. *Ibid.*, p. 262.
41. Helen M. Luke, *Dark Wood to White Rose: Journey and Transformation in Dante's Divine Comedy*, (New York: Parabola Books, 1989), p. xviii
42. Lawrence Madden (ed.), *The Joseph Campbell Phenomenon*, (Washington, DC: The Pastoral Press, 1992), p. 19.
43. *Ibid.*, p. 33.
44. Robert A. Johnson, *Inner Work*, (San Francisco: HarperCollins, 1986), p. 218.
45. Krysten Winter-Green, *HIV/AIDS: Confrontation with Being*, (Bristol, IN: Wyndham Hall Press, 1995), p. 91.
46. Archdiocese of St. Paul & Minneapolis, *AIDS Ministry Program, For Those We Love: A Spiritual Perspective on AIDS*, (Cleveland, Ohio: The Pilgrim Press, 1990), p. 7.

THE STORIES OF THE BELOVED

Interviews and Stories of Persons Living with,
Struggling with, and Dying with HIV/AIDS

DAVID'S JOURNEY

Down the aisle of the church, little David Bishop came with candle-lighter in hand to light the altar candles. David was small in stature at this time and it was very difficult for him to light the candles, but he wanted so much to be an acolyte. I watched from the side pulpit chairs as David tried to light the candles. I knew that he was having difficulty because one of the candles just would not light - David tried and tried again, but to no avail. Some chuckles rose from the front pew group of persons - children from the same foster home where David had been living now for a number of years. Finally, in embarrassment and frustration, David gave up and took his seat. I could see that this twelve year old was feeling a bit sad because he didn't light the candles properly, but it truly wasn't his fault.

There were many embarrassing moments in David's early life; there were those moments when he tried so hard to sing for the Soul Searchers, our Youth Choir at Eastport United Methodist Church, but it was obvious to David and to the choir director that David just could not carry a tune; but he tried, he tried with all his heart to sing. He wanted so much to be apart of the Soul Searchers. Other times of embarrassment came at weekend retreats when David and several of his friends would show up late for the study sessions. His excuse was always the same: "I didn't know what time it was."

You couldn't help but like this young boy of twelve at Eastport. He was genuinely interested in the life of the church and did his best to participate.

Here was a young boy who had been in thirteen foster homes in the short twelve years of his life. A boy whose family, even at this young age, was not a tremendous support of loving influence on his life, David was blessed to be able to live with "Little Ma" (as she was known to her many, many foster children over the years), Mrs. Leona Shaw of Eastport in Annapolis, Maryland. Every visit to "Little Ma's" was an experience. There was always something going on in that little house near the edge of Spa Creek. Why David, on one occasion actually, accidentally, rode his bicycle right off the pier and into the creek! David's younger brother was also in foster care with "Little Ma"; they came to her as a duo. "Little Ma" cared not only for the physical needs of her children and the schooling needs, but she was deeply committed to their spiritual needs and saw to it that they attended church and Sunday School at Eastport. "Little Ma" was a saint of a woman, if ever I have known a saint. "Little Ma" took David into her home when he was about six or seven. She commented to me that David's real parents had neglected their children due in part to their drinking problem. (Drinking was one thing David hated with a passion; maybe it was because of his parent's addiction.)

"Little Ma" explained that she thought that David was gay early on but that David never showed that side of his life around the Severn Avenue home. David never gave "Little Ma" any trouble; as he grew older he was always good at repairing things and he was always very clean kept in his life and appearance. David never had a problem in school that would have caused "Little Ma" to go to school for a teacher's conversation. And, of course, all of "Little Ma's" children in foster care went to church faithfully - no questions asked.

David's background has always been somewhat clouded in my mind. He spoke about his parents in loving terms, but in the same breathe he would express his anger at them for their lifestyle and failures. Both his parents were alcoholic and both had spent time in prison. Years later this image would haunt David at the time of his father's death. David flew back from Denver where he lived over ten years of his life. He came back for the funeral; but that was really not the case. He came back to visit with those who had become his true family - "Little Ma" and her real children and the people on Severn Avenue. His father had not seen David or contacted him for many, many years. It was sad to hear him say over and over again during the years of my knowing him that "Little Ma" was the closest thing to a Mother in his life and he referred to me as his "Dad". In a letter which I received on June 12, 1990, David wrote: "My dearest Dad. Ray Moreland. Happy Father's Day. Even though we are not by blood, you have made it even better. I feel great about having you to look up to as a

'good father.' ... I do hope we can see each other before it's like with my natural parents..." (I never did get out to Denver to see David again; something that has been a deep regret, especially in the light of his having HIV/AIDS.)

David had adopted me (or maybe I adopted him) and through the years, we kept in close contact through AT&T and letters. When I left Annapolis in 1974, David was at the age of trying his wings and so he did.

On one occasion he came driving up to Frederick, where I was serving a church, in the middle of the night and he ran out of gas just as he pulled into my parking area. He always said that he was supposed to make it there. He was on his way to New York City to make his fame and fortune. Even though as I said, David was not a great singer, but he was a fantastic waiter from his days of waiting on tables at a Chinese Restaurant in Annapolis and he was an excellent dancer. David stayed over and I saw that he got the gas and also a fan belt which had broken upon arriving.

David's time in New York was tumultuous and difficult; he never spoke too much about those days but from his conversations, I knew that it must have been hard for him to survive. He ended up waiting on tables and dancing for pay.

It was during these years after I had left Annapolis that David came out of the closet to me. He explained to me that he knew that he was feeling different about himself and other people for many years - even when he was in the first and second grades. He was always attracted to other boys in the class. Even during his years at "Little Ma's" he shared with me those experiences of early sexual relations with other boys at the home. It was then he knew that he was gay. All of his life, in reality, was a struggle with the fact of his sexual orientation. Although he did have a number of girl friends in high school, for dating, David was who he was and nothing could change that fact.

Beginning with his days in New York and then his days in Washington, David became very promiscuous - many sexual partners and much anonymous sex in bath houses and bars. David was searching all his life for that one person who would love him, not just for sex, but love him for who he was as a creative, loving, person. Even in his latter days of dealing with the HIV/AIDS, David regretted that that one person, after so many, never came along. Maybe that is why he held on to "Little Ma" and me so strongly - we were his family - we were his confidants - we were his "shoulder to cry on."

During these years, David signed up and enlisted for the Navy; his days in the Navy were as difficult as any days in his life. It was during this time

that he was "railroaded" out of the service for being gay, although the official discharge prefabricated the truth about his having a drug problem. I spent many hours contacting our Representative in Congress to work on David's behalf, but to no avail. Alcohol and drugs were not David's problem. All his life, he hated the alcoholism in his father and mother, and hated the same in any of his partners or friends. After many phone calls and letters I wrote to help David through his member in Congress, there was no help to be had from official quarters of government. The Navy was just as closed minded and spiteful and hurtful as it has always been with gay persons who have sought to serve their country in the military. This was one of the biggest disappointments in David's life; he surely thought that this would be an opportunity and a challenge to get his education and plan his life's goals and career. It all came crashing down around him merely over his sexual orientation.

After the military, David came back to Washington. I was still in Frederick and David continued to share a "long distance" phone relationship with me. He went to diesel mechanics school and became a certified diesel mechanic. Again, he waited on tables and earned his keep. He also learned many other skills at the time - plumbing and electricity. David became very skillful and mechanical in his work. It gave him a great deal of satisfaction to repair things, decorate places and generally maintain his own car and his place of living.

It was a sad day for me when David went to Denver to seek his fame and fortune. His journey had led through many quarters and experiences, some good and some bad. I could only hope that maybe the strength of our friendship and the remembrance of his early days of life at "Little Ma's" and at the Eastport Church would help to sustain him as he moved away. But what roots did he have in Tennessee (his original home), what connection did he have with a family that cared very little whether he was around or not? What did he have to loose?

I had gotten married in 1980 and moved to a church in Dundalk, Maryland. Before David left for Denver, he came to spend a few days. I went shopping with him and bought him a new pair of jeans (which I believe he never threw away). We shared some precious moments talking and sharing about his plans in Denver and why he was leaving Washington. I felt then that I probably would never see David again and sadly to say, I was right. It was a sad and painful goodbye; David said to me half in jest and half in sincerity, "Goodbye, Dad." From that time forward, he would always send me a Father's Day card - it was the only one I would ever receive for years.

David's life in Denver was again the same pattern of good times and bad. Employment was hard to find - waiting on tables and working for a large catering company was, for many months, the only financial security David had. Relationships were just as precarious; disappointment after disappointment left David questioning love and questioning his ability to have a stable and committed relationship. He suffered one broken heart after another.

One thing remained clear in David's life - the connection with me and with "Little Ma" - no matter what had changed and no matter how difficult the situation, or how much he needed in extra money, if I could spare a little, David never ever forgot the roots of his spiritual life and faith from his early days at Eastport. In fact, I would go as far as to say that it was this early shaping and formative experience of the church and the community of the people of God that actually saw David through and enabled him to endure the hardship and the pain and the loneliness. I was so proud of David when he would tell me that he went to church. David actually became related, not officially, to the St. Paul's United Methodist Church in Denver. This became, as well, a very important linkage of humanity and faith in David's life. It was there at St. Paul's Church that he became aware of other gay persons who needed to know the love of God was just as much for them as any other person, in spite of their lifestyle and sexual orientation. It was the church and David's faith and the relationship that he had with me and "Little Ma" that enabled David to fight the good fight of faith and to endure. It was the good seed of "Little Ma's" planting that never left David without the roots of faith and the fruit of God's goodness, no matter how terrible life became for David along the way.

David loved life, even when his life was difficult. He considered himself a survivor and would say to me many times: "Someone is watching over me." He went through days of learning Silva mind control and other techniques; he felt deeply that he was born with a sixth sense about life and about people. David would answer the phone when I called to see how he was doing and he would say to me that he knew that I was going to call because he was "projecting" his Alpha waves in my direction and I was receiving them. Sounds weird, but David was, in some ways, a deeply psychic kind of person. I did feel at times that he did know exactly how I was feeling and thinking. Since most of his life, at times, seemed out of control and difficult, David's image of himself was enhanced by this feeling of some kind of spiritual power or psychic phenomenon.

A real example of the uprooted and constant journey of David's life may be seen in his many addresses. During his ten years in Denver, one whole section of my address book was devoted to David; every time I turned around, he was

changing addresses, changing phone numbers, as well as changing friends and lovers. This unstable, uprooted, wandering, orphan-kind of situation was very much a part of David's whole life. His life was a revolving door of homes and places to stay and revolving relationships of persons. After discovering his HIV virus, he actually became more stable as far as moving. Also he became less interested in other persons and friends for any sexual interest, and focused more on his ability to develop a lasting, loving, mutual relationship based on friendship instead of sex.

I was hopeful for David when he became a care-taker and manager of an apartment building in Denver. The owner allowed David to have an apartment in turn for his work and his maintenance of the building and helping to rent the apartments. David's carpentry and plumbing and general maintenance skills became very important. David expressed to me his satisfaction in doing the job and living at the apartment. It was frustrating that many of the tenants at times were difficult people and some were very shady characters, involved in drugs. Because of David's disdain and abhorrence of drugs, David was able to work hard and succeed to rid the building of persons who were using drugs and selling. In fact, David's work at the apartment building in Denver earned him a Mayor's award for working to improve the community and to make it a safer place for all people.

David always told "Little Ma" and me not to worry about him that he could take care of himself. The connection with "Little Ma" and me was the main link in David's beloved journey of life. "Little Ma" always received letters and cards and calls and even to this day she says that she really misses all that. David's real mother always kept in touch with "Little Ma" even when she was in prison and never really connected with David. "Little Ma" truly loved David in spite of everything; she wrote, in a note to me, after David's death at the St. John's Hospice in Denver in January of 1994, "may God be with him (David) as I am sure God did love him no matter what he (David) did with his life."

Those years when David discovered that he was HIV positive were extremely difficult. Yet, in all my years of ministry, I never once doubted that David believed that he was going to survive and live even with this virus. Although David exhibited a lot of faith and courage, he still went through tremendous periods of depression and loneliness. In one of his final letters on August 15, 1990, David wrote that writing a letter did help him with his depression. He wrote, "There has been so many times when I wish you could be here to share my life with me or just be around to see me smile when I've done good (well). Or to see me or hold me when I've learned that another friend has died of AIDS.

All this wishing does get changed when tomorrow comes and wishes stand still because I keep hoping on." His relationships became fewer and fewer; the anger and hostility which he had many times experienced with lovers who used him and abused him was calmed by David's realization that he had to make his life himself. He never gave up faith in his own "mind and spirit" - he was great on the method of de Silva's mind control - and he never gave up his faith in God. The congregation and people of St. Paul's United Methodist Church in Denver were extremely caring and loving in David's life.

It seemed to me that David needed the affirmation of others so much; he needed to be loved; this was the center and the axiom of his entire life and being; the journey of HIV/AIDS for David was one of many hero's faces; his journey led him to be a warrior - a fighter of the good fight of faith; his journey led him to be a wanderer as he struggled with his loneliness and his feeling of isolation; his journey was one of being a martyr as he sacrificially at times showed his love too freely with people and was hurt and trampled upon in the process of revealing his inner most self. His journey led him to be truly a Magician in the archetype of being a person who loved so much and allowed that love to transform even the most painful and hurting moments.

When one of David's good friends called me up and told me that David had driven his old broken down car away and no one had seen him for days, I became as worried and fearful as David's friends. After David was found, it was learned that he had run out of gas in driving and did not remember where he was or how he got there. He had been found in New Mexico; it was discovered in testing at the AIDS clinic at the Denver Hospital where David had been treated that David was beginning to seriously suffer from the dementia which becomes normal, at times, in the latter stages of the virus. David had to give up his work - he had to give up many things, including driving his car. It was not long from this time that David could no longer live by himself; and the only place possible for him to go was to the loving care facility of the St. John's Hospice.

David put on a brave front in the several phone conversations in those last few weeks of his life. He seemed to be hiding the pain of his journey with me. Something more was taking place in David's physical situation as well as his mind. My last full conversation with him was just before his death. It was Christmas and I had sent David a brand new sweater because he said that he was always so cold. I also sent him a new pair of slippers to keep his feet warm. He was so appreciative of these gifts. Our conversation was short because even then David felt that he was having difficult time breathing. At the turn of the

new year of 1994, his friend who had been so faithful to David called me again to tell me that David was having pneumocystic pneumonia. He was unable to talk on the phone and as the days passed, David, my beloved friend, my son in the faith, slipped further into a comatic state.

Nothing can separate us from the love of God and that is the belief I held to as David was separated from me by many miles and now always by life and death itself. How he had begged me to come to Denver to visit him and I, in my too busy life as a pastor, put the trip off again and again, to my own regret and sorrow. But on the day in January when David died, his friend called me and told me that the doctors and nurses at the Hospice did not feel that David would live through the day. They wondered if I would like to speak through the phone and speak to David, even though he was unconscious. The nurse placed the phone next to David's ear as every breath was labored. I told David that I loved him and that God loved him very much and that God would never leave him no matter what might happen. I shared with him that it was okay to let go - it was okay to finish his business and go on to a greater life. It was okay to leave because he would always be in my heart and soul. We had shared the journey together in many ways - we had been as close as the word spoken in the ear over the phone all these many years - a word of encouragement, a word of love, a word of forgiveness, a word of hope; that word no matter how far the distance in terms of miles would never separate us and not even death could make that separation a reality.

After speaking into David's ear for a few minutes, I said goodbye and that I would share again in his life in a different way. Fifteen minutes after that experience, David's friend called me back to tell me that when I began to speak in David's ear, his eyes opened for a moment for the first time in days; and after the conversation, it was not long before David died. It was as if David was waiting for me to speak to him once again as we had done for hundreds of phone calls - speak a word of faith and love to him - it was as if he was waiting to hear from me before he would let go of his suffering and his struggle with the virus. I gave David permission to go even though it was one of the most painful moments in my life.

David, the beloved one, was a hero who shared a journey of the soul in the midst of a virus that was seeking to take his life; but what the virus took was not his beloved nature - it was not his heroic life of faith - it was not his story of life and love - it was not his soul that was taken; for he had become more than a conqueror. David, the beloved one, as all beloved hero's of the soul's journey, returned home. It was his story that triggered this research

and it is his story that captured my concern for persons with HIV/AIDS. David never completed my Religious Affirmation survey; he never completed the Pearson Inventory of Heroic Archetypes; but David presented to me a clear picture of one who was a transformed soul by the journey of his faith and life. David was a hero dominated by the warrior and the magician - by the spirit of fighting the good fight of faith and willing to trust and to believe in the love and goodness of God in spite of everything. His faith in himself, though depressed at times, was never pathological. He lived through the depression, through the struggle of relationships, through the hurt and pain of one hospital blood test and exam after another; he lived through the weakness and the pain; he lived through the dementia; he lived through the loneliness at times; yet David was never alone.

David is the "beloved one" - that is his name. His story is not the same journey as many of the others shared in this paper. Their stories are not as exhaustive from the point of view of my personal knowledge. But David's story is a transformed story of the awakened hero and soul within. And it allows us to experience the joy of knowing that the beloved journey is not just about wounds and suffering. It is a journey of transforming relationships - relationships on the personal and communal level and relationships on a very deeply spiritual and interior level.

David's story allows us to begin to enter the world of those who live, struggle, learn, believe, fight, grow and die with HIV/AIDS. Allow the remaining stories to challenge you to see the hero awakened within the journey and to see the transformation of the soul and spirit of the person. If you can capture that spirit from your reading of these stories and the analysis to follow, you will be able to reflect and discern your own conclusions besides those that will be offered at the end of this study. Join with me now as we enter into the lives of a number of other persons who are living or have lived the beloved journey and experienced the transforming power of the awakened hero within their own souls.

RAY DEAN'S JOURNEY

Even before David's death, my knowledge of David's life and my deep concern for this new epidemic, now a pandemic, called AIDS, reached a point in my personal and pastoral ministry where I could no longer sit on the sidelines and watch people die of this disease without providing a healing and compassionate pastoral ministry in some form or fashion. It was during these

years, the mid-80s, that a request came to me from a group of persons in Martinsburg who were interested in providing a support network of group interaction and counseling for persons living with and struggling with and dying with HIV/AIDS. The group needed a place to meet which was non-threatening and secure. I promised the leadership of this group that I would approach my Administrative Board with their request to use a room in the church for such a support group.

My church was already involved in supporting the Alliance for the Mentally Ill and allowed them space within the church to hold group meetings. The precedent was set; I quoted to the members of the Board that the Discipline of the United Methodist Church encouraged a local church to do as much as it could in supporting ministries to persons with HIV/AIDS and providing places for such ministry within the church. Because of my work in the community, the Board supported the request from what became the Eastern Panhandle AIDS Task Force. The group met once a month in a large group and then met for support group work with persons with HIV/AIDS and a support group for parents and significant family and friends and others.

During these months with the Task Force meeting at my church, I was able to become very involved with the lives, the fears, the hopes, and the faith and the lack of faith of so many persons going through the valley of the shadowy places with HIV/AIDS. It was my privilege to talk with them - to share their anger - to share their frustrations - to share their confessions - to share their tears - to share their laughter and these moments became very spiritually significant in my life as I tried also, by long-distance phone and letter, to minister to the needs of David in Denver.

One of the persons I came to know and appreciate and to love as a friend was Ray Dean. Dean, as he was called, was in the latter stages of the virus when I met him and his wife. When he learned that he had the virus, Dean had to give up his career in New York and moved back to West Virginia. He and his wife bought a beautiful wooded spot not far from Martinsburg. I will never forget the call I received from Dean who asked to meet with me one day in my office. When he arrived, very thin and very weak, Dean shared with me much of his life story; his background, I discovered was very religious in rootage - with a very spiritual mother who always wanted Dean to be baptized. In the conversation, I became aware of Dean's strong reawakening of spiritual power and faith. He wanted to be baptized - not just for his family's sake but because it was right for him and it was good for him. It was important to his life at that moment. It was important for him to discover new understanding of scripture as I gave

him a new Bible to read as difficult and almost impossible as it was for Dean to read anything.

I shall never forget that simple service of baptism in the sanctuary of my West Virginia church when Dean and his wife and a number of close friends from the Panhandle Task Force came together to be with Dean as we recognized his faith commitment and his desire to become a member of the family of God and be initiated by water and the spirit. It was a moving moment - again a symbol of love conquering and saying to that which would rob Dean and us of life - ultimately, neither death, nor life, nor angels, nor principalities, nor things present, nor things to come, nor height, nor depth, nor anything in all creation can ever separate us from the love of God. Gently and ever so slowly Dean knelt at the altar - he could hardly get down kneeling - but he did. And I proceeded to baptize him.

After the baptism, we went back to the Task Force room in the church's educational building and had a party for Dean - with cake and all the trimmings. We celebrated and shared the simple joy with Dean - a part of his beloved journey to finish not only the quantity of his days with meaning but the quality of his days as well.

I remember giving him communion in the hospital not long after that time of baptism and once again reaffirming the conqueror in Dean's heart as his physical being, literally was wasting away before our eyes. When he became so weak at home he could not speak any longer, I sat one afternoon beside his bed and merely read passages of scripture as he lay quietly.

Dean's journey and faith was made easier by the faithfulness of his wife and friends, those who shared the journey with him. Our lives, in the journey, are blended no matter whether we have the virus or not. We gave the privilege of sharing the joy and the suffering, the laughter and the tears, the pain and the love. Someone has said that "love is the filling from one's own, another's cup... love is not blind, but looks abroad through other's eyes; and ask not, 'Must I give?' but 'May I sacrifice?' Love hides its grief, that other hearts and lips may sing, and burdened walks, that others lives may buoyant wing."

In examining Dean's life, I watched a man of great talent turn all his energy and skills and intellect to the business of surviving the journey of HIV/AIDS. But his survival was not merely fighting a disease, his was the warrior archetype of the soul; his battle was not to conquer HIV/AIDS; he knew that was impossible. But he did become more than a conqueror because of the archetype of the Magician which dominated his final part of the journey. The Magician overcomes the impossible not by changing reality through trick or

illusion, but by the power of love and the ability to move mountains and cast them into the sea. Dean fought the good fight. His heroic image of the warrior was dominant at times; but more significant from my observation was the archetype and heroic image of the Magician - no trick, no illusion - but the ability to change the quality and character of his life and spirit by the power of a love that transcends and overcomes illness and disease and defeats them from within the soul which is transformed by the psycho-spiritual journey of faith.

Dean died in the summer of 1990. It is now 1996 and the journey is still remembered as a journey of transformation and heroic power of the soul. Here is where David and all the beloved journeys to be shared have something in common - a common element of the hero in each person - a common thread running through each story, each journey. Could it be that it is not so much whether one subjectively analyzes these stories from a Campbellian point of view of the hero, or the Pearson view of awakening the hero within, or from the point of view of the Jungian archetypes, as it is the commonality of the beloved to seek meaning and transformation in the struggle, in the war, in the battle with and living with HIV/AIDS? Each of the beloved journeys is very unique from David and Dean to the rest which are to follow. Each beloved journey awakens a unique and special heroic nature of life and spirit and faith within the persons to be shared. Some will be seen to be more humanist and less theistic in their responses and concerns with life and faith; others will be judged to be very spiritually oriented and very theistic in their faith and life. It is not the purpose of this writer to make a judgment on the rightness or wrongness of the beloved journey; that would be foolhardy and silly. But it is the purpose of the writer to share the significance of each beloved journey, the significance of each heroic journey within and without in order to point to visible and noticeable psycho-spiritual conclusions which have been dominant along the way and have helped to transform the soul of each person. One is struck immediately from sharing David's story and Dean's that the journey raises many questions and many concerns of life and faith. But the most important question to be answered, when all the heroic inventories are shared, when all the subjective psychological analysis has been made and all the theological concerns have been raised, is very simple: in the light of the beloved journey of a person with HIV/AIDS what is the most loving thing needed to understand the journey and to give meaning and transformation to the life and the soul of the person? That's the pastoral question - that's the human question - that's the psychological question - that's the question that finally analyzes and states the key, not

only to pastoral care, but the key to living with and caring for persons who are sharing their beloved journey with each of us on our own beloved journey of faith and life. It is my belief, from hours of interviews, that the beloved journey is a heroic journey of faith transformed by the psycho-spiritual power of love. Everything in the beloved journey moves toward not only sharing the beloved or Davidic journey, but actually becoming one of the beloved heroes as well. It is the profound recognition that with or without HIV/AIDS all life is a heroic journey of the beloved seeking to find meaning and to be transformed by life's experiences, whether good or indifferent or evil. What love demands on the journey is the willingness to share the journey - to walk with - to talk with - to listen to - to give care - to share a word - to share a tear - to share a smile - to hug and to let go. Once we have done these things as caregivers, lovers, friends, family or others, then we realize that nothing can separate us from the transforming power of love within the soul.

As you read the following vignettes and stories and synopses of various beloved journeys, withhold your judgment and analysis until the end. Merely listen to the human document of each beloved as they share their heroic and sometimes less than heroic stories. Let the analysis of the dominant heroic archetype be merely a peg upon which to observe the deeper spiritual issues of faith and life. Then try to imagine the transformation revealed by the story and the transformation failed to be realized or the transformation of soul almost or potentially possible in the life of each person living with HIV/AIDS. And finally, answer for yourself the question: What does love demand on this beloved journey? What does love require from the beloved and the hero in each person as well as yourself? Then, maybe, you will understand the care of the soul on the beloved journey and the realization of meaning even in the face of death.

GARY'S JOURNEY

A life overwhelmed by HIV/AIDS can be a life devastated and shredded into pieces; it may take all the strength and power of a person merely to survive much less seek to contribute to improve the journey and life of others suffering from the same virus. Nevertheless, this is the case for our beloved journey of a man named Gary Donaldson. My interview of Gary took place on the day of his 37th birthday in 1994. Gary's journey in life began in Washington, DC where he was born. His family consisted of two older brothers and two older sisters. Gary's mom and dad divorced but Gary insists that this event in his life had little or no effect upon his life because he was just getting out on his own,

finishing high school and ready to start life. Gary entered the military for two years and became a paratrooper; he said that jumping from those planes was the "best feeling of my life."

That feeling was, even during his struggle with HIV/AIDS, never diminished and never changed. Yet even with the risk and the thrill and danger of jumping from a plane that could not compare with the risk and the danger and the challenge which he would face after discovering that he was HIV positive.

Gary described his life in this way, "I felt like I wanted to go out there and accomplish the hardest things that life had to offer - I felt invincible." Gary was always straightforward in what he had to say - even when the words and ideas which came out of his mouth did not particularly please certain groups and authorities. He was always a person who felt in control - an in charge kind of guy - always optimistic and determined to make life work for him. And when people told him that there was something that he couldn't do, that in itself, made him more determined than ever to prove to them that he could do it - and in many cases he did.

As a contractor in Montgomery County, Gary married and after being married for seven years, Gary admitted that he was "still young, immature, and wild." Even with a family, it was hard for Gary to settle down. His lifestyle was different - yet in those years, he felt invincible and in control. If there was a dream to be had, he had to do his best to taste it; but Gary's wife was very much a home-oriented person who would rather sit home with popcorn and TV than go out. Gary and his wife had two children, a son and a daughter, born in the early years of the marriage. Both children were born premature and this contributed to a great personal struggle; when his son was born, Gary practically lived at the hospital while the boy was in an incubator. A similar story took place with the daughter; this struggle took its toll and created tension in the marriage.

The tension and the testing of the marriage was increased when in May of 1985, Gary tested positive for the HIV virus. In June, Gary knew that he was infected. He began to question himself and his life; he began to backtrack. In his own mind he came to the conclusion that he had received the virus from a blood transfusion in October of 1984; Gary had suffered at that time from what was diagnosed as an ulcer; on the job one day, he was so overwhelmed by diarrhea that by the time he was taken to the hospital he had lost a lot of blood.

After discovering that he was HIV positive, Gary's entire life changed, including his marriage. Soon that marriage came to an end and so did Gary's business and career and seemingly his future. When asked how things changed in

his life with HIV and how he has dealt with the changes, Gary answered that he was not sure after these years that he really had handled anything. He did come to a conclusion after his denial of the situation that his "life (was) more productive now than it has ever been." Gary said that you "only get out of life what you put in". With the virus, Gary explained that the greatest struggle was emotionally and psychologically and spiritually. "It's probably the most difficult thing about having this virus... the more pain I can tolerate the more I'll live with this ...", said Gary. Sometimes, many times, Gary has felt like giving up and letting the virus just take over completely. On one occasion Gary said to me, "Why do you have to suffer so much to get to the bottom line - dead?" Yet even in his suffering, Gary affirmed that he had never thought or contemplated suicide. That, I believe, did change several months before his death when he did mention that the thought of a way out like suicide had, at times, crossed his mind.

In his life with HIV/AIDS, Gary has found that one of the biggest problems has been trusting people - Gary said that he'll "give them one chance" - one chance to prove that he can truly trust them. He has learned that the person he trusted the most was himself. He has been disappointed in people he thought would be trustworthy and caring; he has been disappointed with some leaders in the community who were uncomfortable with his speaking to young people in an attempt to educate young people that HIV/AIDS is indeed serious and that this virus is not a gay disease, or a black disease, or a white person's disease; it is a people disease and all of us as people are involved. It was very painful for Gary to be told that he could not address young people in the school system because powerful people and parents thought that he was too graphic and strong in his language. Gary said that his dragons to be slain are in society - "society's thing is, and I have to include myself, I didn't want to believe this, I thought that it would go away." Gary had to let society know that he was just like them - he had worked for a living - married - had two young children - and got a bad break. Gary was so sensitive to the fact that society must learn how to fight AIDS and the disease and not people who have the virus.

I asked Gary how his journey with HIV/AIDS has changed or altered his understanding of faith and religion. Gary stated that it has changed his ideas somewhat because "no matter what I do on a 24 hour - 7 days a week basis, I have HIV, I can't say I don't have the virus - and it continues to be worse ... I've already been through this ... this virus affects you from your head to your toes...". For Gary it is a journey of anger as well; the disease devastated his entire life and future and dreams. He said that sometimes he just cannot "see

outside the anger of the virus." Gary said, "If you are an angry person, and you die, you'll die angry." It is difficult to deal with the anger.

Gary was fortunate that he was able to channel some of his anger through his continued participation on the Washington County Umpire Association; he was one of the best umpires the Association had to boast. After Gary went public with the fact that he had HIV, he remembers umpiring the American Little League Championship and two women who read about Gary and sought to stop their grandchildren from playing on the field with the umpire who had AIDS. Gary went out and did the championship in spite of the protest of some. He umpired a great game and he was later told that the two women said that "that umpire may have AIDS but he is about the fairest umpire ... ever seen."

Here was Gary's hope and reason for fighting the good fight - the reason for speaking out - the reason for going to youth groups and other forums in order to share his story and journey with HIV. It was his hope that people could and would change. Gary believed that it was his job to "educate others and struggle with others and fight for others - fighting for justice on helping people deal with people who are living with and struggling with HIV/AIDS. Gary believed in his heart that by working and speaking out on HIV that maybe, just maybe, a life or two would be saved from what he had been experiencing. He said, "If I don't save, I'll at least change their attitudes."

After one sickness after another and one hospitalization after another, Gary was becoming weaker and less able to bounce back from the edge of death. When Gary established and worked so hard to start the first World AIDS Day Walk and candlelight vigil in the Park in 1993, he had felt that he had reached and accomplished some of his goals and priorities in life. During these years, he has had the faithful companionship of a woman who had stayed by his side through many difficult and trying moments, personally in her life and in their life together. Even though the relationship was rocky and difficult, the woman, Brenda, stayed with Gary even until the end.

I asked Gary what he wanted written in his obituary after his death. Gary said that he wanted the following: As a person who confronted AIDS awareness, with the first World AIDS Day Walk in the community and that he opened some eyes and helped and made sure that what was happening to him didn't happen to others, so that the best years of life don't turn out to be the last years of life.

Gary's condition drastically changed and deteriorated. Gary never felt that he would make the second World AIDS Day Walk to the City Park, but he surprised himself and a lot of unbelievers in the power of inner courage and

strength. Gary's aggressive nature had served him well and at the same time it had caused him a great deal of pain in his life and in his relationships.

After a year of hospital stays and near death on a number of occasions, Gary even decided that he was going to get married again to his friend and companion. But after discovering the disastrous results of the financial chaos marriage would bring to both their lives, Gary was not able to make that goal in his life. How sad that our health care system in the United States punishes people living with such a disease as AIDS by destroying any of their best intentions of sharing in the life of another in a meaningful covenant called marriage.

As time past, Gary's eyesight became progressively worse from the CMX - a damaging condition of the retina. And after moving to a new rental place, he found himself on higher dosages of morphine and Demerol to control his pain; for weeks he was confined to his home with IV home therapy.

During this time, Gary ran into some financial problems and called me one day at my office to see if I knew of any places in the area who would be willing to help him. I shared with him the possibility of our Pastor's Discretionary Fund which is used for emergencies. I promised that I would do my best to get him some help for some of his bills in the face of the mountain of medical expenses. It was also evident from this conversation that Gary was also experiencing a decrease in his spiritual reserves as well. This was the lowest stage, I believe, in his faith in God. The combination of his physical deterioration, the financial stress and the relationship tensions plus the AIDS all created a tremendous amount of fears as evident in his conversation.

Not long after this conversation, while walking on the seventh floor of the local hospital, I met several people in the hall - both of whom worked in the area of helping persons with HIV/AIDS through the department of social services. After a brief discussion, I was told that Gary had been in the hospital since Tuesday of that week and that he had been discharged by the doctor. But Gary had gone down to the first floor in a rage after learning that his girlfriend had taken some of the furniture and was planning to move out on him while he was in the hospital. It was evident when Gary appeared on the floor that his mood was one of total chaotic distress and anger; his movements were erratic and his mood was highly charged with feelings very much on the edge. He was angry at his girlfriend and he feared that she would take everything while he was in the hospital. The two had been renting their place and now Gary felt that he would have no place to go and he was worried mostly about his beloved dog. His mother happened to be there in Gary's room when he

returned to the seventh floor. When Gary entered the room you could tell that she was not going to be able to handle Gary with his tirade and outburst.

Gary's outburst of resentment was partly based on the fact that he was taking high dosages of morphine for the pain which had made him addictive to the drug and had caused erratic mental thinking and acting. It was at this moment that Gary mentioned that he was very suicidal and that he didn't care any more because he was going to die in a few months anyway. He had nothing to live for - his friendship with his companion for four years was seemingly at an end. His years of umpiring baseball were finished; he was going to lose his place of living in the face of already losing so much of live to HIV/AIDS. Gary was fighting mad and yet, at the same time, whether Gary wanted to admit it, he was very much afraid.

As I observed and reflected upon his actions and words in those moments, Gary seemed to be dominated at the time by the archetype of the wandered and the orphan. Watching him walking down the hall ahead of his mother's wheelchair, determined to leave the hospital, he carried a plastic bag of his belongings; he said that he was leaving and going home and that he was going to drive his own car even as upset and confused as he was and no one was going to tell him otherwise. But as I watched him walking down the hall, I also saw an afraid, little boy; this strong, macho, all around American boy, was hiding deep within his mixture of outburst and controlled anger, his inner fears. His fears seemed to go back to those early conversations about his faith or lack of faith or trust in God or some Higher Power. When one is in the pit as deeply as Gary was, at the bottom, looking up, all hope seemed to be lost. Gary found himself in the abyss described by Teilhard de Chardin. Certainly the abyss, call it AIDS or anything else, may indeed push one to the brink of taking one's life or doing something drastic and stupid. Gary was experiencing the dark night of his soul that cried out for some hope. Where was the lover? Where was the faith? Had HIV/AIDS robbed Gary again of being the hero warrior? Had even the martyr archetype been destroyed by his fears? Had the magician's power to discover and to bring any peace or joy or love to his life been erased by the darkness of the abyss? Gary's beloved journey did not seem to be beloved or anything but truly a journey toward death.

On Sunday, July 30, 1995, I was called by Gary's fiancé to inform me that the doctor did not believe that Gary would live through the weekend. She wanted to know if I would come over to their house and have a prayer. Of course, I said I would. It took about a half hour. When I arrived, the room Gary was in was very dark, blinds were closed; the air conditioner was on. Gary was lying

in bed seemingly asleep; Brenda was sitting next to him - talking to him and caressing his head. I came around the bed and told Gary that it was Rev. Moreland; he seemed to respond to the name. I told Gary that he had fought a good fight and that he could let go now. At that moment he opened his eyes a little and said, "Why does it take so long - it ain't over yet." Of course, there wasn't an answer for his question. Brenda was reassuring him about her love and how he had won her heart and all the good times that they had shared together - their trip to the islands in the Caribbean in better days, even though she had to give Gary a Demerol shot in the bathroom at the airport and had to lock the door to do so. Gary's faithful dog - Blitz - a husky, was in the room near by as well.

Friends and neighbors were coming in and out while I was there. Brenda informed me that Gary's mother was driving by herself to come and see Gary. When she arrived, it was very emotional to see her sit on the bed alongside Gary telling him that it was "momma." Gary's breathing was very hard; the only thing he was connected with was the pain medication that automatically sent morphine through the IV into Gary. After Gary's mom stepped out of the bedroom for a moment, I had a private moment to speak to Gary and to assure him of God's love and peace for his life; I held his hand with love and mercy in this very difficult and beloved journey.

Gary's mom and Brenda returned to the room and another friend came by who was going into town to get a potty chair and urinal for Gary. After some moments of silence and some conversation, I asked if I could have prayer with Brenda and Gary mom's and Gary. At that moment I prayed that God would surround them all with love and help them understand that nothing can separate anyone from the love of God.

Brenda thanked me for coming over and then I asked about arrangements for Gary. She had spoken to a local funeral director about funeral services; Gary had no money at all; with all the struggles of the relationship and all the hard moments, you could still sense that Brenda truly loved Gary and was intending to stick by him all the way. She had moved out on the fourth of July and that was needed for her sake and sanity in the midst of everything she and Gary were experiencing in life. But she had made a commitment to be with him during this most final and ultimate of transitions in life.

Upon leaving the house, a neighbor friend came behind me and began to ask me if Gary had accepted Jesus as his savior so that he wouldn't burn in hell. I must admit that this kind of questioning and thinking distresses me very much. I grew up with such fear and judgmentalism. The only thing the woman had to say

was that unless Gary had accepted Jesus in his life, he was doomed to God's judgment. I tried to make her understand, with very little success, that Gary, as far as I knew, had made peace with God and with himself. He was not the most religious person, but I definitely believe that Gary had times in his battle with HIV/AIDS in which he experienced God's grace and mercy and presence in a very real manner. I continued to help this woman to understand that God's mercy and grace and love was and is much greater than God's judgment. How could she honestly feel that God would send someone to hell when they had already gone through such an overwhelming hell called AIDS? Did she honestly think that God was so arbitrary that God would not receive one of his children into God's eternal care? How do you get through to people who have this narrow view of God and this obsessive preoccupation with judgment and hell? Even to try to force the issue of making Gary say the words so that somebody could hear them when he was literally in a stage of dying would be, as far as I am concerned, a very cruel and unusual punishment in the name of religious faith and God.

After one more visit to the home on Wednesday, Gary's battle with HIV/AIDS ended in death very quietly with Brenda and his beloved dog, Blitz, by his bed. Brenda called me and asked that I conduct the memorial service for Gary on a Saturday in August. Of course, I told her that I would help the family in any way possible. She asked me to share the service with Gary's doctor who spoke of Gary's struggle and his battle with AIDS. I tried to speak to a very diverse community of people attending the service that morning - persons with HIV, members of the medical community, and especially, Gary's family and beloved friends. It was an opportunity for me to reflect upon Gary's beloved and heroic journey physically and spiritually with HIV/AIDS and to help bring his journey to closure with remembrance and celebration. I wanted those in attendance to know the truth of what Paul wrote in Romans 8 that nothing on this earth can ever or would ever separate us from the love of God, including a virus named HIV/AIDS. I helped them to see Gary as a little bit of a Jobean character - sitting on the ash heap of life, feeling sorry for himself, yet never giving up his hope in God even though at times it would have been so easy to do so. I tried to speak of a person whose courage in the midst of the ash heap was to speak up and to speak out and to act out his concern for young people and the whole community. He wanted so desperately to bring the message home that HIV/AIDS was indeed a people disease. He believed in his heart that people aware of this disease and what it does could and would change. Gary became the human face of AIDS in his community and through his first World AIDS Day Candlelight Walk to the City Park with many people; he spoke of this human

problem faced by all people. His whole purpose in life was to show that what was happening to him did not have to happen to any young person or any person of any age. Yes, I related to the family that Gary did feel abandoned and all alone at times in his struggle. This is very human and very much a part of the journey at times. But I assured them that God never once abandoned him as God never abandoned Christ on the cross even though at that moment it seemed to be so. Finally, I shared with them the words of another journey hero of HIV/AIDS who experienced some of what Gary experienced. This man, Terry Boyd, said with the same conviction, that "my job is to bring (people) to a realization of what it is like to live with AIDS... Death becomes a problem when we can't move beyond it, when we ignore the needs of living persons. There are so many more important considerations. How will I live my life? In despair, in hope, in service, in fear? ... the essence of the Gospel imperative (is) to 'love one another.'" And Gary would agree with the words of Boyd, "Death from AIDS is a long, slow process, painful, soul wrenching, debilitating - and I hope that no matter what you may think of me, you will learn from my journey and better care for yourselves and those whom you love always." Those words, indeed, were the spirit of the journey of Gary as well.

Gary's beloved journey was a unique combination of an "all America boy" struggling with the fact of painful and terminal death in the midst of his most productive and successful and fruitful years of life. In essence, HIV robbed Gary of his marriage, his job, his relationships with others, his dreams and many other stolen possessions and sought after goals in life. Yet at the same time, the psycho-spiritual journey of Gary led him through a confrontation with his own faith in God, faith in his own courage and ability, and faith in other people and the community. There were many battles and many frustrations and many disappointments in the journey for Gary. In reviewing Gary's personal self-test inventory of the predominant archetypes working in Gary's life in his journey with HIV/AIDS, there was a clear indication that Gary was directed interiorly by a very strong Warrior archetype. He truly believed in the cause he was involved with and he was willing to put his life in the mode of confrontation with political and educational leaders and even the medical community. The Warrior archetype never fears the confrontation nor the conflict.

The Warrior archetype is matched in Gary's self-inventory of the dominant archetypes by two almost equal archetypes: the Martyr archetype and the Magician archetype. This seems to indicate that although Gary was a fighter and willing to get into the fray and fight the good fight, he was also plagued

spiritually by a feeling of being a victim and unfairly dominated by, at times, the feeling that he was a sacrifice on the altar of life because of HIV/AIDS. It was the strong dominance of the Magician archetype that redeems this victim feeling and balances itself with the Warrior archetype and puts love and faith and hope at work in Gary's life. It was by the power of the Magician archetype, in the face of tremendous physical odds, and lack of support at times from the community, that Gary was able to mobilize hundreds of persons for that first World AIDS Day in December for the walk to the park and the Candlelight remembrance of others who fought the good fight.

Although the Warrior archetype was dominant in how Gary dealt with HIV/AIDS and how he struggled to set goals and fight the fight of faith, it was also the Magician archetype that actually became the key in Gary's final part of the journey. It is at the level of the Magician archetype, fairly strong in Gary's life, that we see some of the visible roots of Gary's faith in God, as shaky and as uncertain as that faith was at times. Gary was constantly on the edge of faith by virtue of his doubts. At times the doubts were strong and overwhelming; his ability to question God and his circumstances too often controlled Gary's abusive feelings and behavior toward himself and others. Yet at the same time, Gary was willing to jump off the edge of faith and pray. He told me on many occasions that he prayed a lot - the form or shape or discipline of that prayer life was not known to me, but that did not matter. I only want to comment that prayer - a connecting link between Gary and something or someone greater than Gary - a Higher Power, if you will, or God - was definitely important in Gary's beloved journey. Never could he be spoken of as a religious person in the classical or ecclesiastical sense - never could you say that Gary was a church person - that was also foreign to his life experience. But what was evident and telling was his openness to raise not only his prayer life but his doubts and to deal with those things openly. Such a struggle placed Gary in the company of all the saints and all the people of faith who discover that they are closer to the true meaning of faith when they are sharing their doubts and fears. Sometimes, doubts can become the stepping stones to faith and fears can allow us to discover, as scripture relates, the very wisdom and truth of God in our lives.

Some would describe Gary's life and experience as the "redneck" - all American - macho male - who found himself on an unintended journey with HIV/AIDS. What Gary lost is in so many ways, he found life in many other ways. What Gary struggled with, he learned to overcome and be overcome by it all. What Gary gained was what he lost, a sacrifice of life in order to discover the

true meaning of life and the true meaning of a love. Gary's beloved journey was profoundly warrior-like in attitude, measured by the heart of a hero who knew the skill and art of the Magician - seeking to work the impossible and allowing love to make that impossible happen even in the face of death.

BILL'S JOURNEY

Bill at the age of 42 had spent his working life in retail and factory work. He was divorced now for about 10 years and his life went on until three years ago in February he was diagnosed with HIV. The trauma of his divorce and the pain of not seeing his two children very much was increased by the fact of HIV/AIDS. As a bisexual, white male, Bill had lived with ambiguity and paradox in his life for years; but learning to live with HIV in the mix of all the other personal problems and concerns was creating another life of uncertainty and feeling of aloneness.

Bill's life pre-marriage and pre-HIV would be considered fairly normal. He had a normal childhood and a good family; he graduated from high school and began working when he was 15; Bill lived at home until he was 21 when he was married. The problem of telling his family that he was positive with the virus was more devastating than the divorce and the inability to see his children. It was terribly painful for Bill to tell his family of his positive condition with the HIV virus. Because of his confiding in his family he has been living by himself for the past five years. He has lost a lot of friends, not just to the virus, but to the news of his being positive. People are afraid, says Bill, to be with a person who is HIV-positive. This situation has created a great deal of depression in Bill's life and a sense that life is not worth living with or without the HIV virus. There are days when Bill does not get out of bed because it is too painful to face the loneliness and the hurt of broken relationships. Bill has had to deal with the fact that even at 42 there are things that he can no longer do which he enjoyed doing. It is painful to have always been independent and now feel so dependent. Yet there is one friend he trusts very much and one sister who has been a tremendous support in spite of others turning their backs on Bill. At times, Bill knows exactly what the lepers felt in the bible stories. He has even heard people say very cruelly, "you should be put in a place with the rest of the lepers." Bill said that it hurts to hear this kind of talk when he is "one who believes that we are all here to help people on this earth ... (it) totally blows me away the way people treat one another." He blames this attitude on the fear and the ignorance about HIV and people with the

virus. Bill said, it "don't matter where you got it (the virus) or how you got it ...it's like any disease."

Bill's salvation personally has been his ability as a person to be "strong, a strong will power and the knowledge that he cares about people." On many occasions, Bill has gone and sat for hours with persons who were very ill with the virus - acting as a buddy and a friend. It is so important for Bill to be known as a caring person. But Bill's biggest fear is similar to many persons living with HIV and that is "dying along... I'm not scared of dying ... but dying alone." In this context, Bill shared with me something of a mystical faith experience. Bill stated that he believed in a life after death because he "woke up in the middle of the night and his grandmother, who has been dead and (his) mother's sister, who has been dead, when (he) was little, ... were very close and (he) was asleep in bed and (he) woke up and (he) saw (his) grandmother and aunt at the end of the bed and they were talking to (Bill) and they told (him) not to be frightened and that everything would be okay, and they were watching out for (him)..." For a time Bill thought that this was a dream, but the more he thought about it the clearer the event and the clearer the message became in his mind and spirit. Now, because of this experience, Bill is not afraid of death; it is just a "normal part of life... everybody only has a certain number of days" with or without HIV/AIDS.

This experience and Bill's belief about God has been important in his living with HIV/AIDS. Bill said, that "as for growing up, we believed in God... we didn't go to church ...once in a while... (but we were) brought up believing in God... I believe that you are one of God's children and God is going to watch out for you..." That's why the message from his grandmother and aunt seemed to verify for Bill, in a mystical way, that Bill was going to be able to handle life no matter how difficult HIV may make life.

Bill contracted the virus through another sexual partner whom he had been living with for three years; the other partner never informed Bill that he had been positive with the virus for a long while. They split up and then Bill heard that he was very ill at the Hershey Medical Center dying with the virus. In spite of the brokenness of the relationship, Bill still went to the hospital but he was not allowed to see his friend because he was not family. Bill had to deal with the feelings of betrayal and anger and hate and the fact that by not telling about the virus, this person actually "took his rights ways as a person." Today, Bill looks back on that experience and realizes that his partner was probably scared to tell him and scared of losing him, but in the midst of the fears, they both lost.

I asked Bill what he would have placed on his tombstone someday which would tell others something about his life. What would you have that brief word say about you? Bill replied, "He was a loving, caring person." For Bill that has also been the focus of his life with HIV/AIDS, trying to love and care for others who are in the same condition with the virus as he is. Because of the pain caused in his own life, Bill has been trying to help others understand that no matter what the outcome may be in a relationship, persons need to come clean and deal with the reality of their situation as being positive with the virus and stop hiding it. Coming clean and being honest are two paths of positively dealing with the virus; it is this journey of being honest and open that enables you to have some control over your life even as the virus tries to take that control away.

Bill has some regrets in life and some things he would certainly change in his life. His greatest pain comes from knowing that his daughter, seventeen, and his son, fifteen, have not been able to share in his life and in his pain and hurting. Yet through it all, the virus and his life with HIV has brought three gifts to his life which he has been able to give to other. The gifts are: (1) "enjoying things you more or less overlook every day, simple, little things." (2) "the gift of not being afraid of dying" and (3) "that there is a world (a life) after ... this life." Bill went on to say that he would love to give to others the gifts of more knowledge and more compassion, the gift of courage, and the gift of love. The gifts have been important to Bill as he has also had to face the "struggle with disability" and learn to live in a dependency upon others and government and just how you are going to make it day by day with food and medicine. He feels that HIV persons are still very much regarded as invisible people - out of sight - out of mind - out of reach of people who don't want to see and don't want to care.

The results of Bill's self-test with the archetypes developed by Carol Pearson indicate several interesting and important aspects of Bill's beloved journey with HIV/AIDS. The highest score for Bill with regard to the working dominant archetype in his life was that of the Martyr archetype. The goal of the Martyr archetype is goodness and the ability to lay down one's life for another. A martyr uses their own suffering in order to bring good out of evil, life out of death. This Martyr archetype appears to be dominant in Bill's life. The second highest archetype operating in Bill's life is that of the Warrior, the strength and courage of one who faces whatever is before and seeks to be disciplined and able to overcome. When asked if he felt like a warrior, Bill said, "sometimes, knowing that I have to be strong to fight the disease and have

the power to go on." And the third area of dominant archetypes for Bill was that of the Wanderer, the autonomous, independent, who either by situation and or by choice many times find themselves going through life and life's journey alone; this led Bill to say to me, "I do feel alone, handling it all on my own - nobody there for me."

In relationship to the religious and spiritual affirmation, Bill was not a person who identified easily with organized religion, but Bill felt a deep importance in a spiritual life and journey directed by prayer and meditation. This seems to confirm once again the overwhelming number of persons talked to and interviewed for this research who feel unwelcome or afraid to become a part of an organized religious group, but who, at the same time, feel the importance of some kind of religious and spiritual life of personal devotion or mystical experience and prayer. All the many interviews of the journeys of persons living with HIV verify a deep spiritual hunger or need or experience as an important part of their life.

GEORGE'S JOURNEY

George found himself in a life of drugs and drinking at the age of 15, long before HIV was a factor in his life. As he looks back on his life at the age of 42, he sees only one continuous wild party and a series of relationships without any commitment. To this day he is not sure whether he became HIV-positive from intravenous drug use or unprotected sex. In 1986, George tested positive; like many persons, he knew the dangers of the AIDS virus but he thought that he would never get the virus.

George's relationships in life were as confusing as his own mind and heart; he considered himself bisexual; he never had a monogamous relationship. Though he almost got married to a woman named Shelia, he did not feel that he was ready for the commitment. Yet that relationship did produce a child and to this day the child does not know that George is her father. "I've always wanted a child," said George, "and now that I have the virus, I never will have another child." The daughter who doesn't really know that George is her father thinks that George is just a good friend of her mother. "She is 22 years old," said George, "and she thinks her father died of TB and AIDS." There have been many other partners in George's life, amble and female, but the sad part of this relationship is that George's inability to make a commitment took more from his life than the virus could have ever taken.

HIV has now colored and discolored George's attitude about his life and the journey of his life. For sometime, he was totally non-accepting of the fact

that he had the virus and George began a binge of drug and alcohol usage for two years. "I realized that I wasn't going to die that soon," said George, "so I had developed a pretty strong addiction." His binge put George in seven clinic programs for drug and alcohol from the Veterans Hospital in West Virginia to one in Virginia. Yet George kept using; he would complete the program and end up back on the street. During this time when George was having another relapse into addiction, he lost his mother to cancer; his father had been an alcoholic and had died and George had lived for some time with his mother. This death of his mother sent a shock wave through George's life; it was the biggest hurt of his life; many times in his life of drugs and alcohol, George said that he wanted to go before she died. But his mother died while George was in treatment. George went home for the funeral and immediately after the burial of his mother, he was using again. George stated that his mother "was a loving mother .. a woman of faith.. she didn't attend church regularly, but she had a strong faith."

George's spiritual journey was like many children growing up in dysfunctional homes; "When I was a young kid, about six years old, I was basically Baptist; at 10 or 11 I stopped going to church," said George. George was sent to a Catholic boarding school in Delaware and it was that experience that seemed to have the most spiritual influence on his life. He was re-baptized (if there is such a thing) a Catholic. It was at this all boy's school that he felt his first experience of communicating with Christ. Even to this day, in spite of the relapses into drugs and alcohol; in spite of the virus, in spite of the broken relationships and the birth of his daughter, George feels that he has "totally accepted Christ ...and things happening in (his) life (he) doesn't blame Christ."

Why the broken life? Why the lack of commitment? Why the inability to overcome his addictions? George feels that there are things that trigger his dependency on drugs and brought him to a life where HIV/AIDS is now the determining factor of life and death. Loneliness and boredom and anger are those things which trigger in George uncontrollable urges and lead to that first drink. Many times George believes that what is happening in him is merely his own punishment of himself for his personal and relational failures in life.

Based on George's self-test using the Pearson exam, George seems to be controlled by three dominant archetypes in his psyche and life. The strongest archetype affecting George's ability to handle life situations, his addiction and his relationships seems to be generated by the Martyr archetype. George has a very strong element of "pity party" mentality - a strong feeling of feeling

sorry for himself, in spite of his choices and decisions. This leads to a feeling of making decisions based on being the martyr - laying down his life - allowing himself to be the unknown father of his only child. His martyrdom also was evident in how he related to his mother and her death from cancer. In relationship to this Martyr archetype, George made a very interesting comment: "I have been suicidal in the past, but if I were to go out I would want to save somebody if it meant losing my own life."

Even though this Martyr archetype seems to be high in George's life and the element of the mystical seems to be high in his spiritual and religious belief experience, George's life experience seems to be heavily controlled by a sense of betrayal. Early in his life, a male cousin molested George sexually and this abuse went on for a couple of years through threats and intimidations. When his mother found out about this situation, the male cousin told her that George was the one who made the sexual advances and George was angry at his mother for a number of years for believing this accusation. Martyrdom and victimization and anger have been at the heart of George's life experience and journey. All of this experience has masked the dark side of George's personality and shadow side of life. George admits that his life has always been putting on a lot of masks and manipulating people with alcohol and drugs and sex. Many times the masks were a way of hiding the pain of family, the anger of being used, and the inability of relating to others with any deep commitment or love. George said to me, "I am never going to let anybody hurt me again."

George's journey of dealing with the reality of HIV has been strengthened only through what he refers to now as his "faith in Christ... (which) brings a sense of peace" to his heart and life. Death and the fear of death is not a problem for George now. "I've seen friends die of HIV," said George, "sometimes I am scared of how I might go out... (but) I look forward to the next life ... things I haven't accomplished... being able to help somebody..." George's only purpose now in living with HIV/AIDS is to tell others his story and discover what unfinished business God has for him to do in life. George feels that by giving another person a hug and telling them his story of ten years now with the virus that he might help someone deal with living with HIV. George used the term that his purpose now in life was to allow himself to "embrace each other's souls." And the epitaph which George would like on his grave would read, "Going through life's journey, I took many falls along the way, but I tried to pick myself up and tried to live and love."

George's life is a classic example of one whose life is scarred by abuse and dysfunctional family relationships. Broken psyches through dysfunctional relationships lead to addictive lifestyles where gratification and satisfaction come at the expense of personal destructive behavior. Such addictive behavior and the feeling of being a victim allows for further victimization of others in broken relationships and commitments. The guilt factor in George's life led to a tremendous martyr complex, not in a healthy martyr view, but in a destructive and unhealthy use of martyrdom. Thus George's inability to deal with his anger toward his mother and family led to his inability to deal with any important or significant relationship. HIV/AIDS merely amplified the reality of his martyrdom, exaggerated his guilt, and brought to the surface, George's tremendous need for spiritual resources and strength beyond his own mental, emotional and psychic ability. In George's confrontation with life and death issues brought together by HIV/AIDS, George discovered in an amazing way, an ability to deal with his anger, an understanding and acceptance of his never to be realized joy of being his daughter's father, the ability to deal with his own limitations and his own finiteness and death. For a person who was controlled by an archetype of high martyr quality, George was able to deal with his life with HIV/AIDS as a means of bringing some completion to his hurt and pain and some meaning and purpose to his life in the face of certain death from the virus. With all the brokenness in George's life, my interview with George brought forth the picture of a man who had discovered some inner peace with his beloved journey and some peace in making sense of all his failures and mistakes through his faith and religious experience.

RALPH'S JOURNEY

What happens to the life of a person, who becomes established in his chosen profession, has a tremendous secure future, and all of a sudden, that future and that profession and that life seem to come to a screeching halt? This is the journey and story of Ralph who, in his early thirties, faces the fact that he is HIV positive and begins a life of living with the virus. Ralph's family roots are typical middle class. He grew up in a typical hard working family where divorce of his parents came at the age of 12. The trauma of divorce was very much a nachleben on his life and growing up.

Ralph insists that he had not been affected by the divorce. His father remarried and his mother never did remarry. But through it all, Ralph loved both his parents as well as his brother, who is two years older, married and has two children.

Ralph had a life to make for himself. He had decisions to make for his own future. After high school, he decided to go to college. Ralph had been fascinated by a medical profession of some kind. He began to prepare for pre-dentistry. But after spending a summer working in a dentist office, he decided that was not the route he wanted to go in life. He entered pre-biology and completed a degree in respiratory therapy at the Community College near Baltimore. After his studies, Ralph returned to his home community to work with part-time work in the Washington, DC area. He enjoyed his work very much.

Ralph was a person who, quiet in nature, had a deep love of God. His religious background was very much grounded in a very conservative and fundamentalist tradition. Ralph disliked persons who were insincere in their faith and life. He told me in the interview that he disliked divorce and disease, but he loved his work, his dog, and the innocence of children. One would get the picture of a very determined, hard working and religious young man who was shy in some ways, but ready to make his life worthwhile.

The halt to his life and dreams and work came while attending a seminar related to his job near the ocean. His girlfriend, at the time, decided to go along. During the seminar, Ralph became deathly ill and had to be hospitalized. He developed a very serious cough and a high persistent fever. The diagnosis seemed to be pointing in the direction of pneumonia. It was found that his oxygen level was low in his blood and he was placed in intensive care - acutely ill. Tests revealed that he had pneumocystic carinii pneumonia. Slowly members of Ralph's family, including his girlfriend, learned why he became so deathly ill. The news for all his family and his girlfriend was indeed shocking. Ralph had never been tested for the HIV virus. He had no idea that he could ever possible be positive. Ralph had not been in the hospital since he was six years old with tonsils.

The discovery of his being positive was devastating in so many ways. I asked how he felt at the news. Ralph replied, "Helpless, a lot of fear, not only for my life, but for my girlfriend and what my family will think." Those fears have never ceased to be a real source of personal discontent and inability to handle life effectively. Here was Ralph, working hard, enjoying a relationship with his girlfriend, successful in his chosen career and now he was living on the edge of fear. Ralph said that this was truly a "complete wake up call" to his heart and soul and life. For a time in the hospital, there was even some doubt that he would even make it out of the hospital.

Ralph did recover enough to go home, but his life would certainly never be the same again. He learned that he had full blown AIDS; his T-Cell count was 16

at the time of the pneumocystic pneumonia. Although his T-Cell count has improved, Ralph's regiment of life now wakes up to medication, vitamins, pills and more pills. Ralph takes 18-19 pills a day, including AZT, Bactrim, Xantac, Difugin, and many others.

The relationship with his girlfriend at the time of this discovery of being HIV positive has been a tremendous key factor in Ralph dealing with his condition. He had known this young woman for over a year, and they entered into a continuous relationship. It was evident that she was much more intentional on making the relationship work than Ralph. She was more intent on commitment and marriage and family. Ralph was very unsure and was uncertain whether or not he could give 100% in this relationship. Even when Ralph was sick, the discussion of marriage was considered. In the confusion of the sickness and the situation of being positive, Ralph was not very receptive. Unfortunately this did not sit well with the young woman and she became very angry. She, of course, had to be tested as well for the virus because of her close relationship with Ralph. The tragedy and the trauma was increased when they learned together that she was tested positive herself for the retrovirus which produces AIDS. She became extremely angry and hurt and started to withdraw from Ralph. In some way, this news of her being positive has caused Ralph to feel a sense of being responsible. The relationship was ended and the woman moved. Although Ralph offered to help her move, he was told that he had already done enough damage in her life.

The woman was not the only relationship in Ralph's life. There was another person named Todd. When Ralph returned from the hospital, Todd moved in with Ralph. Though Todd had not been tested for the virus, Todd had a hard time dealing with Ralph's sickness. This was not a new relationship for Ralph. Todd and Ralph had a friendship and relationship for seven years. Neither of them ever wanted to be known as a gay couple, so they always dated girls.

Besides dealing with the virus, besides the heartbreaking relationship, and the strain in his relationship with Todd, and his loss of his job, Ralph had been struggling for a long time with his feelings about his sexuality. Because of a religious and conservative Christian training, Ralph had been taught that "things that are not acceptable to God should not be acceptable to man." Since, according to his life story, homosexuality was not acceptable to God, then how could he be accepted? How could he live his life in secret? How can it be accepted? Ralph had a tremendous personal struggle of dealing with God's acceptance of who he was and what he was. Finally, Ralph, after much discussion and prayer, came to the conclusion that God does not pick favorites nor does God

discriminate people on the basis of sexual orientation. Ralph accepted the fact that he was accepted by God's grace alone and that was indeed sufficient grace for all his needs in life.

A life with HIV has truly destroyed many things in his life and opened up other avenues of life and thought. Ralph said, "I can't work ... I can't be around people, like I was before, I can't have those relationships ... physically I can work, but I can't expose myself to bacteria or germs ... now I think about death and dying ... (I) focus much more on what happens after death." I asked Ralph about his focus on death and his concerns. His Christian faith and upbringing and going to church tell him about heaven and the power of resurrection faith, but the brokenness of life, the hurting relationships, the hell on earth, causes him to wonder about the meaning of pain and suffering. It has taken many months of personal struggle and soul searching for Ralph to try and sort out all the crashing rocks of his life and being overwhelmed and washed away by the power of the tide of the virus which swept over his life. There is still so much guilt in relationship with the young woman whom he cared for deeply and her being positive as well. Ralph has never recovered fully from the fact that he had disappointed her and possibly ruined her life as well as his own. Ralph lives each day by God's grace in the tension between being a victim of the HIV virus as well as a victimizer of the virus. He realized that he himself was victimized by his own choices and the choice of relationships. He can only pray and believe that in some way his former girlfriend might be able to forgive him. It is this 't work the journey that is the most painful and the most inner struggle in spite of his own loneliness at times and the fact that the virus has robbed him of his career and profession, which he loved so much. At this point in his journey, Ralph is trying so hard to seek to grow in his relationship with Jesus Christ and his ability to discover love and encouragement and find support for his condition and situation in life. Because of Ralph's religious faith, there is every reason to believe that his heroic journey of faith will end with joy and a new understanding of God's grace and mercy.

Ralph's journey of religious and spiritual affirmation was at the heart of his greatest strength and his greatest weakness in his struggle with HIV/AIDS. He knew all the "right" religious answers; he had been taught the scriptural admonitions. His going to church was very important to his own journey and his relationship with God, his mystical experience, ranked high as well, along with the importance of scripture in his life. Every step of Ralph's journey could be

predicted, to some degree, by the strict and solid religious background and training which he had received.

Thus, how did this very solid religious and Christian background, measured by the fact that his life was also dealing with his gayness and the fact that he had HIV/AIDS, produce a psycho-spiritual journey that enabled the heroic archetype to transform his journey? How would Ralph be able to handle the many complicated issues and relationships in his life and faith? It was clear from the self-inventory of the heroic archetypes in Ralph's life that Ralph, at times, was dominated consistently by three major dominant archetypes at different points in his story and journey. Ralph ranked high in the following three archetypes using the Pearson model: the Warrior (17), the Innocent (16) and the Magician (15).

In spite of the fact that Ralph was basically a very quiet, shy, unassuming kind of person, there seemed to be an element of control in his life that takes charge and begins to change things or move things around in life. Ralph exhibited the Warrior archetype many times in this early part of his journey with HIV/AIDS. Weakness and an inability to do what was right in his relationship with the former woman in his life was a pressing fear which was overcome by the strength and the courage of the Warrior archetype. Ralph was no stranger to fighting the good fight of faith; but now he had to fight the good fight in the face of odds and circumstances which he never dreamed would ever happen to him.

It is also true that Ralph's dominant archetype of the warrior was not a psycho-spiritual weapon used to destroy or mold or change other people in his life in order to please him. Ralph soon discovered that the warrior was not always successful in slaying the dragons or fighting the battles as much as developing and internally growing the ability to have courage. Courage comes from the work *Coeur* in French which refers to the heart. Courage in the warrior is not irresponsible fighting or challenge; it is the ability of a person to painstakingly and willingly move mountains that seem immovable. The mountains in Ralph's life ranged from his feelings about his family to his relationship with the woman to his unprecedented early retirement and his conflict and struggle within his heart with regard to his homosexuality and, of course, the life changing experience of confronting life and living with HIV/AIDS.

It has been this dominant archetype of the warrior that has also enabled Ralph to share in dealing with his innocence - his naiveté with regard to issues of faith - of being mind controlled by dogma and ideas and never thinking for himself with regard to God and the things of the spirit. It was an innocence

archetype that caused him to experience the true meaning of the "fall" - the loss of grace and the loss of God's presence in order to recapture that grace by the archetype of the Magician and thus restoring a life journey of wholeness and faith without the superficiality of dogmatic religion and a lack of the ownership of his own faith. Ralph's journey has been a model, for me, in my approach to persons whose conservative and Pentecostal background may bring about other suffering because of religious teaching and the conflict, internally and externally, which may take place, over such issues as AIDS and homosexuality.

Ralph's life has been challenged not only by living with the virus, but he has discovered an acceptance from God for his life which has transformed his spirit and work. But Ralph has also been challenged to work and to speak out and to share his life with others who are, themselves, struggling and trying to live with HIV. Ralph brings his good faith foundation and from that foundation, he fights the fight of faith and deals with the pain of innocence, the fall, and begins to heal the inner reaches of his life as well as the outer reaches and discovers a new sense of personal, physical, spiritual, and psychological wholeness of life.

TONY'S JOURNEY

How does a gay white Catholic male deal with his faith journey and life with HIV/AIDS? For Tony, age 38, it was a mixed bag indeed. Tony, like many of those interviewed for this project, had multiple problems, especially in the area of addictions. He had been very successful as a nutritionist and had worked in some of the best restaurants and best hotels in the nation. Tony had the benefit or burden, at times, of the best strict Catholic upbringing. In 1989 his life changed, when it was confirmed to him that he was indeed HIV positive. His T-Cell count at that time was about 500. He had gone to be tested on Friday the 13th and maybe that was the problem - that was the date of positive confirmation of the virus. Then Tony began the roller coaster ride of testing as he witnessed T-Cells go up and down, from 804 to 500 and then back again and then down to 12 in 1992 then back to 50 in 1993. Tony felt that too many of the experts fix too much responsibility on the numbers racket with HIV. Tony's experience has indicated that just living with the numbers does not make life either more livable or less livable with the virus. There has to be something more important.

Tony, from the very outset of the interview, told me that the key for living with HIV has been the Twelve Steps - the recovery program of A.A. - Tony

says that dependency on alcohol or dependency on the fact of the HIV virus has only one solution "and that is a spiritual solution ... and that's A.A." Tony does not view his life with HIV as a struggle; for Tony it is merely living life. "Somedays, I deal with it better than others," says Tony. Tony gives his Catholic upbringing the significant credit for preparing him for this life with HIV/AIDS. He was grateful for a stable upbringing with seven other brothers and sisters; though his mother died in 1970, even with Catholic upbringing Tony believes that this loss may have triggered his starting with pot and alcohol. Tony's Dad remarried a woman who was not like his mother; she was an alcoholic. It was so fast after his mother's death. Three months, after skiing in Vermont, Tony's Dad comes home with a new wife. Tony's brother was also killed in a tragic car accident. All of these significant life experiences, triggered in Tony, were balanced to some degree by Tony's grandparents who became significant stabilizing factors in his life. His grandparents helped Tony feel that he was not alone in life. But when tragedy again struck and then again, Tony's drinking became more and more a tool of dealing with his life. A.A. allowed him to reassess himself and his spiritual tools for living.

Tony said that self-discipline, which we all possess, can be important in our lives if we choose to get in touch with it. Tony made much of the steps in A.A. as significant markers in his life of addiction and in his life journey with HIV/AIDS. One of the most important other spiritual tools has been the poem "Footprints" - a reminder that there is always someone greater than oneself to carry you through the roughest moments.

As far as mortality is concerned, Tony had a very fatalistic view that all persons are going to die, whether by heart attacks or strokes or HIV. Tony said that we are all going to die, maybe even die from watching TV. He believed that we all travel different paths in life, have different experiences, and each path and each experience is meaningful and important to that person. Tony said, "I never know what God has in store for me... "I was on a ventilator for a long time ... I can remember ... my partner was there every day ... fourteen hours a day ..." But in the midst of that experience, Tony never felt alone either in a human sense or a spiritual sense; that is what made the difference and Tony believes that is the truth that enabled him to get off the ventilator at that moment in his life with HIV and its problems.

In reviewing Tony's self-test with the work of Pearson and the heroic archetypes, Tony revealed that he was dominated by the Magician archetype. Pearson views this archetype as the one that emphasized authenticity of life and a sense of wholeness and balance. Even with all the conflicts, the struggle

with dependency and alcoholism, the broken relationships in Tony's life, there was still a basic core in Tony that affirmed this kind of authentic, honest and holistic nature to his spirit. His worst fear was being cut off - his worst fear was alienation from his family and those who loved him. The Magician archetype celebrated for Tony the importance of the spiritual, the importance of faith in God in his journey of life and working on a path of recovery, not only for his struggle with alcoholism, but working on a path of living and loving with God at the center. Relationships are important in the life of the magician dominated archetype. And through these relationships life is truly not a struggle, as some would see living with HIV, but for Tony, life becomes an adventure of faith and a work - a sense of vocation to make life different in spite of how life is trying to make you different, whether by addiction or by the HIV virus.

Tony also exhibited a strong score on the dominant archetype of the Warrior - not just a fighter or slayer of dragons and rescuer of the endangered, but a warrior who has a sense of confidence in life and courage. Tony found that to be the case in many situations in life. Tony tells of being in a bar in San Francisco, "...a leather bar ... seedy district of San Francisco ... where he met some kid, obviously a hustler ... while feeding on Jack Daniels....with his friend John. The kid pulled out a butterfly knife at John ... Tony saw the knife and stepped in and pushed John aside and told the kid to get out." Tony believed that God had given him the courage to do what could have been a very dangerous and stupid decision.

Tony says that every day since discovering that he was HIV he tries, in some way, to think of others. If he is in a doctor's office and somebody is there alone, Tony tries to talk with them. He feels strengthened by his reaching out to others even if they do not feel the need to talk. When I asked Tony if he felt that he was more a whole person now with HIV than before, he explained that he felt that HIV awakened in him growth opportunities and moments to accept life in a way which had never been known to him before. Even with HIV/AIDS, Tony's journey has been one of gratitude and thankfulness, in spite of the alcoholism, in spite of the losses, in spite of the pain and the brokenness of life at times. And the only thing that is important to Tony on his journey is to be remembered "as a kind heart." But Tony assured me that as far as he was concerned, "the journey was not over yet." Even though he was retired on disability because of the virus, Tony proclaimed with great vigor and courage, "I'm going to shoot for the year 2000."

From Tony's dominant archetype of the magician and his strong score on the religious and belief inventory in the area of mystical experience, I believe that his beloved journey demonstrates a genuine ability to discover meaning and purpose in the midst of living with, not struggling with, HIV. His path of recovery has been spiritual with regard to alcohol and drugs and his path of life has been spiritual living with HIV. In spite of the end result of the life with HIV, Tony has fully accepted his mortality and his faith in life in the midst of death; for that reason, Tony has discovered a journey with HIV that is truly a remarkable faith journey.

BRIAN'S JOURNEY

Traumatic experiences are a part of life's journey; some experiences are more dramatic than others. When Brian discovered that he was gay around the age of ten, the discovery became a secret for many years. At the age of sixteen Brian was ready to discover life and all that meant. He moved to the big city and lived with a person whom he thought was his lover for life. They shared a place for several years. Brian soon found himself living in California; his lover's uncle, a man of strong education and values, encouraged Brian to go to California even though his lover didn't go immediately because there was a warrant out for his arrest. Brian had to rethink this relationship - a relationship which had become broken. He didn't want this person in his life because of his unfaithfulness. Brian's mind became troubled and he turned to chemicals and drugs. His lover finally came out to live with him in California, but the relationship took a new twist; it became very abusive - verbal and physical.

This lasted for about three years until finally Brian had to leave. His lover told him that he was HIV positive. At first Brian thought this was merely a lie in order to get him to feel sorry for him and stay; the lover was used to making threatening remarks. Brian became numb because he thought that this was just another way for him to be hurt. In a crisis of life, Brian finally returned home and tried to get back into life - a straight life. He found himself hating himself for the way he was - bitter over his relationships and hurts. But the problem did not cease; Brian began to use crack and was soon busted. He went through a year program of rehabilitation; it was during this time that he was tested for the HIV virus. Not only did he discover that he had the virus but that technically Brian already had AIDS because of his T-Cell count being so low. He feared that he had already had the virus for some time while living in California.

Brian had always worked at being faithful in his relationship with his lover; he had felt sorry for his lover's situation and now Brian had to take control of Brian's life. He had been in the terribly fast lane of life and now he seemed to be losing control. In the mix of his broken relationship and his own discovery of being positive, Brian's life was at the lowest point ever. The evening he learned that he was positive and that he had AIDS, Brian had been in the intensive care; he was terribly ill with what was diagnosed as PCP-pneumocystic pneumonia. When Brian was finally put on the floor, it finally dawned on him that he had AIDS; he said that he didn't feel sorry for himself or feel self-pity. He didn't say why this have to happen to me did or that this was going to be the end of life. During this time, he reflected over and over again how he could have changed his life and done things differently; if only he had gone a different route or just stopped what was eating at him so much, the drugs and the broken relationship. Brian had tried to rationalize the story. His good friend came to the hospital to see Brian. Brian had given the staff a very difficult time in trying to get to see the doctors. He told his good friend that he had AIDS. And this became a very significant moment in Brian's life because he prayed with his friend. Brian felt that he had to be the one who was strong in this relationship.

At that moment, Brian felt that he had the strength for both of them. He tells that strength came over him and that he stopped crying and spent that moment comforting his friend. From that day, Brian has been very strong. Brian says that God came into his life. He had never really allowed God to come into his life. He had gone to church and there was some religious background but when he allowed God to come into his life, Brian felt that the huge fears of his life seemed to be removed.

For Brian, religion really means how he must treat other people the way that he wanted to be treated - to be kind to them and expect kindness in return. Now that he is living with HIV, Brian believes in a strange way that his life has more meaning than ever. He wakes up every day and even though he is not going to work, he knows that he can go and do things that have meaning. He can go out and work in the yard or enjoy being with his dog or just be by himself and reflect and pray. Brian says that before that he never really took time to appreciate life. There is no feeling of being the martyr or the victim. Brian blames himself for his situation - he accepts the responsibility for what had happened in the past and in the present. For him that acceptance of responsibility is a genuine strength. Brian says that he speaks to God everyday; prayer is very important in his life now. Going to church has also

become important to him. Although he doesn't believe that merely going to church makes you spiritual or religious, Brian believes that he needs the church in his life to encourage his life. God plays an important part in his life each day. His faith helps him in his struggle with his addictions. Brian sees himself as a very addictive person and prayer, talking to God in the shower or wherever, helps strengthen him. Definitely in his living with HIV, Brian has discovered that each day can be a way of God being with him and sharing God. At one point in the interview, Brian poignantly asked, "How am I going to get to heaven if I have never reached out my hand to God?" Brian's religious faith has become even more important in his life now that he realized life's fragility with AIDS. Brian stated in the interview, "I want to do good things in life; I want to love others; I have allowed the devil to tempt me much in life, and I relished in those moments, but now I am trying to do things God's way."

Even with his increased religious experience and spiritual awareness, Brian still admits that sometimes he finds himself getting angry - angry at himself, at his friends, and angry at his former lover in California. Brian believes that there is one thing he needs to do in his life before he finishes all his business. He feels that he must confront his former lover and deal with some important issues. He has to overcome this barrier feeling which has been raised in his life and he must deal with his ability to forgive and stop the blame game for what Brian has been living with - the fact that he has AIDS.

Besides this unfinished business, Brian's biggest fear in his life is dying at home. Because of his great respect and love for his family, Brian is very much concerned about being in a situation where he could die with dignity. Of course, he would want his family to be with him but it must be in his own place. There has been some disagreement between Brian and his brothers with regard to his life and the situation in which he finds himself. The doctors explained to Brian that this disease is so unpredictable - there is no way on earth or in heaven for anyone to predict the when - when things would become worse and life-threatening. And even though Brian would like to have answers to his questions, he knows that just is not possible. When Brian was in Florida with his family visiting his sister, he found that his new medication was causing some concerns; how he prayed that he could just live his life without the medication, but he realized that this is impossible.

Brian's best friend happens to be his dog, but also another best friend is his grandmother. There is a special and unique bond between himself and his grandmother; this is a wonderful affirmation once again of the connection of

life to life on the journey without any discrimination about age or status or circumstances.

I asked Brian if he blamed his homosexuality for the fact that he is dealing with and living with AIDS. He admitted that he probably wouldn't have HIV/AIDS, but Brian was also firm to tell me that he couldn't ever deny who he was. He takes the responsibility for his actions. He accepts the consequences of his life. He sees himself as a victim, yet at the same time, he fully accepts the cause of his victimization by the choices of his life and the actions of his personal living. The drugs used in his life, at one time, became his escape. But now he knows better; drugs were no escape at all. They had brought him to the bottom. Brian now sees his life must not wallow in self-pity or feeling that he is the poor victim. With the time he may have, Brian's task is to make quality time with his life in spite of the past. It is his goal to make quality relationships with family and friends and with God as well.

Brian mentioned that there has been one recurring dream in his life which has caused him much concern and pain. He dreams that he is looking at himself dead - dress up and lying in a casket with his family all around him. This is totally contradictory to what he truly wants. Brian wants to be cremated and in this dream, he feels hurt that his family is going against his wishes. His dad, who is deceased, was a mortician at one point in his life and Brian would ask, "Daddy, why do you dress up these people? Why do you put a tie on?" Brian has been unable to understand why people need to be all dressed up to be buried. The body is no longer needed in death and it just clutters up the earth. Brian seems to be reflecting on how he is trying to relate himself and his wants and needs and situation with his family who sees things in an entirely different light.

Brian also had a bad dream during a period of depression in which his leg was hurting and there was a rash on his left knee, something like a ringworm. He took off his clothes and examined his body for the rash. Then he went to sleep and dreamed that he had leeches all over his body and as quickly as he pulled the leeches off, they would jump back on his skin. He dreamed that he went to his mother to ask for her help to get the leeches off and she said, "Oh, Brian, there is nothing on your skin." No one would believe him or even notice the presence of the leeches. Brian was the only one to notice. The dream caused him to jump to conclusions about his present condition and how he truly sees himself and how others see him as well.

In the midst of his story and journey with his own life, his sexual orientation, his relationships, and now his struggle living with HIV/AIDS, Brian

has discovered what he refers to as the strength necessary to make the journey no matter how long or how far. Even though Brian would not be seen as a person dominated by a Warrior archetype, his self-inventory seems to point in that direction. He is taking charge of his life, his disease as much as possible with HIV/AIDS for as long as it is possible. He knows the unfinished business which he must complete - there are goals to be attained - battles to finish. The Warrior archetype placed very high on Brian's response to the Pearson inventory. Brian is fighting a battle. There are leeches that seem to attack his life and spirit. He wants to be in control of his life now as well as the inference from the dream on people viewing him lying in a casket. Brian wants to slay as many dragons as possible and return to his own home - return to his place feeling that his life had meaning and value. The next two high scores on his Self-Test appeared in the archetypes of the Martyr and the Magician. Whether Brian wants to admit it, he still deals with the unfinished business of feeling that he was a victim - a martyr - and that even though he shares some of the responsibility, he has a hard time accepting all of the responsibility. But the strength for the Martyr archetype and the Warrior archetype in Brian comes at the point of his scoring high in the Magician archetype. Here victimization and the fighting the good fight of faith are turned into doing the impossible - allowing Brian's life to be transformed by the new experience of God in his life; the Magician archetype represents the transforming alchemy of love and faith working the impossible in Brian, allowing Brian to discover love and meaning and a quality of life as he makes this beloved journey with his friends, his family, and his personal faith in God.

In relationship to the religious and spiritual affirmations, Brian's journey illustrated correctly what the interview substantiated. Brian scored high in prayer and prayer or conversing with God is a key daily element in his life. Another high score of religious and spiritual life is evident in the area of worship. Worship and sharing in worship has become very strong in Brian's life and an important resource for his warrior part of life, in gaining the strength necessary to transform the fears, the anger, the dreams, and the struggle into a transformation of the soul. Brian's inventory also demonstrated a very strong element in his life related to the mystical experience of faith. This may also help us understand why Brian is greatly affected and very verbal with his need to share his dreams - a pouring out of his unconscious reality of soul into the conscious reality of his everyday life.

Brian's beloved journey and his story demonstrates the power of religious faith as it enables the various archetypes operating in our life to bring about

meaning and a definite transformation of the psycho-spiritual nature of a person's inner life and soul. Brian's living with HIV/AIDS allowed him to transform even his addictive tendencies and channel the anger, channel the need to escape into constructive and holistic forms of relationships with family and friends. This is strongly evident in his witnessing to the importance of a prayer relationship with God every day in order to give meaning to his life. The warrior in Brian must deal with the unfinished business. There are things that must be done before the hero returns home whole in spirit and in soul. Yet the warrior is strengthened in the beloved journey by the archetype of the Magician, turning even lead, the waste of life and the victimization of life and the sickness of life, into the philosopher's stone - the gold of truth about God and about himself. The Magician in Brian becomes the power of faith to love and to change and to bring about transformation both within the beloved's heart and love in the situation in which he finds himself. The Magician looks for life's authentic nature within and without the soul. It seeks a sense of wholeness for the journey and seeks to discover meaning through a growing relationship with God. Brian's archetypes of Warrior and Magician bring together the strength necessary for the journey and the importance of faith as well.

LEE'S JOURNEY

Lee's beloved journey began with his diagnosis with HIV in 1986 when he moved from Fort Lauderdale, Florida to Christ House in Washington, DC. Lee ended up at one of the University Hospitals in DC with a high fever; in fact, Lee went into a comatic condition which lasted for four and a half months. Physically, because of the coma condition, and atrophy, he became paralyzed and totally blind for about four weeks. Gradually, his sight came back and through physical therapy, he began to use his arms and legs. For awhile, Lee thought that his situation was hopeless and helpless. In two and a half months more of therapy, he finally began to walk a little more but his eyes were still blurred in vision; even at this point of his hospitalization, Lee did not know his true diagnosis if HIV. As he told me his story, he said that this was a time in his life for a lot of "praying, crying, praying, and crying."

Finally, a doctor confronted Lee with the fact that he was HIV positive and that he had actually suffered a stroke and optical neuropathy, in combination with PCP and a case of Herpes. What else could possibly be wrong? Lee didn't truly feel the impact of his condition until after he was discharged from the hospital. In his mind and heart, he knew he had to keep the ongoing medical appointments, but he also asked himself time and time again, what do I

do, just die now? Lee was not well enough to live on his own. Finally, he was placed in a Catholic home, similar to a nursing home, in DC. There was no TV, only classical music. Here was a man who grew up in a Baptist church now listening to and participating in saying Hail Mary's with the Rosary.

Lee believes that his life is a series of mysteries and this recent hospitalization and his discovery of being HIV positive was just a part of his mysterious life. Lee had no immediate family; his mom of 73 had died and he never really knew his real father. Lee's grandmother raised him and she died, unfortunately, while Lee was in the hospital. Years earlier, Lee's mom had wanted his grandmother to officially adopt him; she didn't adopt him, but Lee believes in his heart that she is responsible for his spirituality.

Lee's journey with HIV has been very difficult; he finds it very hard to come into contact with people and two or three weeks later they are dead because of the same thing that was beginning to overpower his own life. Lee had been dealing with deep and dark depression. His life seemed to be in a shamble. He was on public assistance, unemployed, couldn't hold a job because of his medical situation and the virus. Above all, Lee was very dissatisfied with his own life. His search for his identity had been the battle of his life; believe it or not, Lee even had a daughter who was, at the time of the interview, twenty-two years old, living in Winston-Salem. His journey had been one of being a bisexual male; part of his depression in life was generated by the fact that he was unable or incapable of sharing in a relationship of commitment with any other human being.

Yet when you talk to Lee about his spiritual journey he is quick to tell you that his biggest fear is that he will not have a oneness or unique relationship with God and to be totally at peace with God. Because of this fear, Lee has struggled to study other religions, different religions and cultures. He told me that he is empty without spirituality - "I'm like an empty eggshell." Lee said that he felt "like Adam felt when he broke that covenant with God...seeking to reenter the garden again ..." In reality, Lee has discovered as well that he needs to feel that God is more "like to potter - shaping me - creating in me more of God's image ... I am not complete."

Lee feels that his life has been one of fighting and slaying of dragons from the time he was a boy. But the major dragons, greater even than HIV/AIDS in his life, have been and continue to be alcohol and drugs. At the time of the interview, Lee was once again in a new program for about two weeks. He had been using crack cocaine three or four times a month. Still as bad as his life has

been made by alcohol and drugs, he still tries to justify some use when he says, "...What's wring with wine..."

All of Lee's life he has felt like an orphan; Lee even mentioned the old spiritual, "Sometimes I feel like a motherless child..." - abandoned, exploited. Yet spiritually, Lee has wanted God to rescue him and give him permission to go on in life and the promise that he would not be alone ever again. Lee knows in his head that God is with him, but it has been difficult for him to live within that faith and belief. The sense of aloneness was very powerful in his life. In the light of his feeling like an orphan, Lee also felt at times like a wanderer, fleeing and adrift in life, without any compass or direction, without any moorings. His life felt adrift - with purpose and meaning. Even though these feelings are powerful in Lee's life, he has been able to verbalize and share these depths of soul by his talent for writing poetry; Lee said that he felt like a poet lived inside of him and that it has been the therapy of writing poetry that he has been able to learn to "trust (his) feelings." His poems become a direct extension of his own expression of his journey and the deep places of his soul to find and to give voice to meaning and purpose in life.

There have been moments all through his life that he has had to be the warrior - the one who is fighting not only to survive but to overcome many abuses and sufferings in his life. Lee said that he had been "so close to near death experiences ..." when he was given a joint of PCP and didn't know it. He was sexually abused and beaten and didn't even realize it because of the drugs.

Lee has found that his journey now with HIV/AIDS has brought him to the archetype of the Magician to authenticate his life and to seek to create a center of wholeness within his very disjointed life and experience. Time and time again, for whatever reason, Lee has been amazed how God has given him the faith to move mountains and to overcome brokenness.

I asked Lee what he wanted people to remember about him when he did die and what he might want written on his tombstone. Lee said that he would like written the words, "He tried to love as much as he tried to receive love." This, too, from one who struggled in life from child abuse, and neglect, who was a recovering drug and alcoholic, an addict. Lee in his journey with HIV/AIDS was being forced to confront himself and really understand and know himself in ways which he only wanted to avoid. For him to be called a hero simply meant that life was worth living and he was taking one day at a time in spite of everything.

Although Lee expressed the fact that he was also considered to be a person with a borderline personality disorder, Lee shared his journey and story with frankness and upfrontness. In reviewing the dominant archetypes in his life, it was interesting to note that all of the archetypes seemed to be very present and strong in his life. The Innocent archetype, the Orphan archetype and the Wanderer archetype, all seemed to have the same amount of importance in the psycho-spiritual reality of his life. But the most dominant archetypes were, interestingly enough, the Martyr and the Magician, with the Warrior archetype being the lowest of all six in dominance. When we match the story and journey of Lee to the archetypes, we see a clear picture of the needs and the areas of strength in Lee's life and soul. There was not much of a fighter or warrior in Lee. The martyr in Lee showed a definite desire on his part to care deeply about his life and the life of his daughter as well. Lee seemed to be driven by the ability to express his feelings through poetry - to cry out his witness to God's goodness as well as give expression to the pain and suffering of his life. He very much wanted to be seen and dominated by the Magician archetype where the soul could be authenticated and discovers acceptance and joy and work for some meaning in his life. In terms of Pearson's view of the Magician archetype, Lee desired to break the life cycle of brokenness and alienation within himself and with others. To accomplish this task by the dominance of the Magician archetype would allow him to survive and live with HIV/AIDS with a powerful transforming understanding of life and faith. This is why, I believe, that his highest score on the religious and spiritual affirmation can at the point of the mystical experience - the heart of the poet was being challenged and called forth by the virus. Here was the heart of his psycho-spiritual nature and the power that enabled him to deal with his addictive life. The "motherless child" discovers in mysterium tremendum that he belongs in a relationship that is wholly within himself and wholly other - in the Thou of God and in the thou of others intersecting his life.

MONYETTE'S JOURNEY

One of the most interesting women interviewed was Monyette, an Afro-American woman in her late thirties, who was first diagnosed with the HIV virus in 1985 when she was pregnant with her second son. The doctors handling her case told her of her options with regard to the serious nature of her condition with the virus and with regard to having the child full term and the risks involved as well with abortion. Monyette said no to the abortion and the child was born with full blown AIDS; yet today that boy is over 9 years old.

Monyette's struggle with HIV has taken her on numerous trips to the hospital for pneumocystic pneumonia; her stay in the hospital was long and difficult to say the least.

In her full blown condition of AIDS, it was also determined in 1993 that she had meningitis. During all these years, Monyette's mother accepted the fact that Monyette had been and still was, as far as she knew, a drug user. But when she was presented with the fact that her daughter had meningitis and full blown AIDS, she could not accept the fact - this was a disgrace to the family. Monyette's reaction was predictable; she went back onto the streets when she regained some stability and started using drugs again. Again she contracted meningitis and the vicious cycle of drug use and sickness escalated to a higher level - drugging more and more. This time the result was that the sight in her left eye was destroyed and the sight in her right eye was impaired seriously.

In 1994, Monyette was back at a famous Baltimore landmark hospital. She had a serious case of neuropathy - she couldn't walk. But something inside of Monyette was determined more than at any time in her life that this blindness and this crippled condition was not going to control her life. She was determined that she was going to walk again. She told me that "with the Lord's help, and my determination," I will walk again. Monyette affirmed that "There is a God - I was out there acting crazy - and God said, 'Daughter, I'm not ready to take you - but I'm going to do something to slow you down.'" Monyette expressed to me the belief that God had taken her sight. She said that "if God gave me my sight, God knew that I would go out drugging again and again and that I would probably be dead if God hadn't struck me blind." She is firmly convinced that this tragedy in her life of blindness, even with the HIV/AIDS, was God's way of intervening in her life and stopping her from destroying her life completely with drugs. But her tragedy was also compounded by the fact that her drugging business caused the protective services to take away her nine year old son and the other children. This is so painful for Monyette that she literally chooses not to see her children. She spoke with deep sadness when she said that it was best for her to stay nonexistent in their lives.

Monyette admits that she made tremendous mistakes in her choices in life. She tries to avoid being cynical about her life journey and story. At times she feels that she truly is a "hero". Monyette believes that in some respects, in the face of drugs and despair and HIV/AIDS, she has conquered a number of things, including the neuropathy in her legs. She believes that she has had the courage to fight the disease. Now she believes that it is her task in life to confront others and help them become a conqueror hero. She spoke about a man

in a wheel chair whom she challenged; she said, "With the Lord's help working through me... I have helped this guy to walk - I told him that he was going to park that wheel chair in the garage..." This has become her task on her journey through life at this point. Her goal is to inspire others to do the impossible.

Although Monyette admits that she has been through the denial stage of dealing with HIV/AIDS and has come completely into the acceptance stage, her greatest fear was dying. But even that fear has been conquered on her journey. Monyette said to me, "I gave my life to the Lord ... there is no fear in death ...death is another cycle of life." Her greatest joy now, in a life that is basically confined to a hospital setting, is to be "able to wake up in the morning ... to be into a brand new day..."

When I asked Monyette what she would like to have others say about her after she died, she replied, "Well, one thing they will have to say is that I am a kind hearted person ... and that she's 'something else.'"

For Monyette faith or religious belief was not really apart of her drugging life. Monyette said, "(Faith) wasn't as real until after I had the disease, because let me tell you ... I attend the churches that come to the unit (of the hospital) after attending and being around godly people, I had it in me but I needed people to bring it out of me..." Then she related to me the fact that just three weeks before the interview that she had been "officially" baptized.

Monyette's life was hard - it was a difficult life on the street - it was the life of an addict who just could not say "no" to drugs. She lived with the pain and the scars of the drugs, the abusive and broken relationship with men, the horror and the tragedy of HIV/AIDS as it caused her many complications along with the damage caused by drugs. Yet she brought several children into the world; a responsibility that she feels that she did not run away from, but a responsibility that she feels that she failed as a person and most of all as a mother.

Monyette's heroic journey can be viewed from a very moralistic position. One can and probably does try to make very pietistic judgments upon her attitude and actions. Although her belief in God does seem to be underdeveloped and her faith seems to be literalistic in nature, nevertheless, Monyette has a very strong faith working in her journey and her heroic decisions to live with and struggle with HIV/AIDS. She literally became more than a conqueror at many points in her life which otherwise would have been dead ends or certain death physically and spiritually. Yet Monyette survived and developed a faith position which has been growing very strong and self-assured. Her religious

affirmation score showed that organized religion, scripture, and a mystical experience of God were all very high and had a strong significance in her life.

The amazing and startling fact about Monyette's beloved journey is her scoring on the Pearson self-inventory. Monyette's three top scores show a strong dominance in her life of the archetype of the Innocent, followed by the Magician and then the Warrior. The least dominant and amazing archetype for one who seems to have been left all alone in life, without close relationships with her family and little or no contact with her children is the archetype of the Orphan. In some cases, without the fact that Monyette's faith position was very strong, this Orphan archetype may have been in another person journeying through the same experience may have been very high.

Monyette's beloved journey with HIV/AIDS demonstrates a psycho-spiritual journey which is strongly based on the primitive and most basic archetype of all - the Innocent. There is a sense in which Monyette's naiveté has been one of her strengths - a mark of her ability to endure one trauma after another without giving up. This Innocence which seems to dominate her spirit and soul is creatively in tension with the archetype of the Magician. Again, the Magician archetype defined by Pearson seeks to discover authenticity of life, a sense of wholeness; it is the dominant archetype that allows one to experience God in the most childlike manner of faith - this seems to be evident in the fact that Monyette prior to this interview had just been baptized as an adult - a sign and symbol of rebirth - cleansing and starting a new life. The irony is real for Monyette, blinded by her disease, compromised in her immune system by HIV, traumatized by PCP and meningitis, crippled for a period of time, yet she endures and becomes a person who overcomes - a conqueror - a hero who manages to more than survive. Monyette's psycho-spiritual struggle for wholeness goes far beyond her physical limitations and the life and death struggle of living with HIV/AIDS. Monyette with the innocence of spirit has sought to live her life with an inner wholeness based on faith - the archetype of the Magician symbolizes for her the task of allowing faith and love to do the seemingly impossible in her life and in her relationships. How Monyette survives the journey is also tied in with the dominance at times of the Warrior archetype. Monyette, innocent and able to exercise love and faith, must challenge her condition - must war against her limitations, must overcome and slay the dragons along the journey. She demonstrates strength and effectiveness to learn from her tragedy and trauma without succumbing to weakness and loss of courage and confidence in her. Her simple faith in God has allowed her to become more than a conqueror and to believe, with the words of Paul, in Romans 8, that she is

able to endure all things, hope all things, and believe all things, and that hope and endurance and belief will never end. It is that kind of Warrior dominant archetype matched with the creative tension of the Magician that enables Monyette to become more than a conqueror so that neither life nor death could hinder her from completing her task in life, her journey of faith, even in the face of great odds. Her journey brings her to a moment, as related about her, that she seeks to challenge the warrior and the magician in others, who need to risk putting their wheel chairs and walkers aside, and experience a spirit and a soul that creates life and hope even in the face of great odds.

PEGGY'S JOURNEY

One of the most interesting of the interviews for this project was one conducted at one of the several Quality of Life Retreat weekends. I had the opportunity of meeting a woman named Peggy. In fact, Peggy became the oldest person interviewed with HIV/AIDS; she was 65 years old at the time of the interview. Because of her age and her story, I felt that some attention should be given to her journey and the meaning of her psycho-spiritual nature. Peggy was also Afro-American and bi-sexual. She was born in Baltimore and grew up in the area known as Marley Park.

Everything in Peggy's story revolved around her faith. Before she was diagnosed with HIV and afterwards, the most important thing in her life was her faith in Jesus Christ as Lord and Savior. Over and over again, Peggy reiterated this profoundly fundamental idea in her mind and thought. In fact, Peggy said that HIV really did not make that much difference in her life, because with or without HIV, her faith would not change.

Peggy said that she really wasn't surprised to learn that she had HIV/AIDS. She had already been working with her daughter who also had full blown AIDS and she had already lost a grandson to AIDS. HIV/AIDS was not a stranger to her life or to her family. Peggy said that her daughter is still alive and this life and fight of faith in her daughter has also caused her to be inspired not to give up. She has total confidence that God has plans for her life and that she is living her life as best as she can. Some of her friends think that she is very much in denial about the virus, but she assured me that this was not the case. Whether the virus is real to her, she says, is not important, "you live till you die ... you have to make the most of what you have..."

In reflecting back on how she was infected, Peggy believes that the blood transfusion she received sometime ago was the cause; but she is also torn

between this explanation and the fact that for sometime she has also taken care of several persons who had the HIV virus. Peggy in her very characteristic style told me that she was "sex free almost five years" so that it was impossible for her to have contracted the disease by sexual contact.

Peggy's life has changed very much. She has had to limit herself a great deal; she has no desire, at times, to do anything, except go to church, although, she occasionally likes to go to Atlantic City. Peggy's says, "I'm not perfect - I believe in Jehovah God Almighty."

Peggy referred to herself as a people person. Yet it has been painful for her to realize that even some of her own children have a hard time accepting the fact that their mother, at 65 years of age, has HIV/AIDS, even though the history has been in the family. After Peggy lost her grandson who died of AIDS, Peggy lost her aunt and uncle who took her in as a nine year old child and raised her. She blames most of her problems in life on the losses she has endured. That's why she turns to her faith and to music to help her deal with the pain and suffering which she has endured. Even with all her faith, it is strange to hear Peggy say that one of her greatest fears in life has been whether or not she would be saved. She said, "(I) am not completely obedient... and I need to be more obedient to God."

Peggy feels that she can still do a lot of loving things for people no matter with or without HIV/AIDS. It has been painful for Peggy to know that some of her children have been unable to accept the fact that Peggy has AIDS/ The only thing that has enabled her to endure has been a few close friends and her faith in God. Even her own children who have been on drugs have caused her a great deal of pain as well, and this has not made it easy for Peggy to trust other people, including some members of her family. All of her life Peggy has worked for other people; she had been a presser and silk finisher and a domestic person and a nursing assistant. Her greatest joy has been caring for other people and loving other people. She has always been passionate with people. She said, "I want to help other less fortunate... (I) find myself a little bit more compassionate."

Her biggest concern at 65 years of age is that she does not want to face death with a great deal of suffering; yet she told me that death is probably the "most peace some of us will ever have." In dealing with someone who just discovered that they were HIV positive, I asked Peggy what she would do and what would she say? She said, "My first reaction would be 'Oh, sweetheart,, come here, let me talk to you. I would tell them that I am HIV... and if you don't believe in God, you need to trust God." Peggy was deeply serious about her

faith. During the conversation, there were moments when one wondered whether or not Peggy was hiding in her faith or using her faith to mask and to hide the true reality of her condition. Yet, in all honesty, her simplistic, literal faith seemed to make a difference for her. It was a faith that worked for her, as naive as it may appear to others with a more theological or sophisticated understanding of faith in God.

I asked Peggy what she would like to have written on her epitaph when her life was over on earth. She simply replied that she would write her epitaph as follows: "I Love Life - Peggy loved life." Here we have the faith of a person totally directing her journey; we sense a woman who sincerely believes one hundred percent in her convictions that faith in God would be enough to see her through AIDS or anything else in life.

It was very difficult to analyze Peggy and try to establish the dominant archetype of hero working in her life of faith and in her living with HIV. In fact, she is one of the only persons, maybe because of her age and condition in life, that defied categorizing her as dominated by any particular archetype. There was a great deal of Innocence in her speech and in her attitude; it was almost as if her life and faith had not been very complex or difficult to figure out; HIV was a plague, but because of her faith in God, she truly believed that the plague was manageable. I could not place her in the Orphan archetype except to say that she lived with an excess amount of hope in life which was totally generated by her faith. She believed fully in the goodness of God and she witnessed to God's goodness in spite of failure and disappointment. There was no selfishness in her overall life. She was hard to place under the dominance of the Martyr archetype. She was very autonomous in her life style even in the face of the great odds of her family at times; yet, I do not believe that she was typical of the dominance of the Wanderer archetype. Certainly Peggy had courage, a heart full of loving concern that enabled her to work for others, care for others and to provide for her own needs; this in itself would call us to label her as a person dominated by the Warrior archetype whose goal was to demonstrate in the battles of life and death the kind of strength necessary to become more than a conqueror. Peggy's language and words seem to put her under the dominance of the Magician archetype. Joy and faith came through her story and the experiences of her beloved journey; yet even the Magician archetype, which is so evident in persons of faith, was not the predominant archetype in her life. Call it a life of total faith moved by a simple trust in God and a lack of sophistication and complications, but Peggy seemed to gain her strength for the beloved journey purely from her faith life. She lived life with

HIV/AIDS from the most basic and simplistic of emotions and faith; this was all that was necessary for Peggy; her music and her faith enabled her to share love and to experience some wholeness and joy. In Peggy's case, she defies any single dominant archetype at any particular moment. Could it be concluded from this interview, and others of such an age level, that we might see this very strong overall archetype dominance as a clue that age and possibly maturity will enable a person to be much more holistic in their needs to deal with life's struggles and illness? Could it be that when there is no serious dominant archetype working in the life story and journey of a person this indicates that age brings about a more even distribution of archetypes dealing with life concerns simultaneously and consistently and comprehensively? Wholeness may mean that one's life passes from dominant archetypes to consensus archetypes, where the archetypes and their goals and strengths and spiritual responses and tasks actually work together in a more harmonious and cooperative internal manner.

Peggy's situation, being the oldest interviewed, demonstrates that a possible study needs to be developed on just how persons who are older live with HIV. My interview with Peggy only raised some issues and possible ideas for consideration. Greater studies and interviews with persons who are older in life with HIV need to be pursued in greater detail and study.

TIM'S JOURNEY

Tim discovered that he was positive with the HIV virus in October of 1993. A gay male, age 45, Tim is now in a shelter home situation for persons with HIV/AIDS. What a fascinating individual to listen to as he tells the story of his journey with HIV/AIDS. From the very beginning of the conversation, you realize that this person is going to be different. In the course of the conversation and interview, Tim said over and over again, "to know me is to love me" and this seems to be the heart of his life journey.

From the New Jersey area, originally, to Santa Domingo, Tim's journey has been a very colorful story of highs and lows of every description. His lover, who was also an alcoholic, had been positive with the virus and wanted to return to his home and family in Santa Domingo. Pedro's health situation became a great concern for Tim. As they were living together in Santa Domingo, it became obvious that Pedro's health was seriously deteriorating. He had broken out in sores and was developing a pattern of abnormal behavior which became later diagnosed as dementia, a sign of further compromises of the immune system and nervous system because of the virus. Three times Pedro fell down the stairs; he

finally needed twenty-four hour care; a cousin helped Tim provide the care for Pedro. Pedro was now at 100 pounds, but it took four persons to hold him down at times. Tim had lived with Pedro for twelve years. The hospitals and medical people in Santa Domingo did not really know how to handle Pedro's sickness nor did they fully understand HIV. On one occasion the hospital asked Pedro's brothers to get him out.

Time and time again, Tim told his sick friend and lover, "I will be with you until you close your eyes forever." Tim never left Pedro's side even when the family became very much vindictive at Tim's presence with Pedro. Just before Pedro died, Tim went into his room, kissed him on the forehead and made the sign of the cross and let him know he was there with him, even though Pedro was unconscious: "I told him that I love him and wouldn't leave him until his last breath." A priest was brought to the home and Pedro died in the morning hours. Just before Pedro died, Tim found out that he too was infected with the virus. The death certificate of Pedro merely said that he died of sclerosis; there was no embalming; they washed his body with alcohol, polished his shoes and placed socks and a suit and tie on him; Tim said he looked like a very astute Catholic boy lying in his coffin laid out in the home place.

Tim said at that moment as he left the home he realized that his life had gone. Months later, Tim lost his own mother after returning to the United States. He could not stay in Santa Domingo; there was no AIDS education, no treatment centers; Tim returned to his sister's home and then to his father's home. Life with HIV became like walking on eggshells; it was very awkward for Tim in terms of the virus and his sexuality. His Dad asked him to leave because Tim's brother had just married and had a new child. They thought it would be best if Tim was not too close.

Finally, Tim came to the shelter for AIDS persons and also began seeing a therapist to deal with many of his emotional and psychological problems and concerns. Tim's health situation became serious; his T-Cell count was down to 90; he was taken off of AZT, then back on AZT, then DDC and Xantac. During these months, Tim began attending Quality of Life retreats and a local network retreat for support and spiritual help.

In these years since Pedro's death, Tim has never blamed Pedro for his having the virus. Tim's love for Pedro never ceased in spite of the virus, but Tim does feel a great deal of hostility toward the family of Pedro for not truly helping him in his needs and avoiding him because he was gay. When Pedro died, his family turned completely against Tim and he knew he had to leave. Even Pedro's mother said many times to Tim, "don't hug and kiss in public." Tim told

her that he was not an ignorant person and that he knew full well proper manners in public but that Pedro loved him as a person and that was all that was important. Tim felt that maybe Pedro's mother was jealous over the love that they shared and she did not share with Pedro.

Tim's philosophy about life has changed not only because of his relationship and experience with Pedro, but because of his own journey with HIV/AIDS. The road has been tragic and difficult. In the many losses of friends, Tim has learned how important each person is and how important each day is. He has learned that trust is one of the most important gifts that two people can share in life; Tim's sister has been a pillar of strength for him because of their trust and openness. Tim now sees his life as one who brings healing to others; in fact, in our conversation, Tim even referred to himself as an angel and healer and that he was so fortunate to be "surrounded by all this love." Tim said, "I have a sense of purpose... healer and an angel" because people have told him that he has helped them just by listening to their story. "God put me here for a purpose," said Tim, "and that is to help others. But when things get too bad, I put out my barriers..." Tim also sees himself with a lot of strength to share with others in their fears and in their hurting. He described himself as a "bear ... I see bears as strength but lovable." And it is his purpose to share that love as much as he can with others who have the virus.

Tim never felt betrayed or abandoned and he knows that he will eventually see his Pedro again some day. "I am learning now how to deal with that ... (Pedro) had to go on to a higher plane... because if I had given in to my feelings when he passed away, I would be dead by now," said Tim. But God had a purpose for his life and his journey with HIV/AIDS. His job has been to encourage others around him not to give up the fight and to do the very best they can with the life they have been given, with or without HIV.

Tim's greatest fear in his journey with HIV is to die in pain; he saw the pain in Pedro's death and he had prayed so hard that God would be merciful and take him; "(Pedro) went like a little bird, put his head down and went to sleep... I hope that there will ... be someone to take care of me... I know I gave an awful lot of love and I know I will get that and then some ..." In relationship to Pedro's death, Tim has learned that in loving someone you have to learn to set that love free, and if it returns then you know that that love was yours.

In spite of the hardships and the sorrow of the journey, Tim said that he was going to slay the dragon of HIV because his middle name is "perseverance."

And because Tim believes that his faith is so important for the journey. He believes that because of his struggle and life with HIV, his belief in God has remained steadfast. "I am a tree and my roots are well planted... not even a hurricane can rip me up and tear me away." Tim never doubted his faith in God and told me that "because God knows that I am a good person and I'm guided by him." Tim said that he felt more spiritual at this moment in his life than even during his altar boy days in the Catholic Church. "I feel more spiritual, I pray a lot more and I think more of the people's needs and desires first... more giving ... I see myself as a tree and each person and each good deed I do and each one is going to sprout me a new leaf on the branch of my life, said Tim.

In talking further about death, I asked Tim about his feelings on death. Tim defined death as "peace... eternal peace... when it comes, I am not going to be upset with it; I have no fear of death and I am very much at peace with myself." His dealing with death and his faith have helped him in his journey of life with HIV. Tim has learned "to take one day at a time and make the most of it, and just be at peace with yourself... do everything in a positive light... and if you need help... I am here...no matter where you are, you say a little prayer and it helps you along the way..." Finally, Tim reminded me at the end of the conversation again that just to know him was to love him for he was like a "spring bouquet."

In reviewing Tim's self-test of Pearson's heroic archetypes, we discover a very interesting pattern in those dominant archetypes in Tim's story and journey. At the very heart of the key and dominant archetype there is the Martyr. Once again, another person with HIV/AIDS seems to be dominated by this concept of the Martyr as the guiding archetype of their journey. Tim is definitely this kind of person who seeks to care and to love unselfishly for the sake of others. This was demonstrated in his caring love of Pedro. The worst fear,, once again, for the martyr is selfishness and becoming a callous and uncaring person. Tim's faith in God and his ability to care allowed this kind of self-sacrificial archetype to give meaning to his experience not only with Pedro but in his own life with HIV as well. To know Tim is to love Tim and this was acted out in his sincere desire to care and to give himself away even as his own life was being given up to the virus in his body. One could say that the Martyr archetype is a weak archetype to dominate our lives, but throughout the interviews of persons with HIV, this model of the martyr seems also to mirror the words of Jesus the Christ who believed that there is no greater love than the ability of a person to care and to lay down one's life for another, especially those who are called friends.

Another strong dominant archetype in Tim's self-test is that of the Innocent archetype. This is a very strange score because very few of the persons tested had a high archetype score in this category. The Innocent archetype is not considered by Dr. Pearson as a heroic archetype at all; it is either pre or post heroic. For a person to rank high in this area may indicate an interesting phenomenon in their ability to grasp reality; the innocent is one who does not see the fears, does not face the pain, and seems to live in a fantasy world of the original garden of innocence. The mixture of the Martyr in Tim and the high score in Innocent seems to give an unreal quality to his belief that he is an angel, pure and perfect, and a healer. The question could be raised as to how much of a reality this matter of innocence is as a way of avoiding the truth about his life and his situation; is this a category of escaping life's reality and yearning for the innocence of the paradise of the garden when all was peace and light? Or is this merely a working parallel for one who idealistically seeks the good in all persons and seeks the good for all persons in a caring way like the martyr whose idealism sometimes seems to lack contact with reality?

In terms of Tim's religious and spiritual affirmations, he ranked highest in the area of mystical experience and worship life and lowest in the area of scripture. These scores seem to be consistent with the fact that Tim talked about healing and about angels and about loving others sacrificially. There was a great deal of mysticism in Tim's view of faith and of life. This was very powerfully revealed in his constant reference to himself as an angel sent by God. One might ask whether or not this again represents a very clear grasp of the reality of his life and situation or a use of religion and faith as a means of escaping the harsh reality of what it means to live with and die with HIV/AIDS. Certainly, of all the persons interviewed who shared their journey, Tim's view of life and faith seemed to be marked with the most religious references and the most obvious mystical experiences in his spiritual and personal beloved journey of life with HIV.

WEST'S JOURNEY

My first encounter with West was in a support group in West Virginia. You know they say that first impressions are dangerous and this was certainly correct in terms of tuning into West's behavior and attitudes. I was overwhelmed by his arrogance and his ability to control a conversation. Yet at the same time, I realized that here was someone who not only had been through a lot of painful experiences, but here was someone who was crying out for

understanding and support. Meeting West did not come separate from meeting West's mother; my first impression of her was totally correct, if I might say so myself. She was a quiet gentle woman whose only interest was to be totally supportive to her son who had HIV/AIDS and to all the others in the group. Getting to know West's mom was one of the most rewarding and joyful experiences of my work with persons living with HIV. Her strength, her faith, her supportive manner, even in the face of West's belligerent attitudes at times was very important.

Week after week, West's mother came to the support sessions and while John was sharing with the other persons with HIV/AIDS, his mother was getting the support she needed in her daily living with the virus in West's life.

West's life had taken many twists and turns over the years from the business of coming out of the closet to accept and deal with his gayness to his living and working in the south for some time to his contracting the virus and beginning the struggle of living with HIV. When I interviewed West, he was 30 years old and five months later, West was dead after fighting a long and difficult and heroic battle.

I asked West to explain to me how HIV had truly affected his view of life and life itself. West saw HIV robbing him of his life - his opportunity for life. Prior to being diagnosed he was on his own and able to make his own way. HIV has changed his life and brought him into a situation where he feels overly smothered by motherly love, yet loves his mother deeply, and overly smothered by brotherly love, yet he loves his brother very much. The virus has isolated him from so much and at the same time, it has insulated him with persons whom, with the best intentions, overly surround and restrict his life.

When West was first diagnosed with the virus, West said to himself that "this is going to get me" and that there must be, there has to be, some way around this thing, it just can't be happening. West had become seriously ill and he went to see the doctor nearby. Even at the doctor's office that day, West passed out right then and there from the weakness of his physical condition. He was taken to the emergency room of the local hospital and was placed on a ten day IV therapy of penicillin. The diagnosis that emerged from this hospitalization was bad and it truly did sound like it was going to "get" him. Not only was he diagnosed with HIV, but also with neurosyphilis and syphilis. In reality, the syphilis at that moment was doing much more damage than the HIV virus. West had gone down to 140 pounds and for a big man who stood tall, this was very obvious and worrisome to family and friends. When the exact word HIV virus was announced to West, he calmly said, "Gee, what else is

new." West took it lightly; he didn't start bawling and crying; in fact, West became rather resigned to the fact because he had felt deep inside that the risk for him to become infected with the HIV virus was very high. West's attitude was why sit around and be a pity bag; yet he knew that there would be days of pity and concern.

Ever since returning from the south, back to his home area, West had been very faithful and had very few relationships. At the time of his diagnosis there was no real significant other in West's life. Under the situation, West, at that moment was satisfied and very thankful; he needed the space, not only from family members in time but the pressure of a relationship as well. West was always suppressing in his mind the possibility and reality of HIV; his relationships in the south were sometimes dangerous in the sense of being unprotected or too promiscuous with regards to sexual activities. West said that if he had had the choice, and he did, but failed to exercise his responsibility, he would have rewritten a certain rendezvous that took place in an Oldsmobile, even with condoms in the glove compartment. He looks back upon that one incident, many years before, and says to himself, "Boy, were you a stupid idiot..." West was never one to run or to avoid his responsibilities; he totally accepts the fact that there were many occasions when he made the wrong choices with persons, with the use of alcohol and drugs. All of these things, past in terms of the interview, were critical in understanding where West's journey had taken him.

In discussing how West had changed since testing positive, he explained that his attitude toward himself has changed and his attitude toward sex has changed. In fact, West admits that because of his illness he hasn't really thought about sex. Medication and the fear of getting sick and then sicker haunts him most of all; there is no time to really think about sex when one is merely trying to survive day by day. West admits that he is now paying for his choices, paying for his mistakes in judgment, mistakes in his attitudes. Yet he feels that he has been able to learn more about life and himself in these precious months of living with HIV in spite of the many days when he doesn't even feel like getting up to go to the bathroom.

West has discovered in these moments a very significant person in his life; that person, he says, "should have met him over twenty years ago." This man has a job, has money, pays his bills; he is well educated; it took HIV and his struggle to come across a person whom he trusts and cares for and a relation entirely built on love and respect, entirely putting sex way down on the list of

priorities. West said, "I wish I had met him a long time ago... (because there have been) many train wrecks over the years."

The train wrecks in West's life have ranged from personal to career and everything in between. And since his learning to live with the journey with HIV, West has had to deal with doctors and medicines and many other areas of change. The stress of work and the end of dreams has been extremely difficult for West to deal with in the seven or eight years since returning from living in the south. His only dream since has been to live in his own place and begin an herb farm; outside of that dream, HIV has taken a lot of his highly motivated career goals and dashed them upon the hard rock of the virus and its resulting hard places.

When asked about his own hero's journey in living and struggling with HIV, West pointed out that the dragons he needs to slay and the battles he needs to engage are simple - the dragons are the doctors and the medical world and people always nagging him and pushing him to think and to do things that are foreign to his deepest feelings. One dragon that has been taking its toll physically in West has been tremendous bouts of pain with what he called "gut bug" - excruciating pain. The pain in the gut is matched at times by the pain of persons confronting his life; his only wish is to avoid confrontation with persons and arguments, but he has determined that such a reality is far from achieving at this stage in his life.

West told me that if he could teach others any lesson from his experience with HIV it would be to tell teenagers and young people to wear a condom or something more - don't go out whoring around. "I wish they were here," said West, "what would I tell them? ... do the right thing in life... and if you know it is wrong, don't do it....close off the borders..." (in other words protect yourself by your choices).

As mentioned earlier, West's mom has been a significant part of his life and living with HIV. She has been there with him and supportive of his physical situation as well as his needs emotionally, psychologically, and spiritually. She is one of the key people in his life, besides his brother, and close friend, whom he trusts the most. West considers himself very blessed to have a family which has been understanding and caring. Plus, West has shared the wonderful support of the local sharing group and Task Force and the companionship of others who are sharing a similar journey with HIV/AIDS.

West would not consider himself very much of a religious person or a church member of extraordinary commitment. But he shared with me certain basic beliefs in his life. Above all, West said, "Certainly, the Golden Rule ...says

it all... just to have it for the whole world...for one day...no knives, no clubs,...impossible..." Yet West would like to think that just maybe, just maybe it is possible, peace for the world and a sense of inner peace within himself that when he dies, it is truly okay to let go of life. Within West's belief system, one of his biggest questions of faith and future has been over the matter of death. West said, "I don't think about death, period, what is over the big step? ...I don't know about the heaven and hell thing, but I guess when I take my last breath, I'll figure it out." In the light of his comments on death, I asked West the following: when you finish the journey, what will give you the greatest sense of peace? West replied that it "probably...(would be) enduring and surviving... making the most of what you've got." In West's mind it all relates to the matter of inner peace and love; West said, "a person without any body is loveless, for me, I don't know, I've got family and friends ...to have somebody there..." that's how love is defined. Finally, I asked West what he would write on his tombstone or epitaph when the journey is over in living with HIV; West responded by saying that he would have written on his stone, "This performance sold out, standing room only."

Not long after my interview, West went with his mother and brother on what would be their final trip to Florida. West became very ill and the trip, which was to last all winter, ended suddenly and West came back to be placed in a local hospital. West died in February that winter; he wanted to be home where his doctors were and his family; he died peacefully surrounded by his family and friends and was then cremated.

Some would say that West was flamboyant and pushy and overbearing at times; even with the disease, he, at times, still loved his drink. West attended a number of retreat settings for persons with HIV and their families and loved ones and friends. West loved the beauty and the peacefulness of the retreat. Many months after his death, I was attending one of the retreats as a resource person and West's mother asked me if there might be a time for a short memorial and remembrance of West because he had loved the retreats so much. I agreed and shared with all the forty some members of the retreat family some of West's story and we celebrated and remembered all the persons who were continuing the good fight of faith with HIV/AIDS. On the table before me was a picture of West at the camp in a little better day, a container of herbs brought by his mother, and a small candle. We lit the candle in memory of West and in memory of all who believe that the journey with HIV/AIDS is a journey of enlightenment, being transformed by the light of love and truth and compassion

and caring. It was a moment of healing for West's mother and brother and sister and it was a time to reflect and to remember West's beloved journey.

West's journey was not atypical or typical in its scope. Religiously, West had had experience of church during his formative years, but all indications showed a person who was far from being a church person, far from being one who was totally committed to a life of prayer and sitting around in a group reading the Bible. But West showed a strong desire to share in the community of worship, even though it was not a consistent pattern of worship; he showed a remarkably strong desire to know and to participate in sacramental religion and the mystical experience. Like an onion, one had to slowly peel away the layers and more layers of experience and life before reaching the heart of his faith and life. His faith was deeply personal and it was not worn on his sleeve nor was it mouthed by much verbal expression.

What was more evident in West's journey was the dominant archetypes which seem to focus the spiritual and soul energies of West's life and struggle and living with HIV/AIDS. Based on West's answers to the Self-Inventory by Pearson, West's dominant archetype, leading, controlling, determining his life and choices and work, was that of the Martyr archetype. My first reaction to this result from the inventory was total surprise. From his conversation and behavior in the support groups, I would have been hard pressed to define his dominant archetype as the Martyr. The Martyr archetype calls for the goal of working for goodness in spite of sacrifice and difficulty. The main goal of the Martyr archetype is to know when to give up and the biggest fear is that of selfishness. At times, there was evidence of selfishness in West's handling of his affairs and his work. He seemed to be totally interested in no one else but himself. But this archetype was balanced off by a strong showing for the Warrior archetype. West was a fighter on the journey; he worked hard to set goals and was courageous in his effort. There was a deep inner strength for this archetype; but after listening to West's story, I am really not convinced that West would have been able to fight the good fight of faith if he had remained down south and had not allowed himself to be with his family as they shared his journey with HIV/AIDS.

West also scored very high on the area of the dominant archetype of the Magician. This part of his life and journey with HIV was best imaged for me in his commitment to herbs - the natural elixirs of life and health. It is the alchemist's dream; only this time it is turning the herbs and plants and growth into the wisdom and goals of the philosopher. It was in this archetype dominant during his struggle and living with HIV that West was able to gain for himself a

sense of authenticity and wholeness even amidst the gut bug and the harshness of working relationships and the inability to have time to himself when living at home with mother and brother.

West's beloved journey was no different from any of the others; his journey was marked by the pressures of circumstances and conditions; it was marked by the choices of West's life which he confessed were sometimes dubious and doubtful. West's journey was one of religious faith lived more at the level of private and personal religious conviction rather than at the level of going to church and calling oneself a committed Christian. Here was the martyr, the witness and the sacrifice of the journey, allowing his life to have as much transformation of soul as is possible in obtaining meaning and value. Here was a man whose disappointments and "train wreck" relationships also created the dominant archetype of the Martyr. But even the Martyr discovers goodness and care. Even the Martyr learns from the witness of life and faith. West learned in his fight of faith that he was surrounded by a great cloud of loving and caring family and friends who shared the journey and encouraged him to discover God's goodness in the depths of his soul and in life as a whole.

CONCLUSIONS AND REFLECTIONS ON THE BELOVED JOURNEY

In a recent article from the Center for AIDS Intervention Research at the Medical College of Wisconsin printed in *The Journal of Pastoral Care* (Summer 1996), there was a key insight which directly relates to the beloved journey of persons living with HIV/AIDS as we have presented in this project. The authors of the article tell us:

"People who are HIV-positive are personally and spiritually confronting a transformational crisis that calls for unique and significant coping strategies...multidimensional spiritual responses of people living with HIV and AIDS." 1

After an exhaustive clinical study, the authors from the Center came to the conclusion that the "results indicate a strong relationship between spiritual dimensions and indices of mental health, psychological adjustment, and coping among persons with HIV infection and AIDS... (the) findings also provide directions for future research on the relationship of spirituality to the lessening of emotional distress for people living with HIV infection."2 They finally state that "the extrinsically-oriented spiritual dimensions of prayer, formal religions, and spiritual beliefs may further reinforce spirituality as a major coping mechanism for Christians living with HIV/AIDS."3

What this study and my own thinking agree upon is the absolute importance of the psycho-spiritual journey of persons living with HIV/AIDS. There is a definite correlation between the soul and the suffering, between the psyche and the physical, and between the meaning in life and the journey of the beloved to discover meaning in the midst of what is seemingly meaningless pain. Spirituality, religious beliefs and values are inseparable from the psychological archetypes of the hero's journey living and dying with HIV/AIDS. From the very beginning, it was not the purpose of my personal study and reflection to present any clinical measurements of results from the psycho-spiritual journey of the beloved. It was intended to be a mapping of the journey itself - the story of the beloved - the story and the faith of the sojourner and those archetypes of the hero which enable him or her to endure the journey, to learn from the journey, and to help those of us who are still writing our story and living our story of life's journey.

One cannot separate the spiritual journey of the soul from the psychological journey and the life journey itself. That insight comes from

knowing and hearing and sharing the story of each beloved one in this project. My only test tube, my only statistical analysis comes ultimately from the experience of each story of each hero living with HIV/AIDS. I have shared these stories with you based on my introduction of the work of Carol Pearson, Joseph Campbell, Carl Jung, and several others. Now it is time to examine some of the key insights gleaned from my reflection upon these stories and their meaning for those who care pastorally, professionally, and familiarly with loved ones and friends who are living with HIV/AIDS. If one story has touched you personally, spiritually, and professionally, then in reality my work has been accomplished. You are the final reflector of what I have been sharing with you. It is your reflections that will ultimately matter as you share in ministry and in caring for persons with HIV/AIDS. But it is also important that I help you understand some of the key insights of my own reflection as I have lived with and worked with the persons on their beloved journey and in my own study as a pastor and as a human being involved in ministry and caring. Each beloved journey presents us and challenges us with key insights in understanding our own beloved journey spiritually and psychologically in life. So let the stories and the conclusions merely be the beginning of your own reflective conclusions. You may or may not agree with all my conclusions and analysis. If not, then maybe I have triggered the stirrings of your own psycho-spiritual journey of faith and life. Nevertheless, let my thinking merely be pegs and points of contact for you to hang onto as you do your own reflective work and analysis. Above all, when all the words have been written and the thoughts have been expressed, they key will be, as it was at the beginning of this project, to know that we all share a common beloved journey, with or without HIV/AIDS, and we are called to share our journey with others in ministry and by faith.

My reflections and insights will take the form of four general areas repeated many times throughout my writing. These areas are (1) the psychological hero's journey - what are the psychological insights from the hero's journey?, (2) the spiritual hero's journey - what are the faith and spiritual insights gained?, (3) the insights for the pastors and caregivers who journey with persons who are living with HIV/AIDS - what are the pastoral care insights gained from telling the story of the beloved?, and finally, (4) the challenge of the beloved journey - how does the beloved journey of those living and dying with HIV/AIDS help to shape and encourage and direct our own beloved hero's journey of faith and life? From David's beloved journey, whose life and faith and story challenged my own faith and life, to all those we have met along the way, together we have learned so much for our own journeys. Each life

confronts us with the web - the internet of spiritual connection and life that makes us inseparable from each other's journey and story. Each life represented in this project calls us to become more sensitive to that psycho-spiritual bond that makes all life a hero's journey. Each life story challenges our faith to remember the words of Paul in Romans 12, verse 5 in the new Contemporary English Version, which reads: "There are many of us, but we each are part of the body of Christ, as well as part of one another." It is this connection - this being apart of one another - that becomes the dynamic spiritual bond for each life and each story of the beloved and our own.

Cyberspace will never replace our need for examining and relating to the human document - the human life. That examination and relationship comes in the gestalt of the psychological and the spiritual as well as the physical. The tri-unity of human life is a web of interconnections. None of the insights and reflections from our study would undermine the truth that it is very difficult, in fact, in some cases, impossible, to separate out the psychological, spiritual, and relational aspects of the human experience and journey. There is a very, very thin line between analyzing a psychological phenomenon and a spiritual - soul-making - phenomenon. Both are closely connected to the circumstances and physical conditions of the body-mind-relational continuum. I am very sure that someone reading these insights and conclusions would like to re-establish the categories and reassign certain insights, either psychological or spiritual, in a different place. One will have to draw one's own conclusion to the immutability of how each insight is assigned. Your reading of the beloved journey - your conclusions, by the very nature of the fact that you come at the journey from your perspective, will be sharply different at times. But it is the contention of the writer that that fact is in itself an important affirmation to be made with regard to our examination of the psycho-spiritual journey of any human being, with or without the added dimension of HIV/AIDS or any other conditioning illness or situation.

It is my sincere hope that you will dialogue with me as you read the following insights; that you will viscerally, emotionally, spiritually, intellectually, allow me to speak in terms of addressing you on your own beloved journey from the context of the stories and heroes presented. Insights are sometimes synchronistic, sometimes serendipitous, sometimes a flash, sometimes a process, sometimes an enlightenment, sometimes a learned and difficult event in life. But no matter how you perceive the insights presented, allow them to address you personally in your own life, your own psycho-spiritual adventure and your own pastoral or care giving life. Fluidity is the source of insight; it is

the flow of ideas, the flow of understanding, the flow of gleaning momentary glimpses of truth, the flow of life itself that matters most. All my insights may be for some the Heraclitean position that you can never step into the same river twice. The river changes whether you like it or realize it. The beloved journey of those living and dying with HIV/AIDS has been the attempt of one person to step into the flow and fluidity and flux of the river of their lives for just one beautiful and enlightening moment. The river continues to flow and so the insights may appear different at different times. In the final analyses, as Carol Pearson so aptly demonstrates in her writings, the mythos, the story, the journey is for "awakening of the heroes within" - that psycho-spiritual reality that enables life to find meaning and soul even in the most devastating of diseases and illness.

You have read the beloved journeys. You have been challenged by the spiritual and psychological and physical reality of HIV/AIDS. You have been presented with a frame of reference in the work of Pearson, Campbell, Jung, Hillman, and others. Now it is time to look in the rearview mirror for a glance at where we have been and prepare to look forward to where we might journey ourselves. Let my insights merely stir you own. Then we might all experience how truly inseparable each of our beloved journeys of the soul and life are.

PSYCHOLOGICAL HERO'S JOURNEY

Every beloved journey from David to Monyette gives us the extraordinary screen play of a life dominated by various archetypes of the hero within. It is the movement of those psychological factors which enable a genuine process of what Jung called individuation and what spiritually could be labeled the movement from fragmentation to the transformation of the soul - the central core of each individual human being created in the "imago dei" - the image of God. The psychological journey brings us face to face with life fragmented by a virus called HIV, scarred by its ramifications, physically, relationally, emotionally, psychologically and spiritually, then challenged to individuate - to develop a life which moves from the edge of brokenness to the fluidity and dynamics of wholeness.

Most psychological problems faced by so-called normal persons also deal with this fundamental need to move life from its fragmented stages and brokenness to life that may be compromised and scarred, yet nevertheless developing toward a wholeness of spirit and life. This insight became abundantly clear and focused in the story of David. Here was a young man broken by family fragmentation, scarred by rejection at many levels of relationships,

compromised by HIV/AIDS, devastated by personal pain, yet in spite of everything, discovered a great measure of wholeness of spiritual life, psychological and emotional stability, in the midst of great brokenness. Throughout all the years of David's story, David never lost that link - that connecting of his life with mine - and that source of inseparable love which came from his spiritual faith. It was that magician/heroic archetype which ultimately triumphed in David's fragmented life. He did not have to be the ultimate superman in his battle with the dragon of HIV/AIDS. His wholeness of being - his discovery of meaning in life and purpose in living in spite of HIV, came from the dominant archetype of his alchemistic ability to turn the stone into something of value - a spiritual connection with great psychological potential for growth and wholeness. From all outward appearances, David was an orphan, abandoned and should have lived life as such. He was a wanderer who moved far from family and friends into a totally unknown world. He was, by all appearances, a martyr, suffering unjustly in life. And at the same time, he was certainly a warrior archetype, dominated by the power to overcome and slay the dragons which stood in his way. Yet in the final analyses, the psychologically dominant archetype in David's life allowed him in his fight for life and wholeness of spirit to allow authenticity and wholeness of inner being and love to work that wholeness out of much fragmentation.

The hearing and the telling of the stories presented in this research has been a paradox of joy and pain. But it has been the story telling that has given us the most clues as to the psycho-spiritual effect of the journey on persons like David. The Pearson heroic archetypes were helpful and necessary pegs upon which to guide our understanding and insights about the beloved journey and how choices and actions in life were made and carried out. We must never underestimate the power of the storyteller. From the oral tradition of telling stories like the Hebrew people to the present day story tellers like Garrison Keillor, we learn more about our being - our psychological personhood - from the telling of the story. No matter how sophisticated we might become in psychological analysis, psychotherapy, psychological testing, and any particular school of thinking from Freud, Adler, Jung, Hillman or anyone else, ultimately, we are left with the story - the beloved journey of the person. Everything else is merely a tool to help us understand the story - the hero's adventure and journey - which must come from that person alone. Sharing the story is, in the final analysis, all that matters if we are truly to understand a person's movement from fragmentation to wholeness in life from HIV/AIDS or any other circumstances in life.

It is also true that storytelling cannot and must not be separated from the psychological as well as the spiritual aspects of the journey. The storytelling of the human document or the beloved can be and is the therapy or healing of the soul and the recovery of one's value and meaning in life. This is not to say that the storytelling or the beloved journey is merely an exercise in examining rugged individualism. We are not making heroes out of people merely because they have or had HIV/AIDS. We are asking them to tell us, on our journey, their story in order to understand and to observe and mark those psychological elements and identify heroic archetypes operating within their lives. It is the telling of the story that also helps us to measure, even though not quite accurately at times, the psycho-spiritual health or pathology of the beloved journey.

One clear insight comes to the forefront when trying, through the story telling, to label persons or categorize them in some permanent mold. It was perfectly clear in the beloved journey of each story that there was great fluidity of movement in various persons when a certain archetype was much more dominant than at another moment. In other words, even with the beauty and helpfulness of Carl Pearson's concept of the six archetypes which sometime dominate the lives we live and especially the life of the hero, there is no way to conclude that a category or label can be permanently attached to the journey of any of the beloved stories told in this research.

Peggy's story is a perfect example of my inability to judge from her testing and her religious inventory that there was a particular archetype working in a predominant manner. There were various archetypes working at various moments in dominant ways. Peggy could not be locked into one predominant or dominant archetype for her journey. In reflection upon Peggy's journey, I do believe that it was the archetype of Innocence that colored and transformed much of her life and actions and became pervasive. From such a conclusion you could say that this was the dominant archetype, but in reality this archetype merely colored her life, her choices, her reactions to her illness and HIV/AIDS. Yes, there was an innocence of life and an innocence of faith in Peggy which was profound and deep. But such innocence also stirred her to make other choices. One could interpret the innocence archetype in Peggy's life as a way of saying that she was, at times, indifferent to the impact that HIV/AIDS was making on her life. With or without HIV/AIDS, it was clear that Peggy would be an innocent person. Possibly Peggy's life, because she was one of the older persons with HIV/AIDS interviewed, had matured beyond the archetypes of many of those who were younger and less experienced by life's

situations. Most studies dealing with HIV/AIDS are focused on younger adults. Peggy was older, and maybe a more concerted effort should be undertaken by someone to examine, to a great extent, how age affects and impacts on the beloved journey of person's with HIV/AIDS. Who knows, Peggy's innocence archetype might be more a statement on her ability to handle life's suffering and pain from a more mature position. Age and wisdom of experience may be and probably is a direct correlation and benefactor of one's ability to live with and handle the fragmentation and brokenness of life purely from the benefit of experience and longer life.

It is also clear from a psychological point of view that many times the story of the beloved may become a story of self-flagellation or self-mutilation and self-punishment - a masochism of the ego for one's personal and relational failures in life. Some beloved journeys showed us signs of feeling judgment upon their lives, not from religion or society, as much as from their own conscious recognition of flawed choices, self-inflicted wounds and suffering. This seems to be clearly evident as we read the beloved journey of George. George struggled all his life with this problem. It became magnified and out of control at times when he discovered his condition with HIV. George had personally struggled all his life with personal failure, and when he became infected with the AIDS virus, George was confronted once again with the fact that this was due to his personal failure which resulted in his infection and his battle with HIV-AIDS. The genuine therapeutic concern in the case of George would be to help him develop a more realistic ego consciousness that would see personal responsibility and choices made as merely factors in the mix of many other variables, some totally and completely beyond his control or at least potentially beyond his control.

When it comes to the insights from the beloved journey with regard to the matter of death and the fear of death, it is very hard to separate those components of the psycho-spiritual journey which are directly psychological in nature and those that are spiritual or soul-making. Each interviewee in this research had a unique yet very similar view of death - a mixture of fear and resignation - of despair and feelings of loss. Yet there was a common denominator in most of the beloved - a genuine sense of being at peace with oneself in the face of death. I was amazed that most of those interviewed had, for some psychological reason - call it transference or projection or whatever - come to grips with death, their death, which for most of them they realized was inevitable. It was unavoidable. Sad that many persons who are perfectly well, with no diseased or compromised life, cannot handle this matter of death as well

as persons living with HIV/AIDS. If you remember Tim's beloved journey, you will understand what I am trying to say. Tim's feelings about death came from the struggle in his journey with HIV/AIDS and his own personal loss in the death of his beloved partner. As you may recall, he said, "When (death) comes, I am not going to be upset with it; I have no fear of death and I am very much at peace with myself." What brought Tim to this point of acceptance is at the heart of the psychological and spiritual journey and becomes an insight in both areas of this story. A genuine sense of shalom or inner wholeness was what Tim believed to be the viable and only alternative to living with a phobia or exaggerated fear of death. Having a sense of peace with God and within one's own self seemed to be the secret of Tim's ability to deal with death. I might add, at this point, that how a pastor, caregiver, or loved one helps create an atmosphere and a living relationship that fosters such a sense of inner peace will be very important for the beloved journey. Could it be though that a person on the beloved journey with HIV/AIDS, confronted with the inescapable reality of death's presence may be better able to discover a greater ability to deal with death than those who try to ignore or mask the inevitability of death no matter what their condition in life?

For some death was welcomed. Not because it was the end of life, but because it was the completion of a battle. The warrior in the beloved - the archetype of one who seeks to slay the dragon and control life on their own terms - finally triumphs with courage of spirit as well as total willingness of the heart to let go of the physical. It was the whispered words in David's ear over the telephone that allowed him to let go and to die. I have never seen David's death as being a victim of HIV/AIDS. Sure, he had the disease and fought the good fight. But his death was a triumph of the spirit in the face of the inevitable beast called AIDS. My giving permission to David to let go - that it was okay - to die was a victory for David. He had already won the war against HIV/AIDS in how he had lived his life in the face of the disease and how his spirit had grown and his fragmented life had found wholeness. This battle for his last breath was merely that - a physical breath that yielded to a breath of life beyond the physical - an opening to a new realm of life which affirmed his inseparable nature from what truly mattered in life - the love of God and the love of those who cared for David and loved David and continue to love David in a living and spiritual way.

It should be noted that throughout most of the interviews of the beloved a definite [paradoxical and parallel relationship seemed to be evident in the archetype dominance of the warrior and the magician. This seemed to be a common

motif of dominance in many of those interviewed. Gary's journey seemed to give credence to this insight. There seemed to be evident in Gary's story a marriage of the two archetypes working together in Gary's life and struggle with HIV/AIDS. Gary demonstrated, in a unique way, that one could fight the good fight of life and faith and also battle consistently against the powers and principalities of this world, both socially, politically, medically, relationally, and economically. He also demonstrated that at the same time one could also be dominated by the archetype of the magician - using the skill of mind and heart to work the impossible dream - to imagine the impossible. This was very evident in Gary's drive to fight the powers that be in the community and begin to work together with them at the same time to establish the first World AIDS Day Walk in Western Maryland. Though the School Board and Superintendent opposed many of Gary's appearances in schools talking to young people about AIDS because he was very blunt, graphic and to the point, he still sought to work with leaders in the community to open the eyes of people who did not see that AIDS was a disease and that people with AIDS should not be treated like lepers. Gary operated the power of the magician archetype to bring a new understanding and a new wholeness to the community through his efforts to save even one life from this virus. The power of the magician archetype was very much involved with the battle of the warrior archetype in dealing with seemingly impossible forces. Gary demonstrated an ego and life dominated by both - the strength of the warrior and the life transforming power of the magician archetype.

Although some heroic archetypes seem to dominate different beloved journey at different times, it is evident that there is no consistent pattern of dominant archetypes operating within the psychological framework. One beloved journey is marked by the dominance of the archetype of the warrior and another is marked more by the dominant archetype of the martyr. Yet at different moments in the beloved journey there is room for another dominant archetype which may be the archetype of the magician. The significant factor is not the controlling dominant archetype but how the beloved consciously makes decisions and lives within the context of the demands of their lives both physically and psychologically as well as spiritually. If someone, in reading this research, would be looking for a definite statement that the main dominant archetype for those beloved living and struggling with HIV/AIDS was the warrior heroic archetype, I am sorry to disappoint you. The individuality, the process of a person's individuation, the extent of their fragmentation and brokenness in life, the progression of the disease HIV and the person's physical health, all

are variables which are so individual, so unpredictable, that one is left with only telling the story and learning from the journey what that individual beloved has to teach us who also share a communal journey with us.

A serious oversight in this kind of research dependent on the storytelling technique is the inability to deal with the examination of what Jung would have called the "shadow" side of the psyche - the elements of the archetypes which may be more negative rather than positive in the working of the archetype. There is a shadow side to the warrior; there is a shadow side or dark side to the martyr. There is a shadow side to the magician. The psychological criteria for moving from fragmentation to wholeness does not divorce itself totally from that more imponderable area which may be seen as evil or shadowy at best. There is no intention to judge the shadow side of each person interviewed. It is enough to have them deal openly and honestly with those obvious elements of their struggle with the evil itself called the HIV virus producing AIDS. But one must never assume psychologically that this element is not something to be studied or observed in the totality of the beloved journey. Just as there is a creative and imaginative side to the psyche, there is also a more subterranean and more impenetrable side in each human being. If there was an area that needs to be more intentionally dealt with in this study, the shadow side of each heroic archetype would have been one area for noting.

THE SPIRITUAL HERO'S JOURNEY

Just as there is a linkage between various archetypes as they dominant the life of a person at a particular moment, there is clearly a linkage between the psyche and the spiritual or soul-making side of the beloved journey. No matter what the dominant archetype may or may not be as the beloved share their journey with HIV/AIDS, there is a factor which remains closely connected with enabling a person effectively to cope with the disease and life. That factor is the spiritual side of life, totally inseparable from the psychological and the physical, but an area which must be considered uniquely if the movement from fragmentation and brokenness in the beloved's journey toward wholeness of meaning in life is to be made. It is the coming to terms with the power of faith and the soul-making in life that allows the beloved to awaken the heroic nature of the soul which transforms life in spite of any particular dominant archetype. This is the one truly consistent factor in all the beloved journeys no matter how a person ranked on the Pearson test. When there was a definite spiritual life or soul-making effort in the beloved, then there was a marked difference in how that person lived and died with HIV/AIDS. It was truly

Hegelian - the thesis of life and spirit confronting the antithesis of the disease of HIV/AIDS producing a synthesis of soul transformation - affirmed by the very archetype of the magician or the alchemist view of life forces changing lead into gold - turning brokenness into wholeness - disease destroying life into faith transforming life interiorly and profoundly.

In all the interviews and in the entire story telling, religious faith, mystical experience, and spirituality, in contrast to organized or institutional religious faith, played a significant role in the beloved journey. Some may interpret this as a direct result of the realization of facing one's mortality and death, which could and definitely does trigger a return or revisiting of spiritual faith roots. It is a well known truth that when persons are faced with the inevitability of death they seem to become more religious. The case could also be made that HIV/AIDS and any disease might also drive a person away from faith and God because of the anger and despair related to their situation and the facing of death. Such persons only see God as a punishing God who arbitrarily condemns persons to such fates. Yet in all the stories of the beloved in this research, it is very clear that the inventories and the religious affirmations show that faith and spiritual life became or was becoming very important in most of the beloved journeys, but not always in the traditional sense of organized or creedal religion.

Once again, we need to be reminded of Ralph's story of religious faith and life. As you recall, Ralph grew up in a very conservative and dogmatic kind of religious upbringing. His background and religious experience developed tremendous guilt and anxiety in his relationship to God and all issues of spiritual life and faith. Yet it was the facing of his life with HIV-AIDS and the brokenness of his whole life experience that forced him to re-examine his faith and re-examine what he had been taught about God. It was out of this re-examination and the shattered pieces of his life with HIV/AIDS that he actually discovered a new spiritual focus on life and a new perspective on God. From a primitive and more legalistic view of God, Ralph's spiritual life journey moved in a new direction to a relationship that believed in a God who treats us better than we deserve, yet loves us completely and never allows anything on this earth, including HIV/AIDS, to separate us from that love. Ralph discovered a grace-filled life which liberated him from the prison of guilt and self-hatred to a life filled with forgiveness and a new understanding of who he was and to whom he belonged in a new relationship to God.

It is important to remember that Ralph, like many of the beloved, discovered a spiritual wake-up call in HIV/AIDS, not as a punishment from God,

but as an invitation to a new spiritual relationship with God. All of the strengths and weaknesses of their spiritual lives in the past suddenly were confronted with this disease HIV/AIDS which literally awakened a moment and life-process of soul transformation. This soul-making and transformation experience became the heart of Ralph's life with HIV/AIDS. Even while writing these final pages of my work, I received a greeting from Ralph which said simply, "I'll never forget your kindness and how you brought light to my darkest days." The light Ralph was speaking about was not from me per se. It was the light that Ralph discovered in his spiritual life when he became open to God's presence in his life in a new way. HIV/AIDS heightened this awareness and God used his brokenness and hurting situation to become a time of liberation and freedom for him to see his life and to see God in a new light.

Ralph's life story of his very dogmatic and strict religious upbringing was not isolated to his own experience. It was evident in the spiritual experience of many of the beloved interviewed. Unhealthy religious experience, restricted spiritual experiences, lack of spiritual depth and very narrow views of God can and do contribute to pathology with regard to spiritual life that must be addressed by all persons on their spiritual journey. HIV/AIDS merely propels persons more rapidly, in some cases, to dealing with life's brokenness and confronting the reality of spiritual life and faith. Maybe Jean Houston's concept that "we pathologize because we cannot mythologize" is correct. Religious experience and religious life for many has been very pathological in nature - creating sickness of the spirit and unhealthy views of God. Such pathologies can block and distort or destroy any spiritual change or transformation. It can inhibit any new mythology or new story of one's life from being constructively engaged. The mythos is our story and when that mythos is cloaked in religious and spiritual sickness of dogmatic or primitive beliefs which hinder spiritual light and freedom, and then the journey of the spirit becomes pathological. This is why, as I stated in the introduction, that the ability of a person on their beloved journey to determine fact from fiction in life and faith is key to their ability to experience soul-making and transformation spiritually. Religious beliefs and primitive interpretations of those beliefs can and often do produce pathological characteristic in the lives of persons which may be more evident in a time of dramatic change and trauma such as induced by living with HIV/AIDS. Clearly, the spiritual journey of a person living with HIV/AIDS is complicated by the pathologies and these must be separated out very carefully in order for one to discover the truth about their own mythos or story. Unfortunately, many persons never confront the pathologies

of their spiritual journey and continue to live with the fiction without experiencing the freedom and light which came into Ralph's beloved journey of faith and spirit.

David's beloved journey also illustrates this spiritual experience as well. David's life and story presents us with a very clear picture of one whose soul and life was transformed by his own journey of faith. The archetypes that predominated his journey were, as stated earlier, the warrior and the magician - the heroic archetypes of courage and the will to sacrifice and endure as well as transform and change life. David truly fought the good fight of faith because of his willingness to trust in a higher power - to believe and trust in God in his life. David, in spite of his many disappointments, long before HIV/AIDS in his life, never stopped trusting and believing in the goodness of life and love. David grew up in the church, yet his spiritual life was forged by relationships beyond the church. He never gave up on the church, but it was not the central factor in his spiritual life. What spiritual bond held the highest importance in David's spiritual life? It was the bond of relationship with me, as a former pastor and friend. It was this inseparable bond of communication, of knowing that the other was there for you - encouraging you - disciplining you lovingly - directing you cautiously. The spiritual resource of the beloved journey for David as for all of the beloved was the importance of presence and relationship. If there is any truth to the ministry of presence - to the fact of being with another on their journey - of communicating - of sharing in and with another's journey - this is the most significant truth of all for those who love the beloved and care about their fighting the good fight of faith. There is no warrior without the spiritual relationship wrapped up in the incarnational presence of sharing the journey with another. There is no magician, seeking to transform the base things of life into treasures spiritually, without the ministry of presence - the relationship which is constantly being nurtured and confirmed and affirmed each day of the journey.

Even in David's last few moments of life, it was the ministry of presence - my speaking into David's ear in his hospice bed in Denver by phone - that enabled him to let go of life and that it was okay to do so. It was the ministry of spiritual presence that enabled David, not only to fight the good fight of faith, but to know when to end the fight, and know that the love that enabled him to fight the good fight of faith would never let him go after the fight was over. Spiritual life and faith is relational and present. It is transforming because it allows us to share the journey - to make the transitions - to fight the good fight - to encourage and to speak the word of presence - the

spiritual power of the incarnation of life and love in the flesh - and to communicate the touch of humanness which literally has the power to transform the body, mind, and soul in a way which no other act of life could ever communicate.

The spiritual journey allows us to give permission to the beloved to be themselves - to share their pain and hurting - to share their doubts and despair and to share their moments of joy and hope as well. The spiritual journey of persons with HIV/AIDS allows each person to have the permission to share the journey as well as to end the battle and to be encouraged with a peace that passes human understanding because it is generated out of what Bonhoeffer referred to as the "beyond in our midst" - the truth which Campbell knew as the "inner reaches of outer space" - in other words, the very presence of God working in our stories - working in our crucifixions and transforming our disease, not in terms of medical healing, but in terms of allowing us to find meaning in life even in dying and to discover the power of resurrectional transformation of life and soul.

Some of the most dramatic soul transformation resulted from the beloved living with HIV/AIDS, which may or may not have been their experience in life without the disease. Others of the beloved only experienced religious symptoms or religiosity - surface religious faith - based on their realization, as stated earlier, that they were facing life and death issues that momentarily changed their perspective with regard to life, but did not truly transform their spiritual life and soul. It is true that meaning and value are genuine measuring sticks with regard to the extent of soul transformation. But some persons merely experience spiritual transformation as a result of seeing the inevitability of death rather than seeing death and dealing with death as a means to live their lives more completely in spite of the brokenness and suffering. It was never the intention of my examination of the psycho-spiritual journey of the beloved to develop any definitive judgment on which persons experienced the highest spiritual experience or which experienced the least. I would not pretend to be the judge and jury of the beloved's relationship to God nor their degree of spiritual life while living with HIV/AIDS. But it does seem evident from the inventories and the religious affirmations that spiritual reality, spiritual life, faith experience, and religious background were definite factors which contributed (either positively or negatively) to the predominant archetypes in each beloved as they lived and died with HIV/AIDS. In other words, one can not dismiss the power and impact of the spiritual life in

the beloved journey and merely focus on archetypes and psychological inventories as a way of telling the stories of these persons.

This brings me back one again to Ralph's journey. Ralph's beloved journey reveals a transformative aspect of the soul very much at the heart of his psychological and life struggle with HIV/AIDS. Ralph wondered many times during the interview and conversation and pondered the question: is there life after HIV/AIDS? is there life with HIV/AIDS? Is there forgiveness in life with HIV/AIDS? Forgiveness, mentioned before, is a key spiritual concern of many persons on the beloved journey. The tragedy of many living the beloved journey is that forgiveness for themselves and forgiveness for others is in short supply. There are social ramifications of the issue as well as religious consequences. Forgiveness, as a transformative spiritual resource in the beloved journey, is tremendously important. It is forgiveness and the transforming power that it works in a person and in relationships that greatly contributes to whether or not a person living with HIV/AIDS will discover any meaning in their life with the disease. Without forgiveness the soul is left shattered and broken no matter how many dragons may be slain by the warrior archetype, no matter how much of a martyr one becomes. From the spiritual side, as well as even the pastoral side, there is no more important level of human and divine interaction and transformation in a relationship with a person living with HIV/AIDS than the aspect of rightly understanding and utilizing the transforming spiritual power of genuine forgiveness. Forgiveness heals when AZT or DDL or any protease inhibitor or any other drug or chemical stops its work.

The spiritual devastation wrought on persons with HIV/AIDS has been done, unfortunately, by persons who deem themselves spiritual or religious or faith-centered. Blocking the healing in the lives of many with HIV/AIDS has been done in the name of religious leaders and spiritual teachers who have attacked persons with HIV/AIDS as persons who deserve this disease. We surely hope that this kind of misguided hysteria and sick religion is slowly being replaced in our society by persons learning the story and the spiritual journey of persons living with HIV/AIDS. If there is one thing, more than anything else, my works seeks to do it is to contribute to the shattering of the myths and the sharing of the true mythos or stories of persons with HIV/AIDS as they share a beloved journey in the sight of God just like all human beings.

Forgiveness for the beloved is not just walking down the aisle of a church. It has to do with an openness and receptivity of grace - which literally means that we treat each other better than we deserve in spite of the past or the present. This is how God loves us and this is how we need to share

the power of this spiritual truth with others. Forgiveness then becomes a spiritual gift of kindness that enables persons to live with their wounds and the woundings brought by life. In a theological sense, it is the mark of the cross for the Christian upon the ability of a person to experience genuine soul and life transformation.

Ralph hungered for this kind of transformative forgiveness in his spiritual journey. It is when this hunger spiritually is met with bigotry, fear, prejudice or pietistic platitudes, so that persons living with HIV/AIDS may be driven into unhealthy and weakened archetypes of dealing with their lives and develop a feeling of despair and hopelessness that generates thoughts of suicide and giving up the journey.

Another facet of the spiritual journey became evident in the example of Monyette's journey. Her spiritual conclusion may be viewed as contradictory in the light of Ralph's story and David's and others. Monyette strongly made the case that she believed that the tragedy of her life, her blindness, her drug use, and her living with HIV/AIDS was God's way of intervening in her life and helping her to stop destroying her life and the lives of those whom she loved deeply. There is a profound spiritual paradox in her spiritual journey. Here is a story of a black woman who lost everything in life because of her drug habit. And at the same time, here is a woman who expresses that she has been blessed in many ways. The irony and overwhelming paradoxical nature of her story and her spiritual life were unique. Monyette clearly demonstrated that one's spiritual and soul transformation may be directly related to an attitude of dealing with judgment and the result of one's bad choices and decisions in life. There is almost a Pauline quality to Monyette's story. There was a powerful internal war going on in her soul for most of her life. She could have quoted Paul many times in his statement: "Who is going to deliver me and save me from the body of this death?" - her addiction, her lifestyle - her choices in life. Monyette could have easily confessed that the very things that she should not have been doing, she was doing in life, and the very things that she should have been doing, she was ignoring and not doing. Of course, one could argue that Monyette's story clearly reveals a lot of naiveté. This could be interpreted as both strength in her as well as a weakness. It was her naiveté that enabled her to endure one trauma and broken situation after another in her life without giving up. Her Innocent archetype played a key role in enabling her to fight the good fight of her faith. But it was the dominance of her Magician archetype that defined the authenticity of her spiritual experience and soul transformation and faith. Monyette had a deep hunger and desire to be

baptized. And prior to my interview with her, she was baptized. Through all her naiveté she continued to maintain that in the midst of her constant struggle, God was working a transformation and producing in her, at last, even with HIV/AIDS, a sense of peace - a sense that even with her broken physical life and shattered relationships with children and family - at the center of Monyette - in her soul - there was finally a sense of wholeness.

Each spiritual journey was as unique and individual as the person telling the story. There was no generalized formula to be concluded from the transformation of soul discovered or not discovered in each of the beloved. It was interesting to note that one of the beloved, Tony, felt that his spiritual journey was directly facilitated by what he termed the key for living with HIV. For him that key was not merely his church background or religious faith, but the pattern laid out for dealing with life through the famous "12 Steps Recovery" model - the paradigm of the A.A. movement. Tony saw this pattern of the twelve steps as a means or instrument of spiritually dealing with his life and his struggle with both addiction and HIV/AIDS. Dependency upon a higher power, of course, was at the top of the list. His confession that he was powerless to control his life was the motivating conclusion for this spiritual dependency outside of himself. His religious background had been very strongly rooted in the Catholic tradition. But it took the discipline of the "12 Steps" to help him spiritually focus his life with HIV/AIDS at a time when the religious community was arguing over whether or not it was appropriate to become involved with persons with HIV/AIDS. There became, for Tony, a genuine connection and correlation between the spiritual discipline of dealing with his alcoholism and addiction as a disease of the spirit and soul as well as the spiritual discipline needed for his life with another disease called HIV/AIDS. Tony was firmly convinced that his spiritual journey was transformed by the relationships of his 12 Step group and the spiritual foundation and support and encouragement which he received with fellow journeyers on their own individual spiritual faith journey.

Finally, one of the major conclusions resulting from the religious affirmation questionnaire completed by all participants in this study, was the overwhelming surprise to discover the importance of a mystical experience in the lives of so many of the beloved. Mysticism, an experience of some kind of spiritual life, whether defined by a particular dogma or group, was very important to the beloved. And this mysticism was overwhelmingly individualized in nature. Many of the stories shared in the inventories and interviews were mystical in nature. The results are clear that persons were genuinely caught up

in a mysticism which may have been sadly and unhealthy lacking in their spiritual lives and journeys for most of their lives until their living with and struggling with HIV/AIDS. There was a lack of spiritual connectiveness in their lives. The outer space, as Campbell would attest, had not become known and vital within the inner space of their soul and heart and life. For far too many in our world, the internet and cyberspace is the only mystical connection in their lives. Optic fiber, computer chip revelation has become more important than the interpersonal, the intrapersonal, and the mystical revelation of life. At the heart of this significant factor of mysticism in the lives of so many of the beloved, is my personal belief that the center of soul transformation and soul-making is the relational factors that work for either brokenness or wholeness on the journey. The hunger for mystical connectiveness is at its foundation a hunger for spiritual and relational connection with oneself, with another human being, and with the source of life's meaning and creativity - God.

PASTORAL INSIGHTS FROM THE JOURNEY

From random general insights of the psychological and the spiritual aspects of the beloved journey of persons with HIV/AIDS, we finally move into what I broadly term pastoral insights. As much as many of these insights may be directed to and geared to the pastoral care given by clergy and other religious workers, I encourage the reader to keep in mind that such insights are very much directed toward those who live with, work with, and give care and support to persons who are on their beloved journey with HIV/AIDS. My main objective in this section is to help glean those care-giving and supportive-connective insights that will enable all persons to better relate and communicate the kind of care and love needed by all who share the beloved journey. I am firmly convinced, after 29 years of being a pastor and serving in local churches, that the ministry of care and nurture and support and encouragement and spiritual direction is not merely the work of the ordained. Ministry and care-giving is the mission and purpose of all persons in a faith community, whether that faith community is Jewish, Christian, Muslim, or any other religious group. We are diakonia to each other - servants to one another in the journey. Without that servant concept of care-giving, our journeys together would be isolated, disconnected, and destructive. Our stories are to be told and to be shared and our lives are to be touched and intersected by this mission of care-giving and pastoral concern.

There appear from the beloved journey seven pastoral care initiatives that pastors and care-givers and family need to be aware of as they share the story

and the beloved journey of persons with HIV/AIDS. They are the following: (1) Creative focusing upon story telling - allowing for a mutual, accepting, receptive sharing of the person's story; (2) Imaginative listening - listening with more than the ear in order to hear the soul of the person's journey with the inner ear of listening-love; (3) Being an available "presence" - the ministry of presence speaks volumes of your care, your support, and your concern; (4) Learning to become a "Barnabas" - a son (daughter) of encouragement through one's words and actions - encouraging faith as well as actions in life that would enhance even limited quality of life and meaning; (5) Giving permission to the "hero" and the hero's archetypes to be dominant at different times and for different reasons - always allowing the hero within the person to make the beloved journey in spite of the suffering and the difficulties which prevail because of medical reasons, living conditions, social circumstances and relational problems; (6) Giving permission for the dominant archetypes to be challenged in order for a person to grow in their experience and avoiding a pathological preoccupation with one particular dominant archetype of the hero within - this is to insure that the beloved will be challenged to grow spiritually and soulfully even in the midst of physical decline; and (7) Supportive networking of care-givers - a sensitivity and compassion that considers the needs of all persons who are related to and supportive of the beloved - husband, wife, children, friends, lovers, and professional and ministerial care-givers.

(1) Pastoral care begins always with the story - the story of the person with whom you are ministering to and with. It is the story or mythos that brings us to pothos - shapes our coming together to listen to the story - to share the story and to live with the person who tells the story. The stories of the beloved enable us to develop the sensitivity and compassion which is totally necessary for us to minister creatively and lovingly with another person. We begin with the story - and we begin by allowing that person the liberty and freedom to share as much of the story as they can at that moment in their journey. The story tells us of the joys and the sorrows - the pain and the suffering. The story tells us about what kind of hero we will become.

The story is shared within a relationship and within a community of persons. Gary's journey reminded me time and time again about the need for dealing with HIV/AIDS within the whole community. And even when that community was unwilling, at times, to allow Gary to share his story, they were at the same time diminishing and undermining the sensitivity and the compassion of that community to respond to the needs of suffering and hurting people. As Gary said

many times, the disease of HIV/AIDS was not a homosexual disease or a heterosexual disease, it was neither a black or white, rich or poor disease; it was not an American disease or an African disease. When one is hurting we are all hurting; when one suffers, we all suffer. It was Gary's hope, which he expressed in his own desire for his obituary, that the community might hear his story and remember that the meaning of his life was to open the eyes and hearts and ears of people, with or without HIV/AIDS, so that the entire community might work together to help and to care for one another. Gary shared his story so that someone would not have the best years of their lives become the last years of their lives.

(2) Pastoral care begins with telling our stories to one another. But telling the story means we must work very hard to develop imaginative and creative ways of listening to one another. Telling stories about one's journey with HIV/AIDS is not merely an exercise in group therapy or group building. It is an exercise of the soul and inner being of a person to truly learn to listen to another with that open and receptive inner ear which hears more than the words. It is a listening that discerns the feelings, the hurting, the brokenness, and the cry for hope and healing of the beloved. All of the beloved in this study told me how much they appreciated my listening to their story and how important it was that they could have an opportunity to journalize verbally their journey of life and faith. It had nothing to do with it being like a session of therapy; although there was some therapy or healing working in those interviews. It had everything to do with the affirmation and the accounting of where they had been in life, where they were in life, and what they concluded was the meaning of their lives far more in terms of a reason for living than merely a short two act play about to have the curtain go down on the final performance.

When will we start to learn to listen to each other's stories with imagination and creativity rather than merely analysis and diagnosis and prescription? Let the story be heard and re-heard; let the story be affirmed and re-affirmed as often as necessary. The care of the soul allows for as much story telling and listening as we need in order to make the journey. Many times when I played back the tapes of the interviews of the beloved, I would hear things about the story that I never heard the first time; each time was like tuning into a new aspect of the story - a new feeling emerged and a new understanding of the story developed which helped my pastoral concern and care for the beloved.

(3) Beyond story telling and imaginative listening, genuine pastoral care demands the art of available presence - making oneself available to the beloved. It is this ministry of presence that operates just as meaningfully during the moments of silence in the story telling and listening as it does as the sharing unfolds. It is the biblical truth of the presence of God in the midst of God's people in the wilderness. It was a presence of the image of a pillar of smoke leading by day and an image of fire and light by night. The ministry of the presence brings a sense of confidence to a relationship and a spirit of trust. And as the ministry of presence affirms itself, the greater the sharing of the story becomes and the level of faith in the relationship and a sense of dependency upon the importance of the relationship developing.

(4) From the story telling, listening, ministry of presence, there develops the concept of being the "Barnabas" - a New Testament personality of the early church whose name literally means a "son of encouragement." Each of the beloved needed people in their lives who had the spirit of being a "barnabas" - an encourager - a spiritual director who was willing to offer words and deeds to enable them to fight the good fight of faith and continue the journey no matter how difficult. A "barnabas" is not merely a person giving opinion and advice. A "barnabas" becomes a spiritual mentor - a guide to examine the beloved life and journey and needs in the light of spiritual values and meanings. Others will give the opinions and the advice. The "barnabas" seeks to provide the resourcing of the spirit through means of scriptures and important sacred writings as well as through the encouragement of spiritual disciplines such as prayer and meditation. Many of the beloved were hungry for this kind of "barnabas" and encouragement in their lives.

(5) And from the "barnabas" element of pastoral care flows naturally the importance of helping the beloved utilize the hero within their lives - those heroic archetypes and inner resources to help deal with the suffering and the situations in life. It is very important for the beloved to allow the dominant archetype of the soul to be revealed and to be confronted in order that a more creative and imaginative archetype might possibly develop. No one particular archetype will be dominant at all times in the journey and story of the beloved. We are all prone to be subject to particular archetypes at various times in our own individual journey. Being sensitive to where a person's archetypal hero is operating may be beneficial in helping that person develop a more effective archetype for dealing with where they are at that moment in their journey. For example, Monyette needed to move beyond the archetype of her innocence and orphan dominance to a more creative and imaginative level of archetype operating

through the heroic work of the warrior and magician - turning the hurt and pain of her life into constructive love and faith as she made her decision to become a baptized believer. Sensitive caring persons, pastoral care-givers if you will, were, in a sense, responsible for helping to guide Monyette to see her heroic inner life and spirit and to direct her to the resources necessary to meet her needs in life. This is where the pastoral care-giver or loved one acts in a way to challenge the archetype of the beloved and invites them to breakthrough that dominant archetype to a new archetype in order to be transformed from brokenness and fragmentation to wholeness of spirit and life.

(6) Beyond the power of giving permission for the "hero" and heroic dominant archetype to deal with suffering and the many difficulties of the journey, pastoral care also gives permission for the dominant archetype to be challenged to grow spiritually and avoid the pathologies which can develop when spiritual growth is hindered or squandered by life's circumstances. Each beloved hero had to face the "dark side" of their own psychic being as well as the dark side of their physical disease. Each beloved needed to be creatively challenged to face that dark side which had the potential for generating pathologies at all levels of the journey. Each beloved needed to be given permission to face the archetype which could become dominant and destructive at the same time. If we carefully examine each beloved journey, we will notice and detect those elements of the heroic dominant archetype which could foster pathologies of spirit and of soul. One immediate example of this, again, comes from the experience of Ralph whose story would have been different if he was not allowed to grow in his faith and spirit as opposed to being trapped in a more primitive view of God and life. Serious pathologies of mind and spirit could have been the result of blocking the growth necessary to deal with his own "dark side." Ralph needed to be given permission by spiritual leaders, care-givers, loved ones and others to grow beyond the infantile elements of a dominant archetype that was very unhealthy. Physical limitations must not be allowed to pathologize the spiritual growth of the beloved. It is the work of pastoral care to help promote the atmosphere of life and spirit that allows for spiritual growth even in the face of physical limitations and sickness.

(7) Finally, the pastoral care-giver supports and becomes sensitive to all the networking of care-givers and important persons in the beloved's journey. It is this networking of relationships that becomes most significant during the whole heroic adventure of the beloved. Without this supportive and interconnective webbing of significant persons in the life of the beloved, the celebration at the end of the hero's journey would become like a clanging

cymbal, signifying more sound and fury rather than the acceptance of life even in the midst of death. It is the network of care-givers, family and friends, lovers, and professional care-givers that assures the beloved that they are not alone in the battle, in the struggle, and in the dying. It is the networking of care-givers that enables the celebration of the beloved to be more than just a memorial service and a few kind words about their fighting the good fight of faith. This celebration is an affirmation of everybody's story - everybody's journey, with or without HIV/AIDS. It is the celebration that sends each person spiritually back to their beginnings - their genesis - the roots of their spiritual homes. It is the coming full circle in the journey that touches the human and the divine in each life - each soul. It is a celebration of how we are all transformed by the suffering of life as well as its joys and that each one of us nurtures and nourishes the heroic spirit of transforming soul within - ready to be the wanderer, ready to be the martyr if need be, ready to be the orphan under some circumstances, ready to be the warrior or the magician.

From the call of life's adventures to the initiations of life's pain and suffering, to the breakthrough and transformation of life's brokenness and fragmentation, to the wholeness of the inner soul and life, to the celebration of life even in the midst of death, the pastoral care is the same. It is intensely personal, radically communal, wholly story telling and listening, gratifyingly compassionate, and totally spiritual. Recognizing that our story and the story of each beloved as fundamentally the same is fundamental to our ability to care for and be sensitive and compassionate to one another. A person with or without HIV/AIDS is not totally our concern in pastoral care. The fundamentals of such care are the same no matter what the need or situation in life. Peggy's beloved journey summarized the whole pastoral care importance. If you recall in her story she said, "I want to help others less fortunate... (i) find myself a little bit more compassionate.": Her genuine ability to show her "pastoral care" was indeed significant. For in Peggy's life experience, there seemed to be more a consensus of archetypes working in her, with spiritual strengths coming together in a harmonious ability to listen and creatively and spiritually minister to another beloved. And because Peggy was one of the oldest of those interviewed, there is a genuine need for further study on the matter of how, particularly older age, directly affects the compassion level and the spiritual sensitivity of dealing with life's suffering and pain.

Pastoral care for persons with HIV/AIDS or any disease demands the same agenda as mentioned above, but with a greater degree of sensitivity to those forces which are socially generated by phobias, fears, ignorance, and

indifference, at all levels of community life. The pastoral insights of my experience with persons with HIV/AIDS are merely raised to a new level of consciousness and sensitivity. The human document that is being cared for, nourished, nurtured, and loved is the same as in any genuine pastoral care ministry.

FINAL REMARKS AND REFLECTIONS

The Apostle Paul wrote about the truth of this beloved journey for all persons. In I Corinthians 12, Paul talks about the web of our interconnective lives and journeys. "If one member suffers, all suffer together with it; if one member is honored, all rejoice together with it. Now you are the body of Christ and individually members of it..." (I Corinthians 12:26-27) This beloved journey is inseparable from the journey of every other person intersecting my life. Whether a person has HIV/AIDS or not, I am related to them, in all things - humanly and spiritually. My mythos, my story and the telling of my story, is interrelated to the mythos of the person in front of me in some way or another. We are a collection of individuals yet communally related to each other's beloved journeys- seeking to discover the heroic spirit of the God-revealed human document.

Every beloved journey in this book has deeply affected my own journey. Each one has contributed to the spirituality of my own being. Each beloved has manifested heroic archetypes that help me reflect upon my own journey toward wholeness and transformation as opposed to fragmentation and brokenness of body as well as soul. Their archetypes have allowed me to observe those dominant and changing archetypes of the hero that work meaning and order out of my chaos and confusion as well as well-being out of physical limitation. It is their heroic examples that enable me to live as they have lived even in the midst of their dying and the inevitability of death.

The beloved whom I interviewed and interacted with and reviewed will not be remembered in a memorial wall in some place of prominence in history. But they will be remembered. Their story - their faith - their psychological and spiritual mythos speaks volumes about how we are all living our own beloved journey. Their fragile yet innately eternal spirits speak to each of our fragile and sometimes uncertain way in life. They are the living human documents that speak volumes of reassurance to our human predicament that one can pass through the valley of the shadowy places, one can endure the cross, one can triumph even in death. Life was made, suffering included, to be ultimately a transformation of soul that we call resurrection. The abyss is never final,

but it is a place of learning and struggle - a place of faith and courage. And the abyss teaches the beloved that one must and one can live with the ambiguity of life's pain and joy - life's fragmentation and life's wholeness.

If you really shared in each story of the beloved, and if you remember little of the philosophical, psychological, and religious commentary and platitudes of this writer, you will not forget the heroic journey of each beloved. If you have pastored the beloved, it is my conclusion that this time will strengthen your compassion and your listening and story telling skills. If you have loved the beloved as husband, wife, father, mother, lover, friend, or care-giver, it's my hope that you will be more open to their story as it impacts and speaks to your own beloved journey. If you are a person with HIV/AIDS, it is my prayer that you will allow the fragmentation and brokenness of your heroic journey to be massaged and therapeutically healed by the witness and the power of the beloved's spiritual journey of faith. No matter who you are - we are "members one of another" in the purest biblical sense and that hero within each of us will be known at some point along the way. We must all make the beloved journey; for it is our journey of creation, humanity, and spirituality. No one can escape the journey. But we can allow the journey to bring us to new depths of understanding of ourselves, of God and faith, and of each other, and the meaning of life's suffering and pain.

All of life, therefore, becomes the struggle to discover our own story - our own mythos. All of life becomes an heroic journey to awaken those archetypes of the soul which we all participate in at some point along the journey. All of life becomes a spiritual pilgrimage that enables the hero within to discover the meaning of suffering, the purpose of life, and the relational aspects of sharing the journey with other beloved persons. The journey is never really complete. It is constantly being transformed as the soul is transformed by the journey itself. But it is the surprise of the journey to realize that the hero and the beloved are one and that God shares the journey and becomes the beginning of the journey, the compassion and mercy and strength of the journey, and becomes the spiritual home to which the beloved hero discovers wholeness of being - the discovery of the "holy Grail" - life's power over death itself.

In reality, this paper has no ending. In fact it has no beginning to be truthful, because the beloved journey of the hero of the spirit and the soul is timeless and always beginning and ending and beginning again. The person or beloved with HIV/AIDS has been our companion specifically but the beloved relates to each one of our lives and myths and stories. Persons who have

traveled in life at the extreme edges of time and life and death force us to re-examine our own journey. The person with HIV/AIDS forces us to that edge of our own time, life, and death and dying. Will we discover the heroic within our spirit and soul? Will we experience a spiritual transformation of life and faith? Will we too know heroic transformation of soul that makes a profound difference in the journey? And will we be able to share the journey with another to encourage and compassionately serve the beloved as friend, spouse, child, lover, Pastor, or care-giver? The beloved heroic journey of persons with HIV/AIDS should be, if it hasn't been, a wake up call to the hero in each of us and a journey of soul transformation to heal our fragmented lives and bring wholeness and meaning to life.

Now, it is your turn. It is time to tell your story - your mythos. It is time for you to awaken and to discover the hero within you and to transform your soul spiritually on the journey. It is now time for you to share the beloved journey with the beloved in your life, whether you have HIV/AIDS or not. Are you ready? Once upon a time there lived a beloved hero who embarked on a journey.....

1. "An Empirical Investigation of the Relationship Between Spirituality, Coping and

Emotional Distress in People Living with HIV Infection and AIDS." The Journal

of Pastoral Care. Summer 1996, Vol. 50, No. 2, pp. 181-182.

2. Ibid., p. 189.

3. Ibid., p. 189.

APPENDIX

A. DEMOGRAPHICS OF THE RESEARCH PROJECT

Number of Males 31
 Number of Females 7
 Number of Gay Males 17
 Number of Lesbians 2
 Number of Bisexuals 5
 Number of Heterosexuals 11
 Ages:
 20-30 4
 30-40 17
 40-50 9
 50-65 7
 65 plus 1
 Number of Caucasians 16
 Number of Afro/Americans 16
 Number of Other Ethnic Groups 1 Asian American

Scores on the Pearson "Self-Inventory Test of Dominant Heroic Archetypes"

Number of Persons with High Dominant Heroic Archetypes:

Innocent	Orphan	Wanderer	Warrior	Martyr	Magician
1	1	2	6	9	11

Number of Persons with Lowest Dominant Heroic Archetypes:

Innocent	Orphan	Wanderer	Warrior	Martyr	Magician
3	23	1	2	2	1

Highest Dominant Heroic Archetype among Gay Males

Innocent	Orphan	Wanderer	Warrior	Martyr	Magician
0	1	0	4	6	8

Lowest Dominant Heroic Archetype among Gay Males

Innocent	Orphan	Wanderer	Warrior	Martyr	Magician
2	10	4	2	2	0

Highest Dominant Heroic Archetype among Females

Innocent	Orphan	Wanderer	Warrior	Martyr	Magician
3	2	4	8	5	8

Highest Dominant Heroic Archetype among Males

Innocent	Orphan	Wanderer	Warrior	Martyr	Magician
10	3	12	19	26	27

Lowest Dominant Heroic Archetype among Females

Innocent	Orphan	Wanderer	Warrior	Martyr	Magician
3	7	7	2	2	1

Lowest Dominant Heroic Archetype among Males

Innocent	Orphan	Wanderer	Warrior	Martyr	Magician
15	31	24	16	11	12

Highest Dominant Heroic Archetype among Heterosexuals

Innocent	Orphan	Wanderer	Warrior	Martyr	Magician
5	1	2	7	8	6

Lowest Dominant Heroic Archetype among Heterosexuals

Innocent	Orphan	Wanderer	Warrior	Martyr	Magician
3	6	5	2	2	1

Highest Dominant Heroic Archetype among Caucasians

Innocent	Orphan	Wanderer	Warrior	Martyr	Magician
7	2	4	11	12	11

Lowest Dominant Heroic Archetype among Caucasians

Innocent	Orphan	Wanderer	Warrior	Martyr	Magician
10	14	14	6	6	6

Highest Dominant Heroic Archetype among Afro-Americans

Innocent	Orphan	Wanderer	Warrior	Martyr	Magician
15	3	10	14	17	19

Lowest Dominant Heroic Archetype among Afro-Americans

Innocent	Orphan	Wanderer	Warrior	Martyr	Magician
12	18	11	7	4	2

Highest and Lowest with the Other Ethnic Groups - 1 Asian American

Highest: 2 - Innocent Lowest: 2 - Orphan

Highest Dominant Heroic Archetype among 20-30: Magician

Lowest Dominant Heroic Archetype among 20-30: Orphan

Highest Dominant Heroic Archetype among 30-40: Magician

Lowest Dominant Heroic Archetype among 30-40: Orphan

Highest Dominant Heroic Archetype among 40-50: Martyr

Lowest Dominant Heroic Archetype among 40-50: Orphan

Highest Dominant Heroic Archetype among 50-65: Martyr

Lowest Dominant Heroic Archetype among 50-65: Orphan

Highest Dominant Heroic Archetype 65 plus: Magician

Lowest Dominant Heroic Archetype 65 plus: Innocent

Religious and Spiritual Affirmation Scores

Number of persons scoring high:

Organized Religion	17	Prayer	29
Meditation	23	Worship	36
Scripture	19	Mission	22
Sacrament	30	Mystical Experience	35

Number of persons scoring low:

Organized Religion	20	Prayer	8
Meditation	14	Worship	2
Scripture	17	Mission	14
Sacrament	7	Mystical Experience	2

D. RELIGIOUS AND SPIRITUAL AFFIRMATIONS

Demographic Information:

SEX: F ___ M ___ AGE: _____

RACE: American Indian or Alaskan Native ___ Black, not of Hispanic origin:

Asian or Pacific Islander: _____ Hispanic: _____ White, not of Hispanic
origin: _____

OCCUPATION: _____ TITLE: _____

Consent Release (not necessary to complete, only if you are willing)

I am willing to allow the results of this study and Hero type to be included in your research. I understand that anonymity will be the guideline for this research and the results will only be listed in an aggregate form, unless permission is sought otherwise.

Signature

Date

Using the following code, put the appropriate number next to the listed statement.

0 to 4 -- 0 = Disagree strongly, 1 = Disagree; 2 = Sometimes agree; 3 = Agree;

4 = Strongly Agree.

_____1. I am not involved in a church or community of faith.

_____2. I pray on a regular basis.

_____3. I believe in a daily life of personal meditation.

_____4. I believe that worship is important to becoming a spiritually whole person.

_____5. I regularly read the Bible or other sacred writings.

- _____6. I believe that a community of faith must go beyond the walls of the church to minister to the needs of people.
- _____7. I have been baptized or initiated into the life of a faith community.
- _____8. I have had one or more spiritual experiences which were mystical.
- _____9. I frequently attend a Sunday (or regular) worship service.
- _____10. I believe in the power of prayer.
- _____11. I practice a variety of meditations, including yoga, Zen meditation, etc..
- _____12. I consider worship a necessary spiritual discipline.
- _____13. I only read or hear scripture when I attend church.
- _____14. I have never been involved in any mission or ministry to the community through a church or religious group.
- _____15. I have never been baptized or initiated.
- _____16. I sense the mystery of all life and the reverence for life as sacramental or sacred.
- _____17. I only go to church on special holidays.
- _____18. I feel that prayer is only a method of self-hypnosis or self-encouragement.
- _____19. I feel that meditation is the source of gaining control over one's inner self.
- _____20. I feel that I can worship God by myself without going to a church.
- _____21. I have a belief that the scriptures are truly inspired writings of God to the hearts and minds of persons in history

- _____22. I only get involved in mission through giving money to various causes.
- _____23. I feel that the Eucharist, Holy Communion, is a very important spiritual exercise.
- _____24. I have discovered the mystery of faith in God through life experiences.
- _____25. I believe that I can worship God without having to go to church or synagogue or formal worship.
- _____26. I expect answers to my prayers.
- _____27. I do not share my meditative life with anyone else.
- _____28. I believe that worship is a communal act of God's people.
- _____29. I do not have time to read the Bible.
- _____30. I expect to share in a special ministry to people in some manner during my life.
- _____31. I believe that all of life is sacred and sacramental.
- _____32. I have never really experienced a mystical event in my life.
- _____33. I am very involved in the mission life of a church.
- _____34. I am committed to a prayer group with other persons on a regular basis.
- _____35. I only meditate when I attend worship or church.
- _____36. I can worship God in a variety of ways and in a variety of places.
- _____37. I find the scriptures very hard to read and to understand.

_____38. I believe that the mission of the church is the only reason for its existence.

_____39. I have the belief that a sacrament is a sacred image or sign pointing to spiritual and eternal truth in a visible form.

_____40. I believe that the mystical experience in life demonstrates the interconnection and interdependence of God's presence in life and our presence in God.

_____41. I feel that the church is only necessary when there is a wedding or a funeral.

_____42. I confine my prayer life to those times when I go to a worship service.

_____43. I have little use for personal meditation.

_____44. I don't feel that worship, corporate or privately, is important in my life.

_____45. I am deeply committed to the serious study of the Bible and other sacred writings.

_____46. I feel that the church does not have the resources to be effective in meeting the spiritual and physical and communal needs of people.

_____47. I believe that sacraments are only rituals for persons who need them as spiritual crutches.

_____48. I have sensed the mystical in a near-death experience.

Self-Test

Discover the Archetypes Dominant in Your Life

Indicate how frequently the following statements reflect your attitudes by scoring them from 0 to 4: Never = 0; Seldom = 1; Sometimes = 2; Frequently = 3; Always = 4. After taking the test, see columns below that categorize the statements into archetypes. Total your score in each category. Nine or more in each suggests that the archetype is active in your life; fifteen or more suggests it is very active.

1. ___ It's important to be careful. Other people will cheat you when they can.
2. ___ I find that when I change my attitudes my environment changes.
3. ___ Most important to me right now are identity issues. I'm not sure who I am.
4. ___ I push hard to prove myself and to succeed.
5. ___ The world is good and I am safe and cared for.
6. ___ I feel very alone, but it gives me satisfaction to see that I can make it on my own.
7. ___ The most important thing is loving.
8. ___ I often feel disappointed in or betrayed by other people.
9. ___ All seeming problems really are illusions. I can assert God's love/the perfection of the universe and once again see that all is well.
10. ___ I am very competitive and really enjoy winning.
11. ___ Times have been rough, but I've learned to cope.
12. ___ I find out about my own shadow self by what upsets me in others.
13. ___ I use drugs/alcohol to get high and feel better. (Or: I use shopping, work, or frantic activity to divert myself from problems.)
14. ___ I expect people I meet to be trustworthy.
15. ___ When challenged, I stand up for myself and, if necessary, fight to defend myself.
16. ___ I'm in a new job/doing my job differently/undertaking a new course of study.

from Carol S. Pearson's book "The Hero Within: Six Archetypes We Live By."
(San Francisco: Harper, 1986), pp. 197 -200.

17. ___ I expect to be loved and cared for.
18. ___ I struggle hard for the causes/ideas/values I believe in and against those that are wrong or harmful.
19. ___ I frequently give people more than I get back.
20. ___ What I really want is someone to take care of me, but there is no one who will/can really care for me.
21. ___ When I am betrayed or unjustly treated, it reminds me to take pains to be fair to others.
22. ___ I love to travel/study/experiment because I find I learn about myself and the world when I do.
23. ___ I see no evil, hear no evil, speak no evil.
24. ___ I feel most myself when I'm creating something new.
25. ___ I want my life to make a difference, to make a mark on the world.
26. ___ When I stay calm and centered, others seem quieted too.
27. ___ If others could just see the light, they could have as wonderful a life as I do.
28. ___ Since I've changed, my world has changed radically. Years ago, I would not have imagined things would turn out so well.
29. ___ I think I'm justified in feeling superior to other people: I'm smarter, or better educated, or stronger, or more disciplined, or hardworking, or have better values, or because of my sex, my racial or ethnic heritage, my class, my accomplishments, my beliefs.
30. ___ Tragedies (accidents, illnesses) often happen to me and those around me.
31. ___ I work hard but do not expect to be rewarded or appreciated adequately for what I do.
32. ___ If I could only win that jackpot, all my problems would be solved.
33. ___ I feel good about myself and grateful for my life.
34. ___ I would like to be more appreciated by others.
35. ___ I'll do whatever life requires of me. I want to make whatever contribution I can.
36. ___ I sometimes avoid or sabotage intimacy with others in order to maintain my freedom.

C

Summary of Approaches of Each Archetype*

	Orphan	Martyr	Wanderer	Warrior	Magician
<i>Goal</i>	Safety	Goodness, care, responsibility	Independence, autonomy	Strength, effectiveness	Authenticity, wholeness, balance
<i>Worst Fear</i>	Abandonment, exploitation	Selfishness, callousness	Conformity	Weakness, ineffectuality	Uncentered superficiality, alienation from self, others
<i>Response to Dragon</i>	Denies it exists or waits for rescue	Appeases or sacrifices self to save others	Flees	Slays	Incorporates and affirms
<i>Spirituality</i>	Wants deity that will rescue and religious counselor for permission	Pleases God by suffering, suffers to help others	Searches for God alone	Evangelizes, converts others, spiritual regimes, disciplines	Celebrates experience of God in everyone, respects different ways of experiencing the sacred
<i>Intellect/ Education</i>	Wants authority to give answers	Learns or forgoes learning to help others	Explores new ideas in own way	Learns through competition, achievement, motivation	Allows curiosity, learns in group or alone because it is fun
<i>Relationships</i>	Wants caretaker(s)	Takes care of others, sacrifices	Goes it alone, becomes own person	Changes or molds others to please self, takes on pygmalion projects	Appreciates difference, wants peer relationships
<i>Emotions</i>	Out of control or numbed	Negative ones repressed so as not to hurt others	Dealt with alone, stoic	Controlled, repressed to achieve or prevail	Allowed and learned from in self and others
<i>Physical Health</i>	Wants quick fix, immediate gratification	Deprives self, diets, suffers to be beautiful	Distrusts experts, does it alone, alternative healthcare, enjoys isolated sports	Adopts regimes, discipline, enjoys team sports	Allows health, treats body to exercise, good food
<i>Work</i>	Wants an easy life, would rather not work	Sees as hard and unpleasant but necessary, works for others' sake	"I'll do it myself," searches for vocation	Works hard for goal, expects reward	Works at true vocations, sees work as its own reward
<i>Material World</i>	Feels poor, wants to win lottery, inherit money	Believes it is more blessed to give than to receive, more virtuous to be poor than rich	Becomes self-made man or woman, may sacrifice money for independence	Works hard to succeed, makes system work for self, prefers to be rich	Feels prosperous with a little or a lot, has faith will always have necessities, does not hoard
<i>Task/Achievement</i>	Overcoming denial, hope, innocence	Ability to care, to give up and give away	Autonomy, identity, vocation	Assertiveness, confidence, courage, respect	Joy, abundance, acceptance, faith

*The Innocent is not included on the chart because it is not an heroic archetype. When we live in paradise, there is no need for goals, fears, tasks, work, etc. The Innocent is both pre- and post-heroic.

From Carol S. Pearson's book "The Hero Within: Six Archetypes We Live By." (San Francisco: Harper, 1986), pp. 20-21.

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