



Faith and institutional silence: Organ donation and moral ambiguity within Gqeberha's Roman Catholic Community

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ABSTRACT

This article explored how Catholic parishioners in Gqeberha conceptualised organ donation to understand the moral, theological, and emotional dimensions of donation. Despite South Africa's critically low organ donor rate and the Church's official endorsement of organ donation as an act of 'brotherly love' or 'agape love', there was a significant gap between the doctrine and practice. Drawing on qualitative data from eight focus group discussions, 15 semi-structured interviews, and participant observations across five urban parishes, this study argued that the choice to become an organ donor was not purely biomedical, but a moral practice shaped by individual agency and lived experience within a broader, often unspoken public health crisis. The findings highlighted that the 'institutional silence' from the pulpit—often mistaken for irrelevance existed within a theological vacuum filled with ambiguity about doctrine and other social issues, such as distrust in the medical system. Although narratives of living donation among family members were framed as sacred agape love, some parishioners did not readily favour deceased donation. By anthropologically exploring these entanglements, the study offered a lens into how parishioners negotiated biomedical advancements through their faith, lived experiences and their beliefs, suggesting that addressing silences is important for effective advocacy.

Keywords: *Catholicism, Organ Donation, Institutional Silence, Lived Religion.*

INTRODUCTION

On a Sunday morning in Gqeberha (formerly Port Elizabeth), sunlight streamed through the traditional stained-glass windows of Our Lady of Grace parish, and the smell of incense wafted through the air. Observing and immersing in the Mass, reflection arose on how the teachings were enacted and understood in the parish. A red carpet led the parishioners to the white marble wall, on which the crucifix, which holds deep spiritual significance, was mounted. This parish had a higher proportion of older females than the other churches, and the priest, dressed in his white vestments, guided the procession with a commanding presence. A sense of peace and belonging emerged, yet across the parishes, an underlying outsider status persisted. While the community gathered in unified worship, navigating the lingering routines of social distancing implemented due to the Coronavirus pandemic (COVID-19), there was a contrast between vibrant fellowship and 'unspoken' realities of the individuals in the pews.

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Reflection on fieldwork interactions across the parishes revealed differences in the language used during the Nicene Creed, the liturgy, and the Mass celebration. The underlying theme remained constant: institutional silence on organ donation. This silence is historically produced, emerging from social distrust, rather than from an absence of Catholic endorsement.

This silence was personified by Margaret, a devout 59-year-old parishioner. On a very hot Thursday in February 2023, she shared, “*I am so grateful to be alive because of my daughter. It’s a blessing I thank God for every day. And I’m glad you’re asking about it; no one really talks about these things here.*”

Gabrielle echoed Margaret’s experience at St Michael’s, where organ donation was not considered for her dying family member and 20-something-year-old Aliyah’s observations that “*organ donation isn’t a major topic of discussion. It’s more of a personal choice rather than a focal point of sermons or Church teachings*”.

This raises the central question: if the Church accepts organ donation as a ‘noble act of self-giving love’ according to the Catechism of the Catholic Church, why does institutional silence persist?¹ Despite advocacy by non-profit organisations such as the Organ Donor Foundation (ODF) and Transplant Education for Living Legacies (TELL), these groups operate with limited institutional capacity, which limits the efficacy of their public outreach programs, including engagement with faith communities. While the South African government has a digital presence for Organ Donor Month in August, the visibility of organ donation is marginalised within the national health discourse. As a result, organ donation lacks the continuous focus and mobilisation found within health interventions such as those addressing HIV/AIDS, tuberculosis and cancer research.

While religions provide the foundational doctrine and values, the decision to participate in organ donation is a personal and autonomous choice. As a result, tensions may arise that go beyond mere theological curiosity; it is a systemic crisis in which lived experience and ecclesiastical instruction can contribute to a scarcity of organ donors in South Africa.

Therefore, views such as Margaret’s held weight: “*People at church know, but they don’t talk about it....It’s not something we discuss openly.*” This article argues that institutional silence creates a theological gap, which is not to be understood as a passive absence, but shapes how moral knowledge is produced, deferred and personalised in practice.

Organ transplantation is an important medical development of the twentieth century. However, the success of deceased organ donation programmes relies heavily on individuals’ and their families’ willingness. Although the problem of low organ donor rates is global, South Africa remains a critical case. In South Africa, only 1.4 per million population are deceased donors, compared to Spain, which leads globally with 48.9 per million population, achieved through active engagement and consultation of religious groups.²

Although cultural or religious beliefs cannot explain organ shortages in isolation, religion offers an important but nuanced perspective. A study of the Pedi community showed that religio-cultural beliefs reduce willingness to donate a whole body.³ This is significant as official positions on faith vary: while Judaism has come to endorse donation as *pikuach nefesh* (saving life), Islam permits it to be life-saving, though some hesitate over prompt burial, and Jehovah’s Witnesses, who generally reject blood transfusions, leave it to personal choice, while being cautious.

¹ Catholic Church, *Compendium* (USCCB Publishing, 2006); Alan Schreck, *The Compact History of the Catholic Church* (St Pauls BYB, 1997).

² David B. Olawade et al., “Organ Transplantation in Africa: Confronting Socioeconomic, Cultural, and Infrastructural Hurdles,” *Current Research in Translational Medicine* 73, no. 3 (July 2025): 103516, <https://doi.org/10.1016/j.retram.2025.103516>.

³ Matome N. Matshipi and Brenda Z. De Gama, “Influence of Religio-Cultural Beliefs on Whole-Body Donation: A Quantitative Analysis of a Predominantly South African Pedi Community,” *Annals of Anatomy - Anatomischer Anzeiger* 256 (October 2024): 152315, <https://doi.org/10.1016/j.aanat.2024.152315>.

As religion and spiritual beliefs shape perceptions of life, death and the body, scholars such as Macdonald, Lock and Nguyen argue that religion is central to analyses of organ transplantation.⁴ However, organ transplantation is meaningfully analysed as an instance of implicit religion, as the sacred-like language, rituals and symbols permeate recipient narratives, public discourse and transplant awareness and communities. While individual interpretation of religious doctrine varies, these interpretations can intersect with personal experiences and social connections through which individuals view and interpret life events. Therefore, religious and spiritual beliefs can directly influence how people perceive health, illness, pain, and suffering, including views on life and death.

Although this study is limited to the Roman Catholic Church in Gqeberha, it aims to understand how lived religious experience can shape attitudes towards organ donation. Despite the fact that Christian principles advocate charity rooted in agape love and medical altruism, the study explored how this can fail to translate into donor consent.

LITERATURE REVIEW

Organ donation: The Roman Catholic Church in South Africa

The Roman Catholic Church, one of the oldest religious institutions, has a complex history in Africa, intertwined with the continent's diverse cultural, social, and political landscape. Christianity is believed to have reached North Africa in the early centuries following the life of Jesus Christ, spreading through missionary activity, trade, and migration. Early African Christian communities added to the theological discourse and the development of Church doctrine.⁵ However, the presence of Catholicism today across sub-Saharan Africa is linked to the second wave of Western missionary expansion in the late nineteenth century, placing the Church within broader colonial processes.⁶ Catholicism remains one of the most practised religions in Africa, with 281 million Catholics equalling approximately 20% of the world's Catholics.⁷

Scholarly engagement with Catholicism in Africa expanded in the mid-twentieth century, with researchers such as Mbiti and Maxwell examining its significance.⁸ These studies highlight the challenges in the Church, including socio-political inequalities and economic disparities. Despite this, the literature has prioritised doctrine and history, often neglecting the importance of 'lived religious experience' in discussions of organ donation. This reflects how people interpret and embody religious teachings in their daily lives, particularly regarding health-related behaviours, in contexts shaped by cultural diversity, health crises, and social change.

Therefore, attitudes towards organ donation among Catholics in Gqeberha cannot be understood solely through official Church doctrine. Although the Roman Catholic Church formally supports organ donation, regarding it as an act of 'brotherly love', individual interpretations vary significantly. Organ donation is regarded as a morally commendable act and is aligned with the Christian values of compassion and social responsibility.⁹ This position is reinforced by Church leadership, notably Pope Francis, who described organ donation as "an act of social responsibility and expression of universal brotherhood" in his 2019 address to the Italian Association for the Donation of Organs, Tissues and Cells.

⁴ Arlene Macdonald, "The Implicit Religion of Organs," *Implicit Religion* 10, no. 1 (August 9, 2008), <https://doi.org/10.1558/imre.v10.i1.4210>; Margaret M Lock and Vinh-Kim Nguyen, *An Anthropology of Biomedicine* (John Wiley & Sons, 2018).

⁵ Benson O. Igboin, "Contextuality, Interculturality and Decolonisation as Schemes of Power Relations," *HTS Teologiese Studies / Theological Studies* 79, no. 4 (April 24, 2023), <https://doi.org/10.4102/hts.v79i4.7645>.

⁶ Ludovic Lado, "Catholicism as a Lived Religion in Africa," *Religion Compass* 14, no. 12 (December 8, 2020): 1–10, <https://doi.org/10.1111/rec3.12379>.

⁷ Agenzia Fides, "News - Agenzia Fides," accessed September 18, 2026, <https://www.fides.org/en/stats>.

⁸ Julius M. Gathogo, "John Mbiti's Ubuntu Theology: Was It Rooted in His African Heritage?," *Studia Historiae Ecclesiasticae* 48, no. 2 (September 27, 2022), <https://doi.org/10.25159/2412-4265/10292>; David Maxwell, "Writing the History of African Christianity: Reflections of an Editor," *Journal of Religion in Africa* 36, no. 3–4 (2006): 379–99.

⁹ Felix Cantarovich, "Organ Donation: A Necessary Social Obligation?," *European Journal of Medical and Health Sciences* 6, no. 2 (April 4, 2024): 40–44, <https://doi.org/10.24018/ejmed.2024.6.2.2082>.

However, the translation and implementation of doctrinal support are influenced by local contexts, cultural beliefs, and historical experiences. In South Africa, the Catholic Church has played an important role in spiritual life but also in education, healthcare and political resistance, particularly during apartheid. Catholic institutions have contributed to the establishment of hospitals and clinics, often under socio-political conditions. Today, the Catholic Health Care Association of Southern Africa (CATHCA) supports hospitals, hospices, and clinics that focus on HIV/AIDS, tuberculosis, and rural community health services. There is no focus on organ donation.

With the ongoing inequalities in healthcare access and the broader systemic challenges that shape public trust and health choice behaviours, decisions regarding organ donation are embedded in ‘local biologies’ in which religious beliefs intersect with personal experiences, cultural norms, and perceptions regarding the body, illness and medical interventions. Empirical studies show that deeply rooted religious and cultural beliefs influence attitudes toward organ donation, along with structural factors such as policy and the healthcare system.¹⁰

Significantly, variations are found both between individuals and across parishes and clergy, highlighting differences in pastoral teaching and community engagement. This underscores the value of an anthropological approach to discovering how religious meanings are constructed, interpreted, and negotiated in specific sociocultural contexts. Fieldwork conducted in five Roman Catholic parishes shows how parishioners draw on personal, cultural, and theological perspectives to interpret organ donation while navigating tensions between official teachings and deeply held personal beliefs about bodily integrity.

METHODOLOGY

To explore the nuanced conceptualisation and practice of organ donation within the Catholic Church, this study adopted a qualitative research design. This was essential to situate the 59 participants within their ‘natural setting’ to provide an in-depth interpretation of how religious experience and health choice behaviours are navigated.¹¹ Non-probability sampling was used in five urban Roman Catholic parishes in Gqeberha, strategically selected for geographic proximity and liturgical diversity, providing a representation of the ‘traditional’ and ‘contemporary’ environments.

This study was partially conducted during the COVID-19 pandemic, resulting in methodological flexibility. Social distancing measures limited physical gatherings, and specific parishes maintained communal continuity by live-streaming services. Therefore, consideration was also given to participants who could easily access travel routes and to those with Wi-Fi, allowing a seamless transition between in-person observation, virtual recruitment, focus groups, and interviews during this period.

Participants, aged 18 to 65, representing diverse age, ethnic and racial backgrounds, were recruited through Church newsletters and announcements, supplemented by snowball sampling to address recruitment challenges likely linked to the topic's sensitivity. Data collection followed a multi-stage approach, with eight focus group discussions (FGDs), 15 semi-structured interviews, and participation in the Holy Mass and church activities.

The analysis followed the Braun and Clarke thematic guidelines supported by Atlas. ti software. The process involved familiarisation, initial coding and development of themes, thereby identifying recurring patterns. Ethical integrity was maintained throughout; relevant institutional permissions were sought and informed consent was obtained from all participants. Sensitivity was exercised to the emotional weight of the discussions about organ donation.

¹⁰ A. Ríos et al., “Attitude of the Citizens of Havana, Cuba, Toward Organ Donation: A Multivariate Analysis of the Psychosocial Factors Affecting Attitude,” *Transplantation Proceedings* 50, no. 8 (October 2018): 2260–63, <https://doi.org/10.1016/j.transproceed.2018.03.069>.

¹¹ J. W. Creswell, *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*, 4th ed. (Thousand Oaks, CA: Sage Publications, 2014).

PRESENTATION OF FINDINGS

Building on the context, the findings illustrate how institutional silence is not merely the absence of pastoral guidance but is socially embedded and shapes how parishioners interpret organ donation. The results emerged from the FGDs and semi-structured interviews. Of the 59 participants, 56 participated in the FGDs, with 3 unable to attend due to illness. Most had a general awareness of organ donation, either through curiosity or personal experience, including cases in which family members required transplants, were previously registered as donors, or actively donated blood.

Overall attitudes toward organ donation were positive. Nonetheless, a small group of 10 participants expressed scepticism, especially regarding brain death and the South African medical system. Concerns were raised regarding medical doctors prioritising organ retrieval over saving their lives, alongside this uncertainty and whether the sanctity of the body would be preserved.

Although religion was identified as a factor, it emerged as dynamic rather than prescriptive. Variations in interpretation can shape how doctrine is understood and applied. Ultimately, parishioners interpret organ donation through the lenses of faith, personal beliefs, culture, and history.

Concerns over Bodily integrity and the ‘invisible’ experience

Within the broader context of silence, concerns about bodily integrity emerged as a key area, and moral uncertainty was expressed.

After Mass on a Sunday morning at St Gabriel’s, a group of older parishioners was overheard discussing the homily, with one woman remarking, “*bodies of the dead must be treated with respect and dignity*,” while another parishioner mentioned the ‘*wholeness of the body*’. These exchanges echoed a central theme that emerged from the FGDs and interviews: concerns about bodily sanctity, particularly in a parish shaped by multiple COVID-19 deaths. Religion, it emerged, carries unconscious cultural deposits that shape patterns towards the body.

While Biblical texts do not explicitly state that the human body should be buried whole, Romans Chapter 6 verse 4 states: “*We were therefore buried with Him through baptism into death, in order that, just as Christ was raised from the dead through the glory of the Father, we too may walk in newness.*”

Although there is a belief that appearing whole in front of our maker is necessary, this leads to thoughts that organ donation would compromise bodily integrity. However, the Church recognises organ donation, stating that “*donation allows for the preservation of life, for the gift of life is an expression of the love of God*” in Caritas in Veritate (Charity in Truth).¹² Organ donation in a South African context remains a complex issue that incorporates culture, ethnicity, religion, and linguistic diversity.

Fieldwork encounters are drawn upon with a middle-aged Samuel, then Lucy, a 64-year-old traditionally raised Catholic, both from Holy Trinity Basilica and a twenty-something-year-old coloured female, Tatum, who attends a more modern Catholic Church, Our Lady of Grace Parish.

Lucy, a retiree, described organ donation as a ‘generous act’ but expressed firm discomfort towards brain death, stating, “*I would only allow organ donation if the person is completely dead, beyond any doubt*”. Her emphasis on certainty highlights the importance of the body to her and trust in the medical system. Similarly, Hilda voiced concerns about whether brain death is ‘true’ death and whether the body is treated with dignity in organ procurement procedures.

These accounts show the unease is not simply theological but emotionally and ethically driven. For many, uncertainty regarding medical processes interlinks with beliefs regarding the sanctity of the body. Thus, Samuel reflected on his late brother’s belief that the body must be buried whole, stating, “*he also believed that you’ve got to bury your body whole with all its parts,*” yet he simultaneously acknowledged theological flexibility, noting that God’s power extends even to restoration from ashes. This tension between

¹² Ernst R. Schwarz and Salvatore Rosanio, “Religion and the Catholic Church’s View on (Heart) Transplantation: A Recent Statement of Pope Benedict XVI and Its Practical Impact,” *Journal of Religion and Health* 50, no. 3 (September 26, 2011): 564–74, <https://doi.org/10.1007/s10943-009-9284-4>.

traditional beliefs and doctrinal openness was echoed by Anne, who joined Catholicism as an adult and observed that while the Church appears broadly in favour of organ donation, official guidance extends only so far in practice.

Although organ donation in the contemporary Church is accepted, this aligns with Schreck, who argues that some traditionalists who uphold historical Church teachings, doctrines, and moral standards often resist modern theological interpretations.¹³

This diversity of interpretation suggests that while these individuals identify as Roman Catholic, their decisions are intertwined with the social structure. These moral considerations are often unspoken, or can be described as an ‘invisible’ moral experience, operating under formal discourse and shaped by experience, family practices, culture or religion, and personal reflections on body, life, and death.

Younger participants, such as Tatum, introduced a cultural dimension, highlighting the aforementioned, as in “*coloured culture, there is a strong emphasis on respecting the body and proper burial rites*”. She added that “... *organ donation might interfere with these traditions...*”. It became evident that the body varies within religious and cultural frameworks. These perspectives showed how cultural and historical contexts intersect with religious identity to shape attitudes regarding health choice behaviours. Such experiences are not easily articulated, yet they significantly influence decision-making about organ donation.

Although these participants recognised the need for organ donation, this coexisted with discomfort regarding bodily integrity; the more traditional Catholics tended to express greater hesitation, although uncertainty was present across age groups. Discussions reflected beliefs that the physical body and spiritual self are linked, reflecting a unity of body and soul. Upon death, the soul separates from the body to undergo judgment. At the final resurrection, souls will be reunited with their bodies, which will be transformed into glorified spiritual bodies.¹⁴ Therefore, some participants felt that removing organs would disrupt or affect this journey, and some were in conflict with the Catholic teaching on organ donation. Thus, parishioners navigate a dual framework in which the body is sacred and potentially open to acts such as organ donation, producing cultural and theological dualism.

Ultimately, the concerns of bodily integrity are not ignorance or rejection of Church teaching but reflect a complex moral negotiation the individual must make. Taken together, these participant accounts point to a broader pattern: the Church, as an embodied and lived institution, shapes but does not determine decisions which the individual should make. In this context, the silence regarding organ donation among parishioners is a meaningful expression of uncertainty, agency, and the effort to reconcile faith and bodily integrity in religious life.

Social Distrust

While the history of transplantation reflects significant biomedical advancement, resistance to organ donation among Catholic parishioners is less shaped by theology and is driven by deeper social issues that shape how medical interventions are perceived. Discussions within the focus groups frequently shifted from doctrine to concerns regarding how bodies are treated in the healthcare system. As Hilda (early 40s, female) highlighted: ‘*Some, um, people might be, uh, worried about, uh, what will happen to their, um, body after death or, uh, mistrust the, uh, medical system,*’ showing how everyday encounters with medical institutions can influence perceptions of trust. Even among those who could afford private healthcare, there was an awareness of systemic failure; an altar server in one observed parish missed Masses because she was referred to a public hospital waiting list because specialists were unavailable. These lived experiences can fuel scepticism: highlighting Hilda’s sentiments, how can you trust a system with the body when it fails to provide adequate care?

¹³ Schreck, *The Compact History of the Catholic Church*.

¹⁴ Melissa Eitenmiller, “On the Separated Soul According to St. Thomas Aquinas,” *Nova et Vetera* 17, no. 1 (2019): 57–91, <https://doi.org/10.1353/nov.2019.0003>.

This distrust has an influence on organ donation preferences, with many participants more open to living donation to family members than deceased donation. A prominent concern was whether medical professionals might not “*try to save your life because you are a donor.*” Although medically unfounded, these anxieties are rooted in past injustices. During apartheid, the healthcare system allowed the exploitation of Black bodies for medical training without familial consent. Scheper-Hughes and Lock documented the removal of Andrew Sitshetshe’s eyes in a morgue, reinforcing perceptions of the body as a state possession rather than a sacred vessel.¹⁵ This has left a legacy of suspicion compounded by fears of misdiagnosis and the ‘grey area’ of brain death.

While Western medicine treats brain death as the definitive end, death is understood cross-culturally as a social and ontological process, not merely a biological one.¹⁶ The Catholic understanding draws on thinkers such as Doran, who defines death as an ontological change, the division of the body and soul in line with Cartesian dualism.¹⁷ This understanding creates a space for doubt. Lucy questioned brain death and whether individuals are ‘*truly gone*’, while Chantelle (50s) argued that if someone is still breathing on a ventilator, ‘*they are still alive*’. These contestations are deepened by ‘miracle’ narratives, which deepen mistrust in medical authority.

This raises concerns about ethical boundaries, as the Catholic Church opposes euthanasia, leading to fears that organ donation is a ‘slippery slope’ and ends life prematurely. Beyond theology, there are fears about the commodification of the body. In the context of low organ donation, a black market emerges, exploiting the vulnerable.¹⁸

By failing to bridge the gap between encyclicals and the ‘local biology’ of Gqeberha, the Church inadvertently allows historical fears to influence the moral terms of organ donation.

The forms of distrust do not operate independently; rather, they reinforce institutional silence, which limits dialogue and creates moral uncertainty. The findings above illustrate this dynamic: each form of distrust-historical, medical, and theological- amplifies the others, producing a context in which silence becomes self-reinforcing. Low organ donation rates are within a system crippled by other difficulties. Although the Church offers refuge, it cannot be a scapegoat for the State that is failing the people; however, the Church cannot look the other way and remain silent.

Institutional Silence and the Limits of Catholic Influence

Institutional silence is not a lack of discourse, but a social condition which shapes how moral knowledge is created, withdrawn and discussed within parish life. The Catholic Church's stance on organ donation has evolved from being opposed to it to cautious support, recognising the potential to save lives and the importance of honouring human dignity and inhibiting exploitation. Although organ donation was first formally addressed by the Church in the 1950s, it was later incorporated into the Catechism of the Catholic Church. Its integration into everyday discussion remains limited. In South Africa, the conversation about organ donation and transplantation only gained traction in 1967, despite earlier international developments in transplant medicine, including xenotransplants and advances in life-support technologies, yet remains absent in Catholic Church parishes despite the official doctrine.

When embedded within histories of social distrust and concerns regarding bodily integrity, it produces a moral landscape in which organ donation is approached with ambivalence. Due to the lack of education or discussion of organ donation, parishioners interpret organ donation ethics and what brotherly love means independently, drawing on personal beliefs, cultural frameworks, and other influences. Therefore, variations in theological interpretation have an impact, leading to silence and a lack of clear guidelines or discussion.

¹⁵ Nancy Scheper-Hughes and Margaret M. Lock, “The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology,” *Medical Anthropology Quarterly* 1, no. 1 (March 28, 1987): 6–41, <https://doi.org/10.1525/maq.1987.1.1.02a00020>.

¹⁶ Margaret Lock, *Twice Dead: Organ Transplants and the Reinvention of Death* (California: University of California Press, 2002).

¹⁷ Christine Doran, “Postcolonialism, Anti-Colonialism, Nationalism and History,” *International Studies* 56, no. 2–3 (April 25, 2019): 92–108, <https://doi.org/10.1177/0020881719840257>.

¹⁸ Nancy Scheper-Hughes, “Parts Unknown,” *Ethnography* 5, no. 1 (March 1, 2004): 29–73, <https://doi.org/10.1177/1466138104041588>.

The silence operated in practice: the topic of organ donation was not openly discussed but spoken of in hushed tones among parishioners, while its absence from Church teaching made it seem almost taboo. Organ donation rarely has a direct connection in a priest's homily, although a fellow priest, Fr Xolisile Kondlo, who needed a lung transplant, pointed out that the Catholic Church in Southern Africa has generally done little to promote organ donation.¹⁹ During focus group discussions, participants often responded with quiet agreement through nods, brief affirmations, and shared expressions, reinforcing the sense that it is not openly discussed in parish life. This silence also affected the research process, as participant recruitment was highly dependent on referrals and participation with small ministry groups, reflecting the lack of openness about the subject matter.

This can be argued as a way to protect the individual rather than a barrier which causes the silence. However, since it is not an everyday discourse, the doctrine remains distant and is not practised as often among the parishioners.

Drawing on personal experiences, media narratives and social networks to understand organ donation can lead to misconceptions, anxieties and distrust, such as those of Ropafadzo, who would not participate in organ donation, but agreed, "*There is silence on the matter.*" These reflections show how silence contributes to hesitation and tension, particularly when combined with uncertainty about medical processes.

Although Anne's insight highlights the tension between her faith and personal beliefs, she shared that she was a registered donor; however, as she "*started to grow in my faith, I began to question... I don't actually know from a purely Catholic point of view, what I believe*". Therefore, engagement with the doctrine can lead to reinterpretation, especially in the absence of clear, easily accessible guidelines.

As such, there is a conflict between personal moral positions and religious teaching, which can influence willingness to donate; thus, the decision is complex rather than a universal obligation. Although the Catholic Church has had active missionary roles through the formation of early clinics, critics have opposed this, stating that Western ideologies were forced upon people.²⁰ The question remains as to why the Church seems to be silent on a matter of organ donation, which is a crippling health crisis in South Africa, while priests and parishioners have needed organ transplants. It seems that although the Popes have addressed organ donation, there is a moral position taken by parishioners, either accepting or rejecting ideas of organ donation. Institutional silence, at the pulpit level, reduces organ donation to a dormant discourse, only developing when personal impact translates into the family space.

Those parishioners who had personal experiences with organ donation or transplantation were the ones who engaged in the topic with their family and friends. Because the Church does not address the Pope's encyclicals in Catechism or workshops, there is a trickle-down effect in which this remains unspoken.

These participant accounts collectively reveal a tension at the heart of Catholic practice: institutional silence has not produced uniformity, but rather a fragmented, individualised engagement with organ donation shaped by personal experience rather than a shared doctrine.

Participants, although all strongly identifying as Roman Catholic and drawing on general Christian values, base their decisions regarding organ donation on personal reasoning and experiences rather than solely on institutional teachings, which state that organ donation should be ethically done and not coerced. Although these are points of reference for this teaching, participants found that there was little official doctrine on organ donation. Tension arose among participants who excitedly considered a scenario if it was discussed; the idea was immediately closed down as it was not something they could see a priest do, even though organ donation is accepted in the Catholic Church. Kathy further added to the point, stating that "*not from the pulpit.*" The looks, quick nods of the head, and vocalised agreement of the participant emphasised this tension when questioning the Church's role in organ donation, particularly whether it should actively encourage it. That such a comment resonated so strongly points to the depth of the silence around this topic in parish life.

¹⁹ Editor., *A Gift of Ourselves – the Southern Cross* (Scross.co.za., 2025), <https://www.scross.co.za/2016/05/a-gift-of-ourselves/>.

²⁰ Mnyalaza T. Masuku, "Mistakes of Western Christian Missions in Africa and Related Response, Mid-19th to 20th Century," *Verbum et Ecclesia* 44, no. 1 (April 21, 2023), <https://doi.org/10.4102/ve.v44i1.2746>.

Whether traditionalism may be a factor, as Samuel suggests, merits consideration. However, while Catholic identity may influence personal choices and moral judgements, interpretations and views are diverse. Furthermore, religion and culture are not static and often adapt. It can then be argued that health choice behaviours do not occur in a vacuum and are embedded within cultural or religious contexts.²¹ This statement was further supported by Bogopa, offering a lens through which different belief systems in African indigenous cultures hold ideas on health, treatment, and family, which play a vital role in health choice behaviours.²² Therefore, active participation in health-related topics is necessary.

This study argues that organ donation should not be regarded as a moral duty, but rather as personal, contextually shaped choices, influenced by institutional silence, social distrust, and culturally rooted understandings of the body. Despite the fact that religious doctrine plays a prominent role in people's lives, organ donation is a personal choice, while the influence of religion is determined by what is said and remains unsaid.

A Conceptualised Understanding

A paradox between doctrine and personal choice. A more proactive approach by the Church to encourage organ donation would improve donation rates. While the Church should address the topic, engagement with participants and discussions with a parish priest revealed a theological nuance: moral acceptance versus personal choice. Thus, the individual parishioner must navigate a moral framework shaped by religious beliefs, institutional silence, and social contexts.

A case from St. Gabriel's is illustrative. Amina Nakiyemba, a young and vibrant participant, shared: *"You see, donating an organ to a family member is not just a medical act; it's a continuation of our story, our lineage... When my cousin fell ill, I knew in my heart that I had to help."* This response emerged when asked about the difference in organ donation between kin and strangers.

Thus, attitudes toward *agape* love influence the decision to participate in organ donation.²³ The moral concept of *agape* love as selfless giving, drawn from the work of Scheper-Hughes, Lock and Nguyen on altruism and embodied giving, frames organ donation as both a theological act and a social one.

Within Catholic moral reasoning, organ donation can be viewed as a form of *agape* love and medical altruism; however, it must respect the donor's and recipient's bodily integrity and rights. Because organ donation involves bodily sacrifice, it cannot be reduced to a biomedical transaction; it is a moral practice shaped simultaneously by Catholic ethics, cultural meaning and embodied experience. This tension is reflected in the data: many favoured living donation to family members, while few indicated willingness to donate deceased organs as well. This suggests that doctrine, relational ties and cultural considerations shape decisions.

The embodied nature of caregiving practices is central in these interactions between social, religious, cultural, and ethical practices, as discussed by Scheper-Hughes. This influences healthcare, especially in a Catholic context, where the Church provides spiritual guidance and pastoral care.

RECOMMENDATIONS

The silence among the parishioners, priests, and CATHCA regarding organ donation reflects moral ambiguity. This silence is not a lack of knowledge, but a meaningful process through which individuals negotiate understandings of the body, personhood, and the sacred. Drawing on Durkheim's notion of the sacred, resistance to organ donation may reflect efforts to preserve the sacred body. Although the Church and

²¹ Vetta L. Sanders Thompson et al., "Use of Culturally Focused Theoretical Frameworks for Adapting Diabetes Prevention Programs: A Qualitative Review," *Preventing Chronic Disease* 12 (May 7, 2015): 140421, <https://doi.org/10.5888/pcd12.140421>; Clara Han, "Suffering and Pictures of Anthropological Inquiry," *HAU: Journal of Ethnographic Theory* 3, no. 1 (March 2013): 231–40, <https://doi.org/10.14318/hau3.1.024>.

²² David Bogopa, "Health and Ancestors: The Case of South Africa and Beyond," *Indo-Pacific Journal of Phenomenology* 10, no. 1 (May 15, 2010): 1–7, <https://doi.org/10.2989/IPJP.2010.10.1.8.1080>.

²³ Robert D. Enright et al., "The Philosophy and Social Science of *Agape* Love.," *Journal of Theoretical and Philosophical Psychology* 42, no. 4 (November 2022): 220–37, <https://doi.org/10.1037/teo0000202>.

Papal encyclicals endorse organ donation, parishioners can interpret teachings through local cosmologies, leading to concerns and uncertainty regarding brain death.

Therefore, a multifaceted and culturally sensitive approach is required, which acknowledges Scheper-Hughes' concept of medical altruism as embodied giving, while acknowledging that organ donation is a sacrifice and an act of agape love within the Catholic Church. Central to this is recognising that organ donation is not only a biomedical issue, but it is embedded in moral, religious and social contexts. The observed silence reflects the gap between the official doctrine and lived religious experiences. Thus, the Catholic Church can play a role in bridging the gap. It is recommended that the Church provide workshops and parish discussions, and include organ donation in catechism classes. This would clarify Catholic teaching and enable parishioners to engage with theological questions, without forcing organ donation, but rather allowing it to become a space of dialogue that moves from silence to informed reflection.

Public health campaigns should involve guidance from community and religious leaders and transplant medical professionals, moving generic awareness campaigns toward contextually grounded strategies. Thus, trust is built, and misconceptions can be addressed, particularly around the sacred body, brain death and medical practice. Existing efforts to encourage family-based discussions about organ donation preference should continue. Lived realities, including socioeconomic and historical distrust in the healthcare system, can inform policy development. Furthermore, South Africa should prioritise strengthening the opt-in organ donation system, as per the National Health Act 61 of 2003, through education, transparency, and community engagement.

To help alleviate the public health care crisis, besides incorporating faith leaders, medical anthropologists and social scientists can contribute by revealing nuanced perspectives and assisting in the design of culturally tailored awareness programmes and policies. Increasing the rate of organ donors requires dialogue, institutional participation, and policies that respect the moral and religious-cultural frameworks within which individuals make informed decisions.

CONCLUSION

Organ donation, as this study highlights, extends beyond a biomedical decision and is embedded in moral, theological and socio-cultural frameworks. Although Catholic doctrine encourages organ donation as an act of agape love, this endorsement does not easily translate into practice in the parish. This institutional silence, combined with social distrust and concerns about bodily integrity, provides a context in which organ donation is navigated as a complex and personal decision. The lack of dialogue within parish spaces reinforces uncertainty, limiting the official doctrine from being put into practice. To address the gap, greater engagement from both the Church and the government is needed to raise awareness. Rather than prescribing organ donation as a moral obligation, it provides a space for informed and contextually meaningful conversations. Ultimately, organ donation emerges as a contested moral terrain, where questions about trust, bodily sanctity, and personal choice are negotiated within a lived religious experience.

BIBLIOGRAPHY

- Bogopa, David. "Health and Ancestors: The Case of South Africa and Beyond." *Indo-Pacific Journal of Phenomenology* 10, no. 1 (May 15, 2010): 1–7. <https://doi.org/10.2989/IPJP.2010.10.1.8.1080>.
- Cantarovich, Felix. "Organ Donation: A Necessary Social Obligation?" *European Journal of Medical and Health Sciences* 6, no. 2 (April 4, 2024): 40–44. <https://doi.org/10.24018/ejmed.2024.6.2.2082>.
- Catholic Church. *Compendium*. USCCB Publishing, 2006.
- Creswell, J. W. *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. 4th ed. Thousand Oaks, CA: Sage Publications, 2014.
- Doran, Christine. "Postcolonialism, Anti-Colonialism, Nationalism and History." *International Studies* 56, no. 2–3 (April 25, 2019): 92–108. <https://doi.org/10.1177/0020881719840257>.
- Editor. *A Gift of Ourselves – the Southern Cross*. Scross.co.za., 2025. <https://www.scross.co.za/2016/05/a-gift-of-ourselves/>.

- Eitenmiller, Melissa. "On the Separated Soul According to St. Thomas Aquinas." *Nova et Vetera* 17, no. 1 (2019): 57–91. <https://doi.org/10.1353/nov.2019.0003>.
- Enright, Robert D., Jiahe Wang Xu, Hannah Rapp, Moon Evans, and Jacqueline Y. Song. "The Philosophy and Social Science of Agape Love." *Journal of Theoretical and Philosophical Psychology* 42, no. 4 (November 2022): 220–37. <https://doi.org/10.1037/teo0000202>.
- Fides, Agenzia. "News - Agenzia Fides." Accessed September 18, 2026. <https://www.fides.org/en/stats>.
- Gathogo, Julius M. "John Mbiti's Ubuntu Theology: Was It Rooted in His African Heritage?" *Studia Historiae Ecclesiasticae* 48, no. 2 (September 27, 2022). <https://doi.org/10.25159/2412-4265/10292>.
- Han, Clara. "Suffering and Pictures of Anthropological Inquiry." *HAU: Journal of Ethnographic Theory* 3, no. 1 (March 2013): 231–40. <https://doi.org/10.14318/hau3.1.024>.
- Igboin, Benson O. "Contextuality, Interculturality and Decolonisation as Schemes of Power Relations." *HTS Teologiese Studies / Theological Studies* 79, no. 4 (April 24, 2023). <https://doi.org/10.4102/hts.v79i4.7645>.
- Lado, Ludovic. "Catholicism as a Lived Religion in Africa." *Religion Compass* 14, no. 12 (December 8, 2020): 1–10. <https://doi.org/10.1111/rec3.12379>.
- Lock, Margaret. *Twice Dead: Organ Transplants and the Reinvention of Death*. California: University of California Press, 2002.
- Lock, Margaret M., and Vinh-Kim Nguyen. *An Anthropology of Biomedicine*. John Wiley & Sons, 2018.
- Macdonald, Arlene. "The Implicit Religion of Organs." *Implicit Religion* 10, no. 1 (August 9, 2008). <https://doi.org/10.1558/imre.v10.i1.4210>.
- Masuku, Mnyalaza T. "Mistakes of Western Christian Missions in Africa and Related Response, Mid-19th to 20th Century." *Verbum et Ecclesia* 44, no. 1 (April 21, 2023). <https://doi.org/10.4102/ve.v44i1.2746>.
- Matshipi, Matome N., and Brenda Z. De Gama. "Influence of Religio-Cultural Beliefs on Whole-Body Donation: A Quantitative Analysis of a Predominantly South African Pedi Community." *Annals of Anatomy - Anatomischer Anzeiger* 256 (October 2024): 152315. <https://doi.org/10.1016/j.aanat.2024.152315>.
- Maxwell, David. "Writing the History of African Christianity: Reflections of an Editor." *Journal of Religion in Africa* 36, no. 3–4 (2006): 379–99.
- Olawade, David B., Aderonke Odetayo, Sheila Marinze, Eghosasere Egbon, and Viviane Chinwah. "Organ Transplantation in Africa: Confronting Socioeconomic, Cultural, and Infrastructural Hurdles." *Current Research in Translational Medicine* 73, no. 3 (July 2025): 103516. <https://doi.org/10.1016/j.retram.2025.103516>.
- Ríos, A., A.I. López-Navas, J. Flores-Medina, Á. Sánchez, M.A. Ayala, G. Garrido, L. Martínez-Alarcón, et al. "Attitude of the Citizens of Havana, Cuba, Toward Organ Donation: A Multivariate Analysis of the Psychosocial Factors Affecting Attitude." *Transplantation Proceedings* 50, no. 8 (October 2018): 2260–63. <https://doi.org/10.1016/j.transproceed.2018.03.069>.
- Sanders Thompson, Vetta L., Michelle Johnson-Jennings, Ana A. Bauman, and Enola Proctor. "Use of Culturally Focused Theoretical Frameworks for Adapting Diabetes Prevention Programs: A Qualitative Review." *Preventing Chronic Disease* 12 (May 7, 2015): 140421. <https://doi.org/10.5888/pcd12.140421>.
- Scheper-Hughes, Nancy. "Parts Unknown." *Ethnography* 5, no. 1 (March 1, 2004): 29–73. <https://doi.org/10.1177/1466138104041588>.
- Scheper-Hughes, Nancy, and Margaret M. Lock. "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology." *Medical Anthropology Quarterly* 1, no. 1 (March 28, 1987): 6–41. <https://doi.org/10.1525/maq.1987.1.1.02a00020>.
- Schreck, Alan. *The Compact History of the Catholic Church*. St Paul's BYB, 1997.
- Schwarz, Ernst R., and Salvatore Rosanio. "Religion and the Catholic Church's View on (Heart) Transplantation: A Recent Statement of Pope Benedict XVI and Its Practical Impact." *Journal of*

Religion and Health 50, no. 3 (September 26, 2011): 564–74. <https://doi.org/10.1007/s10943-009-9284-4>.

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