In 1998, while in Botswana researching a project on the history of disability, I began to notice a pattern. When talking about mopakwane, a particular form of childhood disability that overlaps with the biomedical condition cerebral palsy, many people would pause to contort their faces and distort their speech in a caricature of such a child. I soon saw that this mimicry was a common part of talk about mopakwane. Or someone might pause and perform an exaggerated limp with a dropped wrist, perhaps accompanied by an imitation of the struggle for speech made by elderly stroke patients or those suffering the aftermath of years of severe epilepsy, in the process of identifying a person with such a condition. There were words in Setswana to express these bodily states, and often these words would follow the gestures to clarify further. But there was something evocative that people were trying to get across with these caricatures, something perhaps best expressed in body language. The bodily aesthetics these gestures evoke present thorny problems for ongoing projects of sociability and moral sentiment in contemporary Botswana, much as they do in other places.

This article explores how people approach and navigate their own feelings of disgust and morbid curiosity towards the aesthetically impaired bodies of their fellow citizens, and the problems and opportunities these feelings present in a context where a humanistic ethos is stressed in the public discourse of nationalism. My aim here is a simple one – to consider how people struggle over some very basic, yet pressing feelings that threaten to interrupt the enactment of values they hold dear. Though sometimes at odds with one another, these feelings and values both underscore the embodied web of connections that sustain social life. I am interested in the tensions between different kinds of feelings that people may have simultaneously – disgust and love, fear and curiosity, compassion and revulsion – and how efforts to promote botho (humanity, respect) are enacted, in part, through the taming of unruly bodily sensations. How people manage strong feelings of repulsion towards the bodies of their fellow citizens is critical in a context like Botswana, where many people are gravely ill with a disease.

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(AIDS) that can bring incontinence, skin rashes, chronic diarrhoea, vomiting, and disfiguring cancers, and where many others are impaired in ways that challenge normative bodily aesthetics.

In Botswana, as Deborah Durham (2005) explains, bodily aesthetics are understood to create contexts in which people ‘negotiate social relationships’. Yet, the humanistic ethos that underlies an array of contemporary politics—including aspects of AIDS activism and the campaigning of the international disability rights movement—is based on the assertion that moral sentiment is neither determined nor subverted by particular bodily states or configurations. While such activism acknowledges and affirms experiences of debility and physical suffering, the political agenda largely centres on enabling persons to participate equally in rational-critical discourse in the public sphere regardless of the vagaries of any individual’s particular bodily state. Within this framework, physicality should have no power to structure relationships among citizens. And yet, in Botswana, as in other places, the messiness of the human body—manifested in diarrhoea, drool, disfigurement and disgust—subverts humanistic efforts of this kind, and challenges the smooth enactment of rights-based politics and other liberal projects.

Below, I explore the sometimes troubling physicalities of humanistic and affective life in Botswana to grasp better the often messy bodily dimensions of sociality that are so often swept under the rug in discussions of citizenship, rights and community. In order to understand what is at stake here, we need to know something about the embodied qualities of emotional life in Botswana, and then also about botlo—the Tswana term for humanity—a key concept in public life in Botswana, the much touted model for a successful African neo-liberal post-colony. That botlo and the embodiment of emotions are related is a fact highlighted by the problem of disgust over certain bodily states and processes. After laying out both of these themes I turn to the question of aesthetics and the relationship between affect and moral sentiment in daily practice.

A brief note on terminology may be helpful before I proceed. In Setswana there is a single term, maikutlo (from the verb go utlewa: to feel, hear, understand, taste, smell) that denotes feelings, sensations and emotions. Since no one translated term is fully satisfactory for my purposes here, I use the three English terms affect, feeling and emotion interchangeably throughout my discussion to suggest the nexus of meaning and the fullness of the experience of maikutlo.

THE PROBLEM OF DISGUST

Recent scholarship has paid increasing attention to the pervasive popular talk and action in southern Africa around jealousy, love and other vital emotions that shape the intimacies of social life (Ashforth 2004; Chapman 2002; Durham 2002; Durham and Klaits (2002; Klaits 2005; Lambek and Solway 2002; Niehaus 2001). Jealousy, in
particular, according to many people across the region, appears to be on the rise. As cause and effect it is central to the social imaginary across southern Africa today—whether fuelled by intense competition over the narrow band of global capital accessible to southern Africans in the wake of colonialism, apartheid and structural adjustment; the widening income and educational gaps of post-colonial and post-apartheid neoliberalism; the pain and suspicion born of high rates of child mortality in the aftermath of war and its dislocations; or the vagaries of the endlessly unfolding lottery of the AIDS epidemic. If not successfully contained jealousy can spawn acts of witchcraft, murder-suicide, domestic abuse, and other forms of extreme social rupture. Among these dislocations and uncertainties love, in turn, becomes the focus of efforts to create new and generative forms of community and intimacy, particularly in urban space, to maintain sociality in the face of the predations of contemporary life. Taken together this scholarship points to the force of emotions in the shaping of local moral worlds amid the dynamic ebb and flow of contemporary southern Africa.

Here, though, I am less interested in such emotions as love or jealousy, than in turning attention to a different range of affective life—disgust, and the fear, amusement, or curiosity that sometimes accompany it. Disgust is interesting for several reasons. First, it often occurs in superficial encounters in public spaces. Deborah Durham and Frederick Klaits (2002: 778), writing about funerals in contemporary Botswana, expand on Habermas’s notion of the public sphere as a site shaped by ‘rational-critical discourse’ to argue that, for Batswana, ‘linkages between self and other are not imagined as relations between discrete, independent and rational thinkers, under the influence of socio-political currents; rather, people find themselves connected in their very physical well-being through emotional states and sentimental connections recognized and forged in public space’. Unlike jealousy or love that are built over time through intimacy, however, with disgust over bodily aesthetics, the opposite is often true. Intimacy over time can subvert or tame feelings of repulsion. Changing the soiled diapers of a parent may be appalling to all involved at first, but over months and years of care giving such labour can become routine. So disgust helps us think about how individuals work out tensions between different registers of sociality, and the role of space in mediating emotional life.

Second, disgust is a particularly embodied emotion; it is a visceral experience. In this respect, legal scholar William Miller (1997: 9; see also Nussbaum 2004) explains that, ‘disgust differs from other emotions by having a unique aversive style. The idiom of disgust consistently evokes the sensory experience of what it feels like to be put in danger by the disgusting, of what it feels like to be too close to it, to have to smell it, see it, or touch it.’ Indeed, in Setswana one term for the verb disgust—ferosa sebete—literally means to cause the liver to be stirred up, similar to the English synonym for the same verb— nauseate. Disgust can be embodied in a relational sense as well. It often emerges in one person in response to the bodily aesthetics of another. As scholars of colonialism have demonstrated, this fact
provides a domain to contemplate the relationship between sense and sentiment, and morality and aesthetics in social life. Travellers’ accounts, missionary records, medical reports and other colonial sources are replete with clashes between contrasting aesthetic registers of sound, smell, texture and sight, clashes that become the basis for much cultural, economic and political activity (Anderson 1995; Burke 1996; Comaroff and Comaroff 1997; Fabian 2000; McClintock 1995).

But in this dual quality of embodiment, disgust poses a problem—the possibility for the body to overwhelm or dominate moral action and evaluation. As Miller (1997: 197) puts it,

Disgust has a vice; it is a moral sentiment of extraordinary inclusiveness and does more than register a simple aversion toward the objects of its focus. It degrades them in a moral way. As long as disgust is warring against cruelty and hypocrisy we are delighted to enlist it to our cause, but when it wars against the intrusively annoying or the deformed and the ugly it may clash with other moral sentiments, like guilt and benevolence, that push us in another direction.

Southern Africa, in this case, south-eastern Botswana, offers a particularly productive venue to consider this paradox of embodied morality because of the explicit nature of social connection envisioned in vernacular epistemologies of the human body. In this regime of embodiment, disgust works to remind people of the social vulnerabilities of their own bodies—a fact that is already acknowledged in explicit terms, unlike in the United States, where the mythos of individually bounded bodies still holds tremendous cachet.

Sara Ahmed (2004) has described the kinetic quality of emotions, how they circulate in an economy of signs and bodies—calling this phenomenon affective economies. In her discussion of racial and xenophobic hatred and fear Ahmed uncovers a logic and movement of affect that belies what I take to be an assumed Euro-American (though she does not specify) sensibility of emotions as property or as a ‘private matter’. This popular understanding of emotion is evidenced in quotidian speech and buttressed by psychoanalytic knowledge among other supports. By contrast, instead of seeing emotions as residing in the individual, Ahmed pursues how their movement between subjects and objects creates ‘the very effect of the surfaces or boundaries of bodies and worlds.’ In the process, she shows how emotions work to ‘bind subjects together’, creating collectivities. In Botswana most people do not consider emotions to be a form of private property—indeed the affective economy that Ahmed describes is well-known, recognized and actively embodied. The collectivities both created and potentially fractured and reshuffled through the affective economy are fragile, but vital. Given that Ahmed has in some sense discovered a Tswana sensibility of emotions, perhaps it is worth pursuing this affective economy in a context where its existence is part of a commonsense logic of embodied social life.
In Botswana, as in many places, individuality is enjoyed and experienced in explicit tension with the permeability and intersubjectivity of the self. But for Batswana, these qualities of permeability and intersubjectivity are simultaneously manifested physiologically and socially, locating individuals within an embodied network of kin. The nervous and circulatory systems in Tswana physiology are inseparable. In each person they centre on a heart—the seat of individualism, feeling, thought and vitality. Connecting to the heart, veins and nerves understood as a single system (*ditshika*) also carry life and feeling within and between kin—the word for relatives is the same as that for veins. *Madi* (blood, semen, and money) is the substance that flows through relationships, and the sharing of *madi* by relatives generates responsibilities among people as well as physical vulnerability. The breath or soul of each person (*mowa*) and the voice (*lentswe*) also continually enter and exit the broader environment that people share.

These physiological understandings underscore the deep intertwining between somatic and affective life, and the complex bodily relationships between kin, lovers, neighbours and friends. The bitter, angry or jealous feelings in a person’s heart have the potential to harm another physically, simply by their very existence. For example, the sorrow or bitterness of a scorned elder can cause grave misfortune for a younger relative (a condition called *dikgaba*), even if those feelings were involuntary and regretted. On the other hand, love and compassion in a person’s heart can help to sustain and strengthen others who are close to them (Klaits 2002). Here, in pursuing disgust, I want to suggest that this deep relationship between affective, somatic and social life also has the capacity to threaten less intimate relationships, particularly in public spaces.

**SOCIABILITY AND THE ETHIC OF HUMANNESS**

Feelings of disgust towards the body of a fellow human being not only defy the separation between bodily and emotional life, they also jeopardize the enactment of the Setswana concept of *botho*. *Botho* is a Tswana ethic of humanness, which acknowledges that one’s actions affect others. It is performed and continually reaffirmed through practices of sociability like shaking hands, exchanging greetings, news and jokes, visiting neighbours, relatives and friends, and attending public events like weddings, funerals and parties where food, drink, music and sometimes laughter are shared and enjoyed. The potential for discord, for anger and jealousy to surface and threaten these practices of sociability and the webs of connection that sustain *botho* is also a well-recognized and persistent feature of daily life. That disgust can do the same goes unacknowledged, in contrast on the one hand to ubiquitous popular talk of jealousy and on the other to political talk of *botho*.
Botho has come into widespread use in public discourse only in recent years, but it is a long-standing concept in Tswana thought. In philosophical discussions in the 1970s with anthropologist Hoyt Alverson (1978: 110–15), elderly men employed the term botho to mean humanity or botho-motho to mean human nature—the fundamental features that distinguish human beings from animals, witches or other entities. Adults today report that when they were young, their parents used the term botho alongside the related notion of maitseo (manners) to reprimand them when they had displayed a lack of respect in their undisciplined comportment—using rude language at a funeral, for example, or being obviously drunk in front of one’s elders. Such a young person would awake the next morning to find his parents explaining as they prepared to discipline him that ‘the way you conducted yourself yesterday, you embarrassed us. You conducted yourself without botho’ (field notes, 29 November 2006). But botho meant more than manners as a set of rules; it referred to the enactment of moral sentiment. As one of my neighbours who learned about botho in part from his grandfather explained to me, botho also means ‘giving kindness’. He explained that if my child was sick and he offered to drive us to the hospital, not expecting or asking for any reward, but just because he wanted to help us, his actions would have been an expression of botho. The hope is that one person’s botho helps promote another’s in an affective economy of mutual respect and kindness. Like other sentiments and dispositions, botho is explicitly recognized as an embodied quality. In Setswana, the term tlhong botho is used to refer to the habitus of botho, the ways that one learns from childhood to comport oneself with a bodily sensibility (posture, facial expressions, self-possession) that expresses restraint, manners, deference, respect and compassion. Tlhong botho requires, in part, the ability to tame and manage one’s expression of unruly feelings like anger, jealousy or, indeed, disgust.

From 2000 the government pursued a new, high-profile national development strategy entitled Vision 2016 ‘to propel its socio-economic and political development into a competitive, winning and prosperous nation’. As part of the Vision 2016 initiative it was announced that a fifth principle—botho—would be added to the four ‘national principles’ that historically guided national development policy: Democracy, Development, Self-reliance and Unity. ‘Botho as a concept must stretch to its utmost limits the largeness of the spirit of all Batswana. It must permeate every aspect of our lives, like the air we breathe, so that no Motswana will rest easy knowing that another is in need’ (Republic of Botswana 2000). Vision 2016, ostensibly based on several years of public consultation in which a task force interviewed and solicited input from people across the country ‘to find out from Batswana what their aspirations would be when the country celebrated its fiftieth year of independence’, has catapulted botho into a central position in the national lexicon. In the process, an already polysemic term has been employed in myriad and expansive ways. Its appeal, in part, stems from its reference to older forms of sociality that some fear are imperilled
by recent economic and social transformations, and its simultaneous resonance with liberal, Christian and rights-based rhetoric around a common humanity. But while when carefully deployed it resonates nicely with these new rhetorics, botho is not rooted in a notion of equality and rights, but rather in the fundamental recognition that as human beings our words, feelings and actions affect others; with this recognition comes responsibility.

Since its incorporation as a national principle in 2000, botho has become central to a range of national discourses about citizenship and community. In regional clinics posters hang over the nursing matron’s desk, reminding of the importance of botho. The circular sent to all heads of department of the central referral hospital in Gaborone in 2007 described the mission of the hospital as the provision of health care ‘ka Botho’. In letters and editorials printed in the newspapers political, criminal, economic and social activities are all measured against the standard of botho. The Department of Road and Transportation Safety cites botho as a guiding value of its work. The national government regularly invokes botho as the following brief excerpt from the President’s Independence Day Message to the Nation in 2003 suggests:

Botho as a national principle is an important heritage of our African traditions and culture. As stated in NDP9 [National Development Plan 9], Botho is a state of being humane, courteous and highly disciplined . . . the value attached to life is central to the principle of Botho . . . . Botho is premised on a society which adheres to good values. Government cannot legislate for and enforce Botho. It is society that must inculcate Botho in each and every individual because, after all, it is society which is the beneficiary of an individual who is responsible, well-mannered, courteous and disciplined. (Mogae 2003)

Dangerous driving (including excessive speed or drunkenness), rape and domestic abuse are among national shortcomings debated in the media as a threat to botho. The Minister of Finance and Development Planning at a conference on botho defined this quality as ‘a total embodiment of all virtues making the people of Botswana distinguishable from other nations’ (Botswana Daily News 28 March 2000). Like public discourse in neighbouring South Africa, where the related term ubuntu was a cornerstone of Thabo Mbeki’s short-lived African Renaissance, botho helps ground a Tswana-centric moral sentiment (for the everyday ethics of ubuntu, see Bongomba 2004; Reynolds 2005). This humanistic ethos facilitates an ongoing, if contested, dual embrace of liberalism and capitalism in post-colonial Botswana, while challenging any sense that Botswana is located on some sort of globalized, humanistic periphery, simply receiving and imitating knowledge and values from abroad. Talk about botho, like talk about ubuntu, inflects a range of ideological positions in southern Africa from neo-traditionalism to cultural nationalism to neo-liberal Christian cosmopolitanism.
The prominence of *botho* in the national political lexicon is part of a wider trend of nationalistic cultural revival and revision that is ongoing in Botswana. In the peri-urban village of Tlokweng, young, middle-class and upwardly mobile Batswana now hold an annual ‘Son of the Soil’ party to celebrate their heritage, where they provide ‘traditional’ food, drink, music, and dance for hundreds of guests who come dressed in ‘traditional’ clothes. Bands, like Culture Spears, who play updated forms of ‘traditional’ music, have experienced a surge in popularity in recent years. And at weekends at the upscale Riverwalk shopping mall in Gaborone, shoppers may be treated to live entertainment by a traditional dance troop on a stage set up in the centre of the mall. There is an effort under way in Botswana to retain a sense of cultural authenticity and uniqueness, while embracing rapid cultural and social change, and the ubiquity of the term *botho* is certainly a part of this effort.

*Botho*, one could argue, is particularly important for Batswana at this historical moment. Talk of an African Renaissance proved fleeting, but Botswana is the exception. Dubbed ‘the African miracle’, Botswana is an African nation with a stable, functioning democracy, consistent economic growth, fiscal prudence, expansive and accessible educational and health services, and minimal corruption (Samatar 1999; Werbner 2004). Yet income gaps are widening, AIDS has threatened family, community and emotional life, minority ethnic rights are publicly contested, and xenophobia is on the rise as neighbouring Zimbabwe descends into economic and political chaos and thousands of desperate Zimbabweans each day attempt to flee despair by crossing the border into Botswana (Nyamnjoh 2006). *Botho* helps smooth the rough edges of these often disorienting transformations in public life, where tensions between collective and individual rights and pursuits abound as part of neo-liberalism’s awkward harvest.

**THE UNRULINESS OF THE HUMAN BODY**

In south-eastern Botswana, the social dynamics arising from feelings of revulsion towards certain bodily aesthetics pose challenges for the enactment of *botho*. As Adeline Masquelier (2005: 5) points out, ‘The body surface … can simultaneously mediate the “self” and the “social” and exclude one from the other. It is precisely this paradoxical potential of the bodily surface to signify inclusion in the community as well as separation or deviation from it that makes it such a powerful vehicle of moral contestation.’ On the one hand, feelings of disgust, shame, morbid curiosity or fear towards certain unusually configured or unruly bodies are caught up in practices of avoidance and ridicule. These practices limit the affective economy of *botho* by compromising the humanity of those who inhabit such bodies. Though these emotions can arise during casual, anonymous or superficial encounters, they can nonetheless threaten sociability by disrupting the processes (sharing food, singing, visiting, greeting, laughing) through
which botho is enacted. On the other hand, successful mediation of the potential for disgust can be a sign of acting with botho, and many people deliberately strive to ameliorate, subvert or transform powerful, aesthetically based feelings of disgust into respect and compassion. Some efforts rely on aesthetic transformations—provision of artificial limbs, surgical corrections for some facial deformations, and attempts to bathe, dress and otherwise rework the bodies in question. But, though human bodies are open to manipulation, there are material limits to the plasticity of self-presentation; aesthetic impairments draw attention to these limits, and make misfortune a highly public affair. Therefore efforts to assert the humanity of aesthetically impaired individuals mostly draw upon essentialized and overlapping notions of botho, citizenship, liberal individualism, motherly love and Christian values of community and charity to generate a field of positive emotions and healing sentiment around impaired subjects, drawing people with aesthetically challenging bodies back into the social universe.

Substances that escape the bodily envelope are usually dispensed with in prescribed ways and spaces that keep such ubiquitous toxins from becoming 'matter out of place' to use Mary Douglas’s phrase. So it is not surprising that drooling and incontinence are highly problematic impairments in Tswana social life. There is, of course, an underlying logic to the careful monitoring of such bodily by-products as menstrual blood and placentas, since they are so imbued with vital human essence that they would pose a danger if they got in the wrong hands. Saliva, for its part, contains some of the substance of negative feelings in the heart, and so blowing water is an integral part of certain rituals. But saliva, like urine, shit and blood, also has an aesthetic dimension, and at least some of its power is evidenced through the strong feelings it can generate in onlookers who experience a deep aversion to seeing, smelling and touching these bodily substances. The ability to control these excretions is stressed as a key element of bio-social maturation, and the inability to do so arouses great disgust in many onlookers, and shame—or perhaps self-disgust—in many subjects.

In describing certain forms of bodily impairment to me, people would often stress drooling saliva as a distinctive sign of the condition, collapsing a wide range of impairments (with attendant differences in functional abilities) into a category of person—'those who drool saliva'. Drooling saliva, here, operates as an aesthetic marker, indexing the feelings of the onlooker perhaps much more than the bodily state of the impaired subject. It was not that this saliva was taken to be contagious, as several people stressed to me, opposing an aesthetics of disgust with a bio-medical logic around germs that many people resisted as a threat to sociability and love. Nor did anyone mention saliva as containing the essence of negative feelings in the heart—invoking a Tswana physiological model. Instead, these various ideas about saliva were condensed into affective experiences that resisted deconstruction into strands of underlying logic. For example, staff members at a rehabilitation centre for disabled children where I worked, though trained in bio-medical understandings, would avoid using cups and
utensils that children with uncontrollable saliva had used, even after
these implements had been washed and dried in a high-heat industrial
dishwasher. As one staff member (holder of a Masters degree from
a North American university), who went to especially great lengths
to avoid using the children’s cups, remarked to a co-worker, ‘I don’t
want to share my mouth with them.’ Yet, not surprisingly, the ‘house
mothers’ who care for the disabled children as surrogate parents during
their lengthy stays in the rehabilitation centre are the primary group of
staff who do not practise such avoidances.

Despite the challenges that village terrain (with its deep sand and
long distances) poses to many, I was encouraged early in my research
to see disabled persons attending parties and community meetings. I
took this as a sign of social integration, of botho, and indeed in many
cases it was. Yet over time other, more subtle issues that dictated the
terms of these encounters belied a uniform ethos of acceptance and
sociability. The sharing of cartons of Chibuku or basins of beer is
common at local beer drinks and shebeens. In towns where women
sell cooked snacks and meals, a single large enamel mug is filled with
water for thirsty customers who drink and then briefly rinse the cup for
the next customer. Yet a woman who assisted her mother selling beer
in their family’s compound commented to me that customers would
not use cups or gourds for their beer that certain disabled customers
had used previously, even after those cups had been washed. In fact,
many questioned her practice of sharing cups with disabled customers
whose saliva was seen as overly promiscuous. For them, uncontained
saliva marked an intimacy (a sharing of the mouth?) that did not belong
in public space, a fact they recognized through their own feelings of
disgust. These feelings prevented them from possessing botho with their
fellow drinkers, unless cups and utensils were segregated via a logic of
bodily aesthetics.

Similarly, some people, including a man with a high profile in
disability-based philanthropy in Botswana, would deride or question
my practice of visiting bedridden or otherwise confined and debilitated
persons in their homes, stressing that the smell of urine in such a
home would be overpowering and repulsive. In one village where there
were many disabled former gold miners, the (now deceased) chief
had encouraged these men to attend the customary court proceedings
and other community activities in the kgotla (village meeting place,
customary court). The kgotla is the symbolic and material centre of
village level participatory democracy in Botswana. Historically chiefs
held their public court in the kgotla where men gathered to share their
political, legal and philosophical views on matters of contemporary
concern, and to try legal cases before the chief and his councillors.
Though women were often excluded from kgotla meetings, the kgotla
is seen as a particular form of Tswana or African democracy, a
space to ground botho in a political philosophy and practice of
forging consensus and mediating between the hierarchical, factional
and collective interests of the populace. In inviting disabled men to
the kgotla, the chief signalled that their altered bodies did not dilute
their humanity nor their citizenship; he met their bodily difference with botho. Yet while some of these men responded positively to this offer and attended kgotla, those whose paralysis produced incontinence did not feel that they should. Why was incontinence, rather than any other functional quality (blindness, paralysis, deafness) the quality through which disabled men tacitly understood, measured and navigated the possibilities of such a fundamental public space as the kgotla? Because to emit the scent of urine, faeces, vomit or decay in social spaces—smells that underscore the unruliness of the human body—threatens to cause others disgust, thereby compromising the possession of botho by all.

In homes where a patient’s soiled bed linen has not yet been changed, visitors who come to see the patient will usually be told that the patient is resting or is too tired or ill to receive visitors. Likewise, mothers of profoundly impaired children find that after infancy they face great challenges in hiring and retaining the services of a child minder while they are off at work. They stress that it is their child’s incontinence that presents the barrier to securing paid help, and health workers agree that this is the most significant issue in stabilizing childcare arrangements for such children. Unlike the grandmothers who ultimately perform the bulk of this care giving for working mothers, most hired women do not stay long enough to become surrogate mothers and transcend their own feelings of disgust towards the faeces of such a child.

For patients with necrotic cancer wounds, the smell and sight of their open tumours presents a terrible social dilemma, even if they are sick enough to enter only the single public space of health care. A 60-year-old woman with stage two cervical cancer confided in me that she never left her home any more because she was terrified that everyone could smell her rotting vagina. Though her neighbours, daughters and friends tried to encourage her by visiting her, and inviting her to their homes and to events at church, she was afraid ‘it will not be nice for them’ if she actually took them up on the offer.

The ubiquity of cinnamon and citrus air fresheners in the cancer ward suggests that even among fellow sufferers, to produce too foul a smell was deeply worrying. Patients with stinking wounds often elected to wait their turn outside in the breezeway by the clinic entrance, rather than in the clinic corridor. But patients whose bandages contain massive, necrotic wounds, and who wait inside, are often given a wide berth by others in the clinic queue. While patients sitting on the long waiting benches at the cancer clinic often commiserate about the side effects of chemotherapy or their fear of mastectomy, or advise and encourage one another about life with this dread disease, those who smell too foul threaten to clear the bench and silence conversation. One patient, Kabo,1 a young man in his early thirties with a very severe case of Kaposi’s Sarcoma, had deep, open, necrotic tumours that would fill

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1Names and some distinguishing details of patients have been changed throughout to protect patient anonymity.
with maggots. Kabo carried with him the deep stink of rotting tissue. His wounds were among the most appalling that the oncology staff at the central hospital had ever seen. He would arrive there periodically for treatment in the only oncology ward in the country and then, between active therapy, return to the primary hospital in his home village far away in Hukuntsi, in the west of Botswana. Once his tumours became so necrotic and stinking, he could not ride in the ambulance for the long trip back home from Gaborone. Kabo worried, and everyone agreed with him, that it would be too disgusting for the other patients in the ambulance to be confined with the smell of his rotting wounds, so a private car was arranged to transport him between hospitals.

Beyond bodily by-products, distorted speech and unusual anatomies (particularly facial anatomy) can also generate strong feelings in onlookers that result in avoidances, shaping the public experiences of impaired subjects and those closest to them. The aesthetics of the impairment, as we see in the case of mopakwane performed as a parody, operate as a dense signifier, drawing together ideas about causation— in this case linked to sexual pollutions and promiscuity—which itself produces a moral sentiment of disgust in some people, with feelings of shock, pity, fear and repulsion that inform public perceptions and practices. While there are many people with albinism in Botswana (maswafi, sing. leswafi) attending public events, participating in local governance, and working in all sectors of employment, their experiences are nonetheless shaped by averted glances and other types of avoidance that cut off practices of sociability and botho. Pregnant women, for example, are often told to avoid looking at maswafi, lest they pass this quality on to their child. The fear or shock they would experience at such a sight could affect the foetus.

In 2005 Mmakgarebe’s lip cancer began to distort her face considerably. The 28-year-old mother of two was advised by her parents to begin wearing a scarf to cover the lower part of her face. At first she ignored this advice, but after several months, she understood why her elders had recommended the scarf, and why she sometimes met other patients in the outpatient oncology clinic who also wore scarves or large sunglasses to cover unsightly tumours on their faces. It became difficult for her to ride in public taxis or to walk about in her large village or in town. People she did not know might laugh at her or stare, and those she did know might ask her questions that were too personal, too nosy, or might look away and fail to greet her. In covering up her disfigured lip, she showed a respect for the disgust and the morbid curiosity her face generated in others. In turn, she marked her face as private, and her gesture was met with botho, with maitseo (manners).

While most people in Botswana would acknowledge that those with unruly bodies are indeed human beings and deserving of love, care and compassion, their experiences of the bodies of others often produce feelings that transcend such abstract thinking and challenge practices of botho. In Botswana, as I’ve already suggested, emotions are not only inner experiences, but also powerful social forces that impact the bodily,
emotional and material well-being of others, and thus must be kept in check. Feelings of care and love have the power to nurture, and those of jealousy, anger, sorrow and disgust the power to harm.

In recent times avoidances tend to be situational, partial or self-directed, as in the case of incontinent men who avoid the kgotla. But for a brief period of a few decades in the mid-twentieth century this collision of affect and sense contributed to more totalizing practices of avoidance, in which many people whose bodies threatened to disgust were kept hidden from public life, sequestered in their family compounds (Livingston 2005: Chapter 4). In such instances the potential for ‘sentimental connections’ between self and other to exert a negative influence on physical well-being contributed to the removal of certain people from public life. The reasons for such confinement were complex and cannot be distilled into any singular logic, aesthetically based or otherwise. I have discussed this period and these practices in great depth elsewhere, and cannot reconstruct these lengthy arguments here. Instead I want to pause for a moment to probe the relationships between sense, sentiment and sociability in this most extreme practice of avoidances, without devolving into functionalism. In a nutshell, amidst the jealousies, resentments and uncertainties of post-Second World War Bechuanaland, the capacity for certain bodies to generate deep and spontaneous negative feelings threatened the already overly delicate sociability of public space. The privacy of the segotlo (backyard) offered one means to manage the material, emotional and bodily effects of these toxic feelings.

In spawning widespread practices of sequestration, such aesthetic reactions were imbricated with larger issues around control over female sexuality, labour migration, the decline of marriage and broader epidemiological changes gripping society. Yet, in explaining the logic for such choices to me, people whose families had confined members during this period often referred to disgust, bodily aesthetics and sociability when explaining sequestration. In such instances, the fear of becoming the object of amusement and derision was often central to stated reasons for confinement. Many people cited the concern that others would laugh at their impaired relative.2 In these cases, the aesthetic of impairment exposed the misfortune, making a private matter into a very public affair, as observers could read misfortune on the body or face of the individual in question.

While in many situations shared laughter and amusement built sociability, laughter arising from disgust at the aesthetics of impairments and other forms of misfortune created an inner group of sociability among those who shared in the humour and an excluded group against whom it was directed. For those with sequestered family members, such humour was assumed to come from the baser

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2 Similarly, in the late 1990s, the rehabilitation programme to which I was attached at times encountered resistance from clients who feared that certain prescribed rehabilitative activities or exercises that took them into public spaces would subject them to the laughter of others.
sentiments of sadism and self-satisfaction. It often reinforced their deep suspicions that some people might derive enjoyment out of the suffering of others. Delight or amusement in such misfortune was taken to be both a potential basis for and an outcome of witchcraft. Those who had wrought such misfortune were supposed to then enjoy witnessing the results of their handiwork, and so people might remove their impaired relatives from public spaces that were permeated with such dangerous sentiments.

As much as many people feared exposing their relatives to the perils of consuming public sentiment, many also had great trepidation about the feelings of disgust their children might inspire in others with whom they sought to build and maintain relationships. Mpho Lokate, whose family confined two such members, explained how a lack of bodily control and containment threatened to generate disgust.

Actually it wasn’t people who were disabled as such [who were ‘hidden’], only those who had some kinds of strange behaviours, which prevented them to be with others. Then that person might pee in front of others or something. Because they are like ashamed of what is going to happen in front of others so they hide that one so that others won’t see, when there are visitors. But anyone who had physical disabilities but was fine otherwise, you would see them around . . . . So those ones also they were kept aside . . . it was like they were thinking if they [guests] were given food and then they are in front of others like drooling saliva it will not be nice.

The connection between bodily aesthetics and the botho-building practices of eating, drinking, handshaking, singing and talking is not insignificant. Those whose voices deeply disrupt the complex harmonies that characterize Tswana singing, or whose stinking wounds or unruly saliva, urine or shit challenge the desire to share food, drink and the intimacy of handshakes that are important components of Tswana greetings, reveal how delicate and vulnerable the practices of sociability and botho can be.

Batswana, of course, were not alone in their policing of bodily aesthetics, far from it. In the United States, for example, from the nineteenth century until as late as 1974, some municipalities prosecuted violations of statutes commonly referred to as ‘ugly laws’. These local ordinances in cities like Chicago and Omaha prevented people with ‘unsightly’ or ‘disgusting’ disabilities from entering public spaces (Gilman 2000; Thomson 1997: 7, 35).

From the 1970s onwards, around the same time that the United States, urged by the nascent disability rights movement, began to question its own aesthetic politics, there were public campaigns in Botswana—led by such bodies as the Red Cross, government agencies, Christian-based and secular organizations—encouraging people ‘not to hide’ their disabled relatives. Workers from these groups, along with their counterparts in local disability activist organizations, combine ideas and rhetoric from the international disability rights movement with Christian paternalist imagery and the national discourse of
development to condemn practices of avoidance and alter moral sentiment. In such condemnations there is no talk of the possible aesthetic roots of avoidance and ridicule; instead, practices that cut off sociability are held up as primitive and uncivilized, discordant with a ‘modern’, liberal, Western-modelled form of botho. These efforts to subvert bodily aesthetics and the negative sentiments they can produce draw upon a purposeful rhetoric of Christian love, disability rights, self-determination, and botho to build connective sentiments of love, compassion, empathy and pity that draw people with aesthetically challenging bodies into webs of sociability. Yet a reference to botho in such rhetoric can be problematic. Unruly bodies pose problems in part because their owners cannot control the effect they have on others. One of the ways that botho differs from an ethic of human rights is that to have botho sometimes means to excuse yourself from, rather than seek out the right to, public space.

Many people learn to overcome their disgust and meet aesthetic challenges with care and compassion – ka botho. The cleaning of human waste is the low-status work of young girls in Botswana, who are sent to give household latrines their daily scrubbing. But a mother will change the diapers or chamber pot of her grown child who is ill, just as a daughter will for an elderly parent, and mothers learn not to balk at these unpleasant tasks. Mothers who might not want to touch, see, or smell saliva, faeces, urine, or vomit in a general sense, nonetheless over time are expected to transcend and rework these feelings towards the bodies of their own children and elders for whom they care. Intimacy over time makes such things benign, and as Sarah Lamb’s (2000) work on gendered aging in Bengal shows, bodily care works to make such physical states as senescence meaningful through the performance of positive sentiments of love and concern. Sometimes people engaged in such work not only build up humanity in the home (or the surrogate home) but also carry such practices out into public space, diffusing curiosity and building botho through example. They challenge those waiting on clinic and hospital benches to enact botho through their performances of respect and compassion. In the process they expose negative sentiment and sense as shameful in its own right.

The dressing of wounds and other aspects of professional nursing care require a similar taming of disgust. In Botswana today, where clinics and offices often prominently display posters or circulars that explicitly link botho to professional nursing, the dressing of necrotic wounds provides a good place to see how the tensions between botho and disgust are resolved. It is not that nurses are immune to the stench of rotting flesh or of urine and faeces. A nurse might walk into the privacy of the consultation room and wave her hand under her nose,

3 While pity has a negative connotation in the United States, especially among persons with disabilities, in Botswana many (but certainly not all) such people would speak positively of those who felt pity towards them. Pity was the motivation, the basis for certain forms of charity, paternalism and care that expressed sentiments of love and provided for material well-being.
laughing a bit to indicate how terrible a particular patient still waiting outside smelled. Before we went to change the dressing of a maggot-filled neck wound on an elderly man, a nurse joked with me, 'we better have our tea now, we certainly won’t want to eat after we see what’s under that bandage’. Yet, such joking is always done in private. When face to face with actual patients, oncology nurses tame feelings of disgust and fear, cleaning wounds matter-of-factly and with great care, and see this work as a crucial part of their professional lives. In seven months on the oncology ward, I never once saw a nurse complain about or try to shirk this work.

For Mosadi, a woman in her thirties with advanced cancer of the vulva, the tumour had consumed her entire exterior genitalia and much of her urethra, creating a massive, open, grey, vascular wound that her mother was unable to bring herself to look at, and therefore to help her clean. Mosadi’s mother tried to care for her, and was committed to providing her with food, companionship and other comforts, but while she had learned to tolerate the substantial stench of the wound, she simply could not bear to look at it. This was very troubling for both women, and when I assisted a nurse in cleaning the wound one day, Mosadi implored me to teach her mother to be able to look at it. But though I encouraged her mother to come and look closely at the wound, and to keep looking until it became familiar, she recoiled and stood in the corner of the nursing cubicle, unable to bring herself to look. Nurses (and anthropologists) who work in the cancer ward develop an ability to see, smell, and touch such wounds over time. The ability to overcome fear and disgust is critical to the habitus of professional care giving, and nurses prided themselves on their ability to subvert disgust and replace it with compassionate action. When I asked a senior nurse who was spraying cinnamon air freshener in the ward after cleaning a particularly necrotic wound how she learned to overcome her disgust she explained, ‘If we don’t do this work, then who will? It is botho.’

But it is not only the potential plasticity of bodily dispositions of disgust that enables this; aesthetic projects too around impaired bodies do likewise. Just like the cleaning of wounds and the wrapping of fresh bandages to rehumanize a patient, such projects require botho (and tlhong botho) even as they facilitate its further circulation as positive moral sentiment. Back in 1996, during my very first day accompanying a Motswana rehabilitation worker (employed by an NGO that promoted an internationally modelled liberal and rights-based programme, overlaid with a heavy dose of Christian paternalism) on a home-based visit, we spent several hours assisting an elderly woman who lived alone in a one-roomed hut on the outskirts of her rural village. It was my understanding that the woman had distant relatives and neighbours who would check in on her and help to care for her. But one day she had smeared her own faeces on the walls of the hut, in what everyone took to be a clear sign of her mental illness. After this, she became increasingly isolated, and many of her previous care givers sought to avoid her. While I did not know the case well,
and would not argue that it was solely the aesthetics of smearing shit that caused them to distance themselves, rather than more complex issues surrounding mental illness and possibly witchcraft, it is clear that disgust played a role.

When we visited this woman on a very cold July day, she was lying on her mattress on the floor, depressed and refusing to get up. She hadn’t eaten in two days and was without food. Rather than procure her food or other forms of material assistance, Mary, the Motswana rehabilitation worker, set about giving her a bath. She set up the tub, and built a fire, asked a neighbour where the closest water tap was (it was some distance away because the water supply was erratic in this remote section of the village) and went to fill a drum. By the time we were scrubbing the patient’s back, news had spread that she was being bathed. Then Mary dressed her in a clean dress and sweater, tied a scarf on her head and sat her back on her bed. I wondered at the time why we were worrying about bathing, when this woman was clearly hungry, and yet Mary knew what she was doing. By the time we set out to drive away to visit the next client people had come to bring this woman a meal. The lingering aesthetics of shit had trumped feelings of Christian charity and botho, while a bath had temporarily washed this interruption away, paving the way for such feelings to resurface in action.

In contemporary Botswana, as in many places, the aesthetics of impairments—-incontinence, pervasive saliva, and the smells and sights of rotting flesh—challenge fundamental expressions of botho by generating feelings of disgust, repulsion or fright in others. The power of the senses to affect or transform people is recognized to be deep, as is the power of emotions that result from such sensory experiences. In these cases, bodily aesthetics operate as signifiers in the dense web of practices that either build up or threaten sociability and therefore botho. Yet, as we have seen, while the sensory and sentimental activity around aesthetic impairments exposes the contingent and fragile nature of humanity and community, it also reveals the plural and contradictory nature of thought and sociability in contemporary life. While most attention to the permeability of the human body relates to the intimate connections of kinship or infectious disease transmission, the domain of aesthetics allows us to explore the more superficial and public aspects of bodily permeability and its consequences in social and emotional life.

ACKNOWLEDGEMENTS

I am grateful to Patrick Monnaesi for his assistance with research, and for indulging me in numerous conversations about botho, and to Mma Taung, MmaDombi, and Mma Kahovere who are teaching me to clean wounds ka botho. I also thank Betsey Brada, David Schoenbrun, Sinfree Makoni, Steve Feierman, Lynn Thomas, Nancy Hunt, Katherine Geurts, Fred Klaits, and two anonymous reviewers for Africa, whose comments on earlier drafts were enormously helpful.
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This article explores how people in Botswana approach and navigate their own feelings of disgust and morbid curiosity towards the aesthetically impaired bodies of their fellow citizens, and the problems and opportunities these feelings present in a context where a particular humanistic ethos of respect and manners, botho, is stressed in the public discourse of nationalism. The agenda of contemporary disability and patients’ rights movements is based on the assertion that moral sentiment is neither determined nor subverted by particular bodily states or configurations. While such activism acknowledges and affirms experiences of debility and physical suffering, the political agenda largely centres on enabling persons to participate equally in rational-critical discourse in the public sphere regardless of the vagaries of any individual’s particular bodily state. Within this framework, physicality should have no power to structure relationships among citizens. And yet, in Botswana, as in other places, the messiness of the human body – manifested in diarrhoea, drool, disfigurement, and disgust – threatens to subvert humanistic efforts, and challenges the smooth enactment of rights-based politics and other liberal projects. In what follows I explore the sometimes troubling physicality of humanistic and affective life in Botswana to better grasp the messy bodily dimensions of sociality that are so often swept under the rug in discussions of citizenship, rights and community. Aesthetic efforts at bathing, bandaging and otherwise reworking the bodies in question reveal dimensions of sociality and aspects of sensory and affective interaction that are critical to the enactment of moral sentiment.
contemporains de défense des droits des patients et des handicapés reposent sur le principe que le sentiment moral n’est pas déterminé ni ébranlé par des états ou configurations particulières du corps. Alors que cet activisme reconnaît et affirme les expériences de débilité et de souffrance physique, le projet politique s’attache largement à donner les moyens de participer sur un pied d’égalité au discours rationnel critique dans la sphère publique, quels que soient les aléas de l’état physique de la personne. Dans ce cadre, la physicalité ne devrait pas avoir le pouvoir de structurer les relations entre les citoyens. Pourtant, au Botswana comme ailleurs, l’impureté du corps humain (manifestée dans la diarrhée, la bave, le défigurement et le dégoût) menace de déstabiliser les efforts humanistes et remet en cause l’adoption sans heurts de politiques basées sur les droits et autres projets libéraux. L’article examine ensuite la physicalité parfois troublante de la vie humaniste et affective au Botswana pour mieux appréhender les dimensions corporelles impures de la socialité si souvent escamotées dans les discussions sur la citoyenneté, les droits et la communauté. Les efforts esthétiques de lavage, de bandage ou de refaçonnage des corps en question révèlent des dimensions de socialité et des aspects d’interaction sensorielle et affective indispensables à l’interprétation du sentiment moral.