



# SUICIDE, RISK, AND INVESTMENT IN THE HEART OF THE AFRICAN MIRACLE

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## **INTRODUCTION: THE SUICIDE BOMBER OF GABORONE**

On October 11, 1999, just before 8 a.m., in a feat that was somehow vaguely prescient of a more spectacular and deadly episode to follow in New York 23 months later, a “disgruntled” Air Botswana pilot turned an empty passenger aircraft into a bomb. He flew it directly into two other empty passenger planes parked on the tarmac, which were scheduled for takeoff that morning at the Sir Seretse Khama International Airport in Gaborone. Captain Christopher Phatshwe, 33, in an early morning act of suicide had succeeded in wiping out three quarters of the Air Botswana fleet. In the days following the incident, speculation as to Phatshwe’s motive turned to his HIV status. He had recently been grounded and assigned to a desk job at the airline, and many imagined that he (and his employers) had learned that he had *mogare* (the virus), thus sparking his otherwise unfathomable actions (*Botswana Daily News* 1999a, 1999b; *Namibian* 1999).

For the past two decades suicides have presented a paradox in Botswana. Amid the widely acknowledged tragedy of death imposed by AIDS many chose premature death at their own hand. Despite the political, economic, and social power that men enjoy, more men chose to end their lives than women. In a country where poverty, unemployment, and lack of opportunity remain a daily challenge for many, it has often been university students and members of the relatively well-paid professions who have killed themselves. In the 1990s and early 2000s when Botswana had the highest HIV prevalence rate in the world, most such deaths, like Christopher

Phatshwe's, were quietly attributed to AIDS. Friends and relatives assumed that the victims had learned they had the virus and chosen a swifter and less complicated death. Yet, in the half-decade since ARVs have become widely available in Botswana (as part of the first public national antiretroviral program on the continent), the suicides continue, and the peeling away of the HIV-related logic reveals another set of existential concerns.

What does all this self-destruction say about risk, hope, and disappointment among the seemingly successful, in the land often dubbed "the African miracle"? How does suicide in all its violence and spectacle reflect on the relationship between self-determination and sociality in a place where consumerism and pervasive debility together increasingly shape social life (Klaits in press; Livingston 2006)? In fact, in recent decades the notion of self-determination is most often invoked in the context of striving for the very opportunities, relationships, and goods that can prove so unbearably disappointing.

### THE AFRICAN MIRACLE

Botswana is sometimes called "the African miracle." This term is sometimes invoked as the antidote to the Afro-pessimism that so often dominates discussion of the continent's political and economic landscape, with its notorious "failed states," rampant corruption, and widespread poverty (cf. Samatar 1999). Or Botswana's "miracle" is noted as the exception that proves the rule. There are, of course, poverty and inequity in Botswana, as in all places, and there are significant and well-placed complaints by minority groups about the distribution of wealth and investment opportunities (Werbner 2002). But such problems are, at least to some extent, tempered and ameliorated by four decades of steady economic growth, minimal corruption, and peaceful democratic leadership transitions.

The miracle story begins at the time of its independence in 1966. Botswana (formerly Bechuanaland) was born into deep and grinding poverty, surrounded on all sides by institutionally racist states (South Africa, South West Africa, and Southern Rhodesia). British colonialism had positioned the country as a de facto labor reserve for South African industry. Yet the subsequent discovery of vast mineral wealth mainly in diamonds, and equally important, the prudent development of this collective wealth by the democratically elected government, facilitated the steady growth of the national economy, and public investment in infrastructure, social services, and safety nets. Perhaps most notably, the government invested heavily in the health of its people, providing clean potable water in every village, distributing food baskets to the vulnerable, and building an extensive network of clinics and hospitals.

For three decades following independence, Botswana had the fastest-growing economy in the world. Starting with a GDP per capita of approximately \$70 in 1966, the figure had

risen exponentially to \$6,120 by 2007 (World Bank 2008). Unlike many countries in the global South, Botswana has a deliberate policy of living within its means, maintaining substantial cash reserves, and operates without incurring foreign debt. Yet, although the state has been saving, the people it seems were borrowing. For the first decade and a half after the establishment of a formal financial sector in the mid-1970s (with the opening of the Bank of Botswana and the introduction of a national currency, the Pula), households in Botswana were net savers. Yet since 1993 the household sector has become a net borrower with the gap between savings and credit expanding more rapidly over the past decade (Radipotsane 2007).

The steady increase in capital within the country, combined with increased access to personal credit, is imbricated in new forms of consumer spending. Since the political transition in neighboring South Africa in the mid-1990s, South African businesses are increasingly conspicuous in Botswana (as they are throughout the region), peddling everything from fashion to electronics to fast food to automobiles and building materials, as South African capital has “surged northward” in search of new markets (Miller et al. 2008). For visitors to southeastern Botswana, the “miracle” is evidenced by the late model cars parked outside the new shopping malls, as much as by the less visible, yet extensive, network of clinics, hospitals, and pharmaceutical delivery.

In what follows I consider new forms of investment, risk, and self-determination, as well as the loneliness and rage that are at stake when such strategies fail. I discuss specific instances and more widespread discussion of suicide in contemporary Botswana, as a vehicle for contemplating the social dimensions of investment, and the perils of secrecy and the loneliness that shadows it. I conclude with a radically different context, the cancer ward established in late 2001 in the main public referral hospital in the country. In this ward social investment takes on new dimensions as Botswana seek to exile suicide and nihilism from the beds, minds, and hearts of patients. They do so through processes of socialization and paternalism that deny self-determination through what they imagine to be benevolent forms of secrecy, while at the same time questing for and demanding investment in high-tech, biomedicine. The essay is based on several periods of ethnographic research in southeastern Botswana beginning in the mid-1990s, and most recently for eight months in 2006–07, and a follow up month in 2008. During these two most recent trips, I read and discussed media stories about suicide, had numerous informal conversations and conducted (and guided a research assistant to conduct) interviews with individuals and groups about suicide. I visited pawn shops and loan schemes, and worked as an ethnographer in hospitals, mainly in the capital city and its surrounding towns and villages.

## THE HIV/AIDS EPIDEMIC IN BOTSWANA

For over a decade now Botswana, whose population was an estimated 1.9 million in 2007 (UNAIDS 2008), has been at the epicenter of the HIV/AIDS epidemic in Africa. Current estimates report that nearly a quarter of the adult population (24 percent) is HIV+ (UNAIDS 2008). Beginning in the mid- to late 1990s, sickness and deaths from HIV/AIDS interrupted and reversed three decades of gradual but steady increases in health and longevity previously enjoyed by Botswana as a by-product of rising general nutrition, increased access to primary care, and robust public health initiatives. Since the mid-1990s, spectacular rates of infection have been an integral part of public life. The media, health planners, and politicians regularly cited shocking upper estimates of HIV seroprevalence based on sentinel surveys among pregnant women in urban areas, which tracked rates of HIV infection at a median of 34.2 percent in 1995, rising to 46.9 percent in 2003, and dropping to 39.9 percent in 2006 (UNAIDS 2008). Life expectancy plummeted from an estimated high of 71 years in the mid-1990s before the AIDS deaths were felt, to 39 years in 2000, a drop wholly attributable to the burden of HIV (Barnett and Whiteside 2002:22).

These numbers suggest a profound social and political moment in Botswana's history, one that appeared to touch every family, workplace, and social network in the country. Not surprisingly, by the turn of the millennium Botswana's extensive network of public clinics and hospitals (much admired in the region) were now overflowing with patients, as were private homes. Such patients could only be palliated, as effective therapies for HIV were priced out of reach for African patients at this time. Funerals had come to dominate social life in many ways, and a significant population of orphans had emerged.

Responding in thoughtful and agentive fashion to the existential emergency that the epidemic presents, in 2002 Botswana became the first country in Africa to establish a public, national antiretroviral program, providing antiretroviral drugs (ARVs) free of charge to all citizens requiring such therapy. Funded through an innovative public-private partnership between the Botswana government (which provides 80 percent of the funding for the program), the Bill and Melinda Gates Foundation, and Merck pharmaceutical, the program scaled up over its initial half-decade of implementation, such that by 2007 79 percent of Botswana who were clinically understood to require ARVs, or 93,000 patients, were on them (UNAIDS 2008).

By 2006, mortality rates were falling and life expectancy at birth had risen to 52 years (UNAIDS 2008). Unfortunately, because of the effects of the global economic crisis, the Botswana government now warns that it may not be able to enroll new patients on ARVs after 2016 (IRIN Plus News: Global HIV/AIDS News and Analysis 2009). Equally challenging, the availability of ARVs has inadvertently contributed to a second-wave cancer epidemic among some patients who are surviving their HIV disease only to develop viral-associated cancers facilitated by their immune suppression. From 2001 to 2006, the average per annum incidence rate for cancers in Botswana was 530 per 100,000 persons (Botswana National Cancer Registry 2007), higher than comparable figures for the United States, Canada, or Western Europe in 2000 (Shubuya et al. 2002:table 11).

For the past decade a tremendous amount of attention in Botswana and southern Africa more broadly has been brought to bear on HIV/AIDS and the deaths the epidemic has wrought (see, e.g., Campbell 2003; Fassin 2007; Klaitz 2005, *in press*; Morris 2008). There is a good reason for this, given the enormity of the epidemic. But, even as the AIDS epidemic has changed the social experience of death, people on the ground in Botswana and throughout the region also remain particularly interested in other (at times) more spectacular deaths in their midst—suicide, murder, and road accidents. If the AIDS death is one that threatens a long, slow demise, often accompanied by a gradual narrowing of social interaction wrought by sickness, the suddenness, the shock, the spectacle of these other deaths mark their difference. If AIDS has been portrayed by its public health industry as an epidemic of secrecy, risk, and loneliness, suicide and murder—suicide point to another, to some more troubling, regime of the same—a place where social, technological, and fiscal capital meet in episodes of unbearable disappointment, rage, and loneliness. For all that public health rhetoric implicates the passive (suicidal) “fatalism” of those who refuse its messages and technologies, people in Botswana are equally or perhaps more interested in why someone would so robustly and actively seek an end. This essay then, is an attempt to think about a very different kind of conversation about death that concerns people in Botswana, wherein people mourn the failure of the social to mitigate loss and loneliness within capitalistic narratives of risk, investment, and secrecy.

For the past decade or more, life in Botswana has been marked by intertwining narratives of bodily risk and financial hope (and loss), as the AIDS lottery and the growing capitalistic and consumer possibilities vied for space in the social imagination. Caitlin Zaloom (2004) has shown how suicides form a cautionary tale for financial traders whose profession is built around aggressive risk taking, at the heart of speculative capital, in Chicago’s future’s market. Similar dynamics hold in Botswana, and reveal a different sort of “futures market”—one where people attempt to parlay debt and the illusion of wealth in the present to actual wealth in the future—where image is critical to enacting processes of potential wealth creation, and where wealth is reckoned both socially and materially. In Botswana—as in the very distant floor of the Chicago commodities exchange—suicides are also read against risk, debt, and collapse—underscoring the loneliness of loss and the potential for illusory abstraction of wealth. But in Botswana this cautionary tale is now part of the broader social imaginary, not limited to the more esoteric world of finance.

In Botswana, where only a narrow band of capital is available for access, and where most wealth (although certainly not all) is relatively newfound, such

cautionary tales blend romantic, familial, and business pressures and tensions in a novel form. Over the past decade investment and risk (of both social and financial capital) have taken on new meanings for Botswana's burgeoning middle class. Unlike many of its southern African neighbors, Botswana's economy continues on its steady postcolonial upward trajectory, recently achieving middle-income status.<sup>1</sup> Investment, or building (*boaga*) in Setswana parlance as an ethos has long guided labor, social connection, and life strategy. But the meanings and forms of investment have shifted, even as the circle of familial economic obligation is narrowing. The middle class has become highly visible, gathering in financial investment groups, discussing participation in the Botswana stock market or urban land speculation on the radio, investing in children through private English medium schools where new social connections are formed. Even marriage investments have changed in this context where brides as well as grooms now are expected to make substantial contributions to bridewealth payments. The income gap has also grown, setting the poor and working class apart from the more affluent in profound ways, and the life experiences of youth from those of their parents' generation when there was much less wealth in society at large. This is a familiar story of change, one that might also be told in other places and at other times where a middle class has emerged rapidly, and begun to narrate its own successes in relationship to the global economy of consumer and social capital. So why all the suicides?

Popular commentaries on suicide, the youth of its victims (who are usually aged 40 and under) and the proximate circumstances of many such deaths, often implicitly evoke Durkheim (1979) and his classic work on suicide. Such commentaries proceed by evaluating the strength of social institutions and the integration of individuals into those institutions. They emphasize a perceived decay of both institutions and social integration, depicting new risks of alienation and loss that shadow the promise of economic, gendered, and health based self-determination bred among the unique combination of neoliberal and state-sponsored opportunities of recent decades. On closer examination, beneath the Durkheimian analysis and the nostalgia that underlies it, commentators suggest that suicides in Botswana reveal investments gone awry, and the often-hidden risks of self-determination.

For many middle-class and aspirant Botswana, strategies of self-determination are what separate productive citizens from those who only benefit from governmental largesse. Self-determination as an ethos has a long history in Botswana, it is hardly new (Durham 1999; Livingston 2005). Botswana have always expected to have their own desires, projects, goals, and ideas even as they often expected to subordinate them to collective demands of kin and community. But new strategies

for building and valuing life amid a reconfiguring set of social possibilities have emerged in recent years to reveal in very explicit terms the extent to which relationship building is a gamble, one whose stakes are often high. Coming of age during the AIDS epidemic in Botswana, and amid the ongoing epidemic of accidents that causes friends to wonder whether they will survive the roads each weekend, such gambling perhaps appears more reasonable to the young; their economic and social ethos developed amid the ongoing predations of a deadly and uncertain lottery.

Jean Comaroff and John Comaroff (2000) have identified an ethos of gambling lying at the heart of contemporary, neoliberal (what they call “millennial”) capitalism. In this late capitalist regime consumerism and the gambling that obfuscates the relationship between the market and structures of production have combined to create “a more radically individuated sense of personhood.” For many in Botswana, suicide reveals both the potential risks of such gambling, and also the shallowness of its mythos. Many young people in Botswana enact self-determination through strategies that proximate gambling—borrowing against future earnings, investing in relationships that may or may not evolve into sustainable, nurturing partnerships. The suicides averted and accomplished suggest that in this age of “millennial” capitalism, people are trying to make social investments in new ways, and that the stakes of the gamble for some have risen to an inordinately risky level—such that rage and despair over failed relationships can lead to self-annihilation.

In Botswana there is little doubt that the number of suicides have been increasing for the past two decades. Newspapers and radio broadcasts contain stories of suicide and murder–suicide at least weekly, and the Minister of Health, the President, and numerous social commentators have publicly bemoaned the problem of suicide in the country. Statistics for suicides in Botswana and the rest of the continent are either partial or lacking, and as such my discussion does not attempt a precise quantification of trends in the country. Nonetheless some examples might help to suggest the scope of the problem and to put it in both temporal and global terms.

In 1989, suicide was already recognized by some of the more prescient observers to be an accelerating phenomenon in the country (MmaMapilo 1989). This trend apparently picked up pace over the next decade. A 2005 report by researchers at the University of Botswana (and widely cited in the media)<sup>2</sup> analyzed police suicide records from 1992 to 2002, reporting that male suicide rates increased from 7 per 100,000 in 1994 to 23 per 100,000 in 2000, while rates for women went from 1 to a peak of 6.6 per 100,000 over the same period (*Botswana Daily News* 2005a).<sup>3</sup> In Africa, these figures would place Botswana higher than the only

other countries to report their suicide data to the WHO: Zimbabwe (10.6 male, 5.2 female), Mauritius (18.8 male, 5.2 female), and Seychelles (9.1 male, 0.0 female). Botswana's suicidal men would also top the reported data from many western European countries: a few examples include Sweden (18.9 males, 8.1 females), Germany (20.4 males, 7.0 females), and United Kingdom (17.6 males, 4.1 females), as well as many Asian (e.g., India, Thailand, China), Caribbean, and Latin American nations. Many of the countries of the former Soviet Bloc have much higher rates—including Russia with 69.3 for males and 11.9 for females (World Health Organization 2006).

Regardless of actual numbers, media reports and anecdotal experience of suicide are quite prevalent. Suicide, like HIV, permeates the hospital. Attending morning staff meetings in the medical wards of the central referral hospital in Gaborone from late 2006 to mid-2007 I have been struck at the frequency of admissions to the female ward for suicide attempts.<sup>4</sup> Medical officers and medical students have noted the same to me, with one medical officer estimating that he admits a woman who has attempted suicide every other time he is on call in the medical wards. In one primary hospital where I attended a morning meeting in late November 2006, the hospital superintendent was reminded by the case presentation of a suicide attempt from the previous evening to assign one of the medical officers the task of writing a list of the toxic ingredients (and methods of handling ingestion) for common household poisons like Jik, Jeyes Fluid, and ant poison, because, in her words “the holiday season is upon us and we need to prepare ourselves for the inevitable rash of suicides.” In another hospital where I worked, a young woman patient who was admitted for TB managed to hang herself on her intravenous line in full view of her fellow patients in an open ward. To give one last example—over half of the interviewees with whom we (myself or a research assistant) spoke on the topic mentioned personal knowledge of suicide among their family or friends. Many people could name several suicides that had personally touched their lives.

My aim here is not so much to account for or to explain these suicides in sociological terms. Instead, I am interested in how such suicides serve as a cautionary vehicle through which people contemplate and comment on what they see as the fundamental existential questions of their time, and the social dimensions of risk and reward thereby revealed. Each suicide and the secrecy and mystery that surrounds it provides an opportunity for others to narrate their own vision of the disappointments and at times unbearable pressures of modern life, to remind themselves that the happiness of others may well be a facade, and to both acknowledge



yet challenge the reasons why someone might seek death at their own hand. Fault lines are revealed. Men often blame women, and women men; elders lament their children's impulsiveness and youthful culture of cohabitation and spending; youth accuse parental culture of being overly critical without allowing for openness of communication; men and women in their 30s and 40s shake their heads in disbelief at what they imagine to be the impulsive self-slaughter of those in their teens and early twenties. Poorer people reflect on their seemingly greater ability to withstand suffering and privation than their middle-class counterparts, who to them appear more likely to end their lives. Money, it seems, does not always forestall despair, especially when relationships fail even in the face of material gains or individual prosperity.

Several genres of suicide narrative have emerged in recent history: the HIV-related suicide—born by the pressures of secrecy and the fear of stigma and impending suffering and its counterpoint in the redemption of “living positively”; the murder—suicide with its subcurrent of commodified sexuality and male rage; the abandoned lover—perhaps now economically vulnerable, or fearing the specter of parental disapproval and overwhelming domestic responsibilities; the alienated urbanite collapsing under the weight of debt, his elite status evidenced through commodity purchases about to be repossessed; the disgruntled and impulsive teenager, angry, resentful and feeling unacknowledged by his or her parents; and the university student, buckling under the loneliness and tremendous pressures to succeed in a life far from home.

### **THE SECRET LIFE OF CRUSHING DEBT**

In September 2005, Oaitse Molosiwa dropped her 8-year-old daughter off with her sister, called in sick to work at her job in the human resources department at Botswana Power Corporation, locked herself in the kitchen of her home in Phiring (Gaborone), doused herself with petrol and set herself alight.<sup>5</sup> The neighbors who called the police and came with water were unable to rescue her in time. Oaitse was dead. She had been methodical in planning her suicide. She left written summaries of her ongoing work for BPC, so that her coworkers could take over her responsibilities there without too much disruption to colleagues and customers. She had made certain that the burglar bars were shut on the house, thus hampering her rescue. And she had left a brief note, instructing her sister to take good care of her daughter, and asking that no one blame themselves or others for her death.

Despite the sentiments expressed in the note, Oaitse's uncle soon came to the house and demanded that her boyfriend vacate the premises immediately, which he

did. At the funeral, the boyfriend played no role, sitting outside with the friends and acquaintances of the deceased. Despite the fact that he was the father of her child, and that they had shared a home for several years, his name was not mentioned in the funeral program.

Everyone who knew Oaitse, even her closest friends, her sisters, cousins, and parents were shocked; no one had known her to be unhappy. In the days following her suicide, her friends pieced together the following story about Oaitse—a woman in her early 30s who was much beloved and respected by her friends for her compassion, generosity, and kindness. Although she had a good job, was always well dressed, and drove a VW Jetta, they learned that Oaitse was seriously in debt. Her friends now think that she had borrowed money, in part, to support her boyfriend, the father of her child. He was trying to start a business, and Oaitse was determined to help him get the capital to begin. Some of her friends speculated that she may have learned that this man had other girlfriends, and even that he had decided to leave her for another woman. Her parents were relatively well off, and had always been generous, but she did not confide in them when she became overwhelmed with loans. Even when the situation became grave enough to bring her to suicide.

Despite all the prosperity, or perhaps because of it, personal debt in Botswana is a significant and accelerating phenomenon, and one that everyone from the president to the media to family and onlookers relates to the ongoing problem of suicide. The national government and its leadership often refer to a “Tswana” ethic of savings and prudent investment. Backing up this rhetoric, the national government operates in the black, with substantial cash reserves. Yet, the same diamond wealth that sustains such fiscal discipline by the government also fosters an increasing personal economic culture of debt and loans among significant sectors of the working population. Furniture, cars, appliances, building materials are all bought on credit in this highly consumerist economy. Furniture and appliance shops offer hire-purchase (rent to own) loan schemes that allow consumers to pay monthly for their goods, with interest of course, while automobile dealerships work with banks to provide financing arrangements for vehicle purchase or leasing. For Botswana who wish to borrow, there are a range of options in place—from personal loans, to credit cards, to housing loans, to lay-by (layaway), leasing, and hire-purchase agreements. Just as the consumer goods—the cell phones, the appliances, the furnishings, the clothing, and the automobiles have become increasingly visible, so too borrowing has become ubiquitous.

Loans, hire-purchase, and the display of wealth they facilitate is about more than the aesthetic and utilitarian pleasure consumers derive from these goods.

Such pleasure is there to be sure, but more so is the sense that with such goods, one commands the respect (and perhaps a bit of the envy) of others. In other words a person must position themselves as someone with means if they are to become someone with means, if they are to be listened to and taken seriously. There is an anticipatory calculus here in the particular form of building that such wealth is meant to engender. Why delay the respect and social power one knows oneself to deserve, if it is available now? Especially because such respect, in itself might be parlayed into the accrual of new opportunities, capital, and relationships.

Oaitse was far from alone as she struggled to find escape from the crushing burden of debt. In 2005, the year of her death, the Bank of Botswana reported that commercial banks made loans of 5.3 billion Pula (roughly \$1 billion) for “household use” (*Botswana Daily News* 2006).<sup>6</sup> The pace of debt has been accelerating steadily. In 1993 the burden of household debt (excluding money borrowed through microlending schemes, which are extensive) stood at 603 million Pula. A decade later in 2003 it had risen to 4 billion Pula (*Botswana Daily News* 2005c). Personal loans, popularly called “No Mathata,” Setswana for “no problem,” are offered by commercial banks for amounts between 12,000 and 75,000 Pula at interest rates that may reach as high as 30 percent (depending on the prime rate). No Mathata are relatively easy to access, with commercial banks qualifying borrowers who earn as little as 30,000 Pula per annum. The loans themselves are marketed as a form of gambling, with banks advertising on the radio for a chance to win appliances, cell phone airtime, and other prizes in lotteries for those who apply for No Mathata. Along with the loan itself, borrowers are required to take out an insurance package in the event of premature death before the loan is paid. Although these loans are not meant for the poor—the unemployed, underemployed, or those who labor as maids, gardeners, child minders, and cleaners, they do target many working Batswana who find it extraordinarily hard to muster the veneer of middle-class respect, much less project its animating power from their monthly salaries of 2,500 Pula (\$350–\$400).

In recent years the ease of No Mathata has combined with the influx of used cars imported from Japan and Singapore since 2000, thus significantly lowering prices in the used car market in Botswana, which was previously limited to more expensive South African assembled imports. The used cars, dubbed “di-Fong-Kong” (fake), are part of a larger wave of cheaper Asian imports that have flooded Botswana’s consumer markets. As the following excerpt from a story on these new imports in a Botswana newspaper suggests, the combination of “Fong Kong” and easy car

loans is making car ownership, and its attendant debt within reach for those who are reaching for middle class.

Even in his wildest dreams, Ruben Mokgosi (not his real name) had never imagined himself driving his own latest top of the range flashy and luxurious sedan, not until the advent of the so-called Japanese cars. It has been a dream come true for Mokgosi who claims to enjoy the same respect as those driving traditional local cars assembled in South Africa. A cashier at a local bank, Mokgosi could not afford a two-door Toyota Rav 4, even if his greatest priority in life was to drive it. He says he has always drooled over moneyed people cruising around town in expensive and luxurious cars. "Like the rich Gaborone guys, I now attract the same attention," reminisces Mokgosi gleefully.

Gone are the days when elegant, fashionable and expensive cars were reserved for salaried corporate leaders and dealers, says Mokgosi. "My set of wheels mesmerizes as much as would a Prado or a Jaguar X type driven by a CEO of a reputable company," says Mokgosi who admits that he is living his dream. . . . It is an undeniable fact that the so-called Japanese cars are the in-thing. Ever noticed? These cars have changed many a peoples lives. Onkabetse Moremi (not real name) who drives a black Mitsubishi that he claims he ordered from Singapore shares Mokgosi's sentiments. "But I won't say this car is a dream come true. I can assure you that the introduction of these cars has improved our lives in a great way,' says the 26-year old graphic designer. "These cars are affordable, you simply access them through a personal loan. The coming of these cars has been long over due. I wonder why cars should be expensive in Africa," he philosophises before speeding off in his turbo-diesel engine. [Konopo 2005]

If debt is incurred in "attracting the same attention as a rich Gaborone guy" (whose own affluence may itself be a facade behind which crushing debt lurks), the borrower often hopes to keep it secret. Although debt is ubiquitous, it is also meant to remain private. Neither car owner in the newspaper article above would allow his name to be used. Customers at one bank complained bitterly about a tent set up outside the bank where customers could apply for No Mathata as exposing their borrowing habits to the public eye. In a family that I know well, siblings including a twin of the brother in question gossiped about their surprise after discovering their brother's debt, having seen his car for sale in a pawnshop. For others the shock comes when the debt is revealed in the wake of suicide. Although commodity

purchases derive their power through exhibition, if the debt that enabled them is revealed, it undermines the very image and experience of success, power, and self-determination that such displays are meant to engender. It is the stress of secrecy itself, and the unbearable embarrassment when the delicate balance of image and indebtedness collapses that many understand to engender suicide.

### **THE RUPTURE OF EXPECTATIONS AND THE SPECTACLE OF GENDER VIOLENCE**

In a remarkably prescient newspaper column published in 1995, Log Raditlhokwa (1995), a University of Botswana lecturer in Social Work foretold of the current rise in suicide and its relationship to novel forms of economic and gendered self-determination.

Most men are in pain. They are grossly disaffected. They feel defeated and abandoned. . . . If nothing is done to help them to overcome their existential problems, the rate of suicide will rise sharply. We will also experience a spate of violence against women. . . . Their spiritual distress also stems from the progressive deterioration and failure of human relationships. This is partly a function of the ethic of materialism. Many people nowadays establish relationships with a view to extracting some material benefits from others. Women's increasing self-assertion is also shocking and paralysing males who have not learned to handle liberated women.

Although the bleak picture that Raditlhokwa paints is far from the universal state of masculinity in today's Botswana, a spate of violence against women has indeed accompanied a rise in male suicide, much as he predicted. Oaitse's life and death were familiar to many for the themes of debt, commodified love, parental shock, and the gruesome spectacle of her death. But in 2005, the year she took her life, deaths like Oaitse's were overshadowed by a rash of "passion killings" in which someone (usually a man) murdered his lover and then attempted to take his own life. That year there were 84 such cases reported, with 74 of the victims women. Although not every perpetrator subsequently killed himself, many did. A description of some of these deaths from a Botswana newspaper is reproduced below.

A few days after the Christmas festivities this year, a 23-year-old University of Botswana student was choked and stabbed to death by her lover. The incident took place in Phase 4 (Disweets), Gaborone. After stabbing his lover, the boyfriend scrolled a message on the mirror dresser '4give me, I could not let

Lebo go'. He then tried to commit suicide by scratching his belly with a knife but did not sustain any major injuries.

In June, a 43 year old woman was chopped with an axe on the back of her head and stabbed with a sharp instrument by her husband, who later hanged himself. The incident took place in Francistown. In the same month, one of the country's most celebrated soccer players, Oliver Pikati shot and killed his girlfriend before turning the gun on himself. During the Independence holidays two University of Botswana female students were murdered by their boyfriends who later committed suicide. And just recently a Lentsweletau man, beheaded his girlfriend and later hanged himself. [Ramasu 2005]

In such cases, themes of love and money (and often debt) combine to fuel violent and tragic ends. The power of money (even that on loan) and the commodities it buys, is in part the power to forge and animate relationships, particular romantic ones. Men often complain bitterly that they need to appear to have wealth to attract women, and that for them relationships are investments. This can cut two ways. For those lovers in long-term relationships, the fact of cohabitation, and the regularity of gifts over time begin to blur the lines between lovers and kin. Deborah Durham's (1995) astute analysis of gifts in Botswana underscores the fact that sociality is always economically inflected in Botswana; playful and even joking requests, denials, and gifts among friends become serious moral conversations when the requests, denials, and gifts move among kin. Relationships between young lovers are no different in this regard. Men and women who invest in one another through gifts of commodities like clothing and electronics, or through payment of rent or purchase of necessities like food, electricity, or cell phone air time engage in a process that can inevitably convert lovers into families. As gifts give way to obligations to support, and playfulness gives way to or is increasingly accompanied by responsibility, new families are either created or broken. Men often portray the end of such a relationship as the loss of an investment.<sup>7</sup> As one 23-year-old woman commented in a group discussion, "people who commit suicide appear to be living beyond their means. I think the reason maybe because they live beyond their means, a person will take a loan after another, and yet is earning very little. He is caught in a huge debt and the little he has he will invest in a girl. When the girl dumps him it is all over."

A great deal of important research about the commodification of sexuality has been done in the context of HIV/AIDS in southern Africa (Cole 2004; Hunter 2002; see also Nyamnjoh 2005). In Botswana, too, sexual relationships have a

material dimension, one that creates key forms of sexual vulnerability among poorer women who may depend on boyfriends for food and other crucial forms of support.<sup>8</sup> As the left-leaning opposition party, the Botswana National Front has pointed out female economic vulnerability exposes women to intensified threats of domestic violence including murder (*Botswana Daily News* 2005b). But the rash of murder–suicides, whose victims include middle-class women, university students, lawyers, and other professionals remind us that even in the context of comparative wealth, the mixture of money, love, and sex can nonetheless be highly risky, indeed deadly. An older Tswana doctor (*ngaka*) commented on this to myself and two other men gathered in conversation, “I suspect that these murders are influenced by *kgoro* (wealth), because in the past, when hunger and poverty were high, there were no such killings.” It is not only the materiality of sex, but also of love, that is at issue here in Botswana, where romantic relationships potentially provide ways for men and women to navigate the challenges and joys of modern life with love and support.

This sense of investment that animates many relationships is part of a set of novel and complicated trajectories in which lovers seek a precarious balance between older and newer forms of sociality and economic success meant to mitigate against the potential alienation and loneliness of modern life. Such relationships are usually not sanctioned (and in many cases go unacknowledged), mediated, or managed by parents, aunts, uncles, and other kin. They are often open secrets. Without the exchange of bridewealth, where money and commodities connect the couple to extended family networks, couples find themselves with greater freedom and at greater peril to enact their relationships on their own terms. This freedom means that couples proceed without the guidance and intervention of extended family to help resolve their problems. These intimate relationships are not a new phenomenon in Botswana, where the marriage rate has been low for several decades, and where most women who do marry don’t do so until they are in their thirties. But what is new here among the middle class and aspirant, is the degree to which such relationships are capitalized, the nature and risk of investment at hand. Unlike in marriage, the risk of investment, the risk of “being used” under the guise of love, is theirs alone. Although for married couples, women’s increasing ability to negotiate for their legal and economic rights in divorce settlements, has left some men reeling. The risks of marriage are becoming more evenly distributed across the gender divide and men feel this acutely (Baaitse 2006; *Botswana Guardian* 2007).

Where jealousy and betrayal mingles with the loss of investment, some men in recent years have suffered from an overabundance of rage that led to murder often followed by suicide. This rage is not insanity—as many have corrected me—it is rather a feeling of “boiling blood,” a temporary loss of reason (*ba se tlhogo*), an uncontrollable anger. “The blood in the body is not controlled. At that time *tlhaloganyo* (reason, mind) is not functioning. The person is likely to overreact and lose his mind so he may commit that kind of suicide.” It is only in recovering from such a dissociative state that many men then realize what they have done (murdering their lover) and attempt to kill themselves.<sup>9</sup> Those who knew them best, are often in disbelief that they were capable of such an act, and family members including parents find themselves left with the aftermath of a relationship they never knew well (if they knew it at all), gone terribly awry. Even the murderer himself, if he fails his suicide attempt, often reports shock at his own actions. He may remember nothing of the act itself, it is only through the accounts of others in the grim aftermath of his actions that he comes to realize of what, exactly, he is capable.

As people ponder this loss of reason, gendered explanations emerge that extend the layers of secrecy thought to pervade commodified intimacy. One *ngaka* (who denied selling love medicines himself) explained the gendered possibilities of “buying love.”

If you no longer love the woman and you want to end your affair with her, it is very rare for her to kill you. Instead, she will go to the *ngaka* [doctor] to get some medicines so that she can re-get that love from you, and you won't go anywhere. You will stick with her. This is dangerous in that down the line, when now the woman no longer wants the man, the man becomes more of a *setsenwa* [mental case] because the woman has turned his mind [*tlhaloganyo*]. The man, all he wants is the woman and the woman doesn't so the man may end up killing her.

Both men and women feel the pressures of investment in commodified love, especially as middle-class and aspirant women are increasingly expected to pay for half of their own bridewealth. Women for their part also feel the pressures of intersecting motherhood and abandonment. For young women, suicide attempts might be linked to unplanned pregnancies. Abortion is illegal in Botswana, but nonetheless apparently somewhat common among young women. In one village I know well, the seller of abortifacient tablets was well known among youth. Yet, the price of such tablets (which ranged from approximately 150 to 450 Pula depending on how many months along the pregnancy) was out of reach of young women,



making them dependent on their partners to pay. For those whose partners choose this moment to leave them, they may turn to less certain means. In one interview, young well-educated women suggested that those with incomplete abortions who feared arrest at the emergency room might decide it was easier to end their lives than to navigate through the legal, moral, and biological dilemmas of unplanned pregnancy and botched abortion. And for all that men complain that women are bankrupting them, and driving them into murderous rage and suicidal alienation, abandonment by the father of one's children has driven more than one Motswana woman I know into a suicidal attempt.

Nearly a decade ago I was with a friend in Gaborone, when her phone rang. Her younger brother was on the line asking her to come to his house at the police barracks, quickly. We got in my car and hurried over, unsure what we would find. When we arrived at his place we found her 25-year-old brother, Lebo, sitting at the table with a stunned look on his face, his hand wrapped in a towel. Broken glass was scattered on the floor of the living room–kitchen in the two-room house, and Lebo's girlfriend, Marvelous, was sitting on the sofa dressed for work and seething mad. As Patricia, my 33-year-old friend, began to probe the origins of what had apparently been a fight, a young (maybe 16 years old) woman, really more of a girl, I thought, emerged from the bedroom wearing a black slip that was too big for her. Marvelous screamed at her, letting out a litany of words in Setswana, many of which escaped me in their rapid-fire delivery, although I was able to gather that the black slip actually belonged to Marvelous. The girl retreated to the bedroom, and Patricia took Marvelous outside. After some calming counsel, she sent Marvelous off to her waitressing job, promising to call her later. Lebo was also sent off to work.

Patricia and I cleaned the house, ignoring the girl who had now changed out of Marvelous's slip into blue jeans and a T-shirt. When we had finished, we put the girl into the car and drove her to the bus rank. On the way, Patricia lectured to her in a calm, quiet voice that she wasn't to visit or speak with Lebo again. That she was too young to run from her home two hours west of the city for a tryst with a policeman, and that in any case he was spoken for. He and Marvelous had been together for two years. True they had yet to tell their parents, but they had begun to involve Patricia in their relationship. The girl seemed duly chastised. She sat silently except for the occasional "ee" or "nyaa" and took the lecture, agreeing to the conditions that Patricia was laying down. We gave her bus fare, dropped her at the rank, and left only after we saw that she had boarded a bus to Jwaneng. At the time I remember being amazed at the calm and shyness of this girl, and also later at

the way Marvelous and Lebo seemed to put the incident behind them and return to life as usual. By the time I left Botswana nearly a year later they had purchased a plot together in the periurban village of Metsimotlhabe. My main worry for Marvelous was that her older sister lay dying of a long illness at the family's home in Moshupa.

When I returned to Botswana in 2006 I learned that Lebo was soon to be married. He was, in fact, marrying that girl who had stood in the living room wearing Marvelous's slip. No longer a girl, she had now graduated from UB and was working as a nurse at a clinic in Molepolole. Their affair, it seems had never ended. Patricia would not be attending the wedding. In fact, Lebo had stopped speaking to her, refusing greetings when he met her in town. He blamed her for the fact that Marvelous had taken him to court, so that he now had to pay regular child maintenance of 400 Pula for their four-year-old daughter. Lebo had indeed profited from their long-term relationship. Together with funds from both their salaries they had purchased, fenced, and built on that plot in Metsimotlhabe, but Lebo had sold the property without informing Marvelous, and eaten the money alone. Distraught and overwhelmed, her savings and her man gone, Marvelous had made a noose and hung herself from a tree outside her family's home where she was staying. Fortunately, the neighbors came just in time to find her hanging, cutting her loose and saving her life. Together her sisters and Patricia urged her to seek compensation in court and move on with her life. When I saw Patricia again she reported that at some point during the wedding party, Lebo had sneaked off to send Marvelous a text message saying "I miss you baby. C U soon in Gabs."

But even with his now high-ranking police salary, the profits of the place in Metsimotlhabe, and the income from his new wife who worked as a nurse, Lebo was in debt. He regularly defaulted on his monthly child maintenance to Marvelous, and a friend reported seeing his car for sale in a pawnshop in town. When the friend offered to buy it on monthly installments, he refused. He needed the cash for the whole car in a hurry. As his younger sister Pinky said to me, "This is not our Lebo, this is not the Lebo that I know."

In the hair salons and workplace lunch rooms where middle-class and aspirant women chat, women caution one another about the problems with Botswana men, who they portray as secretive, philandering, and irresponsible. It is exactly Pinky's comment that worries them the most. If even she doesn't really know her own brother, then who does? Botswana men, they tell me, are so often not what they appear to be. This makes dating a risky investment for women too. The spectacle of this new form of gender violence has prompted young women to only half-jokingly advise one another "when it is time to break it off with him, you must first travel

somewhere far, and then do it over the phone, lest he try to kill you.” Some young women in their early twenties have told me explicitly, “We are afraid to date these men. You think you know them and then they will introduce themselves to your parents holding your head in a bucket.”<sup>10</sup> Older women in their late twenties and thirties tell me they seek married men or foreigners (met on business or holiday trips) who will help impregnate them, without the entanglements or risks that single Batswana men are feared to entail. Invoking the persistent economic logic that animates such discussions, two women (both accountants) said to me over coffee at one of Gaborone’s new cafés, “we don’t want a relationship with a Motswana man who thinks that our lives are cheap.”

### **SOCIALIZING RISK AND SUICIDE REFUSED IN THE CANCER WARD**

In the cancer ward of Gaborone’s central referral hospital, life is anything but cheap. Since it was established in late 2001, the state has invested heavily in the needs of patients treated there, paying thousands of Pula for each patient who requires chemotherapy in the ward and its associated clinic. The government also foots the bill—up to tens of thousands of Pula per public patient—for radiation treatments provided in the country’s only radiotherapy service (established not long after the public oncology ward), located in the private hospital across town. Oncology services are part of a broader investment the state has made in preserving and prolonging life through sophisticated biotechnical interventions, the most notable of which is the national ARV program. Equally ambitious is the new state of the art teaching hospital (still in its planning stages) to be built in Gaborone as part of a multistaged process designed to update clinical care and research in the country, prolong life, and eventually to eliminate the need for costly patient referrals to specialists in South Africa.

Personal investments in “Fong-Kong” cars or household appliances or fashion are qualitatively different from government investment in cancer care, although ultimately both are meant to help build and sustain relationships. Yet unlike No Mathata loans, in which the pleasure of the present might obscure a painful and uncertain future, the pain of oncological investment must be undertaken up front. Oncology asks a tremendous amount from patients, relatives, and clinical staff—it is not just the state who must bear the risk of investment. The patient must submit to often brutal and heroic therapies. She must not give up. Once oncology is available, in many cases (particularly for the young) refusing treatment becomes tantamount to passive suicide. Relatives and staff must support patients through

these trials, encouraging them to embrace life, even as they hide poor prognoses. Such painful costs today are necessary for brighter days in future, so the story goes. Yet in Botswana, where late-stage cancers are the norm, enacting that future often proves elusive. Like relationships and consumer goods, investment in high-tech cancer medicine can reap spectacular rewards—but it can also prove unbearably disappointing. Like debt, when the oncological investment threatens to collapse, it creates desperation so palpable and painful that it opens up the possibility of suicide.

In 2007, Tshenolo, a really lovely 25-year-old man with stage four metastatic squamous cell carcinoma of the hypopharynx lay shivering and sweating, the feeding tube exposed on his bare abdomen. Three days after his arrival on the cancer ward he cringed in pain as the medical officer pushed the four tubes of chemotherapeutic drugs into the central intravenous line implanted in his chest. He lay back exhausted and shaking and prepared for the onslaught of nausea and fatigue that would soon follow. I reassured him that the doctor had included an anti-nausea drug in the mix. For the medical officer and myself both, this was hard to watch. We felt complicit in a charade of therapeutic futility. Tshenolo had recently been sent home from an oncology ward overseas (where he had been studying when he fell sick), with the understanding that after six failed cycles of chemotherapy and two failed courses of radiation, his case was now terminal. He was coming home to die and his death was imminent. We knew there was little chance that the chemo would significantly extend Tshenolo's life, and life on chemotherapy was at times agonizing. For three solid days after the painful injections Tshenolo would face totalizing nausea, dizziness, and intense exhaustion. Then five or six days later when his white cell count would plummet he would succumb to a series of nasty infections in his chest, intestinal tract, or ears. Some days he lay sweating with tumor fever. He had received heavy doses of radiation while he was abroad and the chemo produced a "recall effect," thus intensifying his symptoms.

This is not to say that Tshenolo found no pleasure in life. He listened to music. Countless friends and relatives came to visit him. He read the newspapers. His mother and father were there every day, and some weekends he was even allowed to go home on a hospital furlough. He joked with his doctors, his nurses, and the ethnographer who followed them around. The decision to continue the chemotherapy despite its futility was made by Tshenolo's parents. For his parents, Tshenolo embodied by proxy (Rouse 2003) the emergence of an aspirational and consumerist ethos of patient care in Botswana (driven in part by the arrival of ARVs en masse)—where "first world" metropolitan high-tech medicine hovers as

an imagined promise against which Batswana evaluate risks, and imbue value in the lives of patients. It was also their decision not to inform Tshenolo of his prognosis, although I suspect he knew there was little hope. He died three months and several cycles of chemotherapy later. By then I was thoroughly confused as to whether I thought it had been “worth it” for him to receive treatment and gain three months and a slim chance at life. (It had certainly been worth it for me to get a chance to know him.) In the end this was neither for me, nor Tshenolo himself to evaluate.

Only nine months previously Mmerekhi had lain in a bed in that same cancer ward, the only one of its kind in Botswana. He was in agony, despite the regular morphine tablets he received. He lay in the cancer ward surrounded by the sounds of vomiting patients, immobilized by his disease, a catheter in his urethra, an IV in his arm, contemplating his own suicide. The pain from his advanced Hodgkin’s lymphoma was so severe he wanted to kill himself. But the nurses, as he told me, wouldn’t let him die before his time. Mmerekhi told me about these suicidal thoughts during a conversation we had months later, shortly before he finished his eight-week cycle of radiotherapy. He was now able to walk (albeit with crutches) and the pain, while still there, could now be controlled with ibuprofen. The oncologist cautioned me privately that Mmerekhi’s recovery might well prove short lived. The disease was still not in remission, and it looked unlikely it could be brought there.

As Fred Klaitz (2005, in press) has so thoughtfully observed, “giving up” prematurely on a person’s recovery is the antithesis of meaningful care in Botswana. In the cancer ward we see that deciding on when to give up is not an option easily afforded to terminally ill patients in their twenties and thirties. Family members and hospital staff make considerable effort to sustain care-giving relationships, even at the expense of horrible bodily effects on the part of patients. Those who give care do not allow themselves nor their patients to despair prematurely. Pursuing why and how tells us something more about suicide, and its meanings there, while also illuminating other dimensions to investment, risk, self-determination, secrecy, and sociality.

Despite its ubiquity, death does not come easy in Botswana, nor is social alienation as apparent as the ubiquitous suicide tales would suggest. Alongside the spate of suicides discussed above are narratives of redemption. AIDS activists often describe failed or abandoned suicide attempts as turning points on the road to acceptance of their disease (Botswana Network of People with HIV/AIDS n.d.; Koblanck 2005; Robbins 2006), while in the cancer ward parents, aunts, uncles, and siblings go to great lengths to prevent passive suicide or premature death among their dying relatives. In their firm requests that the doctor “keep trying” and in

their pleading that he “at least give chemo” or ask for an operation even when the chance of disease remission is slim, they seek to assure that a death already marked by intense pain, discomfort, and often disfigurement, will not be imbued with the mark of social dissolution. The cancer ward, and the prolonged pace of cancer death, like the failed suicide attempt often provides an opportunity to animate, marshal, and strengthen social integration in the face of crushing tragedy. Yet, unlike the aborted suicide attempts of AIDS activists, the quest for life in the cancer ward is not a cathartic act of self-determination and self-acceptance.

In a world now saturated with the discourse of rights, paternalism rules key domains of the cancer ward. The classic African “therapy management group,” to use Janzen’s (1978) term, is extended here into a powerful clinician–kin hybrid. In the oncology department relatives, clinicians, and nurses, much more than young patients claim control over death with the specter of passive suicide fueling their claims. If young lovers are forging and investing in new forms of intimacy that narrow their social and kin-based entanglements, in the cancer ward the opposite is true. As one nurse said to me, “I hate it here. We grow to love our patients only to watch them die. They become like our family. There are days when it is just so painful for us.” Work for the hybrid therapy-management group in this paternalistic environment means to shoulder the risk of investment in each patient, to keep patients socially integrated even when they are far from home and on what can be a tremendously isolating bodily journey, and to bear the burden of secrecy of the potential for therapeutic futility on their behalf.

In the cancer ward secrecy is inverted and suicide again plays a spectral role in the hiding that goes on. Knowledge about the person, the risks he is undertaking, and the instability of his situation is claimed by others. Most cancer patients in Botswana are not told their prognosis if it is terminal.<sup>11</sup> Instead relatives are told, and they might be cautioned not to tell the patient of the bleakness of their future. Nurses, relatives, and laypersons all explained to me that this was necessary so that the patient didn’t become “stressed” and thereby “miss out on some days of their life” or even “commit suicide.” In April 2007, two of the oncology staff met in private with the wife, sister, and nephew of a 35-year-old man whose chronic myeloid leukemia was entering an “acceleration phase” that would eventually culminate in his death, while the patient remained alone in the treatment room, lying on the exam table, exhausted and in pain. After the details of his prognosis were absorbed, the nurse commented that the patient will wonder what we had been talking about in the office without him. Together they decided that he would be told that the doctor was “explaining more about his condition” so that they could care for him

properly. His sister, usually a boisterous woman in her forties, and his nephew sat in utter silence and shock for a moment. Then the sister said, "I understand" and gathering her belongings and taking a deep breath she moved back into the room where her brother lay, prepared to play her crucial role in the drama of her brother's illness, alongside his wife, her son, and the oncology staff. Unlike the debtor collapsing under the burden of keeping the secret of his apparent wealth, here that hybrid therapy group attempts to shoulder the burden of secrecy, risk, and angst on the patient's behalf, in an act of love and caring.

An ethic of palliation pervades the cancer ward, and morphine and codeine are freely dispensed. Unlike other wards of the hospital, nurses and doctors are much more consistently attendant to and interested in their patients' pain. In the last days of life, when the disease has overtaken the body, heroic measures are not undertaken. But in the final months and years when suffering might be intense and the treatment itself experienced as particularly brutal, the goal of extending life dominates and it is entangled with palliation in complex ways. Kabo was someone I had known when he was a teenager back in the late 1990s. When I returned to Botswana in 2006 his aunt, a close friend of mine, was still mourning his death. Like Mmereki, Kabo too had wanted to die. He had suffered from a horrible cancer of the nasopharynx, and he too had clocked time in the cancer ward. By the time he died at age 25 he'd had a quarter of his jaw removed, radiotherapy, and several cycles of chemotherapy. The tumor had nearly pushed his eye out of the socket until it protruded menacingly. At home he had refused the morphine his aunt and mother were trying to give him, arguing that he just wanted the pain to kill him. They had coaxed him, chastised him, and eventually held him, and pushed it down his throat by force, just as they had done when he had refused to undergo a second round of radiotherapy. In the ward forcing reluctant patients to accept nasogastric tubes, catheters, and central lines is all part of a similar paternalistic dynamic by which young patients are prevented from hastening their own death.

In the conversations that immediately follow a patient's death on the ward, relatives do not invoke the common U.S. refrain, "at least she is no longer in pain." The fact that "we tried our best" is instead often emphasized. Life is not always pretty, it is not always joyous, and happiness is not the only benchmark on which a meaningful life is measured. In the end, chemotherapy and radiotherapy, along with complex maxillofacial operations to remove a quarter of the human jaw are the epitome of high-tech, expensive health care in Botswana, and are among the goods in which investment might prove unbearably disappointing. Yet relatives and caregivers refuse the therapeutic nihilism of young patients, eclipsing their

self-determination and socializing risk, in the end perhaps bringing about a different kind of death.

## CONCLUSION

The deaths of the young are always tragic. They are also revealing. In contemporary middle-class Botswana suicide and cancer deaths each point to new temporalities and risks orienting social life. That debt, romance, and even high-tech medicine when undertaken as investment might culminate in violent ends for young middle-class and aspirant Batswana, suggests something about life, and its value in a context in which the pursuits of happiness often mask deep existential crises.

Collective wealth and investment by the state has brought about the miracle of ARVs, cancer wards, and the network of tarred roads on which new cars travel. Yet, amid these goods, Batswana are facing new questions about how to invest in relationships and selves, and how and when to take on risks in the present to create meaningful futures. Suicides tell us much about loneliness, yet this loneliness is more complicated than popular Durkheimian invocations of anomie would have us believe. It is not that social life has atrophied or constricted so much as the relations between self and others have shifted in disorienting ways as consumption and sociality stoke one another. Novel investment opportunities are often carried out alone, as secrets. Yet they hinge on the dense interrelationships between material wealth (consumer goods) and social connections, and the shame of failed investment is often public. Social connections remain powerfully significant, but come to the fore fitfully, often out of synch with the tempos of individual lives.

We see this quite starkly in Botswana's cancer ward where parental love is often robustly rendered. Although many patients are indeed healed, even the promise of costly, high-tech medicine, might turn out to be the basis for false hopes. Within Botswana's cancer ward, some of the tenacious potential of the socialization of investment is evidenced in determined acts of loving care. Relatives and clinical staff seek to banish therapeutic nihilism (now read as suicide) and its underlying loneliness and rage from the minds and hearts of the vulnerable. At its most fraught, therapy threatens to become an end in itself, such that making good on this new social investment of hope and capital in oncology sometimes means undercutting or denying the self-determination of young patients regardless of their prognoses. In all these troubling, awful deaths we witness the promise, the difficulties, and the unpredictability entailed in animating and investing in social life and creating futures—projects that lie at the heart of the African miracle.



**ABSTRACT**

*This essay considers new forms of investment, risk, and self-determination, among Botswana's middle and aspirant classes, as well as the loneliness and rage that are at stake when they fail. In it, I use specific instances and more widespread talk of suicides and murder-suicides contemplated, attempted, and accomplished as a vehicle for pondering the social dimensions of investment, and the perils of secrecy and the loneliness that shadow it. Amid a new regime of risk, investment, and self-determination brought by discontinuities of economic boom and widespread AIDS death over the past decade, Botswana are facing new questions about how to invest in relationships, selves, and futures. The essay concludes with a radically different context, a cancer ward, where Botswana seek to exile suicide and nihilism from the beds, minds, and hearts of patients through processes of socialization and paternalism that deny self-determination, while at the same time questing for and demanding investment in high-tech biomedicine.*

**Keywords:** suicide, debt, passion killing, HIV/AIDS, Botswana, Southern Africa, death, cancer, social relations

**NOTES**

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1. This research for this essay was completed before the recent crisis in global capital, which has affected Botswana. It remains to be seen how the effects of this crisis will come to bear on the dynamics described here.
2. I have been unable to access a copy of the report itself.
3. This essay also notes that the police themselves believe an underreporting of suicide to be evidenced in these figures. It is also likely that the rates have continued to rise since 2000.
4. Men, I am told, are more often admitted to the surgical wards (where I have not worked) or to intensive care for injuries sustained in failed attempts, because they tend to employ different methods in their attempts to end their lives (e.g., guns vs. poisons).
5. All names and identifying details have been changed to protect the privacy of the deceased, and of the friends who shared details of her story with me. Similar efforts have been made in the ethnographic portions of this essay.
6. This figure compares with the P560 million made in business loans. Although, many business loans—especially for microfinance, are made through government loan schemes, the contrast nonetheless is revealing for what it says about the incentives banks have and the role they play in the scale of personal debt creation.
7. See, for example, GABZ 96.2 fm Online Forum 2006. Paul Bohannon (1967) reminds us that the act of murder itself is a social relationship.
8. In addition, women are often legally disempowered vis-à-vis men—although this is slowly changing as new laws are enacted to protect women (Griffiths 1997).
9. If men are the ones who perpetrate “passion killings” women for their part are suspected of committing their murders by the more subtle means of *sejeso* (witchcraft poisons). Some medicines are used to murder, and others to attract and then bind men to their lovers.

10. This makes reference to a notorious case of passion killing, in which the man decapitated the woman and delivered her head in a bucket to her parents.
11. Botswana is not unique in this respect (see, e.g., Harris et al. 2003).

*Editor's Note:* *Cultural Anthropology* has published many essays that explore various subject formations within neoliberalism. Some examples of these are Donna Perry's "Fathers, Sons and the State: Discipline and Punishment in a Wolof Hinterland" (2009), Daromir Rudnycky's "Spiritual Economies: Islam and Neoliberalism in Contemporary Indonesia" (2009), and Peter Cahn's "Consuming Class: Multilevel Marketers in Neoliberal Mexico" (2008).

*Cultural Anthropology* has also published other essays on contemporary Africa, including Nancy Hunt's "An Acoustic Register, Tenacious Images, and Congolese Scenes of Rape and Repetition" (2008) and Danny Hoffman's "The City as Barracks: Freetown, Monrovia, and the Organization of Violence in Postcolonial African Cities" (2007).

## REFERENCES CITED

- Baaitse, Francinah  
 2006 Attorney General Explains Passion Killings. Mmegi, February 9. Electronic document, <http://www.mmegi.bw/2006/February/Thursday9/4402613261341.html>, accessed October 23, 2006.
- Barnett, Tony, and Alan Whiteside  
 2002 AIDS in the Twenty-First Century: Disease and Globalization. New York: Palgrave.
- Bohannan, Paul, ed.  
 1967 [1960] African Homicide and Suicide. New York: Atheneum.
- Botswana Daily News  
 1999a AB Plunged into Crisis Pilot Destroys Aircraft in Suicide Crash. Botswana Daily News, October 12. Electronic document, <http://www.gov.bw/cgi-bin/news.cgi?id=19991012>, accessed August 2, 2009.  
 1999b Air Botswana Services Back on Schedule. Botswana Daily News, October 13. Electronic document, <http://www.gov.bw/cgi-bin/news.cgi?id=19991013>, accessed August 2, 2009.  
 2005a UB Reveals Major Causes of Suicides in 1992–2002. Botswana Daily News, April 28. Electronic document, <http://www.gov.bw/cgi-bin/news.cgi?id=20050428>, accessed March 3, 2007.  
 2005b BNF Blames Passion Killings on Poverty. Botswana Daily News, April 28. Electronic document, <http://www.gov.bw/cgi-bin/news.cgi?id=20050428>, accessed October 18, 2006.  
 2005c Botswana on the Brink of Poverty, Says Analyst. Botswana Daily News, May 12. Electronic document, <http://www.gov.bw/cgi-bin/news.cgi?id=20050512>, accessed August 2, 2009.  
 2006 Banks Encourage Consumption. Botswana Daily News, August 4. Electronic document, [http://www.gov.bw/cgi-bin/news.cgi?id=20060804&i=Banks\\_encourage\\_consumption](http://www.gov.bw/cgi-bin/news.cgi?id=20060804&i=Banks_encourage_consumption), accessed August 2, 2009.
- Botswana Guardian  
 2007 Councillor Kills Wife, Himself. Botswana Guardian, January 5–11: 1.
- Botswana National Cancer Registry  
 2007 Botswana National Cancer Registry, Analysis of Registered Cancer Patients 1986–2006. Gaborone: Republic of Botswana Ministry of Health, Department of Public Health Disease Control Unit, Non-Communicable Diseases Programme.
- Botswana Network of People with HIV/AIDS  
 N.d. David Ngele's HIV Story. Electronic document, <http://www.bonepwa.botsnet.co.bw/html/davngle.htm>, accessed October 18, 2006.

- Cahn, Peter S.  
2008 *Consuming Class: Multilevel Marketers in Neoliberal Mexico*. *Cultural Anthropology* 23(3):429–445.
- Campbell, Catherine  
2003 *Letting Them Die: Why HIV/AIDS Intervention Programmes Fail*. Cape Town: Double Storey.
- Cole, Jennifer  
2004 *Fresh Contact in Tamatave: Sex, Money, and Intergenerational Transformation*. *American Ethnologist* 31(4):573–588.
- Comaroff, Jean, and John L. Comaroff  
2000 *Millennial Capitalism: First Thoughts on a Second Coming*. *Public Culture* 12(2):291–343.
- Durham, Deborah  
1995 *Soliciting Gifts and Negotiating Agency: The Spirit of Asking in Botswana*. *Journal of the Royal Anthropological Institute* (n.s.) 1:111–128.  
1999 *Civil Lives: Leadership and Accomplishment in Botswana*. In *Civil Society and the Political Imagination in Africa*. John Comaroff and Jean Comaroff, eds. Pp. 192–218. Chicago: University of Chicago Press.
- Durkheim, Emile  
1979 [1951] *Suicide: A Study in Sociology*. New York: Free Press.
- Fassin, Didier  
2007 *When Bodies Remember: Experiences and Politics of AIDS in South Africa*. Berkeley: University of California Press.
- GABZ 96.2 fm Online Forum  
2006 *The Contribution of Women to Passion Killings*. Electronic document, <http://gabzfm.com/phpbb2/viewtopic.php?p=774&sid=ae3bd5f5a20ca19efe381ee4b21851c7>, accessed October 17, 2006.
- Griffiths, Anne  
1997 *In the Shadow of Marriage: Gender and Justice in an African Community*. Chicago: University of Chicago Press.
- Harris, J., J. Shao, and J. Sugarman  
2003 *Disclosure of Cancer Diagnosis and Prognosis in Northern Tanzania*. *Social Science and Medicine* 56(5):905–913.
- Hoffman, Danny  
2007 *The City as Barracks: Freetown, Monrovia, and the Organization of Violence in Postcolonial African Cities*. *Cultural Anthropology* 22(3):400–428.
- Hunt, Nancy Rose  
2008 *An Acoustic Register, Tenacious Images, and Congolese Scenes of Rape and Repetition*. *Cultural Anthropology* 23(2):220–253.
- Hunter, Marc  
2002 *The Materiality of Everyday Sex: Thinking beyond Prostitution*. *African Studies* 61(1):99–120.
- IRIN Plus News: Global HIV/AIDS News and Analysis  
2009 *Botswana: Bleak Outlook for Future AIDS Funding*. February 20. Electronic document, <http://www.plusnews.org/report.aspx?ReportID=83054>, accessed April 10, 2009.
- Janzen, John  
1978 *The Quest for Therapy in Lower Zaire*. Berkeley: University of California Press.
- Klaits, Frederick  
2005 *The Widow in Blue: Blood and the Morality of Remembering in Botswana's Time of AIDS*. Special issue, "Collective Memory, Reproduction and Generation in Africa." *Africa* 75(1):46–62.  
In press *Death in a Church of Life: Moral Passion in Botswana's Time of AIDS*. Berkeley: University of California Press.

- Koblanck, Anna  
 2005 *A Few Days More: The Story of a Young Woman Living with HIV in Botswana*. Harare: SFAIDS.
- Konopo, Joel  
 2005 Japanese Cars No Threat—Dada. Mmegi, September 12. Electronic document, <http://www.mmegi.bw/2005/September/Monday12/6998748661476.html>, accessed May 11, 2007.
- Livingston, Julie  
 2005 *Debility and the Moral Imagination in Botswana*. Bloomington: Indiana University Press.  
 2006 *Maintaining Local Dependencies: Elderly Women and Global Rehabilitation Agendas in Botswana*. In *Generations and Globalization: Family, Youth, and Age in the New World Economy*. Jennifer Cole and Deborah Durham, eds. Pp. 164–189. Bloomington: Indiana University Press.
- Miller, Darlene, Olojide Oloyede, and Richard Saunders  
 2008 *South African Corporations and Post-Apartheid Expansion in Africa: Creating a New Regional Space*. Special issue, “South Africa in Africa—African Perspectives, African Realities,” D. Miller, O. Oloyede, and R. Saunders, issue eds., *African Sociological Review* 12(1):1–19.
- MmaMapilo, Molefe  
 1989 Sechele Calls for Curbing of “Frightening Suicide Syndrome.” *Botswana Daily News*, October 24: 1.
- Morris, Rosalind  
 2008 *Rush/Panic/Rush: Speculations on the Value of Life and Death in South Africa’s Age of AIDS*. *Public Culture* 20(2):199–231.
- Namibian  
 1999 *Botswana Suicide Pilot Had AIDS*. *Namibian*, October 14. Electronic document, <http://www.namibian.com.na/Netstories/October99/pilot.html>, accessed October 16, 2006.
- Nyamnjoh, Francis  
 2005 *Fishing in Troubled Waters: Disquettes and Thiefs in Dakar*. *Africa* 75(3):295–324.
- Perry, Donna L.  
 2009 *Fathers, Sons, and the State: Discipline and Punishment in a Wolof Hinterland*. *Cultural Anthropology* 24(1):33–67.
- Radipotsane, Mediyamere  
 2007 *Determinants of Household Saving and Borrowing in Botswana*. *Measuring the Financial Position of the Household Sector: Proceedings of the IFC Conference, Basel, 30–31 August 2006*, vol. 1. Irving Fisher Committee on Central Bank Statistics, *IFC Bulletin* 25:284–296.
- Raditlhokwa, Log  
 1995 *More Men Will Commit Suicide*. *Botswana Gazette*, May 25: 4.
- Ramasu, Phemelo  
 2005 *Thou Shall Not Kill*. *Botswana Guardian*, October 21–27, 2005. Electronic document, <http://www.botswanaguardian.co.bw/10194750031691.html>, accessed 6 March, 2007.
- Robbins, Steven  
 2006 *From “Rights” to “Ritual”: AIDS Activism in South Africa*. *American Anthropologist* 108(2):312–323.
- Rouse, Carolyn  
 2003 *“If She’s a Vegetable, We’ll Be Her Garden”: Embodiment, Transcendence, and Citations of Competing Cultural Metaphors in the Case of a Dying Child*. *American Ethnologist* 31(4):514–529.

- Rudnyckyj, Daromir  
 2009 *Spiritual Economies: Islam and Neoliberalism in Contemporary Indonesia*. *Cultural Anthropology* 24(1):104–141.
- Samatar, Ismail  
 1999 *An African Miracle: State and Class Leadership and Colonial Legacy in Botswana Development*. Portsmouth, NH: Heinemann.
- Shubuya, Kenji, Colin Mathers, Cynthia Boschi-Pinto, Alan Lopez, Christopher Murray, and Kenneth Hill  
 2002 Global and Regional Estimates of Cancer Mortality and Incidence by Site: II. Results for the Global Burden of Disease 2000. *BMC Cancer* 2(37) December 26. Electronic document, <http://www.biomedcentral.com/1471-2407/2/37>, accessed August 10, 2009.
- UNAIDS  
 2008 Botswana: Epidemiological Fact Sheet on HIV and AIDS, October 2008. Electronic document, <http://www.unaids.org>, accessed March 30, 2009.
- Werbner, Richard  
 2002 Challenging Minorities, Differences, and Tribal Citizenship in Botswana. Special issue, *Journal of Southern African Studies* 28(4).
- World Bank  
 2008 Country Brief: Botswana. Electronic document, <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/BOTSWANAEXTN/0,,contentMDK:20183107~pagePK:141137~piPK:141127~theSitePK:322804,00.html>, accessed March 31, 2009.
- World Health Organization  
 2006 Suicide Rates per 100,000 by Country, Year, and Sex [Table]. Electronic document, [http://www.who.int/mental\\_health/prevention/suicide\\_rates/en/index](http://www.who.int/mental_health/prevention/suicide_rates/en/index), accessed May 4, 2007.
- Zaloom, Caitlin  
 2004 The Productive Life of Risk. *Cultural Anthropology* 19(3):365–391.