University of Pennsylvania
ScholarlyCommons

PSC Working Paper Series

9-11-2013

Narratives of Death in the Time of AIDS in Rural Malawi

Adam Ashforth
University of Michigan - Ann Arbor, ashforth@umich.edu

Susan C. Watkins
University of Pennsylvania, SWatkins@ccpr.ucla.edu

Follow this and additional works at: https://repository.upenn.edu/psc_working_papers

 Part of the Demography, Population, and Ecology Commons, and the Quantitative, Qualitative, Comparative, and Historical Methodologies Commons

Ashforth, Adam and Watkins, Susan C., "Narratives of Death in the Time of AIDS in Rural Malawi" (2013). *PSC Working Paper Series*. 47.
https://repository.upenn.edu/psc_working_papers/47

Ashforth, Adam and Susan C. Watkins. 2013. "Narratives of Death in the Time of AIDS in Rural Malawi." Population Studies Center, University of Pennsylvania, *PSC Working Paper Series*, PSC 13-07. http://repository.upenn.edu/psc_working_papers/47

This paper is posted at ScholarlyCommons. https://repository.upenn.edu/psc_working_papers/47
For more information, please contact repository@pobox.upenn.edu.

Narratives of Death in the Time of AIDS in Rural Malawi

Keywords
Mortality, AIDS, Blame, Justice, Witchcraft, Malawi

Disciplines
Demography, Population, and Ecology | Quantitative, Qualitative, Comparative, and Historical Methodologies | Social and Behavioral Sciences | Sociology

Comments
Ashforth, Adam and Susan C. Watkins. 2013. "Narratives of Death in the Time of AIDS in Rural Malawi." Population Studies Center, University of Pennsylvania, *PSC Working Paper Series*, PSC 13-07.
http://repository.upenn.edu/psc_working_papers/47

This working paper is available at ScholarlyCommons: https://repository.upenn.edu/psc_working_papers/47

Narratives of Death in the time of AIDS in Rural Malawi

Adam Ashforth (University of Michigan)

Susan Watkins (University of California, Los Angeles)

Introduction: AIDS, Scientific Knowledge, and the Power of Stories

Since the early 1980s, when the syndrome named as Acquired Immune Deficiency Syndrome was identified as a complex of diseases caused by a retrovirus named as Human Immunodeficiency Virus, a vast enterprise of scientific inquiry has investigated the AIDS epidemic. We know, and historians of the future will know, much more about this epidemic than has ever been the case with epidemics in the past. In the decades since AIDS was identified a vast and global public health endeavor has sought to contain the epidemic.

In Africa, where most HIV infections are found and most AIDS deaths occur, however, there is scant evidence that the efforts by policymakers and planners to halt the epidemic have been effective (Potts et al., 2008). It now appears likely that where HIV incidence - new cases - has declined it has mostly done so in spite of, or in the absence of, official prevention efforts. Incidence seems to have started declining before such efforts got underway (Shelton, Halperin, & Wilson). Ordinary people, it seems, given a modicum of basic information about the disease – such as, crucially, that it is sexually transmitted - seem to be figuring matters out for themselves (S. Watkins, 2004b). They are doing so, we contend, by means of stories that they tell each other in everyday encounters in everyday contexts.

When people respond to misfortunes such as AIDS, they rarely do so in the terms of scientific knowledge, by using what Charles Tilly called “technical accounts” (Tilly,

2006, 2008). Rather, they rely on stories, accounts of a sequence of events, narrated by a narrator, in which characters, or agents of acts, effect some transformation in the subject of the narration (Todorov, 1971).[1] In our case, this transformation is the death of the subject. We focus on narratives of death, and the illnesses preceding death, because they speak of highly significant events in the lives of individuals, families, and communities responding to the epidemic. Most of these illnesses and deaths would probably have been clinically diagnosed as AIDS-related, had such diagnoses been available (Doctor & Weinreb, 2003).[2] We use the somewhat circuitous locution "time of AIDS" because while we focus on deaths that appear to us, and to some of the narrators, as AIDS, they are not always named as such in these narratives. Accounts of death are, as narrative theorists would put it, emplotted: speakers and auditors work to situate the event of the person's death in a coherent, logical, sequence of actions (Ricoeur, 1985). These stories are accounts of causation that attribute events to actors, assign responsibility to agents, provide lessons about how to avoid harm, and serve as evidence in the quest for justice. In this paper we demonstrate that analysis of such stories can lay the foundation for study of the social consequences of the ways people are interpreting the misfortunes being suffered as a result of AIDS.

---

[1] Our approach to the analysis of narrative in this paper is broadly in agreement with that which Arthur Frank calls "socio-narratology" (Frank, 2010). For overviews of narrative theory, on which we draw, see (Abbott, 2002; Bal, 1997). We also draw on Critical Discourse Analysis, particularly the work of Teun van Dijk, in thinking about the relations between interlocutors in the collective work of making these narratives and the creation of mental models through which they interpret and act upon (and in) their discursive contexts (van Dijk, 2006). For a general overview of discourse analysis, see (Blommaert, 2005).

[2] In 2001, using verbal autopsies in the area of our study, Doctor and Weinreb estimated that three quarters of all deaths were AIDS-related (Doctor & Weinreb, 2003).

But what are the stories that people tell each other about death, in Africa, in this time of AIDS?

In this paper, we ask we draw on a unique set of sources, texts produced by rural Malawians reporting everyday conversations in their communities, to analyze the stories people tell about AIDS. We find that the narratives are predicated on the question *Who is to blame?* To reach this conclusion we analyze the dynamics of the social contexts within which these stories are told, the relations among interlocutors that shape the telling of these stories, and the ways in which these relations are shaped in turn by stories of death. As we study the reception of these stories in their various contexts, we also pay attention to how they change and do not change, in order to learn how the questions of blame and justice that are of such profound concern to rural Malawians are resolved. For, as Tilly pointed out in his seminal work on credit and blame, the question who is to blame inevitably raises questions of justice: of who deserves punishment and how wrongs might be made right (Tilly, 2008). As well as serving the demand for assigning responsibility for particular deaths, AIDS narratives also raise persistent questions about justice and injustice in general. The implications of this have generally been ignored in the literature on AIDS in Africa to date. We conclude by addressing the implications of our analysis for global concerns about HIV prevention and treatment.

Materials and Methods: The Malawi Journals Project

Stories circulating orally in everyday contexts are evanescent, difficult to capture and study. Until recently it has been difficult if not impossible to systematically study these stories. Established methods of social scientific inquiry such as surveys, interviews, and focus groups do a poor job of revealing the ways people tell stories to each other in everyday contexts since the encounters and responses are constructed in artificial settings structured by the requirements of the researchers. The ubiquitous emphasis on "knowledge, attitudes, and practice" in social scientific AIDS research, moreover, emphasizes the possession of discrete pieces of information, ignoring stories in favor of data that resonate with global technical accounts and models of behavior.[3]

Ethnography, the practice of living with the people being studied and learning their language, provides a radically different approach to understanding the epidemic. By paying attention to the questions that emerge from people's everyday lives, ethnography provides important insights into the ways stories shape responses to AIDS in Africa. But ethnography is hard. It is time-consuming, expensive in terms of personal commitment by researchers if not in money and technology. It also produces forms of knowledge that are often dismissed as "anecdotal," and thus vulnerable to methodological assault by more powerful sister disciplines. The materials we analyze in this paper are a form of indigenous ethnography, accounts of everyday life written by people immersed in the lives of their communities.

[3] We should stress here that, unlike the vast bulk of work in this field, we are not engaged in an effort to document, describe, or catalogue putative "beliefs." For critiques of the generally uncritical use of the concept of belief in social science research, see (Ashforth, 2011; Good, 1994; Needham, 1972; W. C. Smith, 1977).

In 1999, as part of a project to study the diffusion of ideas about family planning and HIV through social networks in rural Malawi, Susan Watkins engaged a group of young Malawian field assistants to keep observational field journals documenting conversations they witnessed pertaining to these subjects.[4] The journal writers' brief was broad: to listen and observe without directing the conversation, to make mental notes of what people said and did, and to write up the journal as soon as possible afterwards. The journal writers used commonplace school notebooks containing 80 pages for their diaries. They were paid US$30 per notebook.

The journals project began in 1999, and continues still. More than 1000 journals have been collected totaling well in excess of fifteen thousand typed single-spaced pages of text. The notebooks have been typed in MSWord, coded, anonymized, and de-identified. They are [will be] publicly available through the International Consortium for Social and Political Research at the University of Michigan.

Two features of the Malawi Journals Project make these texts unique, and uniquely valuable, for the study of everyday narratives in a time of AIDS: the mode of their production and their public availability. These texts were written by people intimately

[4] The larger study, of which the journals project formed part, was the University of Pennsylvania's Malawi Diffusion and Ideational Change Project. Descriptions of the studies conducted under this project as well as data and research papers can be found at http://www.malawi.pop.upenn.edu/. For an extended description of the journals project and the methodologies involved, see (S. C. Watkins & Swidler, 2009). The continuing Malawi Journals Project is now housed at the University of Michigan under the auspices of the African Studies Center. An archive of journals, including most of those cited in this paper, can be found at http://investinknowledge.org/projects/research/malawian_journals_project.

acquainted with people of whom they write, native speakers of the languages spoken over the course of more than a decade. The journalists translated the conversations reported in the journals into English as they wrote, often with the original Chichewa or Chiyao usage noted. Since the beginning of the project, a group of about twenty people have been involved in writing journals. A core group of five has been writing journals since the inception of the project. Some of these have proved to be gifted observers of life in their communities, indigenous ethnographers *par excellence.* These are the journal writers whose work we rely on most.[5] Some have written hundreds of journals each. The fact that these texts are publicly available means not only that we can cite ethnographic source materials of a much more extensive range than has been possible before, but also makes it possible for our readers to test our interpretations against the original sources and, perhaps more importantly, to engage with the material for themselves to produce their own interpretations.

Our method in this paper has been to conduct a close reading of texts comprising 55 single spaced pages covering a period of five weeks in mid-2003, by a single journal writer, whom we call "Alice." During these five weeks, she heard about 31 deaths of people whom she either knew personally, had heard of them, or were known to those with whom she talked. These were written in roughly the middle of the decade she has been working on the project.[6] We selected these after extensive reading of the whole

[5] While the other ethnographers are perhaps not as gifted, their journals extend the range of our vision to a larger variety of conversational networks and, importantly, assure us that the stories reported by the smaller group of journalists are not unusual.
[6] The primary journal analyzed in this paper can be found in the file (Alice_030618) at http://investinknowledge.org/projects/research/malawian_journals_project.

corpus. We have tested our reading of these journals against a sample of texts drawn from the 700 coded in Nvivo with the codes "Epidemiology," "Responsibility," and "Danger" (each code producing about 500 pages of text) as well as a close reading of forty of Alice's earliest and latest journals, up to July 2010. We have also drawn on journals by other writers incorporating insights we wish to elaborate in the paper. All journal texts cited are publicly available. Underpinning our reading of these texts is a long-term engagement with the journal writers, ethnographic participant-observation fieldwork, and discussions with the journal writers regarding our interpretations of their work.

Alice is one of the most gifted and prolific of the journal writers. She was born in a village in the Balaka District of southern Malawi in 1970. Her father, who died in 1993, was a shopkeeper who completed six years of primary education; her mother, who died in 1995, had two years of secondary education and worked for the government as a "homecraft" worker teaching village woman about hygiene, cooking, and household management. Alice did so well in primary school she was selected for a highly competitive place in a prestigious secondary school. After graduating from school, however, like many others then and now, she was unable to find a salaried job and returned to her mother's village to become a subsistence farmer. She has four children from three marriages. Since 1998 she has worked for several research projects in the region where she lives, as well as writing journals for this project. With her earnings she has been able to build a new house – "iron sheets" for the roof, not "grass" – and buy more land to grow food. She is an active member of her community, organizing a

women's group, a "seed multiplication" group, and youth groups to spread HIV awareness. Many of her neighbors – women, mostly, but also men – come to her for advice.

Malawi, Balaka, and the Burden of AIDS

Malawi is one of the poorest countries in the world. 85% of the 14 million people who live there, in a country the size of Pennsylvania, of which the waters of Lake Malawi cover a third, depend primarily on subsistence agriculture. The gross national income *per capita* in 2011, according to the World Bank, was US$360, with 50.7% of the population living below the national poverty line (World Bank, 2013). HIV prevalence among sexually active adults 15-49 years of age in the same year was 10% (UNAIDS, 2013). In rural Balaka district in southern Malawi, where our journals are written, HIV prevalence is 7% although people typically overestimate both prevalence and their own risks of being infected (Anglewicz & Kohler, 2009; Kohler, Behrman, & Watkins, 2007). At the turn of the century in Balaka, three quarters of all deaths were AIDS-related (Doctor & Weinreb, 2003) and residents attended an average of three to four funerals a month (K. P. Smith & Watkins, 2005).

Balaka District is in the southern region of Malawi. Balaka Town, the District headquarters, is about 200 kilometers south of the capital Lilongwe.[7] The population at the turn of the century was about a quarter million, growing rapidly. 44% of the population was under the age of 15 in the 1998 census. Two "Local Authorities" govern the district, the Town Assembly and the District Assembly, with rural areas subject to two "Traditional Authorities" ruled by Chiefs, both of the Yao "tribe" divided into four sub-districts. Most ministries of the national government are represented in the District, "co-ordinated" by the Executive Committee of the District Assembly. As in most of Malawi, international NGOs are thick on the ground. Civil and statutory law are present in the form of the Malawi Police Service and the Magistrate's Court; Chiefs, sub-chiefs, and Village Headmen preside over "traditional" courts dealing with local matters in rural areas.

The District is predominantly Yao, and predominantly Muslim since the eighteenth century when leaders of the Yao, who trace their origins to present day northern Mozambique, teamed up with "Arab" slavers from the Swahili coast to capture and sell slaves (Abdallah & Sanderson, 1973; Alpers, 1967, 1975).[8] Christian missionaries first came to the area in the wake of David Livingstone, who traveled up the Shire River in 1859, opening the way for British colonialism and the suppression of the slave trade (McCracken, 2008). In the past decade or so, Pentecostalism, with its associated identity

[7] Information on Balaka in this section is drawn from the Balaka District Assembly, *Balaka District AIDS Plan, 2000* (Balaka District Assembly, 2000).
[8] The classic ethnographic study of the region is J. Clyde Mitchell, *The Yao* Village (Mitchell, 1966). For insight into the character of colonial rule in the region through the eyes of a loyal Yao subject, see (Vaughan, 2005) Megan Vaughan.

of the "Born Again" – a form of spiritual commitment that spans many Christian denominations - has been booming, borne by local and international preachers purveying a gospel of health and wealth (Manglos, 2010).

Breaking the Silence? A Brief History of AIDS-Death Narratives in rural Malawi

In the global AIDS industry there is a strong presumption that blaming individuals or categories of people for causing AIDS impedes efforts to prevent infection and ensure treatment for those who are infected.[9] Blame is taken as the foundation of "stigma and discrimination" and massive efforts have been made to persuade Africans not to indulge in the practice. In the decades since the epidemic was first recognized in the west, when activist groups such as ACTUP began promoting slogans such as SILENCE=DEATH, the idea that open, frank, non-moralizing discussion of AIDS is the key to prevention of infection and to treatment with life-prolonging anti-retroviral drugs for all has become a global orthodoxy.

In February 2004, President Bakili Muluzi, in a speech launching Malawi's National AIDS Plan, disclosed that his brother had died of AIDS and called upon Malawians to

[9] For example, in 1988, in an influential collection of essays entitled *Blaming Others*, Renée Sabatier wrote that there had been "an explosion of accusation and blame which are following the advance to the AIDS virus across the globe." The book was intended to "show the dangers of blaming as a reaction to AIDS: not only does it blur the vision of the 'blamer', but it endangers those who are singled out for blame, all the while inhibiting AIDS prevention" (Sabatier, 1988, p.4). The now classic, and most influential, statement of this position is to be found in Paul Farmer *AIDS and Accusation* (Farmer, 1992).

"break the silence" about the disease, enjoining them particularly to speak openly about AIDS as the cause of death at funerals call in the manner of the global orthodoxy (Mzembe, 2004). Few heeded his call. Nonetheless, there is much talk about AIDS in Malawi, at funerals as elsewhere. Every death has its story. Often, as we shall show, different narrators in different social settings will narrate the story of the same person's death in radically different ways. When we pay attention to the details of the construction and exchange of these narratives, as our ethnographic texts permit, we can show that the narratives are predicated on the question of blame, that they invoke a desire for justice. The thwarted desire for justice, we argue, is a central feature of the social impact of AIDS. Moreover, and surprising in the light of global presumptions of stigma and discrimination, the politics of blame and justice in rural Malawi do not appear to have deleterious consequences for AIDS prevention, treatment, or even care of those dying from AIDS.

Stories about relatives, friends and neighbors suffering from AIDS appear to have begun to circulate widely in rural Malawi in the early-1990s.[10] By the late 1990s, they had become commonplace. For example, in 1999, our journal writer Alice attended the funeral of a very old woman, born in 1903. After the funeral, her friend asked: "Do you think we shall reach as many years as she lived in this world?" Alice replied: "Aaa! I don't think so." To which her friend concurred: "We can't live for 96 years. Nowadays there is AIDS disease. Nobody will come to be an old person as she was."

[10] See Watkins, "Navigating AIDS." Peter Glover Forster, conducting research in Zomba in 1993, where he employed research assistants to keep diaries reporting "informal comments, gossip, and off-the-cuff remarks about AIDS," found widespread talk of AIDS (Forster, 1998, p.537).

When the journals project began in 1999, Malawians were constantly reminding each other that "AIDS is here." People had heard the message that the disease was due to a virus that somehow had reached Malawi, that it was sexually transmitted, and could be prevented by abstinence, fidelity and condom use (S. Watkins, 2004a). But technical accounts of deaths caused by a microscopic entity named HIV, even when the virus was given the Chichewa nickname of *kachirombo*, seem never to have been entirely satisfying in everyday contexts; they did not satisfy the demand for justice, the imperative that for a particular death someone must be blamed, and, if possible, punished, so that the world could be seen as just.

When news of AIDS reached rural Malawians, it entered a world where witchcraft narratives were the primary means of apportioning blame and seeking justice from perpetrators of harm resulting in untimely death. In witchcraft stories, a death is narrated as the result of the malice of a particular individual who, driven by envy, jealousy, hatred or the need to provide human flesh for feasting with his fellow witches, deploys occult forces to cause harm to others with an intent to kill. The "AIDS-awareness" messages that spread through the country from the 1990s onwards offered competing explanations for deaths which ordinarily would have been interpreted as resulting from witchcraft.[11] The prevention programs authored by global experts that flourished named a virus as the agent of infection and blamed the categories of actors who transmitted the virus: first commercial sex workers and truck drivers, then unfaithful husbands and vulnerable

[11] For a description of Malawian notions of disease documented prior to the emergence of the AIDS epidemic, see (Morris, 1985).

women selling sex to survive.[12] When ordinary people took up narratives of AIDS to explain particular deaths, however, they named particular persons as the perpetrators in a manner reminiscent of witchcraft narratives.[13] Despite the widespread knowledge of AIDS and the modes of HIV transmission, however, witchcraft narratives have not disappeared. "Witchcraft" remains a powerful idiom within which to narrate stories of deaths that might otherwise be attributed to AIDS. Talks of witchcraft, we must emphasize, is not merely a form of ignorance or an example of the oft remarked "myths and misconceptions" surrounding AIDS.[14] Witchcraft narratives are compatible with AIDS discourses in a variety of ways; stories of witches and HIV-transmitters serve similar purposes in the intimate dynamics of family and community life. Often, indeed, competing narratives regarding AIDS and witchcraft are produced about a particular death, with distinctively different social implications, provoking debate among interlocutors as to which is most appropriate. People know what they are talking about when they name the cause of a death "AIDS," just as they know about witchcraft. The point is to understand what they are doing when telling stories of the dead.

In recent years, as anti-retroviral therapies have become available in public hospitals and clinics in Malawi, and as the perception that treatments are available has become widespread, new forms of illness narrative have emerged speaking of AIDS as an

---

[12] See, for example, the *Balaka District AIDS Plan 2000-2010* (Balaka District Assembly, 2000).

[13] For examples of witchcraft narratives pertaining to AIDS deaths from other parts of Africa, see, (Ashforth, 2002; Dilger, 2008; Rödlach, 2006; Stadler, 2003; Thomas, 2007, 2008; Yamba, 1997).

[14] For an elaboration of our understanding of witchcraft as a form of spiritual insecurity, see (Ashforth, 2005).

"ordinary" disease. AIDS-deaths are beginning to be spoken of as products of a refusal to seek treatment, a deliberate choice of death. But the rollout of anti-retroviral drugs is still in its early stages and it remains to be seen what the implications of these treatments will be for the politics of blame surrounding death in the longer term, particularly as treatment failure becomes more common and global funding less secure.

Death, Blame, and the Problem of Justice: The Case of Mrs Chandiwira's Uncle

One morning in mid-July, 2003, Alice escorted her friend Mrs Chandiwira to the funeral of Mrs. Chandiwira's uncle. Funerals in Malawi, as in most of sub-Saharan Africa, are public events to which neighbors and strangers are welcomed as well as relatives and friends of the deceased. Mrs Chandiwira's uncle had been sick for some time with persistent and ever- worsening diarrhea. He also suffered from malaria. He had been admitted to the district hospital, recovered, and discharged. But the diarrhea returned. He was taken to traditional healers, with no success. Finally, he died. His family said he died as a result of "witchcraft." Others said he died of "AIDS." No one doubted, however, that *someone* was to blame.

Here is an extract from Alice's journal on the subject of Mrs Chandiwira's uncle's death:

> I escorted Mrs. Chandiwira to Manyungwa to attend the funeral. Her uncle died there….
>
> When I asked her about her uncle's illness she told me that … he was bewitched by his friends at his job because he was loved very much by his boss. He was a cook for the Arabs who stay in Blantyre doing their businesses. But his friends were jealousy at him because he was the one

working at the kitchen therefore he was been given many things like food, clothes, and other things….

Since his boss was loving him he was sent to the hospital when he was staying in Blantyre and he got admitted until he got recovered then he was back to his job but it was very unfortunate that the disease started all over again after few days from the day that he was back from the hospital.... [H]is friends were not happy with him therefore so that they were adding other medicines to him. They were still bewitching him until he started the diarrhea again and malaria was now an additional disease to the diarrhea.

His boss then got tired with him and he just asked him to go back home to look for the treatment from home … He was ill while at home and he began to refuse taking any type of medicine. He was saying that it was better to die than meeting with problems in the world. But he stayed for a long time while ill before he died.

Now when he died, the message came to Mrs. Chandiwira that her uncle was dead, when I heard about that I escorted her to the funeral but what I heard there was opposite to what Mrs. Chandiwira was telling me. While there, I heard some women taking about the death of that man. During that time, Mrs. Chandiwira was in the house where the funeral was and I went out because the room was very tiny. It was full of people who went to the funeral so that it had no enough space for many people to stay. I decided of going outside to stay with other people who were there and stayed somewhere under the tree because it was a good place for ventilation. While I was there, I saw three women coming and they sat near me. Nobody among them went into the house where the funeral was. One of the women put on the grey *zitenje* suit, the other one put on black traditional wear and the last one was in the coffee body suit.

They began talking about the funeral, that the man has died of AIDS which he took in town. The woman who put on the grey *zitenje* suit said that she heard that in town, he was moving with other women where he got that disease of AIDS.

Her friend who put on the black traditional wear also commented that, she is sure that the man died of AIDS because she was staying there in Blantyre … near his house where he was staying with his wife. But he was too movious [promiscuous] especially at night when he knocked off from his job. In the most of the times, he was quarrelling with his wife because of his movements and she added that she also heard in Blantyre that his other partner is also ill….

Her friend who was in the coffee [coloured] clothes also said that the man who died had a girlfriend in the village. That woman is not looking healthy. She is thin and she mostly found ill… coughing and opening bowels. She has been suffering from that disease for a long time only that she has not yet become serious but everyone has suspected that she has AIDS. And when people saw that this man has come here with

> this disease they also concluded that the woman got infected with the disease from him.
>
> The woman in the *zitenje* suit said even the wife [of Mrs Chandiwira's uncle] is not healthy.... Her body looks illness so that her children will suffer a lot when she will die.
>
> They now began talking about the dangerous and the badness of AIDS. The woman who put on the *zitenje* suit was the one who was very concerned and she was very sorry with that family. She said that AIDS is the most dangerous disease which will kill anybody in the world. The badness is that if one is infected with it, it means that he/she will contract it to other people and it is spread in that way. It is very painful that some people are faithful but their spouses are not therefore if one of them in the marriage is infected with that disease it means that the other one will also get infected though he/she was faithful. The most painful thing is that if the woman is infected while she is pregnant or she is breastfeeding her child that child will also be infected and die yet the child has not done sex at all and there is nothing wrong that the child has done in the world but he or she dies.
>
> In addition to that AIDS always kills both mother and father leaving the children suffering from anything since they are young. They don't have anything to depend on…. Because of the problems that the orphans meet with, they cause some of them to become thieves and prostitutes. [It should have] been that AIDS kills all the people who are not faithful only and not those who depend on their spouses only. It should also not be killing the children because they do nothing wrong. All the three women were talking, getting much worried about the killer disease AIDS. They stopped talking about the funeral and continued by giving out other examples of people who died of AIDS and left their children as orphans. They were talking about how those people (children) are looking like since their parents died.
>
> The woman who was in the traditional wear said that she can knows about many people who left their children as orphans because of the AIDS disease and the children are staying in a difficult life and some of them are thieves because they have nothing to eat and wear. They stopped there because other people came and joined them where they sat therefore there were not comfortable to talk about the disease and the death. (Alice_030618)

This account of talk at Mrs Chandiwira's uncle's funeral presents a typical example of a discussion aroused by the occasion of death. The family of the deceased, as reported by Alice's friend, insists the cause of death was witchcraft perpetrated by "friends," murderous friends, of the deceased. The motive was "jealousy," the usual stimulus for

acts of witchcraft. His coworkers, according to the family, were envious of the uncle's good relations with their employer.

Mrs Chandiwira's narrative of witchcraft as the source of her uncle's suffering, then, frames the deceased as an innocent victim murdered by his coworkers. This diagnosis of witchcraft could, perhaps, have been a result of consultations with traditional healers. In the full version of the journal, Alice reports that Mrs Chandiwira told her of unsuccessful visits to traditional healers. The uncle and his relatives, however, figuring things out for themselves, could also have arrived at the same conclusion without the aid of healers. This supposition of murder by witchcraft might have been a conviction passionately held, at least by some of the people involved in seeking a cure for his illnesses. By the same token, however, the witchcraft story might merely have been adopted by the family as a convenient way of deflecting culpability from their loved one, as would occur if the death was named as AIDS in the manner of the three gossiping women under the tree at the funeral. Moreover, by laying the blame on persons far away in Blantyre, the family's narrative serves to exonerate the deceased's wife from responsibility for the death – both as a perpetrator of witchcraft (wives are prime suspects in this regard) and a possible source of infection with HIV. Their story of witchcraft by co-workers also exonerates other relatives as well as neighbors in the local community. The usual suspects in witchcraft narratives are persons in intimate networks with the deceased – typically, spouses, relatives, neighbors, or coworkers. By framing the narrative in this way as witchcraft perpetrated by distant unnamed coworkers, the family avoids the possibility of

open accusations being made against particular suspects with the consequent demands for justice, vengeance, or redress that direct accusations often arouse.

Not everyone was buying the witchcraft story, however. Neighbors, persons not known personally to our journalist (which is why she identifies them by their manner of dress), attribute the death to AIDS. Instead of blaming unnamed coworkers for the uncle's death, these neighbors hold the deceased responsible for his own demise. The neighbors' narrative of AIDS, unlike the witchcraft narrative of the family, identifies Mrs Chandiwira's uncle as a perpetrator, not a victim. Not only has he killed himself through his "moviousness," a favorite Malawian vernacular term for promiscuity, but he has infected his wife, plus a girlfriend in town and another in the village. In this narrative, Mrs Chandiwira's uncle is a killer. To add to this chronicle of his crimes, when his wife dies, as the women foretell she will, Mrs Chandiwira's uncle will be responsible for inflicting unnecessary suffering on his orphaned children as well.

When people construct narratives assigning blame for actions resulting in serious harm, questions of justice inevitably arise. As Charles Tilly has shown, the question of *Who is to blame?* precipitates the question: *What is to be done?* Alice does not report whether the relatives of the deceased sought justice or vengeance against those so-called "friends" whom they claimed were responsible for his death. The literature on witchcraft in Malawi and elsewhere in Africa suggests that they could have sought justice either through direct social action, by accusing the perpetrators openly and seeking to punish them, or through mystical means directed in the course of traditional healing (ter Haar,

2007). The fact that the purported perpetrators were far away in Blantyre makes it unlikely that the relatives would be able to take direct action against them. This same fact, however, also means that the family can be spared the demands of a quest for justice in their homes and local community, with the potential for discord and conflict that such a quest often arouses.

Narratives of death by AIDS, even when not framed in terms of witchcraft, arouse questions of justice. These are stories of harm. Sometimes the harm is posited as self-inflicted; at other times it is represented as being done to others. In either case a wrong has been committed. In most cases, death itself is the punishment – often ironically cast as a "reward" - for the malefactor. Who tells the story casts the blame. The only way to avoid casting blame is to avoid telling a story in the first place; to refuse to speak of the change in a person's condition from health, through sickness, to death; to retreat into platitudes such as "it was his time," or "he has been called by God," or "she has joined her daughter in heaven…" which in fact is what often happens. The women whose funereal gossip Alice reports are not intimately connected with the deceased, Mrs Chandiwira's uncle. We can infer this because they do not go inside the cramped home to pay respects. They have no qualms about suggesting that the deceased got what he deserved. For these women, then, the question of justice is speculative rather than imperative. Because they were not close to the deceased, they will not be required to do anything about his death. Nonetheless, they speculate on the question of justice in their conversation.

In the moral reasoning of the three women gossiping about a dead neighbor under a tree on a hot afternoon in Malawi, in 2003, there is something fundamentally unfair about this disease. It kills deserving and undeserving alike. As one of the women at the funeral puts it, it would not be so bad were it that "AIDS kills all the people who are not faithful." That would merely be just deserts. But it also kills faithful spouses. Worse yet, it kills innocent children. As the woman wearing a *zitenge* suit to the funeral of Mrs Chandiwira's uncle puts it: "It should not be killing children because they do nothing wrong."

Issues of justice, we shall argue, are central both in the framing of narratives pertaining to particular deaths and in shaping the social consequences of the ways stories are told and retold in this time of AIDS. Questions of justice also frame narratives explaining the general problem of suffering in the time of AIDS, usually in terms of God's punishment or the conspiracies of Whites. Questions of justice, we repeat, invariably arise in accounting for these deaths. To the question of just what is to be done when such harm has been inflicted, however, there is usually but a single answer: nothing. Justice, for the most part, lies in the hands of God. This does not mean, however, that the desire for justice is either negated or becomes insignificant in the lives of the living. Nor does it mean that people stop seeking justice, retribution, recompense, restitution, recognition, reparations, and all the other responses to injury and insult that humans are heir to. And it does not stop them judging such institutions and authorities as they have access to - and which, more often than not, base their claim for the legitimacy of their authority on the promise of justice - as inadequate in the light of this failure.

AIDS Death as Murder: Witchcraft

When a death is attributed to "witchcraft," the presumption is that it was motivated by malice. Though signs and symptoms might indicate AIDS, witchcraft is always a possibility in cases of untimely death and AIDS-deaths are no exception. Signs of witchcraft, however, are inherently ambiguous. The modes of action by perpetrators are secret, mysterious: occult. Uncertainty always attends the interpretation of a witch's craft. Even those who claim special powers in detecting the misdeeds of witches shroud their knowledge in secrecy and invoke relations with spiritual forces whose authority is essentially private.[15] Nonetheless, few doubt that the powers named as "witchcraft" are real, and dangerous. Witchcraft is murder.

Consider the story of Mr Dryson. Mr Dryson, an asthmatic, suffered from persistent coughing and diarrhea, typical signs of AIDS, before he died in June of 2003. Alice reported of the talk at his funeral, that "people were saying he died of AIDS because his wife was a prostitute." However, while it seems there was some consensus about his wife, and we shall discuss in more detail below what is meant by "prostitute," this story of AIDS was not the only one circulating at the funeral. People were also talking of witchcraft. Mr Dryson, according to his neighbors, was a witch. He was killed by his "fellow witches:"

[15] For a discussion of the epistemological conundrums facing people who consider themselves to be living in a world with witches, see (Ashforth, 2001).

> Mrs. Alecki said that she had heard from other people saying that Mr Dryson has been killed by his fellow witches. He has been killing many people from the different villages but he was refusing to kill his own people that he was staying with. His friends were tired of what he was doing therefore they have decided to kill him instead of his people (Alice_030618).

At the funeral, Alice was told that Mr Dryson had refused to kill his own kin to provide meat for the feasts of witches despite the fact that he had been killing others and sharing in the meat provided by his "fellow witches" who killed their kinsmen for feasting on. How Mrs Alecki, or anyone else for that matter, knew these facts – other than having "heard from other people" – is of little concern to the gossipers. Nobody openly doubted the dead man was a witch, just as no one doubted the claim his wife was a prostitute. Nor did they doubt that the iron law of reciprocity applies even in the netherworlds of witches. The question was: *Who* killed him? After much discussion among people gathered at the funeral (we hesitate to call them "mourners") consensus was reached: Mr Dryson had been sick with AIDS contracted from his prostitute wife, but witches, punishing him for his selfishness, caused his death at this particular time.[16] Though mortally ill, and deserving to die in punishment for having "killed many people," the death of Mr Dryson was a murder nonetheless.

In Chichewa, the sort of occult assault of which Mr Dryson was a victim is known as *ufiti*; perpetrators are known as *mfiti.* In English, the language in which our journal writers write, matters pertaining to *ufiti* are translated as relating to "witches" and "witchcraft." People involved in this kind of witchcraft are said to possess supernatural

[16] For a another case of witchcraft combined with AIDS, see the case of Kassim who caught AIDS through his "moviousness" but died of witchcraft after being bitten by a "witchcraft animal" in (Alice_031005).

powers transcending the ordinary capacities of persons. They can be in two places at once, for example, or fly through the night to distant countries instantaneously on "witchcraft airplanes." At the same time as possessing superhuman powers, these witches are essentially subhuman, having renounced their membership of the human community. They are imagined to operate in a parallel world to which they repair at night in concert with other witches, while leaving their material bodies sleeping at home on their mats. In their nighttime rampages they exercise powers far in excess of anything they might achieve in their otherwise ordinary daytime lives while committing unspeakable atrocities, principal amongst which is the eating of human flesh. In their ordinary lives, *mfiti* like Mr Dryson are generally indistinguishable from their neighbors although, like Mr Dryson, they are generally known by their neighbors to be witches. They do not use their powers to accumulate wealth as others using illicit occult force are sometimes said to do. The harm they cause to others is derived from their insatiable appetite for human flesh, particularly the requirement that they supply the meat of their kin for feasts with their fellow witches, a requirement which Mr Dryson did not fulfill. For the *mfiti* type of witch, then, AIDS serves as a useful cover under which they can execute their victims and satisfy their need for human flesh, both to consume themselves and share with their fellow witches. The witch in such cases, as one man put it to Alice in another journal, "cannot be pointed that he is the one who has bewitched the patient but people will be saying that the patient has AIDS." (Alice_050224)

While adepts of the world of *ufiti* are greatly feared by the people whose voices are reported in the journals, worries about the possibility of occult violence perpetrated by

ordinary persons using "charms," "magic," "herbs," or "medicines" – the terms are used interchangeably in the journals - are universal. Anthropologists typically refer to this kind of action as "sorcery." In Chichewa, the term used is *tsenga/matsenga*. Our journal writers generally use the English term "witchcraft" to cover all forms of illicit occult action, a usage we shall continue, as the term sorcery is largely unknown in this Anglophone part of Africa (Douglas, 1967). Victim and perpetrator in cases of *matsenga* are closely linked, though not necessarily kin: spouses, relatives, neighbors, friends, co-workers, schoolmates can all be suspected. Perpetrators operate in secrecy, using witchcraft substances as a weapon in much the same way as they might use a gun or a knife. The substances in question are said to be available from unscrupulous herbalists. *Matsenga* witchcraft can also be used to gain wealth or power. In such cases, harm to others is caused by the requirement that herbalists are said to impose that the substances be "charged" through the murder of, or incestuous sex with, a relative, with the attendant risk of HIV infection.

Consider the case of Mrs Abello's brother. Passing by Alice's house one morning on her way to nearby villages to sell tomatoes, Mrs Abello stopped to chat. Her brother, she told Alice, was sick. He was vomiting a lot. His body was swelling. He had been admitted to hospital and discharged several times. He had visited traditional healers. But he was not getting better. As Alice wrote in her journal:

> She then said that she was told at the hospital that her brother has AIDS but she does not believe that. She believes that there are some people who are making their own AIDS and that man-made AIDS is the one which is killing many of the people…. [H]is friends were jealous at him because he started yet making some profits." (Alice_030618)

Two features of this story are typical and can be found in virtually all narratives concerning this kind of witchcraft, conditioning the plausibility of the assertion of occult violence both in general and in particular instances.[17] The first is the presumption that there are people capable of producing substances capable of causing harm and misfortune to others of the most varied sorts, even to the extent of "making their own AIDS." We find no evidence in the journals that anyone doubts the validity of this presumption, a finding supported by the extensive ethnographic literature on witchcraft in Africa. The second is the assertion that particular individuals possess sufficient motive to assault the victim with occult force. These assertions, however, when applied to particular cases, as we find in numerous cases in the journals such as the death of Mrs Chandiwira's uncle, are always debatable.

In debates about the plausibility of assertions of witchcraft in particular cases, judgments are typically made by assessing the motives of possible perpetrators. Assertions about witchcraft are most plausible where an illness or death occurs shortly after a serious quarrel between the victim and others in intimate social networks, or where the behavior of the victim offers good reasons for others to hate her. For example, when Mrs Beston reported to her friends the following story about a *nankungwi*, a woman charged with leading girls' initiation schools, no one challenged its truth, since they evidently hated her, though they found it rather strange:

> [Mrs Beston] said that the *Nankungwi* of Chiputu, Nsondo, and Ndakula initiations died. She was still young and unmarried. But though she was

[17] For discussion of the place of presumption in everyday interactions, see (Walton, 1992, Ch.2).

> the *Nankungwi* she was also a prostitute. She was moving with her friends' husband therefore she was not loved by her friends.
>
> Many of them were hating her because of her behaviour she was not choosing who to have sex with. She was even sometimes sleeping with her brother in law. Now she got infected with the syphilis and she was producing the white substances and she was crying with those substances. Though she went to the hospital but there was not progress.
>
> Miss Beston said that people found an advantage on the disease that she had already. They bewitched her that her syphilis should continue and die of it. (06-07-03)

The *Nankungwi* seems to have had sufficient enemies for her murder by means of witchcraft to be unsurprising.

Where assertions of witchcraft are of the kind expressed by Mrs Abello, however, with her story of unnamed perpetrators motivated by a generic "jealousy" manufacturing AIDS in order to kill her brother, they are generally less convincing and more likely to provoke debate. Debates occasioned by assertions of witchcraft are constrained by the relations among interlocutors and the nature of their connections to the subject of the narrative. (Note, we are not talking about open accusations here.) When family members make claims of witchcraft in a case that otherwise resembles AIDS, they are unlikely to be challenged by their interlocutors. Behind their backs, however, talk is likely to be different. Debates concerning assertions of witchcraft are generally resolved by reference to evidence, particularly concerning the behavior of the subjects and the character of their social relations. Provided the deceased is not someone the speakers mourn, such as a beloved relative or close friend, they will dissect his sex life and family quarrels in great detail in search of motives and meanings in his death.

Consider, for example, the case of Mr Baidon and his wife. Alice met the couple on the road one afternoon when the husband was transporting his sick wife on a bicycle. She reports that Mr Baidon told her "he was sure that she [his wife] was bewitched by people who are jealousy to her. He is sure that his wife is bewitched because that herbourist told him that his wife was bewitched. They wanted to kill her but they have failed." Alice listens respectfully to the story and bids them farewell. A short time later she runs into another friend, Mrs Ndaombwa, who has also met the couple on the road. Mrs Ndaombwa tells Alice that Mr Baidon has AIDS, because he used to be very movious, and has infected his wife and their young child: "That is why his wife is also not feeling well. She is also infected with AIDS and that new child will die of it. The time has come now for them to leave the world." Like Alice, Mrs Ndaombwa had probably listened with sympathy as Mr Baidon told her his tale of witchcraft. Evidently, she did not believe him.

Sometimes, however, the empirical evidence is inconclusive. For example, when Mr Vinkhumbo died, after an illness that some at his funeral identified as AIDS, he was mourned as a virtuous man. He had been active in his church, serving as choirmaster, and lived most of his life at home with his parents. Alice learned his story from her friend Naliyera, who was a close friend of Mr Vinkhumbo's sister. She told Alice of a mysterious affliction he had suffered since he was young, causing him to faint and fall ill after having sex. Against medical advice, he married and moved to his wife's home, a common practice in the matrilineal and matrilocal area where Alice lives. His condition worsened, so he left the wife to return to his own home. There, he died.

At the funeral, Alice heard neighbors speculating that Mr Vinkhumbo's wife, who wanted to marry another man, had bewitched him. Others retorted that this made no sense, as the wife was already free since Mr Vinkhumbo had left her and returned to his parent's home. The witchcraft hypothesis was intriguing, however. His condition was highly unusual. Something might be afoot. In the absence of plausible motive, however, speculations about witchcraft were not compelling. Yet neither were hypotheses about AIDS. When a neighbor suggested Mr Vinkhumbo had died of AIDS, she was challenged by a friend of the deceased, declaring: "He never had a girlfriend since his birth…. He was abstaining waiting for the marriage."

Other explanations were also available. A couple of men whom Alice heard discussing the case speculated that abstinence was the problem: "If Vinkhumbo was fainting after having sex, it means that he stayed for a long time without having sex, therefore the sperms were bounded at one place and they were drying. That was why he was fainting when releasing because he was feeling pain and hard to come out from his body." After discussing the case for some time, the neighbors left the matter unresolved: "Nobody got the right answer on why that man died," Alice wrote, clearly perplexed.

On occasion, people telling stories of illness and death will invoke "diseases" that our journal writers classify in English, invoking an idiom common throughout Africa, as

"traditional."[18] Accounts of death from "traditional diseases" lack the element of malice aforethought that characterize the murder stories that are witchcraft narratives; nonetheless, these accounts also involve attributions of responsibility and blame and thus provoke debate.

Stories of affliction with "traditional disease" typically involve infractions of prohibitions on sex during periods of ritual abstinence, such as during menstruation, after childbirth, abortion, or miscarriage, actions that disrupt the proper balance between "hot" and "cool" states or that expose a partner to polluting substances. One such illness is *chinyela*, a condition brought on when the parents of a child born with feces on it buttocks fail to observe the full post-partum restriction on conjugal sex. On July 2, 2003, for example, Alice received a summons to the funeral of her sister-in-law's brother. The messenger told her that the brother-in-law died because his wife had failed to inform him their baby had been born with *chinyela*, thereby making it impossible for him from seek appropriate treatment at the time of the birth. His wife, further, allowed him to resume sexual relations a mere six months after the birth. Only when he started feeling ill and wondered whether he had slept with his wife while she was menstruating did she tell him about the *chinyela*.

In the narrative of Alice's sister-in-law, speaking of her brother, the person responsible for his death is clear: his wife. On the road as she is walking to the funeral, however, Alice meets some women gossiping about the death. Once more, the explanation of non-

[18] See (Peters, Kambewa, & Walker, 2008) for discussion of the varieties of "traditional" illnesses in the time of AIDS.

relatives is different. They claim he died of AIDS, since he had worked "in town for some time and there are many prostitutes to be found there." The women discount talk of *chinyela* since the husband would have been told about that problem on the same day the child was born, though it is possible that the medicine to treat him failed. Perhaps he had both AIDS and *chinyela*, they speculate. They agree to wait for further evidence: "The truth will out if the child will die and the mother will die." And they stop gossiping when they arrive at the funeral for fear of his family overhearing. The most conclusive evidence that a disease was AIDS and not witchcraft is when a spouse falls ill and dies too, or a mother's infant passes away.

While talk of witchcraft may serve to deflect attention from AIDS, with its implications of bad sexual behavior of the deceased, seemingly frank talk of "AIDS" as a cause of death can also serve to deflect blame from persons who might otherwise be suspected of witchcraft. In July 2003, for example, Alice's neighbor Mr Tepeka, who was helping her re-roof her house with iron sheets, a status symbol in these grass-roofed parts, had a visit from his elderly mother who lived in a village more than two hours journey by bus. Two days later, his nephew appeared, seeking his grandmother. Alice overheard the young man tell his uncle that "his grandmother did not tell anybody that she would like to go somewhere therefore people are busy at their home looking for her." Odd. The nephew also told Mr Tepeka that there was someone sick at home. Mr Tepeka, however, had to ask his nephew twice what the problem was before being told: "the disease shows that it is the government disease (AIDS) because the patient is always vomiting after eating anything." The nephew elaborated on the patient's symptoms and added:

> soon after the grandmother departed, the patient fainted for long time and people were thinking that he would die. That problem has been done for two times during the same night therefore people asked him to follow his grandmother so that they should be together looking after the patient (Alice_030618).

The entry in Alice's journal describing this conversation is short. On a superficial reading it seems like an example of straightforward, frank, talk about AIDS – the sort of eschewing of denial embraced by the international AIDS industry. When we later discussed this story with Alice, however, she added a small detail, something we did not know but the participants did: the grandmother was a known witch. By reporting to his uncle that their relative had AIDS (the "government disease"), the nephew was perhaps hoping to enlist his aid in inducing the old woman to return home and either repeal her spell or face the punishment that was her due. The ruse failed. Mr Tepeka's mother did not return home. When the relative at home finally died, the grandmother ran away from Mr Tepeka's house as well. "That one was a witch," Alice said. No doubt.

Despite a widespread skepticism about the plausibility of witchcraft stories in cases where signs and symptoms would otherwise suggest AIDS, witchcraft narratives remain important in talk surrounding deaths. This is particularly so within families, where the politics of discourse pertaining to AIDS can be intense. In a discussion with Alice in July 2009, in which we explored the issues discussed in this paper, we asked Alice the hypothetical question: "What would you say to an outsider in the event a sister died of AIDS?" Alice replied: "You can tell them she was bewitched. Even if we know she has died of AIDS we can't tell anybody outside the family that she has died of AIDS." In the following section, we discuss why this is so.

AIDS Death as Murder

Everyone knows the dangers of sex in these times of AIDS. In the pages of the journals we find countless examples of people reminding each other of these dangers, and castigating others for ignoring them. "AIDS is here," is the customary refrain. Stories about relatives, friends, and neighbors suffering from AIDS appear to have begun to circulate in rural Malawi in the mid-1990s.[19] By the late 1990s, however, while the public naming of AIDS as a cause of death at funerals was rare, stories of people dying from the disease were common. Unless the death was deemed self-inflicted, that is a suicide, the narrative structure of AIDS-death stories, like those of witchcraft, framed a victim's illness and death as a murder.

"AIDS prevention" messages, widely propagated in rural Malawi since the mid-1990s, tend to talk of "HIV," and often "AIDS," as an agent of death. For example, in an AIDS "lesson" at the under-five clinic in 2003, a Health Surveillance Assistant told a group of women including our journal writer Alice, who had come with her young child, that "now there is the mother disease called AIDS. It is the disease which has no medicine. It just

[19] See (S. Watkins, 2004a). In 2001 a researcher informally asked village leaders in one of our sites when the first death from AIDS of a person they knew had occurred (Patrick Gerland, personal conversation, 2001. Informants variously recalled deaths in 1992, 1994, and 1997. Focus groups conducted in an urban hospital in Malawi give approximately the same dating: "All the men felt that they would not be surprised if they were told that they were HIV positive. This was largely because they were all promiscuous until the 1990s when they started seeing their friends suffering and dying of AIDS" (Bisika).

kills a person smoothly and politely. If one is infected with it, the result is only one way. The answer is death and nothing more" (Alice_030618). When people speculate, as they sometimes do, about the general nature of the epidemic they might speak as if AIDS itself was an agent of destruction – the "it" in the Health Surveillance Assistant's statement above. But when ordinary people talk about *particular* deaths, they almost always tell a story implicating other persons as the agents of misfortune. "AIDS," usually spoken as the vernacularized "*edzi,*" is the name of a death sentence inflicted by human agents, for a variety of motives, by means of sex. "HIV," or *edzi* for that matter, is never figured as an independent agent of infection with its own requirements of replication that leave unlucky hosts dead. This figuration of agency can also be seen in the use of the Chichewa term "*Kachirombo*" as the name of the virus. In Chichewa, *kachirombo* names a small wild animal that is not to be eaten. The term was applied early in the official response to the epidemic in Malawi as an indigenous analog of "virus," an unknown concept in indigenous understandings of health and illness, became widely used in everyday contexts. As in witchcraft narratives, however, in which *kachirombo* serve as agents of a witch's malevolence(Probst, 1999), what in English we would call a familiar, *kachirombo* in AIDS-death narratives serves as an agent of another person's malice.

Ordinarily, for reasons we discuss below, people are reluctant to speak openly about "AIDS" in relation to the illness and death of a person close to them – unless that person has deliberately ignored advice from elders or peers to mend their movious ways. In such a case, family or friends might speak openly to one another, with varying degrees of

anger and sadness, of AIDS. For those outside the bounds of kinship and affection, however, no such reluctance about naming diseases "AIDS" is to be found, despite a widespread agreement that gossiping, which in its strictest definition includes any talk of another behind her back, is wrong. Preachers and sheiks regularly inveigh against gossip. In a sermon at the Ulongwe Church of the Central African Province, on Sunday, July 24, 2005, for example, one of our journal writers reported the preacher castigating the congregation by saying "you are busy with adultery, witchcrafts and gossiping so that these are the things you are busy with where then you don't have the time to pray to your Almighty God so that I am telling you today my beloved fellow Christians that you have to kneel down and pray to the almighty God so that you conquer Satan" (Diston_050724). Those who proclaim themselves "Born Again" proudly foreswear the pleasure of gossiping, along with adultery, witchcraft, drinking, and a raft of other sins. Muslims also profess to disdain gossip. As well as being uncharitable, or impolite, such as might cause those of us who do not live in the world with witches, gossip in a context where witches are feared can be dangerous. For if word gets back to the subject of the gossip it can cause enmity and motivate thereby witchcraft attacks (Mitchell, 1966). Despite these dangers and admonitions, however, gossip is a pastime regularly indulged and much enjoyed – as is speaking ill of the dead. Discretion is nonetheless advisable. As we saw in the case of women gossiping about Mrs Chandiwira's uncle, the women chatting about AIDS under the tree stopped gossiping when they were joined by others from inside the house whom they did not know and who might have included friends or relatives of the deceased. Generally, people are inclined to respect the sensitivities of those close to the deceased and do not gossip in their presence. At the heart of this

seeming reluctance to speak openly of AIDS is not some form of denial but an awareness of the interpersonal politics of blame in families and communities.

When a death is named "AIDS" in these narratives, the possibility arises that it was self-inflicted, akin to suicide; that the deceased killed himself or herself by willfully disregarding the dangers of sex in the time of AIDS. When a death is framed as self-inflicted, the subject is said to "choose death" by "moving" with many partners, "choosing" death by "not choosing who to have sex with." As one man put it to Alice, "the world nowadays has changed. There are several diseases and some of them are the sexually transmitted diseases. Now if he keeps on falling in love with women unknowingly, he can commit suicide by getting infected with the diseases which are spread by sex" (Alice_040508). In both Christian and Muslim traditions, suicide is a sin punishable by eternal damnation. Few people are willing to countenance such a future for those they loved or cared for, least of all relatives and loved-ones of the deceased, let alone embrace the shame and disgrace such a death would bring to their family among the living. Small wonder, then, that circumspection is the norm when naming a disease AIDS. Breaking the silence is not as simple as it might seem.

Persons not connected by ties of kinship or affection to the deceased are less constrained. When the "prostitute" Nasiwose died, in June 2003, for example, her neighbors were forthright in denouncing her willful disregard of the dangers of sex. In Alice's account, one man's scorn spoke for many when he told his neighbor

> She was born very beautiful but she was not respecting herself. She was once married but when that marriage ended, she did not stay at her home

> in order to wait for any man to get married to her. But instead she began prostituting and she was not choosing people to sleep with. She was just sleeping with any man who proposes to have sex with her. She was not a woman of saying "no" to the man who has asked her to have sex with. (30-06-03)

When Nasiwose died of what her neighbors concluded was AIDS, then, she was considered to have killed herself. No one but herself was to blame. If anyone mourned her passing, Alice did not notice.

Where narrators are disinclined to blame the victim, narratives naming "AIDS" as cause of death tend to be framed as murder stories with a specific perpetrator deliberately inflicting death on an innocent victim. Such narratives are predicated on the presumption – usually implicit, though sometimes explicated - of the innocence of the victim. Virtue and innocence are synonymous; unless the victim is virtuous she cannot be innocent- if not innocent, she cannot be a victim. Innocence in AIDS-death narratives is constituted primarily by reference to chastity, of which the two archetypal figures are the virginal child and the virtuous spouse. The virtuous spouse, it should be noted, is typically female in these accounts; few have expectations of male faithfulness. AIDS-death narratives also include an account of the motive, means, and opportunity for the crime, frequently framed in terms of absence from home – a common occurrence as people seek work and trade opportunities in distant towns and cities. When the victim of an AIDS-death narrative was married, the stories tend to take on a murder-suicide form with one partner

being held responsible for his or her own death as well as that of the spouse and their child or children.[20]

Two assumptions of everyday epidemiology need to be understood in order to grasp the framing of AIDS-deaths in murder narratives. The first is the assumption that HIV is highly infectious, that a single unprotected encounter is sufficient to pass on the virus. The second is that virtually everybody, or, at least, everybody involved in promiscuous or adulterous sex, is already infected (Anglewicz & Kohler, 2009). That these assumptions are in fact false in no way undermines their significance. Given these assumptions, to suggest that a person has indulged in sexual immorality is to imply he is *deliberately* trying to kill his partners. It could be argued, indeed, that the salience of stories about people knowing their status deliberately infecting others so that they should not "die alone," of which there are dozens of examples in our journals, is probably a result of this presumption. Consider, for example, the argument in 2003 of a young man that widespread HIV testing was bad "because the one who is told that he/she has got AIDS he/she gets mentally disturbed and this he/she starts spreading the disease deliberately so that he/she doesn't die alone" (Diston_030301). There may, at times, be mitigating circumstances to be found in these narratives of death in a time of AIDS – such as with Mrs Mateketa's relative who had a tendency to get "overdrunk" and sleep with

[20] Jenny Trinitapoli, in her study of religious leaders and organizations in the same region of Malawi has found the theme of murder common in religious speeches such as sermons: "the sin of adultery was equated with murder, arguing that-in the era of AIDS-the consequences of these two sins are the same. The murder of innocents, in particular the risk of infecting a faithful spouse with HIV, was emphasized as a particularly deplorable sin. And the possibility of orphaning one's children was also frequently mentioned" (Trinitapoli, 2006, p. 261).

prostitutes, poor fellow - but when a story of death is told as having been perpetrated by a particular person, the usual presumption is that there was malice aforethought.

For example, when Mr Kambenje, a neighbor of Alice, stopped by to tell her he was visiting a sick daughter-in-law, he did not hesitate to name her illness "AIDS." But he also made clear that she was the victim of a murderer, her husband, Mr Bruce. Mr Bruce, as Mr Kambenje tells it, has already killed two wives and their infant children with AIDS. His two surviving wives were already sick, as, indeed, was Mr Bruce himself. "People were talking much about the movements [i.e. promiscuity] of Mr. Bruce," Alice reports Mr Kambenje saying. "[H]e will kill many people" (05-07-03). Notice they say *he* will kill many people—a personal pronoun, not AIDS, an abstract noun.[21] With the advent of widespread antiretroviral therapies after 2005, talk about perpetrators and victims became complicated by the fact that AIDS patients on ARVs could appear fat and healthy, while still being presumed to be highly infectious.

---

[21] For another example, from journal writers in the north of Malawi, consider the following exchange between two friends:

> I believe you heard that my cousin once got married to a truck driver but now they have divorced because she is sick. Her in-laws says they are afraid that she might kill the driver that's why they have forced them to divorce.
>
> But she says that she believe that she got the virus HIV from him though they are blaming her because since she got married to him, she have never slept with any other man apart from her x – husband.
>
> But rumours were saying that each time her husband was at a pub or travelling out of the country, even within from district to district he was always accompanied by a strange woman but they don't look on that because he is rich they know that once they blame or even try to advice him, he'll stop giving them support, they blame my cousin because she is the first to show the signs of AIDS. (Magwira_060412)

Here we see a stark example of the politics of blame.

In many discussions of AIDS deaths, participants debate who is the perpetrator and who the victim. Consider the case of Ndijamasi, a close friend of Alice's, who was dying. She called Alice to her home, where she told Alice her sad story: her husband had infected her. At her funeral, however, this narrative competed with a quite different one blaming Ndijamasi herself:

> Some people [at the funeral] were exaggerating that she was working in the rest house cleaning the rooms and she was sleeping with many different men there and then she got infected with AIDS. But some people who knew about the funeral's [deceased's] background was refusing and telling their friends that she was a good woman and she was very faithful but her husband was the one who got infected with that AIDS disease and contracted it to her" (Alice_030618).

Alice, as she narrates the story of these competing stories, was also defending the virtue of her friend as a victim. The gossiping neighbors, however, were inclined to cast Ndijamasi as responsible for her own death and the death of her child, who died shortly before her.

Guilt on the part of a perpetrator is seldom simply sexual. In AIDS-death narratives, culpability typically derives from greed. Men are said to be greedy for sex, women for money. Men are presumed to be "movious" by nature. Polygamy, moreover, is accepted both in Muslim law and as part of the burden of tradition, albeit unhappily by the women whose voices we find reported in our texts. It is when men are "*too* movious" that trouble arises. References to male promiscuity in relation to deaths in Alice's journals are virtually always prefaced by "too" or "very." Mere moviousness in the ordinary degree, it seems, is but to be expected. The fact of AIDS, however, transforms regular promiscuity into a murderous disregard for others' lives. Male moviousness is made

possible by money. Sex without gifts by the man, or the promise of same, is, if not unknown, certainly unusual and worthy of remark.[22] By moving their money into the pursuit of excessive sexual conquests, however, men also become guilty of neglecting familial financial obligations as sons, fathers, and husbands. A man's greed for sex results in material hardship for others as well as grief for the woman or women who love him. Typically, these sins are said to be enabled by a love of liquor, for not only does drinking consume scarce financial resources but it also draws men into bars and houses where homemade liquor is sold and where women are known to sell sex while at the same time diminishing their ability to resist sexual urges.

On occasion we find in the texts references to women who, like Nasiwose, the "prostitute" referred to above, were "just sleeping with any man who proposes to have sex with her." Rarely, however, is sexuality in stories about AIDS conceived of as separate from financial concerns, despite the fact that women admit a variety of legitimate motives for adultery, particularly on the part of the wife of an unfaithful husband (See also Swidler & Watkins, 2007). Female culpability in these narratives derives primarily from greed for money, a desire for material rewards beyond those ordinarily connected with "depending" on a man for support, a motive that can also lead them to neglect familial duties and ignore parental advice. Although we find in these texts talk among women of female sexual pleasure, particularly relating to male inadequacy, and while herbalists openly sell potions in public markets designed to enhance a man's sexual performance, where female sexuality outside of marriage is

[22] For an analysis of sex and gift-giving, drawing on the journals project, see (Swidler & Watkins, 2007).

discussed it is almost always in connection with a woman's need or greed for money (See also Kaler, 2006).

The figure of the "prostitute," universal emblem of female sexual immorality, is ubiquitous in narratives of AIDS death in rural Malawi. The "prostitute" serves as an avatar for greed, men's greed for sex and women's greed for money. When a woman is named as responsible for an AIDS death (her own, her partner's, or her children's) she is virtually always described as having been a "prostitute." When people speculate about the source of a movious man's infection with AIDS, they inevitably invoke unnamed "prostitutes." Talk of "prostitutes," however, should not be mistaken as referring simply to women who sell sex in commercial transactions, although such women are not uncommon in the bars and illicit liquor selling places across the country (Forster, 2000). Rather, the term is used, particularly by women, as a way of drawing a boundary between women who fulfill their roles as selfless mothers, faithful wives, or dutiful daughters and others who fail or refuse to do so, for whatever reasons. As one woman, forced by circumstances to remain with a "cruel" husband lamented to Alice in 2007: "When people have seen that one is single, they call her a prostitute. I hate to be called a prostitute that is why I am still staying with him as my husband." The motives of women who transgress sexual norms in ways that earn them the label "prostitute," no doubt, are many. Few are actually in the business of selling sex in strictly commercial transactions. Women in rural villages, where our journal writers live, also fear the sexual appetites and greed for money of women in "town," at "the Lake," and, most especially, in South Africa – archetypes of the places where men are drawn in search of work. Absence from

home is a central theme in these narratives, establishing the opportunity for sexual misbehavior. Women in these texts seem particularly attuned to issues of mobility and absence. They know that beyond the confines of village life, where women live subject to the close scrutiny of kin and neighbors, opportunities for dalliances are enhanced (See also Englund, 2002). Similarly, at home in the villages, sexual misconduct is said, particularly by impecunious men, to be greatest during the rainy season months when the maize ripening in the fields is high, offering cover for concupiscence, while food and money is scarce, offering opportunities for predatory men with access to money.

Men who squander resources on "prostitutes" or extra-marital partners at the expense of family are common figures in AIDS-death narratives. A cardinal sin in African life is the neglect of filial duties or reciprocal obligations, spoken of as "enjoying" or "eating" money alone. Mr Mkasa, for example, whose funeral Alice attended in June 2003, died shortly after returning from five years absence in South Africa, a land of "milk and honey" in the Malawian imagination, where he had gone in search of work. During his absence, Mr Mkasa failed to send money home to his wife and family. He spent it instead, or so Alice reports of the gossip at his funeral, on a South African wife and prostitutes – basically the same thing, from the perspective of the women at home. Mr Mkasa was also guilty of ignoring "advice," a failing almost as serious as "eating" his money alone. Some years before his death, friends had returned home from the south and reported to his parents, but not his wife, that they were "advising him to stop… because they knew that he would come back home without anything [of] benefit to his family." But he ignored their advice. On his death, he was doubly despised for having done so.

As we saw in the case of Ndijamasi, a woman who is disliked or resented, for whatever reasons, can be denigrated as a "prostitute," particularly if she falls ill with AIDS. On the other hand, women who are forced to sell sex or seek the financial support of several sexual partners, in order to support children, can sometimes be spared the opprobrium usually meted out to "prostitutes" in AIDS-death narratives and be represented as innocent victims. Consider the story of Elkana's sister. Alice's friend Elkana had a "sister" (actually she was an orphan cousin who grew up in Elkana's family) who died of AIDS. A week before she died, Elkana's sister witnessed her infant daughter's death. At the funeral, Alice reports, "people" were saying that the deceased "was a prostitute but it was not her aim to be doing that." She was driven to this fate, Alice reports, by the cruelty of her aunt: "her aunt was taking her as her slave. She was treating her badly and many people were feeling sorry on what she was doing." As Elkana told Alice: "She was lacking many things in her life like clothes, beddings, and even the tablets of soap for washing and bathing. That was why she just decided to have some boyfriends who would be helping her by giving her some money for buying her needs." Though she may have been a "prostitute," then, she was driven by necessity, not greed. In this account of an acknowledged AIDS death, the cruel aunt is to blame: "all her relatives were blaming her mother [aunt] that she was the one who killed her because of her cruelty." Elkana's sister was an innocent victim. Women who remain married to movious men when they should know better are sometimes derided for their greed, such as was the case with Mrs Abello's brother's wife. He was diagnosed at the hospital with HIV. His sister claimed it was really witchcraft but told Alice that his wife, was becoming thin and ill, and that

her friends are always laughing at her when she has gone to the borehole that her husband has AIDS and she will also die because of the marriage since she saw him that he was sometimes too movious. Had it been that she divorced him at that time, she wouldn't have reached that point. She did that deliberately because she was eating many fish and she was growing fat during that time but now the opposite is true (Alice_030618).

A striking feature of all narratives of AIDS-death is a compression of time-scale in assessments of responsibility for infection. Although most people are relatively well informed about the basic epidemiology of AIDS and are aware that a person can be infected for a long time before showing signs of illness, we find no cases where infection is attributed to sexual partners in the distant past of more than a few years ago. This is not because Africans succumb to AIDS more quickly as the median survival time, in the absence of anti-retrovirals, is ten years, the same as in wealthy countries (Dilys et al., 2002). Mostly, responsibility for infection is attributed to actions and partners in the present or the recent past. For example, Mr Mkasa, mentioned above, spent five years in South Africa before returning home sick to die. He was thus most likely infected before he left Malawi, but no one speaking of his death at his funeral attributed it to anything other than his behavior in South Africa. The reason for this commonplace truncation of time-scale, we would argue, is not simply ignorance of the course of HIV disease but rather the demands of effective narrative. In telling a convincing story about a death from AIDS it is imperative to name agents responsible for infection, not simply to identify vectors of infection. Recent events and moral agents in the present are always more vivid in a story, particularly when the object of the story is to assign blame.

Death, Blame, and the Desire for Justice

Narratives of AIDS deaths, predicated as they are on the question *Who is to blame?* precipitate questions of justice. When the story is one of AIDS as a plague ravaging an entire community, as we shall see, the punishment is usually imagined as collective and to some degree abstract. When the story is about the death of an individual, particularly when known by name, the story is more complex, though often more pressing. As we discussed above, in the era before AIDS the death of a young productive individual was typically blamed on another person whose murderous intent was put into effect by occult powers known generically as "witchcraft."

Historically, cases of death where witchcraft was suspected were, and for most of rural Malawi still are, the responsibility of the local political-legal authorities, the chiefs and village headmen. Chiefs could punish perpetrators with fines, banishment, or death, bringing thereby a modicum of peace and justice to the community. They could also recruit and manage witch-finders, oversee ordeals and administer oaths. Since 1911, the Witchcraft Act CAP2:7 – which outlaws open accusation, divination, ordeals, and trials, amongst other things – has somewhat limited anti-witchcraft activities by indigenous authorities as well as within the formal legal system (Chanock, 1985). Despite the law, witch trials in chiefs' courts in villages and Magistrates' Courts in towns, are common (Chilimampunga & Thindwa, 2012). Most people who suspect witchcraft in cases of

untimely death, however, do not seek justice in court. They seek, instead, more discreet ways of retaliation such as enlisting the services of a healer who will return the evil forces back onto their source in what might be described as a private form of capital punishment.

Unlike witchcraft stories, which resonate with the resentments of friends, family, and neighbors within intimate social networks sounding long familiar registers of blame, AIDS-death narratives open the domain of plausible perpetrators to partners within sexual networks, both known and surmised. Either way, the story cannot be told but the perpetrator be named. And while the desire for justice is more likely than not to be frustrated when witchcraft is suspected, frustration is the norm in stories of AIDS. Village chiefs shy away from such issues; the Laws of Malawi offer no recourse.

When the death of a young person is attributed to witchcraft, he or she is a victim of a murderer: the witch. The deceased may not be fully innocent in motivating the murderer, but he or she is not, in these narratives, the agent of death. He or she is, by definition, a victim. With AIDS, the story is different. When the death is attributed to AIDS, the deceased may be a victim of murderer (a virtuous wife; innocent child), a suicide (he was movious and died as a "profit;" she was a "prostitute," similarly punished) or both (a promiscuous man married to a virtuous wife). It is not surprising, then, that the relatives and loved-ones of the deceased often find the witchcraft narratives more compelling, at least in their public statements: better to have one's son or daughter or beloved brother,

particularly when also a benefactor, cast as an unambiguous victim rather than a possible perpetrator of suicide or murder, or both.

The desire for justice in AIDS-death narratives is satisfied in the celebration of the death of the perpetrator, who is typically spoken of as receiving his or her "reward" or "profit" from God in the form of death – or, as is often the case, imminent death. In the simpler AIDS-death narratives, there is consensus as to who is to blame. When the notorious "prostitute" Tiyeze died, for example, it was taken for granted that she had murdered many men, and, as collateral damage, their innocent wives. Her death itself was, therefore, just. Tiyeze's neighbors pronounced that "[s]ince she was having sex with men as a business she was making the profits of money and God wanted to give her a price." (Alice_030618). AIDS and death, for Christians and Muslims alike, serve in these stories as a reminder of the punishment awaiting a sinner.

Often, however, the likely perpetrator is still alive and healthy and the desire for justice is frustrated, as it was in the following account of a young women's death (Alice_030727). The story, related to Alice by her friend Mrs Thom, a relative of the deceased, tells of a young woman who fell ill along with her husband. She was taken first to traditional healers, but made no progress. When she was taken to the hospital, she was given an HIV test. The results were positive. At this point, Alice was told, the brother got "annoyed." (In the idiomatic English of Malawi, "annoyed" is a strong emotion, anger.) Everybody knew the sister was a faithful wife and that her husband was a drunkard and womanizer. "He [the brother] went home after hearing that his sister was infected with

AIDS. He went home to beat his brother-in-law." The brother threatened to kill his sister's husband if she should die: "he cannot remain alive if it is true that his wife is infected with AIDS." The brother wanted to summon his brother-in-law to a hearing at the Chief's court, as would be done were his sister deemed bewitched, arguing that the case was tantamount to murder: "he [the husband] knew that the world has changed … he was doing that deliberately. He had the aim to kill his sister." In reply to the brother's tirade, the brother-in-law's friends argued in mitigation that though the husband was to blame, he had not been "deliberately" trying to kill his wife with AIDS since "he was sleeping with other women when he was overdrunk … he was not knowing what he was doing." Because there was no attribution of potential witchcraft, the brother had no recourse to the political authorities, he could only rant and rave. His relatives comforted him with the assurance that if his sister does die, her husband will surely soon follow her. Justice, that is to say, is in the hands of God.

We don't know, from the journal quoted above, whether the brother's anger was assuaged by the prospect of divine justice. What is clear, however, is in the absence of mundane institutions and authorities serving ends of justice in cases of AIDS, the brother has little choice in the matter other than taking revenge himself. We have not been able to trace the full import of the thwarted desire for justice in this paper, but remain convinced that it is a crucial, and understudied, aspect of the social impact of the epidemic in these parts. It is not possible, for example, to understand issues of property distribution following deaths, with the consequent conflicts that are constantly arising, without understanding the politics of blame such as we have outlined above. In 2003, for

example, one of our journalists observed a court case at the village chairman's compound in which a woman and her three young children were chased away from her deceased husband's home after his death (probably of AIDS) by his sister who claimed "if she getting married earlier like that after my brother's death it was giving me a picture that my brother was deliberately killed by her so that she has to get married with another man." The young widow claimed she had to get married quickly because she had not enough money to support her children. The chairman ruled in her favor, ordered the family to let her return, and counseled peace. Our journalist also reported the rumor that the young widow's husband had been killed through witchcraft by his mother and her relatives who wanted to sell his land (Diston_031208). In 2007, to cite another of hundreds of possible examples, Alice reports a story a man being advised by the relative known as *Nkhoswe* (marriage councilor), not to inform his wife about a sexually transmitted disease he had picked up from another partner because, since he lives at his wife's family's place, as is common in this matrilocal society, "he can be chased there at his wife by the wife's relatives because they can know that he wanted to kill her with that sexually transmitted disease" (Alice_070319).

The wrath of an angry God appears often in these texts, both in relation to particular deaths perpetrated by individuals and as the arbiter of the general state of Africans suffering from the AIDS epidemic. God's retribution is cosmic. One morning, for example, Alice overheard two middle-aged men chatting in the yard of a neighbor's house: "God would like to kill us all through the AIDS disease," she heard one man

declare. Many people will die, he asserted, because, as in the time of Noah, people are not listening to God. He added: "though he hasn't killed all of his people at the same time, but he is killing them too much and in great number." His friend agreed on the scale of God's justice, but differed somewhat on His motive: "God has decided to punish the whole world," he argued: "the religions in Malawi are many and there are other religions which are not yet know on where they come from. Every clan now has its own religion…. Because of that, God has decided to punish the whole world." While they differed in their assessment of God's motives, the two friends agreed that God has chosen sex as his means for humanity's destruction because "nobody can stay for his/her whole life without having sex." Other common tropes invoking God's wrath speak of collective punishment for the widespread sin of adultery.

With legions of pastors now preaching the gospel of "last days" many people invoke biblical prophesy of plagues to argue that AIDS is a sign of the coming end times. As the wife of one of our journalists told him one morning: "God has said in holly bible proves for it was written that "kudzadza matenda osachi li tsika!" (Chichewa meaning: 'There will be an incurable disease.' …definitely this is the disease which is incurable" (Simon_100701). Or, while a group of young men were chatting about sex and how to choose partners less likely to be infected (schoolgirls from good families, for example, who have been prevented by their parents from "moving around") one young man intoned: "God said that in the last days there will be hunger, earthquakes and also various diseases that some of them incurable that's why there are many (diseases) nowadays some of them AIDS and its difficult to run away from it." (Simon_051103) The cosmic

struggle between Jesus and Satan in these last days, from the numerous accounts of preaching we find in the journals, is reaching an intense climax, with Satan driving the sins that are fuelling the epidemic.

When people speculate in these texts on the global meaning of the AIDS epidemic, they do not only interpret the suffering it has brought as a sign of divine justice. The epidemic can also be taken as a sign of the pervasive *injustice* of this world. Outside Africa, the question *Where did AIDS come from?* is largely academic. Where people suffer daily the burdens of the epidemic, however, the search for the origins of AIDS is a search for who is to blame, a pressing question of causation. Malawians, and Africans in general, have a ready answer: "Whites" (sometimes "Europeans," and "Americans" though more usually the generic *azungu*) and their local agents, the "government." A version of this recurrent narrative of historic injustice can be seen in this excerpt from a 2001 journal by Diston, in which a young man pronounced:

> AIDS was created by the government in order to reduce the population of the people in the African countries. This was created by the wealthy countries. If the population in African countries is high, then it means that the African countries will be seeking donations from the wealthy countries to be supporting their high populated people as they can't manage to support them on their own. So the wealthy countries created that disease so that the African population should be reduced and if that population is reduced it means that seeking for donations will also be reduced too" (Diston_010326).[23]

[23] Conspiracy narratives about the origin of AIDS are still heard in everyday conversations, such as this statement from a young man, from Simon's journal of May 2009: "Maybe this AIDS indeed came with these whites with the aim of controlling population in this world. Because nowadays we people are afraid of having sex without using condoms and so the population is not increasing. Had it been that there was no AIDS we could have been having sex without any protection. And so children would have been everywhere. Prostitutes would have added even more to this population." (Simon_090503) Condoms, sometimes said to cause AIDS itself, are also said to cause

Although the attribution of motive here is perhaps misplaced, recent genetic and historical epidemiological research confirm that the HIV epidemic did in fact result from Western colonialism in Africa in both its oppressive and disruptive impact (Timberg & Halperin, 2012), as well as well-intentioned public health campaigns (Pepin, 2011; Pépin & Labbé, 2008).

Conspiracy narratives about the origin of AIDS are common in everyday conversations, such as this statement from a young man, from Simon's journal of May 2009: "Maybe this AIDS indeed came with these whites with the aim of controlling population in this world. Because nowadays we people are afraid of having sex without using condoms and so the population is not increasing. Had it been that there was no AIDS we could have been having sex without any protection. And so children would have been everywhere. Prostitutes would have added even more to this population." (Simon_090503) Condoms, sometimes said to cause AIDS itself, are also said to cause other illnesses, especially in women, as a self-described prostitute told Alice recently: "Once I have sex using a condom, I don't feel well. I suffer from a stomachache for a day or two. But if I have sex without using a condom, I don't feel any problem." (Alice_090312). See also (Simon_100701).

---

other illnesses, especially in women, as a self-described prostitute told Alice recently: "Once I have sex using a condom, I don't feel well. I suffer from a stomachache for a day or two. But if I have sex without using a condom, I don't feel any problem." (Alice_090312). See also (Simon_100701).

Narratives of AIDS as a sign of divine justice complement conspiracy theories of "wealthy countries" or "Whites" inflicting injustice. Both types of narrative serve similar discursive purposes, addressing questions of cosmic justice and injustice, in different contexts. Judging from the absence of demurral in the journals where they are reported, they are taken as equally plausible and could both be true. In discussions of condoms they are sometimes skillfully conjoined: whites produce condoms, claiming they protect against this disease AIDS (which they created), thus encouraging adultery among Africans, a sin which God hates - along with murder, gossiping, witchcraft, drinking, and smoking - thereby incurring his wrath and opening new fields for colonization by whites (or, at least, diminishing their burden of foreign aid for supernumerary Africans). As another interlocutor of Simon's put it, in 2005: "the whites really have tricks. Instead of admitting that they had failed to cure AIDS they come with various frauds…. But they like competing with God and want to be like God…. He went on saying that what God hates is adultery and his wrath is upon those who practices what he hates and that's why the condoms encourages adultery ever since introduced" (Simon_050922) (See also Kaler, 2004; Tavory, 2009).[24]

Conclusion: The Politics of Blame in the Prevention, Care, and Treatment of AIDS

[24] For discussion of similar rumors in South Africa See (McNeill, 2009).

Stories about death in the time of AIDS - predicated as they are on the question *Who is to blame?* - are rarely of the sort advocated by those who preach the message of "break the silence". Pauline Peters and her colleagues have argued that ˙[t]he general avoidance of the term *edzi* (AIDS) in favor of a whole range of 'roundabout' labels that, nevertheless, are perfectly understood to refer to the new disease complex, and the avoidance of attributing a person's death to HIV/AIDS in public homilies at funerals are attempts to hold at bay the hopelessness that a disease 'without a cure' might inspire, and to give everyone a proper farewell at the final obsequies" (Peters, Walker, & Kambewa, 2008, p.96). We see the politics of naming illnesses and causes of death somewhat differently. Holding hopelessness at bay and giving a proper farewell are no doubt important, but as we have shown in our analysis of blame, another dynamic is in play as well. Our primary finding is that whenever people tell stories about death in this time of AIDS, they imply someone is to blame. Attributing blame has implications for relations within families and communities and is not to be done lightly. Which is why, when people want to avoid the politics of blame, they resort to anodyne clichés, such as "it was his time" or "God has called her to his side." That is, they avoid telling the story of what happened.

Nonetheless, we agree with the findings of Peters *et.al*., as well as others who have shown that the avoidance of direct speech about AIDS does not necessary signify "denial." Among the burdens of this epidemic is the problem of how to talk of its inevitable result: death. Every way of telling a story about a death has implications – the most important of which, we have argued, is answering the question: *Who is to blame?*

These implications have consequences, shaping relations among the living – not to mention, between the living and the dead, though we shall not dwell upon this here.[25]

Now that anti-retroviral drugs are widely available, with a resulting decline in AIDS mortality, the politics of blame are, for the time being, somewhat less intense in the communities wherein our journal writers live. Although it is not clear that in everyday contexts people make a clear distinction between what medical science would call "treatment" and "cure," people with whom our journal writers interact seem clear that failure to seek treatment when suffering from illnesses which are widely understood as AIDS is entirely the responsibility of the patient.[26]

The narratives we have described in this paper ingeniously weave together customary sexual and social morality, international prevention messages, and advice from friends and from the government, in ways that are generally beneficial, were they to be followed, for the prevention of HIV infection. Promiscuous sex in these stories is invariably cast as physically risky: you can't know for sure who is HIV positive and who is not. Sex kills. Adulterous and promiscuous sex is also seen as eternally risky: after your death, you may still be blamed by your friends for murdering others and for committing suicide, not to mention condemned to eternal damnation in Hell.

---

[25] For an exploration of the significance of relations with the dead – and a framework for thinking about relations with the "living dead" amongst whom AIDS patients are sometimes included, see (Ashforth, 2005, Chs. 7&9).

[26] For example, in Alice_100712, Alice reports the story of a man who was taking ARVs but decided to get remarried and hide his status from his new wife. This made it impossible for him to continue treatment. Eventually he fell sick with AIDS. He received no assistance from his family as everyone thought it wrong both that he discontinued treatment and that he failed to tell his wife.

A new and potentially effective norm appears to have been formulated through the narratives exchanged in conversations reported in our texts: those who know how AIDS can be prevented, and now treated -- as everyone does—and who refuse to heed good advice will be censured not only by God in the hereafter but, *sotto voce*, by their friends, relatives and neighbors at their funeral. Nor does the fact that deaths are sometimes spoken of as resulting from "witchcraft" undermine the imperative of AIDS prevention; assertions of witchcraft are almost always challenged, if not always directly, by speculations about AIDS focused on the deceased's sexual history.

The ways narratives of death are structured around issues of blame complicates practices of care in many ways, most of which we have not been able to explore here. Victims and perpetrators are not automatically entitled to equal care and concern, in rural Malawi as elsewhere. The politics of blame also perhaps explains why it is not obvious to rural Malawians that the government and NGOs should devote resources especially to people with AIDS. The journals record instances where care is refused, usually in accounts of parents or other caregivers refusing to expend resources on taking patients to hospitals because of the moral turpitude of the patient.[27] But far more impressive, given the hundreds of stories of illness and death we find in these texts, is the simple recitation of a patient's quest for cure with the taken-for-granted background assumption that those who

[27] For examples in the core selection of Alice's journals, see the cases of Mr Mkasa, and Mr Vinkhumbo.

should be caring for him, primarily women, actually are.[28] One of the striking features of narratives of death is that while there are innumerable examples of blame being dispensed, stories of credit being accorded to women for caring for the sick are not to be found. The imperative of care, it seems, is so taken for granted that it is not deemed particularly noteworthy, by the journal writers, let alone considered praiseworthy.

Regarding modes and methods of treatment, nothing in the narratives of death as we read them suggests that sick people and their families are disposed to resist the quest for cure or fail to seek treatment wherever it can be found, despite the fact that, since these are stories of death, all such efforts have proven futile. Treatment failure, however, is another matter. Failure of biomedical treatment in these parts has long been taken as a sign that forces responsible for illness were not natural. Since 2004, the Malawian government has been providing antiretroviral therapy for HIV infection in steadily increasing numbers of patients. Talk of ARVs, colloquially known as "*maUnits*," after the ubiquitous cellphone recharge units sold in stores and on the street - units to "top up" life - are appearing more often in the journals in recent years as more people in rural areas gain access to treatment. The basic structure of narratives of death, however, remains unchanged, shaped by the question: *Who is to blame?*

[28] For sick women, mothers and sisters are the primary caregivers; for married men, especially those who marry in matrilocal traditions and stay at their wife's mother's land, mothers and sisters are always supposed to care while wives are sometimes said to be the person most responsible (S. Watkins & Chimwaza, 2004).

Abbott, H. P. (2002). *The Cambridge introduction to narrative*. Cambridge, UK ; New York, NY, USA: Cambridge University Press.

Abdallah, Y. B., & Sanderson, G. M. (1973). *The Yaos = Chiikala cha Wayao*. London: Cass.

Alpers, E. A. (1967). *The East African slave trade*. Nairobi: Published for the Historical Association of Tanzania by the East African Pub. House.

Alpers, E. A. (1975). *Ivory and slaves: changing pattern of international trade in East Central Africa to the later nineteenth century*. Berkeley: University of California Press.

Anglewicz, P., & Kohler, H.-P. (2009). Overestimating HIV infection: The construction and accuracy of subjective probabilities of HIV infection in rural Malawi. [Article]. *Demographic Research, 20*, 65-95.

Ashforth, A. (2001). On Living in a World With Witches: Everyday Epistemology and Spiritual Insecurity in a Modern African City (Soweto). In H. Moore & T. Sanders (Eds.), *Magical Interpretations: Material Realities*. London: Routledge.

Ashforth, A. (2002). An Epidemic of Witchcraft? The Implications of AIDS for the Post-Apartheid State. *African Studies, 61*(1), 121-143. doi: 10.1080/00020180220140109

Ashforth, A. (2005). *Witchcraft, Violence, and Democracy in South Africa*. Chicago and London: The University of Chicago Press.

Ashforth, A. (2011). AIDS, religious enthusiasm and spiritual insecurity in Africa. *Global Public Health, 6*(sup2), S132-S147.

Bal, M. (1997). *Narratology: introduction to the theory of narrative*. Toronto ; Buffalo: University of Toronto Press.

Balaka District Assembly. (2000). *Balaka District AIDS Plan, 2000-2010*. Unpublished report. Balaka District Assembly. Balaka, Malawi.

Bisika, T. J. Behavioral Component of the Preparatory AIDS Vaccine Evaluation (PAVE) Studies. Zomba, Malawi: Centre for Social Research, University of Malawi, in collaboration with Johns Hopkins University.

Blommaert, J. (2005). *Discourse: a critical introduction*. Cambridge, UK ; New York: Cambridge University Press.

Chanock, M. (1985). *Law, custom, and social order: the colonial experience in Malawi and Zambia*. Cambridge [Cambridgeshire] ; New York: Cambridge University Press.

Chilimampunga, C., & Thindwa, G. (2012). The Extent and Nature of Witchcraft-Based Violence against Children, Women and the Elderly in Malawi. A Research Report. Lilongwe: Association of Secular Humanists and Royal Norweigian Embassy.

Dilger, H. (2008). "We Are All Going to Die": Kinship, Belonging, and the Morality of HIV/AIDS-Related Illnesses and Deaths in Rural Tanzania *Anthropological Quaterly, 81*(1), 207-232.

Dilys, M., Mahe, C., Mayanja, B., Okongo, J. M., Lubega, R., & Whitworth, J. A. G. (2002). HIV-1 infection in rural Africa: is there a difference in median time to

AIDS and survival compared with that in industrialized countries? , *16*(4), 597-603.
Doctor, H. V., & Weinreb, A. A. (2003). Estimation of AIDS adult mortality by verbal autopsy in rural Malawi. *AIDS (London), 17*(17), 2509-2513. doi: 10.1097/00002030-200311210-00014
Douglas, M. (1967). Witch Beliefs in Central Africa. *Journal of the International African Institute, 37*(1), 72-80.
Englund, H. (2002). The Village in the Citry, the City in the Village: Migrants in Lilongwe. *Journal of Southern African Studies, 28*(1), 137-154. doi: 10.1080/03057070120117015
Farmer, P. (1992). *AIDS and Accusation: Haiti and the Geography of Blame*. Los Angeles: University of California Press.
Forster, P. G. (1998). Religion, Magic, Witchcraft, and AIDS in Malawi. *Anthropos, 93*, 537-545.
Forster, P. G. (2000). Prostitution in Malawi and the HIV/AIDS Risk *Nordic Journal of African Studies, 9*(1), 1-19.
Frank, A. W. (2010). *Letting stories breathe : a socio-narratology*. Chicago: University of Chicago Press.
Good, B. (1994). *Medicine, Rationality, and Experience*. Cambridge: Cambridge University Press.
Kaler, A. (2004). The Moral Lens of Population Control: Condoms and Controversies in Southern Malawi. *Studies in Family Planning, 35*(2), 105-115.
Kaler, A. (2006). 'When They See Money, They Think It's Life': Money, Modernity and Morality in Two Sites in Rural Malawi. *Journal of Southern African Studies, 32*(2), 335-349.
Kohler, H.-P., Behrman, J., & Watkins, S. (2007). Social Networks and Hiv/aids Risk Perceptions. *Demography, 44*(1), 1-33.
Manglos, N. D. (2010). Born Again in Balaka: Pentecostal versus Catholic Narratives of Religious Transformation in Rural Malawi*. *Sociology of Religion, 71*(4), 409-400_407.
McCracken, J. (2008). *Politics and Christianity in Malawi, 1875-1940: the impact of the Livingstonia Mission in the Northern Province*. Zomba: Kachere Series.
McNeill, F. G. (2009). 'Condoms Cause AIDS': Poison, Prevention and Denial in Venda, South Africa. *African Affairs, 108*(432), 353-370. doi: 10.1093/afraf/adp020
Mitchell, J. C. (1966). *The Yao village: a study in the social structure of a Nyasaland tribe* ([1st] ed.). Manchester,: On behalf of the Rhodes-Livingstone Institution Northern Rhodesia by Manchester University Press.
Morris, B. (1985). Chewa Conceptions of Disease- Symptoms and Etiologies. *The Society of Malawi Journal, 38*, 14-38.
Mzembe, D. (2004, February 11, 2004). Malawi Launches Aids Plan After it Kills the President's Brother, News, *The Independent*.
Needham, R. (1972). *Belief, Language, and Experience*. Chicago: The University of Chicago Press.
Pepin, J. (2011). *The origins of AIDS*. Cambridge, UK ; New York: Cambridge University Press.

Pépin, J., & Labbé, A.-C. (2008). Noble goals, unforeseen consequences: control of tropical diseases in colonial Central Africa and the iatrogenic transmission of blood-borne viruses. *Tropical Medicine & International Health, 13*(6), 744-753.

Peters, P. E., Kambewa, D., & Walker, P. (2008). The Effects of Increasing Rates of HIV/AIDS-related Illness and Death on Rural Families in Zomba District, Malawi: A Longitudinal Study (pp. 1-132): Harvard University
Bunda College of Agriculture
University of Oregon.

Peters, P. E., Walker, P. A., & Kambewa, D. (2008). Striving for normality in a time of AIDS in Malawi. *Journal of Modern African Studies, 45*(4), 659-687. doi: 10.1017/S0022278X08003522

Potts, M., Halperin, D. T., Kirby, D., Swidler, A., Marseille, E., Klausner, J. D., . . . Walsh, J. (2008). Reassessing HIV Prevention. *Science, 320*(5877), 749-750. doi: 10.1126/science.1153843

Probst, P. (1999). "Mchape" '95, or, the Sudden Fame of Billy Goodson Chisupe: Healing, Social Memory and the Enigma of the Public Sphere in Post-Banda Malawi. *Africa (London. 1928), 69*(1), 108-137.

Ricoeur, P. (1985). *Time and Narrative*. Chicago and London: The University of Chicago Press.

Rödlach, A. (2006). *Witches, Westerners, and HIV: AIDS & cultures of blame in Africa*. Walnut Creek, CA: Left Coast Press.

Sabatier, R. e. (1988). *Blaming others: prejudice, race and worldwide AIDS*. London : Philadelphia, PA: Panos Institute ; New Society Publishers.

Shelton, J. D., Halperin, D. T., & Wilson, D. Has global HIV incidence peaked? *The Lancet, 367*(9517), 1120-1122. doi: http://dx.doi.org/10.1016/S0140-6736(06)68436-5

Smith, K. P., & Watkins, S. C. (2005). Perceptions of risk and strategies for prevention: responses to HIV/AIDS in rural Malawi. *Social Science & Medicine, 60*(3), 649-660. doi: http://dx.doi.org/10.1016/j.socscimed.2004.06.009

Smith, W. C. (1977). *Belief and History*. Charlottesburg: University of Virginia Press.

Stadler, J. (2003). Rumor, gossip and blame: implications for HIV/AIDS prevention in the South African lowveld. *AIDS Education and Prevention, 15*(4), 357-368.

Swidler, A., & Watkins, S. C. (2007). Ties of Dependence: AIDS and Transactional Sex in Rural Malawi. *Studies in Family Planning, 38*(3), 147-162.

Tavory, I., & Swidler, A. (2009). Condom Semiotics: Meaning and Condom Use in Rural Malawi. *American Sociological Review, 74*(2), 171-189.

ter Haar, G. (Ed.). (2007). *Imagining Evil: Witchcraft Beliefs and Accusations in Contemporary Africa*. Trenton: Africa World Press.

Thomas, F. (2007). 'Our Families are Killing Us': HIV/AIDS, Witchcraft and Social Tensions in the Caprivi Region, Namibia. *Anthropology & Medicine, 14*(3), 279-291. doi: 10.1080/13648470701612679

Thomas, F. (2008). Indigenous Narratives of HIV/AIDS: Morality and Blame in a Time of Change. *Medical Anthropology, 27*(3), 227-256. doi: 10.1080/01459740802222716

Tilly, C. (2006). *Why?* Princeton, N.J.: Princeton University Press.

Tilly, C. (2008). *Credit and blame*. Princeton: Princeton University Press.
Timberg, C., & Halperin, D. (2012). *Tinderbox: how the West sparked the AIDS epidemic and how the world can finally overcome it*. New York: Penguin Press.
Todorov, T. (1971). The 2 Principles of Narrative. *Diacritics, 1*(1), 37-44.
UNAIDS. (2013). AIDSInfo Malawi (Online database). Retrieved May 2013, from UNAIDS http://www.unaids.org/en/regionscountries/countries/malawi/
van Dijk, T. A. (2006). Discourse, context and cognition. *Discourse Studies, 8*(1), 159-177. doi: 10.1177/1461445606059565
Vaughan, M. (2005). Mr. Mdala Writes to the Governor: Negotiating Colonial Rule in Nyasaland. *History Workshop Journal*(60), 171-188. doi: 10.1093/hwj/dbi038
Walton, D. N. (1992). *Plausible argument in everyday conversation*. Albany: State University of New York Press.
Watkins, S. (2004a). Navigating the AIDS epidemic in rural Malawi. *Population and Development Review, 30*(4), 673-705.
Watkins, S. (2004b). Navigating the HIV/AIDS Epidemic in Rural Malawi. *Population and Development Review, 30*(4), 673-705.
Watkins, S., & Chimwaza, A. (2004). Giving care to people with symptoms of AIDS in rural sub-Saharan Africa. *AIDS care, 16*(7), 795-807.
Watkins, S. C., & Swidler, A. (2009). Hearsay ethnography: Conversational journals as a method for studying culture in action. *Poetics, 37*, 162-184. doi: 10.1016/j.poetic.2009.03.002
World Bank. (2013). Malawi Data (Database). Retrieved May, 2013, from World Bank http://data.worldbank.org/country/malawi
Yamba, C. B. (1997). Cosmologies in Turmoil: Witchfinding and the Aids in Ciawa, Zambia. *Africa, 67*(2), 201-223.