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## *Whose Child?*

IN JUNE 1995, I was chatting with a senior woman member of the Baitshopi Church about the ubiquitous public health messages on billboards and the radio warning people about the spread of AIDS. At the time, a common slogan was “AIDS—It is Your Problem Too—Use a Condom.” During the period 1997–2000, such messages stressed sexual abstinence and monogamy as well: “Avoiding AIDS is as Easy as Abstain, Be Faithful, Condomise.” By 2005, prevention slogans had disappeared from most billboards, replaced by exhortations to “Know Your Status.” The church member said to me in 1995, “I don’t understand why so much fuss is being made about AIDS. There are many sexually transmitted diseases [*malwetsi a dikobo*, literally, illnesses of the blankets], like syphilis and gonorrhea, but you don’t hear much about them.”

I said that this was probably because syphilis and gonorrhea could be treated effectively, but AIDS was fatal. She replied simply, “Oh, I didn’t realize that.”

As I became better acquainted with the range of issues involved in talk and silence about HIV/AIDS, I began to suspect that my friend had understood quite well from public health messages that AIDS was an almost inevitably fatal disease, as it remained for the vast majority of Botswana’s citizens until 2002, when the government began to make antiretroviral

medications (ARVs) available free of charge to adults on a national basis. She had, however, not wanted to speak about it as such.

In popular media reports about AIDS in Africa, it is commonly pointed out that the disease continues to be highly stigmatized. In Botswana during the late 1990s, there was widespread reluctance to be tested for HIV, although many thousands of people went to clinics every year to be treated for other sexually transmitted diseases.<sup>1</sup> Yet people rarely attributed a particular illness to HIV or AIDS in casual conversation during the period 1993–2000, a situation that (as I discuss in chapter 5) had changed in significant respects by 2005. Reflecting on this state of affairs became, for me, a point of departure for a broader inquiry into local understandings of how feelings and acts of love influence the sentiments and physical well-being of other people.

This chapter discusses how Botswana imagine, reevaluate, and try to shape one another's sentiments in the context of illness and death, and explores how such processes have affected talk about AIDS. For Botswana, the question of what to say and what not to say about sickness is in many respects an issue of sentiment. Expressing care and love for the ill helps to alleviate suffering, while scorn and jealousy (*lefufa*) worsen it. The *spoken word* is one of the most important of the many forms through which these sentiments affect the well-being of others. For instance, praying aloud for the sick is an act of love with a capacity to heal, and to stimulate love in turn on the part of hearers. By contrast, if you hear jealous words spoken against you, you may fall ill, and if you are already sick, you may “give up” (*go itlhoboga*) and die. Saying openly that a person's illness is incurable, and that death is imminent, is a very hurtful act. In discussing the nature and causes of illness, people must consider the potential impact of speech and hearing upon others' well-being, and upon the qualities of their relationships with them over the long term.

More publicly perhaps than any other occasion, death forces people to evaluate relations of care, love, scorn, and jealousy. At funerals, the multiple commitments of the deceased to others—kin, church and burial society members, work colleagues, the broader community—are publicly recognized in a variety of ways, even as burial in a particular place defines the permanent “home” (*legae*) of the dead with specific people. There is an imperative to attend funerals in order to “show love” (*go bontsha lerato*) by participating in the work of death. At the same time, death provokes painful sentiments of sorrow, fear, and blame. On many occasions, the very nature of the sentiments expressed is a matter of controversy. In the instance I

describe in this chapter, one group of participants celebrated the Christian faith of the deceased even as another articulated loss and blame.

In expressing such sentiments, those who take part in funerals reflect on the issue of who has loved and cared for whom, and who is thus to be considered a parent, child, or other kin, in relation to whom. Because death tends to call into question the nature of kinship and many other ties, participants at funerals must consider carefully what they do and say—about, among other things, the nature of fatal illness—so as to manage the social consequences of their sentiments and to guard against or otherwise come to terms with the possibility that relations will be permanently upset. Particularly disruptive are hints that a person's death has been caused either by "promiscuous" sexuality (*boaka*) or witchcraft. Such talk may put survivors at odds with one another for years, making them feel that another person's ill will or irresponsibility is the cause of their bereavement. On the other hand, the communal involvement demanded by funerals may induce even those who suspect one another of culpability to manage their differences in order to participate in the endeavor of showing love.

Such imperatives to manage one's own and other people's sentiments in the context of death crucially shape popular talk and silence about AIDS. The manner in which MmaMaipelo spoke about AIDS at funerals, as well as to members of her church in less public situations, reflected the capacity of severe illness and death to concentrate people's attention on how others feel toward them, on how they may wish them to feel, and on the methods they should use to influence their sentiments. MmaMaipelo's method of fostering love in the time of AIDS rested on a determined agnosticism about the role of human agency in causing sickness—though not about its role in alleviating or worsening suffering through nursing care—derived from the conviction that accusations of promiscuity or witchcraft give rise to jealousy. Death, she insisted, is entirely in God's hands, not in the hands of witches. In putting faith in God, people should adopt specific methods for "giving up" (*go itlhoboga*) before and after a death, as well as for "thinking about" or "remembering" (*go gopola*) their own and others' past sentiments and actions. These methods center on putting love into words in a manner that leads people to reimagine their kinship and other relations to one another in particular ways. This chapter locates MmaMaipelo's stance within broader personalizing discourses of care in Botswana, showing that within particular situations—church contexts, medical settings, and funerals—people have considered how to speak about sickness by imagining how talk about sexually transmitted and fatal illness

would affect relations of care. This is illustrated by the death in 1997 of a young woman member of the Baitshopi Church named Tebogo.

MIGRATION, GENDER, AND PATHOLOGICAL  
SEXUALITY IN BOTSWANA

“Poverty in the midst of plenty” is Ørnulf Gulbrandsen’s (1994) apt description of Botswana’s contemporary situation. Since independence in 1966, Botswana has experienced tremendous economic growth, driven for the most part by diamond mining, upon which government revenues are heavily dependent. In addition, Botswana exports large quantities of beef to the European Union. Unlike those of many African countries, Botswana’s government has not squandered its wealth in widespread corruption and violent contests for power (see Samatar’s account [1999] celebrating this accomplishment). The government, a liberal democracy, has not been forced to take out substantial international loans under structural adjustment. Since independence, a single political party (the Botswana Democratic Party) has ruled the country, but opposition parties hold many seats in Parliament.

Economic growth in Botswana has created an educated middle class, something that was virtually nonexistent thirty years ago, but at the same time, it has led to consolidation of agricultural resources and deepening inequalities (K. Good 1999). For example, Jacqueline Solway (1998) shows how the commercialization of cattle production in the western Kweneng district since the 1970s has brought about a decline in the *mafisa* cattle-loaning system, whereby laborers would acquire means to build up herds of their own. To an increasing extent, wealthy herders frame the terms of rights to grazing land, as well as rights to water cattle at boreholes (Peters 1994), albeit in ways that sometimes extend communal access to land and water (Gulbrandsen 1990; R. Werbner 1993). Formal education has become an avenue to upward mobility for many citizens of Botswana in recent decades, but in numerous instances, it has also had the effect of making experiences of inequality more cutting. Unless children are sent to expensive private English-medium primary schools, they are taught mainly in Setswana, the majority language, until standard 4, when teaching shifts entirely into English. Students often have difficulty with this transition (Botswana Government 1993:112) and fail their secondary school examinations. Many of my friends in Old Naledi express deep personal shame over having failed, and thus having had to enter the labor force at a disadvantage.



Map 1. Botswana. Courtesy of Maps.com, reprinted by permission.

For Botswana, efforts to make ends meet have long hinged on migration. Most of the country's population is concentrated in the eastern portion, which receives more rain than the Kalahari Desert to the west (see map 1). During precolonial times, people depended on a combination of rain-fed agriculture and pastoralism, and cattle were the primary form of wealth. An idealized settlement pattern among Botswana has involved moving seasonally between centralized villages (*metse*); settlements at fields (*masimo*) where sorghum, maize, and other crops are cultivated; and cattle posts (*meraka*) where herders stay. A number of villages, such as Molepolole, Mochudi, and Kanye, now have populations in the tens of thousands. During precolonial times, such villages were the capitals of polities (*merafe*) ruled by kings (*dikgosi*), who were subsequently incorporated as "chiefs" of their

respective “tribes” under the British policy of indirect rule. In independent Botswana, the largest villages are the capitals of their respective districts, where the *dikgosi* continue to hold great authority. The fields and cattle posts tend to be far away from the villages and cities, so that people spend hours travelling by bus, donkey cart, and foot between them. This idealized settlement pattern has provided rationales for land use and reform policies (see R. Werbner 1993) that in the context of a diversity of local arrangements have been imposed coercively at times, especially upon historically subjugated San minority groups (Hitchcock 2006).<sup>2</sup>

Immense transformations arose from the heavy engagement of Botswana in labor migration, which intensified dramatically in the early twentieth century, when South African mines and other industries began recruiting workers from throughout the subcontinent. Employment for cash wages was scarce in Botswana, known in the colonial era as the Bechuanaland Protectorate. Thus in the early 1940s, as many as 40 percent of young men were absent from some parts of the Protectorate at any given time, working in South Africa or in the British military (Schapera 1947:195). The majority of migrants were men, although substantial numbers of women became paid domestic workers. In some areas of the Protectorate, *dikgosi* tried to prevent women from leaving, forcing them to take over agrarian production and restricting their access to cash.

Further transformations occurred immediately before independence in the 1960s, when urban areas began to expand within Botswana, and in the late 1970s, when the apartheid authorities in South Africa curtailed labor migration from Botswana. Nowadays, most wage work is to be found in Botswana’s cities. Yet given the shortage of urban housing and the uncertainties of employment, those living in urban areas continue to feel the importance of maintaining a rural base, in particular by building houses for their parents.

In many parts of Africa, a range of transformations in agrarian production—cash-cropping, wage work, land dispossession, concentration of assets—has made it both more difficult and more essential for people to rely on the labor and support of kin (Berry 1993). In Botswana, migration for wage work has had a broad impact on relations of marriage, parenthood, and siblinghood. Whereas in precolonial times, sons were dependent on fathers for productive assets, especially cattle for bridewealth (*bogadi*), labor migration quickly gave rise to dependence on cash, to which young men had the most immediate access. Gulbrandsen’s research (1994) in the southeastern Ngwaketse region of Botswana shows that labor migration

makes agrarian production viable, since remittances are used to purchase cattle and hire labor, and yet constrains accumulation, because family labor is often scarce during peak times of the agricultural cycle. Small-scale farming and herding thus depend on cash from wage labor, to which young men have privileged access. While women have long earned cash from informal enterprises such as beer brewing and trading, and currently participate in wage labor to a far greater extent than in the past, the earnings of women outside the salaried class tend to be lower and less predictable than men's. In 1993–94, 62.4 percent of men in urban areas aged fifteen to sixty-four, but only 39.2 percent of women, were wage earners (Botswana Government 1995:35).

For these reasons, as Anne Griffiths notes (1997:223), ties of support among women tend to be “most effective when incorporated within a network that also operates in association with men,” who retain greater access to cash, land, and cattle. Even so, many women forgo official marriage, managing their households in relative poverty or prosperity with the help of unmarried brothers, sisters, and daughters and sons.<sup>3</sup> Women expect to marry only after they give birth to their first child, if at all. It is almost unheard of for a marriage to be celebrated in the absence of children. Out of ninety-six children under the age of fifteen whom I surveyed in Old Naledi in 1998, only ten had parents who were officially married at the time of their births, and none of these ten was an eldest sibling.

In this book, I use the term “spouses” to refer to the partners in any recognized relationship, whether or not marriage has officially taken place. This usage reflects local practice. The terms for husband (*monna*) and wife (*mosadi*) are ambiguous, because they also mean “man” and “woman” and are often used in reference to unmarried partners. Marriage is conceived of as a process, starting as sexual relations between lovers (*dinyatsi*). Men must care for their lovers by giving them money and gifts, or the relationship will come to an early end. If men maintain and increase such care after the birth of a child, the relationship may eventually culminate in marriage. By giving bridewealth in the form of cattle or cash to his wife's parents upon marriage, a man is legally recognized as the father of the woman's children, and in most cases also becomes the legal owner of his wife's property (Molokomme 1987). Bridewealth payments are often understood as a form of thanks by a husband to his in-laws for caring for his wife during her childhood (Schapera 1938:138).

During the colonial period, the extended absence of men on labor contracts led to a dramatic lengthening of the marriage process (Comaroff and

Roberts 1977). Men would retire from labor migration only around the age of forty, at which point they would complete exchanges of bridewealth and set up their own households in rural communities. The fact that men channel much of their earnings from wage work to the support of their parents and unmarried sisters continues to discourage most men from marrying before they are forty, and many women from marrying at all (Gulbrandsen 1986). Thus, gender inequality in access to resources accounts in large part for men's and women's interests in delaying marriage.

In explaining women's reluctance to marry, a number of scholars (Schapera 1941; Gulbrandsen 1994; Helle-Valle 1999) have indicated the frustration and jealousy experienced by many married women, who are unable to take lovers because they tend to be under their in-laws' surveillance, even as their husbands are free to sleep around, devoting substantial resources to their own lovers. By contrast, unmarried women are often able to provide for themselves and their children by keeping or rejecting lovers as they choose (see Guyer 1994). As I discuss in chapter 3, "protecting oneself" by sleeping with multiple partners may be a way of compensating for the emotional shortcomings of recognized relationships. Given the frustrations associated with marriage, women rely heavily on their children's care. Women unable to bear children are both pitied and held in contempt (Upton 1999). In many cases, the sisters of infertile women "give" them children (*go fa bana*) to raise, so that in later years they will have children to look after them.

Men too need children who will care for them once they retire from wage earning. In choosing a wife, a man usually seeks a woman who already has children, so that he will become a father to her offspring, and to be assured that his wife will be able to bear more children for him. Men who marry a woman with a child say, "I'm taking the cow along with the calf." Yet older children often have a say in their mothers' marriages. I was told that teenaged children may pressure their mothers to reject a potential husband, because stepparents are presumed to put the interests of their own children and parents first. There are notorious tensions between children and the second wives of their fathers, or the mothers of their stepfathers. In addition, there is much talk of widespread sexual abuse of girls by their stepfathers, other male relatives, and schoolteachers (see the fictional account in Dow 2000).

This situation, in which men and women commonly have children by multiple partners, is well suited to the rapid spread of HIV/AIDS. The disease spread into Botswana beginning in the late 1980s, and the increasing

number of deaths had become a common subject of conversation by about 1995. As elsewhere in Africa (see Bledsoe 1990b), men and women alike associate condoms with transitory relationships, since they prevent conception. Although men often do use condoms, as evidenced by the large number scattered on the streets of Old Naledi, some fear that they will fall ill if the plastic or spermicidal fluid in the condoms enters their blood. Women are often in no position to insist that condoms be used; HIV transmission between regular sexual partners is now estimated to account for more than half of new infections in sub-Saharan Africa (Chin 2007:147). In any case, women often desire children, with or without the intention of building a marital relationship with the father. In addition, widespread alcohol abuse fosters sexual activity among multiple and concurrent partners, an epidemiological condition highly associated with HIV transmission (Weiser et al. 2006). The very high prevalence of other sexually transmitted diseases (E. Green 1994) and the rarity of male circumcision (Langeni 2005) also contribute to high HIV incidence rates in the area.

Before giving an account of the place of AIDS within popular imaginations of transgressive sexuality in Botswana, I offer a brief timeline of the epidemic's spread and of official efforts to control it and to treat its victims.

1987—The first cases of persons with HIV-related symptoms are reported in Botswana (Botswana Ministry of Health 1994).

1992—Sentinel surveillance studies of pregnant women show that 14.9 percent and 23.7 percent of women in the urban areas of Gaborone and Francistown respectively are HIV-positive (Botswana Ministry of Health 1992).

c. 1995—The increasing frequency of deaths becomes a common topic of conversation.

1999—The government introduces a program to provide antiretroviral (ARV) medications to pregnant women to prevent mother-to-child transmission of HIV. About 24,000 adults and children are estimated to have died from HIV/AIDS during this single year, out of a total national population of about 1.6 million. It is estimated that 35.8 percent of the population between the ages of fifteen and fifty are infected with HIV.<sup>4</sup>

2002—With the assistance of the Bill & Melinda Gates Foundation and the Merck Company Foundation, the government introduces a program to make ARVs available free of charge to adults.

2003—HIV prevalence among women aged from twenty-five to twenty-nine is estimated at approximately 50 percent in the national population, and to have been at this level over the previous three years (National AIDS Coordinating Agency 2003:17).

2004—Acting upon the finding that only about 20,000 people have volunteered for HIV tests since 2002 in spite of the availability of ARVs, the government mandates that all persons visiting a medical clinic for any reason be offered an HIV test. The number of Botswana citizens infected with HIV is estimated at 300,000.<sup>5</sup>

2005—During the course of this year, about 15 percent of the national population is estimated to have volunteered for or agreed to receive HIV tests. A total of 157,894 HIV tests are administered during 2005, about 69.5 percent of them to women or girls (Steen et al. 2007:486). A total of 36,422 patients across the country are receiving ARV therapies by April 2005.<sup>6</sup> The national HIV prevalence rate among women aged from fifteen to nineteen is reported to show a significant decline for the first time, to 17.8 percent from 22.8 percent in 2003.<sup>7</sup>

As elsewhere in the world (Farmer et al., eds., 1996; Wallman 1996; R. White 1999), gender inequality in access to resources has been a key factor in the spread of AIDS in Botswana, because many women depend directly on sexual relations with multiple partners for material necessities. More broadly, gender inequality helps to maintain the conditions under which women and men bear and beget children by multiple partners over the course of their lives, and that encourage marital infidelity among men (Dube 2004). People's reluctance to tell one another that they are infected with HIV also contributes to the epidemic's spread. In large part, this reluctance reflects the stigma attached to "promiscuity." Although women commonly have children by different men, calling a woman "promiscuous" (*seaka*) is a grave insult. As Jo Helle-Valle (1999) shows, a woman is liable to be called "promiscuous" if she does not use the resources she receives from her lovers to care for her children, but instead "wastes" (*go senya*) them on drink. Calling a woman promiscuous is a way of scorning her, calling into question her willingness to provide for her children, and casting doubt on whether her spouse is her children's father. Many people think it crucial that children be kept ignorant of the possibility that men other than their mothers' spouses begot them, since relations with stepparents are so tense.

In addition, “promiscuous” sex with people in mourning and other states of pollution has long been locally understood to give rise to diseases of “hot” or “dirty” blood (Ingstad 1988). By stressing that AIDS is a sexually transmitted disease infecting the blood, public health messages have strengthened its popular association with dirtiness, heat, and promiscuity. I experienced consistent difficulty during the period 1997–2000 persuading members of multiple churches that a person might contract HIV without having been “promiscuous.” Death and debility brought about by sexual conduct are so commonly attributed to “promiscuity” that it is hard to avoid implications of blame when discussing AIDS. Suzette Heald (2002, 2003) is correct, I think, to take the Botswana government to task for having excluded traditional healers, locally known as Setswana doctors (*din-gaka tsa setswana*), from official AIDS education and control programs (see E. Green 1994 and the caveats in West 2006 and Simmons 2006). Yet given the stigma long attached to illnesses of “hot” or “dirty” blood diagnosed by these healers, it is unclear whether their inclusion would encourage popular openness about infection.

Concerns in Botswana about transgressive sexuality have for decades reflected anxieties about the qualities of marital and intergenerational relationships—indeed, about “the relevant parameters of the social body” (Livingston 2005:147)—as much as worries about the well-being of individuals. Epidemics of sexually transmitted diseases have long been ascribed to the perceived unwillingness of women in particular to sustain proper caregiving relationships. During the decades following World War II, there was much popular concern about the debilitating conditions *thibamo* and *mopakwane*, diagnosed by Setswana doctors as arising from the improper timing of sexual intercourse. Such diseases appeared to be affecting many migrants returning from the South African mines wasted and coughing blood, and children suffering from disfiguring impairments. The increased prevalence of *thibamo* and *mopakwane* spoke of the collapse of the indigenous public health system by which chiefs had regulated personal maturation through initiation and cleansed their communities of toxic pollutants (*dibeela*) such as unpurified abortions. The result was “an increased pathologization of the womb” (145) along lines comparable to anxieties about reproduction elicited by colonial transformations elsewhere in Africa (Feldman-Savelsberg 1999; Hunt 1999; Thomas 2003). *Thibamo*, sometimes identified with TB, is said to cause bloody cough and weight loss, especially in adult men. A man can contract *thibamo* by sleeping with a woman who has had a recent miscarriage, and may infect his wife or

child with *thibamo* by sleeping with another woman while his wife is pregnant (Livingston 2005:172). *Mopakwane*, whose symptoms are manifested solely in children, occurs when spouses have sexual intercourse during the period of postpartum confinement. The “hot blood” produced by this improper sexual contact then infects the child through the mother’s breast milk (173).

Both men and women continue to hold women primarily responsible for diseases arising from such improper timing of sexual activity. Men are said to need to engage in frequent sexual intercourse in order to maintain their able-bodiedness (Livingston 2005:175)—*boitekanelo*, literally self-sufficiency. Men aspire to physical and economic “self-sufficiency” by acquiring the strength necessary to earn money for themselves through manual labor.<sup>8</sup> For women who have had to nurse debilitated spouses and children, on the other hand, *thibamo* and *mopakwane* have “served as public idioms that warned women against severing their own interests from those of family” (2005:175). Talk about *thibamo* or *mopakwane* not only problematizes women’s sexual conduct but reminds them of their obligations and perceived failures to provide for spouses and offspring through nursing, child rearing, and other domestic labor. In attributing a child’s *mopakwane* to his mother’s “promiscuity,” people often comment on two forms of perceived self-indulgence: lack of respectful comportment (*maitseo*) in sexual matters, and carelessness in looking after children. Much the same is true of talk about “promiscuity” in the context of AIDS.

Popular concerns about sexual pathologies have thus long reflected anxieties about the qualities of caring relationships between spouses and across generations. However, the ABC (“Abstain, Be Faithful, Condomise”) prevention messages that dominated official AIDS control programs in Botswana during the 1990s did not make reference to relationships, apart from a general exhortation to stable monogamy. Such slogans imply that infection and prevention are the responsibility of individuals who ought to aspire to “self-sufficiency”—*boitekanelo*, the Setswana term used to translate “health” in official discourses. If a person practices safe sex, he or she will avoid contracting fatal illness and thereby remain “self-sufficient.” The unintended corollary, however, is that those who do fall sick with AIDS have been “promiscuous” and irresponsible; they are certainly liable to be viewed as such by potential caregivers. As Livingston notes (2005:239), “Palliation and caring sentiment are rarely at the center of overloaded international health agendas, but they continue to structure popular evaluations of care and community and thus to shape impressions of

biomedicine and choices in health-seeking behavior.” Even such an astutely critical community health worker as Catherine Campbell (2003) frames AIDS prevention as an endeavor conceptually and practically distinct from providing care. Yet medical and social workers in Botswana are forced to grapple on an everyday basis with issues of care as they attempt to prevent the spread of infection by encouraging people to learn their HIV status.

In May 2000 I attended a meeting of approximately thirty members of various local churches who had volunteered to serve in medical clinics as counselors for people who wished to have an HIV test. The group had been organized by a Canadian pastor from Mennonite Ministries, with the collaboration of a Ugandan health worker with long experience with NGOs and government agencies. At the time, ARV medications for adults were available in Botswana only to the elite who could afford high recurrent costs, and to employees of a few companies—such as the De Beers subsidiary Debswana—that were subsidizing drug purchases. However, the government had instituted a program the previous year to provide ARVs to pregnant women to prevent mother-to-child transmission of the virus. At the meeting I attended, volunteers (who were almost all women, and all relatively well educated, judging from the use of English as the common language at the event) shared stories about their experiences as counselors, with the Ugandan health worker and the Canadian pastor presiding. These clinical encounters had clearly been fraught with strong emotion; one volunteer remarked that her clients were trembling during post-test counseling sessions when she asked them, “Are you ready for the result?”

I was struck by the extent to which volunteers felt that they needed to discover clients’ actual as opposed to declared motives in undergoing an HIV test, and by the consistency with which counselors deemed these actual motives to hinge on clients’ relationships with family members. One counselor related that a 22-year-old woman asked for an HIV test because she was planning on getting pregnant, and that the result of the test was positive. The counselor said that the client had not shown reluctance to be tested in her pre-test counseling session, and speculated that she had thought she would test negative. The Ugandan health worker (who had never met the patient) remarked that this woman’s talk about pregnancy plans was probably a screen; she had probably not wanted to have the counselor, her spouse, or her family consider that she might have been promiscuous.

In another case in which disclosure and care were intertwined, a young woman pregnant with her first child told her counselor that she would not

inform her parents of what she already knew to be her HIV-positive status for fear that they would throw her out of their house in frustration, since they had invested heavily in her education. Her parents, she said, accepted her boyfriend, who seemed healthy, so that they would imagine that she was the one who had been promiscuous. Participants in the meeting wondered why she had come for counseling. The consensus was that she had probably enrolled in the mother-to-child transmission program, whose staff were counseling patients solely on how to keep children from contracting the virus. The client had probably sought a counselor in order to discuss her relationship with her parents, who she feared would expel the baby as well as herself from the house when they saw she was not breast-feeding. (Since HIV can be transmitted through breast milk, HIV-positive women who have recently given birth are advised to bottle-feed their infants.) In fact, this client had made a point of asking the counselor not to contact her parents before the baby's birth. As in another instance, when a male client asked a counselor to telephone his girlfriend with his negative result (a request the counselor granted), clinic staff found themselves involved in family members' negotiations over care and love. There was speculation at the meeting that this man had some hidden motive in asking the counselor to speak to his girlfriend; perhaps he would make reference to his negative result in order to claim that his girlfriend had been sleeping around if she were later to test positive.

The widespread illness and death associated with AIDS have clearly placed heavy burdens on people's emotional capacities, as well as on their resources of time, labor, and money, making it ever more necessary and yet difficult for them to care for others. Nursing the ill, providing proper funerals, and looking after survivors all demand heavy commitments, both at times of immediate crisis and over years of work. The point I wish to stress is that Batswana have long understood and dealt with debilities associated with sexual "promiscuity" by reflecting on the sentiments and acts that build up or worsen their relationships with parents, children, siblings, and spouses. As in the mid twentieth century, speech and willful silence about "promiscuity" are today ways of considering the activities by which people, women in particular, have intentionally endangered others and/or nursed them with the love in their hearts. In the following section, I suggest that the capacity of love to transform kinship has been central to church practices as well. Church members often say that they have been physically attracted to church by the love that leaders "give" (*go fa*), and furthermore that the love they "receive" (*go amogela*) in church surpasses

that which they receive from people in their own extended families. The importance of such love is all the greater in a time of widespread illness and death, when it is increasingly uncertain who is able or willing to care for whom.

#### “GIVING LOVE” IN THE BAITSHPEPI CHURCH

When asked to explain the value (*mosola*) of church, members commonly reply, “A church helps people” (Kereke e thusa batho).<sup>9</sup> This answer summarizes the various kinds of material support, healing, teaching, and companionship that churches provide, and signals how people commonly understand church participation as a means of making their sentiments enhance the welfare of others. The highly diverse religious movements in Botswana draw on broad preoccupations with the capacity of love and care to create social and physical well-being. Praying, singing, healing the sick, consoling the bereaved, and contributing to burial societies, church funds, and other support networks are all popularly regarded as ways of “giving” and “receiving” love. Thus MmaMaipelo, bishop of the Baitshpepi Church, continually reminded her followers of the importance of living with love (*lerato*), patience (*bopelotelele*), and truth (*boammaruri*). It was particularly incumbent on her to do so, since as the head of the church, it was above all her sentiments that maintained harmony (*kagisano*) among her followers.

Anyone who walks through Old Naledi on an early Sunday afternoon will hear the sound of singing from buildings where people have gathered to pray. These church buildings run the gamut from halls occupying plots of their own, to informal structures of metal sheeting and plastic, built within the compounds of their leaders. The range of these structures reflects the diversity of Christian movements in the area, as well as churches’ tendencies to expand over many years from single meeting places to networks with headquarters and branches.

Christianity has been a dominant religion in Botswana since the nineteenth century, when *dikgosi* allied themselves with missionaries who were primarily from Britain. Churches founded by missionaries (Roman Catholic, Anglican, Dutch Reformed, Methodist, Lutheran, and United Congregational Church of Southern Africa, or UCCSA, descended from the London Missionary Society) are locally known as “churches of the law” (*dikereke tsa molao*) in reference to the fact that some had been the official churches of Tswana “tribes” under the rule of colonial-era *dikgosi* (Landau

1995). The appellation “churches of the law” also reflects their command of very substantial resources, and their participation in national policy-making through ecumenical organizations such as the Botswana Christian Council (BCC). Social programs operated by the BCC in Old Naledi include a shelter for children without places to stay, housing for the destitute, and classes for school-leavers. The Catholic Church located in Old Naledi runs a heavily attended infant crèche.

“Churches of the law” are popularly contrasted with “churches of the spirit” (*dikereke tsa semoya*), which are themselves quite diverse, but may be generally characterized as combining missionary teachings with a range of healing and other practices derived from precolonial sources. Churches of the spirit have a complex history in southern and central Africa (Anderson 1992; Comaroff 1985; Daneel 1970; Engelke 2007; Janzen 1992; Kiernan 1990b; Maxwell 2006; Oosthuizen 1992; Sundkler 1961). The first such churches in the region appeared in South Africa around the turn of the twentieth century. However, *dikgosi* with ties to “churches of the law” in Bechuanaland perceived them as a political threat. Churches of the spirit began to expand in Botswana once this repression was relaxed, beginning in the 1950s, under the leadership of returning labor migrants (Lagerwerf 1982). Churches of the spirit range in scale from the immense Zion Christian Church (ZCC), based in South Africa, and the large Spiritual Healing Church, based in Botswana, to the very numerous small-scale churches that meet in people’s yards. Amanze (1998:ix) estimates that about 65 percent of all church participants in Botswana are members of churches of the spirit, and that 30 percent belong to churches of the law.

In drawing distinctions among churches of the spirit, people commonly indicate how they emphasize or reject specific practices related to divination and healing. Some churches, such as Baitshepi, reject divination and certain forms of healing such as purgations, for reasons discussed below. To some degree, controversies over these practices reflect the broad influence of Pentecostalist churches, some of which have been established in the region since the early twentieth century, while others have expanded into Botswana over the past two decades from bases in other African countries (Maxwell 2006; van Dijk 2006). During the early 1990s, their membership comprised somewhat more than 5 percent of churchgoers in Botswana, according to James Amanze (1998:ix). Pentecostalist churches commonly disparage so-called African practices, regarding divination, for instance, as work of the devil, and stress the necessity of being “born anew” by receiving the Holy Spirit.<sup>10</sup> Such Pentecostalist teachings resonate with

certain aspects of Baitshepi practice. Baitshepi members identify themselves as Apostles, people called to spread the word of God, a mission derived from the event of the Pentecost, when (as they sing in a hymn composed by one of the leaders) Jesus' disciples "were sitting in a house / when glory broke out, / the Spirit poured out over them, / the Holy Spirit." In this text, I use the terms "Apostolic church" and "church of the spirit" interchangeably in reference to Baitshepi, since members describe their church using both terms.

MmaMaipelo founded the Baitshepi Church in 1982, when at the age of thirty-five she heard a voice telling her to stop drinking and smoking, that a great drought was at hand, and that she should call people to pray and repent. She had never attended a church prior to her calling. Baitshepi is a small and tightly knit community, with a sizable proportion of members related by descent or marriage to the bishop or to her first women converts. Other young adults enter the church upon moving to the city to look for work, having family members or friends from rural homes who had joined previously. As in most churches in Botswana, most Baitshepi members are women, who comprise about three-quarters of the participants in any given Sunday service. Of forty-four women in Old Naledi over the age of fifteen whom I surveyed in 1998, twenty-four identified themselves as members of a church.<sup>11</sup> Men tend to be discouraged from attending church by prohibitions on beer drinking, but some are attracted by the prestige attached to official positions. For women, on the other hand, church participation provides one of the few available avenues to public leadership. One woman told me that she had joined the Dutch Reformed Church upon marrying, seeing that she was no longer a child who ran from place to place on errands, but was rather a *mosadimogolo*, a "great woman," whose position required commensurate prestige.

Large or small, every church of the spirit has a hierarchy with a bishop (*bishopo*) at the apex, and founders aspire to form branches in other communities. The spouse of the bishop is usually regarded as the joint church leader, so that people refer to the male bishop as "Rre Bishopo" and the female bishop as "Mme Bishopo." This was the case in the Baitshepi Church, where MmaMaipelo's husband was known as "Rre Bishopo" until his death in August 1997. In Baitshepi, senior women are known as elders (*bagolo*), and the most senior men below the rank of bishop are pastors (*baruti*). Such positions, attained by seniority or by certificates earned at a variety of local theological institutes, carry much prestige. In particular, men who become pastors preside at funerals and weddings. The bishop of

a church of the spirit is usually its founder, having experienced a calling or (in most cases) led a schism from an existing church. Such schisms commonly arise from disputes over church funds or the inheritance of rank (see Daneel 1988).

Baitshepi Church activities center around the compound in Old Naledi where the church building is located, and where MmaMaipelo lived before moving to a village outside Gaborone in 2000. Every Sunday around 11 o'clock, and every Wednesday and Friday at 6 o'clock, members arrive for services dressed in their distinctive uniforms. Those in the church youth group arrive twice a week for meetings and choir practice. Members frequently stay awake all night for fund-raisers, parties celebrating the emergence of mothers from confinement, Easter and other important holidays, and funerals. Apart from these scheduled occasions, senior members spent much time visiting MmaMaipelo, asking her advice about their affairs, and reading the Bible with her. In addition, many church members would gather at a nearby compound in Old Naledi belonging to MmaSeobo, MmaMaipelo's first convert and the most senior elder of the church.

A well-attended Sunday service in Baitshepi comprises about fifty people. In 2000, Baitshepi leaders gave me a list of over four hundred members, most of whom are entirely nominal. It is very common for people to attend churches intermittently, at times of illness or other crises, or to move from one church to another over the course of many years. In Baitshepi, there is a comparatively small core group of longtime members. On the list of over four hundred, there are thirty-eight people (excluding small children) who were committed church members during the entire period from 1993 to 2000, or who died during that period and were buried as Baitshepi members. In addition, there are about forty current or former members who were very active in church for a substantial time during that seven-year span. Many of these committed members are the children or other relatives of women who had sold beer in Old Naledi before starting to pray with MmaMaipelo soon after her calling in 1982. Some of these women have since moved away from the city to nearby villages and have introduced their neighbors from those villages to the church. Apart from MmaMaipelo's and MmaSeobo's own mothers, who joined the church when they were elderly, there are few church members substantially older than the founding cohort of women (born c. 1945–55).

Setswana is the shared natal language of nearly all Baitshepi members, but they draw attention to one another's multiple places of origin in the Tswana-dominated southeastern part of the country during fund-raising

events, when they group themselves into competing choirs, which they refer to as “branches” of the church, such as the Mochudi branch, the Gaborone branch, and the Molepolole branch. This pluralizing discourse reflects the fact that the church brings preachers of the word of God together from multiple places, where leaders hope to set up branches of the church in the future. Less a discourse on hosts and strangers within the multi-ethnic city of Gaborone than a means of recognizing the range of members’ homes, talk of branches expresses a sense that the church creates unity from multiplicity, and multiplicity out of unity.

With a few important exceptions, Baitshopi members tend to have had limited formal education. This is especially true of the church elders of MmaMaipelo’s generation, who grew up in the 1950s and 1960s, before primary education became universal. Children of Baitshopi members in school during the 1990s tended to fail their exams with regularity, largely because work at home prevented them from studying. Most of the male pastors make their living as builders, while many of the women elders depend on rental income, earnings from sewing clothes, and the support of children and spouses in wage work. Most church members also depend to various degrees on cultivating fields. People in MmaMaipelo’s extended family, for instance, have fields in the Kgatleng District about three hours’ journey by bus and foot from Gaborone, and children travel frequently between the city and the fields in order to attend school or to help with agricultural work. An elder named Violet had traveled throughout Botswana selling second-hand clothes until 1987, when, after praying with MmaMaipelo, she received a small-business loan from the government that enabled her to start a dressmaking factory, where she has employed a number of young women in Baitshopi. Violet has been very successful in “doing for herself” (*go itirela*), as people say when referring to gains through initiative. She runs her clothing business under the names of three companies, one owned by herself, and one owned by each of her two children, who are also members of Baitshopi. She has invested in cattle and built a large house in an upscale neighborhood of Gaborone. Violet married in 1999, but her husband (whom I never met) fell sick and died soon afterward.

During the 1990s, MmaMaipelo and MmaSeobo provided young migrants to the city with food and places to stay in their respective compounds in Old Naledi, and during her husband’s lifetime, MmaMaipelo used the money he gave her from his work at a slaughterhouse to help church members in emergencies. It was such acts of generosity, as well as

her efforts to heal afflictions, resolve disputes, and create marriages, that MmaMaipelo had in mind in saying that she “gave love” to her followers. In turn, young women staying in the church compound worked all day in the yard—cleaning, cooking, washing, bathing the children—while senior women who earned cash gave MmaMaipelo substantial gifts of money, clothing, and other commodities. However, the church has provided no institutionalized support for the very poor. Members must pay for their own uniforms (about 70 pula, or \$17) and for transport to functions that take place away from Gaborone. They are also exhorted to pay P2 per month in fees to the church treasury, as well as to subscribe to the church burial society. Young women, in particular, who earn little cash and depend on wage earners who do not attend the church, must balance commitments of time, money, and labor to the church against commitments to their respective kin.

Baitshapi members often reflect on such multiple connections by speaking of relationships among “spiritual” and “fleshly” parents and children. All church members refer to MmaMaipelo as the “parent of the church” (*motsadi wa kereke*). In particular, the young women whom MmaMaipelo and her husband RraMaipelo allowed to stay in the church compound often referred to them as their “spiritual parents” (*batsadi ba semoya*). Especially during my first period of research in 1993, church members often told me that “spiritual children” (*bana ba semoya*) are more important than “fleshly children” (*bana ba senama*) because spiritual children have love for their parents and “hear” or “obey” (*go utlwa*) their words. By contrast, “fleshly” relatives in your extended family are often jealous, resenting the support you give to others. A number of women staying in the church compound told me that they had decided to live there after having been healed of an illness, and because “MmaMaipelo has more love than my own mother.” In most cases, they had no grievances against their mothers; they would say that MmaMaipelo and their “mothers at home” love them equally. However, “MmaMaipelo loves *everybody*,” they said, including those who are not in her “fleshly” family, allowing them to stay in her yard without working for a wage.

Over time, I came to perceive that remarks about spiritual kinship did not necessarily imply that church members had broken off relations with people in their extended families. Rather, they reflected complex and contingent relations of asking, giving, hearing, nursing, and staying in one place or another—activities that may generate new relationships of parenthood and childhood. In speaking about the love that spiritual children

have for their spiritual parents, Baitshapi members drew my attention to the ways in which love and care create overlapping kinship relations in a context where the reliability of such ties is open to question, not least because of the prevalence of severe illness.

Since a central purpose of church is to reshape members' sentiments by building up love among them, and since the very act of speaking about illness may heal or injure a suffering person, naming sickness is apt to be construed as a matter of faith (*tumelo*). According to Baitshapi leaders, one must refuse to "believe" or "have faith in" certain illnesses, because the sentiments involved in speaking of them are liable to provoke jealousy. In the remainder of this chapter, I consider how Baitshapi leaders encourage their followers to have *tumelo* in God by speaking in certain ways about suffering, as well as by making comparatively exclusive claims regarding who has cared for whom. In particular, they say that believers ought to adopt certain styles of "remembering" or "thinking about" (*go gopola*) their past actions and sentiments, and of "giving up" (*go itlhoboga*) before and after death occurs. Framing *tumelo* in God as a method of sustaining love, MmaMaipelo exercised maternal care in nursing AIDS sufferers in part by avoiding speech about the pathological state of their wombs.

#### NAMING AFFLICTION

In discussing faith and belief in relation to illness, I take my cue from Byron Good's critique (1994) of Edward Evans-Pritchard's *Witchcraft, Oracles, and Magic among the Azande* (1937). Evans-Pritchard shows that the fact that Azande attribute almost all misfortunes to witchcraft does not reflect empirical misunderstandings on their part, but rather a moral framework in which a wide range of misfortunes are explained in terms of personal responsibility. As Good points out, however, Evans-Pritchard's emphasis on the rationality of "native belief systems" contributed to a juxtaposition common in much social scientific writing between knowledge as correct understanding and belief as reasonable but ultimately erroneous opinion. When belief is presented as an inferior version of the knowledge of the analyst, the writer's own social loyalties often appear in the guise of value-neutral propositions, biomedical or otherwise (West 2005:233).

Following Wilfred Cantwell Smith (1977), Good points out that oppositions between erroneous belief and apparently value-free knowledge arose through conceptual shifts in Christian terminology. Before the Enlightenment, the sentence "I believe in God" meant "I love God," expressing loyalty

to a divine being whose existence was recognized by all as a matter of course. By contrast, a modernist connotation of the phrase “I believe in God” is that the existence of the divinity is a proposition that the believer sincerely affirms (see Asad 1993; Keane 2002; Robbins 2007). Belief in this sense is a form of uncertain knowledge rather than an assertion of sentiment and loyalty.

Within churches of the spirit in Botswana, and indeed in local nonchurch contexts as well, the concept of *tumelo* has more to do with sentiments and with relationships to other people than with knowledge of realities. Although church members certainly do mean that God exists when say that they believe (*go dumela*) in God, only in a secondary sense does *tumelo* connote recognition of the reality of God or anything else. I once asked a sixteen-year-old woman named Lesego, who had joined Baitshepi after having been healed of an attack of witchcraft suffered at school, whether she believed in witchcraft: “A o dumela mo boloing?” Lesego answered, “If someone bewitches me, I don’t have anything to do with that person, because I do not believe in witchcraft” (Ha motho a ka ntoa, ga ke na sepe le ene, ka gore ga ke dumele mo boloing). She acknowledged the existence of witchcraft and in fact had just been speaking to me at length about having suffered from witchcraft assaults. My question about her *tumelo*, however, prompted her to speak not of its existence but rather of her sentiments toward witches. In keeping with the significance of the term as “agreement” (from the verb *go dumela*, to agree), *tumelo* is a matter of aligning one’s sentiments in relation to those of other persons.<sup>12</sup> By refusing to have *tumelo* in witchcraft, Lesego refused to share the sentiments of those who practiced it. In a practical sense, not “having anything to do” with a witch means refusing to take vengeance through occult means. For Lesego, having *tumelo* in God as opposed to witchcraft was a way of recognizing and averting her own capacity for jealousy.

In many churches of the spirit, prophets diagnose sicknesses caused by *sejeso*, harmful medicine introduced into a person’s food by a witch, and combat witchcraft through a variety of means, especially purgations (enemas and emetics), which cleanse the body of witchcraft substances. Members of such churches commonly say that what sets Christians apart from witches is that Christians have love, so that they refuse to take vengeance by engaging in witchcraft themselves. Such remarks bear similarities to Lesego’s comment that if you do not *dumela* in witchcraft—that is, “agree with,” “believe in,” or “have faith in” it—you will have nothing to do with

someone who bewitches you. As Adam Ashforth shows (2000, 2005), however, the act of “protecting yourself” (*go itshireletsa*) in churches, or in consultation with non-Christian diviners, is quite liable to fuel suspicion that you are counterattacking by occult means. Churches are thus very often perceived as sites of witchcraft as well as of healing.

Baitshepi leaders take an unusually adamant position in relation to possibilities that their followers or relatives could be victims of witchcraft. They argue that you cannot be bewitched at all so long as you refuse to have *tumelo* in witchcraft, but rather place your *tumelo* in the healing power of water and voice as deployed in Baitshepi ritual. They do not deny the existence of witchcraft altogether; such a claim would make others suspect that they are witches themselves. Yet they strongly disapprove of remarks attributing particular illnesses to witchcraft, because such assertions produce resentment among those who suspect one another of hurting their loved ones. Thus there is no divination practiced in Baitshepi, and MmaMaipelo “refused to believe” (*go gana go dumela*) in many other diagnoses, particularly those made by Setswana doctors, that make people blame others for causing illness.

I once related to MmaMaipelo, together with another woman elder of Baitshepi, an accusation made to me by a widow from the village of Tlok-weng claiming that her recently deceased husband had been bewitched by his own mother, who had been jealous that her son was taking better care of his wife than of herself. The elder explained that “in Setswana tradition” (*ka setswana*), a parent who feels neglected by a child may afflict that child with an illness known as *dikgaba* (hurt feelings), which must be treated by Setswana doctors (Ingstad 1989:251–52; Lambek and Solway 2001; Livingston 2005:171).<sup>13</sup> MmaMaipelo interposed with the assertion that diviners had tricked the widow into attributing her husband’s illness and death to *dikgaba*. Setswana doctors, she asserted, investigate who is at odds with whom, and during divination sessions attribute illness to the jealousies that they know exist (cf. Pfeiffer 2006:94). I asked her whether she would believe (*go dumela*) a person who told her that he or she was sick from *dikgaba*, and she replied, “I do not believe in / agree with *dikgaba*” (Ga ke dumele mo dikgabeng). “People have a duty to speak to one another about their problems. *Dikgaba* is a sign of jealousy, of a failure to talk things out.” Again, the reality of *dikgaba* was not MmaMaipelo’s concern, but rather whether it was appropriate to have *tumelo* in it—that is, to attribute sickness to it, and more precisely to share the sentiments of those who would identify it as the cause of sickness in a given instance (cf. West

2007).<sup>14</sup> In her opinion, illness was not to be attributed to *dikgaba*, because such talk gives rise to jealousy. Whether or not this is the case with AIDS was a matter of ambivalence on MmaMaipelo's part.

The place of AIDS in preaching varies widely in different churches in Botswana (cf. Garner 2000; D. Smith 2004). Some Pentecostalist churches give AIDS an important place in exhortations to sexual monogamy, and some Apostolic church leaders encourage their members to serve in AIDS prevention and care programs such as the counseling sessions described above. Prophets in other churches of the spirit deny the existence of AIDS altogether, attributing sickness instead to witchcraft or to "Setswana diseases" (*malwetsi a setswana*) such as *boswagadi*, a sexually transmitted illness associated with the pollution of mourning (Heald 2002; Mogensen 1995; Pauw 1990). As I show below, the approach of Baitshapi leaders falls between these extremes. By no means does it represent all local stances on the issue. For instance, MmaMaipelo's opposition to speaking about witchcraft or *dikgaba* illustrated her disapproval of what she considered jealous accusations on the part of some of her neighbors in Old Naledi, and her insistence that her own followers feel and act differently. Even so, as a particular approach to the problem of what to say about the nature and causes of fatal illness, the discourse of *tumelo* in Baitshapi illustrates widely held concerns about the healing and injurious powers of sentiment, and about how death forces people to evaluate who has felt love for whom.

AIDS was the subject of one of the weekly meetings of the youth group of the Baitshapi Church in July 1997. At the time, the youth (*basha*) of the church consisted of about twenty women and five men, ranging in age from about 17 to 30. The youth leader announced that they would be performing two dramas. In the first, some of the youth would take on roles of evangelists trying to convert the others, who pretended to be nonbelievers. The second skit would be performed at an upcoming interchurch meeting organized by Mennonite Ministries at the Old Naledi community center to address the subject of AIDS.

Both dramas appeared to have been organized spontaneously. In the first skit, some of the youth pretended to be beer drinkers; some, followers of Setswana doctors; and some, stubborn people who refused to believe in God or the Bible. The Apostles approached each of these groups and began by saying, "The land has been laid waste—you see that children do not listen to their parents, and that the disease AIDS is out there. So you have to believe and repent in order to gain eternal life. The flesh will die, but the spirit will live on." The "nonbelievers" asked them dismissively, "Where is

God? Have you ever seen him? God is in this beer bottle,” or “God is in these divining bones,” or “God is my grandfather.” To which the Apostles responded that God is not seen, that God is the voice that dwells or builds (*go aga*) in the flesh of a person. This is perhaps the central “spiritual teaching” (*thuto ya semoya*) of the Baitshopi Church, one that elaborates upon a broad local presumption that words convey people’s sentiments to others, for good or ill.

The subsequent skit about AIDS opened with a young woman who refuses to obey or hear (*go utlwa*) her parents’ instructions to do the housework. Instead, she runs off to a disco, where her girlfriends set her up with a predatory man. Afterward, she gets sick, grasping her stomach and doubling over, and returns to her parents, begging them to care for her. Her father throws her out, saying, “You’re sick because you refused to obey [*go utlwa*],” but her mother feels sorry for her and takes her to the doctor, who immediately announces to both mother and daughter, “It’s AIDS.” The mother runs back to her husband in a panic: “You know what the doctor said?” The father, however, refuses to believe the diagnosis, accusing the mother of telling stories. The drama being over at that point, the youth began a dance, with each youth member standing up in turn, saying that AIDS is out there, that we ought to be faithful to one partner, and that we ought to use condoms. During the dance, the man who played the seducer stood in front of the group and cried out desperately, looking at the veins in his arm, “I have AIDS! I’m going to die!”

Sitting as audience, I was troubled by the implication that AIDS can only be acquired through immoral behavior, so after thanking the youth for their efforts to help people, I asked them whether they thought it possible for a person who leads a Christian life to have AIDS. MmaMaipelo, who had been in attendance, took it on herself to answer my question. She said that Christians might contract AIDS, but in fewer numbers than nonbelievers, and in any case if you are a believer, you will have eternal life. Yet she concluded by saying that she did not much like to preach on the topic of AIDS and was doing so only because the government wanted church leaders to make statements on the subject. “It’s the law” (*Ke molao*), she said. In other words, she doubted that talk about AIDS is good for evangelizing, because there is so much blame involved in discussion of the disease. She later told me, in fact, that my words had convinced her that the youth should not perform the skit in public at all.

Indeed, a drama in which people who are acknowledged to have behaved immorally contract a fatal illness as the result of their actions does

not reflect the poignancy of church members' situations. They were able, I think, to perform the skit spontaneously because they had seen similar dramas before, and lightheartedly because it did not portray the sentiments they feel, or may wish to feel, toward their sick or deceased colleagues and relatives. For church members, the question of whether or not to call an illness "AIDS" derives its import from the efforts they make to manage their own sentiments, as well as the impact of these sentiments on the well-being of other people, through their *tumelo*. "Refusing to believe" in *dikgaba*, for instance, means that you will not attribute an illness to grievances elders have against their children. By refusing to talk about wrongdoing or resentment, you help to mitigate jealousies between them. Likewise, the difficulty of attributing an illness to AIDS stems from troublesome sentiments associated with suggesting both that a person has been "promiscuous" and that he or she will soon die. Thus, the intentions of church members in nursing and subsequently commemorating Tebogo, a young woman who died in May 1997, were not to make use of her illness as an occasion to warn others against AIDS, but to "remember" and "give up" in ways that celebrated her faithful death as well as their own nurturing love.

#### SUSTAINING CARE AND FAITH

Tebogo, who was born in 1975, joined Baitshepi in 1993, soon after she moved from her home village in the Central District to Gaborone to look for work. She had no children and no recognized marital partner. At the time she came to Gaborone, her older brother had recently moved to the city and joined the church himself; within a few years, he had become a senior pastor. Soon after Tebogo became a member, both she and her brother moved into the compound in Old Naledi belonging to MmaSeobo, the most senior elder of Baitshepi. Starting around 1992, Tebogo had begun to suffer intermittently from a number of ailments. Her outpatient medical card, which her mother showed me after her death, documented a series of illnesses involving diarrhea, weight loss, inflamed lymph nodes, and genital sores.

I know nothing about the circumstances under which Tebogo might have contracted HIV. I once asked her if she would like to make a taped interview, in which I intended to raise the subject, but she never agreed to do so. After she died, others told me that she had not wanted me to "remember" (*go gopola*) her by the voice she had had when she was ill. In gen-

eral, Batswana do not speak of memory as a faculty in continual operation, nor do they say that people possess memories that elicit emotions once called to mind. Instead, they speak of “remembering” or “thinking about” the past as a distinctive style of feeling and behavior. It is possible to recall past events without “remembering” them. For instance, people often say that they are being “reminded of” (*go gakologelwa*) a past occurrence. Being “reminded of” something does not involve any particular attitude or behavior. By contrast, saying that persons are “remembering” implies that they are dwelling on or “thinking about” (*go akanya*) the past in such a way that the act of recollection affects their sentiments, conduct, and physical well-being. (In order to highlight the particularities of this form of memory work, I consistently place the term “remembering” in quotation marks here.) In this instance, Tebogo had not wanted me to dwell upon her suffering, as she imagined I would when I listened to her voice on tape. As I discuss in chapter 4, church members commonly identify a person’s voice as her spirit, so that speech and especially song communicate her spirit to others, causing them to “remember” her sentiments and actions. During her illness, MmaMaipelo and other Baitshepi members discouraged one another from “remembering” the circumstances under which Tebogo might have acquired AIDS and instead urged her to “think about” the love she was receiving from their prayers and other care so that she would recover.

When I met Tebogo in February 1997, she had been too ill to work for the previous three months and was staying in the compound belonging to MmaSeobo. She had been referred by the clinic in her home village to a hospital in the village of Mochudi, but since she had no family there, she preferred to be cared for at the clinics in Gaborone, where the church network was based. Those who were looking after Tebogo included her mother, who had come to Gaborone three months previously from her home village to care for her, three brothers, and a maternal aunt who had a plot of her own in Old Naledi. MmaSeobo’s family, all members of Baitshepi themselves, were as actively involved in caring for Tebogo as her own relatives. Over the course of several months, they bought food, cooked for her, washed her clothes, helped her to bathe, spent time talking, plastered the walls of her room so that she would be warm at night, and helped her go to the hospital when she was unable to sleep or needed rehydration. In addition, MmaSeobo did not charge rent for Tebogo’s room while she was sick. This was an extremely important circumstance, given that Tebogo’s older brother, working for the City Council for a monthly salary of about

300 pula (\$85), was the only member of her family earning cash, and that her mother was unable to help in the family's fields while staying in Gaborone. Other members of Baitshepi were also involved in caring for Tebogo, but to a less active extent. MmaMaipelo, however, visited the compound every day to pray with Tebogo, and her preoccupation with the illness was reflected in her preaching and her efforts to make me understand what the Bible teaches about death, consolation, and resurrection.

For instance, at a church service that Tebogo was well enough to attend in mid-March, soon after the funeral of the brother of the mother of one of the pastors, the passage chosen for preaching was 2 Samuel 12:15–23, which I was told concerned consolation (*kgomotso*). In it, David's son by Bathsheba falls ill, and he pleads with God to save him, refusing food, and lying all night on the ground. When the child dies, the servants are afraid to tell him, but when David finds out, he rises, washes, changes his clothes, and eats, saying, "While the child was still alive, I fasted and wept; for I said to myself, 'Who knows whether Jehovah will have compassion for me and allow the child to live?' But now that he is dead, should I fast? Can I bring him back again? I shall go to him, but he will not return to me." This passage, many of the preachers stressed, consoles us by showing that death is the road that we must all take, and that we ought to pray to God for healing but resign ourselves to death once it occurs. Members of Baitshepi and other churches often preach about this passage at funerals, exhorting the bereaved to "resign themselves" or "give up" (*go itlhoboga*) rather than remaining with jealousy in their hearts, asking who has been responsible for causing death. The passage that precedes this, in which the prophet Nathan tells David that God would punish him for his sin by causing his child to die, was not read or mentioned in any of the preaching. During this particular service, everyone prayed for Tebogo's health—although on previous occasions when she had not been in attendance, she had not always been prayed for.

In keeping with their refusal to preach about the death of David's child as punishment for wrongdoing, church members made efforts to be ambiguous about the cause, nature, and probable outcome of Tebogo's illness. In so doing, they left unbroached the potentially explosive question of Tebogo's "promiscuity" and insisted that they were not going to "give up" on her survival. In general, when a person inquires casually about another's illness, asking, "What is the problem?" (*Molato ke eng?*), the answer usually refers to a part of the body that is in pain, rather than a dis-

ease name. Disease names are likely to suggest causes, and the less specific people are about the nature and causes of affliction, the less danger exists of provoking a confrontation over responsibility for suffering. When I asked church members what “the problem” was with Tebogo, they replied “her abdomen” (*mala*), or “sores in her heart” (*dintho mo pedung*), and left it at that.

I commented to MmaMaipelo during this period that she did not seem to be interested in talking about the causes of illnesses, and she replied that this was in fact the case. In Deuteronomy, she told me, it says that God can cause sickness, but it says in Job that Satan can as well, and she herself is not capable of distinguishing between the two in any given instance. When a person in the church becomes sick or suffers some other misfortune, she said, she asks herself whether she as their “parent” has done anything wrong to incur God’s punishment, but it is impossible to examine (*go lekola*) another person’s spirit to find out what he or she has in her “heart.” Although medical doctors should investigate (*go tlhatlhoba*)—an expression used for the work of divination as well—the cause of a person’s illness, she herself does not want to do so. For instance, her own husband had long been ill with tuberculosis, but she would not ask him where or how he contracted it, for fear that this would cause trouble in their relationship. She was, perhaps, concerned about suggestions of *thibamo* or AIDS. “There is no way that we can be separated” (*Ga re kake ra kgaogana*), she concluded.

In April 1997, I accompanied a number of the youth members to visit, bring food, and pray for Tebogo at Princess Marina Hospital, the large referring hospital in Gaborone, where clinic workers had taken her for rehydration. Tebogo’s body was becoming emaciated, she was in terrible spirits, and the youth stood by her bedside with tears in their eyes. Tebogo then told us that a nurse had asked her whether she wanted to have an HIV test, and that she had said yes, because she wanted finally to know. At this point, MmaMaipelo’s niece (yZD) Dineo shook her head, saying that she disapproved of such tests, because if they were positive, you would “give up” and be unable to think about anything else.

In keeping with this sentiment, MmaMaipelo insisted repeatedly during Tebogo’s final weeks that she would not “give up” on her, even as there was reason to believe that the doctors had told Tebogo that her disease was incurable. On the occasions when MmaMaipelo prayed over her, we bowed our heads as she placed her hands on Tebogo’s shoulders, saying that it is not we but God who has the power to heal and asking God’s glory to enter

into her. Once while talking to Tebogo afterwards, MmaMaipelo remarked that people who become very thin (*go bopama*) don't necessarily die, and that she herself might pass away at that moment even though she was not emaciated. Such prayers and encouraging remarks are deemed extremely important, since they prevent the sick from "giving up."

In some ways, medical practice also fosters ambiguity about the nature of illness. When MmaMaipelo told me that she was unwilling and unable to investigate sickness, she remarked that she did not force anyone in her congregation to show her their medical cards, since they were their "secrets" (*diphiri*). Other people also commonly deny knowledge of the cause of someone's illness or death by saying that they have not seen the relevant medical cards. Outpatient medical cards, which are written by clinicians for the use of other doctors, are thus treated as secrets—although not necessarily as undeniable truths—about people's conditions, secrets that are often unknowable to the sick themselves, since the cards are written in English and in medical language. An AIDS diagnosis is made a particular secret on these cards. It is against medical regulations in Botswana for practitioners to indicate such a diagnosis through any means other than listing drugs that are prescribed for HIV and recognized as such by other doctors (Dr. Volker Hoyneck, pers. comm.). A clinic worker in Old Naledi told me, however, that when a person tests positive for HIV, he writes on the medical card the word "immunosuppressed," or the code "RVD+" (retroviral disease-positive). In Tebogo's case, a doctor had written on her medical card that "immunosuppression test results seem positive," and during her final weeks, when clinicians were giving her painkillers, they wrote "immunosuppressed?" on her form, indicating that they too were not quite certain about the nature of her illness.

For their part, those who looked after Tebogo were displeased with the care she was receiving in the hospital, but their dissatisfaction did not stem from the mysteriousness of clinic proceedings. They were not angry that Tebogo had not received a clear diagnosis, had not been told why she was given particular medications, or been informed why, as her mother once put it, "blood was always being taken out of her and water put in." Rather, they were upset because the nurses scolded Tebogo, did not give her nutritious food, refused to wash her, and once discharged her without informing her caregivers, so that she had to come home in an expensive special taxi. This was "scornful" behavior, and church members perceived the numerous hospital visits they made with gifts of fruit and meat as extremely important to Tebogo's well-being.

If everything conspired to make the nature of Tebogo's sickness ambiguous, Baitshepi leaders did speak to me at length about the illness of another young woman, named Onalenna. Onalenna was not ill in biomedical terms. However, during church services and when singing with the youth group, she would suddenly be "entered by the spirit" (*go tsenwa ke mowa*) and dash out of church. Once, during a Sunday service, her head and shoulder coverings came off her uniform before she could be restrained. One of the elders sternly re-dressed Onalenna, while one after another publicly admonished her, telling her that if she had been entered by the Holy Spirit, she would have sung and preached like the others. Running out of the church, they lectured her, was a sure sign of suffering from an evil spirit (*mowa wa bosula*), and they instructed her to sing and pray constantly so as to hinder it (*go o kgoreletsa*).

About two months later, Onalenna stopped attending church, and MmaMaipelo informed me that she was suffering from a "spiritual disease" (*bolwetsi jwa semoya*), which she explained to me as follows: "If you are not living well at home," she said, "or if people have insulted you, when you start to sing in church, sorrow [*bohutsana*, a term also used for bereavement] overcomes you, your heart does not fall [*pelo yagago ga e wele*, i.e., you are not able to remain calm], and you may be entered by an evil spirit. You should not think about [*go akanya*] the life you are leading outside the life of the word of God, and you should not think [*go akanya*] 'I have been insulted by so-and-so.' People preach properly when they have patience and love for one another."

In other words, it is necessary to concentrate on renewing your love for other people when singing or preaching the word of God, since "thinking about" insults will make you resentful rather than patient. Baitshepi leaders told me at this point that Onalenna had quarreled with her marital partner and had left his yard to live with her mother. Onalenna herself, however, told me that she had not been ill at all. When she is entered by the spirit, she said, she is able to discern (*go tlhatlhoba*) the causes of problems in other people's lives. She blamed MmaMaipelo for "not wanting my spirit," meaning that her spirit led her to divine sources of affliction. Onalenna eventually joined another church, where she became a prophet.

In MmaMaipelo's view, Onalenna had been "remembering" or "thinking about" things incorrectly. She told me that she preferred an illness like Tebogo's to one like Onalenna's, since Onalenna's sickness demonstrated that she was lacking in faith. I was quite struck by this remark, because Tebogo was clearly near death, and for MmaMaipelo to say that her illness

was preferable to Onalenna's showed that something was at stake for her in the work of nursing apart from whether Tebogo recovered or died. Indeed, Baitshedi members said that Tebogo's faith in God led her to love MmaMaipelo for what she was doing to care for her as a mother, and it was in light of this relationship that they discussed or avoided discussing the nature of her illness.

Baitshedi leaders described the nature of Onalenna's illness—so called by them—so explicitly because they cast it as a sign of problematic sentiments on her part. Especially once an open breach had occurred between themselves and Onalenna, they had no reason to be ambiguous about what they saw as her illness. Calling Tebogo's sickness "AIDS," on the other hand, would in no way have served as an affirmation of her faith. It would have been an act of scorn, stigmatizing her as promiscuous and possibly discouraging people from caring for her. At one point during Tebogo's decline, MmaMaipelo announced at a women's prayer meeting that it was impossible to tell whether a person had AIDS by looking at them, and that therefore no one should be scorned on the suspicion that he or she had been promiscuous or might infect others. The one occasion I witnessed before Tebogo's death when MmaMaipelo did preach about AIDS (albeit in somewhat veiled terms) was an instance in which the issue of faith again took precedence over concerns about multiple sexual partners. MmaMaipelo preached that she was worried because the land was being laid waste by deaths, and she exhorted the congregation to behave well (*le itshware sentle*) and to repent (*go ikotlhaya*). However, the meaning of repentance was ambiguous. MmaMaipelo wanted those in her church to refrain from having more than one sexual relationship at a time, and her preaching might have been taken as a statement of this conviction. What she stressed, however, was the importance of believing in Jesus when you die, because if you do not, "You will really be dead" (O tla bo o sule tota).

One result of Tebogo's decision to be nursed by Baitshedi members was to strengthen ties between her immediate family and the church network in Gaborone. During and after her illness, Tebogo's mother became involved in the church, two of her brothers moved onto MmaSeobo's plot and became church members, and during school vacation her mother sent another of her daughters from their home village to attend services. Yet Tebogo's illness appeared to create or to have exacerbated tensions between the Old Naledi-based church network and her immediate family, on the one hand, and members of her extended family and residents of her home village, on the other. For instance, Tebogo told me that there were people

in her extended family (*batšo ba losika*) living in Old Naledi who did not visit her during her illness, unlike MmaMaipelo, whom she called her “spiritual mother.” On one occasion, she entered MmaMaipelo’s compound screaming that she had heard a voice telling her to pray there, and she did not settle down until MmaMaipelo prayed over a cup of water and gave it to her to drink. MmaMaipelo likened this episode to her own calling in 1982, implying that Tebogo’s running into her compound was a sign that she had been similarly “called” (*bidiwa*) by God.

The relationship between compound dwellers, who were intensively involved in Tebogo’s care, and other church members, who appeared more distant, was thus mirrored in the relationship between Tebogo’s relatively immediate and extended families. The fact that Tebogo was being cared for in a church compound in itself limited the ways in which extended family members could be involved in her treatment. For instance, given Baitshapi leaders’ opposition to divination, it would have been impossible for anyone to take Tebogo to a Setswana doctor without first moving her away from MmaSeobo’s compound. I am certain that if Tebogo’s mother had decided that she ought to be moved, she would have been, since church leaders wish to avoid direct confrontations with the families of members. However, once Tebogo’s therapy began to be managed in a church compound, such decisions seemed to rest with the family members most immediately involved in her care, especially her mother and aunt, as opposed to more distant relations, most of whom were in any case far away in Tebogo’s home village.

A few days before Tebogo died in the hospital in late May 1997, she called MmaMaipelo to come to her bedside so that she could “say farewell” or “leave instructions” (*go laela*). Also present were Tebogo’s mother, MmaSeobo, and the spouse of Tebogo’s older brother. MmaMaipelo later told the congregation that Tebogo had said farewell by informing them that she had heard a voice calling her name, and that she had seen MmaMaipelo in a dream praying for her. Also at this last conference, Tebogo sang her personal hymn, “Do Not Bypass Me, Beloved One” (*Se mphete, wena yo o rategang*), which she had always sung during church services in order to obtain the strength to preach. Being able to say farewell and to sing during one’s last moments, MmaMaipelo later told me, is a sign that a person has self-understanding (*itlhaloganyo*). A person’s song, she said, remains with us as the word dwells in the flesh; when a person is absent or has passed away, his or her song is a memorial (*segopotso*, literally, something that causes “remembering”).

MmaMaipelo thus continually stressed to her followers how Tebogo had identified church leaders as the people whose sentiments had contributed most to her well-being by showing her the love of Jesus. Tebogo's decision to stay in a church compound during her illness was key in this regard, since it placed responsibility for her care with church leaders. She depended upon their care while sick, and relied on them to guide her own sentiments so that she might sing and "leave instructions" when dying. In short, Baitshepi leaders claimed that Tebogo had loved them for what they had felt and done for her in her time of suffering, and that in so doing she had become their child. At her funeral, Baitshepi members' efforts to celebrate her faith provoked controversy over who had in fact loved her, and whose child she should thus be considered to be.

#### SENTIMENT AND KINSHIP AT A FUNERAL

In Botswana, burial defines the location of a person's permanent home (*legae*), distinct from all other places where he or she has lived. In the past, people were buried in the places most closely associated with their productive activities, men in their cattle kraals and women and children underneath their houses. Such practices declined in most localities over the course of the twentieth century.<sup>15</sup> Nowadays most people are buried in communal cemeteries (*mabitla*) located in villages and cities. The question of where a person should be buried is often controversial, especially in cases when children must be buried in one or other of their divorced parents' homes. In Tebogo's case, however, everyone implicitly agreed that as a young person who had not married or built a house for herself, she would be buried in the rural village in the Central District where her parents had raised her. Thus, Tebogo's burial identified her home as the village, to which church members had to travel in order to assert publicly that she had died a faithful member of Baitshepi.

The funeral began during a late Saturday afternoon. Baitshepi members, dressed in their uniforms and carrying candles to light the body on its way (as they do only at the funerals of their own church colleagues), accompanied the closed coffin from the mortuary, located in an industrial strip adjacent to Old Naledi. They went to MmaSeobo's compound, and laid Tebogo in the house she had occupied. This was, in a sense, a pre-burial: church members placed Tebogo in the house where she had "stayed" in Old Naledi before taking her to the "home" of her kin. After pastors had said prayers over the body, they carried the coffin back into the hearse for

the drive to Tebogo's village, where it was placed in a room in her parents' compound. Church members had intended, I think, to accompany the hearse, but there were some difficulties involving the minivan taxi they had hired. After the hearse left, they took off their uniforms, gathering warm clothes and blankets for the night, and boarded their hired transport a few hours later. During the two-hour trip, church members sang the one-line hymn "I Won't Throw It Away, My Faith" (Ga nkake ka e latlha, tumelo ya ka) over and over, to the evident chagrin of the driver, who turned up his radio.

During the all-night vigil (*tebelelo*) preceding the burial, Tebogo's mother and aunt, who had nursed her in Gaborone, lay in mourning next to the coffin. A vigil is held from 10 P.M. to 4 A.M. immediately outside the room where the coffin rests, underneath a canvas tent. Electric generators provide light. While a vigil is in progress, women prepare tea and fat cakes (balls of deep-fried dough) to serve the assembly about halfway through. While a senior member of the deceased's family makes arrangements with a single pastor to be the overall organizer, vigils are always carried out under the auspices of pastors from multiple churches, even if the deceased had been a committed member of one particular church, or had not been a church member at all. Pastors and others attending the vigil alternate their speeches, each person standing when wishing to speak. The assembly introduces hymns during these speeches, in order to elaborate on what is being preached, and sometimes to express impatience with the speaker. Almost all of the pastors presiding at funerals are men. MmaMaipelo, however, took the unusual step of encouraging a number of women in Baitshepi to enroll in correspondence courses with local theological institutes. Women who have passed these courses preside at funerals along with men from Baitshepi and other churches, and may likewise be called pastors (*baruti*). Senior Baitshepi women thus enjoy the same kind of prestige as their male counterparts on such public occasions.

The stated purpose of a vigil is to console (*go gomotsa*) women of the deceased's bilateral kindred who are lying in mourning on the floor next to the coffin, as if they too were dead. These women are deemed in particular need of consolation, because they are said to have been the deceased's caregivers (*batlhokomedi*) and must hear the enlivening words of the preachers if they are to nurse the ill properly in the future (cf. M. Green 2003: ch. 8). Church members in particular are supposed to encourage mourners by showing that they have already "consolated themselves" with the knowledge that "the spirit does not die" (*mowa ga o swe*), and that believers

have eternal life. However tired, cold, and sick they might be feeling, they must speak and sing with “energy” (*bonatla*) rather than mope about “like corpses,” as a Baitshepi elder scolded church members on one occasion. Thus during the vigil for Tebogo, Baitshepi members recalled Tebogo’s last words, in which she had reported hearing a voice, elaborating that it had told her that her way was open. They emphasized that she had been blessed in knowing in advance of her own death. Whereas Baitshepi leaders had discouraged open speech about the possibility of Tebogo’s death before it occurred, during the vigil they cast her farewell as a sign that she had accepted God’s decision that she would die. They spoke of her acceptance as an indication of her *tumelo*, in that she had not expressed self-pity or resentment. Church members often speak of Job as an exemplar of patient suffering, since he did not follow his wife’s advice to “curse God and die,” but rather accepted his afflictions as God’s will.<sup>16</sup> The alternative—complaining that not God but a specific human being has caused one’s ill health or imminent demise—gives rise, of course, to ill will. Hence, a principal reason for encouraging the bereaved to console themselves is to limit their potential resentment of anyone whom they might suspect of having brought about the death of their loved ones through witchcraft, promiscuity, or other wrongdoing.

An improvised speech at the vigil given by a young woman named Rosina, a Baitshepi member who had been a close friend of Tebogo’s but was otherwise unrelated to her, provides an example of the “energy” with which church members are supposed to engage in consolation. Rosina spoke “in the spirit” (*mo moweng*), very forcefully and with a great deal of passion, with breaths coming from deep within her. Church participants say that when the spirit enters them, they feel a force coming up from within their bodies, a force over which they have to maintain some control in order to avoid being choked and falling over. Words spoken “in the spirit” have a power over the emotions of listeners that words spoken “in the flesh” (*mo nameng*), that is, in casual conversation, do not possess. The upbeat hymns and the passionate preaching made the tone of the vigil not at all mournful, but rather celebratory of Tebogo’s faith. (Rosina’s speech may be heard in file 1 of the online audio annex, at [www.ucpress.edu/9780520259669](http://www.ucpress.edu/9780520259669). I hope that the listener will forgive the poor quality of the recording, as well as the drumming sounds I made as I thumped my Bible in time to the singing. See Appendix 1 for the full text, as well as Rosina’s subsequent comments to me on her own words. The transcription records in separate lines the phrases Rosina spoke between each breath she took.)

In her preaching at the vigil, Rosina repeatedly quoted songs from the popular Sesotho hymnbook *Lifela tsa Sione* (Songs of Zion),<sup>17</sup> saying that Tebogo had herself spoken the words of the hymns. When I later asked Rosina whether Tebogo had actually used these words, she replied, “These are the words that I spoke for her. When I spoke, I took the position [*seemo*] she had had in life. If she had been at the funeral, these are the words she would have wanted to say.” In thus making ambiguous who is speaking any given words, preachers may use the words of hymns to sound the voices of the deceased at their own funerals. As Rosina preached, she related her own words, the words of the hymns (one of which was Tebogo’s personal song), as well as the singing of the group, as if they were Tebogo’s words.

Rosina began with her own personal hymn, which she always sang in church to give her strength to preach. She immediately framed what she was going to say as “remembering”: “I want to remember the person of God.” Over the course of her preaching, she said repeatedly that she was “remembering” or “thinking about” (*go gopola*) how Tebogo had expressed faith in eternal life through her songs, as well as her (Rosina’s) own ongoing relationship to the Baitshepi Church. Whereas prior to Tebogo’s death, church members had insisted that they would not “give up” on her, and encouraged her not to “give up” herself by “thinking about” the possibility that she had a fatal disease, during the vigil they repeatedly “remembered” Tebogo’s faith precisely in order to “give up,” that is, to console themselves.

Rosina stressed five principal points in her preaching, all centering on how Tebogo’s *tumelo* had created love between herself and other church members during her sickness. I outline these five points schematically in the approximate order in which Rosina raised them. First, Rosina emphasized that Tebogo had said farewell by singing hymns showing her recognition that death was near (lines 10–28, 42–63). Given that Rosina was speaking the words Tebogo would have wanted to say, perhaps Tebogo was herself saying farewell at the vigil. Second, the act of wearing the church uniform, which Rosina called “the uniform of a soldier,” had given Tebogo strength to avoid bad words and intentions (lines 29–30). The cloth of a church uniform strengthens the body at its vulnerable joints, giving its wearer a dignity or presence (*seriti*) that wards off undesirable sentiments, one’s own as well as those of others.

Third, Tebogo’s hymn singing had been a way of “speaking to her God,” that is, of reflecting on the nature and consequences of her sentiments

(lines 60–61). Speaking to one’s God in this fashion is also an act of “remembering” (see chapter 4). Rosina stated repeatedly that singing had made Tebogo “remember” or “think about” the fact that she had to “return” the life she had “borrowed” from God, and allowed her to do so without resentment. Tebogo had acknowledged God as a giver to whom she owed obedience. Fourth, Rosina spoke of Tebogo’s faithful death as well as her decision to be an “evangelist” in terms of movement in space: she had “gone on the Lord’s road,” which she “chose for herself” when she might have chosen otherwise (lines 97–98). This imagery resonates with the widespread presumption that acts of movement or placement in space build up sentiments of love, care, jealousy, and scorn among particular persons.

Finally, Rosina concluded by invoking the “angels” of Baitshapi—a reference to both the Holy Spirit and the bishops’ personal ancestors—and compared herself to Tebogo, in that she too has spiritual parents, namely, MmaMaipelo and RraMaipelo (lines 125–29). A person who hears the words of Baitshapi leaders does not die without a parent, since she has spiritual parents who love her, providing for her and guiding her sentiments during her suffering. Rosina’s speech was received with great enthusiasm. Everyone, it seemed, joined vigorously in the hymns, and the village women who brought tea and fat cakes immediately after Rosina finished danced among the chairs while the congregation continued to sing. The intended effect of speech and song at night vigils is to make listeners feel consoled, and I must say that it worked on me in this instance. The experience of hearing such impassioned preaching all night was so exhilarating that it came as something of a shock the next morning to witness my friend’s body being lowered into the ground.

The words and actions of people in Tebogo’s extended family presented a striking contrast to those of the Baitshapi members. In general, relations between the two groups consisted of a tense compromise. Tebogo’s family had had to pay most of her funeral expenses, since she had not belonged to the Baitshapi burial society. A different church with a branch in Tebogo’s home village had organized prayer services there during the week following her death, and at the vigil there was some rivalry between pastors of this church and those of Baitshapi over the proceedings. When I later asked members of Baitshapi about Tebogo’s relationship to this other church, they told me that people in that church had not known her very well, unlike those of Baitshapi, who had spent a long time in Gaborone with her. MmaMaipelo similarly called my attention to the words of an elderly man from Tebogo’s village who remarked at the vigil that it was Tebogo’s “spir-

itual family” (*losika la semoya*) in town who had known her best. Most of the villagers, however, spent the night talking to one another around fires burning in the yard rather than attending the vigil at all, and church members later speculated that they did not attend “because they were beer-drinkers rather than Christians.”

Such tensions became obvious at the service preceding burial the following morning, the tone of which was completely different from that of the vigil. A morning service begins about two hours after the vigil ends, after people have rested and bathed. At the funerals of church members, their colleagues change back into their uniforms for the morning service. Others put on the usual attire for formal occasions—suit jackets for men, headscarves and shoulder throws for women. The effect is to make immediately apparent, through the color and style of people’s clothes, who is and is not a member of the church to which the deceased had belonged. When dressed in their uniforms in such a public context, church members say that they are “of one spirit” (*mowa o le mongwe hela*), setting themselves apart through their *tumelo* in God.

At 6 A.M. on the morning of a burial, people begin to enter the house of mourning to view the body, and printed funeral programs are distributed to everyone.<sup>18</sup> After about an hour, as the assembly sings hymns, the coffin is brought of the house by relatives or others listed on the program and placed in the area where the vigil had been held. Elder relatives, whose names and relationships to the deceased are also printed on the programs, are then given an opportunity to speak. The first speaker during this morning service, Tebogo’s paternal grandfather, did not express consolation but rather a sense of profound loss. At the same time, he claimed responsibility for the course of her care. He began by announcing that Tebogo’s death had been caused by “blankets” (*dikobo*), a euphemism for sexually transmitted disease. He went on to emphasize that her illness had started three years previously “away in Gaborone.” She had been taken, he said, to medical doctors, Setswana doctors, and prophets in Gaborone, but none of them were of any assistance. Whenever she did come home, he said, she had soon gone away again; the implication being that when she came to her home village, she got better, but that when she went back to the city, she got worse. “Now, my people, this child has left me. But she has not left only me, she has left my children, she has left her friends, she has left all of us.” After making his speech, he walked away from the Baitshepi members who were gathered around the coffin, and he had little to do with them afterward.

MmaSeobo, who was listed on the program as Tebogo's nurse (*mooki*), spoke next. She seemed defensive. Speaking in a dispassionate and formal tone, she said that when "we" (implicitly, the church members) had first met Tebogo, she had already been suffering from illness, and that she would get better and then worse again. Only recently had her illness become devastating. However, MmaSeobo concluded, Tebogo had been a person who had always struggled against (*go leka*) her illness and trusted in God. Later, a Baitshepi pastor preached about the resurrection of the spiritual body, concluding forcefully, "Death is not a sin" (*Leso ga se boleo*), and saying that death was made by God so that we could enter the next world.

Such tensions continued to make themselves felt. At the burial, Baitshepi members stood next to the grave in their uniforms holding the church flag, which rarely leaves the premises in Gaborone, ostentatiously claiming Tebogo as one of their own. Many of the church members made a point of sprinkling soil over her grave, which is usually done, for the most part, by people in the extended family in order to merge the deceased with the ancestors, who are identified with the earth. In scattering soil on Tebogo's grave, church members reinforced their claim that she was their kin as well. After the burial, those in Baitshepi washed their hands in tap water in order to cleanse themselves of the dirt of death, while everyone else washed with water treated with herbal medicines (*metsi a a phokotsweng*) by Setswana doctors. (The usual practice is in fact to set out two such tubs for those who do and do not want to come into contact with protective herbs.) At the subsequent gathering of men, an elder of the village publicly asked the church members to leave before making the *tatolo*, the formal announcement of the cause of death. He gave no reason for this, but merely indicated to the "guests" (*baeng*) that there was food set out for them elsewhere. During the meal that followed, the church members sat apart from the villagers, and rather than remaining to talk afterward, as is usually done at funerals, they quickly departed back to Gaborone the way they had arrived the previous night, in a group. Summing up the funeral, MmaMaipelo's son told me that the vigil had been a success, since the fact that none of the church members had wept as the coffin was being lowered indicated that they had been properly consoled. By contrast, he pointed out, women in Tebogo's extended family had collapsed from grief.

When I related these incidents to other residents of Old Naledi, they told me that the villagers must have suspected the church leaders of bewitching Tebogo, or of depriving her of the protection of her ancestors in

her home village by keeping her in the city. Their refusal to eat with them was perhaps the clearest sign of such suspicions, since funeral meals are regarded as prime occasions for witches to poison their victims. The idea that church leaders, like Setswana doctors, may be witches as well as healers reflects broad suspicions that those who promise spiritual protection may be protecting themselves at the expense of others' vitality. I heard many rumors of a church of the spirit near Gaborone whose members have become wealthy by bewitching their own children. Such stories are in keeping with widespread anxieties over actual recent incidents in which children have been killed. Ambitious business owners and politicians are said to use children's body parts as medicines to accumulate wealth and power. During the 1990s, such alleged murders precipitated a number of riots against the government, which was seen by many as shielding the perpetrators (Durham 2004; Gulbrandsen 2002).

More specifically, tensions at Tebogo's funeral involved competing claims as to whose child she was. Church members stressed that Baitshapi had guided Tebogo's sentiments, making her a child of the church because she had recognized the love that MmaMaipelo and others gave her. On the other hand, her grandfather emphasized that her extended family had cared for her by sending her to a variety of doctors over the course of her illness. The implicit suggestion that Baitshapi had bewitched Tebogo amounted to a claim that the church leaders were not her parents at all, since they had not properly cared for her. The different ways in which church members and villagers expressed their love for Tebogo—through energetic consolation and somber expressions of loss respectively—expressed these competing claims to kinship. I do not know why Tebogo's grandfather stated that she had died from a sexually transmitted disease, but I suspect that the expulsion of church members from the formal announcement of the cause of death, and villagers' refusal to eat with them, may have been responses to the very enthusiasm, bordering on joy, that Baitshapi members had shown during the vigil.

In spite of these obvious tensions, church members said that they had maintained a certain civility (*maitse*) throughout. The funeral did not disintegrate into open confrontation, as some do. Tebogo's grandfather made a point of saying a polite good-bye as the church members drove off. When I raised the subject of the grandfather's speech with MmaMaipelo the following day, she remarked that he was in great grief (*o hutsafetse thata*), and that she been unable to hear whether he had mentioned sexually transmitted disease. She added, however, that she had no complaints

about his involvement in bringing Tebogo to a Setswana doctor, because she does not want to interfere in the efforts of relatives to heal the sick. “We know that Tebogo is in a place where she is happy, and we’ve given up now [*re itlhobogile jaanong*],” she said with an apparent mixture of cheerfulness and relief at having managed the funeral in such a way as to assert faith while maintaining civility. She had avoided an open breach with Tebogo’s relatives from the village. About six weeks after Tebogo’s death, one of her brothers was baptized into the Baitshepi Church, announcing during the service that he had been impressed by what the church had done for his sister, and that he would like it to do the same for him.

While clearly principled and heartfelt, MmaMaipelo’s approach to nursing and burying Tebogo was hardly disinterested. Her aim was to perpetuate caregiving relationships among members of her church, refusing speech about pathological wombs and dwelling instead on maternal love. In speaking and acting as she did, MmaMaipelo presumed that the sentiments she expressed would have an impact on the ways in which Tebogo, other church members, and villagers who participated at the funeral imagined their relationships to herself and to one another. Her moral passion consisted of encouraging other people to “remember” and “give up” in a particular fashion: to refuse to “remember” or “think about” past insults or other disruptive sentiments, or to diagnose diseases in terms that elicit such “remembering”; not to “give up” on possibilities of healing; and to “remember” a deceased person’s faith in ways that enable survivors to “give up.” It is true that “remembering” and “giving up” are forms of memory work that tend to frame past events in ways that suit present interests, agendas, or inclinations. More specifically, however, they are styles of feeling and acting toward other people that possess consequences for the qualities of ongoing relationships. The same may be said of *tumelo* or faith in God, which in the case I have described consisted of nothing other than a particular method of “remembering” and of “giving up” elicited by prayer, song, and nursing care. As far as MmaMaipelo was concerned, Onalenna’s proclivity to incorrect “remembering” showed that she was lacking in *tumelo*—that is, in willingness to orient her sentiments away from insults and jealousies.

In the introduction to a recent collection of essays on kinship and memory, Janet Carsten points out (2007:24) that “loss is absorbed and transformed, and in time becomes the source of creative refashionings, in and through everyday processes of relatedness.” This formulation suggests how

“remembering” and “giving up” may be means of sustaining particular kinds of relatedness in the face of loss. Carsten pursues a line of inquiry anticipated by Meyer Fortes’s discussion in *Oedipus and Job in West African Religion* (1983 [1959]) of how Tallensi account for a person’s good or evil destiny in terms of relationships of care among ancestors and the living. Carsten argues: “In many cases, the conscious or implicit assumption of such losses is an integral part of adulthood, and of creating new kinds of relatedness in the present and future. In this sense we might say that a work of memory is the necessary counterpoint to kinship relations in their broadest sense. Conversely, . . . where such a work of memory is rendered difficult or impossible, the possibilities for present and future relatedness become radically constrained” (2007:24). In an essay in the same volume, Veena Das and Lori Leonard (2007) document how expert discourses on relatedness may in turn constrain expressions of loss. Das and Leonard describe the efforts of clinicians in a southern U.S. city to convert girls infected with HIV into “responsible, compliant patients” who would be able to “speak truthfully about their [sexual] relationships” (2007:212). In denying the likelihood of the girls’ deaths and orienting discussion around their future sexual responsibility, clinic staff gave no discursive place to the girls’ anger over one another’s deaths, and at their past abuse and exploitation at the hands of relatives. In this expert discourse, care and its absence were not appropriate subjects of memory work.

By contrast, MmaMaipelo’s method of sustaining love within a spiritual family derived its appeal from a broader politics of care in Botswana, where styles of speaking about illness—especially sexually transmitted illness and fatal illness—are ways of speaking about the qualities of caring relationships (hence the title of this chapter). Speech about promiscuity, talk of witchcraft, and songs about patience in suffering all constitute ways of reflecting on particular persons’ love for others—as well as methods for reorienting the sentiments of hearers. Thus, the different kinds of truth telling that occur in church settings, at funerals, and even in clinical counseling sessions are less focused on defining individual persons’ characteristics in terms of normalized medical categories than on working out the qualities of their caring relationships with one another over time. Given that the ways in which people speak about disease are so crucially shaped by their sense of possibilities for caring, any transformations in the conditions under which they may give care to one another are likely to affect the manner in which they talk about illness as well. As I relate in chapter 5, I was

struck by the comparative readiness of some people to describe themselves as HIV-positive in 2005, once ARV medications had become widely available for adults and children in Botswana.

Concerns about possibilities for caring have likewise given anthropologists cause to rethink the analytical and political grounds of work on kinship. John Borneman (1997) shows, on the basis of research in Germany, that the provision of care, in particular among same-sex couples, is acquiring legal recognition as a means by which people may claim access to rights and resources. He draws on such findings in order to criticize heterosexist biases in kinship studies, arguing that anthropologists have constructed theories of “communal reproduction” based on ideologies that subject the unmarried to legal discrimination (Borneman 1996). This analytical project, Borneman contends, should be abandoned in favor of attention to “processes of voluntary affiliation” centering around “the priority of an ontological process—to care and to be cared for— . . . a fundamental human need and nascent right in the international system” (1997:574, 583). I find, though, that conceptualizing care as a “voluntary” relationship distinct from putatively natural ones tends to foreclose the issue of precisely how caring sentiments and acts affect the emotions and well-being of other people.<sup>19</sup> As I have argued, there is a widespread presumption among Batswana that a person’s love, care, scorn, and jealousy are likely to give rise to comparable sentiments on the part of others, and indeed to affect the conditions of their bodies. Such processes are not usually seen as transactions between autonomous agents, but rather in terms of the capacity of certain persons’ sentiments and bodily states to influence the well-being of others within particular spaces, such as yards, churches, and funerals.

All the same, Borneman’s discussion of care invites comparative attention to the range of processes by which people come to acknowledge how their well-being depends on the attitudes and activities of others, or alternatively ignore or deny such connections. Experiences of death and loss, as Carsten suggests, may be key instances of these processes. Isaac Schapera, justly the most influential of all anthropologists who have worked in Botswana, wrote in his classic ethnography *Married Life in an African Tribe* (1941:33) that the veneration of ancestors had been displaced by officially sponsored Christianity by the 1930s, thereby largely leaving aside questions of how death’s memory work transforms patterns of care and relatedness.<sup>20</sup> Yet we have seen that the moral passion involved in such memory work is apt to be construed in Christian terms, as Hansjörg Dilger (2007) shows to be the case as well in some Neo-Pentecostalist churches in Dar es Salaam in the context of

AIDS. The emotions expressed at funerals in Botswana, ranging from grief to celebration, often reflect particular stances toward the question of who has cared for whom, and are liable to be regarded as expressions of faith or its absence. For Baitshapi members, *tumelo* in the context of death is an intersubjective memory work, consisting of efforts to orient one's own and other people's sentiments in particular directions, undertaken with recognition of the difficulties and possible failure of the enterprise.

In chapter 6, I return to the subject of how funerals and mourning provoke powerful sentiments with a capacity to redefine relatedness. In some measure, what drives such processes is the fact that burial identifies the permanent home of the deceased in a particular place and with particular people. Yet in order to understand the sentimental significance of locating the dead in one place rather than another, it is necessary first to turn back to the broader context of migration and mobility, in order to consider how acts of movement or placement in space build up love, care, scorn, and jealousy among persons. In the following chapters, I argue that Botswana imagine possibilities for feeling and giving care in terms of housing activities, such as burying, nursing, and praying, through which they engage with one another's sentiments over the course of their lives.