

Faith and the Intersubjectivity of Care in Botswana

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In encouraging men and women to rethink the moral bases of sexual relations, HIV/AIDS-prevention campaigns commonly entail efforts to reshape their subjectivities. This article relates conceptions of morally correct forms of subjectivity to religious understandings of proper speech to and about God. Historically, experiences with sexually transmitted diseases in Botswana have compelled family members to imagine and reshape the nature of their caregiving sentiments toward one another. Thus, for members of a church of the spirit in Gaborone, expressing faith in God so as to heal the sick and console the bereaved is a means of authorizing certain forms of intersubjectivity, rather than of asserting self-determining agency. AIDS-control policies ought to be designed to enhance people's capacities to care for one another properly, and to avoid reinforcing distinctions between healthy and sickly lives.

Introduction

In discussing the language employed by Christian churches in reference to the spread of HIV/AIDS, scholars have tended to emphasize the role of formal preaching about premarital or extramarital sexuality. Robert Garner (2000), for instance, focuses on the degree to which leaders of churches of different denominations in South Africa stress biblical teachings on sexuality, implying that an absence of such explicit preaching indicates disengagement with AIDS issues. Yet religious language may be deployed in a wide range of contexts related to people's experiences with HIV/AIDS, and for purposes that are not geared strictly to promoting safer sex (Dilger 2007). In this article, I explore the religious significance of putting certain sentiments into words during crises of caregiving. My reflections arise from the experience of being taken aback by disjunctures between what I and members of an independent church in Gaborone, Botswana, felt necessary or possible to put into words about suffering associated with HIV/AIDS. After assisting at the funeral of a young woman in 1998, when no antiretroviral medications were available

to the vast majority of Botswana's citizens, I found myself impatient with the resignation and consolation preached at funerals by my friends in this church. "Isn't there anything we can *do* to ensure that our children like this little girl here won't get sick and die in a few years?" I asked some women elders who had gathered in the sitting room of MmaMaipelo, Bishop of the Baitshepi (Saints) Church. They replied that it was clear that I was asking out of the love and compassion I felt for those who were suffering. "It's a question that comes from your love," the women assured me, likely out of concern that I was predicting the girl's death. When I pressed them for a further reply, one of the elders said, "We can pray."

Over time, I have come to consider that the premise of my question—that this sort of prayer was useless "feeling" rather than effective "doing"—reflected my lack of understanding of the importance of sustaining relationships of care, an endeavor that may locally be seen as even more important than bringing about positive health outcomes. In this paper, I frame the importance of prayer for caregiving in terms of the ways in which religious languages help authorize particular understandings of responsibility, subjectivity, and intersubjectivity. In establishing styles of speaking and hearing by which believers apprehend God, religious languages play crucial roles in shaping conceptions of morally correct forms of agency and subjectivity. Many AIDS-prevention efforts have shared with Protestant missionary projects an insistence that individuals ought to exercise responsibility as self-determining agents. Yet because popular styles of speaking about sexually transmitted and fatal illness in Botswana often constitute ways of speaking about relationships and responsibilities involving care, not only subjectivities but intersubjectivities are at stake in religious speech about illness and death. I develop these points through a description of the ways in which members of the Baitshepi Church, an independent, small-scale "church of the spirit" (defined below) in Gaborone, encouraged one another to care for a young woman church member by putting sentiments of love (*lerato*) into words during her illness and at her funeral.

Methods

This article draws upon the intersection between my own academic and Baitshepi members' religious projects. I have been in extended contact with members of this church since 1993, when I arrived in Old Naledi, a high-density urban neighborhood of Gaborone, to pursue a project focused on the ways in which official housing policies were reshaping relations of care among kin. An initial accidental encounter with the Baitshepi Church, located in the back of Bishop MmaMaipelo's yard in Old Naledi, led me to stay for some weeks in the church compound during my initial visit, and to reframe my project around how, in these church members' views, speaking the word of God conveys sentiments of love to those who are willing to hear (*go utlwa*) it. After my initial contact, I made brief return visits in 1995,

2000, 2005, 2006, and 2009, and for a period of extended research for nineteen months during 1997–1998. Nearly all the conversations on which this research is based were carried out in Setswana; I did not employ a research assistant or translator. Though I conducted numerous formal interviews with a tape recorder and made a neighborhood survey,¹ most of my conversations were informal and recorded subsequently by hand. Understanding that I was writing about the stigmatizing disease of AIDS, Baitshepi leaders have asked that I use pseudonyms for the church and for individuals.

Members refer to Baitshepi as an Apostolic church, a “church of the spirit”—a diverse category, which may be characterized as combining Christian missionary teachings with healing practices derived from precolonial sources. A well-attended Sunday service in this church comprises about fifty people, most of whom are women and girls. With a few important exceptions, most attendees have had limited formal education. A substantial number of men are attracted by the prestige that church offices provide, but men who join churches have to give up drinking beer, an important aspect of masculinity. Many young women are attracted to churches like Baitshepi for the support networks they provide in urban areas. The founding cohort of Baitshepi women, born between about 1945 and 1955, had all made their livings selling beer before converting, as had MmaMaipelo herself. In 1982, MmaMaipelo had heard a voice telling her to leave off drinking and selling beer, which she did quite suddenly, and to call people to pray and repent, since a great drought was at hand. The experience of being called was traumatic for her. Church members often recount how her neighbors in Old Naledi had called her mad; some said she was a witch, and her own husband helped force her into a pickup truck and take her to a mental hospital, where she was stabbed with needles. The experience of being rejected by kin and neighbors impelled her to conceive of the task of preaching the word of God as a matter of “giving love” to people. In turn, those who heard the word of God from her were expected to bring her gifts of cash, clothing, and other commodities when she was in need.

MmaMaipelo was always aware that I was reflecting on her efforts to preach and hoped that I would learn from them. Notwithstanding her doubts about my religious convictions, she continued to welcome me enthusiastically to the church, both because I took an active role in services and because my participation in members’ efforts to care for one another had involved me in relations of love and spiritual kinship with them. Such caregiving efforts became especially acute with the advent of AIDS illnesses after about 1995. During the period of 1997–1998, no effective therapies were available to the vast majority of Botswana’s citizens, and church members were attending funerals of their colleagues, kin, and neighbors on many weekends. During this period, MmaMaipelo helped nurse two dying persons in her own compound, including her husband. Church members would often visit suffering colleagues, neighbors, and kin at their yards in Old Naledi and in their home villages throughout southeastern Botswana, as well as at Princess Marina Hospital, the large referring hospital in downtown Gaborone.

The case described below illustrates Baitshepi members' style of sustaining relations of care and kinship in the face of the suffering brought about by AIDS. Their approach was driven largely by an imperative to speak words geared to maintaining love among a "spiritual family." In an important respect, their approach is not typical of other local churches of the spirit. Baitshepi leaders regard the divination practiced by prophets in many churches (Werbner 2009) as well as by traditional healers as immoral, arguing that enmity arises from words that persuade sufferers of occult attack. Thus, in other cases, languages of blame are likely to feature more prominently in practices of caregiving (Livingston 2005:chapter 1). Even so, Baitshepi members' efforts to reshape relationships among those who speak and hear the word of God illustrate widely held concerns about the healing and injurious powers of sentiment, and about how illness and death force people to evaluate who has felt love for whom.

Subjectivity and Intersubjectivity in Religious and Medical Discourses

Experiences with physical debility and lay nursing care have historically compelled people in Botswana to be "careful about what others think and what consequences that might have" (Whyte 2002:182). One consequence of the high rates of morbidity and mortality brought about by AIDS in Botswana has been to place heavy demands on women's nursing and other domestic labor. The epidemic has thus focused popular attention on the love (*lerato*), or the lack thereof, with which women undertake such work, as well as on the sentiments of sick people who place themselves under their care. In this context, words of prayer and consolation carry out particular kinds of memory work, ideally in the view of Baitshepi members to convey love from person to person, in the process creating mutual well-being and new forms of relatedness among "spiritual parents" (*batsadi ba semoya*) and "spiritual children" (*bana ba semoya*). Baitshepi members engage in such memory work as they encourage the sick to speak words and sing hymns expressing gratitude for the care they have received. At funerals, likewise, they assert the continuity of spiritual kinship by reminding themselves of those words and songs.

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." In an essay in the same volume, Veena Das and Lori Leonard (2007) document how expert discourses on relatedness may constrain expressions of loss, and show that projects devoted to recasting forms of relatedness and memory may be geared to reshaping subjectivities. Das and Leonard describe how clinicians in a southern U.S. city tried to convert young women 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, the clinicians gave no discursive place to the girls' anger over one another's deaths and their past abuse at the hands of relatives. In this expert discourse, care and its absence were not appropriate subjects of memory work.

These American clinicians hoped to foster new subjectivities among their clients by encouraging them to speak truthful words about their sexual relationships. In this respect, their efforts are reminiscent of the Protestant language of self-determining agency, upon which Talal Asad remarks (1996:273, note 15) in connection with a Victorian-era poem by W. E. Henley that he had to recite as a student at a mission school: "It matters not how strait the gate, / How charged with punishments the scroll, / I am master of my fate, / I am captain of my soul." By contrast, popular understandings in Botswana of the power of words tend to focus on their capacity to affect other people's thoughts. Such understandings lend themselves to religious valorizations of intersubjectivity, "the reciprocity between the addresser and the addressee" (Jakobson 1990:96). In evangelizing me about the transformative power of the word of God, some members of an Apostolic church quoted the well-known Setswana proverb "The word does not return; only the finger does" (*Lefoko ga le bowe; go bowa monwana*)—that is, it is possible to extract one's finger from the ear of another person, but a spoken insult cannot be retrieved in the same manner. In keeping with this metalinguistic statement about the impact of words on hearers, many local Christians regard prayers and hymns as ways of coming to terms with the sentiments of other people as well as with their own, and of rethinking the qualities of their relationships with them.

At the beginning of a Baitshepi service, a few girls gather to sing hymns in the church building, a structure of wooden beams and aluminum siding. Frequently, the girls begin with the repetitive hymn, "Spirit, follow the voice! Voice, follow the spirit!" A Baitshepi elder named MmaSeobo explained the meaning of this hymn to me as follows: "If you hear the voices of people you know coming from an adjoining yard which you can't see, you will walk into that yard to find them; you will follow their voices. You have to hear the voices of other people speaking good things so that your spirit will become happy/good (*siame*). And if your spirit is good, your voice will follow it, so that your voice will speak love. Then, if someone else is speaking bad things, you will refuse to hear; you will say, 'I don't want those things.'" MmaSeobo spoke of the need for a person's spirit to follow another person's voice in order to "speak love," rather than of the necessity to determine one's own words on an autonomous basis.

Further, MmaSeobo construed hearing the voice as an act of moving from one location to another, and of placing oneself in certain people's company so as to allow their voices to affect one's spirit. Such decisions about placement in particular persons' yards are especially important at times of illness, since the well-being of the sick is seen to depend crucially upon the good will of those who nurse them. More broadly, those who are willing to

hear the hymn “Spirit, follow the voice!” are said to be physically attracted to church, since their spirits want to be in close proximity to the singers’ voices. Baitshapi leaders advocate forms of ethical hearing and speaking that consist of placing oneself with particular persons who put God’s love into words, and of “refusing to hear” or accept the words of those persons who do not. Such practices make hearers aware of the sentiments of those who are speaking God’s word, not only of their own relationships to God (compare Hirschkind 2006). Thus, each member of the congregation in Baitshapi, as in many other local churches of the spirit, is expected to preach God’s word in turn; authority to do so is not confined only to bishops or prophets (for a contrasting instance, see Engelke 2004). Bishop MmaMaipelo would often comment while listening to someone read the Bible aloud to her that “the Bible shows that the word has been putting on and taking off flesh since the time of Abraham.” That is, the persons whose words are recorded in the Bible spoke the word of God in their own voices, and we must all do the same.

In contrast to Baitshapi leaders’ interest in ensuring that others’ words will lead a person’s spirit to God, Webb Keane (2007) relates how converts to Calvinist movements in Sumba, Indonesia, claim that their sincere speech, in which words express prior thoughts, allows them to recognize their own interiority as the source of agency. Keane argues that Protestant doctrines reflect a linguistic ideology geared to making believers conscious of who and what truly possess agency: humans and God, rather than spirits and fetishes. More broadly, Keane attributes to specifically Protestant impulses the moralizing thrust of colonial and postcolonial civilizing missions to instill normalized distinctions between the saved and the unsaved, the modern and the traditional, and healthy lives and sickly lives. Keane argues that the Calvinist insistence on distinguishing between interior states and exterior forms has provided a key motive for what Bruno Latour ([1991] 1993) calls the work of purification. Extending Latour’s argument that purification aims to create “entirely distinct ontological zones: that of human beings on the one hand; that of nonhumans on the other” ([1991] 1993:10–11), Keane shows that strategies of purification inspired by Protestantism aim to free the human subject from material and social entanglements to the extent necessary for taking “an agentive stance toward one’s inner thoughts” (2007:76). On the presumption that acknowledging one’s own agency is necessary if moral, technical, and political progress is to occur, persons considered to have displaced agency onto fetishes of various kinds are commonly deemed unwilling to recognize their self-determining agency and thus to have abjured responsibility. Purification agendas thus readily inspire claims that the sicknesses of the poor derive from their own willful ignorance or unsanitary habits, and that the state has no responsibility to protect those unwilling to take responsibility for themselves (Briggs 2003).

The notion that health and wealth are signs of the ability to act with self-determining freedom is neatly summarized in certain uses of the Setswana term *boitekanelo*, ‘self-sufficiency.’ *Boitekanelo* is the word used to translate ‘health’ in the official discourses of the Botswana state, and the

term has popular currency as a signifier of the kind of able-bodiedness necessary for manual labor. *Boitekanelo* also connotes wealth, in that a polite way to speak of a rich man is to say “He is self-sufficient” (*O itekanetse*). The neoliberal rhetoric of the Botswana state stresses the need for citizens to be self-sufficient and self-reliant, so that the tone of official pronouncements upon matters of health, education, housing, and much else tends to be quite didactic: “Batswana must develop themselves”—or else, it is often implied, suffer the consequences. All too frequently, this moralistic set of narratives about modern and nonmodern ways of thinking and acting has brought about self-fulfilling prophecies, for instance by framing AIDS prevention as a matter of individual responsibility, rather than of caring. The ABC (“Abstain, Be Faithful, Condomise”) prevention messages which dominated official AIDS control programs in Botswana during the 1990s implied that infection and prevention are the responsibility of individuals, who ought to aspire to “self-sufficiency.” This message implies that if a person practices safe sex, he or she will avoid contracting fatal illness and thereby remain “self-sufficient.” The unintended corollary of these messages, 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. In some measure, the stress on individual responsibility reflects the substantial influence within Botswana AIDS policy of international Pentecostal churches, which appeal largely to middle-class Batswana and expatriates. Pentecostal leaders commonly dismiss members of Apostolic churches, such as Baitshepi, as sexually lax (Dijk 2006).

Efforts to foster self-determination on the part of HIV patients have been central as well to more critical approaches to health inequities. For example, pastoral therapist Christina Landman (2003:204) advocates caregiving efforts on behalf of HIV-positive victims of rape and marital infidelity in South Africa that “empower women to take ownership over their bodies and the safety thereof, and to voice themselves as moral agents.” I do not wish to argue against efforts to foster critical consciousness, but must note that the approach risks contributing to recrimination and stigma insofar as it posits distinctions between the saved (those who speak and act in ways that maintain the health of their own and others’ bodies) and the unsaved or not-yet-saved (those who refuse or are unable to do so). For instance, Landman writes of a divorced client who had been infected with HIV by her husband during her marriage. This woman had “refrained from making his and her HIV-status known because she was afraid that people would say that she was trying to ruin her husband’s new relationships,” but Landman appears to have successfully advised her to do so “to protect other women against him. [The client] simultaneously used the opportunity to voice herself as a moral person who cared for women who might become victims of her ex-husband’s immoral behaviour. By reporting him, she revealed herself as a moral agent, who incidentally was also HIV-positive” (2003:205). This approach focuses on transforming victims into agents by encouraging them to put their pain into certain kinds of words—an outcome construed as an end in itself as

a form of “empowerment.” It is unclear to me, however, that this kind of moral one-upmanship helps diminish the stigma of HIV infection, a stigma with important epidemiological consequences. As Asad observes (1996:272), “The doctrine of action has become essential to our recognition of other people’s humanity.”

“Promiscuity” as Faulty Caregiving

To understand Batshepi members’ approaches to care in the context of AIDS, it is necessary to grasp how popular concerns about sexual pathologies in Botswana reflect anxieties about the qualities of caring relationships between spouses and across generations. As Julie Livingston notes (2005), Batswana have long attributed diseases of inequality, as well as perceived failures of nursing care and other domestic caregiving, to so-called “promiscuous” behavior, especially on the part of women. During the decades immediately after World War II, there was increasing popular concern about the debilitating conditions of *thibamo* and *mopakwane*, identified by Tswana diviners as arising from the improper timing of sexual intercourse. Such diseases appeared to be affecting growing numbers of Batswana as migrants returned from the South African mines wasted and coughing blood, and as more children seemed to suffer from disfiguring impairments. The result was “an increased pathologization of the womb” (2005:145) in the popular imagination, along lines comparable to anxieties about fertility and reproduction elicited by colonial transformations elsewhere in Africa (Feldman-Savelsberg 1999; Hunt 1999; Thomas 2003). *Thibamo*, sometimes identified with tuberculosis, is said to cause bloody cough and weight loss, especially in adult men; its first sign occurs when an infant is born in an abnormal position, for instance face up; a man can contract it by sleeping with a woman who has had a recent miscarriage, and may infect his wife or child with it 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 contact with one another or with outsiders during the period of postpartum confinement; the “hot blood” produced by this improper sexual intercourse then infects the child through the mother’s breast milk (2005:173).

Both men and women continue to hold women primarily responsible for diseases arising from such improper timing of sexual activity, and often for the consequences of male sexual aggressiveness. Men are said to need to engage in frequent sexual intercourse so as to maintain their able-bodiedness (Livingston 2005:175)—*boitekanelo*. For women who have had to nurse debilitated spouses and children, in contrast, *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 care for

spouses and offspring through nursing, childrearing, and other domestic labor. In attributing a child's *mopakwane* debility to his mother's "promiscuity," people often comment on two forms of perceived self-indulgence on her part: lack of respectful comportment (*maitseo*) in sexual matters, and carelessness in looking after children for whose welfare she bears primary responsibility. Much the same is true of talk about "promiscuity" in the context of AIDS.

The association between "promiscuity" and faulty caregiving helps explain why MmaMaipelo was never comfortable preaching about AIDS, in spite of the fact that she was excessively pained by the deaths of numerous church members, kin, and neighbors in Old Naledi from the mid-1990s until her own death in 2006. During this period, Baitshepi members often made efforts to be as ambiguous as possible about the nature and probable outcomes of one another's serious illnesses. In so doing, they avoided suggestions that sick people may have been "promiscuous" and stressed instead how MmaMaipelo had given love to them as a spiritual mother through her nursing care and prayers.

The Memory Work of Care

A particular set of incidents made me recognize how centrally caregiving relationships were at stake in speech and silence about AIDS. In early 1997, MmaMaipelo was helping nurse Tebogo, an unrelated young woman church member who had been suffering from diarrhea, weight loss, inflamed lymph nodes, and genital sores. Tebogo had joined the church a few years previously, upon coming to Gaborone from her home village to look for work. Over the course of several months, while she had been too ill to work, church members, together with her mother and a paternal aunt, bought her food, cooked for her, washed her clothes, helped her bathe, spent time talking, plastered the walls of her room so she would be warm at night, and helped her to the hospital when she was unable to sleep or needed rehydration. In addition, the church elder in whose compound she was staying did not ask for rental payments while she was sick.

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 general, 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. 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 this instance, Tebogo had not wanted

me to dwell upon her suffering, as she imagined I would each time I listened to her voice on tape.

While I do not know how Tebogo might have acquired HIV, I have reason to suspect that many church members were having sex with one another. A young woman who became disaffected from Baitshapi told me she had been a go-between arranging liaisons between male pastors and young women. Some church members might have conceived of these liaisons and the relations of material provision they entailed as forms of love, but there is no question that a power dynamic was involved in these encounters, and that one consequence of not “remembering” or “thinking about” the source of Tebogo’s disease was to leave the subject of these liaisons unbroached. MmaMaipelo dropped a few hints to me that she was aware of sexual relationships among church members, but did not want to accuse anyone for fear of driving them out of the church. I return to this issue in my conclusion.

Throughout this period, Baitshapi members stressed that Tebogo’s faith in God had 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 avoided discussing the nature of her illness. They spoke of MmaMaipelo’s nurturing power as a spiritual mother, not about Tebogo’s pathological womb. By contrast, church leaders told me in explicit terms about what they called the “spiritual illness” of another young woman named Onalenna, who would sometimes be “entered by the spirit” and dash out of the church. Baitshapi leaders disapproved of this particular kind of spirit possession and told me that it had been caused by Onalenna’s proclivity to “remember” or “think too much” about her problems with her boyfriend. MmaMaipelo went so far as to tell 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. It was the nature of the caregiving relationship itself that was at issue: styles of speaking about illness—especially debilitating and fatal sexually transmitted illnesses—are ways of reflecting on the qualities of caring relationships.

The funeral vigil held for Tebogo at her home village in the Central District of Botswana was another occasion at which caring relationships demanded particular kinds of speech. At these vigils, leaders of multiple churches preside over gatherings of people with diverse relationships to the deceased—some of them church members, some not—who sing hymns and speak aloud animated words of consolation (*kgomotso*). The stated purpose of these vigils is to console women of the deceased’s bilateral kindred, who remain all night at an adjacent house, lying next to the coffin in a posture reminiscent of death. These women are said to have been the deceased’s caregivers, and to be in particular need of consolation so they may nurse other sick people in the future (Green 2003). Another purpose of consolation is to

counteract any resentment or self-pity survivors might be feeling by insisting to them that the spirit of the deceased has not died, but has eternal life.

An improvised speech at the vigil given by a young woman named Rosina, a Baitshepi member who had been a close friend of Tebogo but was otherwise unrelated to her, shows how intersubjective aspects of care are valued in this discourse. Taking her turn to preach along with other friends of Tebogo, Rosina spoke “in the spirit” (*mo moweng*), very forcefully, and with a great deal of passion, with breaths coming from deep within. The upbeat hymns and the passionate preaching made the tone of the vigil not at all mournful, but celebratory of Tebogo’s faith. In her preaching at the vigil, Rosina repeatedly quoted songs from the popular Sesotho hymnbook *Lifela tsa Sione* (Songs of Zion), 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, as well as the singing of the group, as if they were the words of Tebogo. One of these hymns, “Do not bypass me, beloved one” (*Se mphete wena yo o retelang*), had been Tebogo’s personal hymn.

The Baitshepi youth leader, who has composed more than fifty songs for the church, related the purpose of personal hymns to me as follows: “This is the hymn which a person sings in order to enter into a covenant with God, and to be received by others. When we’re in church, we each pray for something different. You may ask for work, someone else for marriage, and so forth. But when we join in a person’s song we all ask together with that person.” That is, singing a person’s hymn makes other members of the congregation aware of his or her experiences and needs, and joins them in the act of asking God. A personal hymn is a praise-name that names a person in relation to God and to the church community, rather than to his or her ancestors. In keeping with the intersubjective emphasis of this religious discourse, the melodies of these songs remind listeners of the singer’s character, and of their own experiences with him or her.

Rosina began with her own personal hymn, which she always sang in church to give her strength to preach. She then immediately framed what she was going to say as an act of “remembering”: “I want to remember the person of God.” Over the course of her preaching, she remarked repeatedly that she was “remembering” or “thinking about” (*go gopola*) how Tebogo had expressed faith in the promise of 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 insisted that they would not “give up” (*go itlhoboga*) 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”

and console themselves. Indeed, Baitshepi leaders come close to speaking of the realization and acceptance of imminent death as a precondition for salvation, even as they insist that a sick person who has not reached such a point should refuse to “give up” on the power of God to bring about recovery. A dying person ought to show that he or she is passing away without the resentment associated with ancestral wrath (*dikgaba*) by “leaving instructions” (*go laela*) to caregivers telling them that they must continue to love one another.

Rosina stressed five points in her preaching, all centering on how Tebogo’s faith as a member of Baitshepi had created love between herself and other church members during her sickness. I outline these points schematically in the approximate order in which Rosina raised them, in English translation from the Setswana. First, Rosina emphasized that Tebogo had said farewell by singing hymns, showing her recognition that death was near:

I desire to speak of the soldier
who always used to say,
“Truly I love it,
that beautiful country,
I long for it,
thinking of it.”
She said, “Farewell I am leaving,
I am going to that country,
Jesus is calling me,
preparing a time for me,
a time to rest.” [*Lifela tsa Sione* 363]

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:

I remember the soldier of God,
who once put on the uniform of a soldier:
that is Tebogo,
living like a soldier,
being in the promise.

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. Rosina stated repeatedly that the act of 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. The attitude was one not of passive acquiescence, but of active positioning in relation to God as a giver to whom she owed obedience.

This woman of God would say at times,
“Father, that which you have lent me,
it is all right; I have returned it,”
since it was just a loan on this earth,
I have been lent to, and now I am bringing back.
This person of God, speaking to her God—
pardon! Jesus’s pardon!—
this person of God speaking to her God would say “Father, you
have lent me one day;
I will return it to you.”

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. This imagery resonated with Tebogo’s decision to place herself in a church compound to be nursed during her illness, and was not intended to make listeners think about decisions she might have made about sexual relationships.

Here when I see Baitshepi,
when I think of the beautiful children,
I mean I remember the young woman of God,
who has gone on the Lord’s road,
which she chose for herself.

Finally, Rosina ended by invoking the “angels” of Baitshepi—a reference both to the Holy Spirit and the bishop’s personal ancestors—and compared herself to Tebogo in that she too has spiritual parents, namely MmaMaipelo and her husband, RraMaipelo. A person who hears the words of Baitshepi 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.

This person of God is not an orphan or parentless,
going to the temple of Baitshepi.
It is she who has spiritual parents,
and I am now like her,
I say that I have spiritual parents, like her.
I say that I too should be like a soldier,
grasping onto Jesus alone,
I should never again look anywhere else.

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 (balls of deep-fried dough) immediately afterward danced among the chairs while the congregation continued to sing.

The intended effect of speech and song at vigils is to make listeners feel consoled, and I must say that it worked on me in this instance. The experience of hearing the impassioned preaching all night was so exhilarating that it came as something of a shock to me the next morning to witness my friend's body being lowered into the ground. It was also a jarring experience, in the morning before the burial, to hear the speeches of some of Tebogo's own relatives, who spoke quite somberly, expressing sentiments of loss and blame. Her grandfather announced that Tebogo had died of a sexually transmitted disease (*bolwetsi jwa dikobo*) and alleged that when she would come back to her home village (where the funeral was being held), she would get better, but that when she returned to the city, she would get 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, the grandfather walked away from the Baitshepi members who were gathered around the coffin, and had little to do with them afterward. Such tensions continued to make themselves felt, as an elder of the village publicly asked the church members to leave before making the formal announcement of the cause of death. During the meal that followed, the church members sat apart from the villagers, and rather than remaining to talk afterwards, they quickly departed back to Gaborone as they had arrived the previous night, in a group.

When I related to other residents of Old Naledi the grandfather's remark that Tebogo's condition had worsened in the city, they suggested that he was holding church leaders responsible for not caring for Tebogo properly, and may have been hinting that they had bewitched her. Yet in more general terms, tensions at Tebogo's funeral involved competing claims as to whose child she was: on the one hand, church members stressed that Baitshepi 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 Baitshepi had bewitched Tebogo amounted to a claim that 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 enthusiasm, bordering on joy, which Baitshepi members had shown during the vigil.

Clearly, there is a complex politics of sentiment involved in funerals in Botswana (Durham and Klaits 2002). Here I wish to stress that the kinds of truth-telling involved in either celebrating the faith of the deceased or implicitly accusing caregivers of neglect or worse have a common stake: working out the qualities of caregiving relationships by bringing one's words to bear on the intents and well-being of other people.

Conclusion

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 [in Botswana] and thus to shape impressions of biomedicine and choices in health-seeking behavior." In addition to the bodily suffering they have caused, AIDS and other afflictions of inequality have been experienced as crises of caregiving. Familial obligations to provide for the sick and disabled have become increasingly burdensome as resources have dwindled and wage earners have passed away. Sickness and debility are apt to make people feel that others' actions and sentiments are hurtful, and to stimulate feelings of disgust and avoidance (Livingston 2008; Niehaus 2007). Such outcomes indicate the negative potential involved in reciprocities of care for and by the dying; yet people who are ill may feel gratitude for the help their caregivers have provided them, and may make efforts to put their gratitude into words. In general, there is widespread perception of both the difficulty and the necessity of perpetuating relationships of care at a time of large-scale sickness and death, even as the moral grounds of who should receive care from whom and in what forms are deeply contested.

Experiences of AIDS as a crisis in caregiving are clearly not confined to Botswana. Whyte et al. (2006) point out that some Ugandans infected with HIV have committed suicide, rather than burden their families with the recurrent expenses of purchasing antiretroviral medications on their behalf. Such findings make clear that it is important to provide necessary medications free of charge to those who can least afford them, not only so as to prolong the lives of individuals, but to enhance patients' capacities to care for others. Indeed, the official treatment programs in Botswana that have provided ARV medications to adults free of charge since 2002 have engaged with popular caregiving imperatives, albeit in partial and contested fashions, and thereby reshaped the significance of speech about HIV infection (Klaits, in press).

The concerted efforts that Baitshhepi members make to put sentiments of love into words demonstrate the misguided nature of efforts to cast AIDS prevention as a matter of individual responsibility, rather than in terms of enhancing people's caregiving capacities. It might be easy for an uninvolved observer to conclude that MmaMaipelo's approach to AIDS amounted to a form of complicity or moral cowardice: she resisted preaching about AIDS

or promiscuity, and as far as I know took no steps to discourage men in her church from inducing women to have sex with them; she was not considering how her approach might have to change so as to help prevent people from dying. Yet if she were forced to make a choice between, on the one hand, identifying particular persons' illnesses as sexually transmitted and exposing their sexual behavior to public scrutiny, and on the other hand, "giving love" as a spiritual mother to church members, she would always have chosen the latter. The discourse of "self-sufficiency" prevailing in official public health and other social welfare efforts played an important role in compelling her to make such a choice. To reframe this point: from the standpoint of AIDS-prevention efforts, it is essential to enable people to feel that if they learn and disclose their HIV-positive status, they will continue to be cared for, and will be able to extend care to others properly. The absence of such possibilities for proper care has all too often contributed to expressions of blame, recrimination, and stigma.

Many forms of linguistic ethos inspired by Protestantism are geared to fostering convictions of self-determination, but the memory work of Baitshepi members reflects a different set of presumptions about the importance of speech about God during crises of caregiving. Styles of religious discourse informed by the popular Tswana linguistic ethos of "The word does not return, only the finger does" cause believers to reflect on how spoken words help constitute their relationships with other people. In particular, funerals demand that members of multiple churches, whatever their orientations, participate in a public space where they must attend to the intersubjective consequences of spoken words. By bringing their words to bear on others' sentiments, the work that members of Christian denominations undertake in managing bereavement in Botswana has the effect of contesting the grounds of official policies stressing "self-sufficiency," and often of insisting that death should not be taken as a sign of personal failure.

ACKNOWLEDGMENTS

The research on which this paper was based was funded by grants from the Joint Committee on Africa of the Social Science Research Council and the American Council of Learned Societies, with funds provided by the Rockefeller Foundation; and from the Andrew W. Mellon Foundation. Portions of this article originally appeared in Klaitz 1998. The author thanks Ruth Prince, Rijk van Dijk, and anonymous reviewers for *Africa Today* for their perceptive comments, as well as all the participants in the Symposium of the International Network on Religion and AIDS in Africa, held at Copenhagen, 28–29 April 2008, and the Symposium on the Social Coordinates of Illness in Postcolonial Africa, held at Duke University, 4 October 2008.

NOTE

1. This survey was carried out among approximately 25 compounds located in Old Naledi. The survey documented the names and ages of residents, their marital status, living arrangements in particular yards, sources of income, payment of school expenses, church affiliations, memberships in burial societies, and experiences with illness and death.

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