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### The Knife's Edge

*Masculinity and precarity in eastern Africa*

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## Short communication

## The knife's edge: Masculinities and precarity in East Africa

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## ABSTRACT

In our field sites and clinical practice in East Africa, we regularly encounter men who have become overwhelmed by “thinking too many thoughts” and “gone crazy from confusion,” brought about by the problems of life created by deepening social, economic and political precarity. Across diverse settings, many African men continue to be enmeshed in social and material obligations and expectations that position them as economic consumers and providers for those they care for and love. When these gendered obligations, expectations and fantasies are left unfulfilled, this sense of failure can be embodied to produce particular kinds of health effects. Namely, men may become plagued by troublesome and confusing thoughts, leading them in some cases to “give up on” (as our research subjects put it) pursuing work and education, to become immersed in problematic drug and alcohol use, and even to take their own lives. While these afflictions can be glossed using the language of depression, anxiety, addiction and suicide, such medicalizing frames may obscure more nuanced social, structural and *affective* diagnoses of what is happening to men across Africa and globally. Anthropology provides us with alternative frames through which to understand how psychological wounds are made—and healed.

In our field sites and clinical practice in East Africa, we regularly encounter men who have become overwhelmed by “thinking too many thoughts” and “gone crazy from confusion.” “Thinking too much” is a common idiom of distress (Nichter, 2010) or shared symbolic language for psychosocial suffering globally (De Jong and Reis, 2010), and appears in the DSM-5 as a cultural concept of distress (American Psychiatric Association, 2013; Kaiser et al., 2015). As Kaiser et al. (2015) note in their systematic review, thinking too much typically references excessive rumination, worry and intrusive thoughts. The etiology, content of thoughts and symptoms associated with thinking too much vary significantly within and across settings; most commonly, the idiom is associated with turbulent social relationships, traumatic events and/or structural constraints, and can encompass experiences of low mood, absentmindedness, memory loss, poor concentration, tiredness, sleep problems, headaches, loss of appetite, social isolation, lack of interest in regular activities, and a lowered ability to function in work and family life (Kaiser et al., 2015).

While differently inflected by age and class, our research subjects in Tanzania and Kenya most commonly attribute thinking too many thoughts and going crazy from confusion to the problems of life created by social, economic and political precarity. Based on decades of anthropological research in Dar es Salaam and Zanzibar, Fast and Moyer (2018) have observed that for those in socioeconomic margins, the

source of troublesome and confusing thoughts is often the daily struggle to make progress towards a different kind of life. Bukusi's clinical practice over the past 33 years in Nairobi and Naivasha supports the idea that for those in the middle class, it may be the struggle to continue to embody this “aspirational category” (Heiman et al., 2012) by making lucrative economic and social investments across time (Livingston, 2009). Regardless of class position and age, many East African men find themselves balancing on the edge of a knife between success and failure, between maintaining an affective sense of forward momentum in their everyday lives, and sinking into a sense of stagnation. As our research subjects frequently insist, this balancing act can be at the very heart of what it means to be a man. It can also be the source of significant psychological suffering. Men who have gone crazy from confusion in our field sites commonly describe “giving up on” life's daily challenges, “sleeping or sitting around all of the time” (oftentimes while intoxicated), and “feeling so bad that you cannot live” (Fast and Moyer, 2018).

Men's mental health is garnering increasing popular and public health attention across sub-Saharan Africa (Kenyan Ministry of Health, 2015; Ogeto, 2015; World Health Organization, 2017; Otieno, 2018). A significant body of academic work has explored how deepening precarity and inequality and particular public health crises (e.g., HIV, COVID-19) have thrown men into new gendered forms of life and harm

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at each stage of the life course (Silberschmidt, 2001; Weiss, 2009; Hunter, 2010; Mains, 2011; Wyrod, 2016; Masquelier, 2019). These new forms of life often encompass particular psychological afflictions that do not always seem to affect women in the same ways or to the same extent (Johnson et al., 2009; Livingston, 2009; Mains et al., 2013). African masculinities must always be conceptualized as multiple, mixed and continually in process (Aboim, 2009; Spronk, 2012; Wyrod, 2016); they are powerfully inflected by intersections of age, class, sexual orientation and ability, and how men are positioned in society and globally (Ratele 2008, 2014). Nevertheless, there continues to exist a dominant or “hegemonic” (Connell, 2005) masculine ideal that positions many African men as economic consumers and providers for those they care for and love (Silberschmidt, 2001; Hunter, 2010; Adinkrah, 2012; Ratele, 2012). These gendered obligations, expectations and fantasies benefit men, because they reinforce their privileged access to capital, education and employment (Jordan and Chandler, 2019). When they are left unfulfilled as a consequence of entrenched socioeconomic marginalization, or continually under threat as a result of political and economic instability and rapid social change, however, a sense of failure may be embodied to produce particular kinds of health effects (Courtenay, 2000). Across diverse settings it has been observed that men in particular may become plagued by overwhelming and confusing thoughts, leading them in some cases to “give up on” pursuing work and education, to become immersed in problematic drug and alcohol use, and even to take their own lives (Adinkrah, 2012; Kizza et al., 2012; Niehaus, 2012; Fast and Moyer, 2018; Kposowa et al., 2019). Framing these problems as reflective of a new “crisis of masculinity” obscures the fact that anxieties surrounding (inherently unstable) masculine ideals, and escapes from these anxieties such as substance use and suicide, are not new (Canetto and Cleary, 2012; Kimmel, 2017; Jordan and Chandler, 2019). It also obscures the persistence of patriarchy and the harms that male privilege continues to generate. Moreover, we argue that while these afflictions can be glossed using the language of depression, anxiety, addiction and suicide, such medicalizing frames may obscure more nuanced social, structural and affective diagnoses of what is happening to men across Africa and globally (Abramowitz, 2010; De Jong and Reis, 2010; Nichter, 2010; Pedersen et al., 2010; Sakti, 2013; Yarris, 2014). Anthropology provides us with alternative frames through which to understand how psychological wounds are made—and healed (Ralph, 2014).

Governments and international agencies are increasingly working to develop social and public health interventions to address the problems of mental illness, substance use and suicide in East Africa (Kenyan Ministry of Health, 2015). The solution to these problems are usually framed in terms of service and policy gaps: a lack of trained providers, programming and infrastructure, as well as the stigma and discrimination that surrounds mental illness, mean that people cannot access the psychosocial and pharmaceutical help they need (Monteiro, 2015; World Bank Group & World Health Organization, 2016). Improving access to treatment and care and reducing stigma are important for improving mental health outcomes for many people. However, our long term ethnographic and clinical engagement with men in Tanzania and Kenya shows that many remain outside of medical interventions and spaces, even as their psychological afflictions and substance use intensify and daily life becomes unmanageable. We have observed that for these men, their daily struggles to reduce troublesome and confusing thoughts often do not bring them to the clinic, but rather to other kinds of gendered spaces of work and leisure that provide a valued sense of forward momentum amidst the constant, looming threat of stagnation and boredom, thereby meditating particular problems of time.

Across numerous settings, anthropologists have highlighted how problems of time and relationships to the future can underlie psychological afflictions and other harms in the contemporary moment (Musharbash, 2007; Jeffrey, 2010; Mains et al., 2013; Mains, 2016). Throughout Africa, problems of time are intimately connected with

gendered hierarchies. Faced with deepening social, economic and political precarity, many men describe finding themselves with too much time on their hands and few socially valorized activities to fill it with – in particular, desirable forms of employment (Mains, 2011). Women find themselves with the opposite problem. Also faced with deepening precarity as well as entrenched forms of discrimination that limit their access to capital, education and employment, they have too much to do as they absorb more and more of the labor of caregiving for families and communities. Even as greater numbers of women enter the work force, discourses surrounding their primary duty of care for husbands, children, elderly relatives and households often remain firmly entrenched. The disproportionate burden of care faced by women produces numerous negative health and social effects, perhaps particularly in urban settings where multi-generational households are disappearing.

And yet, men's relative privilege and the “free time” that this privilege engenders in the context of increasing precarity comes at its own costs. For example, Mains and colleagues (2013: 111) have described how the psychological distress experienced by educated and unemployed young men in Ethiopia is largely generated by the struggle to “negotiate overabundant amounts of unstructured time in the present and place themselves within a narrative in which they are progressing toward future aspirations” (Mains et al., 2013: 111). We have observed similar dynamics among men across our field sites and clinical practice in Dar es Salaam, Zanzibar, Nairobi and Naivasha, where the inability to actualize a future that is different from the past and present can lead to a crushing sense of stagnation and boredom that may eventually become embodied as overwhelming confusion (Fast and Moyer, 2018). While previous work on boredom and modernity asserts that boredom is a problem of excess – of having a lot of nothing (Goodstein, 2005) – anthropologists working in settings of entrenched deprivation and inequality have noted that locating boredom in the capitalist dichotomization of work and leisure time does not account for what free time means in these contexts, where unstructured time can become an overabundant and even dangerous quantity (Mains, 2011), and boredom seems to derive from being both over and underwhelmed (Jervis et al., 2003; Musharbash, 2007; O'Neill, 2014; Masquelier, 2019). For employed, middle class men in our settings, the struggle is perhaps less about navigating a state of boredom, waiting (Masquelier, 2019) or “waithood” (Honwana, 2014) for different kinds of futures to materialize than it is about the difficulty of continually holding onto desired forms of upward mobility – for oneself, and for one's dependents – across time (Livingston, 2009).

Faced with particular problems of time, many men pursue a kind of gendered “spatial fix” (Mains, 2011): they carve out shared spaces of work and leisure to generate a sense of forward – if not always upward – mobility. Like the afflictions they ameliorate, these places reflect men's relative privilege in society; however, they are also sites of alternative masculinities, socialities and mobilities beyond economic consumer and provider. For example, on roadsides and street corners in Dar es Salaam and Zanzibar known as *maskani*, we have described how young men come together to pursue different kinds of informal work and leisure; as youthful sites of flexible labor, fashion and artistic expression, these places engender a valued sense of forward momentum in the present as individuals work towards particular kinds of (often unattainable) futures (Fast and Moyer, 2018). Throughout East Africa, barbershops are sites in which men similarly gather to find meaningful ways of navigating perpetual material constraint, including through the production and consumption of style and hip hop music (Weiss, 2009). In Ethiopia, unemployed men spend hours together in *khat* houses; the daily consumption of this mild stimulant facilitates intense discussions and “dreams” about desired futures and propels men forward (Mains et al., 2013; Mains, 2016). In Niger, they collect in places known as *fadas*, where tea is prepared and consumed through an elaborate ritual that allows men to move through abundant free time and “imbue life with future-oriented expectations” (Masquelier, 2019: 31). Even overcrowded and understaffed hospital wards can function in unexpected

ways; Bukusi's research among Kenyan men who have attempted suicide demonstrates that rather than simply providing access to biomedical care, these wards provide spaces in which patients are able to both remove themselves from particular pressures of time and counsel each other on how to re-shape life's daily rhythms.

All of these places are "infrastructures of solidarity" (Masquelier, 2019: 213) – if also occasional conflict – where precarity is collectively confronted and men "learn from each other" (as our research subjects put it) how to move through life's challenges (Fast and Moyer, 2018). While previous research from Africa and elsewhere has pointed to gendered norms that prohibit men's expression of vulnerability (Courtenay, 2000; Adinkrah, 2012; Cleary, 2012), our research and that of others indicate that in these places men do often express significant pain and confusion (Weiss, 2009; Masquelier, 2019). Indeed, these expressions of distress can themselves be generative of meaningful forms of belonging and becoming – or coming undone (Weiss, 2009; Biehl and Locke, 2017, Fast and Moyer, 2018). In these local places, relationships with other men can be both protective and destructive; daily interactions can intensify troubling thoughts, substance use, and suicidal ideation (Goodman et al., 2017; Hill et al., 2018), but they can also ameliorate these afflictions.

In East Africa and globally, substance use among men is overwhelmingly framed in terms of risk – in particular, the risk of acquiring HIV – and harms (McCurdy et al., 2005; Johnston et al., 2010). Alternatively, it can be viewed as a means of dulling or self-medicating undesirable psychological and emotional states (Cleary, 2012). However, Fast's ongoing research in Dar es Salaam demonstrates that substance use among East African men is not solely oriented towards reducing troubling thoughts and confusion. Rather, in this setting, men also use substances like cannabis, heroin, cocaine and alcohol in order to *open up* new social, spatial and affective possibilities and relationships to time. Faced with a sense of stagnation, excessive drug and alcohol consumption rapidly enmeshes men in sensoria, relationships and places with their own daily rhythms, routines, momentums and pleasures. In Dar es Salaam as elsewhere, addiction embroils men in a cyclical drama of using drugs, needing more drugs and the money to procure them, avoiding police and those one owes money to, etcetera. Even as substance use becomes destructive and ultimately exacerbates precarity, addiction can propel one forward each day in the sense that there is always another consuming mission (to track down drugs, or the money for drugs, or the people who have both), another interpersonal drama (often connected to the mission of tracking down people, money and drugs), and another pleasurable high on the horizon.

If substance use is one way to mediate gendered problems of time, death by suicide is perhaps a way of stepping out of the pressures of time altogether (Livingston, 2009; Niehaus, 2012). And yet, the broader "suicidal situation" (Staples and Widger, 2012: 199) also encompasses acts of imagining and self-harm that enmesh men in new relationships (of caregiving, for example), places (medical and non-medical), and fantasies with their own rhythms and routines. In fact, even death by suicide is a creative act that makes and breaks relationships and puts in motion events that extend beyond an individual's life. Moving beyond approaches that view suicide and substance use as psychopathology and purely destructive, we agree with anthropologists who suggest that these are forms of social action that can constitute new relationships to oneself, to others, to time and to the future (Garcia, 2010; Staples and Widger, 2012; Stevenson, 2014). Both substance use and suicide offer a powerful lens through which to understand the temporalities, affects and risks that are orienting the social lives of some East African men in a precarious present. For many men, the risks bound up in the present moment are not the risks of substance use, contracting infections or even death, but rather the risks bound up with stagnation and the inability to move through time in meaningful ways, whether that means holding on to desired forms of upward mobility or making a small measure of progress towards different kinds of lives (Mains et al., 2013; Chua, 2014).

In conclusion, tackling the problems of mental illness, substance use and suicide among East African men will require addressing, but also looking beyond, questions of pathology, access and stigma, to the social, structural and affective conditions that shape how psychological wounds are made and healed in these contexts (Sakti, 2013; Yarris, 2014; Kaiser et al., 2015). With regards to the latter, our research (Fast and Moyer, 2018) and that of others (Mains et al., 2013; Masquelier, 2019) reveals that different kinds of social, spatial and affective fixes to thinking too much, going crazy from confusion, substance use and suicidal ideation can often make more sense to men than seeking medical intervention. Moreover, even if solutions like psychopharmaceuticals, opioid agonist therapies (e.g., methadone) and psychosocial programs were widely available and mental illness and addiction destigmatized, the idea of being enrolled in drug or mental health treatment for an indefinite period is the antithesis of how many of our research subjects imagine moving into or holding onto desired futures. While substance use and attempted or imagined suicide could be ways of opening up new social and affective possibilities and relationships to time and place, most of our research subjects envisioned these as temporary reprieves. Overwhelmingly, they pictured returning to visions of "normalcy" that remain largely aligned with the hegemonic ideal of African man as economic consumer and provider. There is therefore an urgent need to challenge and reimagine what the "normal" rhythms and routines of daily life might look like for contemporary African men across the life course and socioeconomic strata (Adinkrah, 2012; Ratele, 2016). It has long been recognized that patriarchal ideals – such as the notion that men belong solely in the role of economic consumer and provider, and women belong solely in the role of caregiver – hurt both men and women (Courtenay, 2000; Barnett and Hyde, 2001). As Jordan and Chandler (2019: 467) aptly summarize, "the costs of masculinity are a result of its benefits." Conversely, greater gender equality and the notion that men can share the labor of caregiving for families and communities has been shown to be protective against harms such as suicide for both men and women, including in times of heightened social, economic and political precarity (Reeves and Stuckler, 2015; Chang et al., 2019). Indeed, African men are increasingly challenging hegemonic masculine norms that limit their participation in society and the lives of their families, and put themselves at risk (Aboim, 2009; Spronk, 2012). Our discussion also underscores that men need ways of addressing the forms of stagnation that can underlie experiences of psychological crisis, substance use and suicide in the contemporary moment. Building on men's existing social-spatial fixes, place-based interventions that incorporate wider socialites beyond doctor-patient relationships (e.g., relationships with partners, children, friends, and peers), as well as forms of action beyond treatment adherence (e.g., job, volunteer and family programs), might be particularly effective in improving mental health.

#### Credit author statement

All authors contributed to data collection and analysis. DF prepared the first draft of the manuscript. DB and EM contributed to revising the manuscript.

#### Author's contributions

All authors contributed to data collection and analysis. DF prepared the first draft of the manuscript. DB and EM contributed to revising the manuscript.

#### Ethics committee approval

Ethical approval for the research upon which this commentary is based was granted by the Tanzania Commission for Science and Technology (COSTECH) and the Kenyan National Commission for Science, Technology and Innovation (NACOSTI).

## Declaration of competing interest

The authors have no conflicts of interest to declare.

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