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# Healing the Wounds of Modernity: Salvation, Community and Care in a Neo-Pentecostal Church in Dar Es Salaam, Tanzania<sup>1</sup>

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## **Abstract**

The responses of Christian religions to HIV/AIDS in Africa have been described either with regard to the stigmatising attitudes of churches, or with reference to the charitable acts of Christian organisations in the context of the epidemic. Drawing on fieldwork in a Neo-Pentecostal church in urban Tanzania, this article shows that the Full Gospel Bible Fellowship Church in Dar es Salaam is becoming highly attractive to its followers because of the social, spiritual and economic perspectives that it offers, and particularly because of the networks of healing and support that it has established under the circumstances of urbanisation, structural reform programmes and the AIDS epidemic. The author argues for a stronger focus on practices of healing and community building in studies on Pentecostalism, which may shed light on the continuities as well as the ruptures that are produced by the rise of Neo-Pentecostalism in the context of globalisation, modernity and HIV/AIDS.

## **Keywords**

HIV/AIDS, healing, modernity, Pentecostalism, Tanzania

## **Introduction**

I met Anonymous<sup>2</sup> for the first time in December 1999, for an interview on the premises of the Full Gospel Bible Fellowship Church (FGBFC), one of the biggest Neo-Pentecostal churches in Tanzania. Anonymous was then 41 years old. Born in one of the southern regions, he had completed his advanced education and found employment with the national government in Dar es Salaam. He declined to tell me his name, obviously fearing to reveal too much personal information that might be used against him later, especially with regard to his

possible HIV-positive status. That Anonymous was very likely infected with the virus had been suggested by one of the church pastors, who was informed about my research on HIV/AIDS and social relationships and who actively supported my endeavours to carry out interviews with several members of the FGBFC.<sup>3</sup>

Anonymous joined the church in 1997, following a period of prolonged illness and shortly before his wife succumbed to tuberculosis and related infections. After the death of his wife—who came from the same region as he did and whom he had married in 1989—he did not remarry, but lived with his only daughter and some of his younger siblings who depended largely on their elder brother's income. During this period he also became more actively involved in the activities of the FGBFC, and in 1999 was selected to become a section leader. In this function, Anonymous acted as a mediator between ordinary church members and the leadership, and was responsible for advising church followers about all kinds of problems they faced with regard to salvation. He also became an assistant to one of the church pastors and helped him in the performance of his weekly healing prayers, especially when the pastor cast out evil spirits from the bodies of believers, who then started to shake and cry, and sometimes collapsed.

Throughout our interview Anonymous emphasised that it was only through his membership in the FGBFC that he had found peace in his life and felt prepared for the possibility that he might be infected with HIV.<sup>4</sup> Recalling the circumstances of his wife's death, he claimed that by entering the state of salvation he had surrendered all decisions about his life into Jesus' hands, and that his future life-course depended exclusively on God's power and benevolence. When I asked him what he would do if he tested positive for HIV, he quoted the parable of Lazarus (John 11: 1-44) and said:

It wouldn't be a problem for me because I am saved (Sw: *nimeokoka*). Through my salvation I have obtained one thing: there will be a day on which I die, and this day lies in the hands of God. I read in the Bible that Lazarus resurrected from death. Thus, even if somebody tells me that I am HIV-infected, I will accept that (*nitakubali*).... Over the last year I made use of [biomedical] medications only once. I am living solely because of my prayers and through my belief. If I feel sick, I start praying and then I get well again.

In this article, I show that Anonymous's story and experiences do not present an isolated case in the histories of Neo-Pentecostalism and HIV/AIDS in Tanzania. Rather, they are part of the wider texture of social and religious practices and ideas through which Neo-Pentecostalism gives meaning and orientation to the views and actions of its followers in the time of AIDS. By drawing on my fieldwork in the FGBFC in Dar es Salaam, I describe how this church has established a 'nodal point' of spiritual, social and moral guidance through which

its saved members, who are often working and trading migrants from the rural areas, are integrated into a community of believers that is inextricably linked to processes of rural-urban migration, the increasing disintegration of kinship bonds and the HIV/AIDS epidemic in Tanzania. I argue that in this latter regard the history of the FGBFC—and the attraction that it exerts on its fast-increasing number of followers—has become part of the rapid expansion of the Neo-Pentecostal movement in Africa in the context of modernity, globalisation and HIV/AIDS.

In the following I first give an overview of the literature on Neo-Pentecostalism and HIV/AIDS in Africa and show how the growing attraction of the FGBFC is linked to the way in which Neo-Pentecostalism is encountering the ruptures—as well as the opportunities and challenges—its members associate with globalisation, modernity and AIDS. Building on studies from other African countries (Marshall 1993; Meyer 1998a, 1998b; Maxwell 1998; Corten and Marshall-Fratani 2001; Gifford 2004), I demonstrate that the church is becoming highly attractive because of the social, spiritual and economic perspectives that it offers to its followers, and particularly because of the networks of healing and care that it has established under the circumstances of urbanisation, unequal gender relations and the AIDS epidemic.

After describing how the church's ideology of salvation has tied concepts of suffering and healing to a universalistic paradigm of the devil as well as to images of spirits and evil forces rooted in possession cults of Tanzania, I show how, in the case of AIDS, such perceptions are further mixed with disease concepts that are adopted from biomedicine and public health campaigns. This mixing of different epistemologies of suffering and healing, I argue, is not coincidental, but rather consciously employed by church leaders and church followers who allow room not only for speculation and uncertainty, but also for the hope of being healed from lethal diseases such as cancer or AIDS (cf. Whyte 1997).

In the final section I demonstrate that the FGBFC has established a tightly knit community of social and spiritual solidarity that is providing support for church members in times of need and crisis. While the church can thus be seen to function as a community of solidarity particularly for younger and middle-aged women who are most vulnerable to the erosion of kinship networks and the growing hardships of urban life, it will also become evident that the 'exclusive' community of the FGBFC gives rise to even more social conflict and, at times, to the disruption of social and familial relationships in the context of modernity and HIV/AIDS in Tanzania.

## Healing the wounds of modernity: globalisation, HIV/AIDS and the rise of Neo-Pentecostalism in Tanzania

In recent years the rise of Neo-Pentecostalism in Africa<sup>5</sup> has been linked to the role that the movement plays in its followers' attempts to deal with the social, economic, and spiritual drawbacks of globalisation and modernity (e.g., Meyer 1998, Marshall-Fratani 1998, Maxwell 1998, Gifford 2004). Neo-Pentecostal churches not only offer moral and spiritual explanations on how modernity and globalisation, which are filtered through the growing integration of African communities into the global market economy, and the introduction of structural adjustment programmes that have often increased social inequalities, have affected the lives of individuals and groups. The movement also provides a pathway along which its followers act upon situations that are increasingly shaped by feelings of powerlessness and frustration: with its gospel of wealth and health, and the promise that one must 'only' follow the teachings of God and the Bible, Neo-Pentecostalism opens an—often only imaginary—escape from socio-economic hardships and exerts an immense attraction particularly in those parts of the world where the inequalities associated with globalisation are felt most strongly.

While several authors have hinted about the way in which Neo-Pentecostalism helps its followers to 'inscribe [themselves] anew in the context of a global modernity' (Corten and Marshall-Fratani 2001: 3), they have paid less attention to the healing prayers performed by these churches. In an article on Ghana, Birgit Meyer has argued that experiences of illness and suffering are indeed the primary incentive for individuals to convert to a Pentecostal church. However, she warns that continuing membership in a Pentecostal congregation could not be explained through the healing prayers of these churches, which are normally carried out through the individual and/or collective laying on of hands. According to Meyer, the main attraction of Neo-Pentecostalism is that people find a perspective in this movement 'from which they can grasp the changing world and act *both* upon the negative consequences *and* the attractive forces of modernity' (Meyer 1998a: 51 f., translation and emphasis: HD).

In the following, I argue that the distinction that has been made between the attraction of healing prayers on the one hand and other activities of Neo-Pentecostal churches on the other (cf., Gifford 2004: 81; Corten and Marshall-Fratani 2001: 3 f., 10) has to be modified for the case of the FGBFC. In Tanzania, illness and bodily suffering are often part and parcel of the 'dis-ease' (German: *Unbehagen*) brought upon by the effects of modernity and globalisation on the regional, as well as on the individual level. How strongly perceptions of illness and suffering are indeed rooted in the effects that globalisation and modernity

are understood to have on local life-worlds becomes most explicit with regard to the way HIV/AIDS—‘the modern disease’ (*ugonjwa huu wa kisasa*)—is being discussed among communities in urban and rural Tanzania.<sup>6</sup>

In Tanzania, where at the end of 2003 8.8% of the adult population was infected with HIV (UNAIDS 2004: 191), the presence of the disease is debated essentially with regard to the advantages as well as the disadvantages that ‘modern lifestyles’ are understood to have brought over the last two to three decades. While the structural reforms, introduced in the mid-1980s under President Ali Hassan Mwinyi and continued under the rule of Benjamin Mkapa between 1995 and 2005, had evoked strong hopes among the population of improvements of their social and economic living conditions, it soon turned out that the ‘blessings of neo-liberalism’ were distributed very unevenly. It is impossible to delve here into the effects that structural adjustment policies (SAP) have had on urban and rural populations. However, it can be stated that, while the SAPs were conceived originally as instruments for poverty alleviation, they have led to a rise of living costs in Tanzania and an increasing impoverishment of rural areas, thus reinforcing migration to urban centres. They also triggered a decrease of formal employment opportunities in the urban centres—mostly occupied by men—and a stagnation of salaries, and thereby increased the pressure on women to engage in income-generating activities (cf. Tripp 1997: 30–59).

In the light of HIV/AIDS, the growing involvement of women in business and trade activities has led, according to my informants, to a growing emphasis on economic transactions in sexual relationships, as well as an increased blurring of gender and generational hierarchies, and a concurring ‘loss of respect’ between the sexes and generations. A morally conservative discourse on sexuality and gender relations has evolved that encourages submissiveness and decency in the sexuality of women and emphasises the importance of trust and moral integrity for the selection of sexual partners. On a more general level, the spread of HIV/AIDS has been linked to the growing mobility of both men and women, as well as to their individualised aspirations for material success and social progress that are said to oppose kinship-based practices of reproduction and reciprocity and thus lead to a growing estrangement of migrating men and women from their families (cf. Dilger 1999, 2003).<sup>7</sup>

For want of anthropological or social science studies that explicitly analyse the interrelationship between the rise of Neo-Pentecostalism and the spread of HIV/AIDS in Eastern Africa, it is difficult to tell if the increase of HIV infection rates from the 1980s onwards—and the concurring conservative rhetoric on the ‘social and moral malcontents of modernity’—is causally related to the rise of Neo-Pentecostalism during the same period.<sup>8</sup> However, against the background of studies that focus either on the expansion of Pentecostalism or

HIV/AIDS it can be stated that the two phenomena are quite likely to be linked for essentially two reasons.

First, anthropologists and social scientists have given very similar explanations for both the spread of HIV/AIDS and the rise of the Neo-Pentecostal movement in Africa: as in the studies on Pentecostalism quoted above, AIDS researchers have ascribed the high infection rates in sub-Saharan Africa to growing socio-economic insecurities in the context of globalisation, as well as to the structural adjustment policies introduced from the 1980s onwards, and the subsequent increase in poverty and the growing sexual and economic vulnerability of women (cf., Barnett and Whiteside 2001, Schoepf 2001).

Secondly, the rapid growth of the Neo-Pentecostal movement in urban Tanzania strikingly reflects, and at the same time reinforces, the ambiguities expressed, from an emic perspective, by the 'lures' as well as the 'malcontents' of modernity. In the setting of Dar es Salaam, the FGBFC works in two contradictory yet complementary directions that give room to the 'discomfort' as well as the 'attractions' associated with these various aspects of modernity (Meyer 1998a: 51f.). On the one hand, the FGBFC's gospel of prosperity and health matches the church followers' desire to lead an increasingly individualised life defined by aspirations for material wealth and the detachment from traditions and kinship networks, which are (ideally) replaced by the integration of the saved members into a global community of believers. On the other hand, the spiritual and social activities of the FGBFC are aimed at integrating those (who may also be part of the first group) who ascribe an increase in suffering and afflictions in contemporary Tanzania to the immorality and anti-sociality of individualised lifestyles that have come about through urbanisation and modernity. In this regard the FGBFC plays an important role in providing morally acceptable responses to the manifold tensions and ruptures that are understood—from its followers' point of view—as the shady sides of globalisation and modernity and that, according to them, have become the driving force behind the HIV/AIDS epidemic.

In the following I will show that the FGBFC counters and mediates the various ruptures, desires and needs triggered by modernity particularly through its ideology of salvation, as well as through its networks of healing and support. At the same time, I argue that while the FGBFC followers may feel that some of the ruptures of modernity are being 'healed' by the community of the church, they are very much aware that the reconfiguration of their lives in the state of salvation may lead to growing ruptures in kinship networks and social relationships outside the protected community of the saved—and hence to even more social conflict and confusion in the context of modernity, globalisation and HIV/AIDS.

## Becoming 'saved' in the FGBFC

The FGBFC was founded by Zachary Kakobe, now in his early 50s, who, after finishing college in Southern Tanzania, played as a musician in a local orchestra and, in addition to his work as a meteorologist, recorded dance music in his own studio. Kakobe, who is currently the Bishop of the church, received his calling in 1980 when Jesus appeared to him in person and told him to abandon his worldly profession and become a servant of God 'who will bring multitudes to the Lord worldwide'. It took eight more years, however, before Kakobe undertook his first crusade to Northern Tanzania and it was only in 1989 that he officially established the FGBFC in Dar es Salaam.

In the first years after the church's founding, Kakobe wrote several letters to different international Christian organisations, including the Billy Graham Evangelistic Association in the USA, asking for financial support for his enterprise. However, there were very few replies and—as he never tires of recalling—he 'never received a single cent' for his newly established congregation. Nevertheless, despite a lack of financial resources and without the support of powerful international donors, the FGBFC grew rapidly over the following years and in 2000 the church claimed more than 120,000 members nationwide and had established more than 500 regional and local sub-branches throughout the country.<sup>9</sup>

For the members of the FGBFC the church becomes particularly attractive because of its Gospel of Prosperity (*nenola uzima*) and, intimately related to it, the concepts of 'awakening' (*uamsho*) and 'salvation' (*uokovu*), all based on the FGBFC's apocalyptic world-view and the understanding that the contemporary world is tightly in the grip of Satan who is spreading immorality, corruption and suffering. The FGBFC's main concern is consequently to take up the fight against Satan and his diabolic henchmen and to save humanity not only on a local, but also on a global scale (cf. Meyer 1998b: 52). On the other hand, the Gospel of Prosperity and the ideology of salvation are based on the claim that while, everyone is born into a state of sin and is exposed to the immoralities of the world from early childhood, a person can be 'saved' from perdition by becoming aware of the ways Satan exerts control over a person's life. This moment of 'becoming aware' is called the awakening (*uamsho*) and it is not only the prerequisite for forgiveness for sins committed in a person's former life, but also the condition for becoming a member of the church and being baptised. Finally, the awakening is the prerequisite for entering the state of salvation and escaping the control of Satan by dedicating one's life to God by accepting and spreading the teachings of the Bible.

Once a church member has entered the state of salvation, there is no guarantee that he or she will be forever free from all kinds of affliction. Salvation is, as

Corten and Marshall-Fratani have argued, 'an ongoing existential project' (2001: 7), which requires engagement in church activities and healing prayers in order to ward off attacks by diabolic forces as well as a break with many of the obligations church members have towards their families and the abandonment of former (sinful) lifestyles such as consumption of alcohol or engagement in extramarital sexual relationships. It is only if these difficult conditions are fulfilled that the manifold promises of salvation begin to work in multiple directions. Thus, the gospel of health and wealth promises not only material success and progress for those living in poverty. Salvation also means the relief from all kinds of distress such as trouble at work or with the Tanzanian bureaucratic systems, as well as from diseases such as infertility, cancer, high blood pressure or AIDS.

Considering that the FGBFC promises relief from all kinds of affliction, it does not come as a surprise that the church attracts those groups of people who are most strongly affected by urbanisation and globalisation processes, and by the adverse impact of structural adjustment policies on social and economic life in urban Tanzania. It is striking to observe that most FGBFC members are young to middle-aged women who have migrated to Dar es Salaam in search of employment; others are small business entrepreneurs. To these women as well as to the male members of the church, most of whom have a similar social background, the FGBFC is appealing essentially because it offers hope and confidence in the context of urban life, which is experienced as anonymous and increasingly ambivalent. As Asonzeh Ukah has argued with regard to Lagos in Nigeria, Dar es Salaam has become in the eyes of its population 'host to an amazing array of opportunities for the generation of wealth and pleasure' as well as 'a theatre of unimaginable pain' characterised by 'aggressive and distrustful, often faceless crowds, rabid violence, crushing poverty, disease and unemployment.' (Ukah 2004: 417).

That there is legitimate hope of escape from urban chaos and poverty, and consequently a hope of healing from all kinds of afflictions and bodily suffering, is reflected, on the one hand, in the public testimonies of church followers who report on a regular basis that they have unexpectedly found a job or received a sum of money, that a woman who was diagnosed as infertile had suddenly become pregnant, or that a church member who was diagnosed with a fatal disease had been miraculously healed. On the other hand, the promises made by the prosperity gospel have become embodied in the person of Bishop Kakobe himself, who went from being a member of the lower middle class to being the successful leader of an economically prospering mega-church which, according to its website, has become 'one of the fastest growing churches in Eastern Africa.'

### 'Evil can come in many shapes': cosmologies of healing in the FGBFC

The first contact most church members have with the FGBFC are the healing prayers performed by the church individually as well as collectively, which generally involve exorcising evil forces through prayers and the laying on of hands. The individual healing sessions take place on weekdays, under the guidance of one of the church pastors, either in a section leader's house or in a room at the church's headquarters. Collective healing prayers take place at the headquarters during the Sunday service as well as on special healing days and are always guided by Bishop Kakobe himself.

While the success of the healing process is inevitably controlled by the mediation of the (mostly male) church leaders, the collective healing prayers carried out during the Sunday services provide evidence of how church members themselves are actively involved in warding off the attacks of diabolic forces. Under the guidance of Bishop Kakobe and accompanied by the music of the church band, thousands of men and women jump up from their wooden benches, shouting away the influences of Satan and clenching their fists against their enemies. Some church members start to cry or speak in tongues; others are overwhelmed by the powers of their enemies and break down screaming. They are then lifted up by two or three of the church security personnel and brought to the Bishop, who exorcises the evil powers by praying and the laying on of hands.

When I asked church leaders and members about the nature of the evil forces they are exposed to, it became evident that images of Satan and his demonic henchmen are in part rooted in the biblical scriptures and are similar to the idea of the devil as represented by the Judaeo-Christian tradition (cf. Gifford 1994: 255 f.). At the same time, however, the diabolic forces against which the saved FGBFC members are struggling in their everyday lives are associated with images of malevolent forces which Gifford (*ibid.*) defines as 'typically African' and which have their origin in Islam and the 'indigenous' religions of Tanzania. Thus, the saved church members can be plagued by curses (*laana*) that have been sent by mischievous relatives or by their respective ethnic groups. Other malevolent beings include witches (*mchawi*, pl. *wachawi*) and spirits who can cause all kinds of misfortune including marital problems, trouble at work, infertility and even AIDS.

In particular the images of spirits echo elaborate concepts of the *pepo*, *jini* or *shetani* as found on the Islamic Swahili coast and as described, for instance, in the works of Linda Giles (Giles 1999). Some *pepo* are represented by specific animals, cats, for example, and manifest themselves through a possessed person with hissing sounds and cat-like cries. Others are the spirits of ethnic groups or of malevolent ancestors struggling to gain control over their saved descendants and plague them with illness and affliction. Some are the *pepo* of strangers—often

men—who enter the dreams of women at night and want to have sex with them. Another important category consists of those *pepo* embodying a type of behaviour considered immoral, such as the spirit of adultery and fornication. Finally, there are the *pepo* who embody different types of disease, such as the spirit of epilepsy or of cancer.

What is common to all these *pepo* and *jini* is that they are all malevolent forces that have to be removed from the bodies of believers. Thus, while the spirit world of the FGBFC displays striking similarities with the spirit worlds of possession cults along the coast or in Southern Tanzania, the FGBFC differs from these cults in that it defines the *pepo* not as potentially life-enhancing beings that have to be integrated into the life-world of the afflicted individuals (cf., Erdtsieck 1997), but as generally destructive forces that have to be removed from the believers' bodies. Similarly, the spirits in the FGBFC are stripped of the complex ritual and social symbolism that characterises the appropriations of spirits on the Swahili coast and that is reflected in the elaborate ceremonies of possession cults which require careful attention with regard to the use of specific music, colour and offerings.<sup>10</sup>

The pain and suffering caused by evil forces are usually felt at that part of the body through which the *pepo* or *jini* have entered the person: if through the legs, this can lead to paralysis; if they have settled in the womb, a woman usually suffers from infertility. The main goal of the healing prayers is consequently to remove the *pepo* from those parts of the body they have 'closed' (*kufunga*) and to 'open' them again for their normal functions (*kufungua*). These descriptions of the healing process again echo understandings of illness and healing in other parts of eastern and central Africa: by establishing a relationship between the application of external remedies (the laying on of hands) and the obstruction of passages inside the body, the metaphors of 'opening' and 'closing' are mediating the healing process and the removal of the polluting force which has caused the obstruction of a bodily passage and bodily functions (Janzen 1978: 189). In the FGBFC it is consequently very common that at the Sunday services Bishop Kakobe calls on the church members to lay their hands on those parts of the body where they feel their pain and thus to initiate the healing process.

### **'God can do the impossible': the healing of AIDS**

In comparison with other types of affliction, AIDS is exceptional in that it is perceived as a biblical disease sent by God himself as punishment for human-kind's sinful and immoral behaviour. The logical consequence is that AIDS can also only be healed through God, i.e., control over the success of the healing

prayers is explicitly removed from the hands of the church leaders and from human beings in general. How strongly this latter aspect characterises the conceptualisation of HIV in the FGBFC was explained to me by Bishop Kakobe. By using the metaphor of an ant, which is, he said, 'still today a creation of God', he referred to the powerlessness that characterises human existence despite (western) societies' technical and scientific progress. By emphasising the fact that biomedicine still has not found an effective treatment for AIDS, Kakobe made clear that the only hope for the healing of the disease lies with God. He said:

We [as a church] tell the people: it is true, the HIV-positive diagnosis is the doctor's report, but men are not manufacturers of men, and man has even failed to manufacture those small ants you see. There is no ant made in Japan [laughs]<sup>11</sup> ... We say: 'Okay, if men have manufactured cars, computers, radios, TVs, and so on— ... definitely man should have been manufactured by someone who is more intelligent than men themselves, and that's the one we call God. And if God has manufactured man, then ... God can do the impossible.... We tell the people: There is still hope—if man has failed, then you can come to God and have something from him, which man cannot provide. And through that, people with AIDS have new hope.

That the hope for healing from AIDS does not necessarily conflict with the 'knowledge' that church members have with regard to the biomedical 'facts' about HIV is exemplified by the case of Consolata (28). Consolata migrated to Dar es Salaam with her family when she was seven years old. At the time of our interview she lived with her six-year-old daughter and some of her brothers and sisters in the house that her father had built shortly before his death. Consolata had been plagued by a broad range of illnesses from the early 1990s onwards and, after repeated treatment efforts at different hospitals and with various traditional healers, had been saved in the FGBFC.

Consolata was tested for HIV after she was chosen to become a pastor to be sent to the rural areas of Tanzania to proselytise the 'heathens' of the villages. The FGBFC wants only married pastors to be sent out, so urges prospective single pastors to have an HIV test at a local health institution and subsequently marry another pastor. When Consolata was found to be HIV-positive, she did not lose confidence in the healing prayers, as she knew that 'everything becomes possible through God'. Her hope that she will be healed of AIDS is based partly on the observations she makes with regard to her own body:

If you are sick, there will be many bodily symptoms. This disease destroys the immune system, you have diarrhoea and you vomit all the time. Since I've been prayed for I haven't become sick again. I am also eating more today: I can eat twice as much as I did previously.... I don't have fevers, and these bouts of heat and paralysis haven't returned. I don't have colds anymore. I believe that Jesus has already opened me. I only have to go for the test and have it confirmed.

Her hope is also based on the observation of other church members known to have been infected with HIV and who have—allegedly—been healed through prayers. She said:

When I came to Kakobe's church I heard the testimony (*ushubuda*) of a church choir member who was infected with HIV. He had already become bedridden and was plagued by diarrhoea. The hospital tested him and found the virus. But then the church prayed for him and ... when he went for another test, he was found to be negative! When I first met this man I was so sad that tears were streaming down my face. We all knew it was AIDS, even if we were not explicitly told this. But the miracle is that he is wearing his church uniform today and singing in the choir again. When I saw this my faith grew: there will be a day on which God performs miracles such as this one (*Mungu anatenda miujiza kama alivyotenda kwa yule*).

In these two quotations it becomes obvious that church followers' perceptions about HIV may be shaped by biomedical as well as by spiritual-religious concepts of disease and affliction. At the beginning of our interview Consolata spoke about the *pepo* affecting her. Once she decided to talk to me about her HIV diagnosis, however, her descriptions became more medicalised and she referred to the typical symptoms associated with HIV/AIDS. Through large parts of our interview she spoke about HIV (*virusi vya ukimwi*) and AIDS (*ukimwi*), which destroy the immune system of the body. She mentioned typical symptoms of AIDS such as diarrhoea, vomiting, bouts of fever and loss of appetite, and finally she said that she wanted to go for a medical test in order to confirm that she had been healed from HIV.

As many members of the FGBFC seemed to switch easily between biomedical and religious interpretations of HIV, I asked them to describe what it is that actually happens during the prayers: whether a spirit is exorcised or if it is the virus itself that is removed from the body. There were two distinct answers to these questions. For some of my interviewees, the relationship between the terms 'virus' and '*pepo*' was a purely metaphorical one. Anna Mwita (38), who was herself infected with HIV, told me that these were simply two different terms referring to the same entity and that the term employed depended mainly on the situation in which a conversation took place. She said: 'I don't see any difference between the two terms. It is just how you explain them. If you speak to a scientist about *pepo* he won't understand you. If you speak about *pepo* on the premises of the church, people will know what you mean.'

Others, however, saw the relationship between *pepo* and virus as more complex and made it clear that Anna Mwita's explanation was probably more an explanation addressed to me (the anthropologist, 'the scientist') than a widely shared explanation for the relationship between *pepo* and virus in the premises of the FGBFC. Some of my other interviewees argued that it was difficult—and

ultimately irrelevant—to ‘know exactly’ what happened at the healing prayers. Particularly revealing in this regard was a conversation with Bishop Kakobe who explained to me that, even according to the teachings of the church, HIV is a virus that exists as a biological reality. However, he continued, in some cases the virus may also be a transformed *pepo* that enters the body of a person and just ‘appears’ under the microscope as a virus. Thus, in those cases where the bishop or pastors were successful in casting out the demons of an HIV-infected person, not only would the opportunistic infections associated with HIV/AIDS start to diminish but after some time even the virus itself—or, as others might prefer to put it, the *pepo* disguised as a virus—would disappear and become invisible to the microscopes at biomedical health institutions. When I asked Kakobe if he would then agree that every person who was found to be HIV-infected was actually possessed by a spirit, the bishop was, however, hesitant again and said that it was not as simple as I had expressed it. While he emphasised that he was still ‘doing research’ on this topic he explained that thus far he could say that one had to differentiate between the ‘normal’ viruses and the ‘more complicated’ viruses. The complicated ones, he said, are the transformed *pepo*; the normal ones, on the other hand, do not have a deeper spiritual background:

Sometimes the *pepo* will come on its own, it will inflict the body and remain in the body as the spirit. But sometimes it will not come like that—it will come in some shape... I mean, they look like normal viruses, but once you cast out the demons, the viruses will go. If you look at the viruses, they are actually spirits—you cast the evil spirits out, the viruses will go...

HD: So every time someone has the virus it is actually a *jini* or a *pepo*?

Kakobe: Yes, most of the times that we have seen—

HD: What you saw—

Kakobe: You know, the other time when we were laying hands—do you remember? Most of the times, if you lay hands, the people will shake, they will fall, and most of the people, when the evil spirits come out of their bodies ... they feel much better. It is as if they were carrying some burden and that weight was tormenting them and giving them so much pain in the body and now it has gone. There have been such testimonies and it has been that way most of the time. So, we really associate the viruses with the *pepo*.

As Bishop Kakobe remained hesitant about giving a definite answer about the nature of the AIDS healings, I concluded for myself that the question of finding out the ‘real’ cause of an illness—and particularly of HIV/AIDS—was probably the result of my own preoccupation with knowing what ‘really’ happened at the healing prayers, rather than a concern of the FGBFC members themselves. For them the healing process was less a matter of theoretical reflection on the abstract relationship between two allegedly distinct entities—the virus and the *pepo*, or the field of medicine and religion (cf. Good 1994)—but rather a pragmatic

challenge that had to be acted upon and resolved in the daily practice of the FGBFC followers.

What indeed mattered to the people of the FGBFC was, however, the outcome of the healing prayers. These outcomes became the subject of multiple discussions and interpretations—interpretations that established a close analogy between bodily and spiritual health and were primarily based on observations made by church leaders and church followers before, during and after the prayers. If symptoms typical of an HIV-infection disappeared, or if the virus could not be detected during a biomedical test after the healing prayers, it was assumed that the prayers had been successful and the miracle had been performed. If, however, symptoms persisted, the disease was thought to be caused either by a 'normal' virus or, if the church followers had not been firm enough in their belief and with regard to church teachings, a *pepo* that had to be fought with ever more spiritual fervour and expressions of religious dedication.

### **'Your relatives don't give a single cent': kinship, care and the making of 'good deaths' in the FGBFC**

It has thus far become clear that the healing prayers performed by the FGBFC constitute an essential attraction of the church. In this section, I will consider that the church also plays an important role in integrating its members into a tightly-knit spiritual community thereby countering—and at the same time reinforcing—processes of social and familial disruption that characterise their members' experiences in the context of urban hardships and the AIDS epidemic.

According to Ruth Marshall (1993: 218), Pentecostal churches in Nigeria propagate the ideology of a spiritual community which must be unified in order to survive in a 'world of sinners'. Interestingly, this strong sense of community is not just a hollow doctrine maintained by the community of the saved against the outside world, but has become an essential building block for the social and spiritual praxis of Nigerian Pentecostals. Among the smaller neighbourhood groups in Nigeria in particular, a network of mutual care and support has developed, which helps church members in situations of need, initiates cooking services for the sick, looks after the children of bedridden church members and even collects money for members in economic need. Beyond that, several Pentecostal churches in Nigeria have institutionalised these services and have established their own nursing schools, healing centres and even vocational training and marriage counselling centres, thereby gradually building an alternative to the poor social services of the Nigerian state (ibid.: 224 f.).

In the FGBFC in Tanzania, the network of social security has not been institutionalised to the extent it has been in Nigeria. However, an analogous system

of mutual solidarity has been established on the level of the small neighbourhood churches, comprising 20-30 members each, that provides help and support for members in times of need and plays an important role in the context of AIDS. Underlying these acts of informal solidarity is the idea of a 'spiritual family' that is promoted by the FGBFC and that was formulated by Bishop Kakobe on the occasion of the 'First National Conference of Pentecostal Churches in Tanzania' in August 2003. At this event Kakobe emphasised that the main aim of the meeting was to allay former tensions that had characterised the relationships between individual Pentecostal congregations in Tanzania, and especially the position of his own church within the national Pentecostal community, for more than a decade.<sup>12</sup> On the other hand, Kakobe defined the spiritual community of the FGBFC in opposition to the 'worldly family' and said that the latter often took a critical stance towards their saved relatives, and sometimes even actively tried to make them depart from the path of salvation. In order to ward off these attacks, the community of Pentecostals had to distance themselves from their families of origin and enter into conflict with those who most aggressively distracted them from leading a moral life. Consequently, the community of the church had to build a new, spiritual family to which their saved members belong and which was to dispense any doubts they might have about the righteousness of their path.

The members of the FGBFC themselves described this moment of community-building in a very similar way, yet emphasising also the ambiguity of this process. Many were aware that membership in a Pentecostal church implies a high potential for intra-familial conflict, stemming both from unsaved relatives and from the church followers who persistently urge their families to give up their 'dark' and 'sinful' ways. This latter aspect is reflected in the experience of Anonymous who, before his salvation, had been the family breadwinner and had contributed considerably to the fulfilment of ritual obligations in his home village. While, after his salvation, he rejected involvement in any ritual requirements, which he designated as 'superstitions', he has not fully broken with his family and still provides them with some material support. At the same time, however, he exerts strong pressure on his family, which is economically dependent on him, to become 'saved' in the FGBFC and to give up some of their immoral and sinful lifestyles. When I asked Anonymous about the relationships with his relatives, he said:

Before I was saved they received me well. Whenever I arrived in the village, they ordered alcohol and food. But after I had been saved they were not very happy. [My relatives] saw that the things I had done previously no longer existed: the drinking of alcohol and all that. . . . After I was saved I started to teach them [about salvation] and it took about three years until my mother was saved. But in the beginning they saw that I was lost for them (*nimepotea*). . . . For

instance, the ritual requirements (*matambiko*) and the traditional feasts (*sherebe za mila*): these are things I rejected.... However, when it comes to food and clothes, I help them.

HD: Do your relatives depend on you?

Anonymous: Yes, they depend strongly on me (*wananitegemea sana*) because back home I am their leader (*kiongozi*). They don't [have paid] work. I am the only one who helps and supports them.<sup>13</sup>

How strongly family relationships may be additionally strained in the context of AIDS was explained by Ernesta (48), who was infected with HIV and whose account reflected the negative experiences of other HIV-infected women who experience conflict with their rural families once their illness becomes known (cf. Dilger 2005: 94-177). Ernesta had almost no contact with her home village in western Tanzania after she was saved in the FGBFC in 1996. Although she would like to visit her mother more often—and said that she would prefer to return to her mother's home if she were to get seriously ill—she recalls her father's behaviour and how he chased her and her grandchild from his house during her last visit. One reason for her father's behaviour was, Ernesta mused, that he consumed considerable amounts of alcohol and that his actions had become increasingly unpredictable. On the other hand, she ascribed her father's violent behaviour to the fact that two of her younger sisters—who had already died—had also been infected with HIV and that he chased them from his house, too. She said:

I am living here in Dar es Salaam because of my father. He is very violent (*kali*). He drinks a lot of alcohol and if he gets drunk he shouts at you: 'Go away from my house, sleep outside!' ... He did the same thing with my sisters. Even if you can hardly stand on your feet, you will sleep outside in the banana fields...

HD: He chased your sisters away?

Ernesta: Yes, they died of this same illness and he chased them away: 'Go away! Why are you sick? Have I sent you to get this illness? You yourselves wanted to get this disease.' ...

One day I visited the village together with my grandchild. We slept in the banana fields, although there are many wild animals out there. The child says that she doesn't want to go back anymore...

Against the background of experiences like Ernesta's, other FGBFC members described how, parallel to the loss of ties with their worldly families, they were building new relationships in the FGBFC, which often seemed more reliable than the ones with their worldly relatives.<sup>14</sup> The small home churches in particular were described to me as networks of support that flexibly and quickly reacted to the needs of their individual members. Especially in cases of serious illness the charitable acts of other church followers, described as 'duties' or 'shifts' (*zamu*) imposed by the FGBFC members, went far beyond immediate acts of caring or

nursing. Consolata recalled how a female church member had been dying from AIDS and how her home church had collected money for a small house and even arranged for her burial:

There was a sister in our home church who was infected with HIV. In the final phase of her illness she couldn't even walk... We took care of her and prayed for her. I even did the cooking and fed her meals... We collected money for her and built a small house for her.

HD: Didn't her relatives help her?

Consolata: No, but after her death they took the house and now they live in it... If you are a member of this church and you die, we, the people in the church, collect money for the coffin and the shroud—everything until you are properly buried. Your relatives don't give a single cent ...

Consolata's statement illustrates that the FGBFC often does more for members dying from AIDS than provide for their basic material, social and emotional needs. The church followers also make sure that the death of their members is transformed, in the eyes of the dying as well as in the eyes of the church community, into a 'good death'. Beyond the proper burial, a good death implies that the dying members who succumb to a supposedly sinful and stigmatised disease are close to God before they die. As Frederick Klaitz (1998: 111) has argued with regard to an apostolic church in Gaborone, this closeness to God is symbolised by the advance knowledge of one's own death—or the death of others—which is perceived by the church community as a 'blessing' and as 'a sign of a particularly good death'. This aspect was also expressed by Anonymous who recalled the way his wife died. While in our interview he never explicitly mentioned that his wife might have died from HIV, he remembered how he had received a sign for her approaching death in a dreamlike vision, thus dispersing any doubts others might have had about his wife's (and consequently his own) moral integrity at the time of her death. The members and the leadership of the FGBFC were involved in his capacity for accepting the transitory nature of human existence and his wife's death as a consequence of the 'love of God':

My wife was treated at different hospitals in Dar es Salaam, but nothing helped her in the way the prayers of the FGBFC did... When her death approached I had already learned how to pray and I cried to God. During my prayers I obtained something—I don't know how to name it, but word was given to me that I should read in Jacob, 4: 14. There I found the following verse: 'You don't know what tomorrow will be. What is your existence? Your existence is like the flood which is visible at one time and disappears at the other.'<sup>15</sup>

These words terrified me, but I thanked God because he teaches us to thank him for everything. I had slept, but suddenly I saw this date—the thirtieth. I asked God: 'What does this date mean?' He did not reply and my wife died at this same date—the thirtieth I had dreamt of. Thus, even if she died because of tuberculosis, or I don't know what else, I know in my heart that she died through the love of God. She died through her own strength.

## Conclusion

In this article, I have shown how the Full Gospel Bible Fellowship Church has responded, as well as contributed, to the pressures that globalisation and modernity exert on urban life in Tanzania, first with regard to the healing of various diseases and afflictions, and second with regard to the challenges that rural-urban migration and socio-economic hardships present for the continuity of social relationships and the reliability of kinship and community networks. In the conclusion I redirect my focus on the centrality of healing for the current practice of Neo-Pentecostal churches in eastern Africa and describe why the paradigm of healing that is promoted by the FGBFC has become so appealing to the followers of the church, despite most members' obvious 'knowledge' of the 'biomedical facts' about HIV/AIDS and particularly about the biomedical incurability of the disease.<sup>16</sup>

The first reason for the appeal of the FGBFC's healing prayers is that they establish a striking continuity with the regional context of Tanzania and are partially rooted in the local life-worlds of the eastern African region. On the one hand, this becomes visible in the fact that affliction in the FGBFC is defined as an all-encompassing category that puts physical suffering on a par with other instances of distress that are likely to trouble every Tanzanian at some stage of his or her life. This understanding of affliction and misfortune is, as social and medical anthropologists have argued extensively (cf. Evans-Pritchard 1976 [1937]; Whyte 1990), a polysemous concept which makes no distinction between physical and non-physical forms of suffering and causally relates affliction and healing to the wider social and cultural processes in the affected individual's environment as well as in society at large.

On the other hand, the concept of satanic forces promoted by the FGBFC links the church followers not only to the global community of Pentecostals and its universalised image of the devil as it originated in the Judaeo-Christian tradition. The FGBFC's concept of the devil is also based on—and composed of—abstract ideas of malevolent forces as they are represented by witchcraft as well as by diabolic understandings of the *pepo* and *jini* on the Swahili coast. As Meyer has argued with regard to Ghana, the fact that Pentecostal churches in Africa refer to the same forces as 'traditional' cosmologies of illness and healing—albeit in an exclusively negative way—establishes a continuity between the worlds of the Pentecostals and the wider society which are in many ways thought to be irreconcilable. Drawing on the way in which the 'Africanisation of Western Christianity' came about in a Pentecostal church in Ghana, she illustrates how, despite the 'diabolisation' of Ewe religion through Presbyterian missionaries, 'old gods and spirits, and also witchcraft, continued to exist as Christian demons

under the auspices of the devil'. Meyer argues 'for the need for scholars to consider also the negative incorporation of the spiritual entities in African religious traditions into the image of the Christian devil as part and parcel of local appropriations.' In this way, 'the "old" and forbidden, from which Christians [are] required to distance themselves, [remain] available, albeit in a new form' (Meyer 2004: 455).

The second reason for the attractiveness of the prayers is the fact that the church is establishing an open and variable relationship between 'localised' and 'globalised' concepts of illness, affliction and healing which become condensed in the experience of the affected individuals and whose respective validity and power is in the more critical cases subject to an ongoing negotiation among the church leaders as well as the church followers. Particularly with regard to AIDS, the ideology of the FGBFC allows its followers to move freely between the church and biomedical health institutions, and even encourages its HIV-infected members to make use of the latter in order to confirm their health status. In this regard, the church responds to the fact that many people in eastern Africa flexibly switch between different models of disease and affliction and make use of different types of treatment and healing, often varying considerably depending on social context, and over time and space (cf. Janzen 1978, Feierman 1981).<sup>17</sup>

However, while the church is comparatively open to the biomedical system of disease and treatment (something not universally shared by Pentecostals), Bishop Kakobe is still not uncritical about the self-proclaimed superiority of western medicine and western modernity and makes clear that it is ultimately the church leaders—and, above all, God—who remain in control of the healing process and of the various actors involved. Thus, although Kakobe sends HIV-infected church members to a health institution to verify whether they have been cured, and while he also accepts the results of these tests as 'medical facts', he and the other church members subject the medical results to their own interpretation. In response to a positive HIV test, the church leaves open the possibility that the HIV-infected person has a 'normal virus' or has not yet managed to engage in a moral life as prescribed by the church teachings. If, however, the virus disappears, the reason for this success is more or less self-evident: has not biomedicine repeatedly emphasised that it has still not found a cure for AIDS? In this way, the church leaders—in close correspondence with the church followers, who often pursue their individual hopes and interests—are flexibly negotiating the uncertainties and questions that arise from the confrontation with lethal diseases such as AIDS, while at the same time warding off potential critics who would accuse the church of raising false hopes.

The last aspect of the attraction of the healing prayers is that they are connected closely to processes of community-building and an informal practice of

care and support that has been established at the level of the home churches and that is rooted in the church's ideology of a 'saved community'. While this practice of community-building is a gendered process that conspicuously reflects the fact that it is mostly HIV-infected women that may be excluded from the support of male-centred kinship networks in rural and urban Tanzania (Dilger 2005), community support in the FGBFC entails more than a simple replacement of the worldly family in the context of globalisation, rural-urban migration and HIV/AIDS. The way church followers are being integrated into the world of the FGBFC is as much about the economic and social perspectives that Neo-Pentecostal churches offer to their saved followers as it is about their struggles for moral integrity in a sinful and morally corrupted world; the creation of hope in the context of an epidemic that evokes feelings of despair and grief rather than a perspective directed towards the future; and finally about proper ways of dying from a stigmatised disease that, without adequate arrangements, would easily resist the church's classification of a 'good death'. In this sense, healing prayers in the FGBFC represent more than the naïve belief in the promise of being able to cure a lethal disease, or the simple resistance to 'name a disease' surrounded by stigma and denial. They imply a powerful reorganisation of the moral and social identities of saved believers against the background of an insecure and morally corrupted world that is increasingly tied into transnational networks and the forces of the global market economy.

To conclude, religion in the context of AIDS is more than just a source of ambiguity in the ways in which societies in eastern Africa deal with the disease. Christianity's role has often been described by policy-makers and social scientists either with regard to the stigmatising attitudes of churches or with reference to the charitable acts that are associated with Christian organisations in the context of the epidemic (cf., Dilger 2001: 87 ff.; 2005: 227-33). This article has argued that the 'negative' and the 'positive' or 'constructive' dimensions of religion with regard to HIV/AIDS cannot be understood as separate or decontextualised aspects of the ways in which Neo-Pentecostalism has established itself in eastern Africa. While the FGBFC seems to meet many of the conflicting needs and desires of its members with regard to healing and care, the processes set in motion by the church imply—by definition—a high potential for social conflict and often lead to further ruptures in the context of modernity and AIDS. As has become clear from the example of the FGBFC, Neo-Pentecostal churches in Tanzania are manoeuvring their followers through the various threats and imponderability of urban life. In doing so, they create as much uncertainty, ambiguity and ruptures with regard to the nature of modernity and globalisation as they provide hope, fixity and moral guidance in a world that to their followers has become unstable and insecure, and in the context of AIDS, dangerous

and deadly. While church members claim to make a break with their individual and collective pasts—and indeed may become the trigger of social, cultural and family conflicts—the practices around healing and care established in the FGBFC are echoing a vision of modernity that is obliged to western ideals of material success and individualisation as much as it is rooted in the histories of religion, healing and the valuing of social relationships in Tanzania.

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## Notes

1. Earlier versions of this text were presented at the Annual Conference of the African Studies Association in Washington (2005) and at the Colloquium (*Baraza*) of the Center for African Studies at the University of Florida in March 2005. I want to thank the participants of these events for their constructive critique and inspiring remarks. Research in Tanzania was funded generously by the German Research Foundation (DFG) and the Heinrich Böll Foundation. I am grateful to the Commission for Science and Technology and the National Institute for Medical Research in Tanzania for their grant of a research permit.

2. The names of FGBFC members have been changed throughout the text.

3. For more information about the ethical and methodological challenges that shaped my ethnographic fieldwork on HIV/AIDS in different settings of Tanzania during repeated stays between 1995 and 2006, see Dilger 2005, forthcoming. Apart from the FGBFC, fieldwork was carried out in non-governmental organisations in Dar es Salaam and among kinship networks in the rural Mara Region on Lake Victoria that also extended into urban centres. Research among the Luo in Mara focused on the question of how the numerous illnesses and deaths resulting from HIV/AIDS have affected ritual and social practice, e.g. with regard to widow cleansing and burial, as well as with reference to relationships of care and support for those getting sick and dying from AIDS (see Dilger 2004, 2005, 2006).

4. At the time of our interview Anonymous was awaiting the result of an HIV test he had taken at the Muhimbili Medical Centre, Tanzania's largest government hospital.

5. By the end of 2004 the global community of Pentecostals had increased to 570,806,000 members (Barrett and Johnson 2004: 25). In sub-Saharan Africa alone there were 41,100,000 Pentecostals in the year 2000 (Johnstone and Mandryk 2001).

6. The following account is based on 'emic' reflections on the causal connection between HIV/AIDS, modernity and globalisation in Tanzania. According to my informants, the spread of HIV/AIDS in the country is linked to a perceived clash between 'traditional' kinship-based systems of production and reproduction, and their 'modern' counter-institutions that are symbolised by the valuing of money, the widespread acceptance of western-based science, and the ubiquity of an uncontrolled and excessive sexuality. It should be noted that this discourse on the negative consequences of modernity and globalisation—which is often contrasted with idealised notions of the precolonial past—is not an exclusively patriarchal rhetoric, but was shared widely by young and old women in my fieldwork sites. Equally, this discourse is to be understood as a form of social memory which has become a forceful instrument in the moral critique of the present (cf. Connerton 1989; Dilger 1999: 47-63, 2003: 32-34): historical accounts of eastern Africa have shown that moral struggles over the perceived decline of kinship networks—as well as the blaming of women for spreading sexually transmitted

diseases—have been a part of community life in the region for decades, if not centuries (for the example of syphilis in colonial Buganda see Vaughan 1991: 129-54).

7. For similar discourse on the perceived connection between mobility, modernity and AIDS, and the concurring blaming of (young) women for spreading HIV, see Weiss 1993; Haram 1995; Setel 1999.

8. While there are some very interesting studies that establish a link between Pentecostalism and HIV/AIDS, they analyse the role of Pentecostal churches in the context of the epidemic mainly with regard to their preventative functions. Wimberley (1995) has shown that in Uganda, 'salvation' in a Pentecostal church has become a strategy for young girls to reject sexual offers by men and boys and to protect themselves from HIV infection. Garner (2000) described that in KwaZulu Natal, South Africa, it is the Pentecostal churches in particular that could, through their approach of social control and their threats to exclude those members who act against the morals of their church, influence the pre- and extra-marital sexual behaviour of their adherents. Other religious denominations, on the other hand, were not able to bring about a change in the sexuality of their members—even if they represent, in their principles, no other moral values than the Pentecostal churches flourishing on the whole continent.

9. The overwhelming growth of the FGBFC over a comparatively short time is also reflected in the multitude of international linkages that the church has established with Pentecostal congregations worldwide, e.g., in Nigeria, South Africa, India, the USA and Denmark (see <http://www.fgbfchurch.org/>).

10. It is very likely that most FGBFC followers and leaders have a more differentiated knowledge about the spirit world than I am able to present here. Equally, it can be assumed that some church members deal with the effects of witchcraft and spirit possession in ways that the FGBFC (and they themselves) would publicly condemn. However, in the premises of the church these understandings and hidden ways of dealing with invisible forces gave way to more 'standardised' perceptions of evil forces which enabled the church members to adopt a rather pragmatic approach towards healing in the context of the FGBFC.

11. The use of the image of the ant is *not* a reference to the HI-virus as might be supposed. Bishop Kakobe referred in this context to the assumed technical and material superiority of the west—and of car-producing nations like Japan in particular—that are comparatively powerless when it comes to questions of life, suffering and death. The image of the 'ant' can hence be seen as a critique of western modernity, which is said to have broken with the spiritual and religious roots of human existence.

12. While no detailed account of these tensions—which are rooted in the history of the wider Pentecostal movement in Tanzania as well as in the specific history of the FGBFC—can be given here, it should be mentioned that rumours circulating persistently in Dar es Salaam have explained the success of the FGBFC through the alleged alliance of Bishop Kakobe with witchcraft and other satanic forces.

13. The case study of Anonymous shows that the membership in a Pentecostal congregation does not contribute inevitably to the complete severing of kinship ties between non-saved and saved family members. While media reports and popular discourse in Tanzania are explicitly concerned with the social, cultural and political ruptures that are attributed to the rise of Pentecostalism in the country, the actual practice may be more complex. For an intriguing analysis of how Pentecostal churches have been woven into the 'traditional' political and social structures of village life in rural Uganda, see Jones 2005.

14. I am aware that the following statements may be somewhat biased in that they reflect a predominantly positive perspectives on the caring and supporting functions of the FGBFC

home churches. While there may be certainly very different experience with the reliability of the FGBFC network—and members who had travelled to Dar es Salaam from other regions of the country indeed emphasised that the network of solidarity established in the Dar headquarters was an exception rather than the rule—the approach of my multi-sited fieldwork did not allow for a more detailed insight into the failures and ruptures of care and support structures in the FGBFC. For a more elaborate discussion of the dilemmas and ruptures associated with care in context of AIDS NGOs or within family and kinship networks in rural and urban Tanzania, see Dilger 2004, 2005, 2006.

15. Thus quoted by Anonymous.

16. At the time of my fieldwork, antiretroviral medication was not available in Tanzania.

17. Even among the FGBFC members most of whom explicitly condemn the practice of 'traditional healing' there are some who had made use of traditional healing *before* their salvation—and it cannot be excluded that they do not make use of it either secretly or will not at a later stage of their life should they decide to convert to a different religious organisation.