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Put Something in His Drink

Sensory Shifts in Kampala's Herbal Medicine Shops

MARKET

In mid-July 2018, Sarah and China were sitting with Nankya Elizabeth, tying short loops of raffia to the edges of baskets to prepare them for display in her small herbal medicine shop. China and Nankya had bought the baskets before dawn that morning at the herb market. With no traffic, they drove the distance between her shop and the market in less than five minutes. Even still, Nankya was anxious to get started and China struggled to keep up as Nankya picked her way expertly across the uneven ground and through the maze of stalls. China had been to this market before, around midday when it was nearly empty, its stall counters displaying little more than a thin layer of fine dust. But that morning, in the pale light of a crescent moon, it was bustling with vendors seated on the ground, their wares spread out before them on cloths. There were huge piles of herbs bundled together, stacks of small flat baskets, sticks of wood, sacks of wood chips, and piles of bark, along with heaps of fruit rarely seen in other markets in Kampala, everything fresh and shining.

Nankya moved quickly from vendor to vendor, paying in advance for things she would later return to collect. Using the light from her phone to illuminate the herbs and her folded wad of cash, she bought a tall stack of small flat baskets. She bought a bundle of the herb commonly given to adolescents for bathing to prevent body odor. She bought fresh green herbs that could be burned to call customers to a business that has refused to prosper. She bought long garlands of the flowering herb for preparing the herbal baths used by infants and adults alike to bring blessings to the bather. She bought a large pile of shaggy bark and chips of wood from the center of a tree that is used to treat syphilis. By the time the sun began to rise over the eastern hills of Kampala, China and Nankya were back at her shop. Soon

after they returned, Sarah joined them and Nankya put China and Sarah to work cutting herbs and preparing the other items for display.

When business is good, the walls of her shop are lined with things for sale. There are short gray *mumbwa* sticks made of clay mixed with medicines. These sticks will be ground down and then mixed with water to be drunk by pregnant women as part of preparation for childbirth. There are hollow gourds for offering alcohol, honey, water, and fresh banana juice to the *balubaale*. There are pumice stones for smoothing dry skin. There are hollow sticks with holes through the length that can be used to smoke herb-laced tobacco in offering to the *balubaale* or to call customers to a business. Nankya's shop is located in an area known for sex work, so these pipes are often purchased by women seeking to use the smoke of the herbs to magically attract men to them. There are baskets of small objects, cowrie shells, coins, and bells used for divination. Underneath the glass counter, there are bundles of tobacco, dried herbs and small clear plastic bags of powdered herbs, and behind the counter, a cozy patch of vinyl, a plastic chair, and a small television.

Sarah and Nankya began to chop firewood on the cement veranda on the side of Nankya's building. Nankya's neighbor and tenant Emily asked Nankya to hold her new baby as she stirred a pot of *posho* for lunch. While neighbors often help one another with childcare, this baby was especially dear to Nankya, as she had treated Emily's husband, Mayanja, for problems with alcohol several years before he and Emily met. The experiences of Mayanja, and others who have used herbal aversion therapies as a means of addressing their problems with alcohol, lie at the center of this chapter.

MAYANJA

Mayanja grew up in a family of distillers in a village in the Central Region of Uganda. He started drinking waragi when he was fifteen and by Primary Six, he was drinking so heavily that he dropped out of school. His parents were worried about him and tried giving him herbal medicines to make him stop without his knowledge several times, but it never worked. He tended to fight a lot when he drank, and, after one particularly bad fight, Mayanja ran to Kampala to escape the police.

He had a brother in Kampala who was willing to house him, and he got a job roasting chicken in front of one of the biggest bars in Kampala's most popular nightlife district. The brother told him that he would care for him, clothe him, house him, and feed him on the condition that Mayanja would save the money he earned in a savings box. But after moving to the city, being surrounded by bars, and starting to earn some money, his drinking only progressed. He spent everything he earned and ran up huge debts at all of the local bars on top of that. There wasn't one where he didn't have a debt. After a year, his brother asked to see the savings box. Sheepishly, he opened it and his brother found only 20,000 UGX

inside. His brother was furious and told Mayanja that he could not take care of him anymore.

Without anywhere to stay, Mayanja started sleeping outside on the streets. He also started driving a *boda boda* for someone else. Since he had so little money, he slept on the seat of the borrowed motorcycle. A friend of his advised him to get a loan to buy his own *boda boda* and somehow, he managed to secure the loan. He had 300 USD in hand and was ready to go to buy the bike in the morning when he passed his friends in a bar. They called to him and bought him a bottle of Nile beer, and then another. He too, ordered a round for them. It soon became night and with "the beer on his head," he bought round after round. He was there for two days straight, buying for his friends. At the end, he had spent all of the money. In despair and frantic to make back his money, he picked up a man and a woman who were looking for a ride. At a traffic light, he lost control of the bike, and the woman didn't survive the accident.

Soon after he recovered from his own injuries following the accident, the microfinance officers began looking for him to pay back the loan. He ran to the village to avoid them, and his fellow group members were forced to repay the loan on his behalf. After two years in the village, Mayanja came back and one of his friends gave him a job roasting chicken again. His friends from the microfinance group found him there and asked his employer to pay them 5,000 UGX every day before paying him as a slow way of repaying the loan they had paid off for him. Eventually, they took pity on him and forgave the loan in its entirety.

Mayanja was still drinking at this time. But in 2012, a friend of his who owned the bar where he often drank told him that she knew of someone who could help him stop drinking, and she brought him to Nankya's shop, which is located near her bar. Nankya asked Mayanja if he wanted to stop drinking, and he told her that he did. He paid her 50,000 UGX, and she gave him an herbal mixture and told him to put it in alcohol and drink it. He drank it and vomited for days, but once he recovered, he found that when he tried to drink, it smelled terrible and he could not swallow it. Though Mayanja continues to spend time with his friends in bars, he has not drunk alcohol since taking the herbs Nankya gave to him.

HERBAL MEDICINE

The people you met in chapter 2 who had attended programs at Butabika and Lakeview were encouraged to see themselves as new kinds of people: as alcoholics, as addicts. At the rehab centers and AA meetings they attended, they were encouraged to draw on the strength that they might find in a higher power and in a community of fellow alcoholics to resist a lifetime of future temptations, which they were told would never truly cease. By contrast, Mayanja and others who seek out care from herbalists like Nankya, whether for themselves or for those they love, are introduced to a different understanding of problem drinking and its alleviation.

While some variation exists between different herbalists, in Nankya's care Mayanja was given powerful herbal emetics intended to induce intense bouts of vomiting. This process was thought to be capable of permanently transforming his sensory relationship to alcohol, causing it to smell terrible to him. He was told that drinking again could cause the vomiting to return even more violently.

In Mayanja's case, he sought out this treatment himself; the act of purchasing and enduring this treatment, which is costly in multiple senses of the word, served as a kind of bodily promise to himself that laid down a new set of criteria for future action (Lambek 2015). The body itself would be the judge of whether he kept this promise. In other cases, this treatment is administered by those connected to the drinker—usually wives, mothers, and sisters—without the drinker's knowledge or consent. Given the intense pain and discomfort of the vomiting this treatment is intended to bring, such forms of covert administration bind violence and care, force, and love, more tightly together than many readers might find comfortable.[1]

Whether the treatment is taken willingly or not, this bodily form of therapy can create profound shifts in the ways drinkers experience and engage with alcohol. Yet despite this powerful interruption of sensual experience, this form of treatment does not require a transformation of identity or even a transformation of social relationships. As you will see more fully below, Mayanja still spent time with his old friends, both in bars and at home, and still bought beers and waragi for them as he sipped his soda. Exploring this therapeutic pathway not only allows us to revisit an international debate on aversion therapy (Raikhel 2016), it also allows us to explore the relationship between cure and chronicity, the thought that a transformation of drinking practices need not be tied to a shift in identity, and the possibilities for friendships in recovery that lie beyond the bonds and boundaries of states of shared affliction.

Before returning to Mayanja and the specificities of aversion therapy, we pause for a discussion of the landscape of herbal medicine in Uganda as it looked during the first decades of the twenty-first century. Herbal medicines are an important aspect of the ways that people care for their well-being and the well-being of others in Central Uganda. Preparations made of both plants and minerals are taken in many forms. They may be consumed orally as teas and juices extracted from various fruits and leaves. Fresh and dried plants might be added to water to create herbal baths. They might be mixed into salves to be applied topically. They might be combined with clay and then mixed with water to be drunk. Or they might be smoked in pipes or burned on the fire. Some of these preparations are oriented primarily toward the treatment of physical ailments that correspond to biomedical categories like malaria, high blood pressure, or syphilis. Other treatments target less physical aspects of well-being, such as the assurance of blessings and the removal of *bisirani*, chronic bad luck. Some, such as the *kyogero* baths commonly prepared for infants, combine elements of both. Simple treatments can be prepared at home by people who have the knowledge and access to herbs growing

near their homes (Whyte 1997). While people preparing treatments at home might not be considered herbalists or traditional healers, they nonetheless constitute an important part of the therapeutic landscape. In addition to the herbs people might mix for themselves at home or acquire from their mothers, grandmothers, and neighbors in the villages, people also avail themselves of the opportunity to visit a diverse range of specialists who prepare and sell herbal medicine in more formal settings (Obbo 1996).

In Kampala, the diversity of these practitioners plays out along multiple axes: their relative interest in placing their practice under the sign (both figuratively and literally) of research, the size of their business, the professional networks they participate in, the means through which they have come to their knowledge of herbal medicine, their involvements with Christianity or Islam, and perhaps most controversially, the degree to which they align or distance themselves from spiritual and magical means of healing.

The distance that can be opened between herbal medicine and more spiritual or magical forms of healing can be seen most clearly in the work of scientists at the Natural Chemotherapeutic Research Institute (NCRI). NCRI is a government funded laboratory focused on strengthening traditional healing systems, on expanding awareness of the nutritional properties of traditional Ugandan foods, and on researching the safety and efficacy of plant-based medicines. They are also interested in standardizing these products for both domestic use and for the creation of new "value added" products for export. These efforts aim both to serve Uganda's needs for safe affordable medicines and allow for Uganda's enhanced participation in global markets, a dynamic that mirrors the situation in many African countries (Langwick 2015).

While similar projects have been underway for decades in countries like Ghana and Tanzania (Osseo-Asare 2014; Langwick 2010), efforts to test and standardize herbal medicines in Uganda did not begin in earnest until the late 1980s when President Yoweri Museveni's National Resistance Movement (NRM) government began looking for ways to control the field of traditional medicine (Peterson 2016). At this time, the practice of traditional medicine was rapidly expanding to meet the twin challenges posed by a collapsing health system and the mounting AIDS epidemic. Expansions and innovations in this field of practice were part of an effort to meet the demands of the present moment through the preservation of *ebyaffe*, "our things," our heritage (Obbo 1996).

Yet, as part of their larger anti-superstition ideology, the members of the NRM government argued that the metaphysical aspects of traditional medicine were distracting people from the serious problems facing the country (Peterson 2016). In an effort to manage the situation, they looked to Tanzania and took inspiration from their efforts to standardize and commercialize herbal medicines to benefit the national health care sector and the national economy (Langwick 2015). The association of traditional healers known as Uganda N'eddagala Lyayo (Uganda

and its medicines) had been active since 1962 (Illiffe 1998; Hoesing 2021); in 1988 the Ministry of Health declared that it would be the *only* association of traditional healers that would be recognized by the government. Uganda N'eddagala Lyayo's leadership worked actively with government officials to "[take] herbs and other botanical objects out of their occultist and metaphysical contexts and [place] them in the pharmacy," Derek Peterson writes, thus "[constituting] traditional medicine as a creditable analogue to western biomedicine" (2016, 797). In so doing, the NRM government and their allies at Uganda N'eddagala Lyayo were creating a new version of traditional medicine and making powerful claims about which entities had a right to exist in Uganda (Langwick 2010; Mol 2003; Droney 2017).

The current director of research for the NCRI, Dr. Caroline Akello, is continuing this process by actively seeking to define herbal medicines as objects that can be isolated from spiritual elements. When we met with her at the NCRI offices in May 2018, she noted her interest in testing "extracts," gesturing toward the brown liquids that filled the small white plastic jerry cans by the door, while expressing a hope for a holistic approach. In their efforts to extract herbs from their context, to scrape them clean of magic and metaphysics, Dr. Akello, the NRM government, and the NRM government's collaborators at Uganda N'eddagala Lyayo are seeking to define herbal medicine as separable, extractable, from its possible spiritual associations, and further, to claim that other, more mystical forms, have no right to exist.[2]

That said, while the leaders of Uganda N'eddagala Lyayo may have been happy to cooperate with the NRM government in the late 1980s and early 1990s, relations between healers, healers' associations, and the government remain quite complex. Over the course of our research, the practice of herbal medicine was in the process of coming under increased regulation through an attempt to pass the Traditional and Complementary Medicines Bill (2019). According to the Ministry of Health, this bill was designed to stop "quacks who masquerade as herbalists" from selling "concoctions that have been found to have no capacity to cure" (Segawa 2019). If implemented, a council would be responsible for giving licenses to herbalists, and to obtain these licenses, herbalists would need to submit their medicines to the NRCI to have their treatments tested for safety and efficacy and then to the National Drug Authority (NDA) for final approval. This approach to herbal medicine corresponds with the shift toward an evidenced-based practice of traditional medicine in Africa, presently advocated by the World Health Organization (World Health Organization 2013). Despite shared concerns with safety, the requirement that herbalists freely share information about the contents of their medicines was a source of great concern. The head of the National Council of Traditional Herbalists Association (NACOTHA) argued that the bill failed to provide any safeguards that would protect the knowledge and innovation of the herbalists and that this could result in the theft of their knowledge by local and foreign researchers. While

the bill does state that a committee on intellectual property rights will be formed, many herbalists remain skeptical.[3]

As with the government's earlier work with Uganda N'eddagala Lyayo, this bill also excludes the practices of herbalists who have maintained an interest in more metaphysical means of healing. These exclusions were mirrored in Dr. Akello's own practices through which she endeavored to reconcile her interests in herbal medicine with her training as a scientist and with her Catholic faith. In line with this, Dr. Akello spoke openly with us about her long friendship with Fr. Anatoli Wasswa, the Catholic herbalist and author of a locally published guide to the tricks purportedly used by traditional healers to fool their clients (Wasswa and Miirima 2006). While retaining an interest in products that remained relatively close to the whole plants' parts from which they were derived,[4] like Fr. Anatoli, Dr. Akello was emphatic about the need to extract what she saw as the good elements of herbal medicine from what she took to be their harmful and misleading spiritual ties.

If Dr. Akello and Fr. Anatoli can be seen to represent one end of the spectrum of contemporary herbal medicine with regard to the separation of material and spiritual elements, Nankya represents the other. Despite her possession of a worn membership certificate issued by Uganda N'eddagala Lyayo, her practice combines the use of herbs for the cure and prevention of physical ailments as well as the use of herbs for spiritual protection, blessings, and other magical ends. Her means for discerning what herbs might be effective combine a pragmatic approach of trial and error with an epistemology of dreaming and inherited knowledge. Nankya also works closely with her sister, who is frequently possessed by several different spirits. During the course of our work with her, the two sisters invested a substantial sum of money in a ritual designed to move the *jjembe* spirit Lubowa from the head of the sister into the horn of a water buffalo (see Beattie 1969). Once moved, Lubowa could be made to perform tasks across great distances, such as moving a resume for a job candidate to the top of a pile stacked on a manager's desk. The movement of Lubowa into the horn was indeed a major business investment for the sisters, as customers could be asked to pay substantial sums for such services. Nankya's network also extended to a business partner in South Africa to whom she sent various herbal preparations by post. In this case, her medicines also served as some of the desirable "culturally distant" products that are so actively sought after in many vernacular therapeutic contexts across sub-Saharan Africa (Rekdal 1999; Thornton 2017; Luedke and West 2006).

Despite these more complex and distant ventures, the majority of Nankya's clients came from the area immediately surrounding her shop. In addition to her work as a healer, she was a trusted confidante to many of those who visited her shop. Many of these customers were involved in sex work and most came for problems related to sexual and reproductive health. They also sought out her services to acquire more mystical substances that could augment their blessings and cast off curses that may have been placed upon them. Because of her abilities to

combine the material and the metaphysical, Nankya's patrons half-jokingly referred to her practice using the verb *okuloga*. While Ugandans commonly translate the word *okuloga* with recourse to the English verb "to bewitch," it lies closer to what anthropologists typically refer to as "sorcery" (Beattie 1963). Sorcery here refers to forms of magic that can be performed by anyone, provided that they have the technical know-how and the material items necessary. "Witchcraft," by contrast, is used by anthropologists to refer to an innate power that may harm others, even without the witch's conscious control. Witchcraft, in this sense, is relatively rare,[5] if not entirely absent, in Buganda. Sorcery, by contrast, is quite common and a subject of great debate and concern. All of this said, like Dr. Akello, Nankya also had to reconcile her practice as an herbalist with her practice as a Catholic, and did so in a way that allowed her rosary to sit in her shop drawer alongside the shells and coins sold to basamize for divination.

SOMETHING IN YOUR DRINK

Herbalists like Nankya and basamize, about whom you'll learn more in chapter 5, distinguish between two different kinds of drinking problems that roughly correspond to what Susan Reynolds Whyte has referred to as symptomatic and explanatory idioms (1997). The first of these, the symptomatic idiom, describes a way of treating illnesses and other misfortunes that attempts to bring "the power of substances (in terms of pharmaceuticals or African medicines) to bear on problems" (23) without seeking to identify a deeper, more relational cause. Being more straightforward and often cheaper, symptomatic treatments are typically the first resort. By contrast, the second, explanatory idiom seeks to identify and influence "a personalistic agent as a cause of affliction . . . [including] human cursers, sorcerers, shades of the dead, and spirits" (23). This second idiom seeks to identify "socially relevant" (Evans-Pritchard 1937) or relational (Thornton 2017) causes of misfortune. Addressing problems that have been defined through the explanatory idiom is often significantly more involved and not a process to be undertaken lightly.

While some of Nankya's treatments combine herbal and spiritual approaches to misfortune, the aversion therapies administered by healers like Nankya are not thought to be capable of curing drinking problems caused by personalistic agents, but are instead intended to work on the sorts of problems that arise when drinking that began as a response to stress, pressure, and poverty gets out of control. Drinking problems caused by "deeper" issues involving the *balubaale* are seen as requiring the intervention of basamize. While some herbalists, like Dr. Akello, eschew engagements with the balubaale entirely, this distinction, and the concomitant understanding that both kinds of problems exist, is held by both herbalists and basamize, and they divide their work accordingly. In the movement between these idioms, herbal medicines can also serve a diagnostic purpose, with their

failure indicating that there are deeper problems that need to be addressed, although there were some who arrived at shrines to address the deeper problems without having first engaged in herbal treatments.

As noted above, the symptomatic treatment employed by Nankya, and sought out by people like Mayanja, relies on the use of an aversion therapy intended to permanently transform the patient's sensory experience of alcohol. In this therapy, a substance derived through the squeezing or pounding of parts of one or more plants is placed in a liquid for the patient to drink. Most commonly, this liquid is the patient's favorite alcohol. The herbs in the alcohol are intended to induce a period of vomiting that can last for several days. Sometimes the vomiting goes on for so long that the herbalist suggests that the patient be given sugar cane to stop the vomiting. The patient is told that if they try to drink again, they will not be able to stand the smell of alcohol and the vomiting will return, and indeed, people like Mayanja who were successfully treated said that after taking the medicine, alcohol smelled so terrible that it left them nauseated.

The use of emetics as a modality of healing might lead us to think that this form of care is focused on the balancing of different sorts of fluids within the body, as in humoral medicine, or focused on the expulsion of other sorts of toxins or spiritual potencies from the body. While these are often uses to which emetics are put, neither of these accurately describes the reasoning behind this form of treatment. Alternately, given the movement of fluid that follows the ingestion of an emetic, we might consider the rich literature in medical anthropology on the symbolism of bodily fluids and their movement (Taylor 1992; Turner 1967; Myhre 2019; Geissler and Prince 2010; Janzen 1992). That said, if symbolism is at all important in this case, it has more to do with the symbolism of the plant itself. The plant that is used in some preparations is also used in other contexts: to mark the boundaries of property; to symbolize the work of "cutting cases" in traditional courts; and to sprinkle the waters from herbal baths used to wash away bad omens before entering sacred spaces. It is, in all of these uses, a plant that powerfully symbolizes cutting, removal, and separation.

More important than the symbolic meaning of the plant, however, was the profound transformation of Mayanja's sensory experience of alcohol. Following his treatment by Nankya, Mayanja came to experience as disgusting the alcohol that he had previously desired. This, importantly, was not tied to a moral evaluation of alcohol. He didn't mind if others drank it and continued buying drinks for his friends. Rather, it became something that was physically nauseating to him personally. Changing his mind or coming to the realization that alcohol was something he should avoid was only the first step that brought him to Nankya's door. The more important shift occurred during the treatment itself, during which the vomiting reoriented his sensorium at a more bodily level.

The sensory nature of this technique demands that we shift our focus from the interpretation of symbols to the body's sensuous experience of the world

(Howes 2019). While the layered symbolic meanings of the plants used in some forms of treatment are indeed beautiful, Nankya never mentioned them and responded blandly to China's questions about the symbolic similarities between the different uses of the plant. She focused instead on the way the plants could allow for the recultivation of her patients' sensory engagement with the world.

This form of aversion therapy, in which a person is simultaneously given alcohol and a substance that results in vomiting, is neither unique to Uganda nor recent. The earliest written records for this technique date, indeed, to 77 CE (Smith 1982). If we may be permitted a brief digression, we might look to the well-known work on aversion therapy in Russia. In 1933, Russian researchers began exploring what they called "conditional reflex therapy" or "apomorphine treatment." Following closely on the work of Ivan Pavlov, these researchers sought to use the emetic apomorphine to condition an unconscious reflex that would make the patient nauseous when they tasted or smelled alcohol. Given the repressive political climate of the Soviet era, there were few critiques made at the time, but after apomorphine treatment fell out of favor in the 1980s and 1990s, physicians and researchers became more openly critical of the approach (Raikhel 2016, 14–19).[6]

While aversion therapies never became as common in the United States, they were explored in a series of clinical studies, most taking place between the 1940s and 1980s, with some reporting impressive results (McLellan and Childress 1985). These studies were carried out during an important moment of transition in addiction research in the United States. Despite their somewhat more systematic methods in their hopes of a cure, the scientists researching aversion therapies represented an earlier phase of addiction research. As we discussed in chapter 2, as the twentieth century progressed the CRBD model became more popular. With the rise of a paradigm holding that addiction was chronic and incurable, earlier modes of research that focused on developing cures for addiction became practically unthinkable.

Besides the impact of the CRBD model, other elements may have impacted the viability of this line of research after the 1990s. Movements advocating for the rights of patients, particularly in the field of mental health, likely played a role in the declining popularity of a treatment that was fundamentally based on inducing suffering. Popular films like Stanley Kubrick's 1971 *A Clockwork Orange*, which graphically depicted a fictional aversion therapy intended to curb violent behavior, may have also played a role in the increasing unthinkability of treatments based on reflex conditioning.

Like the American and Russian critics who opposed the acts of cruelty that seemed to lie at the center of aversion therapy (Raikhel 2016), some herbalists in Uganda have tried to develop new methods for treating addiction that do not rely on aversion. While some claimed to us that they have had success with these approaches, we were never able to meet their patients. While we do not deny the possibility of other herbal cures existing, the vomiting itself seems to be such

an important part of the treatment undertaken by patients like Mayanja that we would have to classify herbal treatments not based on the induction of an aversion reflex as something else entirely.

In addition to the aversion reflex itself, there may also be a second element at play in cases like Mayanja's, namely that he knowingly sought out the treatment. While we heard many stories of people who had covertly been given alcohol mixed with herbs intended to make them vomit, we were never able to interview anyone who had been treated without consent. Aside from the objections an American-trained bioethicist might raise about administering an aversion therapy without a patient's consent,[7] there may also be elements of the treatment that result from the patient's own decision to undergo such a painful form of therapy. Might there be a sort of vow that is taken when someone commits their body to sobriety through the ingestion of a substance that they believe will make it impossible for them to drink in the future? In this, there is perhaps a kind of promise, a performative act that establishes the criteria against which all future action will be judged (Lambek 2010). If this is a promise, it is not a public one, as people rarely share their stories of this form of herbal medicine treatment beyond the circle of a few intimate others. Instead, it is a promise that is largely made to oneself. Further, given how the promise is made, it is one's own body, and its subsequent propensity to become nauseated by the smell of alcohol, that is held to be the future judge of the (former) drinkers' fidelity to their oath.

MAYANJA

On a rainy evening in November, George went to meet Mayanja near his home. When George reached the spot where Mayanja usually waited for customers with his fellow *boda boda* drivers, he was nowhere to be found. George called him on his phone. "There's too much rain for me to be out there waiting for customers," he said. "I'm up at Maureen's bar playing Ludo. Just ask anyone along the way and they can direct you to the place."

Maureen's bar was packed with men holding beer bottles and plastic cups of waragi and gathered around Ludo boards, some playing, others cheering them on. Mayanja was at the back of the room playing and drinking a glass bottle of Pepsi with a straw. Mayanja started to stand, and George told him that he didn't mean for his visit to interrupt the game. But Mayanja insisted that they should go somewhere quieter to talk, and the two left the bar to sit inside a nearby shop, both drinking sodas despite the cold wet weather.

As they sat, Mayanja started to fill George in on his various business ventures. He had just returned to town after having spent a week in his home village taking care of his tomato plants. He had planted a large number, timing it so that he would be ready to harvest and sell the tomatoes for a handsome profit during the Christmas season. This wasn't all. He went on to tell George that he had also

started rearing hybrid "kroiler" chickens at the home of a friend. "I've already got 250 birds," he said proudly. Mayanja had met this friend while driving him on his *boda boda*. After Mayanja had driven him on a regular basis for some time, the man started to give him some small work with his screen-printing business. Impressed by Mayanja's dedication, he offered some space behind the small square bungalow that housed the screen-printing factory for the chicken-raising venture. By the next time we saw Mayanja in March 2018, he had sold the tomatoes and invested the profits in the chicken business, his urban flock growing to 600. His wife Emily was also preparing to give birth in a few weeks' time. By May, his wife was holding their tiny son when we went to visit them in their small one-roomed home behind Nankya's shop.

Even with all of his new business ventures, Mayanja has continued to drive his *boda boda*, but he has gone from being a man hopelessly in debt to being the owner of three *boda bodas* and the treasurer of his driving association (Doherty 2017). Most of his friends are still *boda boda* drivers, and nearly all of them drink. When he isn't working, Mayanja spends time with them in bars, and before he met his wife, he also bought beers for them to drink at his house while they watched movies on his television. These connections have been vital to his sense of well-being and his success in his various business ventures. Where the clients of Kampala's formal rehabilitation centers are told to avoid visiting bars and spending time with their former "partners in crime," Mayanja has continued his friendships with his former drinking companions. Mayanja's fear of the physical consequences that might follow if he chooses to drink again after taking the medicine likely make bars safer for him than they would be otherwise.

Further, while Mayanja now lives a very different kind of life, the transformation in his drinking has not been accompanied by a shift in his identity, in his understanding of himself as being or having been a particular "kind" of person (Hacking 1986). He understands that he can never drink again, but he does not see himself as an "alcoholic" or an "addict." Further, as opposed to the discussion of past regrets that often takes center stage in AA meetings or the idea that one's future might lie in the possibility of founding a rehabilitation center or getting a job in one, Mayanja is focused on his plans for his future in a way unrelated to alcohol—his work, his wife, his child. His primary focus is not on the inner self but is rather oriented outwards toward his current relationships and the things he is doing.

The staff at Uganda's rehabilitation centers do advise people in recovery to take up full and productive schedules to fill the endless expanses of time that will confront them on their return home. They instruct them in skills like liquid soap-making, charcoal briquette production, and catering that they hope might help them launch small businesses upon being discharged from the centers. Yet this advice also hinges on a suggestion that one ought to begin a completely new life, a life that doesn't involve time spent in bars and with the people one used to

drink with. By contrast, Mayanja retained close ties with his friends and even kept up with his role of buying occasional rounds of drinks in bars and at home. At the same time, with very little of his own money, time, and mental energy being spent on alcohol, he was able to work hard and invest his earnings into a diverse portfolio of small businesses and into a life that includes a wife and child. Whatever status he may have lost as his own drink order shifted from beer to Pepsi, he regained by way of his growing financial security. Impressed with the progress he was making in his own life, and aware of the difficulty that his drinking had caused for them in the past, his friends didn't hassle him about the reasons he no longer drinks. Instead, they made him the treasurer of their association.

While we don't know what would have become of Mayanja if he had entered a formal rehabilitation program, we suspect that he might not have felt as secure about maintaining the relationships that served as the space within which he would eventually come to distinguish himself. We might also ask how these relationships would have changed if he had come to see himself as a particular kind of person, rather than simply as someone who no longer drinks.

The simplicity of the approach taken by herbalists provides a marked point of contrast with all three of the other approaches discussed in this book, all of which seek to attend to issues that are happening at a deeper level—whether that be the level of a brain that is irreversibly altered or the level of a soul that has come under the influence of spirits. In the following two chapters, we attend to how cases play out when deeper spiritual issues are thought to be involved: first, at the fellowship of Pastor John, and then at the shrine of Jjajja Kasumba.