The new volume edited by Hansjörg Dilger and Ute Luig has brought together many top anthropologists working on AIDS in sub-Saharan Africa, with the intent of showing that AIDS must be written about by more than just those researchers who “do” health and disease. They argue in the introduction that AIDS is an under-researched topic—which is a bit hard to believe—although they do make a good case for it being an incompletely researched one. The book is an assembly of papers that were originally written for a symposium on “AIDS and the Moral Order.”

The introduction provides a good overview of the book’s chapters but does little to outline either the wider anthropological literature or the connections to social science research. The editors do lay out three main themes that characterize “the broader anthropological study of AIDS in Africa.” Those themes are: a bridging of the global and the local in regards to AIDS research; studying AIDS through an ethnographic lens; and focusing on the social realities and transformations caused by the disease. Each of these ideas are addressed in the individual chapters. A useful addition to the introduction would have been a few lines explaining the title. Unfortunately nowhere in the book are these key terms—morality, hope, grief—defined or unpacked. Although individual essays do address these themes, this book is not the place to look for an in-depth discussion of what morality, hope, and grief are; different interpretations of these concepts across space or time; or even an overview of past research on these topics.

The editors present agreeable, if not earthshaking, arguments and conclusions. In the introduction they write, “individual and collective experiences and actions in the context of HIV/AIDS are best described through the presentation of extended ethnographic case studies and the ‘thick description’ of a specific locality” (p. 7). This reads less like an argument than as a statement of method, especially considering the likely audience of fellow anthropologists. They also argue that more scholars must integrate AIDS into their research agendas in the same ways they have integrated discourses of modernity and globalization. They conclude that AIDS affects economies, kinship relations, religion, ideas around healing, life, and death, and “the organization of social, cultural and political life in sub-Saharan Africa in general” (p. 3). It seems a conclusion few would contest.

The book’s fourteen chapters are divided into sections corresponding to three areas the editors claim have been under-researched. Section 1, “Giving Hope? Networks of Healing, Treatment and Care,” is meant to show how local and international practices and ideas about illness, in addition to the introduction of anti-retroviral drugs, have provided hope, but also have caused “moral and ethical conflicts in relation to illness, death and relationships of care” (p. 12). Section 2 is titled “Moralties at Stake” and focuses on how social and cultural developments have been affected by HIV. Section 3, “Experiences of Grief, Death and Pain,” examines how the disease has affected practices of burial and mourning in addition to reinforcing local ideas of what constitutes “healthy” and “diseased” bodies.

One of the best chapters is “Health Workers Entangled: Confidentiality and Certification” by Susan Whyte, Michael Whyte, and David Kyaddondo. Their contribution is full of ethnographic detail, based on recent fieldwork in eastern Uganda, and addresses a practical
and important problem related to AIDS in rural parts of Africa. The authors ask when—if ever—ignoring an ethical principle such as maintaining a patient’s confidentiality is the right thing to do. After observing a rural health clinic, they come to the provocative conclusion that care is often improved when workers were willing to bend or ignore rules of confidentiality. As they describe it, the care was often most effective “when rules are broken and when health workers do favours for people they know” (p. 96). The authors explain that the workers could be described as acting “unethically” by breaking confidentiality, they were also seeing their patients in a more holistic way—as persons with whom they have relations beyond the formalities of professional and client” (p. 96). The conclusion recognizes that ethical principles are often in conflict with each other, and that healthcare workers must make difficult decisions when trying to provide the best care for their patients.

An unusual contribution comes from Elizabeth Colson, whose chapter “The Social History of an Epidemic: HIV/AIDS in Gwembe Valley, Zambia, 1982-2004” is based on over fifty years of research in the region. She considers the Gwembe people to be “realistic pragmatists,” which she defines as trying to meet obligations when they can but know that on occasion they will fail and then must live with the knowledge of failure” (p. 129). She discusses some of the real ethical dilemmas raised around issues of food scarcity and HIV: how people felt an obligation to feed and care for the ill (even if the case was perceived as being hopeless), but that community members also had limited resources to draw upon. Thus, difficult decisions had to be made about “whom to help and how much to give” since Zambia was not a place where people could “afford infinite compassion” (p. 130).

Dilger’s chapter, “‘My Relatives Are Running Away from Me!’ Kinship and Care in the Wake of Structural Adjustment, Privatisation and HIV/AIDS in Tanzania,” claims that there is a gap in the anthropological research about the relationships of care, and aims to fill it by focusing on a family that lost multiple sons to AIDS. He argues that relationships of care “are embedded in a complex web of processes and meanings that tie kinship conflicts to the dynamics of rural-urban migration, the political economy of healthcare and the massive social and moral pressures that are exerted on individuals, lineages and whole communities by the HIV/AIDS epidemic in Tanzania” (p. 106). He also finds three broad findings about AIDS reaffirmed locally: that older women are typically caretakers, that the money spent for care of AIDS patients is often significantly less than that spent on the funeral, and that there is a close urban-rural mobility characterizing many AIDS cases.

Other contributors include Jean Comaroff with a chapter about AIDS and (bio)politics in South Africa previously published in Public Culture, and Adam Ashforth discussing spiritual insecurity and AIDS in South Africa. Graeme Reid wades into the literature about gossip and rumor to discuss the gay community in Cape Town, drawing upon both archival sources and fieldwork. Wenzel Geissler and Ruth Prince’s chapter focuses on western Kenya, and the role of touch in the practical matters of sickness and dying; it draws heavily upon their recently published book, The Land is Dying: Contingency, Creativity and Conflict in Western Kenya (2010, also by Berghahn).

Berghahn Books has been busy publishing a large number of new works in medical anthropology and African studies. This particular series, Epistemologies of Healing, is edited by David Parkin and Elisabeth Hsu, and has produced particularly interesting and valuable new scholarship. An unfortunate shortcoming of many of these books is the actual, physical, object. Not only are the hardbound books expensive ($85-$95), but they are also of poor quality and not particularly pleasant to look at. The paper is thin, the fonts large, and the cover of this particular book started peeling off and pages separating from the binding after being subjected to just a few weeks of East African tropical air.

Possibly the hardest thing for any edited volume to do is to be more than just the sum of its parts. There are many valuable contributions in this book, but at the end, this reader was left feeling indifferent, and wondering: why these essays, why this book? Anthropologists who work in these specific areas of Africa will find individual chapters useful. But beyond these associated researchers, it’s unclear who this book’s audience is.

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