

Faith in the time of AIDS

Religion, biopolitics, and modernity in South Africa

Reviewed by Jessica Hardin

Marian Burchardt. *Faith in the Time of AIDS: Religion, Biopolitics, and Modernity in South Africa*. Palgrave MacMillan, 2015. Hardcover, 228 pp., \$84.99 USD. ISBN 978-1-137-47777-4

Cultural sociologist Marian Burchardt's *Faith in the Time of Aids: Religion, Biopolitics, and Modernity in South Africa* is a critical account of Christian AIDS activism in South Africa with special attention to faith-based organizations. In it, the author demonstrates how AIDS activism has been shaped by both Christian ideologies and development norms. He draws attention to what is now taken for granted in South Africa: AIDS should be within the purview of Christian activism. In turn, he focuses on the two-way relationship between AIDS and Christianity in terms of knowledge, practice, and identity. He writes: "The book takes a broad sociological perspective to look both ways with an eye on religion: it explores what responses to AIDS tell us about religion but it also takes religion as a prism to understand responses to AIDS" (p. 14).

Based in Khayelitsha, a district in South Africa with one of the highest rates of AIDS, the book follows the many ways that this district has also become the center of AIDS activism. South African activism is famed worldwide, but Burchardt notes, AIDS activism has been less celebrated. This activism concerns everything from the provision of health care and antiretroviral drugs, for example, to the establishment of support groups and education campaigns. The book, which is part of Palgrave's Non-Governmental Public Action series,

then aims to bring faith-based activism into conversation with broader critical accounts of nongovernmental organizations (NGOs) and theories of governmentality. At its center, though, the book is about the multiple and sometimes contradictory ways that religion, AIDS, and activism become entwined. Taking a theoretical frame from Foucault, Burchardt shows how multiple ‘historical modes of governmentality’ (p. 7) intersect; that is, it details how the state’s interests in the bodies and health of citizens become expressions of Christian concern, by way of interest in the health of the spirit and the Christian community. The book moves from describing a dense cultural, social, and historical context – including a reflection on racial politics in South Africa – to how Christian organizations maneuver at the programmatic level to make sexuality a public concern, and it ends with stories in which the voices of those narrating shine.

The book makes clear that being HIV positive is not only a ‘medical diagnosis indicating physiological status’ but also ‘a social diagnosis indicating social status’ (p. 139). Recounting the story of Palesa, Burchardt explores how tropes of acceptance encouraged by AIDS NGOs, like the Treatment Action Campaign, help those with a medical diagnosis to convert that status into narratives of becoming successful. Public action around AIDS has come to center on stories of individuals successfully overcoming the disease and, for women in particular, of delivering HIV negative babies. By embracing activist norms – accepting stigma, seeking antiretroviral treatment (when available), and sharing stories of success – those with a medical diagnosis are empowered to see their diagnosis as a social status with certain responsibilities and potential opportunities. These narrative tropes not only help to craft an activist subjectivity, they also help people create narratives of the future and ‘a way forward’ (p. 139).

Just as AIDS activism has provided discursive tools for narrating a life changed by AIDS, Christian AIDS activism has also provided narrative tropes from which to shape one’s new identity. Burchardt calls this ‘biographical becoming’ (p. 126). Narrative here is performative, showing how engagements with biomedicine shape notions of salvation, thereby creating a therapeutic habitus (p. 127). One of the primary ways that those living with AIDS reshape their identities is by crafting a break from the past. By taking an analytic approach to rupture, Burchardt shows how conversion enables people to reshape their relationships in ways that have helped them manage their new diagnosis. For example, women shifted their concerns with men to concerns with Jesus. This led some to continue antiretroviral therapy, while leading others to seek only spiritual healing. These nuanced life stories raise questions about the factors leading these women to make such different choices after conversion.

Beyond focusing on individuals and their biographies, the book explores how development projects shape how community needs are articulated. The emergence of ‘the HIV-positive

religious AIDS activist' (p. 64) is a function of the developmental pathways that encourage churches and faith-based organizations to function as patrons or intermediaries that mediate relations between benefactors – aid agencies – and their constituencies, congregations, and volunteers (p. 59). While funding agencies assume that churches and faith-based organizations have a clear understanding of community needs, Burchardt finds that they instead tailor needs to fit funding opportunities (p. 60). One program, for example, worked with a drama group to target local youth to deliver prevention messages. The program achieved the funding goals of distributing prevention messages, while also functioning as a job-creation program. Projects ranging from soup kitchens, poultry farms, and piggeries to clinics, testing facilities, and support groups were all classified as HIV/AIDS projects. What remains unsaid is the rationale through which funding piggeries, an example offered to the Euro-American reader as unrelated to health, let alone AIDS, is for people in South Africa a logical move.

The book is strongest when it highlights the synergies and disjunctures between Christianity and biomedical approaches to HIV/AIDS. The focus on a radical break with the past is a narrative structure shared by evangelical Christians and a common trope in illness narratives, something Christianity scholar Joel Robbins (2004) and medical anthropologist Arthur Kleinman (1988) have explored at length. Burchardt provides examples of AIDS narratives about the slow identity transformation that takes place when someone comes to live with a newly diagnosed disease. What is striking is that these narrative forms follow much of the same norms as evangelical conversion narratives: overcoming hardship through self-transformation in highly emotional terms (see also Hardin 2017). Conversion and public disclosure within support groups become twinned rites of passage to community belonging.

The book is a theoretically blended account of the rise of faith-based organizations and the religious AIDS activist. Its innovation is in pausing to question how AIDS became a religious, and specifically Christian, concern. Burchardt achieves this by drawing on numerous conceptual tools, including biopolitics, governmentality, language ideologies, modernity, and neoliberalism. His summative theoretical contribution is the strongest, which focuses on articulating what is Christian about modernity in South Africa, where discourses and practices that make the individual an autonomous subject are synonymous with being modern. Even more, these technologies of the self are Christian in their focus on personal autonomy, as well as on individual intimacy with God and independence.

About the author

Jessica Hardin is Assistant Professor at Pacific University. She is a medical anthropologist who works in the Samoan islands on everyday intersections of chronic illness experiences

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