

Whom to Blame?

Madness among young men in a rural district in Malawi

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Abstract

In the first chapters, I demonstrate how the elder's construction of the causal relation between the emic understanding of madness and the use of marijuana was connected to what my elder informants understood as a deviant youth culture that interrupted the elders' view of respectful behavior. In the following chapters, three and four, I connect the elders' understanding of the causal relation between intoxicants and madness to expectation of self-infliction caused by the agency ascribed masculine behavior. I follow up the chapter by demonstrating how the elders' means of treating madness by physically constraining was related to the self-infliction ascribed the young men. I also discuss the treatment in relation to elders' attempts at controlling a youth culture that challenged the elders demand for acceptable masculine behavior.

Following these chapters, I address some of the causal relations that challenged the greater public opinion about marijuana as the main cause for madness. I demonstrate how elders who protected the young men from being excluded by the greater community challenged the greater public opinion by connecting madness to harmful magic by externals who wanted to harm the young men. I end the chapter by asserting the importance of morality in the elders' discussion about causation. I further demonstrate how the ascription of harmful magic failed in the meeting with the greater public opinions.

In the last three chapters I investigate the younger men's understanding of the connection between marijuana and madness. The younger men were more concerned about a sensitive understanding of the relation between intoxication, anxieties connected to their socio-economic position, and the condition of madness. I investigate the youth bars as part of structures to deal with the anxieties that comes from the worries. In the last two chapters concerning the young men, I suggest that younger men's active search for belonging in a global popular culture in a combination with their search for company to share their anxieties, not possible in the meeting with the moral approaches, contributes to young men's gatherings in youth bars.

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Contents

Abstract	- 3 -
Acknowledgements	- 3 -
Introduction	- 8 -
Studying madness	- 11 -
Madness in context	- 11 -
My approach to the phenomena	- 12 -
Theoretical approach: Madness and masculinities	- 13 -
Intoxication and context	- 14 -
“The marihuana district”	- 14 -
Distribution of marihuana in Chimata	- 14 -
Law and international policy	- 15 -
Economic spheres in Chimata	- 16 -
Demography and unemployment	- 17 -
Higher Education.....	- 17 -
Economic possibilities in Chimata	- 18 -
Medical pluralism in the District	- 19 -
Biomedical institution`s	- 20 -
Biomedical treatments related to madness	- 21 -
Traditional Doctor`s	- 22 -
The traditional doctor`s treatment	- 22 -
Religion leaders.....	- 23 -
Traditional authority.....	- 23 -
Chapter 1 Methodology and Ethics	- 25 -
1.0 Methodological Approach	- 25 -
1.1 Personal considerations	- 25 -
1.2 Research and aid	- 26 -
1.3 Limiting the field	- 26 -
1.3.1 Position and gender	- 27 -
1.5 Following the discourse.....	- 28 -
1.5.1 Challenges in “following the discourse”	- 28 -
1.6 Language	- 29 -
1.6.1 Field assistance.....	- 29 -
1.6.2 Discovering metaphors	- 31 -
1.7 Collecting information.....	- 31 -
1.7.1 Participant observation.....	- 31 -
1.7.2 Asking around	- 32 -
1.7.3 Intoxication and participation.....	- 32 -

1.7.4 Informal interviews	- 32 -
1.7.5 Using tape recorder	- 33 -
1.7.6 Formal interviews.....	- 33 -
1.7.7 Writing tasks.....	- 34 -
1.8 Ethical considerations	- 34 -
1.8.1 Access to medical institutions	- 34 -
1.8.2 Anonymization	- 34 -
1.8.3 Organizations.....	- 35 -
1.8.4 My contribution to the young men in the district.	- 35 -
Chapter 2 Madness and intoxication	- 37 -
2.0 Introduction	- 37 -
2.0.1 Introduction of Kondwani	- 37 -
2.1 Connecting marihuana and madness	- 37 -
2.1.1 Marihuana and wrongdoing.....	- 39 -
2.1.2 Marihuana and effect.....	- 40 -
2.2 Alcohol and madness.....	- 41 -
2.2.1 Small plastic bottles vs, Carlsberg.....	- 41 -
2.2.2 Kachaco vs. marihuana.....	- 42 -
2.3 Routinely behavior and madness	- 43 -
Summary.....	- 45 -
Chapter 3 Madness and young men	- 47 -
3.0 Introduction	- 47 -
3.1 A generation of madness	- 47 -
3.2.1 “Hopeless youths”	- 48 -
3.2.2 The inactive generation	- 48 -
3.3 Youth bars.....	- 49 -
3.3.1 Shade bar	- 50 -
3.3.2 Space of madness	- 51 -
Summary.....	- 52 -
Chapter 4 Madness, gender and agency	- 53 -
4.0 Introduction	- 53 -
4.1 Elders ascription of guilt.....	- 53 -
4.2 Witchcraft and self-infliction.....	- 54 -
4.3 Gender and self -infliction	- 56 -
4.3.1 Gender and agency	- 57 -
Summary.....	- 59 -
Chapter 5 Controlling madness of young men.....	- 61 -

5.0 Introduction of chapter	- 61 -
5.0.1 Introduction of main informants.....	- 61 -
5.0.2 Kadda	- 61 -
5.1 Physical control and madness.....	- 62 -
5.2 Re-negotiating treatment	- 63 -
5.3 Elders performance of control	- 65 -
5.4 Madness, violence and interventions.....	- 66 -
5.5 Social control.....	- 68 -
5.5.1 Youth styles and social control.....	- 68 -
5.5.2 Elders view on improvement.....	- 69 -
Summary.....	- 70 -
Chapter 6 Elders negotiation of responsibility	- 71 -
6.0 Introduction	- 71 -
6.0.1 Introduction of main informants in the chapter	- 71 -
6.0.2 Mr. Bicycle.....	- 71 -
6.0.3 Marvin	- 72 -
6.1 Witchcraft and negotiation of responsibility	- 72 -
6.1.1 Bicycle case.....	- 72 -
6.1.2 Marvin's case	- 73 -
6.2 Causality and the importance of moral stances	- 75 -
6.3 Failed negotiations and excluded young men.....	- 76 -
Summary.....	- 77 -
Chapter 7 Young Men`s idioms of distress	- 79 -
7.0 Introduction	- 79 -
7.0.1 Introduction of context	- 79 -
7.0.2 Introducing young men.....	- 80 -
7.1 Young men`s perspective on madness and intoxication	- 81 -
7.2 Young men`s idioms of distress.	- 81 -
7.2.1 thinking too much.....	- 81 -
7.2.2 Deep thinking	- 82 -
7.3 Alcohol and madness.....	- 83 -
7.4 Youth spaces.....	- 84 -
7.4.1 Sharing intoxicants	- 84 -
7.4.2 Sharing ideas, solving stress.....	- 85 -
Summary.....	- 86 -
Chapter 8 Young men in waithood	- 89 -
8.0 Introduction	- 89 -

8.1 “Having nothing to do”.....	- 89 -
8.2 Hip hop and imagined mobility	- 91 -
8.3 Young men’s negotiations	- 93 -
Summary.....	- 95 -
Chapter 9 Young men`s madness and agency.....	- 97 -
9.0 Introduction	- 97 -
9.1 Kadda`s dangerous act.....	- 97 -
9.2 Kadda’s outburst.....	- 98 -
9.3 Madness and agency	- 99 -
9.4 A success story?.....	- 99 -
9.5 Being blamed.....	- 100 -
9.6 End note about Kadda.....	- 102 -
Summary.....	- 102 -
Concluding remarks	- 103 -
Helping young men out of unhealthy circles.....	- 104 -
Important limitations and suggestions for further research	- 105 -
References	- 107 -

Introduction

“This is the district with a lot of madness among the youth (...) You know that chamba¹ is grown here (...).”

“You know that madness around here is because of marihuana (...) because most of this mad people are youth so than you know it’s because of chamba.”

¹ *Chamba* is one of the Chichewa terms for marihuana.

The excerpts above demonstrate some samples of the numerous presentations that connected young men`s² state of *madness* to intoxicants. Originally, the intention of my ethnographic research among youth in Malawi was to study the future prospect among the greater youth population in Chimata District. However, as the abovementioned expressions indicate, asking around about the youth population I constantly came across descriptions of youth`s as lazy marihuana smokers who end up in a state of *madness* because of their practices.

Throughout my fieldwork, several sources led a similar discourse advocating a clear causality³ amid “*marihuana*” and *madness*. Other than in Chimata District, the discourse was apparent in the national newspapers (Kayira, 2017), from previous research on admissions to Zomba mental hospitals (Carr et. al 1994) and other institutions in Malawi that showed concern about what was often described as the cause of a “*greater amount of madness among the youth men in Chimata District*”.

To this, a significant aspect appeared to the localities, being different bars and smoke hubs in the district, within a great amount of the young men often could be found. The panic in the district was evident as rumors was often going around about young men who had turned into a quick and sudden state of *madness*, which was (in a direct manner) connected to the marihuana smoke found at the hubs. Young men in the district were also part of a greater discourse about unemployment among the younger generation in Malawi. Several institutions in Chimata District showed their concerns about the young men, “*going astray*”, and different youth organizations had been established to meet the drug problem of the young men.

However, narratives connecting marihuana and *madness* is not a discussion that is limited to Chimata Distirct and Malawi. Marihuana has been viewed as problematic and dangerous on a global scale. Jarret Zigon recognizes the “war on drug” as a global phenomenon where languages about the dangers of drugs are spreading. Although marihuana use, and its effect is investigated and problematized on a global scale, the representations about the young men in Chimata District will be considered as a “*situation (...)*, a singular multiplicity that provides

² By young men I relate to the age span of the younger men I observed at the youth bars. Because of my focus of young men outside employment I have left out the youngest participants at the bars. I therefore define young men as the participants between 18 -27. See page 9 for more information about why I choose to focus on the age span.

³ By using the term, causality, I relate to the relation between cause and effect.

widely diffused but shared conditions” (Zigon 2015:503). Tian Sørhaug requests angels that looks at the content and meaning of the drug rather than its causes and effects (1996:182). In continuation with this line of thought, this thesis will trace the voices inside the discourse which connected *madness* among young men to intoxicants, with an anthological gaze that seeks to grasp the different views of what appeared for me as a “*simple*” description of *madness* among young men in Chimata District.

In doing so, I will structure the thesis following the different voices inside the discourse, from the elders’⁴ perspective to the younger men who were claimed to be *mad*. Chapter 2 is concerned about the elder’s connection between *madness* and intoxicants and investigates the moral content of the types of intoxicants connected to *madness*. Chapter 3 looks at how *madness* is connected to the younger generation of men in Chimata. Chapter 4 looks at the gender aspect to the connection between intoxicants and madness. Chapter 5 investigates the social control embedded in the discourse and demonstrates how controlling a deviant youth behavior was one of the central aspects in the physical restraints ascribed by the elders. Chapter six investigates some of the contesting views presented by the family of young men who was blamed by other villagers. Chapter 7, 8 and 9, brings in the perspective of the younger men’s idiom of distress and seeks to understand how the younger generation review the connection between intoxicant and *madness*.

The chapter will also look at how young men contested the claims ascribed from the elders. By looking into aspects from both the elder and younger age-generations of Chimata, the aim of the thesis is to understand *how two different age generations understand the causal relations, between mental disorder and use of intoxicants. By looking into the different understandings of causality, the thesis further seeks to investigate how expectations and contestation of traditional masculine behavior, shapes the discourse. The conclusion connects the different understandings of masculinity and disorder to understand how contradictions contributes to young men’s excessive use of intoxicants.* I now turn to a theoretical discussion about the widely studied phenomena, *madness*.

⁴ By using elders throughout the thesis, I seek to contrast their perspectives to that of the younger generation.

Studying madness

The phenomena madness has been broadly studied by social scientist and anthropologists for decades. Previous studies on madness have focused on the power-relations in treatment through historical approaches that look at the condition in the meeting with construction of rationality, psychiatry and its institutions (Goffman 1959, 1969, Foucault 1965). Some scholars have also looked at the power relation in the construction of madness during colonization. One of the scholars that should be mentioned is Megan Vaughan and her research on the opening of Zomba mental hospital in Malawi (Vaughan 1983). Differing from perspectives concerned with macrolevel analysis, this thesis brings to the table a microlevel approach concerned with the emic understandings and use of the concept of “madness”. From this vantage point, I will shed additional light on significant contextual factors constitutive of the framework within which the emic understandings of *madness* in Chimata District, Malawi, came to be meaningful.

Madness in context

In Chimata the use of the term *madness* appeared to be part of a non-specialized vocabulary; a use that resembles with Arne S. Steinforth's findings from Southern Malawi (2008:137). Among my informants the condition was described from both the Chichewa term *misala* and the English term *madness*. Both previous studies and the Oxford Chichewa dictionary (Paas 2016), translate *misala* to *madness*. Because of my informant's mixing of the two terms I choose to refer to my informants use of the emic term *madness* throughout this thesis. The term was also used in close connection or in resemblance to the terms “*crazy*”, “*insane*” and was also connected to the term *mental illness*. The former mentioned term was used more commonly by the health workers in Chimata.

Further this emic conceptualization appeared embodied in that it was described in relation to a brain that does not work probably affecting behavior and the person's ability to follow the social norms. Typical behavioral characteristics were described in terms of “*taking of the clothes, running around naked and eating from the trash.*” In addition, the term was connected to a greater number of causalities (For descriptions of some of the causalities presented to me in the field see chapter 1, p.19). The challenge of studying an un-specialized term will be discussed further under the section that discusses methodology of the fieldwork.

My approach to the phenomena

In my research I have looked at narratives that connects causal relations of *madness* to intoxicants, combined with observations and participation in the context where the narratives are uttered. This approach draws on Jarret Zigon`s definition of “narrative stories” as central stories to understand how persons create order and maintain meaning in their life (Zigon 2008:146). The author claims that narrative stories are limited by certain socio-historic-cultural expectations. The approach of looking at the wider context of illness experiences has been part of narrative analysis in medical anthropology trying to understand experiences of “illness” from the historical, cultural and institutional shaping of that experiences (Lovell 1997:355). To gain a greater understanding of *madness* I have compared the different narratives to my observations of the daily life of Chimata. I have also observed and gained some insight into the different health practitioners and institutions that may shape the resident`s narratives. Additionally, I investigate my informants` narratives in relation to political and religious discourses presented in media and from other institutions.

In my study I focus the narratives told about illness experiences as a means of agency in contrast to what Margaret. R Somers recognize as tendencies to study *madness* and marginals as conditions “stripped” of agency (Somers 1994, p.624). Somers explains that there has been a change in the studies of narratives by looking at them as limited to representational forms to the recognition of narratives as crucial to “know, understand, and make sense of the social world” (p, 606). Studying *madness* by looking into narratives as means of agency has brought insight into how young men experienced *madness* as conscious acts related to the frustrations of the structures they are living under. Young men`s subjective experience of *madness* will be the focus of chapter 7 part 2.

The state of *madness* was not only part of a discourse. The condition was also part of some of the local`s real struggles. I observed several persons both in town and at the different villages that walked around in dirty clothes, talking to themselves, and in some cases eating what they could find on the streets. Because of the health condition of these young men I choose to not focus my research around their perspectives or movements. As a result, *madness* was mainly investigated as part of stories from young men who had some experience with *madness* or who used to be *mad*. In the next section I will present the greater theoretical discussion of the thesis in addition to some of the main social theories that will be used to discuss my findings.

Theoretical approach: Madness and masculinities

Some of the main ethnographies that my work draws on is Arne S. Steinforth's study from Southern Malawi, "Troubled Minds: On the cultural construction of mental disorder and normativity in Southern Malawi" (2008) Steinforth's work has been useful too understand the moral content of the causalities presented during the fieldwork. On the other hand, Steinforth's broad study rarely mentions the gender-age aspect in relation to the construction of causality in the Malawian context. The different aspects on causality, will be discussed as part of a greater negotiation process of "plural masculinities" in Chimata. By including the term plural masculinities, I am referring to R. W Connel and James W. Messerschmidt's request of not addressing masculine hegemony as a simple pattern of domination performed by force but as part of the plurality of masculinities and subordinated groups possibilities to challenge and live outside the patterns of hegemonic masculinity(2005:846).

To investigate the gendered aspect to the connection between *madness* and marihuana, chapter 3 draws on social theories by Joan Busfield (1996). Chapter 4 discusses the means of social control embedded in causal relations between *madness* and intoxicants, based on Michael Foucault's concept of "power-knowledge" (1980). To show how elder woman and close family members of the young men negotiated the claim made by the elder men chapter four draws on Paul Brodwin (1996) and brings the concept of power-knowledge into the discussion before looking at the younger men's perspectives. In chapter 6 and 7 I use Mamadou Diouf's description of the gap between generations and sociability (2003) and the concept of "waithood" by Alcinda Honwana (2013) to reflect on how younger men understood and negotiated causality as part of an active negotiation process connected to the gender dynamics in Chimata District.

To understand the connection between space and construction of causalities I will introduce my own theoretical concepts, *spaces of madness* and *spaces of sharing* to show the different perspectives on the young men hangouts was important in the understandings of causality.

After considering how the different age-groups connects and contest the ascription of *madness* I will conclude with coherences and misunderstandings among the different age-groups and address some reflections on how youth organizations, NGO's and other organizations can give the younger men an arena to reflect about their suffering outside the

context of the bar. To better understand the context of the discourse that was presented in the beginning of the chapter (p, 1), I will now present the “situation” of illegality and accessibility in Malawi, which was an important part of the elders understanding of a causal relation between *madness* and intoxication.

Intoxication and context

To understand the contextual frameworks of the discourse that was presented by my informants in Chimata District an introduction to the distribution and the legal frameworks behind use is necessary. Furthermore, because the use of alcohol was closely connected to the elders’ understanding of young men’s *madness*, I will give a short introduction of sales and the production of different types of alcohol in the district. Given that Chimata was in the rural areas of Malawi the only intoxicants available in the locale was marihuana, liquor and beer.

“The marihuana district”

Another discourse that connected young men in Chimata District to *madness* from intoxicants, connected the greater use among the youth in the District to the localization of Chimata district as “*the district of marihuana*”. I experienced the perspectives already at my first days in the capital of Malawi, Lilongwe. Urban Malawians would ask me, *what are the intentions of your stay in Malawi?* “*Well, I’m going to Chimata District to visit a friend* (at this time of my fieldwork I had still not decided on a specific field site and my purpose of going to Chimata was to visit a friend working at the youth organization). The answer I would receive was, “*ahhh, you are going there to smoke marihuana*”. Other comments I received was, “*so you are heading for the marihuana district*”.

Distribution of marihuana in Chimata

The easy access of marihuana in the district made it a popular intoxicant among the unemployed young men in the district. The marihuana was sold illegally to the younger men at *youth bars* and the home of persons who sold marihuana. A person who sold marihuana was referred to as a *Bush doctor*. The home of the *Bush doctors* was both a place to buy marihuana and a location where young men came to hang out. At the *Bush doctors* a ball of marihuana (meaning five gram) was sold for 50 kwachas (approximately 50 Norwegian øre). The *Bush doctor`s* bought large supplies of weed directly from the farmers. In Malawi it is illegal to both sell and buy marihuana. However, cultivating weed was described as a

prosperous activity compared to the low income from sales and distributions of the usual crops in the district.

Most of the *bush doctors* were located outside town because of the illegality of the business. However, the police were aware of the locations (as explained by the *bush doctors* I talked to), something that required the *bush doctor* to have arrangements with the police officers. In this manner, the legal framework constituted a significant contextual factor in understanding marihuana. Thus, I dedicate the next paragraph to just that.

Law and international policy

In Malawi marihuana is categorized as “*Part 1 Drug*” under the Dangerous Drug Act as a part of the Malawian Government legal system (Part 1 drug, 1956, Chapter 3502s3). Other drugs fall under this category are raw opium and coca leaves. The laws that apply for marihuana in Malawi today was compiled from the International Convention for Limiting the Manufacture, Regulation and Distribution of Narcotic Drugs signed at Geneva on 13 July 1931 (Part 1 drug, 1956, Chapter 3502s2). The stride for legalization in Malawi consists of two separate discussion, cannabis and industrial hemp. In both discussions the problem of *madness* and psychiatric morbidity has been used as counterarguments for legalization by the government, as demonstrated in this article from BBC (Tenthani 2000). On the other side the causative relation between marihuana and *madness* was contested by the Rastafarian elders who was on the frontline for claiming that the causative relation was a strategy for putting the blame for young men`s bad behavior on the marihuana. In chapter three I will introduce the concept of *hierarchy of intoxicants* for the reader to understand how the *madness* term was not only connected to marihuana, but also some of the types of alcohol consumed by young men. Alcohol was to such an extent connected to *madness*, and intertwined with the consumption of marihuana, that any analysis concerned with the subject of *madness* in Malawi will have to include it as a central practice and consumption. Thus, the next section will therefore include a short introduction to the economic monopoly and legal framework of the consume of alcohol in Malawi.

As described on on their webpage *Carlsberg Brewing company* was opened in Malawi on the 14th of December 1968 and later the company joined other alcohol companies (Sothern Bottles and Malawi distilleries) for a cooperation under the Bottling and Brewing group limited. Now the brands are produced under Castel who are responsible for producing the

brands in Malawi (Castel Malawi limited 2016). The company have a monopoly over the beer-market and commercial spirits in Malawi and provides the commercial bars in Chimata with alcohol.

However, there existed also an informal market for alcohol. *Kachaco* is a spirit distilled by the locals and is one of the informal businesses in Chimata district. The practice is illegal by government laws but appeared as more accepted because of the traditional value of the drink. It is uncertain how long the spirit has been produced in the district.

Splash and Galaxy are some of the other brands sold in the informal market in Malawi. The brands were legal at the beginning of my fieldwork but were banned after the introduction of government policies that aimed at to reduce youth`s consumption of alcohol⁵. However, an important contextual inquiry remains, namely, why these young men ended up in these consumption spheres, within which alcohol consumption appeared inevitable, in the first place. Hence, in the next section, I will discuss what appeared to be significant economic contextual aspects in Chimata.

Economic spheres in Chimata

To have a better understanding of the elder`s construction of causality this part will focus on some of the contextual aspects of the gatherings of young men in *youth bars*. This section will first introduce some of the demographic factors that leaves the younger generation of men in Chimata outside of the possibilities generated by the economic neo-liberalization. I will include a short discussion on how the young men from households that are depended on small-scale farming struggle to attend the education acquired to access well-paid jobs. Thereafter, I will focus on the economic prospects, that is, the livelihoods, available to the young men from these households. As I will discuss in the last part of this section the informal activates that the young men attend to is part of generating excessive consume. By formal and informal economic activities, I follow the definition of Alcinda Honwana who describes that the informal sector of the economy “includes a wide range of small-scale economic activities carried out by individuals and families that aim at their immediate survival” (Honwana 2013:58). The informal economy differs from the formalized economy

⁵ For a update on the Malawian government work against alcohol abuse see <https://www.nyasatimes.com/minister-muluzi-launch-malawi-alcohol-policy/>

that Keith Hart et.al describes as “one where economic activities are defined by rules of various kinds (not just state-made laws) that are debated and enforced by political means” (2010:10). However, the two spheres are hard to separate because of the interconnection that exist between the two (Honwana 2013, p.59). Now I turn to a discussion about demography and unemployment.

Demography and unemployment

The great unemployment among young men in the age of 18 to 27⁶ in Chimata District can be understood from socio-economic circumstances in Malawi. The formal sectors of Malawi are pressured by a growing youth population because of high fertility rates (National Statistical Office 2014:41). The young men living in Malawi lives in what some scholars refer to as failed national economies’ (Diouf 2003, Honwana 2012). Despite the failed economies the rural areas of the central districts where Chimata is located are presented to have greater opportunities of employment than the urban areas because of the opportunities found in the agricultural sectors (National Statistical Office 2014:46). However, most of the households in Chimata took part in small-scale farming that does not provide enough income to sustain family livelihood, therefore the man in the household is often required to seek employment outside the Chimata District. Another demographic factor that challenges the youth’s possibilities to take part of the agricultural sector is the pressure on land as part of the growing population. To avoid describing young men as helpless in the failed national economy the next paragraphs will describe the economic environments of Chimata for the reader to have greater understanding of young men’s strategies to cope with the unemployment. Before turning to a description of the job opportunities for young men in Chimata I turn to a discussion about the availability of higher education.

Higher Education

My younger informants described their experiences of being unemployed because of the lack of possibilities of getting into higher education. Most of the young men I meet in the district afforded to go to secondary school. However, numerous of the young men I meet in the *youth bars* had dropped out or received low scores at their Malawian School Certificate of

⁶ The age-span presented is defined from my observations at the youth bars. Most of the young men had attended secondary school but struggled to attend higher employment or formal education after finishing school. A greater number of the young men in the bar explained that they had quit secondary school because of the challenge to pay for the fees at secondary school, the expenses of books or lack of motivation.

Education. Higher education in Malawi is a middle-class phenomenon because of the expenses of buying books, or paying to get into education programs; however, some have the chance to get funding, which requires top score at the MSCE. Other possibilities for higher education that could help the young men into formal work was by attaining a Diploma, the lowest level of education, that could be obtained through courses at the youth organizations in the district.

The largest youth organization in the District was Chimata Youth Organization which was founded by a Norwegian secondary school. Some of the other aims against the youth population was learning the youth in the district entrepreneurship (welding and fabrications, carpentry and joinery, electrical installations) as a means of starting their own business as a mean of getting income. However, the participants had to pay 40 000 kwachas to participate in the longer courses (1-2 years) and 20 000 for the shorter courses (6 months). The amount of money required for the courses was described as a barrier to access the programs, by my younger informants. One of the possibilities to access a Diploma was through the funding by the organization for vulnerable youth`s. The selections for the funding was based on practices were employers of the organization went to young men`s home to see the conditions they were living under. However, young men hanging out at the *youth bars* was commonly described as inactive and a “*problem*” and was therefore, in some cases, not regarded as part of what the employees of the organization regarded as vulnerable youth`s. I now turn to a discussion about the economic possibilities that young men without higher education could turn to.

Economic possibilities in Chimata

Because of Chimata`s localization there was less opportunities in the private and public sector compared to the urban areas of Mzuzu, Lilongwe and Blantyre. Some of the sectors that provided waged labor in Chimata was through the public sectors (Teaching in Primary and Secondary school, Chimata District Hospital, Chimata Private Hospital, Chimata Prison). Other waged labor was found at the different NGO`s located in the district (Red Cross, Chimata Youth Organization, World Medical Fundt, etc). The public sector and the NGO`s mainly provided work for someone well connected, coming from a middle-class family and equipped with a university degree. Some possibilities in the formal sector were available for young men without higher education. The electrical supply company in the district hired for a short-term period of one year for young men with a diploma from secondary. Some young

men also found opportunities at skills-oriented jobs such as carpentry, mechanics and other low paid work. Other young men also worked at the market, helping in the family business. However, besides the scarce opportunities for young men without education in the formal sectors, a significant opportunity appeared to be the informal spheres. To this, I turn next

The National Statistical Office of Malawi has recognized how the high fertility rates and the government's failed attempts at creating enough jobs Malawi contributes to a growing informal sector (National Statistical Office, 2014:2). The young men in Chimata District participated in numerous different informal economic activities. Some of these informal jobs was part of illegal activities related to distributions of mariuhana and spirits. The music industry was also part of the popular informal economic activities that young men attended to. Selling and producing music was one of the most popular economic activities among young men. However, starting up a music den required some money so most of the young men who had their own music den came from the middle-class families in Chimata. For the young men coming from low-income families the dream of "*making it in music*" stayed one of the important aspirations and motivations to cope up with the feeling of being "*stuck*" in Chimata.

Being part of the informal sector was also viewed as a source to the excessive consume by both my younger and elder informants. One of the activities that illustrated this that young men participated in was *piecework* (meaning work that was paid in cash after one day's work). One of the other piecework that young men participated in was as a *caller boy* for the local buses going in and out of the district. Working in piecework was commonly associated with excessive drinking due to harsh work conditions and the daily payment's that made it easier to spend the money right away. In the next section I will introduce some of the medical contexts in Chimata, involving different health institutions that offered to treat young men who turned *mad* from abusing intoxicants.

Medical pluralism in the District

First, I want to mention that respecting *mad* persons has been part of traditional instructions about norms and behavioral conducts among varying ethnical groups in Malawi as observed by Steinforth (2008:45), and as I observed the closest family was in numerous cases the most important caretakers of the young men in suffering. A greater amount of my elder informants

explained that they had been to different modes of treatment to deal with the situation of young men. From conversations and observations, I learned that my elder informants oriented themselves among different means of treatments to negotiate causality. By negotiations of causality I am referring to my informant's contest of the different causal relations constructed in relation to the knowledge from health care providers, their institutions, and the conflicting cosmological systems that forms the different means of dealing with *madness*, similar to what Steinforth calls "explanatory pluralism" (2008:243). Negotiating the causative relation of young men's state of *madness* was an important part of the moral protections of young men in the district as will be shown throughout the thesis. An introduction to the different medical systems and their practical background will therefore be introduced next.

Most descriptions of medical plural landscapes have included traditional medicine, religion and biomedical institutions. In my fieldwork I learned that the police of Chimata District Police also needed to be included as part of the medical pluralistic landscape because of the police institutions' role in locals' understandings of how to deal with *madness*. The police officers in the district claimed that they received a greater amount of "*mad*" young men. In the following section I will present the medical institutions and practitioners that contributed to the local's understandings of *madness*.

Biomedical institution`s

Historically, the colonist and missionaries introduced biomedicine to Malawi. By looking at the political situation in Malawi today the government recognize biomedicine as the preliminary form of medical knowledge rather than the traditional medical knowledge promoted by the traditional doctors. Biomedicine was promoted by government and social media. Additionally, religious leaders in Malawi and Chimata advised locals to seek help at the hospitals. Malawi has two larger mental institutions. Zomba mental hospital south of Malawi is the biggest governmental institution in the country and is part of free healthcare system for patients at Chimata District Hospital. Zomba Lunatic Asylum was first established as a wing of the Central Prison in 1910. It stayed under the prison department until 1951 and in 1955 the first psychiatrist was appointed to the institution (Vaughan, 1983, p.219). There are also private mental institutions located in the North (Mzuzu) and Central (Lilongwe). The private institutions were started by Saint John of God. As described on their webpage the institution in the North was founded in 1993. The institution extended the mental services by

opening a center in Lilongwe in 2012(Saint John of God foundation, date of publication not available).

In Chimata District there were two biomedical institutions, a governmental hospital and a private driven hospital funded by missionaries. The governmental institution was free for residents and provided a small psychiatric department consisting of one clinical officer⁷ and four psychiatric nurses. To understand how my informants viewed biomedical treatment in Chimata the next section will present one of the health personnel's understanding of biomedical treatments of mental disorder offered at the hospital.

Biomedical treatments related to madness

At the District hospital in Chimata the staff explained that they treated in-patients with mental disorders according to the ICD-10⁸ standard. Because of the classification system of the ICD-10 standard one of the nurses explained me that the history was addressed as an important aspect of finding cause and a following treatment for the young men in-patient at the institution. However, after fining a cause from the ICD-10 standard, having time for counselling the in-patients was explained challenging. As noted by Chorwe- Sungani et. al, treatments in Malawi that focus on counselling (psychologists, social counselling services and others), are less available and becomes part of the psychiatric nurse's responsibilities (2014, p.36-37). Steinforth has noted how these restrictions causes pharmaceutical products to remain a central tool to for treatment (2008, p.104). The same issue was addressed by one of the psychiatric nurses at Chimata District hospital explained that due to the lack of employees compared to patience's there was little time to counsel the in-patients. Medicine was therefore closely related to the locals understanding of biomedical health services. Parallel to contemporary medical treatment, there existed yet another medical knowledge, that is, the traditional doctors practicing their medicine in Chimata. The significance of traditional medicine in understanding the emic concept of *madness* cannot be underestimated and hence I will yield it some lengthy contextual discussion.

⁷ Psychiatric clinical officers are "clinicians who have a diploma in clinical medicine and a post-basic bachelor's degree in psychiatry." (Chorwe-Sungani et.al 2014).

⁸ The ICD-10 standard stand for the International Classification of Diseases and is a universal classification system to categorize diseases for health promoting and statistical purposes. Reference: <http://www.who.int/classifications/icd/en/>

Traditional Doctor`s

The traditional doctors were referred to by different terms. My informants referred to them in as *wich-doctors and traditional doctors*⁹. I choose to refer to them as traditional doctors because of the immoral aspect of the former. The traditional doctors were understood as both medical practitioners and experts in magic and witchcraft. Some of the traditional doctors did not practice or understated the use of magic because of the illegality and immorality connected to the practices. Traditional doctors also had the ability to find the *witch*, the person or family that bewitched someone in the community. In this section I choose to use traditional doctor to show respect for my informants and to avoid ascribing the highly immoral term witchdoctor on them. Traditional doctors have a long history in Malawi. Steinforth claims that their practices bear connection to traditional forms of religion and other cultural concepts connected to Malawian cosmology (2008, p.67).

Traditional doctors I met in Malawi formed part of traditional healer`s organizations under the Malawi traditional Healers Umbrella Organization (MTHUO). The Ministry of Health in Malawi cooperated with traditional doctors about health-related issues under MTHUO. However, the cooperation was contested by my informants working as traditional doctors who claimed that the obligation was part of a scheme to “*steal their knowledge*”. To give more insight into the local manifestations of *madness* in the next section I will introduce some of the traditional doctors` methods of treating *madness*.

The traditional doctor`s treatment

Patients visiting the traditional doctors in Chimata did not only travel from inside the district, but also from other districts. The traditional doctors` had a pricelist for the different treatments. *Madness* was listed as one of the more expensive treatments. One of the doctors had a fee of 6500 kwachas (equivalent 750 Norwegian kroner) to treat *madness*. Included as part of the treatment patients and family member(s) following the patient stayed at the traditional doctor`s home under the treatment. The traditional doctors explained that the period of the treatments could last between a day until months. One of my informants, Nazareth explained the means of treatment for his patient was chosen through contact with ancient spirits. Another traditional doctor I meet described one of the means of treating *madness* was conducted by moving a chicken in a circle around the head of the victim. After

⁹ See Steinforth 2008:69-70 for similar observations.

the movement the chicken was let free before the traditional doctor hunted it down. If the chicken was caught and killed the *madness* would go away. In the next section I will give a short introduction of some of the authorities that had an important part in the discourse that promoted connection between *madness* and marihuana, that is, the religious leaders.

Religion leaders

Chimata District had a higher percentage of Muslims than Christians. The villages in the District appeared to be organized in relation to Islam and Christianity because of the traditions and distance to the religious facilities such as the Mosque's and Churches. Religious leaders participated in the campaign against the problem of the greater amount of young men involved in the use of intoxicants by conducting civic educations in the churches and mosque. Some of the religious leaders also claimed that they cured *madness*.

The different religious leaders I talked to in the district claimed that they received numerous victims of *madness*. However, some of the religious leaders, both Muslim and Christians expressed that some of the residents were afraid to bring the *mad* young men to them because of the religious dogmas associated with the immorality of drinking and smoking marihuana. The treatment among some of the priests I talked to explained that they sometimes prayed with what they referred to as "*victims*" of *madness*. The religious leaders explained that if the treatment did not work, they would send them to the hospital. Both Muslim and Christian religious leaders expressed their trust of the medical hospitals to deal with *madness*.

Rastafarism was also practiced in the district. The religious group consisted of Rasta elders that conducted regular gatherings to discuss religion and challenges of the religious group. Some of the challenges of the group was the reactions they meet by the government and the other religious groups. Rastafarism was looked down upon by other religious groups in the community because of the religion's connection with marihuana. In addition to religious leaders influence on the matters of a connection between *madness* and marihuana the traditional authorities were important actors in the matters.

Traditional authority

The traditional authorities worked close to the district commissioner who had an office in town to stop the young men's excessive use. The villages in Chimata District consisted of traditional authorities named chiefs. In her chapter in the book of Lars Buur and Helene Maria

Kyed study on democratization and the role of the state in Sub Saharan Africa Asiyati
Lorraine Chiweza defines chieftaincy as “*an institutionalized form of traditional rule with the cardinal characteristic of prescribed kinship, lineage succession to office, and significant influence (...)*” (Buur and Kyed, 2007 p, 53). Chiweza marks that the power and responsibility of the traditional authority the highest rank of chiefs in Chimata, and chiefs has changed with the country`s democracy and decentralization to the rural areas of Malawi, in 1994 and 1998 (Buur and Kyed 2007, p.53). As a result, Traditional Authorities cooperated closely with the *District Commissioner* in the district (the highest rank from the Malawi government working a local level) on cases such as the “*drug problems*” among young men. Some of the task of the traditional authorities in the struggle against the *problem of the youth* will be presented in chapter two.

Having addressed the legal framework of intoxication, the economic possibilities of young men in Chimata Distirct and the medical pluralism of Chimata District I now turn to chapter 1 where I discuss some of the challenges of using discourse analysis to gain insight on how causality was constructed among my informants.

Chapter 1

Methodology and Ethics

1.0 Methodological Approach

The methodology of this fieldwork aimed at following a discourse that connected young men`s sufferings to marihuana and the practices that was connected to the intoxicant. To learn about the complexity of what appeared as an over simplified connections between madness and marihuana, I choose to follow the discourse around, not only concentrating about the greater public opinions, but also those who was defined by the public opinions. I will discuss some of the greater challenges I experienced during the fieldwork in related to conducting a multi-site fieldwork approach to follow the different groups and individuals` part of the discourse. I also focus on the challenges of not speaking the main language. I will initiate the chapter by giving a short introduction of how I ended up in a rural district in Malawi.

1.1 Personal considerations

I choose to go to Malawi to reflect over young men`s aspirations in a country that is described as one of the poorest in the world by different developing agents and indexes. The choice to do this fieldwork was (perhaps as most fieldwork choices) biased. I live in a country where the opportunities are lined up, and yet statistics and media address topics of youth struggling with stress and other health related issues connected to having too many choices. As my project outline demonstrated I had already decided on a rural place in Malawi were statistics and research indicated high unemployment among the youth. As part of the project outline for the research I had already addressed my interest of looking at emotions. However, I had no idea that I would end up looking at a phenomenon connected to young men “out of control”.

When I first arrived to Chimata District I stayed with a Norwegian employer at Chimata Youth Organization. Due to my intentions of getting in contact with locals I decided to move out from the house after living in Chimata District. My decision to live in a boy`s quarter at the garden of a middle-class family where both members of the household was working as nurses was not planned. The hospital area was quiet and the nurses living there were part of a smaller cohort of middle class in the district. Living in this protected middle-class area has shielded me from the village and I might have had a different angle on the topic of *madness* if

I decided to live in the village. However, the decision became useful in the study of mental disorder because I built network with different medical staff at the hospital that also contributed to contacts at Zomba mental hospital. Living at the hospital located close to town has also contributed to the multi-sidedness of this fieldwork that have implied a lot of variation between going to the different villages in the district and staying at the young men`s bar scene in town. During my six months in Chimata District I resided for a shorter period in Chiroye village together with one of my main informants Kadda and his family. In addition, I conducted a fieldtrip to Johannesburg, South Africa to stay with work migrants as part of the initial research focus. One of the challenges associated with being a western asking around about *madness* will be addressed next.

1.2 Research and aid

Research in Malawi is associated with aid. I learned the connection in different situations. I was constantly asked, “*so how will you help him after you leave?*” The questions indicated that I would use my research to contribute to cure the young men`s condition of *madness*. *Madness* is a serious condition that affects the person and the closest family. The different villages connected in Chimata District have regular visits from help organizations where both westerners and Malawians work. An example of an organization is World Medical Fond (WMF). Numerous British and other European medicine students are sent to the organization that goes out to the district to for aid and research purposes. The villagers meeting with previous western medical students contributed to their impression of me as a health worker. Having to constantly turn down people who needed healthcare made it challenge to roam around the villages asking about the research topic. From this issue I turn to another challenge I experienced by looking into *madness*.

1.3 Limiting the field

One of the greater challenges I met in looking at *madness* was the great variations and reach of the phenomena. While roaming around field, *village-talk* (the gossip about the people in the village) and other helpful informants assisted me in finding informants on the topic. *Madness* as a discursive phenomenon appeared to be everywhere. When I first started asking around about the phenomena, I noticed how the term had a direct connection to plural causations. Some of the typical causations I meet during fieldwork was *madness* caused from

“genes”, “witchcraft”, “being to intelligent”, “alcohol” and “marihuana”. Steinforth explain the different causalities as part of the Malawians “explanatory pluralism” (2008:243). The Malawians explanatory pluralism made it a great challenge to focus my research. To have a more limited focus regarding the wide use of the term *madness*, I choose to concentrate my research on the connection between *madness* and the young men`s use of intoxicants. One of the aspects that affected my choice of looking into the connectivity between young men and *madness* was connected to position and gender, where I now turn.

1.3.1 Position and gender

Getting access to women`s *madness* was a greater challenge due to the division of gender roles in Chimta. The divisions were apparent both at the bar settings and in the villages. The bar scene consisted of mainly men and a fewer amount of woman referred to as prostitutes. The clear definitions of gender roles were evident during an incident where I helped one of the women carrying heavy cans of water. The act created strong reactions among the men in the village who addressed it as *madness*. Despite these challenges of getting to know woman in the villages one of the methodological choices I made during the fieldwork contributed to accessing information about how women orient themselves in the villages.

In May, I had a visitor from Norway through my collaboration with, *psykologistudenten uten grenser*. Marianne is a woman in her early twenties and bringing her to the field gave some interesting reflections about gender and positioning. During the house visits where I brought Marianne, they would divide us. I would be hanging out with the men and Marianne with the woman. This was even more apparent in the Muslim societies we visited. However, Marianne did not speak a word Chichewa, so the communication was mostly non-verbal. I also invited my girlfriend to Chimata. Both Marianne and Dita was invited to settings where I was not accepted. Their participations among the women in Chimata brought insights into how woman in the District oriented themselves.

Another interesting aspect on gender and position was learned from bringing Marianne to the *youth bars*. As a contrast to Malawian women who was not welcomed Marianne was well accepted at the bar something the men explained by referring to her western background. In the next section I will address some of the challenges I experienced by focusing my research on different settings. As I discovered one of the repeated public options about young men and

intoxication as the main cause of their condition, I choose to start following the discourse around. The methodological choice promoted some real challenges, where I now turn.

1.5 Following the discourse

George Marcus had looked into the different means of applying multi-sited ethnography and presents “following the metaphor” as a part of the multisided ethnography where the ethnographer tries to “trace the social correlates and groundings of associations that are most clearly alive in language use (...)” (1995, p.108). The discourse presented to me in Chimata became part of my construction of the multi-sites where I decided to converse with people. In addition to hang out with young men in the *youth bars*, I conversed and participated in the elder’s practices. I also visited different institutions in Chimata and Malawi. The method has been useful to challenge and investigate the complexities behind the discourse about intoxication and *madness*. On the other side the methods turned out to be challenging as demonstrated from Marcus description of Martin’s attempt at following the discourse about Aids. Marcus mentions the different roles she had to mingle between, “she is an AIDS volunteer in at one site, a medical student at another, and a corporate trainee at a third” (1995, p.113). Next, I will mention some of the challenges I met in following the discourse about young men’s *madness*.

1.5.1 Challenges in “following the discourse”

Gazan Hage describes one of the challenges from doing a multi-sited fieldwork from the travelling related to the method, “Multi-sited ethnography was unhealthy (...). They need to cover the various sites in a limited amount of time. simply cannot cope with such fast and intensive travelling for a very long period of time” (2005, p.465). Even though I was not travelling all over the world to follow the discourse, traveling over smaller distances inside a district can also be exhausting. The villages surrounding the district extended over a greater area. Visiting one household could take the whole day due to the distances that in some cases only could be covered by walking. Also varying between the *youth bars* and days spent at the villages had its challenges. However, one of the benefits of this mixing was getting away from the excessive consumption and the challenges that followed an environment with drinking. This point will be discussed further in the section about ethics. Another challenge by

actively moving between different sites was the different social entanglement I ended up in-between.

I got it touch with a wider network of informants that expected me to visit them or hang out with them on a regular basis. This became evident in both the context of the villages and the *youth bars*. This is what Gaze refers to a field that is getting “*thicker and stickier*” (2005:465). As the field was getting thicker allocating time to my different informants become a greater challenge. The narrowing meant letting some social relations fade away something that felt disrespectful to them and the complexity of the thesis. This created some reactions (interpreted as impoliteness) from the villagers which might have contribute to exclusion from some social circles. However, six months is not a long time and priorities had to be done to protect my mental and physical state.

Another aspect of following the discourse was related to the assistance I got from helpful villagers. The residents were always eager to accompany me around to show me the way to the homes of the mad young men. However, the accompanies were not always trusted by the families that I talked to, and this posed a challenge (see Chapter 6, p.63). In the next section I will discuss some of the methodical challenges related language.

1.6 Language

In this section I will address some of my reflections about conducting a fieldwork in a setting where I did not talk a word of the native language. Before going to Malawi, I expected that most of the locals talked some English. However, the information I had collected from internet was proved wrong. Arriving to the most rural parts of Chimata I discovered that most of the locals did not speak English. This called for some methods I did not expect to use.

1.6.1 Field assistance

One of the main challenges I experienced during the fieldwork was my lack of knowledge in Malawian languages. I did not speak a word of Chichewa, the main language in the central districts. English language was mainly spoken in the urban parts of Malawi and among the middle class. To cope up with these limitations I attended language classes at one of the secondary schools in Chimata District. In addition, I learned Chichewa by reading newspapers

and books. And most important, by listening to my informants talk. However, six months was not enough time to learn complex Chichewa, so I decided to hire a translator.

The person I hired as a translator was John Chimata. In addition to helping out with translation John also contributed with his knowledge about Malawi. I met John at the hospital area where I was residing. John was a young man, 22 years old and living at his sister, who was a nurse, married, and working at Chimata District Hospital. John had grown up in the village Matamanga, half an hour outside Chimata District town. John`s sister and her husband of John`s were part of the middle class in the District. John showed respect for his in-law (traditional behavior) by helping around the house and helping the family business, selling clothes at the market in Chimata District. John had acquired a good result from secondary school (15 points in his MSC, Malawian School Certificate) and was waiting for an answer from some of the school he had applied for. During the time I was there John expressed that he had time to help me. I asked John`s sister for her permission to be sure I did not interrupt the family business. I also decided to pay John a weekly salary and a greater payment in the end for motivation. I mainly hired John to participate in the fieldwork that was conducted at the villages. In the *youth bars* I always found someone who spoke English and could help me to translate conversations between me and the visitors at the bar.

The cooperation between me and John consisted of some regular practices. On the regular days before going to the villages I would invite John for a breakfast to my boys` quarter where I was residing. There, we would discuss the previous days field trip and I would write as we discussed. In the morning meetings we also made a schedule for the day. After a day in the field we sat down and discussed the key word from the fieldtrips. We repeated time after time to collect as much information as possible.

In my view John`s status as middle-class did not affect the material in great matters. However, some situations can be mentioned. Going to the villages, John would sometimes bring his expensive phone (compared to the villager`s phones that was second hand phones that barely worked). John`s use of the phone in the field lead to situation which some of the younger and elder informant`s attention was on the phone and in my view the item disturbed some of the conversations. Now I turn to a discussion about the complexity of Chichewa language that might have affected the translations sessions I conducted together with John.

1.6.2 Discovering metaphors

Being aware of the metaphors that hides different information has been an important part of the reflective post-work in the form of reflexive discussions between me and John after a day in the field. As John translated most of the conversations and interviews with locals in the different villages in Chimata, John`s translations from Chichewa to English might have excluded significant terms and metaphors with specific cultural meanings and which could have contributed to deeper understandings of mental disorder. Through the fieldwork, and with John`s assistant I was able to discover some of the metaphors with greater cultural and emotional meaning. One example is where I discovered the meaning of having a “*hot heart*” which I discovered after giving some of my younger informants a writing task. I learned that the metaphor of having a *hot heart* indicated anger. One method that helped me discover some of the complexities of the Chichewa language was conducting written tasks. This method will be discussed among the other means I used to collect information where I now turn.

1.7 Collecting information

In this section I will present some of the means I used to collect information during my fieldwork. I will also present some of the challenges of collecting information in field sites where intoxication was common.

1.7.1 Participant observation

During this fieldwork, I have followed a specific discourse and the fieldwork can be characterized as a fieldwork with variable intentions, which has affected the methods of collecting data. Due to the multi-sitedness of the fieldwork and lack of time (compared to the number of informants) I have concentrated most of the participant observation at the bar scene while going on regular house visits to the villages. The house visits were mostly informal talks about the young men`s condition and the different aspects related to the topic. However, going on house visits required taking part of dinners and other practices in and outside the household. From participating in their daily routines, I learned a lot about my informant`s way of living, and regarding the topic of the thesis I found the gender dynamics especially interesting to observe. Some of the regular activities I took part of in the different settings was farming, playing soccer, talking about soccer and joining social circles with the elder and

younger men. Next, I will discuss the importance of spending time among the residents I was spending time asking about the phenomena *madness*.

1.7.2 Asking around

I need to address asking around as a part of my field method. *Madness* was in most cases not a visible phenomenon at the families where I participated and conversed which made it challenging to study. Bringing up the topic of *madness*, asking actively around, worked as a method to gain insight into the topic. This was conducted by informal conversations where I gained new insight and contradictions by asking the same questions repeatedly among the residents. The method created some challenges. Some of the residents associated my practice of asking around with suspicion of *stealing blood*, an expression that was used as a description of white person who came to take land away from the locals. Spending time, getting to know residents became crucial, for the villagers to get to trust me and my reason for roaming around in the villages. In the next section I will address the challenge of spending time at *youth bars* where intoxications were used regularly.

1.7.3 Intoxication and participation

Some of the challenges of studying in an environment of intoxications was the feeling of fear. Marihuana and illegal types of alcohol was everywhere. I was part of settings where the police came on random visits that brought young men and the owners of bar`s under arrest. In these settings I was under constant fear that my presence would get me into a Malawian jail. However, I learned that consuming alcohol was an important aspect of the sociability in the bar and a way to gain the young men`s respect. Having a shot of the local spirit made the young men respect me. The young men explained the respect in relation to the meeting with other westerners. One of the guys commented that the “*mzugu*” passing by Chimata District never came to join their bar. However, restriction and being honest about one`s limits became an important part of protecting my physical and mental health. I must admit I had one of my toughest hangovers from the small plastic bottles consumed by the young men at the bars. Now, I turn to some of the other means I used to collect information.

1.7.4 Informal interviews

Under this fieldwork, I have taken part in numerous informal conversations. Some of them have been more formal in their character as I have brought keywords for discussions. However, most of the interviews have not followed a strict schedule from A-Z. The

conversations have been two-sided communication. The two-sided communication has consisted of sharing common problems such as; finding the right girl, soccer and other shared interests has been the best way to collect material about *madness*. As I mentioned above the informal interviews has consisted of taking part of their daily live and a greater amount of the material has been collected by writing key words of what was said in different situations. Some of the challenges has been to recall the more extensive jottings that recalled conversations. This required cooperation and deep thinking between me and my assistant. In addition, my assistant Marianne was of great help to recall some of the conversations. Another mean that was used to collect information was via tape recorder.

1.7.5 Using tape recorder

Under this fieldwork I have used tape recorder in some of the settings. One site where I tried to use tape recorder was at Shade bar. The try failed as the tape recorder caught the young men`s attention. In one case the tape recorder was taken by one of the young men who started rapping into the recorder. Others also joined this performance. It was an interesting sight, however I decided to not use the recorder in the *youth bars* after the incident because of the attention it caught. I also used tape recorder in some other settings. I informed the participants in advance about the use and applications of the recordings collected. Among my main informants in the different villages I restricted the use to some months into the fieldwork because I wanted to gain their trust before applying the recorder to conversations. I now turn to a discussion about the more formal parts of collecting information.

1.7.6 Formal interviews

During my fieldwork I focused less on formal interviews. However, the formal requirements that surrounded the mental institutions made it necessary to conduct some formal interviewes. The closest I was to having formal interviews was the scheduled meetings with employees at the mental hospitals. Some of the interviews was scheduled and conducted in the hospital settings. The more formal interviews with hospital personal working at Chimata District hospital was conducted at the homes of the employees (which lived in my neighborhood) and ended up having an informal character. Some of the other more formal tasks I conducted was giving young men writing tasks.

1.7.7 Writing tasks

During the fieldwork I gave some of my younger informants writing tasks. I handed out a pen and a paper and asked them to write about their experience of being in a state of *madness*. I gave them a limited time of two days. I gave them some key words in advance. One of the main questions I addressed was, *what does madness feel like?* I told them to write in Chichewa. John helped me out with the translation after they handed in the writing task. The method helped me to get insight into Chichewaen terms for specific emotions. I now turn to a reflection about some of the ethical challenges under the fieldwork.

1.8 Ethical considerations

In this part I will discuss some of the ethical issues I meet under my fieldwork. Some of the main concern I meet was the challenges of getting access to institutions dealing with *madness*. Also hanging out in an environment where violence sometimes occurred created some challenges and concerns in relation to my presence. I also show a case from my fieldwork to suggest to how anthropologist can use the ethnographic material to help young men who struggle with mental disorders.

1.8.1 Access to medical institutions

Because of the regulations on medical research in the country I did not get free access to roam around the mental hospitals in Malawi. The material from the two mental hospitals that is included in the research. Zomba Mental Hospital and Saint John of God is collected from going on *learning visits* a term that was used for formalized guidance through the hospitals. Without the governments consent of doing medical research I was not accepted to take part within the practices in the hospital. I now turn to a discussion about anonymization.

1.8.2 Anonymization

In this fieldwork I have taken part of young men`s illegal activities. marihuana smoking, marihuana distribution as well as the distribution of illegal types of alcohol are classified as “part 1” drugs and classified further as dangerous drugs in the Malawian governmental legal system. I therefore choose to anonymize my informants as well as the field site. All names (sites and persons) are synonyms inspired by Malawian names. None of the names or places used in the thesis are traceable to the actual persons.

Another important reason I choose to anonymize the material was due to the under-age of some of my informants. The young men at the *youth bars* was sometimes under the age of eighteen. It was challenging for me to keep a track of the age limit of the young men and woman taking part of research. On the other side I did not conduct informal or formal interviews with informants under 18 because of national and international regulations on research. I now turn to a presentation of the organizations that has made the 6 months fieldwork possible.

1.8.3 Organizations

The SAI stipend has been very helpful in organizing the fieldwork. I received 15 000 Norwegian kroner and the stipend has been very helpful. As part of my multi-sited fieldwork I conducted fieldtrips to Mzuzu and Zomba. I also conducted a field trip to Johannesburg, South Africa to visit Malawian work- immigrants. The scholarship helped me to meet the economic challenges in relation to the multi-sitedness. In addition, the collaboration with the organization, *psykologistudentene uten grenser*, have been a reflective and interesting collaboration. The organization was started by students at the NTNU university to enhance psychology students (both students of clinical psychology and psychology- research) about cultural sensitivity in the field of psychology. In the last sections of the ethical considerations I turn to one of the ethical challenges I experienced under the fieldwork before coming up with a suggestion for ethical research for future anthropologists.

1.8.4 My contribution to the young men in the district.

With inspiration from engaged anthropology I have spent some time helping a few of my younger informants to produce music about the topic of *madness*. Together with my assistant John (making the lyrics and performing) and my friend Dita, who also helped with lyrics and performance we engaged a camera crew to make the song and music video of “*Misala*” (*Madness*). The song was played on the local radio channel in Chimata District. The music video was played on national broadcasting television. One of the setting where we recorded the music video was outside *Shade bar*. The event attracted a lot of people and *madness* was brought up to attention. I want to address engagement as an important part of giving something back. Anthropologists, with their local knowledge, can contribute in different ways. Paul Farmer`s organization, *Partners in Health*, is an example of how engaged anthropologists can contribute.

Chapter 2

Madness and intoxication

2.0 Introduction

In this chapter I will investigate the elders' connection between *madness* and some of the intoxicants consumed by young men in Chimata. From the elder's point of view *madness* was connected to the younger men's frequent use of intoxicants, especially marihuana. I will introduce a concept I choose to call, "*the moral hierarchy of intoxicants*" to demonstrate my elder informants' understanding of a close link between *madness* and the moral aspects of intoxications. In the first section of the chapter I will present a conversation with some of the family members of one of the young men who was described as mad.

2.0.1 Introduction of Kondwani

One of the stories about a young man who had turned mad from smoking marihuana was introduced as I visited village Mpondegaga. The story about Kondwani's state of *madness* was well known among the residents in the village. To learn more about the young man's condition I spent time with the uncle and aunt of Kondwani who had taken care of the young man at the time before and under his state of *madness*. The sister of Kondwani also lived in Mpondegaga but had given up taking care of her brother because of his constant use of marihuana.

2.1 Connecting marihuana and madness

One of the young men who was a common topic among the residents of village Mpondegaga was named Kondwani. The villagers claimed that the young man was totally mad because of his use of marihuana. To learn more about the young man I went on regular visits to his aunt and uncle who had taken care of him for a longer period. One day as we were sitting under a tree cleansing kasawa Beatrice explained to me how her younger son ended up in a state of *madness*. She recalled how Kondwani ended up mad from smoking marihuana. Beatrice explained that Kondwani was living with the grandfather at the time the *madness* manifested in him, "*we got a report from the grandfather that he was smoking.*" She continued saying "*smoking marihuana is the only thing that makes him do this strange behavior.*"

The sentence made me wonder if the *madness* was directly linked to the state of being influenced by marihuana. I followed up the question by asking about his behavior when he was not influenced by marihuana. Beatrice answered, “(..)I can’t know how he behaves when he is not influenced by marihuana, because he smokes every day.”

The direct connection between the intoxicant and what she refers to the strange behavior understood as *madness* was also recognized by one of my informants, Dr. Mukololo, a previous student at the College of Medicine had done research about depression among men in Malawi. In a conversation with him he explained to me that, “*in Malawi, madness is explained as it is caused.*” The direct way of presenting a causal relation between mental disorder and marihuana has also been noticed by Steinforth who has conducted a longer research on the contextual understanding of mental disorder in southern Malawi.

Steinforth describes southern Malawians understanding of connections between mental disorder and cause in terms of what he calls “aetiological” connections (2008 p,163) where causality is constructed in a direct relation to what is perceived as the actual cause of the mental disorder. Steinforth explains this in contrast to biomedical concepts where causation is perceived in relation to “a direct and frequently *a priori* connection between a given disorder and a category(nosology) and a correlating causing factor” (2008 p,163). Steinforth’s description shows some resemblance with how I meet descriptions of causation and it also provide an explanation of how my “nosological” background failed in providing what I understood as a more detailed explanation about what caused the young men to be mad.

However, Steinforth’s conceptualization of the southern Malawians understanding of the connection between marihuana and *madness* from Pierre Bourdieu’s term, “structural causation” which Steinforth brings into the southern Malawians understanding of causality from, “a process that is integrated in the structure of the human being and the cosmos, as an impersonal, *a priori* mechanism comparable to structure conditions (...) (2008 p,213). By relating to this term, I want to argue that Steinforth leaves out some of the complexities behind the elders’ view on the causal relation between marihuana and *madness*. What to me appeared as an easy explanation will throughout this and the next chapters be demonstrated as part of complex understandings on substance use, morality, and gender relations in Chimata District. To understand the morality embedded in the elders understanding of the connection

between marihuana and *madness*, the next section will focus on the moral aspect in the connection between mariuhana and *madness*.

2.1.1 Marihuana and wrongdoing

The elders' understanding of *madness* as connected to the immoral acts associated with marihuana was demonstrated to me from a conversation with one of my elder informants, Edson, who worked as a Health Service Officer¹⁰ in Chiroye village. Chiroye was located one hour outside Chimata District Town (by using bike-taxi). Edson claimed to have a lot of knowledge about the topic of *madness* in the district because of his role as a health service officer, and because of the experience from the time he had taken care of his younger brother while he was in a state of *madness*. In the following excerpt I asked Edson about the causes of *madness* in Chimata District. Mr. Edson stated,

“There are many victims of madness around here because of marihuana(...)Drugs is difficult to understand. Because inside that thing there is enjoyment. But in fact, it is not enjoyment. What’s inside there is what will destroy your future. To destroy your life. They use it to kill some problems. As result you will end up in prison. Because you are going to steal something. You are going to hit somebody. Because your brain does not work proper. So, there is nothing good in marihuana. There are only bad things (...)”.

In this statement Edson connects what he views as a greater amount of *madness* to the acts of smoking marihuana. In the same excerpt he describes a line of criminal acts associated with smoking marihuana. This is interesting because several of my elder informants presented a similar description as Edson, connecting deviant acts to the emic term, *madness*. One of the acts that Edson emphasized in the excerpt was “*stealing*”. In the context of Chimata stealing was understood as a highly immoral act due to the economic circumstances in the rural district. By focus on the highly immoral act Edson claims marihuana to be one of the main intoxicants generating deviancy among younger men in Chimata. To discuss the connection between *madness* and marihuana as part of the elders view on norms and morals the next section will investigate Edson use of the term “*drug*”.

¹⁰ A Health Service Assistant is a person hired by the District Hospitals to work with health-related issues in the rural areas.

As demonstrated in the excerpt above Edson connected marihuana to the term “*drug*”, to further describe the intoxicants ability to destroy young men`s future. Some of the other intoxications that that elders put together with marihuana under the label “*drug*”, was mandrax¹¹ and cocain. Mandrax was viewed by my informants as highly immoral something that was related to the headlines from different newspaper in South Africa connecting the high density of crimes to the intoxicant¹². From my observations the access to other intoxicants than the ones mentioned in the introduction (see Introduction, p. 6), was rare in Chimata district. However, governmental rules that classifies marihuana under the same laws as mandrax and cocaine demonstrates that marihuana was viewed on the bottom of what I choose to call the *moral hierarchy of intoxicants*.

In this section we have learned how the connection between marihuana and *madness* was constructed from the elders view of the use of marihuana as an intoxicant promoting wrongdoing. This further demonstrated how the causal relation between *madness* and intoxication was part of a discussion about moral behavior.

2.1.2 Marihuana and effect

Compared to alcohol, marihuana was viewed as more dangerous to disturb routinely and sane behavior. This was demonstrated in a conversation with an elder man working as a priest in Chombo village who stated that, “*marihuana stays in the brain for five years. You can see it in a person the way he is talking, the way he is conducting, the way the brain becomes affected, the mental, the persons who takes it starts taking of their trousers and their shirts, they also start throwing stones.*”

Here the priest describes a connection between smoking marihuana and acts of dressing naked and throwing things at other residents. The characteristics attributed to the person who smokes excessively was commonly used to indicate that the person was totally *mad* as a result the consumption. Another interesting point is how the priest explains *madness* from marihuana as a longer lasting and severe condition. The effect is viewed as lasting for five years from the day the person inhales. The smoke entering the “*brain*” was viewed as

¹¹ Mandrax is described as a synthetic drug that comes in tablets. Reference: <http://www.drugaware.co.za/mandrax.html>

¹² To see an example of how mandrax was linked to crime visit the South African news broadcast, Independent Online: <https://www.iol.co.za/news/south-africa/mandrax-linked-crimes-are-on-the-rise-231711>

especially dangerous for young persons because of their cognitive development and made the younger generation especially vulnerable for suddenly uttering behavior characteristics. The views demonstrate that the characteristics attributed to the condition of *madness* was connected to cognitive processes. However, these claims were often related to moral behavior as the *madness* located in the “*brain*” was described as sent from god because of the wrongdoings of smoking. In the next section we will have a look at how the elders connected alcohol to younger men`s condition of *madness* to learn more about what I conceptualized as the *moral hierarchy of intoxicants* and its importance to understand constructions of *madness*.

2.2 Alcohol and madness

In addition to the young men`s use of marihuana, alcohol was also mentioned as a contribution to the greater amount of *madness* among young men in the district. The causal relation between *madness* and alcohol was harder to study because of *madness* commonly used as “*slang*”¹³ In this section I will discuss how different types of alcohol were connected to *madness* to discuss how the moral hierarchy was important in the elders` construction of causality. One of the settings where I learned about the moral hierarchy as part of causality was in the elders` ascription of *madness* to specific types of intoxicants.

2.2.1 Small plastic bottles vs, Carlsberg

During one of the conversations I had with one of the elder men living in Chimata District I discussed the connection between alcohol and *madness*. Muluazi was an alcoholic as one of his sons had told me in an earlier conversation. The son told me that he had stopped the excessive drinking and now he spent all his free time helping in church. During the conversation with Muluazi we discussed about the effects of alcohol. I asked, “*can alcohol cause madness*”?

Muluazi answered,

“A person can become mad from alcohol (...) Alcohol affect some senses. One behaves unnaturally. Especially these local beers, the small bottles that youths are

¹³ This was demonstrated by one of my elder informants describing the effect of alcohol as, “*a type of madness, but not really madness*”. The local expression “*wa misala*” (see dictionary) demonstrated this further as the terms was referred to both madness understood as illness and as a slang word for commenting someone who was doing something unnormal at a particular moment. The use of the term *madness* as slang was both used as friendly teasing and as a reaction against someone who was unpolite or behaving bad at a particular moment.

drinking (meaning splash and galaxy). It's not the same with Carlsberg. With Carlsberg you can't see any change. You can't even see that they are drunk."

As demonstrated in the example Muluazi connected *madness* to the small plastic bottles consumed by young men in the District in a contrast to Carlsberg. The small plastic bottles that Muluazi connects to *madness* was sold illegally as part of the informal market in the district because of government rules that prohibited the use due to the addiction and death of young men who abused the intoxicant¹⁴. Some of my elder informants described the alcohol as particularly dangerous because of the strength and the young age of the regular consumers (the bottles contained approximately forty percent alcohol volume). On the other side Carlsberg was viewed as morally accepted. To understand the moral acceptance of the drink one need to understand the market monopoly of Carlsberg in Malawi.

The beer company, Carlsberg, was part of the elders' construction of Carlsberg as a legitimate leisure that did not create any mental disorder. The company showed commercials along roads, and on television screens placed in the different bars around town. The advertisements showed successful football players enjoying a cold bottle of the beverage. The Carlsberg beer was always presented as a drink enjoyed after being in some sort of activity. The commercials focused on the beer as a legitimate leisure enjoyed after hard work or activities resembles Tian Sørhaug's observation of how western beer commercials downplay the experience of intoxication (1996 p,182). Similar observations were made in relation to some of the stronger spirits in the same price range. One of the brands, Malawi gin, that was produced by the Carlsberg company was also presented the top of the moral hierarchy. To give a wider understanding of the elder's construction of *madness* causality I will present a drink that was viewed as one of the traditional hesitance of the locals. Kachaco was contrasted the immoral intoxicant marihuana, interrupting the elder's traditions.

2.2.2 Kachaco vs. marihuana

In the sections above, I demonstrated how the spirits that were consumed by young men was more closely connected to the condition of *madness* compared to Carlsberg. Another type of alcohol that was viewed on the top of the elder's hierarchy of moral consume was Kachaco. The drink was known to be very strong and explained as having "*no present*" meaning that

¹⁴ To see how the national media's link "*the small plastic bottles*" to addiction among the youth population go to the link: <https://www.nyasatimes.com/taming-generation-alcoholics-chamba-smokers-malawi/>

the volume of alcohol was optimal. The drink was also a part of the informal illegal market in Chimata. On the other side the drink was seldom connected to wrongdoing or *madness*. This was exemplified in a conversation with an elder man in Chimata, “*The people who takes marihuana do not respect the elders. Does who drink kachaco are good. I can respect them. The ones who smokes are crazy*”.

From the example we can see that the elder man values the intoxicants from the distinction he makes between “*good*” and “*crazy*” behavior followed from using the different intoxicants. From my interpretation the elder mans` view of Kachaco as a “*good*” drink can be related to the traditions associated to the drink. The drink was described as locally made and consumed by the people living in the village for decades. The practice of making the drink was demonstrated to me during a visit to a household in a village close to town where both the men and woman of the household participated in the process.

The process of distilling Kachaco was practiced from using home-made equipment in addition to local ingredients such as maize. On the other hand, marihuana challenged the elders understating of consumption. Some of the elders stated that they had grown up under Kamuzu Banda`s¹⁵ presidential period, a time when smoking marihuana was strictly illegal. I will talk more about the elder`s perspective of smoking in chapter three.

Another aspect of the contrast between the two intoxicants was shared from the elders who described the cultivation of marihuana at what the locals described as secret places “*deep into the forest*”. The places of cultivating were associated with criminality and dangers. The villagers claimed that the places for cultivation could not be accessed as the cultivators carried guns to prevent the business from being interrupted by the police. In the next section I will look more into some of the important moral behavior patterns that was challenged by the intoxicants consumed by the younger men.

2.3 Routinely behavior and madness

In this section I will investigate the moral hierarchy of intoxicants as part of what the elders viewed as sane behavior to give a deeper understanding of the construction of *madness*.

¹⁵ Dr. Hastings Kamuzu Banda was the first president and dictator of Malawi. His presidential period lasted from 1963 until 1994.

Steinforth described the view of sane behavior in the Malawian context as closely related to the agrarian traditions as a “normal mental condition is defined by sets of competencies that are considered essential. They include functional and social skills which reflects very basic, elementary standards of competence and which relate back to a rural, agrarian tradition” (2008 p,265). In the previous chapters I demonstrated that *madness* was connected to some specific characteristics of behavior. The elders understood the characteristics as more likely to appear from the intoxicants consumed by young men. To understand this, I will focus on how the different intoxicants were understood in relation to conducting what the elders viewed as routinely behavior.

Steinforth`s view of a connection between sane behavior and basic skills related to the agrarian tradition was demonstrated in the elders` construction of *madness* in relation to the *moral hierarchy of intoxicants*. This was demonstrated in a conversation with one of my elder informants, Gilbert, who worked as a police officer in the district. Gilbert described what he moral consume by using himself in the example, “*I can have a Carlsberg than go home to eat. I can even have five, or six and I will go home to eat*”, which he contrasted to the behavior of some of the younger men in the district hanging at the *youth bars*, “*you will find these people who did not bath for five or six days(...)*”

In the excerpt Gilbert`s distinguish behavior that follows from the consumption of the different types of alcohol. From Gilbert`s point of view Carlsberg is not preventing the person to perform basic standards of behavior as the person is described as sane enough to go home and eat with his family. In contrast the spirit consumed by young men in the district was described as causing behavior that differed to the elders` standards of sane behavior. This is demonstrated from how Gilbert, in the excerpt, relates young men`s consumption to “*not bathing*.” Among my elder informant`s dirtiness was presented as an obvious sign that *madness* was manifesting in a person. When a person who drank excessively stops washing his clothes and starts looking dirty *madness* was ascribed as a direct cause of the young man`s consumption. Compared to the behavior that young men showed from excessive drinking, marihuana was described to cause some of the most prevalent characteristics associated with *madness*. Now, I will draw a conclusion.

Summary

In this section I demonstrated how *madness* from intoxications was connected to the *moral hierarchy of intoxicants*. We learned that what appeared as a direct link between marihuana and *madness* was part of the elders' understandings of morality. The same intoxicant connected to *madness* was also connected to wrongdoing. To further demonstrate the moral hierarchy embedded in the elders understanding of connections between *madness* and intoxication I showed some of the moral aspects behind the common intoxicants in Chimata. I demonstrated how the elders viewed *madness* closer to marihuana and the small plastic bottles consumed by young men compared to the other typical brands. The young men's intoxicants were viewed in-between the status and moral attributes of the drink Carlsberg, and the traditional values ascribed to kachaco. While this chapter has investigated elders' utterances about individual *mad* young men, the next chapter I will look deeper into the causal relation between *madness* and intoxicants in relation to the elders' understanding of the younger generation of men in Chimata.

Chapter 3

Madness and young men

3.0 Introduction

In this chapter I seek to demonstrate how the elders' causal relationship between *madness* and intoxication was connected to the elder's ascription of behavior generated at the *youth bars* in Chimata. I introduce the concept "*space of madness*" to investigate how the elders' construction of space was interrelated with the construction of causality. To understand these interrelations, I present one of the *youth bars* in Chimata viewed as one of the main spaces that generated *madness* among young men in the district. The first sections of the chapter will investigate the elders' connection between the youth generation and *madness*.

3.1 A generation of madness

In this section I will investigate narratives that connected numerous cases of *madness* among young men in Chimata to the use of marihuana. The connection was exemplified from a conversation with a clinical officer working in the district. The clinical officer explained "*mental illness around here is because of marihuana*. I asked, "*how do you now that someone becomes mental ill from marihuana* "? The clinical officer answered, "*Because the majority with mental illness is the youth.*".

The statement shows one of numerous examples from claims that connected the greater youth population's sufferings to marihuana use. Along these perspectives' marihuana use was described as an increasing problem among the younger generation in Chimata. These claims were often explained as a parallel to the increasing access to the intoxicant. One of the *bush doctor's* I meet in Chimata supported the public opinion that marihuana sales were increasing. The bush doctor explained that he had conducted the business for seven years. "*when I first started selling there was only two of us, now there is bush doctors everywhere.*" To understand the connection the next section will concentrate on two different terms that often followed the causalities that was presented.

3.2.1 “Hopeless youths”

One of the terms that connected *madness* to a whole generation was demonstrated to me in a conversation with a respected Muslim leader living in one of the villages in Chimata. Shae Abduhl lived together with his two wives’ and children. The small village consisted of Shae’s closest relatives. On the visits to his home he gathered all his family and relatives, so they could listen to our conversation. Into the conversation I asked him about the cause of *madness* in the district. Shae Abduhl stated, “*Men here in Malawi likes too much smoking marihuana. They start smoking when they are young, so the brain starts mixing with marihuana (...)*” After the statement he pointed his finger against his younger son¹⁶. He explained that people in the age of his younger son, around the age of 20, was the typical age of a person who smokes marihuana, and the typical victim of *madness*. He followed up the statement by saying, “*hopeless youths.*”

“*Hopeless*” was one of the terms frequently connected to the younger men’s practices of hanging out at the *bush doctors* and *youth bars* instead of helping with cultivation or participating in formal economic activities. The term was often used in plural as most of the clientele at the bush doctors in the district were in fact young men. The observation was supported by one of the local *bush doctors*’, he told me that mostly young men hang out at his home. He further elaborated that elder men visited sometimes, but they would never stay because of the immoral aspect of staying at the *bush doctors*’ home.

Another aspect of the elder’s explanation about the younger generation as *hopeless* was the young men’s acts of smoking marihuana in public. The act of smoking marihuana in public was viewed as highly immoral and was related to the condition of growing up under Dr. Kamazu Banda. One of my informants explained that youth nowadays was explained as showing disrespect to the elders because of their public smoking. Other behavior that was connected to the elders’ construction of causality was the inactiveness related to the young men’s excessive use.

3.2.2 The inactive generation

An important aspect of the elders’ explanations of how young men ended up in a state of *madness* was their views on a greater amount of young men in the district as *inactive*.

¹⁶ Shae used the term *younger son* about his brother’s son.

Inactiveness was described as both self-inflicted and as part of the challenging economic condition in Malawi. Numerous of my elder informants connected the younger men's use of intoxicants to the inactiveness from the fact that "*they had nothing to do*" and solved this by staying in the youth bar's consuming alcohol and marihuana all day. Some of the perspectives described the gatherings of young men as self-inflicted caused by their laziness of not participating in either work, sports or the possibilities offered by the youth organizations in Chimata.

The inactiveness was sometimes described as rural phenomenon. This was demonstrated in a conversation with Makawa, a middle-class man who had grown up in urban parts of Malawi. He explained that "*the youths here, there is no one like the youths here*". He added to this, "*in Mzuzu¹⁷ young men go to South Africa to find jobs. They are not like the youths here that just stay.*" As shown in the example Makawa describes young men in the district as inactive, lacking motivations to act on their situation of being stuck in a rural place. The same youth organization where Makawa worked cooperated with different villages to prevent young men from being inactive. Engaging young men was viewed as one of the main solutions to counter the excessive consumption by young men. I now turn to a discussion on how the view about the young men's' *hopelessness* and inactiveness was part of constructing "*space of madness*".

3.3 Youth bars

In this section I will look further at the importance of the elder's construction of space in the understanding of *madness* among the generation of young men. I will introduce the concept I choose call "*space of madness*" to demonstrate how *youth bars* was connected to the greater amount of *madness* among the younger men in Chimata.

As demonstrated above *youth bars* and *Bush doctors* was well known to generate deviant behavior among young men in the district. One of the village authorities I talked to about the challenges of marihuana consumption among the younger generation of men was Chief Christopher, the chief of Chombo village. He claimed that the number of "*mad*" young men was lower in his village compared to others because of his campaigns against the *youth bars* and *Bush doctors*. One of the greatest threats against the social control in the village was viewed in relation to the increasing amount of *youth bars* and *bush doctors* was viewed as one

¹⁷ A district in the northern part of Malawi.

of the greatest threats against the social control promoted in the village. One of the *youth bars* received as the greatest threats to cause *madness* among the younger men in Chimata was Shade bar which were in Chimata District town. The bar attracted young men from the different villages surrounding town which created a greater gathering of young men. The next sections seek to understand why Shade bar was viewed as generating a greater amount of *madness*.

3.3.1 Shade bar

Shade bar was in the middle of Chimata town next to other illegal run bars. At the other side of a fence that separated the two areas there was a commercial bar, called African Jive, that consisted of an elder clientele than Shade bar. Because African Jive offered Carlsberg and the fine brands of liquors, the place attracted some of the middle-class men living in Chimata. Shade bar was well-known well known to generate criminal behavior among the regulars at African jive. The view presented by Martin, which had advised me, “*you should not go there, they are drinking spirits over there*”, followed by saying “*there are some bad people over there.*” The view was further demonstrated by my landlord who claimed, “*Shade Bar is not a good place to hang out. They drink and fight over there. There is less fighting at that place where they sell Chiboko, that place next to Shade (meaning African Jive), not like the guys over the fence.*”

As demonstrated from the excerpt the deviant behavior of the young men was closely related to the illegal spirits that was consumed in the bar. From the excerpt we can also see how the alcohol that was consumed at African Jive was part of the construction of space. *Chiboko* attracted men who worked in the practical fields of welding and car repairing, because of the lower price of the drink compared to Carlsberg and the expensive spirits. Martin who was a regular visitor at Carlsberg bar around lunch time explained that *Chiboko* was almost like a meal¹⁸, “*it gives strength*” something he further explained as necessarily to go through a hard day of work. The elders contrasted the work effort behind the consumption of *Chiboko* compared to the *laziness* that followed the use of marihuana and the *small plastic bottles* by the young men next door at Shade. However, the attributes of hopelessness, inactiveness, and criminal behavior attributed to the consumption at Shade, was not the only aspects generating

¹⁸ Chibuku was a national produced drink. The consistence of Chibuku was similar to porridge as the drink consisted of maize. The volume of alcohol was approximately 3-4 percent.

the construction of Shade bar as a *space of madness*. Stories about young men who, suddenly, turned to *madness* consuming mariuhana, was also part of the elders' understanding.

3.3.2 Space of madness

In the end of my fieldwork one of my younger informants approached me to tell me about the big gossip from an incident that happened at Shade bar. At this time of my fieldwork several of the locals in Chimata knew about my purpose in the District (also thanks to the local radio station that invited my assistant to tell about the topic of my research) and wanted to tell me about their experience with *madness* in the community. Troj approached me while I was hanging out in town to tell me about something he viewed as valuable information. He approached me with engagement, "*Mathiasy, someone became mad at Shade bar yesterday!*"

Troj explained that a young man who hanged out at the bar had tried marihuana for the first time and turned "*mad*" immediately. He further explained the causal relation by referring to the young man`s strange behavior followed the smoking, "*he started running, taking of his clothes*". He further explained that some elders had tried to catch him, "*some elders tried to catch him using a rope. They wanted to take him to the police but failed because he started fighting them*". Troj explained in the end of the conversation that, "*after he got away he was seen walking, laughing for himself.*"

Stories similar to the one told by Troj were commonly shared by the locals in Chimata. As demonstrated from the story a young man who tried marihuana for the first time suddenly started behaving out of control, behaving violent, and fighting elders. The *gossip* as part of the construction of what I choose to call a *space of madness* confirmed the bar scenes as a threat against the social norms ascribed by the elders and self-inflicted behavior connected to consume as the main cause of these incidents. Troj`s description of the elders' treatment of the young man deserves further attention. Thus, chapter five will be dedicated to incidents of this kind as I experienced similar descriptions of controlling mad young men. I now turn to a conclusion of this chapter.

Summary

From this section we have learned that the elders' in the district connected *madness* to the younger generations' laziness and hopelessness. The terms were bound up to the younger men's act of going to bars instead of taking part of activities suggested by the elders. Further, I demonstrated the elder's connection between the *moral hierarchy of intoxicants* and the construction of space. The elders in the bar next to shade described the bar as a place for criminal acts, fighting and stealing was some of the typical associations connected to the intoxicants sold and consumed at the bar. I also demonstrated how individual cases of young men who started behaving out of control generated the construction of *youth bars* as *spaces of madness*. To understand why consumption and the wrongdoing that followed was such an important part of the elder's constructions of causality, I now turn to chapter 4.

Chapter 4

Madness, gender and agency

4.0 Introduction

In this chapter I will investigate the elders claim of self-infliction embedded in the different causes related to young men`s *madness*. The first part of the chapter will demonstrate how the causes ascribed to young men`s *madness* consisted of moral stories about young men who caused their own state of *madness* because of smoking marihuana and using witchcraft. To understand the wider context of the narratives I will present local understandings of *madness* and gender. At the end of the chapter I bring what has been discussed this far into a discussion about agency as an important part of understanding how elders in Chimata constructed *madness*. To show how self-infliction was an important aspect of the elders understanding of causality I now turn back to narratives about Kondwani who was introduced in chapter 2.

4.1 Elders ascription of guilt

Despite the marginalized position of young men in Chimata the condition of *madness* was in most cases described as self-inflicted. This was demonstrated in the conversation with the aunt of Kondwani about the treatment of the young man. The aunt explained that the closest family of the young man, who mainly consisted of the sister, had tried to help the young man during his state of *madness*. The aunt explained that the sister had tried to find an adequate treatment for her brother at the time he turned mad. She explained that the sister had taken him to Chimata district hospital. The sister had told the aunt that the doctor at the hospital had refused to help the young man. Beatrice recalls from a conversation with the sister, “*the doctor told the sister that Kondwani had chosen the madness, so the doctor could not do anything about it*”. Beatrice explained that after the sister of the young man had visited the doctor, the closest family of Kondwani had refused to help him again. Beatrice recalls “*the family refuse to help him because he is mad from marihuana. It was his own choice to be mad.*”

As demonstrated in the statement from Beatrice the sister refused to help him because of her understanding that the young man had turned mad because of his act of smoking. Young men

were commonly blamed for the self-infliction of their condition and these understandings was connected to the elders understanding of consume as an individual and egoistic act related to the effortless generation of young men. Another interesting aspect of the narrative is how the sister related her choice of not going back to the hospital because of what the doctor had told her. From my interpretation the biomedical doctor is used as part of negotiating Kondwani`s condition as self-inflicted. By including a biomedical doctor, the sister legitimates her choice of not taking Kondwani to a second treatment at the hospital. The ascription of *madness* as self-inflicted was an important aspect of the elders view on treatment. The problematic behavior was frequently described as a condition that could to be solved at the police or by physical restraintment. The view on treatment and the elders use of biomedical doctors as a legitimate choice of treatment will be further addressed in chapter 4 and 5. Another aspect that demonstrated the self-infliction embedded in the causalities ascribed young men was demonstrated from another cause that elders frequently connected to the younger men`s *madness*.

4.2 Witchcraft and self-infliction

To reflect more on the understanding of *madness* as self-inflicted, I will present another causality that was commonly ascribed to young men in the district called “*juju*”. Some of the conversations I commonly heard from public discussions about the cause of young men`s *madness* was performed in statement like the following sentence, «*maybe he is mad because of smoking marihuana, or maybe it can be the wrong use of juju*». Appearance was important to distinguish between causality among the young men. the explanations that connected *madness* to the irresponsible use of *juju* was used more frequently related to young men who was viewed as successful by the residents in Chimata. For the elders it seemed less likely that a successful young man who dressed well was smoking marihuana. To demonstrate how the use of “*juju*” could turn a young man into *madness* I now turn to a short introduction of its use.

The use of “*juju*” was described as a practice of carrying around a magic item collected from the traditional doctor. The item was understood to bring success in business or other aspects of life¹⁹. On the other hand, the item came with some requirements attributed from the

¹⁹ The use *juju* was also mentioned in relation to gain successful in love.

traditional doctor. As I visited one of my informants working as a traditional doctor, Nazareth, I observed the preparation of juju for a young man named Rob. The different items that Nazareth used to make the juju consisted of different plants including the root from the marijuana plant. The root of the marijuana plant was explained by Nazareth as included in the *juju* of a person who wanted to attract people to his shop or other business. Other items I observed were tree trunks, and dead animals (snakeskin, hedgehogs, the mouth of a baby crocodile). As demonstrated juju consisted of marijuana and was one of the reasons that the activity was viewed as highly immoral. The moral story embedded in the elders' view on causality was related to the requirements that came with the magic item.

The local's understandings requirements that came with the juju was demonstrated in a story about Bicycle, a young man living in Chimata, who had suddenly turned mad. One of the priests living in the village where Bicycle lived explained that Bicycle had visited the traditional doctor to pursue juju without following the instructions from the witchdoctor. The priest elaborated that Mr. Bicycle became rich from the practice but failed to follow the conditions that was given to him by the witchdoctor. The statement made by the priest was shared by a young man named Richard who claimed that Bicycle had failed to comply one of the conditions given by the witchdoctor: "*the first day Bicycle went mad he came to a river. He was told by the doctor not to cross. When he crossed the river, he became mad.*" He followed up the statement saying that people in the village [generalizing] likes to get rich in the wrong way. He related the money earned by using juju to "*dirty money*".

Richards description of juju as access to "*dirty money*" shows that "*juju*" was connected to a shortcut of becoming wealthy. The story about young men who failed the requirements of the traditional doctors underlined similarities with the stories about young men who became mad from smoking as both categories connected the condition of *madness* as self-inflicted by taking shortcuts to enjoyment. To understand why young men's mental condition was frequently connected the stories of wrongdoing I now turn to perspectives about the relation between gender and *madness*. At the time I stayed in Chimata I was seldom introduced to stories where women were connected to the term *madness*. However, on a leaning visit to one of the mental hospitals in Malawi I learned more about how Malawians distinguished causality in relation to gender.

4.3 Gender and self -infliction

To give a wider contextual perspective of the moral categories and the self-infliction embedded in the categories of young men this section will demonstrate some of the gendered perspectives on *madness* in Malawi. *Madness* as a result of intoxication was not only a phenomenon related to young men but also connected to the risk seeking behavior connected to gender. Some of the cases where I learned more about the views on women`s *madness* was on a learning visit²⁰ to the first²¹ mental hospital in Malawi. I was lucky to get in touch with a nurse, who then put me in contact with the head department at the mental hospital. Arriving at the mental hospital we were introduced to the OPD and community Mental health program. OPD is short for Out Patients Department and is the first level of enquiry between the hospital staff and persons who seeks treatment at the hospital.

One of the main tasks of the coordinator of the mental hospital was to interview and evaluate potential patients for the hospital. During the interview with the coordinator Marianne, my research assistant, asked “*What is your experience on mental illness among women, and men?*” The coordinator answered “*It’s like men are mostly mentally sick because of substance abuse. For the woman of course, there are some. But most of the woman are stressed by illness in family (...)*”

The gendered separation of causality presented by the nurse demonstrates how men and woman`s mental condition was valued from their participation in what Michelle Rosaldo conceptualize as the “domestic” and “public” opposition. The concept underlines how women and men are organized around different space and activities bound up to the same spaces. While women are generally organized around minimal institutions and activities around the mother and children, men are on the other side as responsible for activities and institutions that” line, rank, or subsume particular mother-child groups” (1993:23). The oppositions, as explained by Rosaldo, provides the “basis of a structural framework necessarily to identify and explore the place of male and female in psychological, cultural, social and aspect of human life” (1993:23).

²⁰ Learning visits is a formal meeting with an institution where the visitor gets the chance to learn more about the institution.

²¹ I refer to the mental hospitals by first and second because of anonymization of my informants.

The residents living in the village shared the view of the nurses that a greater amount of men were struggling with *madness* because of their participation in the public life of Chimta where “*risk taking*” behavior was an important part of sociability. Dangerous business was also mentioned as part of the risk-taking behavior of men. “*Juju*” was only one of the risks seeking behavior that men was understood to participate in at the public sphere. On the other side the mental condition of women in Chimata was more frequently related to their worries about conditions threatening the household and their caretakers. Another aspect of women’s mental condition was connected to her subordination of men. This was demonstrated from a local woman who claimed that woman around the village became mad because of the bad behavior of men. Cheating and irresponsible spending of money was mentioned as two of the typical causes that made women mad. As shown from the examples above men and woman’s condition of distress was separated from the men’s active participation at the public sphere compared to the woman who was described from emotions caused by men’s action. For a further reflection about the importance of agency in the elders’ construction of young men’s *madness* the next section will look at the close relation between gender and agency by looking at a subgroup of woman who formed part of the public sphere in Chimata, namely prostitutes.

4.3.1 Gender and agency

In this section I will look at the self-infliction ascribed to young men’s *madness* in relation to my elder informants view on gender and agency. In the beginning of the chapter I explained that young men’s condition of *madness* were connected to acts that was related to wrongdoings. In the former section we learned that men’s mental condition was related to their role in the public sphere as a contrast to the domestic sphere of the woman. Joan Busfield has studied the relation between gender in the construction of official categories of mental disorder. Busfield claims that since denials and attributions of agency are in practice gender-related it follows that gender underpins the allocation of categories of problematic thoughts from a “boundary of wrongdoing and mental disorder”,

“The realm of wrongdoing or deviance, as of normality is a world in which we assume individuals to be agents: persons who are responsible for their thoughts and actions which are judged by social standards. In contrast the realm of mental disorder is a world in which individuals are assumed to be subject to forces which they themselves cannot immediately control- they are passive rather than active.” (1996: 105).

The line of thoughts presented here are taken from construction in western official contexts. However, the theoretical points are useful to understand how younger men`s mental condition was closely connected to acts of wrongdoings. Young men`s choice of becoming mad was related to a sphere of wrongdoing where the young men were valued from on standards of normality. The specific acts of the young men become important in defining their mental condition. The same acts are related to the agency of men in the public sphere compared to the woman who are bound up to their responsibility and care associated with the domestic sphere. One subgroup that contested the locals view on the relation between gender and *madness* was a subgroup of woman who stayed close to the bar settings.

Prostitutes, also referred to as “*sex workers*”, were described as a part of the numerous cases of *madness* in the district. Cases of *madness* among the woman in the subgroup were similar to men in relation to their use of marihuana. This was demonstrated in a conversation with one of my elder informants who claimed that prostitutes were part of the greater number of mad persons in Chimata, “*the women who works as sex workers become mad because they take marihuana to lose shyness, they take marihuana to be crazy, so they can do everything to please the man. Those women are easy to become mad. Because of the duty they are doing.*”

The example shows that that prostitutes in the district were viewed as part of the marihuana abusers among the group of young men. As a contrast to the younger men Edson described their use as a mean to please the men, viewed as the most important task of the sub group. The woman`s act of smoking followed the claim about numerous cases of *madness* among the subgroup. The subgroup of woman was often described as close to the category “man” because of their appearance at the bars, their interference with intoxicants, and their activities of providing their own money something that was not normal for women living in the rural parts. In the same conversation Edson asked me, “*do they behave like women in your eyes?*” The example demonstrates the close connection between the single act of smoking and its relatedness to gendered agency defined prostitutes` mental condition closer to what Busfield called a sphere of wrongdoing.

Summary

This chapter has been concerned about the self-infliction embedded in causalities ascribed to young men in Chimata. We looked at how the categories consisted of stories about acts of wrongdoing. To understand why men in the district was bound up to these acts I demonstrated the gendered aspect of *madness*. We learned that *madness* was constructed in relation to the understanding of the public and domestic spheres. I also investigated the importance of agency in the elder's constructions. I suggested that men's active role in the public sphere was part of the construction of *madness* as defined in relation to specific acts in these spheres. The acts were connected to men's agency in relation to consume and economic responsibility. By relating to Busfield I suggested that the division of the domestic and public spaces was important to understand why men were viewed in relation to normality compared to the woman who was defined in relation to uncontrollable emotions related to men's agency on the outside. From this point I demonstrated how one of the subgroups of woman in the district challenged the elders' view of the relation between gender and causality. The next section will be concerned about the social control embedded in elder's treatment of young men.

Chapter 5

Controlling madness of young men

5.0 Introduction of chapter

In this chapter I will present a case of a young man named Kadda who was put in chains by his elder peers because of his state of *madness*. Doing this, I will look into the elders' understanding of treatment. The elders claimed that the practice of putting the young man in chains was a type of treatment. In the first section we will look at how the elders connected treatment and causative background of the *madness*. Thereafter, I show how the choice of treatment was part of a negotiation process with other health facilities in Chimata. I will draw on Michel Foucault's concept of power knowledge to understand how biomedicine was part of the legitimization of putting young men in chains. Thereafter I will show how violence was an important aspect of the treatment before looking into the social control embedded in the physical constrainment. I argue that the treatment of the elders was connected to the moral panic of the behavior that young men adapted at the bar scenes.

5.0.1 Introduction of main informants

This chapter will be mainly concerned with two young men and their family members. One of the young men, Kondwani, was introduced in chapter two. In the next section I will give a short introduction of Kadda before looking at the elders' perspectives on how to treat *madness*. Kadda's perspectives on the treatment he received by the elders' will be further presented in the last chapter of this thesis.

5.0.2 Kadda

The first meeting with Kadda was scheduled after a meeting with his elder brother Edson in Chombo village. During the casual meeting with Edson I was introduced to Kadda and the rest of the family. Kadda was 22 years old and lived together with his wife and child in a small house next to his brothers and uncles. Some months before I meet the family, Kadda was in a state of *madness*. Now, the young man lived in a small house next to his uncles and brothers with no stable income and he earned his living by helping his elder peers with cultivation and collection of crops. In the first section of this chapter I will demonstrate how the brother and uncle dealt with the young man's condition of *madness*.

5.1 Physical control and madness

Steinforth has looked at the relationship between *madness* and physical constraint in Central Malawi and claims that public containment of mad persons is not connected to causative background but rather a respond based on suppressing symptoms, and socially ostracizing and humanizing condition (2008, p.238). In this section we will look at the physical control that was connected to young men`s *madness*. In the villages I listened to some of the talks about how young men had been tied up because of their condition. In my fieldwork I found the relation between constrain and the causative background an important aspect of the elders` choice of treating *madness*.

In the first meeting with the young man, Edson had brought us to his home village, only twenty minutes outside Chimata District Town. As we arrived at the village the brother told us to sit down in front of his house to wait for Kadda. Two of Kadda`s uncles were also present during the conversation. The young man came walking toward us and sat down on the stone floor in front of his brother`s house. Mr. Kadda was quiet and was looking down in the floor as the conversation continued. "*the madness started, [Edson explained], as he was influenced to smoke by his friends at the trading center.*" Edson further elaborated that they had put him in chains for three months to keep him away from marihuana and alcohol.

During a conversation with Kadda he offered to show me the chains that his brother and uncle had kept him in during the time he was mad. The grandmother of Kadda was sent to pick up the chains (a surprisingly strong lady for her age). The grandmother walked with a curved back holding the heavy iron chains. She left the chains in the middle of the room for me to observe them. The two chains were identical, and both chains had locks that were connected to the separate ends. I remember being fascinated by the heavy weight of the chains. Austin, who was the second brother of the young man explained that Kadda used to be attached to the tree right outside the house of his sister. The chains were explained as a means to keep Kadda physically away from smoking marihuana and drinking.

As demonstrated from the examples above the treatment of Kadda was clearly linked to smoking marihuana and drinking. The heavy iron chains were viewed as a mean to keep Kadda constrained from going back to the practices and the youth spaces that was associated with young men`s excessive use of intoxicants. A similar view was presented by the uncle of

Kondwani who explained that he had suggested for the young man to lock him in a room to help him become well from the *madness* caused from the young man`s constant hanging at bars, smoking marihuana.

As both examples demonstrates. constraining the young men was viewed as a mean to physically distance them from the agent directly related to the cause of the young men`s behavior. This shows a clearly link between cause and treatment and a contrast to the claim of Steinforth who argued that physical constraint in central Malawi was not related to the causative background of the condition. In the next section we will look at the negotiations of treatment that led to the choice of putting Kadda in the chains.

5.2 Re-negotiating treatment

In this section I will demonstrate how the physical control performed by the elders was re-negotiated in relation to other means of treatment. The elders who took care of Kadda claimed that they had experienced some resistance from the other villagers against their choice of putting the young man in chains. The villagers had understood the practice as a harsh method of dealing with his condition. In a conversation with Edson he presented some of the aspects behind the choice of the treatment.

Edson explained that at first, he had decided to take Kadda to the hospital because of the *madness*. The behavior he was showing at the time of the decision was described as “*taking of clothes*”, “*eating dead animals from the street*”, and “*saying things that was not true*”. Edson continued the story by explained that the doctor at Chimata District hospital had told him that the *madness* could not be treated at the institution. From this statement the doctor had advised him to take the young man to the police. Edson explained that he followed the advice from the medical doctor and brought him to the police. The young man stayed five days at the police before they had decided that the young man could not stay anymore because of his strange behavior. Edson continued, “*the police did not even want to keep him*” [laughing]. After this incident he had decided to buy the chains.

In the narrative presented above, Edson describes the act of taking Kadda to the police from what the biomedical doctor had advised him to do. In the narrative we also see how Edson describe the young man`s behavior as totally out of control as the police did not even want to

keep the young man. What I interpret from Edson's story is a legitimation of the act of putting his younger brother in chains. The next sections will present a more detailed analysis of the brother legitimation of the treatment.

In the first part of the narrative Edson refers his choice to the suggestion made by a biomedical doctor. The claim that the biomedical doctor wanted to send the young man to the police contrasted the opinions from the locals working at the mentioned institutions. Health personnel and police officers in the district stated that young men who was brought to the police because of *madness* was sent to the hospital.

I interpret the contrasting views between Edson and the health personnel as an indicator that Edson included the biomedical doctor to legitimate his choice of sending Kadda to the police. The legitimation can be understood from biomedicine's position in relation to the traditional forms of medicine in Malawi and Chimata. Biomedicine was viewed as the *dominative* medical institution in Malawi. By dominative I refer to Baer's and Locks' definition in Carol R. Ember and Melvin Ember's encyclopedia of medical anthropology of the concept as one medical system preeminent status in relation to the other medical systems (2004, p.111). The discourse of biomedicine as dominative was generated from the Malawian government's promotion of biomedicine by governmental control of medical knowledge and politicians' statement in the media.²² The relation between the two forms of medical knowledge will be discussed further in the last section of this chapter. Now, I will turn back to Edson's narrative about the treatment.

Edson's use of biomedical knowledge to promote the right treatment for the young man can be described from what Michel Foucault describes as "power-knowledge" in Colin Gordon's collections of interviews where Foucault describes his conceptualizations of power-knowledge. The concept describes power and knowledge in a consultative relationship as power cannot be performed without being connected to the production of knowledge. Looking at the relation in the opposite direction, power is also necessary in producing knowledge (1980 p,51-52). By relating to the biomedical practitioner Edson produces knowledge of how to control and treat the young man's condition of *madness*. The power-knowledge of the narrative was further demonstrated in the last statements made by Edson.

²² See introduction to learn more about the role of the different practitioners and information about governmental rules that control the practices of traditional medicine.

In the last part of the narrative the brother describes the young man's time at the police station and claims that the police did not want to keep the young man. The statement showed that the uncle viewed the young man's condition as totally out of control something he promotes by a humoristic sense describing that even an institution that dealt with serious offenses could control his younger brother. The contest of the criminal system shows how Edson viewed the young man's *madness* as a case that only he and the other elders at home in the village could control. In the next section we will look further into how the power-knowledge was an important aspect of the elder's performance of control. This will be done by looking at an incident where Kadda challenged the role performance embedded in the elders' practice of healing.

5.3 Elders performance of control

The uncle's reference to the biomedical doctor can also be related to the elder's performance of control over young men. The elder's performance of control was demonstrated in a situation where Kadda challenged the elders use of physical constraints as treatment. While talking to Kadda I asked if the uncles had used other options of treatment. Kadda stated that *"they used some traditional medicines in the treatment."* The brother of Kadda interrupted raising his voice: *"why do you say that? It is not relevant for this conversation."* The statement made by the brother was shared by the uncle as he was nodding in agreement with Edson's statement.

The excerpt demonstrates how Kadda challenged the brother and uncles view on dealing with *madness*. Kadda present a statement related to practices that might have been performed from what Erving Goffman describes as acts that are supposed to be kept "back region" that are brought up "frontstage" (1971, p.110). Kadda's statement which indicated that the elders had used traditional medicine as treatment created a strong reaction among the elders who raised their voices against the young man. This might indicate that the use of traditional medicines was supposed to be kept back region. The act of keeping traditional medicine backstage was common among the villagers because of the immoral aspect of using it and some of the descriptions of the practice described as *"lack of knowledge"* and *"ignorance"* presented in national medias as part of the debate between modern and traditional medicine.

From the points presented in the section above the contradicting reactions by the elders can be interpreted as breakdown of the performance that the elders' acted out in my company, described by Goffman as "backstage difficulties" (p.121). The backstage difficulties that was shown indicates that the elders did not wanted to be linked with the ignorance and lack of knowledge associated with traditional medical knowledge. My role as a westerner might also have affected the elder's performance. Among my informant's biomedical knowledge was understood as a phenomenon that came from western countries. Being in the presence of what the locals referred to as "*mzungu*" might have affected the elders understanding of front stage performances. In the last section of the chapter we will have a look at how the elders' viewed the young man's well-being to reflect more about the power-relations presented in the narratives about treatment. In the next sections we will look further into how the elders understood the relation between physical control and violence to give a deeper insight into the elders understanding of physical control. *Madness* from intoxicants was described as a highly violent condition and reflected the use of physical constraint.

5.4 Madness, violence and interventions

When talking to the elder peers of both Kadda and Kondwani I learned more about how violent and problematic behavior was emphasized in the stories about how they ended up dealing with the mad young men. In the description of how Kadda ended up in the chains, violence was described as one of the characteristics that made the elders decide to come together to discuss how to deal with the situation. Edson described the time when the *madness* manifested in Kadda as, "*he caused to much problems (...), he was threatening people to burn their houses.*" The description of Kadda's violent behavior was acknowledged by the uncle who made a sign [nodding]. The uncle followed up the statement made by the brother saying, "*he was even throwing stones at the kids*".

Another example that demonstrates the elder's emphasis on problematic behavior was the state of Kondwani that had ended up causing his grandfather's house. In the conversation with the uncle of Kondwani he talked about how the violent acts of the young man had started while he was living at the grandfather. The uncle explained how a sequence of violent acts had caused the grandfather to be without a home, "*He lived there for two years. After living there for two years he started smoking. He started doing some strange behaviors. He started*

beating his grandfather. He also burned down the house of the grandfather". The uncle ended the story by explaining that the grandfather had to move in with the family after the incident.

The sequence presented in the stories above connecting the use of marihuana and setting the house on fire was a common description of acts carried out among the young men in a mad state. During my time in Chimata I was surprised by the frequency of stories about young men setting houses on fire. The sequence in the story demonstrates how the elders focused on young men`s problematic behavior ending up as a problem for the greater community affecting people in their own kin and other locals in the community. The houses were viewed as one of the most important material goods among the residents in Chimata. Setting them on fire was an important indicator that a person was "*totally mad*" and needed to be controlled immediately.

As demonstrated in one of the sections above Kadda`s state of *madness* was described as a greater concern for the elders as he started throwing stones at the kids and threatening some of the locals. This demonstrates how control of *madness* among the young men was viewed in relation to violent behavior affecting the greater community. The same has been observed by Steinforth in Southern Malawi where he observed that violent forms of *madness* called for communal intervention (2009, p.266). On the other side, young men who was calm during the state of *madness* was free to roam around and some of them also lived at home.

In a conversation with a family of the young man, *Charles Charles* (a nickname attributed because of the young man`s tendency to repeat his own name twice). Charles lived in a boys-quarter that the father had built for his mad son. The family explained that they had tried to treat the young man at the hospital in Chimata, but he had not improved after the treatment and therefore they had decided to let him roam around. The mother explained that they did not have time and energy to take him there because of their age and explained that, "*we will let him roam around as long as he doesn't harm anyone.*" To understand why the elders wanted the responsibility of treating the young men instead of bringing them to the health institutions the next section I will look at some of the social control connected to the time that the young men was under physical control.

5.5 Social control

In the section above I demonstrated how the elders viewed *madness* from marihuana as a particularly violent condition. To learn more on why elder`s in the district viewed the condition of *madness* as threatening against the communal peace this section will look at how the uncle and brother of the young man talked about the time Kadda was locked in chains. The uncle of Kadda explained that he had been the one responsible for him while he was locked up in chains as the brother had been away most of the time. The uncle explained that he had conducted what he called a “*kind of treatment*” in terms of “*testing*”, “*checking*” “*proving*”, in addition to doing “*physical examinations*” to control that the young man was “*improving*”.

5.5.1 Youth styles and social control

A greater number of the tests described by the elders was concern about basic skills. One of the tests was described in terms of checking whether Kadda was able to pick out the banana from the cluster of different fruits that he had put in front of him. Some of the other tests described by the uncle was connected to the appearance that Kadda showed during his state of *madness*. As a part of the test to see if he was becoming normal the uncle explained that he asked him what piece of clothes he would wear. The test consisted of a practice where he handed the younger son a piece of what he described as “*good*” clothing, and a piece of “*bad*” clothing. As Kadda had picked up the good clothing, the uncle explained that Kadda was getting better.

The test can be related to Terrance Turner’s concept of the “social skin” (2012). Turner argues that the surface of the body represents the common frontier of society which becomes the symbolic stage upon which the drama of socialization is enacted (Turner 2012:486). Some of the social drama was presented in a conversation about Kadda’s tattoo. During a conversation with Kadda about the tattoo [a scorpion on the arm] I asked him how he had ended up with the scorpion on his arm. Kadda explained that he got it while being drunk. The brother expressed, “*that tattoo is because of madness, the drinking*” (...).

The example shows how a popular style among the young men in Chimata challenged the elder’s view on what they viewed as good appearance. My younger informants were inspired to dress and apply tattoos to their skin from watching their favorite hip hop artists (*such as*

Kartel Gaza, Wiz Khalifa) who have their bodies covered with tattoos. The style was associated along the practices that the elder connected to the “*American lifestyle*” and “*bad technologies*” that influenced the youth population in the wrong direction. The close connection between youth styles and the ascription of *madness* demonstrates how the physical and social control of *madness* was closely connected to the elder’s efforts to control the young men’s appearance something that was performed by keeping the men away from the bars where they were exposed to the technologies and social changes that threatened the body politics practiced by the elders. In the last section of this chapter we will look at how the elders’ viewed Kadda’s behavior at the time they had decided to remove the chains.

5.5.2 Elders view on improvement

In the previous section I proved that the condition of *madness* was associated with what the elders’ viewed as a deviant youth culture. To reflect more about the social control embedded in the treatment of the young man the last section of this chapter I will have a look at how the uncle and brother of Kadda viewed described the improvement of Kadda. The uncle emphasized that before he moved the chains he had given the young man one ultimatum. He would only remove the chains if he stopped smoking. The uncle stated[repeatedly] that they had used no medicine as “*he was cured thru advice*”. The uncle talked with a proud attitude [loud and determined, no gesticulation, looked me straight into my eyes].

From the case presented in this chapter we have learned that the elders viewed the physical constraint in relation to the causative background. By constraining the young man from smoking marihuana and from wandering to the *youth bars*, where young men performed wrongdoings together with other young men in the district, elders could control the young men’s incorporation back to what they viewed as normal behavior. This was further demonstrated by Edson’s description of the time after Kadda had been cured through the elders’ advice. Edson explained that in the end the chains had worked like a treatment on him because “*today Kadda is fine and have a wife.*” The brother of Kadda explained that the time after he had put his brother in chains he had met some negative reactions from the other villagers. Shae explained that the view of the other villagers had changed as they observed that the treatment had worked.

The statements demonstrate how the young mans` improvement was viewed in relation to the elders’ expected behavior. One of the expectations that were put on young men was finding a

wife. These expectations were more apparent among my informants living in the village. My assistant John who was a middle-class man in his early twenties, who was expected to study before getting married, explained that the resident of the villages had asked him several times why he was not married. He claimed that “*here in Malawi, especially the villages they expect you to be married.*” This can be related to the economic pressure that the villagers in Chimata experienced. Because of the economic restriction-‘s, family is still an important institution for survival in Chimata.

Summary

In this chapter we have learned that the control of young men’s *madness* had both a physical and social aspect. I showed how the use of physical constraint was negotiated in relation to the treatment at provided by other health facilities in the district. An interesting finding was the elders’ use of biomedicine as a mean of legitimizing their choice of putting the young man in chains. We learned that the physical constraint of Kadda also consisted of social control. The social control was related to different test to control the young men’s interference with youth styles that threatened the elders view on “social skin”. From this line I connected the treatment of *madness* to what the elders viewed as a deviant youth culture. This was demonstrated through the elders focus on restricting young men from wandering of to the bars where they consumed dangerous intoxicants and adapted styles from America. In the last section we looked the elders view on improvement. Kadda was let go from the chains because of the young man’s reintegration into the elder’s expectations of moral behavior and expectance of starting a family in the village. Through looking at treatment we have learned more about the moral content and use of the emic term. In the next chapter we will more about the moral content of the terms as we will be looking into how some of the elders in kin to the young men in *madness* contested the claims of causation made by the greater public.

Chapter 6

Elders negotiation of responsibility

6.0 Introduction

In the former chapter I discussed how treatment of the young men was part of the elders' social control. This chapter will be concerned about how some of the family members of young men in the district challenged the elders' understandings of agency embedded in the categories of *madness*. The category of harmful magic will be presented as part of the elders' negotiations of responsibility. The next section of the chapter investigates an apparent importance of having a moral victim in the views in the causality young men's *madness*. I suggest that there are some things to be learned by looking at the relationship between the treatment offered by mental health institutions in Malawi and witchdoctor's practice. In the last section I demonstrate how a failed negotiation caused a young man to end up as one of numerous homeless mad young men in the district.

6.0.1 Introduction of main informants in the chapter

In the first sections of if this chapter I will present the young men who was claimed for *madness*. I will also present the family members who stood up against the claims of the young men. Mr. Bicycle was briefly introduced in chapter three. However, a further introduction is necessary for this chapter.

6.0.2 Mr. Bicycle

The first time I was introduced to stories about Bicycle was through my assistant John who told me about a young man in his home village who had turned mad from using witchcraft. John had grown up in the same village as Bicycle and he introduced me to some of the residents of Matamanga village. The case of Bicycle was widely known among the residents because of the sudden change in the young man who used to be a prosperous business man and suddenly turned into a state of *madness*.

The family of Mr. Bicycle lived at the higher altitude of the village were they also owned some land. The family of Bicycle was known in the village to be a prosperous family. The brother of Bicycle, Alex, owned a grocery shop at the marketplace in Matamanga. In addition, he sold rice which was one of more exclusive crops (as they were sold at a higher price than *nsima*). Some of the villagers described Alex as a "jerk", a local expression that meant that he

had used witchcraft to gain success in his business. Another young man that was claimed to be mad from his wrongdoings was Marvin.

6.0.3 Marvin

Marvin, who was in his early twenties, resided at his sister`s house next to the dock. One of the residents that we meet in the village, Mr. Muluzu, introduced us to Marvin`s sister. We visited the sisters of Marvin, who lived together with her husband by the lake. Muluzu joined the conversation with the family. At this point we did not know that Muluzu was a disrespected man in the village due to his drinking habits, and the fact that he owed a lot of money to several local bars in the village. This might have affected the information we got from the conversation with the family of Marvin. Marvin was not present during the visits at the family as he was roaming around smoking marihuana. Now, I turn to a demonstration of how the family members of the young men dealt with the claims on the cause the young men`s condition.

6.1 Witchcraft and negotiation of responsibility

In chapter three I showed how Bicycle`s condition was discussed as parts of discussions that considered both marihuana and witchcraft as the main cause of his *madness*. In this section I will demonstrate how the family members of Bicycle contested the claims made by the other residents by referring to another form of witchcraft. I now turn to the family`s story of how Bicycle became mad.

6.1.1 Bicycle case

In the first visit to Bicycle`s family I asked the brother of Bicycle, Alex, about the cause of his brother`s *madness*. The brother explained that Bicycle “*became mad while cultivating at the family`s land*”. The view about the cause of Bicycle`s *madness* was shared by the mother of the family. In the first meeting with the mother she was sitting together with some of the other woman living in the same area. I asked the mother about her son`s state of mind. The mother explained that she thought that someone had tried to bewitch her son because of jealousy. She related the jealousy to the fact that her son was a hardworking man, “*He cultivated like a tractor. Could do twenty bags in one day.*” The excerpt demonstrates how the mother and brother of Bicycle connected his state of *madness* to acts of bewitchment directed against

their jealousy of his ability of hard work. The claim that Bicycle had turned mad because of jealousy was contested by another lady that joined the conversation.

At the same time, we were talking to the mother about the cause of her son *madness* another lady who was sitting behind the mother caught our attention. She was making movement with her mouth whispering “*it’s the marihuana, it’s the marihuana*” to hide her statement from the mother that was sitting on the side of her. Eventually the lady asked the mother “*why don’t you just tell them that it’s the marihuana that caused him to be mad?*” The mother replied, “*how can smoking marihuana cause madness?*”. The mother explained that she had seen a lot of people smoke around here without getting mad.

The example above demonstrated one of numerous negotiations where the cause of young men’s state of *madness* was contested in relation to different explanations of causalities. The discussions about causality resemblance with Steinforth argument that Malawian causation models are marked by what he conceptualizes as a “*explanatory pluralism*”, made from his observation that “*cultural discourse always acknowledges more than one possible explanation, and which one of them is favored in a given case is a matter of social negotiation, influenced by situational, contextual, and personal consideration*” (2008, p.243). In this example we can see how the mother negotiated Bicycle’s condition away from the moral suppression related to the use of marihuana. The contest of *madness* related to the young men’s wrongdoings was also presented in relation to Marvin’s case.

6.1.2 Marvin’s case

The first time I was introduced to Marvin’s case of *madness* I was talking to some locals that sold their fish at a stand by the main road. The men claimed that there was a lot of *madness* among young men in the village. The area they were talking about was village Chikoya. Village Chikoya was located northern direction approximately twenty minutes north of Chimata town. Mr. Jotham imitated smoking a joint, before coming up with a name of one of the young men who was mad, named Marvin. One of the fishermen, Jotham, claimed that Marvin had made a lot of trouble in the village in terms of “*sneaking into women’s houses(sikolina) and stealing from residents*”. The trouble caused by Marvin had put pressure on the sister and in-law about sending the young man away from the village.

At the house visit to Marvin's sister and in-law I mentioned the village talk going around about her brother. I asked the sister about the statements of people living in the village, claiming it was marihuana that caused him to be mad. She explained that the marihuana was not the main cause of the *madness*. And she was quite particular about this in her statement, "*before the madness, he was not smoking.*" The in-law of Marvin commented on the sister's statement claiming, "*Marvin started smoking because of the madness.*" As demonstrated Marvin's use of marihuana was explained as an act that started after he became mad. The story contrasted the typical views that connected *madness* as a directly caused from smoking. The *madness* that had made Marvin become involved in the use of marihuana was connected to the harmful magic caused by relatives at his home village.

The sister explained that Marvin was bewitched at his home village in Mangochi District. The sister explained that the mother had tried different types of treatments without seeing any improvement. Marvin turned mad repeatedly as, "*he went back to bad behavior when he came back to the home village. He started stealing and fighting again.*". She explained that after several failed treatments the mother had brought him to a witchdoctor outside the home district to get away from the relatives that bewitched him back in the home village. The sister explained,

"If he goes back to Mangochi it will start again. The mother of Marvin doesn't want him to be together with those people who bewitched him. If they can avoid these people, they can forget about Marvin. The wizard, if he sees you all the time he can decide to bewitch you over again."

As demonstrated in the extract the sister of Marvin negotiates the young man's habit of smoking and causing trouble in the village in relation to the bewitchment that was inflicted on Marvin at his home village. The sister's claim that Marvin was bewitched at his home village can be interpreted from what I conceptualize as a "*moral protection*" against the pressure they experienced by the other residents in Chiroye. The elder living in the village advised the in-law that Marvin should be brought to the police or sent away on a bus back to Mangochi. However, by ascribing the condition of the young man to harmful magic caused by relatives in his home village the sister tried to protect the young man from being sent away from the village.

In this section we have learned that young men`s problematic condition was negotiated on a boundary away from wrongdoing caused by the individual to wrongdoing caused by externals. As demonstrated from both examples, having a moral victim was important to negotiate responsibility away from the young men. To reflect more about the elders` ascription of harmful magic to protect the young men from moral devaluation the next section will look more into how the elders described the efforts of finding a treatment for the young men.

6.2 Causality and the importance of moral stances

To learn more about the importance of the moral protection of the young men this section will look at how the peers of Bicycle and Marvin talked about their effort to treat them. In a conversation with Alex about the treatment of Bicycle he explained that they first had tried to treat Bicycle at the hospital without any luck. To learn about his view on biomedical treatment I asked him more how they had dealt with Bicycles problematic condition at the hospital. The brother explained *«at the hospital they gave him injections (...) when he woke up he would start doing the same behavior.»* The brother further explained, *«the doctor told us that this is natural. The doctor told us that Bicycle should try to get other help at the traditional doctors».*

The brother`s claim that the doctors had advised him to take his brother to the witchdoctor can be related to the moral devaluation of participating in harmful magic. Paul Brodwin has looked at the relationship between medicine and morality in Haiti where he observed the moral implications behind choosing a treatment. Brodwin claims that choices of treatment in Haiti was connected to the moral evaluation about the innocent and guilt of both the victims and their family members (1996, p.152). The use of traditional doctors in Malawi implicated that the person or family that visited the doctor participated in immoral activities connected to harmful magic. Another aspect of the brother`s use can be connected to the lack of knowledge associated with the practice which I discussed in the previous chapter (see Chapter 5, p, 56-57). The brother`s inclusion of the doctor in the story can therefore be understood as an aspect of what I introduced earlier as power-knowledge (see Chapter 5, p.55-56), to legitimize the choice of taking Bicycle to the traditional doctor.

A similar view was presented in the conversation with Marvin`s sister where she explained that the treatment at the hospital had not improved the condition of her brother. The mother had decided to take him to the hospital to see if they could cure the *madness*. The sister explained that the *madness* started over again after Marvin was back from Zomba mental hospital. The sister elaborated that the treatment at the hospital was “*not working on him*”. My assistant John interrupted the conversation and explained that, “*only a witchdoctor can fully heal the sort of madness coming from bewitching.*”

The contrast of the effect of biomedicine and traditional treatment can be understood from what Brodwin explains as the “naturalistic” ideology embedded in biomedical categories. Brodwin`s builds on Starr 1982 in his definition of the naturalistic ideology embedded in biomedicine as “*the materialist, secular notion that removes illness from the realm of misfortune, social relations, or moral concerns*” (Brodwin 1996, p.77). The treatment offered at Chimata District hospital and the mental hospitals in Malawi was often used as a synonym to “*taking medicines*” referring to pharmaceutical products offered by the medical staff against the condition. By accepting the pharmaceutical products offered by the hospital the family of Bicycle and Marvin might have been in danger of being morally devaluated by the residents who put a moral claim on the young men`s condition. By relating to harmful magic, the responsibility was ascribed to external members of the society. In this section we have seen that the elders contested the biomedical categories and turned to traditional treatments that consisted of moral stories related to someone`s wrongdoing to understand how the young men turned mad. In the last section of this chapter I will demonstrate how the negotiation of Marvin`s sister failed in the meeting with the other residents understanding of causality.

6.3 Failed negotiations and excluded young men

As we have learned in this chapter the mother and sister of the young men tried to prevent the young men from being excluded by the other residents. On the other side both Bicycle and Marvin became a part of the *drifters*²³ in Chimata District. During my time in the district I observed numerous mad people roaming around. In the last section of this chapter I will show how the exclusion of the young men was part of what I choose to call “*failed negotiations*”.

²³ I choose to use the term drifter about the mad people without a home.

The failed negotiations became apparent as Marvin`s condition was getting worse. The pressure from the other residents in the smaller community was increasing the in-law of Marvin was forced to make a choice by the other elder men. As demonstrated earlier the sister and in-law of Marvin explained that the young man was fine after the treatment he received at the witchdoctor. On the other side the bad behavior of Marvin was continuous. The sister`s attribute of witchcraft as the cause of the young man`s condition was not effective in the attempt to of let him stay in the village. The in-law resolved the pressure from the other residents by sending the young man to the police. The trip to the police did not end as Jotham expected.

In a conversation with Jotham at the tea-room located next to the fish doc he explained that the police had refused to take him as this was a case for the hospital. Jotham further explained that the in-law had decided to send him after the visit to the police. The choice to send Marvin back to his home village can be related to the social pressure from the other villagers as described from Jotham, "*the whole village wanted him to go away (...) Marvin will never come back to this village, he is not wanted here.*" Muluzu who always showed up after the news about our appearance told us that he had talked to the in-law of Marvin who had received the news that Marvin had not showed up at his home in Mangochi as planned.

Compared to the analytical point in chapter four that showed the complexity behind the understanding of physical constraint containing both physical and social aspects, this example also contributes to my observations that the exclusion of Marvin was part of a complex process of moral negotiation performed by the young men`s kin, attempts that failed. This indicates that the exclusion of the young men was not performed as a one-way power-relation. This chapter has demonstrated that some of the elders stood up for the young men by negotiating the infliction of guilt embedded in the categories connected to the young men participation in immoral practices. Relating to the phenomena by simplifying it as one-way exclusion might therefore remove aspects of the important efforts and negotiations that elders and other family members put into defending the young men.

Summary

In this chapter we have looked at some of the contradicting views on *madness* among young men. By looking at the examples of Bicycle and Marvin we learned that the family members

were part of an ongoing process of negotiating the cause of young men's *madness* in Chimata District. As demonstrated the category of harmful magic was used to negotiate the responsibility away from the young men onto unknown others. We learned that the categories used by the kin of the young men challenged the agency embedded in the categories ascribed by some of the residents in the villages. I showed how the traditional category of witchcraft was useful to negotiate responsibility in relation to biomedical treatment that lacked a moral victim. In the last section I demonstrated how the kin tried to prevent young men from being excluded from the village because of the behavior that followed the *madness*. On the other side we learned that the pressure from the other locals pressured the kin of the young men to let them become part of the roamers in the district. In the next chapter we will have a look at how young men understood and negotiated the claims of *madness* made by the elders.

Chapter 7

Young Men`s idioms of distress

7.0 Introduction

In the previous chapters we looked at the elder`s perspective on the causal relations integral to the moral categories related to marihuana and witchcraft. Central here was that these moral categories excluded the significance of emotions in relation to the young men`s conditions of *madness*. To learn more about how young men viewed casual relation between *madness* and intoxicants, in this chapter we will look at how young men understood and experienced the relation between intoxicants and *madness*. In the first part of this chapter I will show how young men related *madness* to intoxicants in terms of some local idioms that described *madness* in relation to cognitive experiences. Thereafter, I will demonstrate how the public opinion about the youth spaces as the generator of *madness* was counterposed by the young men who viewed the *youth bars* as spaces of sharing common experiences of being young men stuck in-between expectations and aspirations. To give a wider contextual understanding of the youth spaces I will open the chapter with a description of some of the *youth bars* where I talked to young men.

7.0.1 Introduction of context

In the following sections I will focus on the young men who was actively engaged in the youth spaces. The main field sites of collecting information about young men`s use of intoxicants was at Shade bar and Bush doctor`s home. The material was mainly collected at Shade bar where I spent more time compared to the bush doctor`s home.

Shade bar was owned by Mr. Snake(nickname) who sold both the “*cheap plastic bottles*” and marihuana. The business of providing both intoxicants in the town was a dangerous business and required contacts within the police. Snake explained that he kept contacts from the district police to do his business peacefully. On the other side Snake was arrested one time during my stay. After the arrest Shade was closed for a couple of weeks. However, the bar was up running again within a short span of time. Kalifa, one of the regulars at the bar, started helping Snake as I was conducting my fieldwork. He became a trusted partner and could relieve Snake from great amount of work, as he was both a father and farmer.

In addition, I hanged out at the marihuana bars referred to as the *Bush doctors*' home outside town. I mingled in between three *Bush doctors*' home, Mo`s, Rasta`s and Head. Compared to these drinking dens these *Bush doctors* sold only marihuana. Two types of marihuana was sold, the stronger *jamaican* and the less strong *malawian*. Their homes were stacked up with young men who came to smoke and use the facilities of the bush doctor`s home. The facilities consisted of the Bush Doctors stacks of marihuana. The quanta were sold in "bowls". One bowl meant five grams and could be bought for approximately 50 kwachas (5 Norwegian cents). Other facilities provided at one of the Bush doctors was audio systems that played loud hip hop and dancehall music. Food was served at a given price by the wife and children of the Bush Doctor. In the next section I will introduce some of the young men I met in the different *youth bars* A common practice, among the young men, was their participation in hip hop groups. As I started hanging out at the *youth bars*, I discovered that the younger men introduced themselves by their artist name and the hip hop group they were a part of.

7.0.2 Introducing young men

One of my main informants was the individual artist Mazomaker and the rap group Biff Killaz empire consisting of, Mr. Curious, Ibrahim and E.P. Mazomaker was a regular at Shade bar while the members of Biff Killaz was mainly hanging out at Bush doctor Remnant`s place in one of the villages close to town. Most of the young men mentioned above did not attend any economic activities. Some of them helped at their home with cultivating crops. Ibrahim had a different economic background than the others as he was a truck driver and the son to one of the wealthy business owners in town.

Jonaia who will be mentioned in the beginning of the chapter was one of the younger men working at the market place. Jonaia was a successful business man because of his insight into fashion and trends.

The rest of the young men presented attended different economic activities. Piecework (see introduction to learn more about piecework) was a popular informal work among young men hanging out at the *youth bars*. The young men I met often talked about *madness* as the term was a hot topic in Chimata. The young men claimed that they had both observed and heard about comrades that ended up in a state of *madness*. In the next section I will look at how young men understood the causal relation between use of intoxicants and *madness*.

7.1 Young men`s perspective on madness and intoxication

In chapter two I showed how my elder informants understood the connectivity between intoxicants and *madness* in terms of the greater amount of young men that smoked marihuana and thus a greater amount ended up mad. The elders understanding of the phenomena also included the small plastic bottles that caused young men to misbehave. Most of my younger informants shared the idea that there was a connectivity between intoxicants and *madness*. Some of the younger men`s descriptions showed resemblance to the elders. This was showed in the hip hop song, *misala (madness)* a song made by one of the young artists in the district, Joce (artist name), who was played at one of the most popular webpages that promoted up and coming malawian artists²⁴. In the music video of the song *misala* the connectivity was demonstrated through showing a person who started smoking in a bar before starting undressing and eating from the garbage. As a contrast to the typical narration presented in the music video by Joce, young men in the district described the causal relation between intoxication and *madness* in more sensitive terms. The next part will demonstrate one of the typical descriptions presented by young men in *youth bars*.

7.2 Young men`s idioms of distress.

At the youth bar I talked to young men about the public opinions about the connection between *madness* and the excessive use of marihuana. The young men recognized a link between the two, however the young men explained the connectivity in other terms.

7.2.1 thinking too much

One of the terms used by the young men to understand how their friends ended up in a state of *madness* was described by the term “*thinking too much*”. Thinking too much was described as an experience of getting trapped in thought and worries. The young men commonly related the experience to their temporal problems of not having a chance at gaining waged labor or access to money. The term was also described in relation to the “*stress*” they experienced at home. By “*stress*” the young men often referred to the external pressures experienced in the household. The term appeared as an excuse for staying at the bar.

²⁴ To go to the music webpage, follow this link: <https://www.malawi-music.com/>

The idiom of thinking too much has been investigated in a wide range of African countries and scholars has compared the expression and found resemblances in the term as descriptions and experiences of mental distress from intensification of problematic thoughts. The emic understandings of *madness* have been distinguished from the state of “*thinking too much*” described as a more serious form of mental disorder. This is visible in V Patel et al. study of the concept “*kufingisa*” (thinking too much). The authors describe *madness* as distinguished from the state of “*kufingisa*” as connected to witchcraft and spirit possessions (Patel 1995:214).

In contrast to Patel my observations showed that the two conditions were closely related. One of the typical explanations that connected the state of “*thinking too much*”, and “*madness*” was that the intensification of thinking too much eventually led a young man talking to himself, which meant that the person had turned mad. This demonstrates how some of the young men viewed the transformation to *madness* in terms of cognitive experiences. In the next section I will look more at how thinking too much was connected to another idiom of distress. The term “*deep thinking*” was understood in connection to thinking too much. However, the expression was used to understand how marihuana use could increase the experience of thinking too much.

7.2.2 Deep thinking

The idiom of “*thinking too much*” was commonly related to another idiom used by the young men, “*deep thinking*”. One of the younger men who worked next to Shade bar, Joinaia, explained that he had gained experience about *madness* from working and hanging out close to the bar. He claimed that he had observed a handful of cases and he gave us (me and Marianne) a description of how *madness* usually manifested in the young men at the bar,

“they will start thinking twenty years ahead. What will they do? How will they become rich? They sit alone smoking marihuana, starts deep thinking. They think without talking to others. They don’t discuss with others trying to find a solution on how to deal with the problems. This people eventually start talking to themselves.”

As demonstrated in the statement the connection between thinking too much about temporal problems and the economic pressure that follows, and a state of *madness* is connected to the

acts of smoking alone. Young men commonly expressed the dangers of smoking alone and being inside their own thoughts. The line of thoughts was described as “*deep thinking*”.

The emic term “*deep thinking*” was commonly used to describe a condition that followed the use of marihuana. The influence of marihuana and the state of deep thinking was often explained as two-folded as the feeling of being high from marihuana could be helpful for creative activities such as the practice of arts, craft and music. Some of the young men also expressed that the state of deep thinking could help them to have a better concentration at school. However, the term was also used to describe a causal relation between intoxication, “*thinking too much*” and the condition of *madness*. This was also demonstrated by one of my younger informants Kevin, “*a person needs to be active under the influenced by marihuana, you need to do something while smoking, not only sit down and do deep thinking*” (Kevin, regular visitor at Shady Bar). In some of the latter section I will demonstrate how the youth bar was viewed as a space to deal with the experience of “*thinking too much*” and “*deep thinking*”. Young men viewed healthy consumption in relation to the *youth bars* from what I choose to call “*spaces of sharing*”, defined as a space of dealing with problematic thoughts by sharing difficulties. Before looking into this I will shortly present how my informants looked at connections between alcohol and *madness*.

7.3 Alcohol and madness

Among the young men I experienced few stories that connected alcohol abuse and *madness*. Some of the men I meet at the marihuana bars claimed that alcohol was the cause of *madness*, and not marihuana. The young men`s contest between what intoxicant was more likely to have a causal relation to *madness* can be understood in relation to some of the arguments made by the movement against drug politics in Malawi. The connection between alcohol and *madness* was used as part of younger men`s opposition and protest to the strict rules of the government. The causal relation was therefore part of what I previous described in relation to a “situation” (Zigon, 2015) of legalization where young men engaged in the Rastafarians protests against government drug policies where wrongdoings caused by alcohol was used as one of the main arguments in the legalization campaign.

Some of the young men identified themselves with the Rastafarians and referred to themselves as “*rastas*” meaning that the person dressed and performed some of the religious doctrines of Rastafarians. Because of the focus in this chapter I will not discuss further about the agency of legalization in the causation of *madness*. The next section will try to understand the young men’s construction of causality in relation to the practices of the youth spaces. As demonstrated above young men understood *madness* from intoxication as caused by smoking alone. However, the practices of hanging out at the *youth bars* was viewed as an opposite of bad practices and rather as strategy to prevent them to become caught up in intensive and troublesome thoughts.

7.4 Youth spaces

As shown in previous chapter the elder men in Chimata viewed the youth spaces in the district as the generators of *madness* and the lazy behavior of young men in the district. After hanging out at different youth spaces I learned that hanging out at the bar scenes was not only about consuming marihuana and alcohol, but also about something the young men referred to as “*sharing*”. This section will demonstrate the social dynamics of the youth spaces to give a wider understanding of the young men’s concern about the connection between *madness* and being alone with their own thoughts. “*Sharing*” was both a practice related to consume and sociability. The following section will look at the young men’s view of consumption.

7.4.1 Sharing intoxicants

During one of the occasions I was hanging out at Shade I got to experience the rules of sharing. As I joined a circle one of the guys within the, circle, began asking for money to buy a bottle of splash, or galaxy for 200 kwachas. As I refused to put money into the *sharing* because I had no intention of drinking, I was thrown out of the circle by two of its members. Raia, the person who brought me into the circle, explained that paying was an important part of joining the practice. Further, he explained that the expectation was greater upon me because of my western look. When a person was out of money or avoided contributions with longer intervals the person was still welcomed to drink. On the other hand, If the person was recognized as a “*beggar*”, a person that never contributes, he would not be allowed to take part in the drinking. In contrast to the sharing of the small plastic bottles, filled with spirits, different rules were applied to the rituals of sharing marihuana. Because of the low price of

marihuana in the district the substance would commonly be bought by one person who shared with the rest of the group.

The example presented in this section shows that young men viewed marihuana consumption, and of the small plastic bottles differently from the elders who viewed consumption as an egoistic act of agentic male behavior as a cause of young men`s wrongdoings. As a contrast to the elders view the example shows that young men`s practices of drinking and smoking was a social activity. However, the *youth bars* were not only a space of passing joints and bottles filled with spirits. In the next section the emic term “*sharing ideas*” will be introduced as an important aspect of the sociability and young men`s strategies to deal with the problematic thoughts introduced in the beginning of the chapter.

7.4.2 Sharing ideas, solving stress

As demonstrated in chapter two the elders in the district regarded the *youth bars* as a space of wrongdoing were viewed as the main cause of the greater amount of *madness* among young men. The young men at the bar did not share the elder`s opinions about the *youth bars*. In a conversation with Kalifa (nickname inspired from the artist Wiz Khalifa), who was one of the regulars at Shade bar, we talked about the bad reputation of the bar among the elders in Chimata District,

“Sometimes people can say that Shade is a bad place. Like people who have not been there hear Shade[pausing] like my mother if she hears that Kalifa is at Shade they will think that Kalifa is drunk over there (...) and other bad behavior like fighting just because they know life at Shade. But a person who are there cannot say that Shade is a bad place (...) I can`t say that Shade is a bad place[pausing] because I will be chatting with some friends there. Sharing some ideas, you know (...)”

As demonstrated from the example above “*sharing*” was not only a practice related to the use of intoxicants, but also part of the sociability in the bar. As I observed young men at the *youth bars* I noticed how they actively talked about the “*thinking too much*” and *stress*²⁵ that they experienced in their daily life. This was demonstrated from Kalifa who explained that young men came to the bar to deal with the “*stress*”: “*people who go to Shade Bar only to talk, they*

²⁵ The terms stress was used by the younger men to explain external pressures in the household.

can remove stress like that because of the combination of many people helping you. You can go there to chat with someone, sharing some ideas, you can remove some stress.” The same way of coping with cognitive distress has been observed by Thijs den Hertog et.al among the ethnical group Khwe living in South Africa where “sharing problems was considered to be an important strategy to manage “thinking a lot” (2016, p.394).

However, a contradiction to the young men`s claims, that cognitive distress could be solved by “*sharing ideas*”, was contradicted by numerous of the young men who combined the practices of sharing problems with heavy use of the intoxicants. The use of intoxicants was therefore not only a part of the sociability, it was also a part of the problem. However, excessive use was not always accepted. One of the methods of trying to control it was demonstrated from an incident where Snake, the bar owner of Shade, chased a young man who was very intoxicated away from the bar with a bamboo stick. In this section we have learned that the young men viewed the *youth bars* from what I choose to call “*spaces of sharing*” which, although within itself encouraged an increased use of intoxicants, constituted a vital arena for the young men to not only share beverages, but also, significantly, to share difficulties. We will now head on to a conclusion of the chapter.

Summary

In this chapter I have discussed about the young men`s construction of causality between *madness* and marihuana from experiences of distress. Compared to the elder`s causality connected to moral categories, young men described causality in more sensitive terms. Young men were concerned about cognitive experiences of distress related to their economic situation and pressure from home. The cognitive distress was viewed as enforced if a young man smoked alone without comrades. We learned that marihuana was not only viewed as a dangerous intoxicant but also a means for creative thinking. However, if used in the wrong way, the intoxicant could lead to intensification of thoughts that caused *madness*. We learned that the youth spaces were viewed as a space where young men could solve the problem of “*thinking too much*”. The young men viewed talking and sharing ideas as the most effective way to solve the problematic thoughts. Unfortunately, excessive use of marihuana and alcohol was usually part of solving stress. In the next chapter we will look more into the content of young men`s problematic thoughts. The chapter will also look further into creative way of

using marihuana and the *youth bars* as a pull-factor for creative use. The chapter will try to understand why consumption is so widespread among the younger generation of young men. The construction of *madness* will be analyzed from the important term “waithood” that describes young men`s economic and political position in Malawi.

Chapter 8

Young men in waithood

8.0 Introduction

In this section I will introduce Alcinda Honwana's use of "waithood" to discuss how my younger informants viewed use and constant wandering to the *youth bars*. I suggest that the intoxication was an important mean to deal with their experience of being caught in-between the expectations of the elders' generation, and their aspirations having a better livelihood with greater income. We will learn that that the young men's experience of mental distress introduced in the sections above can be viewed in relation to the waithood that the younger generation in Malawi experience. Moreover, the young men's understanding of the bars as a space of sharing will be investigated from the conceptualization of waithood as an active waiting period, to understand how young men actively tried to deal with the distress, introduced in the previous chapter. I will demonstrate how smoking marihuana was an important part of the younger men's participation in the youth music industry of Chimata and therefore part of young men's creative way of dealing with being in-between expectations and aspirations. I will show how the constant rapping performed by the young men was both part of re-negotiating masculinity and a way to negotiate the guilt ascribed from some of the elders' categories. I will start the chapter by introducing an emic term that was widespread among the young men hanging out at the bars, "*having nothing to do*".

8.1 "Having nothing to do"

The young men I met at the *youth bars* frequently expressed the use of alcohol and marihuana in terms of "*having nothing to do*". The claim was often followed up by relating to Chimata as a "*rural place*" with no opportunities for education or finding a paid job. The elders in the community expected the young men to participate both in the economic activities at the village, and on the other hand take part in waged labor. Taking part in economic activities in the village was referred to as the last option for the young men as getting away from the village and the rural district was one of their greatest. The few possibilities for young men to access waged labor was described as restricted in relation to the young men's experience with "*corruption*".

The term “*corruption*” was frequently presented to be a great limitation to finding paid work, and education in Chimata and Malawi. A common statement among the young men would be “*here in Malawi you need to know people to have a good job.*” The member of Biff Killaz talked about the Youth Organization as a place that did not want guys like them, which in relation to this they stated, “*Youths in Malawi undergo injustice*”. Mr, Curious raised his voice: “*bad governance*”, before lowering his voice stating: “*It’s all about network, who you know*”. I asked him if he participated in any of the activities at the organization. Mr. Curious answered “*No, these guys don’t want us. It’s all about greed and jealousy. They don’t want people like us.*”

Another possibility that was described as limited because of “*corruption*” was higher education. Young men expressed that having a high score at the mcse²⁶ not always was enough to get into a school as some men get access with low scores because they “*know someone*”, meaning that they were well connected among the elite who could influence the system. The limit of getting access to higher education was also described in relation to the economic situation of the family and my informant’s low score performance at the msce level. As I was sitting together with Mr. English(nickname) at the front of Shade bar looking at all the young men sitting around sipping from bottles of spirit, we discussed the future aspirations of Mr. English (nickname). *Mathiasy, I need to get away from here. I need to buy some books. Get some education.*”

As demonstrated in the section above young men related having nothing to do to the limitation of being in-between a more traditional economy and the high education that could access well paid labor. The feeling of being in-between described by the young men is part of what Mamou Diouf explains as a greater amount of pressure on youth in the African continent as they are “heavily influenced by the interaction between local and global pressures: the fragmentation or dissolution of local culture and memory, one the one hand, and the influence of the global culture on the other(2003, p.2).” The pressure resulted from the in-between described by Diouf, was not part of an inactive waiting period as viewed by the elders. The young men’s position in-between should rather be understood from Alcinda Honwana’s use

²⁶ Short for Malawian School Certificate of Education. The certificate is required through passing the courses at secondary school.

of the term “waithood”. Honwana describes the liminal position of young men in Africa as an “active waiting period” because of young men’s active ways of dealing with the limited options they meet because of politicians and the national states failure to create enough jobs for the growing youth population (2013). As demonstrated in the beginning of the chapter the young men did recognize the act of using intoxicants inactively as an adequate means of dealing with the situation in-between as the act could cause a person to go into a negative state of deep thinking. By finding new ways of coping with the presents young men actively changed the meaning of what it means to be adult. In the next section I will demonstrate one of the means young men used to actively deal with the dangers of being trapped in the worries of being liminal, the language of hip hop.

8.2 Hip hop and imagined mobility

As mentioned earlier some of the main practices at the bar scene was listening and talking about hip hop music. At the *youth bars* I observed commercial “*gangstarap*” being played. African hip hop, dancehall and Jamaican reggae was listened to from the broken speakers that almost injured my ears at the time I was hanging out at Shade. Some of the hip hop artists that young men in the bar scene listen to were well-recognized artists (wiz Kalifa, Snoop Dogg, Kartel Gaza etc). However, the *youth bars* were not the only places where young men listened and talked about music. **Hip hop music was also a part of the informal economies in the district (see Introduction, p.11)**. Right next to Shade bar there was a marketplace that flourished with music dens and barber shops where young men went to listen, watch music videos and download hip hop. In town there was also different location where young men could pay to produce their own music as attempts “*to make it*” in the Malawian music industry. I observed numerous of the young men from Shade bar hanging out at the different music dens. The example shows that young men had an alternative mean of activity in relation to the expected participation at the youth center in the district.

The young men viewed their practice of hip hop as a contrast to the practices of traditional music offered by the center. The youth organization in town provided a cultural center where young men could come to learn instruments as a means of getting young men distracted from using intoxicants. The young men at Shade rejected the possibilities offered by the center. In the conversation with Mazomaker we discussed the opportunities facilitated at the music

school at the Youth Center. “*Why don’t you go to the Youth Center to learn more about music?*” Mazomaker explained “*the center doesn’t want to sign us. They only accept people who play traditional Malawian music.*” One of the other guys at Shady stated that “*youths do not listen to traditional music, they listen to dancehall, and hip-hop.*” The contrast was made from the young men’s observation of money generated from commercial hip hop. Hip hop offered young men a possibility to take part in global popular culture outside the limits of Chimata.

Salazar defines the young men’s ability to move outside borders and the structural imbalances that follows the context of Chimata as an “imaginative mobility”. Salazar challenges views of mobility as a phenomenon interlinked to physical movements and economic considerations and claims, “in sum, cultural imaginaries whether true or false, or somewhere in between – have real enough effects” (Salazar 2010, p.64). As shown in the example the young men dreamt about being “*signed.*” The center could not match the young men’s engagement in the informal economy and the imaginative mobility connected to earning “*dollars*”, offered by the African-American artist singing about the high life. The young men also mentioned their use of intoxicants in relation the hip hop life. Their use of intoxicants was presented as part of the opposition to the people staying at the center.

Both members from Biff Killaz’s empire and the individual rap artist Mazomaker, described themselves in an opposition to what they described as the “*cool people at the youth organization.*” Cool people were described as people who did not drink, or smoke. The young men’s opposition to the cool people at the youth center was used as a collective identity marker as part of what they referred to as the “*ghetto*” life. The young men’s intoxication was described as being a part of marginalized youth’s. The hip hop artists that the young men listened to sang about their past identity as marginalized persons and now enjoyed drinking and smoking excessively. Edgar Pieterse who has looked at political representations in hip hop, describes the artists representation of their success without forgetting past status as marginal Afro-Americans as part of the hip hopper’s “high life” (2010, p.439). The young men’s ability to take part or imagine themselves taking part of what Pieterse conceptualize as “high life” gave young men the experience of living in-between with their greatest idols and offered them an alternative to the expectations of the greater community. Intoxication was therefore viewed as an important part of the hip hop identity.

In this section we have learned that hip hop was a way of actively engaging with the being in-between and not being able to reach their greater aspirations and being stuck in the village. The use of intoxicants, especially marihuana was viewed as an important part of living the high life learned from their idols. In this manner, intoxicants came further to be deeply embedded within the young men`s way of life. In this last section we will look at some of the young men`s performances of rapping, a genre of hip hop, that was used to negotiate the elder`s claim about the use of intoxicants as a means of becoming mad.

8.3 Young men`s negotiations

In the sections above, I demonstrated how the use of intoxicants was embedded in the young men`s interest in hip hop. I observed numerous freestyle battles at the time I was hanging out at Shade Bar and Bush Doctors. Freestyle battle was a performance from one up to several people. The sudden performances were a frequent phenomenon that commonly occurred as at the young men sat in circles, sharing small plastic bottles and marihuana. The following case was taken from an incident at Bush Doctors Remnant house in village Mponde. Mr. Curious suggested to do a freestyle performance in my honor. Mr. E.P started making a background beat. Mr. Ibrahim started rapping,

“Welcome Mathiasy this is Chimata District.”

Mr. Curious: “Chimata District, represent Biff Killaz this is our crue, youth in Malawi representing.”

Mr. Ibrahim: “First wat we do in Chimata, what we do in Chimata we smoke marihuana and chilling with Mathiasy right now, he is shooting a video now, Mathiasy.”

Mr. Curious: “We do everything what we love and like to do”

Mr. E.P: “Here in Chimata district we youth we have nothing to do although we try hard, but things did not work well on our side. We do not have a chance to go to school to study. We do not have fees to pay for our own education, and nobody comes in our rescue. (...) To ask the members of parliament of this area to help us, but nothing happens.”

Mr. Ibrahim: “therefore we ended up here doing these bad things like drinking beer, smoking marihuana because we have nothing to do we are jobless and to go to school, it`s also expensive here.

Mr. Curious: “what my fellow friend are talking its really true there is nothing exaggerated and it’s not a joke and it is happening in different households.”

Mr. Ibrahim takes over rapping: “all this thing we do because of poverty nothing else (...)”

The rap performance, that not only consisted of text, but also particular movements and dance demonstrates how young men in the bar contexts used the agency which the rap-performance generated in that it allowed them to negotiate the moral claims by the elders by bringing local politics into the negotiations of *madness*. The negotiation of the young men can be interpreted from the general view on politicians in Malawi as part of a corruption. One incident in the media was commonly presented when young men talked about politics. Politicians was also described from the terms *dangerous* and *greedy* as well as driven by the lust of money. The young men in the *youth bars* understood the cause of their having nothing to do as part of their limited access into waged labor and education. The young men also expressed their lack of contacts to gain access to what they explained as a “*corrupt*” education system.

In previous sections I demonstrated how some of the elder peers of young men connected hip hop to the dangers of western influences. The elders used physical constraints to keep young men away from the “*bad technologies*”, a term used about the music young men listened to. The styles that the young men acquired from their idols was viewed as an indication that a young man turned mad. The young men`s actual use of rapping can be understood from Pieterse`s description of the performance and interest in hip-hop culture and language as a “*powerful framework for interpretation and response*” among marginal black youth. Pieterse claims that, “*hip hop offers not only insight and perspectives of the working of the world, but also how to hold oneself – politically, stylistically, ideologically, psychologically in that world*” (2010, p.439). Thus, here we have yet another means of dealing with anxieties and *madness*, among young men, which were interconnected with intoxicants and the bar-scene. Here also, there appeared to be a double-bind in that what might constitute a solution, in that young men were able to express and work on shared difficulties, was also part of the problem of excessive use of intoxicants potentially leading to health problems, drug-abuse and addiction.

Summary

In this section I have discussed how young men`s anxieties were related to their experience of being trapped in-between the elder expectations of participation in the traditional economy and young men`s aspiration of taking part of education and well-paid labor. I showed how hip hop was viewed as an alternative to deal with the “*having nothing to do*”. Young men found identity in hip hop that also gave them new aspirations and a feeling of participating in something greater outside the context of Chimata. I also demonstrated how hip hop became a part of negotiation their suffering away from the self-infliction ascribed in the elder`s moral categories. Hip hop provided the young men with a psychological-ideological stand on the emotions that elders did not recognize. In the next part chapter, I will have a look at how the subjective experience of *madness* was connected to the anxieties of being caught in-between. To continue the discussion from this chapter I bring the agency represented in Honwana`s concept of waithood into the discussion of subjective experiences of *madness*. In addition, I will try to show that the elder`s moral approach to *madness* contributed to the gatherings of young men hanging out in bars.

Chapter 9

Young men`s madness and agency

9.0 Introduction

In this part chapter I will investigate some of the experiences of *madness* that was presented to me by young men in Chimata District. In this chapter I will present the views of my younger informants who used to be mad. Kadda was given a first introduction in chapter three where I presented the elders views. In this part I will introduce some of the perspectives of Kadda on his state of *madness*. As I had stayed there for a longer period, I got the chance to have one-to-one conversations about the young man`s experience of *madness*. The chapter will continue from chapter four where we learned about the elder peer`s experience of the young man`s *madness*. In this section I will investigate Kadda`s experience of being mad. The chapter will draw on the concept of waithood, introduced in the previous chapter, to demonstrate how the experience of being in-between can be brought into young men`s subjective experience of *madness*. The chapter will also discuss how the elders` moral approach to *madness* was part of generating the gathering of young men in specific bars.

9.1 Kadda`s dangerous act

In the previous chapter we learned how young men viewed causation between marihuana and *madness* form mental distress that emerged from the intensification of thought that arose from staying alone and thinking intensively about specific uncertainties. As we learned in the previous chapter the interference between marihuana and the state of “*deep thinking*” was viewed as one of the generators that could transform a person into the state of *madness*. Kadda explained his experience of *madness* in resemblance with how the young men understood the dangers of smoking alone, “*the madness started when I smoked marihuana by myself. I started smoking at lonely places. At the same time, I started talking to myself. I also went home announcing thing that was not true.*”

In the statement Kadda connects the act of smoking alone to his condition of *madness*. The dangerous act was connected to an incident where he was left by his first wife. After being left by his first wife, Kadda moved away to his sister`s unfinished house where he stayed

alone with his own thoughts and smoked marihuana. The family had not agreed with his decision to move into the unfinished house. Kadda related the act of contesting the warning from the elders to the fact that *madness* had already started to manifest. In his view, moving into a house without roof, or any protection against thieves was a clear sign that he was becoming mad. In the next section I will present Kadda`s view of the time he came back after spending a longer time at his sister`s house getting high and being with his own thoughts. At the time Kadda came back to the village he described that the *madness* had manifested in him.

9.2 Kadda`s outburst

While talking to Kadda about his state of *madness* in front of the elders he explained that he could not remember anything from the state because he was clearly affected by uncontrollable agent of marihuana. The view was contested in one of the private conversations with Kadda as he told us about some of the events that he experienced in the mad state. One of the incidents he told us about was an outburst where he was screaming to people in town: *“Im rich, can`t be compared to anyone in town, I even went to America”*.

Kaddas outburst and claim about being a person of status related to his visit to America can be understood as a reaction to the in-between of being stuck between his family`s expectations and his wish to have his own income as a responsible adult. The young man showed his dissatisfaction by described his current situation in terms of *“just staying”*, or *“having nothing to do”*. He often contrasted the *“just staying”* to his aspirations of having a truck license to earn his own money and not only do piecework and cultivating for a living. He also wondered how it was like outside Chimata. Kadda did not have the money to travel outside the district and was stuck listening to his brothers` stories who had worked in South Africa during his younger days. Most of the young men I meet in the bar scenes had never been outside Malawi and a few of the young men had never left Chimata district. Travelling and experiencing the top of the metropolitan hierarchy was presented as the younger men`s greatest aspiration. *“America”* was viewed in contrast to the village life, as an image of life outside Malawi.

In another conversation with Kadda he described the control he had felt at the time of the *madness*. Kadda described the time he returned back to his home village after staying at the unfinished house of his sister: *“after I came back to the village I did what I wanted to do. I*

smoked in public. I went to the graveyard smoking alone. I was now becoming mad little by little.” As shown in the statement Kadda described his state of *madness* in relation to his courage to act outside behavioral norms in the village. Both the acts mentioned, smoking in public and going to the graveyard smoking was both depicted as some of the most immoral acts a person could show to disrespect the elders in Chimata. Both Muslims and Christians viewed the graveyard as a sacred place. Going to the graveyard at times besides the funerals was viewed as an illegal act. Smoking openly was also depicted as one of the highly immoral acts. Some of the younger men claimed that elders in the community bewitched young men because of those acts.

9.3 Madness and agency

As demonstrated from the excerpt presented in the former section Kadda described the experience of *madness* in an opposition to the elder’s view of *madness* as a state of being controlled by the impersonal agent of marihuana²⁷. In contrast, Kadda’s description of the experience of *madness* shows that the young men experienced the feeling of being in- control during the time of *madness*. The experience of *madness* can therefore be compared to young men’s active engagement with their experience of being in-between. Somers (1994) recognized a tendency in the studies of “deviancy” and other repressed groups to leave out voices of the mad and therefore remove agency in the voices of the marginalized groups and individuals. From my interpretation of Kadda’s experience of being *mad*, it can be understood in relation to the term of waithood as an active engagement with what he experienced as an unbearable liminal situation. To investigate the experience of *madness* as a state of having control further, the next section will show how Kadda viewed the time when he was integrated back to the community by his uncle (as shown in chapter four).

9.4 A success story?

“I was causing a lot of trouble around here. More than you can imagine. The only medicine was chains.”

²⁷ In chapter two I demonstrated how marihuana traditionally was viewed as an agent that penetrated in to the brain and makes young men act out of control.

The statement above shows how Kadda viewed the actions that he performed during his state of being mad. Kadda accepted that the only cure for his state of being intoxicated and mad was chains. Kadda described his condition of *madness* as a liminal phase of showing violent behavior that ended after he had some months in chains away from smoking marihuana. In one of the conversations Kadda explained how he had experienced the effect of the treatment. The young man explained that he knew he was getting “*normal*” at the time he started differentiating between kids and elders, “*I eventually started differencing between kids and elders, I started respecting elders again.*”

As shown, Kadda relates to normality from his ability to separate between kids and elders. The statement demonstrates that getting “*normal*” was viewed as a re-integration back to his role-status as subordinate to the elders in the village. As demonstrated in chapter four, the elders were pleased with the effect of their handling of the situation as Kadda was getting back to what they viewed as normal. The elder men described the improvement of the young man from what Goffman conceptualize as a “success story” based on his study of mental patients’ social life. Goffman explains a success story in relation to a patient who could “manage to present a view of his current situation which shows the operation of favorable personal qualitative in the past and a favorable destiny waiting him, (...) (1959, p.133). The elder responsible for Kadda focused on the success story and their opinion that the treatment had worked in relation to his present situation, as he had found a wife and settled down in the village together with the rest of his family. In the next section I will show how the elders’ success story was contested by Kadda’s choice of going back to the *youth bars*.

9.5 Being blamed

In chapter three I discussed how elders blamed the young men for becoming mad because of their wrongdoings. I demonstrated two typical categories ascribed to the young men caused them to find back to the youth bar where they had someone to talk to about their emotions. I also show how young men was sent away from the village because of the accusations. These accusations and exclusion by the elders were part of young men’s movement and orientations back to the bars.

In this section I will demonstrate how the stigma Kadda experienced under and after the state of *madness* was part of his choice to go back to the *youth bars*. During a conversation, Kadda

told me about the stigma he experienced while being mad. One of the situations where he experienced stigma from other locals was during a civil education about sustainable cultivation in his home village. Kadde explained that he wanted to take part in the event but was chased away. He explained the incident, “*they chased me away from event, treating me like a dog*”. Kadda followed up the statement by saying, “*they don’t see us as human beings. Especially us who got madness from marihuana they see us as the devil, they want to punish us, before god punishes us.*”

As demonstrated Kadda’s experience of the stigma was connected to the experience of being blamed for the self-inflicted *madness* by using “*us*”. The statement can be interpreted from Kadda experiences of identity with other young men who were blamed for being mad. Young men’s experience of being excluded and accused for their own state of *madness* cannot be understood without looking at the group-identity that young men found in the elder’s ascription of wrongdoing. Kadda’s choice of using the term “*devil*” to describe the stigmatized group of young men can be interpreted from how young men at the *youth bars* collectively identified themselves with the symbol.

Young men attributed the symbol to the identity found in hip hop and their fascination for the high-life of their hip hop idols. Young men followed theories put out in media that connected hip-hop artists engagement in evil forces and contact with the devil to become famous²⁸. As I was watching a music video by Lil Wayne at one of my younger informants’ home he explained with great engagement about the artists engagement in the illuminati movement²⁹. From their understanding the illuminati movement was related to successful persons who had sold their soul to the devil for fame. This demonstrates how the elders’ accusations was part of generating young men’s continuous visits to *youth bars* where young men found group-identity in the moral accusations attributed to them by the public. In the last section of this chapter I will show how Kadda actively sought back to the youth environment that had been restrained from him by the elders during the time of the *madness*.

²⁸ Too see an example of some of the theories read in the media connected to famous hip hop artist Jay Z to the practice follow the link: <http://www.the13thfloor.tv/2016/07/12/five-people-who-sold-their-souls-to-the-devil-allegedly/>.

²⁹ This link shows how the media channel followed by young men linked the practice of illuminati to Lil Wayne: <https://www.complex.com/music/hip-hop-illuminati-obsession>.

9.6 End note about Kadda

In chapter four I demonstrated how Kadda was restrained from going back to the *youth bars*. At the time I stayed in Chimata I observed some of Kadda`s secret re-visits to *youth bars*. This was observed as me and John walked back home to town and found Kadda in a clearly intoxicated state of mind, smelling booze and marihuana. From what I learned after the fieldwork marihuana became a concern about the young man`s repeated state of *madness*. Some months after I came home to Norway, I received a WhatsApp call from my assistant John who told about a phone call he had received from the brother of Kadda who told that the young man had turned mad all over again. Throughout this thesis I have demonstrated how young men like Kadda was physically restrained and blamed for their acts of self-inflicting the state of *madness*. As Kadda was found mad again the uncle and brother will most likely put him back in chains and try to restrain him from his deviance acts.

Summary

In this part chapter I have demonstrated how young men`s subjective experiences of *madness* were related to young men`s experiences of waithood. In the first section I looked at Kadda`s experience of becoming mad. Kadda`s description of the manifestation of *madness* as a lonely period with heavy consumption showed a resemblance with the concern of the younger men in Chimata that described the act of smoking alone combined with “*deep thinking*” as a dangerous act. In the next section I demonstrated how Kadda`s stories about his outbursts under the state was related to his dissatisfaction of being in-between. Further, I demonstrated how Kadda`s experience of *madness* was viewed as a liminal period of being in control, outside social hierarchy of living under the control of the elders. From these observations I suggested that *madness* can be understood from waithood as an active engagement with feelings of being trapped in-between. Agency was therefore applied to a condition that normally is defined without referring to any kind of control. In the last section of the chapter I showed how Kadda became one of numerous young men trapped in a circle of stigmatism that causes young men to go back to the bar. I now turn to a conclusion where I will come up with some suggestions for how young men can be helped out of bad circles.

Concluding remarks

Throughout this thesis, I have investigated a discourse within which the *madness* of young men came to be causally connected to their excessive use of intoxicants. Following this discourse, I found that what initially appeared to be a simple explanation, was rather part of a negotiation of responsibility embedded in the complexity of rapidly changing social and moral worlds. While the greater public opinion controlled by the elders in the community connected young men's *madness* to the *moral hierarchy* of intoxicants, the younger generation of men connected *madness* to intensive and problematic thoughts, related to their socio-economic situations. Investigating the generational gap between understandings of causality has been the main aim of these thesis. In the next sections I will show some of the generational differences of an understanding of mental disorder, that contributed to pull young men toward the *youth bars*.

I started the investigation by looking at the elders' understanding of the connection between *madness* and marihuana. The elders' view of the causal relation was constructed from their view of the *youth bars* as a space of wrongdoing where inactiveness and other immoral acts followed excessive consume. I showed how the elder's preferences of some types of intoxicants revealed a moral aspect behind the connections between *madness* and intoxication, and how these claims were connected to a greater number of young men in Chimata. This underlined my point that the elder's construction of *madness* was closely connected to a whole generation of young men and their deviancy from elders' expectations of moral behavior.

The causative relations that connected *madness* and marihuana use was constructed from expectance of masculinity constructed from traditional views on gender and agency. The argument was made prevalent by looking at another typical category that ascribed the cause of *madness* among the young men to egoistic acts of gaining money in the wrong way. However, some of the elders in the district challenged the public opinion about gender agency by ascribing the young men's condition to harmful magic inflicted on them. The category challenged the moral claims made by the greater public and demonstrated how some of the responsible elders in Chimata refused to accept the moral devaluations of their own kin.

However, both categories ascribed by elders consisted of a moral victim where *madness* was contested and discussed as inflicted by external persons. These claims were considered effective in contrast to biomedical treatments, that was rather considered a part of the elder's legitimization of how to deal with the young men. The moral protection performed by these elder peers resulted in failed negotiations against the greater public opinion and ended with exclusion of young men. Anyway, I investigated the subjective experiences of *madness* that was left out by the moral discussions that focused on, *whom to blame?*

Young men actively reflect about their cognitive experiences of distress. However, the concept "*spaces of sharing*" showed that the young men's attempt at talking about problems was made in a context of excessive use of intoxicants. One finding connected to this is that the language of hip hop provided the younger men with a language for reflecting on their situation. However, the same practices that helped the young men to work on the shared difficulties was a part of a double-edged sword that created a solution but also contributed to the excessive use of intoxicants.

Condition of *madness* is experienced as an active contest of the anxiety of being in-between expectations and aspirations, also described as a relief from the subordination of the elder men. Coherently to the younger man's feeling of having control in the state of *madness*, the stigma that the young men experienced from the self-infliction ascribed by the greater public was one of the pull-factor of the *youth bars* where mad young men found identity through symbols of wrongdoings, and as part of the hip hop identity that connected the young men and made the *youth bars* a common space for the marginalized youths.

Helping young men out of unhealthy circles

We have learned how young men who meet moral categories, moral re-integrations and failed negotiations of elders who tried to stand up for the young men, pushed young men back to the *youth bars* where they found a common language outside the moral negotiations of the elders. To introduce some of my reflections around the young men's movement the last section I answers this question: *How can young men find means to talk about their emotions outside spheres where intoxicants are related?*

In this thesis we have learned that young men who experienced moderate and serious forms of mental disorders was pulled to the different bars in Chimata. The activities and practices at the bars give young men a language to understand the mental disorder they experience. One of the negative sides of the pull factor was the easy access to intoxicants in the space of sharing. As mentioned above young men was aware that talking and sharing was a better way of dealing with thoughts. However, young men continue to use drugs and alcohol excessively along with the sharing of thoughts and experiences.

Young men in vulnerable positions such as Kadda presented throughout the thesis, need spheres to talk about their problems outside the bar settings. Being in-between the elders' focus on morality and witchcraft, and the biomedical institutions' focus on medication treatments for mental disorders excludes the possibility for young men to express the challenges they are experiencing. From my point of view, if youth organizations accept hip hop, a genre associated with the dangers of globalization, as a genre where young men can express their emotions and troublesome thoughts, this may open up new spaces where young men feel accepted and can therefore express themselves on the inside of the organizations as a contrast to being in a constant environment of intoxications.

Also, waithood among young men in Malawi will not end any time soon, and from my point of view the gap between the generations' understandings of mental disorder will increase as social change in African countries is continuing. As the process of waithood is increasing, young men therefore need more offers to meet their psychological challenges outside the bar scenes. Anthropological studies can contribute to change and challenge public opinions and understandings of mental disorders. Now, I turn to some suggestions for further research.

Important limitations and suggestions for further research

In this research my focus has been mainly on young men. Women in a state of *madness* were apparent in Chimata. However, because of my role as a man it was more challenging to talk to them about their condition. Further research on women and the understanding of *madness* can lead to interesting project that contribute to challenge the public opinions about the connection of gender dynamics and *madness* presented in chapter 4.

In my study I have only briefly touched upon the subject of medication in relation to treating young men`s *madness*. A critical view on how medication of *madness* is viewed and applied by medical staff in the context can be necessary to create an understanding of how young men`s problems are met in contexts where medicines as treatment for mental disorders are relatively new. I observed numerous young men that were being treated with biomedical medicines because of their condition and some of these young men expressed their wish to be off the medicines.

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