

Health and Ritual in Morocco

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Health and Ritual in Morocco

Conceptions of the Body and Healing Practices

By

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Translated by

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INTRODUCTION

1. *The Body of the Problem*

Why is a woman who has just given birth duly fêted by her relatives with high-calorie hen soup? Why is a baby who is suffering from a cold smeared in olive oil? Why clean seven times a pair of trousers that has been licked by a dog's tongue? Why drink water blessed by the Quran to cure a nervous breakdown, or refuse to pour boiling water down a toilet bowl?

It goes without saying that attempts to provide answers to questions like these will not only need to solve the enigmas of an exotic culture, but to reveal the often unconscious logic and rationale which guide and explain these sorts of practices, both inside and outside Morocco. It should also go without saying that such practices are not pre-determined by a software pack called "culture" which can be isolated, analysed and studied, as some alleged Islamologists claim to be capable of doing when they state that familiarity with Islamic norms is equivalent to a knowledge of Muslim practices. In addition, we should remember that not everyone makes hen soup, nor smears their babies in olive oil, nor cleans a pair of trousers seven times, nor seeks consolation in the drinking of blessed water, nor believes that boiling water will anger the *jnūn*, the omnipresent genies to whom I will often have cause to return in the pages that follow. The key is to discover who carries out such practices and also why, when and how they interpret them or cease to indulge in them; and also to discover whether these practices are common to all social classes, why they are or are not carried out by men and women alike, and how all the people involved give explanations of them. The answers of such people will often coincide but may just as often be contradictory, thereby swiftly undermining the notion that members of any given society belong to one single culture.

As I have come to realise when asked on several occasions for a "cultural" explanation of why Moroccan women jump the queue at Spanish doctor's surgeries, it is not enough to demonstrate that such questions are loaded with pre-judgements and stereotypes. My answer to a question like this is that we would have to ask each individual queue-jumping woman in question, or to ask all the other Moroccan women who do not jump queues, or to interview non-Moroccan women who do. "Culture" has too

often become an all-purpose get-out on those occasions when we do not possess the explanatory key to some phenomenon, and this can lead us to confuse individual actions and strategies with collective behaviour. Such a way of interpreting “culture” explains nothing because it so often attempts to explain everything.

With these initial ideas in mind, the aim of this book is to analyse a set of representations and practices which in the literature on health and ethno-medicine is usually broken down into specialised areas and split into a series of “national” generalisations which tend to ignore each other’s existence. However, it is not my intention to put together a mere bibliographical compilation, but to offer a model of analysis and suggest a number of research paths that deserve to be further explored or re-examined. My approach is eminently anthropological, but I favour a socio-cultural kind of anthropology which, as we will see, finds room among its central arguments for the problems of change and power in notions of the body and approaches to its treatment. I also make reference to a number of debates in neighbouring disciplines which have dealt with common issues, such as ethno-botany, ethno-psychiatry, or Islamology/Arabism as applied to the social sciences. The existing literature reflects the academic division of knowledge between Arabists and ethnologists, the former being mainly concerned with the study of texts and norms, and the latter with the observation of actual practice. The much-needed link between these traditions, as well as the dialectic between norm and practice, deserves to be highlighted as a problem and as a proposed new approach, as several other authors have suggested.¹

Starting from such ideas, the personal motivation to embark on such a bold undertaking came to me when I noticed a lack of research tackling in a co-ordinated manner a series of issues which seemed to me inseparable. Such a task needed to be carried out with enough sensitivity to connect general and theoretical debates with the day-to-day experience of ordinary people, who are the true protagonists of this story but are often

¹ Abdul Hamid El-Zein, “Beyond ideology and theology: the search for the anthropology of Islam”, *Annual Review of Anthropology*, 6 (1977), pp. 227–254; Dale F. Eickelman, *Moroccan Islam. Tradition and Society in a Pilgrimage Center*, Austin and London, University of Texas Press, 1976; Leila Abu-Lughod, “Zones of Theory in the Anthropology of the Arab World”, *Annual Review of Anthropology*, 18 (1989), pp. 267–306; Mohammed Hocine Benkheira, *L’amour de la loi. Essai sur la normativité en Islam*, Paris, PUF, 1997; Charles Lindholm, “Kissing Cousins. Anthropologists on Islam” in Hastings Donnan (ed.), *Interpreting Islam*, London-New Delhi, Thousand Oaks-Sage Publications, 2002, pp. 110–129.

forgotten in abstract reflections or the kind of superficial empiricism produced by political immediacies which ignore detail and an understanding of social processes. For this reason I present the different ways of defining a person, the body and its substances, as well as the link between these conceptions and practices of the organism in their multiple dimensions of construction of social differences, from the vantage-point of the study of health, illness and healing.

This study focuses on Morocco, but it also constitutes a framework for studying Moroccans in a migratory context. Moroccan emigration to Europe has generated a large body of research and there is huge interest within the European health and welfare sectors in exploring the socio-cultural context of health in Morocco and those aspects affecting Moroccans residing in Europe.² Indeed, I initially considered the possibility of analysing the main issues of this book solely within the migratory context, but this proved to be too complicated, since relatively little research has been carried out in this particular area, at least in southern Europe. In any case, I soon realised that a study of the processes of change, reproduction and adaptation generated by emigration would require a previous holistic analysis of notions of the body and healing in the original setting of Morocco itself.

2. *Approaches and Paths*

The analysis which follows is based, firstly, on the body of existing research literature, which ranges from the period of colonial ethnology to that of French structuralism or Pierre Bourdieu's well-known synthesis and includes the American anthropological work on Morocco carried out after Clifford Geertz. It also takes into account the significant contributions made by social scientists in Morocco and the Maghreb itself as well

² In the European context, the research literature since the 1970s, when large-scale emigration began, is far too extensive even to summarise here. In the case of Spain, there is the collection on culture and health edited by Enrique Perdiguer and Josep Maria Comelles (eds.), *Medicina y cultura. Estudios sobre la antropología y la medicina*, Barcelona, Edicions Bellaterra, 2000, to which can be added the volume on differing contexts of origin and emigration directed by Gerardo Fernández Juárez (dir.), *La diversidad frente al espejo: salud, interculturalidad y contexto migratorio*, Universidad de Castilla-La Mancha, Abya Yala, 2007, which contains a useful up-to-date bibliography. For Catalonia, see Dan Rodríguez García and Teresa San Román Espinosa, "Anexo bibliográfico sobre salud e inmigración", *AIBR. Revista de Antropología Iberoamericana*, vol. 2, 3 (2007), p. 12.

as debates on the importance of norms in Islam, without forgetting the prolific Spanish Arabist literature on al-Andalus and the so-called glorious age of Arabic medicine, which had such a key influence on Moroccan medical traditions.³

Secondly, I have examined several other dimensions which have tended to be forgotten or simplified by such research, using personal surveys and observations made among the Moroccans of north-west Morocco and those residing in Catalonia which have included conversations with specialists in traditional forms of healing. This research was based on formal and informal interviews, and on the observation of rituals and the monitoring of case studies over a period of three years. I focused on subjects like notions of the person, ways of expressing pain, purification, eating practices, humoral notions and practices of illness and healing, and, above all, definitions of psychosomatic affliction related to the world of the *jnūn*. Particular attention was paid to the different “traditional” therapeutic formulae and to the modern re-creation of Islamic medicine.

At this point I would like to be explicit about some issues which have had their effect on the results and limitations of this fieldwork. Firstly, there is the question of the influence of gender. Most of the individuals I interviewed were men, and with a few exceptions, women only took part in interviews in the presence of men. Much of the data obtained at first hand and cited throughout this text is therefore the expression of a male vision of Moroccan society. I wish to draw particular attention to this aspect of my study, especially in view of the fact that Moroccan gender studies have tended to be exclusively concerned with women.

Much of the information was gathered before the actual undertaking of this project, as part of a study of issues relating to religiosity and everyday life, such as the omnipresence of the *jnūn*. I would therefore like, secondly, to point out that the most interesting observations almost always came out of unexpected situations beyond the formal scope of my original research. It is far from easy to do fieldwork on the subjects in which I have been interested, as the kind of trust and proximity required to pose questions relating to the body can never be achieved through distant and anonymous surveys. Whilst data on many aspects (eating, rituals of purity-impurity, rites of passage etc.) can be gathered

³ For this bibliographical task, I have used the collections of the Universitat Autònoma de Barcelona, the Biblioteca Nacional de Madrid, the Princeton University Library and the library of the Fondation du Roi Abdul-Aziz al Saoud of Casablanca, as well as the new electronic media available.

by the systematic observation of everyday life, there are other factors like interpretation of the body and its treatment which require lengthy conversations with individuals. This is because one needs to adapt to the rhythms and imperatives of interviewees' rhetoric, or to take into account underlying expectations and mutual prejudices, which can easily have their influence in spite of a general conversational empathy. To give an example, the first time that I interviewed a *fqīh* who performed exorcisms, my own private prejudices were based on notions of entering a dark and terrible world, details of which the interviewee would be unlikely to want to reveal. However, my interlocutor's actual initial discomfort had far more to do with my insistent questioning regarding his social status. He later went on to tell me about some of his concerns, including his fear that I would laugh at him, because as a non-Muslim I would be incapable of believing his explanations.

This book sets out general reflections, but it emphasises the importance of placing the details of data and explanations in their relevant contexts of time and space if we wish to avoid the common error of inferring or representing Moroccan culture in the singular rather than the plural. In this sense, the very concept of culture is brought under the spotlight, as we force ourselves to think who and what are our points of reference. In the first place, we need to ask ourselves whether a unified Moroccan culture actually exists, despite the simplifications of outside observers or the homogenizing efforts of the Moroccan state.⁴ As well as those differences which we might call ethnic, which are mainly based on language and identity, it will be seen that issues concerning the body, health and its respective rituals vary in line with gender, class and regional distinctions, and also depend on differing notions of the world and religion, to cite one central concern in current Moroccan public debate. Having said this, it has to be conceded that there are also a number of common factors within this tremendous diversity, such as humoral notions or the processes of re-Islamisation and homogenisation as promoted by the modern state.

Important aspects of Moroccan diversity are also in the process of being transformed as a result of modernising phenomena like urbanisation, industrialisation and trans-nationality. Such transformations constitute, without doubt, one of the biggest problems for studies of notions and

⁴ For this issue, see Rachik (rapporteur), *Rapport de synthèse de l'enquête nationale sur les valeurs, 50 ans de Développement Humain & Perspectives 2025*, 2005.

practices relating to the body. For this reason I would like to point out that during the writing of this book I have become increasingly aware of the difficulties experienced by the social sciences when it comes to taking into account changes that have taken place during the twentieth century. This is particularly true of the difficulties which ethnographers have had in analysing social change, reproducing as they often do traditional or pre-colonial social practices. It is as if their methodological and conceptual tools were not able to accommodate this kind of complexity, nor meet the challenge of analysing societies as dynamic entities. The intention of the present study is to do precisely the opposite. Obstacles to understanding are especially obvious in the study of norms or rules, when researchers often recur to classic sources, such as the *hadīth*-s, in attempts to explain current practices, thereby falling into the trap of the implicit argument that “nothing has changed”. It is important not to ignore the *hadīth*-s, but we need to analyse how and why they are updated, re-interpreted or cited in efforts to resolve such issues as whether it is permissible to eat the *hallāl* meat of a MacDonald’s restaurant. As we do so, we also have to recognise that many people’s ability to enter one of these locales, which are situated in the most exclusive areas of Morocco, does not depend on the opinions of the *‘ulamā’*, but on factors like prestige, sociability and social mobility.

Another major concern which has guided my work is the sense of responsibility I have felt in dealing with subjects which are used and manipulated in Europe to foment Islamophobia—or more specifically, “Maurophobia”—in a highly charged socio-political context. These subjects range from corporal markers (smell, body language) to forms of sociability, the management of sexuality or attributions of irrationality (fanaticism, aggressiveness etc.). One recent example will serve to illustrate this point. In Morocco, most male circumcisions take place in hospitals or health-care centres such as those run by the Red Crescent. Those families who have left the country as emigrants tend to harbour doubts about whether to have the ritual carried out in Morocco or in their new places of residence in Europe, especially given that such operations are only practised in Europe for medical reasons, like the condition of phimosis, and not for religious reasons such as purification. In Morocco itself, use of the health system for this sort of operation is now more or less automatically assumed, except in the most remote rural areas, but a case in the town of Vic in Catalonia revealed that a Moroccan father had used the services of a male nurse from Nador, a vagrant in Catalonia, who agreed to perform the operation in the father’s home in defiance of local legislation.

The post-operative complications suffered by one of the two boys who had been circumcised in this way led to the arrest of the practitioner and brought to public light a story which not only exposed an infringement of local health rules, but unleashed a series of xenophobic commentaries by newspaper readers who argued for the need to expel Muslims who carried out such savage rituals, or which led the public to believe that these rituals were customarily carried out in the home, whereas in Morocco itself the practice is now virtually restricted to hospitals.⁵

Another aspect which I seek to challenge in this book is the way in which the “traditional” is usually analysed. Recent re-Islamisation provides an example of how societies construct the idea of tradition. The 1980s saw the introduction in Morocco of an ideology of the body which placed special value on respect for the norm and the *sunna* or tradition, and regarded as illicit innovation or *bid'a* anything which deviated from this model. The paradox is that this new set of norms presents itself as licit and as “the tradition”. Thus the occupants of sanctuaries, places of religious worship mainly frequented by women from both country and city regions, are attacked and accused of *bid'a* by Islamising purists; at the same time, however, these alleged purists re-invent certain aspects of Islamic or prophetic medicine in order to make them fit their Islamocentric model. This is clearly not a “return to the past” but is a movement riddled with processes associated with modernisation: individualisation, the spreading of knowledge through new modes of communication, interpretations which do not actually deny the findings of modern science but interpret them as a development anticipated by the Quran, or the double process which imposes uniformity on Muslims even when different voices seek to construct this uniformity in different ways.

In this world of change, some of the questions I put to various interviewees about particular rituals which had been meticulously recorded by colonial ethnologists of another generation seemed to resuscitate cultural corpses or to rattle the skeletons of extinct practices. However, in many cases, further conversation revealed the political process of burial or remembrance of certain notions or practices, such as the controversial cult

⁵ *La Vanguardia*, 12/6/2008. I would like to take the opportunity to remark on the complete absence of online filters, which allows a number of readers to express themselves all too clearly: “Throw all Muslims out of Europe or this will end in war”, “Don’t worry, Mustapha, this summer you’ll be working in a CAP (Centro de Asistencia Primaria, or Primary Health-Care Centre)”, “Immediate deportation for all the Moors in Vic and the region around it . . .”, “This Moroccan should have his knob cut off . . .”, “Throw all Muslims out of Catalonia . . .”.

of saints, which has not always disappeared, but is concealed or branded a fraud by current Islamic moralists. In these cases, the key word that appears in the testimony of several informants is *sha'wada*, which refers to various kinds of deceit and charlatanism, including sanctuaries and magic. For the followers and opponents of certain rituals, the legitimacy of the tradition is at stake, but the problem is that on most occasions the label "tradition" is used to define symbols and practices for which we lack a historical framework concerning their beginning (if it can be described in such a way) and ending (although practices can always re-appear, be taken up again or become part of new phenomena). Ideally, it would be a question of finding out how long a practice existed and when it ceased to be used, as was shown by Abdessamad Dialmy with regard to a ritual for easing childbirth in Fez which could be traced back to the 13th century and was last referred to orally in the 1950s.⁶ This problem occurs at a more complex level in the study of medical systems, which I will analyse in Chapter 4.

Morocco has been a point of convergence for several different traditions of medicine and healing. Another difficulty is thus how to deal with the relationship between the rich scholarly Arabic tradition of medicine and treatment and so-called "popular beliefs". It should also be remembered here that the latter are in fact often not necessarily "beliefs" in the sense of forms of superstition; neither can they be regarded as "popular" if such a term is intended to carry a pejorative reference to poor and illiterate citizens, since upper-class or scholarly individuals also hold to such conceptions and practices, often in secret privacy.

Since the early 20th century, authors such as the Finnish anthropologist Edward Westermarck have sought to find the cultural roots of ritual practices relating to the body and autochthonous definitions of illness.⁷ This is an effort which deserves to be taken up again. However, in order to analyse indigenous models one has to bear in mind that researchers often use external categories which express external conceptions. For instance, the dichotomy between body and soul is not always an appropriate

⁶ Abdessamad Dialmy, "Les rites obstétriques au Maroc. Un enjeu politique méridien?", *Annales HSS*, 3 (1998), pp. 481–504.

⁷ Edward Westermarck's work is an indispensable reference in the literature on the Maghreb. For the present study I have used his book in two volumes, published in 1926, *Ritual and Belief in Morocco*, which is noteworthy for the detail of its descriptions, both ethnological and etymological, for the range of tribal zones analysed and, above all, for the wide panorama of conceptions and rituals for the period of the late 19th and early 20th centuries, when Westermarck gathered his data with the help of an assistant.

distinction to make in Morocco. The humoral conception and prophetic or magical notions of illness do not necessarily distinguish between the physical and the psychological as two discontinuous spheres, given that they share a holistic vision of such issues.

Other authors have tended to rely on reductionist explanations, defining local rationales (attacks by spirits, the evil eye etc) as “supernatural”. In reality, such a model, as I will argue, cannot be classed as supernatural, since entities like the *jnūn* are considered material beings even though they may be invisible to the human eye.⁸ Indeed, the *jnūn* are considered wholly material, because they intervene in the workings of human bodies and because humans can also interfere with the spirits’ bodily essence, as when they pour hot water on them. However, explanations of this notion have tended to magnify the superstition involved, as well as an allegedly “Oriental” taste for the irrational.⁹ In the chapter on psychosomatic afflictions I will have more to say on this conflict between the type of psychiatry which interprets possession as psychopathology and a functionalist anthropology which has forgotten to consider the pre-conditions of power and inequality which can cause affliction.

Beyond these sorts of reductionism, one needs to understand that on occasions neither an indigenous common-sense explanation nor a researcher’s merely descriptive one will allow us to see that behind “supernatural” interpretations lies the influence of social facts and, above all, social relations, as was shown by Edward E. Evans-Pritchard in his classic study of witchcraft among the Azande.¹⁰ The data I have gathered from several families from northern Morocco coincides, in this sense, with that of other authors who have applied the same sort of perspective, such as Eva E. Rosander in the study she carried out in the border region between Ceuta and Morocco, which showed that spells and accusations of magical activity were directly related to kinship tensions and power relations among neighbouring peoples.¹¹

⁸ The initial remark on their corporality in the definition of “*Djinn*” in Duncan B. Macdonald, “Djinn”, *Encyclopédie de l’Islam*, vol. 2, Paris-Leiden, Maisonneuve & Larose-Brill, 1965a, p. 560 is very illustrative: “d’après la conception des Musulmans, êtres corporels (*adjsām*) . . .”

⁹ For this idea of the superstitions of the Other, see Soheir A. Morsy, “Towards a political economy of health: a critical note on the medical anthropology of the Middle East”, *Social Science & Medicine*, vol. 15B (1981), p. 161 on Egypt.

¹⁰ Edward E. Evans-Pritchard, *Witchcraft, oracles and magic among the Azande*, Oxford, The Clarendon Press, 1937.

¹¹ Eva E. Rosander, *Women in a borderland: managing Muslim identity where Morocco meets Spain*, Stockholm, Stockholm Studies in Social Anthropology, 1991.

I would not like to extend this introduction any further without mentioning a classic figure in this type of analysis, and one to which anthropology has made such a great contribution i.e. cultural relativism and its tense relationship with ethical relativism. In this sense, the understanding of certain practices in the light of their context of production does not imply their legitimisation, nor does it denote a seal of approval in the name of relativism. I cannot avoid citing here the remarks made by Doctor Mustapha Akhmisse when in the course of his research on sanctuaries he found “alienated” individuals tied in chains inside some of the sanctuaries and tried to convince the relatives of these individuals of the negative effects such treatment might have on its victims; or the impact it made on me when I witnessed the rituals of a *fqih*, who encountered great resistance during the exorcism of a *jinn* from a woman and proceeded to beat her with a stick on her head and belly in order to expel her possessor—all this at the same time that the woman’s husband held down his wife’s writhing body. To understand is not to accept, but it does require one to find some kind of logic in human behaviour. The beaten woman, her husband, the *fqih* and the spectators I interviewed were all of the belief that violence was not wrought on the body, but on the *jinn* who dominates that body, and whose senses it has stolen away. The battle is with the *jinn*, and a woman in a state of trance is thought not to feel bodily pain. As a counterpoint to this case, I could perhaps cite an anecdote I heard from another Moroccan concerning a very different interpretation of acts of violence in the event of possession by spirits. In Ksar el Kebir, a *fqih* went to the home of a young man to perform an exorcism. However, when the *fqih* arrived, he was badly beaten about the head by the young man in question. In revenge, the *fqih* ordered the young man’s family to tie the man up and leave the two of them alone together. As soon as the *fqih* was left alone with the young man, he set about belabouring him until the man fell unconscious and then fled from the house without the lamb he had been promised in exchange for his work. Some time afterwards, the *fqih* met by chance a relative of the young man and to his surprise, given that he expected some sort of revenge, he was invited into the family home “because they owed him a lamb, since his treatment had worked wonders and had brought about the curing of the boy”.¹² In cases such as this, the borderline area between conscious and unconscious intentions is a difficult one to explore, but can in any event lead to dramatic cases,

¹² A., conversation in Manresa, 5/7/2007.

such as that of a Moroccan mother residing in Catalonia who ended up losing the custody of her daughter. The mother in question did not know how to cure her daughter's physical pains and made a telephone call to a *fqih* in Morocco who was a specialist in the cauterization of wounds. The *fqih* recommended the mother to apply heat to the girl's leg by means of a burning iron. The mother's faith in this advice and her lack of experience in cauterising wounds led to the daughter ending up in a hospital emergency ward and the mother herself in court. The local Spanish magistrates expressed considerable alarm when presented with testimony from other Muslims who argued that such a practice was by no means unknown but was in fact an integral part of a particular system of medicine.¹³

3. *Body, Rite and Islam*

Definitions of the body and what can or should be done with it have been marked in a significant manner by Islam, or to be more accurate, by that which people have understood to be Islam. This has had its effect on management of the body, notions of purity and impurity, eating conceptions, explanations of evil, means of treatment, and so on. However, in order to understand Moroccan representations of the body, illness and healing, it is not enough just to study Islam. Codes of conduct, gender interactions, kinship factors, the social logic of exchange and many other socio-cultural factors outside Islam have also affected body management.

Exaggeration of the importance of Islamic rhetoric is found among a large number of Muslims but also among foreign observers, who have tended to confuse it with real practices. The explanatory card of Islam is thus played in much the same way as that of the concept of culture. Islam is an excuse for notions and interests which turn out not to be Islamic in the slightest. However, the interesting point is not whether common ideas or actions match with a supposedly universal form of Islam, but the fact that for many people what they think and do is indeed Islamic. The range of positions and attitudes regarding Islam is wide and varied, but this variety is concealed by a universalising rhetoric which invokes total unity. This is a problem which we will encounter in definitions of the body, illness and healing.

¹³ This is a case from 2007 concerning which I prefer to maintain the anonymity of my sources.

So it is that as well as identifying whether there is consistency between norms and practice, it is important to consider how to take into account practices which those people involved explain in terms of norms which are in turn the subject of discussion and re-elaboration. It is worth reminding ourselves here that Islam is not a mere system of belief and faith, but gathers together a set of norms with a practical vocation, grouping them into two broad spheres: ritual and religious practice (*'ibādāt*) and social relations (*mu'āmalāt*), which are applicable to the ambits of kinship, marriage, economics, politics etc. In Morocco, this double orientation was based on the ideas of one of the main Sunni schools of religious law, the Maliki school, and it gave rise to codes and institutions with local interpretations, such as the common law, which exist alongside other forms like Berber law. This juridico-normative complexity was transformed over the course of the 20th century, especially after the period of French and Spanish colonization of the region, and after independence a normative panorama was constructed in which Islam played a central role, but was dedicated above all to management of the personal statute. Definitions of the body were also marked by international codes and the normative and practical system of the bio-medical health institutions; and it is worth pointing out that Moroccan Islam was also affected by another kind of internationalisation, namely the influence of new modes of thought or fashions concerning management of the body, derived from the Muslim East.

At all events, this varying normative framework has generated much discussion in the public sphere about legitimacies and notions of the body, and its practices will be among the main focuses of interest of this book. Islam itself constitutes a guide to health since it provides advice on hygiene, food, prevention, treatment etc. But the sources of this code are varied, and beyond a common basis resting upon the Quran and the *hadīth*-s, there also exist the *fiqh*, jurisprudence and the manuals of the different schools, as well as the various interpretations of those manuals. This explains the abundance of controversies concerning body rites, or over the issue of what purifies and contaminates, from corporal substances to food and drink.

The struggle to define Islam is also carried out between, on the one hand, the *makhzen* i.e. the central state with its official rhetoric and approved '*ulamā*', and on the other hand, various religious critics, from other '*ulamā*' to leaders of political, religious and health associations.¹⁴

¹⁴ Mohamed Tozy, *Monarchie et islam politique au Maroc*, Paris, Presses de la Fondation nationale des sciences politiques, 1999, provides an excellent summary of this confronta-

Beyond these discussions, in which the body and health are also affected, the textuality figuring at the heart of these debates is in a state of continual flux, because texts have to be interpreted to make them respond to contemporary social changes. Such is the case in central debates concerning food, contraceptives, cloning, *in vitro* fertilization, homosexuality, etc. Conceptions and uses of the body are in a process of continual re-elaboration, thereby disproving certain simplifications which place tradition and modernity in direct opposition to one another, or which limit themselves to issues such as the wearing of veils and ignore more significant problems such as that of child abandonment or the social pressure exerted on single mothers.¹⁵

Another central pillar in the study of health practices is the phenomenon of the ritual. Here we find converging representations of the world and the body, which are just as likely to be expressions of domination as of resistance or anti-establishment protest. Thus, the orthodox vision of Islam has tended to see the cult of saints as a form of deviant religiosity to which women have been drawn more often than men, especially by comparison with the mosque; gender relations are also reflected in the rituals of exorcism of the *jnūn*, since they are performed by men representing religious authority whose main clients are women, defined as weaker in the face of evil or more dangerous because of their menstruation.¹⁶ By contrast, women fortune-tellers (*shuwwāfa*) are associated by the ruling official rhetoric with the illicit practice of engaging with the forces of evil.

I do not intend to enter here into debates relating to the interpretation of rituals, nor to discuss the adequacy of current approaches to it. However, I would like to point out that rites not only embody the “routinisation” or reproduction of institutions, behaviour or collective feelings, but also contribute to change. This is because they are exposed to a social

tion between opposing sides. See also Abdessamad Dialmy, “L’islamisme marocain: entre révolution et intégration”, *Archives de Sciences Sociales des Religions*, 110 (2000).

¹⁵ For this widely-ignored issue, crucial to an understanding of the true dimensions of gender and parenthood, see Jamila Bargach, *Orphans of Islam. Family, Abandonment, and Secret Adoption in Morocco*, Lanham, Boulder, New York, Oxford, Rowman & Littlefield Publishers Inc., 2002 and Soumaya Naāmane-Guessous and Chakib Guessous, *Grossesses de la honte. Enquête raisonnée sur les filles mères et les enfants abandonnés au Maroc*, Casablanca, Éditions Le Fennec, 2005.

¹⁶ This theory has been explained to me by several men, and broadly coincides with the conclusions contained in Celia Rothenberg, *Spirits of Palestine. Gender, Society, and Stories of the Jimn*, Lanham, Lexington Books, 2004, a study of women and possession in a Palestinian village.

context in the process of transformation. Such is the social value of ritual.¹⁷ In the area of health and the body, rituality is not only marked by the Muslim religious dimension. As has been suggested by some authors, rites are not confined to religion—it is, rather, a question of the latter being impossible without rites.¹⁸ The problem in the approach is how to deal with a religion defined by its actors in terms of what Wilfred Cantwell Smith called orthopraxis, i.e. by the value of practice.¹⁹ At the same time, the most recent kind of re-Islamization is also based on the inflation and assertion of a particular type of ritual.²⁰ In this terrain, definition of the body, illness and healing is a definition of the rituals deemed appropriate on moral grounds and for reasons of symbolic effectiveness. This effectiveness depends on a series of conditions which can break the chain of ritual if they are not fulfilled, as in the case of female menstruation, which is claimed to invalidate prayer, pilgrimage or the act of encircling the black stone at Mecca. Finally, we should always make efforts to analyse these issues without falling into the temptation of linking all Maghrebi practices to an eminently ritual and routine kind of behaviour that is seen as allegedly “irrational”.

In the pages that follow I will present rituals that could be forced to fit a general typology, although it is not a question here of pinning butterflies, to borrow the ironic comparison made by Leach concerning the functionalist taxonomical method. What is interesting is that many of the rituals overlap and are repeated in different places, and are therefore difficult to pigeonhole in a single typology. Thus it is that rites of sacrifice are found in rites of passage like the “giving of the name”, in rites of communion in the religious calendar such as the *īd al-adha* (festival of sacrifice) or in healing rituals like the sacrifice made at the feet of a saint’s tomb. In addition, I have considered the different rituals of purification to be relevant to my study, given that they are considered a *sine qua non* condition for most Muslim practices and are customary in everyday life. These rites of

¹⁷ Martine Segalen, *Rites et rituels contemporains*, Paris, A. Colin, 2009, summarises the contribution to the study of Émile Durkheim’s ideas on rites.

¹⁸ Pierre Smith, definition of rite in Pierre Bonte and Michel Izard, *Dictionnaire de l’ethnologie et de l’anthropologie*, Paris, Presses universitaires de France, 2000 [1991].

¹⁹ “The word usually translated “orthodox”, sunni, actually means rather “orthoprax”, if we may use the term. A good Muslim is not one whose belief conforms to a given pattern, whose commitment may be expressed in intellectual terms that are congruent with an accepted statement (...), but one whose commitment may be expressed in practical terms that conform to an accepted code.” Wilfred Cantwell Smith, *Islam in Modern History*, New York, The New American Library, 1959, p. 28.

²⁰ Benkheira, *L’amour de la loi...*

purification are also found within other rituals, like that of circumcision, the term for which is actually a synonym for purification (*tahāra*); ritual purity is also a necessary condition for the realization of Quranic rites of exorcism, as is usually suggested by its practitioners. Prophylactic rites can be considered part of the cycle of healing rites, but they are also found in processes of purification and rites of passage, especially in liminal and dangerous phases: covering oneself in henna is one of the most common of these. Table 1 may be seen as an introduction to this sort of complexity and can be seen as a route-map for an understanding of the different rituals that will be analysed throughout this work.

Table 1. Typology of Rituals Linked to the Body and Health

<i>Type of rite</i>	<i>Ritual forms and functions</i>
Rites of passage	Birth, haircut, circumcision, menstruation, marriage, deflowering, <i>hajj</i> , death
Purification rites	[worship pre-requisite (<i>'ibādāt</i>); prayer, fasting, <i>hajj</i>] <ul style="list-style-type: none"> • Minor purification (<i>saghira</i>): <i>udū'</i> • Major purification (<i>kabira</i>): <i>ghusl</i> • Feeding purification: animal sacrifice (<i>dhabīha</i>)
Rites of belonging	[belonging to the <i>umma</i> ; its practice is healthy (<i>sahih</i>)] <ul style="list-style-type: none"> • Prayer, fasting (<i>sawm</i>), table-sharing at the festival of sacrifice (<i>'id al-adha</i>) [creation of ties: of brotherhood, or surrender] <ul style="list-style-type: none"> • Sacrifice, co-breastfeeding
Rites for provoking evil	<i>Suhur</i> (magic): <ul style="list-style-type: none"> • Commerce with the <i>jnūn</i>: invocations • Handling of natural substances: parts of the body, herbs, minerals • Sexual aggression (<i>tqāf</i>) ≠ attraction (<i>mhabba</i>)
Rites of prophylaxis	Practice of Islam, pronouncing of the <i>bismillāh</i> , <i>roqya</i> , use of the right hand, protective objects, amulets, application of henna, fumigations (<i>bukhūr</i>)
Rites for identifying evil	Divination rites: dreams, overnight stays at a sanctuary (<i>istikhāra</i>), reading of lead tablets (<i>khfif</i>), manipulation of the shoulder-plate; clairvoyant (<i>shuwwāfa</i>) techniques: basket, coffee grains etc
Healing rites (<i>duwa</i>)	[Against infertility, evils attributed to the <i>jnūn</i>] <ul style="list-style-type: none"> • Drugs, fumigations, sympathetic magic, contagious magic

Table 1 (*cont.*)

<i>Type of rite</i>	<i>Ritual forms and functions</i>
	<p>[Against magic, possession, evils attributed to the <i>jnūn</i>]</p> <ul style="list-style-type: none"> • <i>Ziyāra</i> (visit to sanctuary): <i>istikhāra</i> (overnight stay), circumvalation, sacrifice (animal, votive) • Quranic power: <ul style="list-style-type: none"> —Recited text. <i>Roqya</i>: hearing, ingestion or bathing with recited water; exorcism; identification, negotiation, expulsion —Written text: amulets on paper or other media; ingestion or bathing in water touched by Quranic text • Power of <i>baraka</i>: contact with parts of a saint or <i>sharīf</i>; <i>‘azzama</i>: laying on of hands <p>[Adorcism]</p> <p>Trance:</p> <ul style="list-style-type: none"> • Clairvoyant (<i>shuwwāfa</i>): mediation with the <i>jnūn</i> • Brotherhood cult of possession: <ul style="list-style-type: none"> —Trance in <i>hadra</i> (presence): dance —Judicial trance <p>Feeding rituals and symbolism:</p> <ul style="list-style-type: none"> • Savoury: repulsion of the <i>jnūn</i> ≠ sweet: attraction of the <i>jnūn</i> <p>Humoral and magical rituals:</p> <ul style="list-style-type: none"> • Generation of heat ≠ cold = <i>jnūn</i> (<i>l-ariah</i>)

4. Diversity, Inequality and Health

One of the consequences of using culture or Islam as all-purpose explanatory devices is a general ignorance of the importance of diversities and inequalities. Among such diversities one has to include linguistic differences, not only between Arabic and Berber speakers, but also between different registers of Arabic. These registers convey varieties of expressions and rationalisations of the body and person, as well as legitimacies of naming and treatment. For example, greater healing legitimacy is attributed to classical Arabic (*fosha*) and Quranic Arabic than to Berber (*Tamazight*) or Moroccan dialectal Arabic (*darija*), both of which have been relegated by the forces of religio-centrism to the category of non-divine languages without healing powers (although it also has to be said that in practice they have acquired such powers). The paradox, once again, is that official

rhetoric is used even by the most heterodox individuals, such as the self-proclaimed *fqīh* of Tétouan who showed me photocopies of Quranic amulets, the texts of which he mumbled and repeated at great speed because he was completely illiterate.

To these geographical and ethnic variations must be added one other great difference which runs through Moroccan society: the split between town and country. This is not only due to differences in notions, rituals and practices, which are often reduced by urbanisation of the country and by rural emigration to towns and cities, but also to differences in public health infrastructures, which are deficient in the cities and almost non-existent in rural areas. To all these factors must be added that of social class. This is not the place to discuss certain theoretical approaches which deny the existence of social classes in the Arab world, and prefer to speak instead of groups and networks built around personal relations. My view is that, putting such considerations to one side, economic and political hierarchies certainly do exist, and the clientalist paradigm does not in any way contradict the existence of such hierarchies. Factors like profession, income, personal networks or the degree of power obtained do not affect notions of the body and health so much as means of access to the national health system. As I will show in Chapter 4, the ability to choose therapeutic treatments, especially in the most expensive bio-medicinal applications, is clearly conditioned by class factors.

There is no doubt that one of the central dimensions of this hierarchy in Morocco is the difference between the sexes and the social inequalities that have been constructed around the alleged natures of men and women. These notions are accompanied by practices which differentiate between men and women and place them in separate spaces, rituals and occupations. In the first three chapters of this book I will explain the ways in which this difference is constructed by religious, legal and medicinal rhetoric, by means of rites of passage which institute and naturalise inequalities. I will show the importance of symbolic uses of menstruation and virginity, deflowering, pregnancy and motherhood; the confusion of reproductive agency with a social mission; the attribution of supposedly female characteristics (patience, submission, modesty) or weakness in female nature when attacked by the forces of evil, which is accompanied by a greater tendency towards psychosomatic afflictions; exclusion from the male public sphere, and rejection of women specialists and faith-healers, both because of their condition as illiterate women and because of their condition as agents of practices branded heterodox or anti-Islamic. However, this construction of inequalities between the sexes should be

read from a perspective that acknowledges the active role of women, their strategies, resistance movements, and notions of a position in the world which has been denied them under the stereotype of passivity and the veil. Furthermore, it turns out that the role of women in the history of notions of the body and healing is a highly significant one. This is because they have constructed their own spaces of religiosity, such as sanctuaries, and because they have transmitted ethno-botanical knowledge and the “oral manual” of domestic bodily treatments, to say nothing of food recipes which have also been converted into medical recipes. The challenge I have faced in this work is to explain the tremendous changes which have taken place in the day-to-day life of men and women in Moroccan society in the last twenty years, especially in the area of reproductive health, as is revealed by figures which show a clear reduction in the birth rate and the adaptation of bodies to modernity, as well as a so-called Islamization of that modernity.

5. *Medical Systems, Crossovers, Ruptures and Diasporas*

Living history and changes form part of this overlapping of uses and representations of the body. Such uses and representations are the cornerstone of what have come to be known as medical systems, or medical traditions, which I will define here as those sets of knowledge, practices, institutions and agents which have constituted a more or less coherent way of explaining dysfunctions and illnesses of the body, and proposed solutions to them.²¹

Several authors have shown the co-existence of medical systems and their interactions, and have debated whether it is useful or accurate to use the concept of medical pluralism.²² In practice, the boundaries between

²¹ My definition is similar to that proposed by Horacio Fabrega and Peter K. Manning, “Illness episodes, illness severity and treatment options in a pluralistic setting”, *Social Science & Medicine*, vol. 13B (1979), pp. 41–51.

²² The research literature has used the concept of pluralism to refer to the relationship between different medical systems, in widely varying geographical contexts and historical periods. Anthropologists have insisted that medical systems do not necessarily constitute discrete, closed or a historical empirical domains [Jean Comaroff, “Healing and Cultural Transformation. The Tswana of Southern Africa”, *Social Science & Medicine*, vol. 15B (1981), pp. 367–378; John M. Janzen, “The Comparative Study of Medical Systems as Changing Social Systems”, *Social Science & Medicine*, vol. 12 (1978), pp. 121–129]. This is also true of European history [Enrique Perdiguero, “El pluralisme mèdic: una clau interpretativa per a una història integral de la medicina”, *Gimbernat. Revista catalana d’història de la medicina i de la ciència*, vol. 42 (2004)], and indeed biomedicine can no longer be presented as the

these different systems have not been entirely clear. In Chapter 4, I will formulate the logic of these shifting and not always clearly-defined boundaries between the main medical systems in contemporary Morocco and other parts of North Africa and the Middle East. These include the humoral tradition of classical Arabic medicine, which was a re-elaboration of the Greek inheritance; the prophetic tradition inspired by Sunni orthodoxy; borrowings from the Hebrew or African populations descended from slaves; the different forms of ecstasy, Sufism and the cult of saints and, finally, the “new arrival”, i.e. bio-medical medicine, precariously introduced during the colonial period, and thereafter converted into the dominant, if deficient, model. In spite of the great differences between some of these systems as far as their notions of the body are concerned, the fact is that for pragmatic reasons many Moroccans use more than one of these types of treatment.

Another paradox is that the different nature of the systems does not necessarily guarantee pluralism. The official rhetoric of the press or state, supported by bio-medical science, tends to emphasise the obscurantism of certain practices; the most orthodox Sunni rhetoric excludes in a similar manner those practices branded “foolishness” or charlatanism. Such competition and consideration of other forms of interpretation and treatment is present in the spaces studied. In his Tangier home, a certain *fqih*, a retired schoolmaster and specialist in *roqya*,²³ starts his sessions by convincing his listener-patients of the power of religious faith, and of the need to corner and destroy superstition, amulets and charlatanism. The lesson imparted to his audience is of a didactic and moral nature, and

system on the basis of which the others are defined; the biomedical system itself is now a problematical object and cannot be taken for granted [Jean Comaroff, “Medicine and Culture: Some Anthropological Perspectives”, *Social Science & Medicine*, vol. 12B (1978), pp. 247–254]. The co-existence of different systems can take different forms, depending on the extent of permeability and influence, and, above all depending on their hegemonic position. Cynthia Myntti, “Hegemony and Healing in Rural Yemen”, *Social Science & Medicine*, vol. 27, 5 (1988), pp. 515–520, showed that the hierarchy and hegemony of some systems can undermine the notion of pluralism, as will be seen in the case of Morocco. Some authors, like Gil-Soo Han, “The Myth of Medical Pluralism. A Critical Realistic Perspective”, *Sociological Research Online*, vol. 6, 4 (2002), <http://www.socresonline.org.uk/6/4/han.html> (retrieved 09/07/2008), have even gone so far as to question the idea of pluralism. There are various reasons for such a questioning, two of which I would like to mention: the existence of similar guidelines and features in the different systems (e.g. the specialist-patient relation or the payment-service interchange), and the historicity of systems and their common relationship with the means of production (capitalist in the contemporary period).

²³ Quranic recital with preventive or healing purpose.

he emphasises that whoever indulges in other forms of treatment will find that his own does not work for them.²⁴

The theory of cognitive dissonance seems very relevant here, since patients, clients or the ill blithely use systems which are frequently in competition with one another. Limitations on health practices will be marked in this sense by the influence of relatives and acquaintances, a factor which can be much more important than standard of education, and by the socio-economic means available, not only at an individual level but as a group, given that the obligations and reciprocities of kinship ties define the resources and limits of spending. The Moroccan bio-medical national health system literally depends on the spending of families, and pharmacies constitute the privileged space of a rising form of medicalisation. Alongside them co-exist formulae which reproduce or re-invent themselves, such as the traditional herbalist's shop or prophetic medicine, which seems to have prospered again in parallel with the rise of Islamising rhetoric.

The aim of this book is not to write a history of each of these ways of conceptualising the body and its treatment, but to display their interactions in a contemporary and, in particular, post-colonial, context. Indeed, these systems are contemporary, i.e. so-called tradition is not to be seen as a remnant of the past but as its transformation. Chapters 4 and 5, which analyse definitions of illness and treatment, tackle this issue head-on, showing that the conceptualizations of different systems also overlap when attempts are made to define the continuity between physical and mental pain, especially in the humoral, prophetic and Sunni models, which differ from official bio-medicine, based as it is on Cartesian dichotomies.²⁵

These shifting boundaries have shrunk and expanded since the colonial period, and since the 1960s and 70s new processes have also contributed to their redefinition. Among these processes are migration to Europe and the construction of new flows and exchanges of knowledge and practices with a liminal and ambivalent profile. The new scene not only includes Moroccan society but also its personal networks in Europe, and vice versa. To these migratory processes which make up so-called trans-nationality must be added the role of new communications formats, such as satellite dishes and in particular Internet, and the spread of new knowledge

²⁴ Field notes, August 2007.

²⁵ Various authors have described this as a holistic vision of the body. See, for instance, Han, "The Myth of Medical Pluralism . . ."

about the body, new forms of legitimisation, and new means of access to health practices, as well as new forms of representation of belonging, like the so-called virtual *umma*.²⁶ In these continual flows people send each other curative herbs by post or travel from Europe to Morocco to see specialists in afflictions for which they have found no solution in the bio-medical system.²⁷ Summer trips home are used to concentrate in a short period of time visits to herbalists, healers and exorcists, in order to carry out appropriate rites of passage and bodily purifications which are generally regarded as more legitimate than those which can be performed in Europe,²⁸ or even to acquire new illnesses, such as those attributed to the evil eye, poisonings or actions of witchcraft, all of which tend to reflect personal conflicts related to envy, competition over the right to emigrate, the marriage market or prestige in the exchange of goods.

In these movements back and forth between Europe and Morocco, we also find some cases of Europeans who have resorted to Moroccan specialists. I will briefly cite some examples. In Melilla, the *shaykh* of the 'Alawiya brotherhood told me about the visits of ill Christians who had visited the tomb of his father, the founder of the *zāwiya*, in order to obtain his *baraka*. Four hundred kilometres to the west, close to Mūlāy 'Abd as-Salām, one of the major pilgrimage centres of Morocco, I also heard exemplary stories about Christian Spaniards who had expressed their gratitude for having being cured of eczema through the application of a holy stone or by mountain water, by making donations or sponsoring the building of a fountain.²⁹ More recently, the Moroccan press carried a story about a mass phenomena in Skhirat involving a local healer called Hajj Mekki, who received hundreds of people every day and claimed to be able to cure illnesses with his hands and the water sanctified with his energy, as a result of the power granted to him by thousands of *jnūn*.

²⁶ Dale F. Eickelman and Jon W. Anderson (eds.), *New Media in the Muslim World. The Emerging Public Sphere*, Bloomington, Indiana University Press, 2003; Gary R. Bunt, *Islam in the Digital Age: E-Jihad, Online Fatwas and Cyber Islamic Environments*, London, Pluto Press, 2003.

²⁷ The individuals I have consulted will tend to give these sorts of examples in a discrete but perfectly natural manner, showing that they see the use of other specialists in Morocco as completely normal. Having said that, it is also true that the legitimacy of certain healers is in doubt or criticised by such individuals, even when they have used the services of such healers. So it is that many *fqiḥ*-s are defined as charlatans or thieves by those who have "tried them out".

²⁸ Ruba Salih, "Reformulating tradition and modernity: Moroccan migrant women and the transnational division of ritual space", *Global Networks* 2, 3 (2002), pp. 219–231.

²⁹ Visit to the sanctuary in September 2000.

The rumours surrounding this story claimed that numbers of Europeans and Moroccan celebrities had travelled to use his services.³⁰

6. *Layout and Organisation of the Book*

The material contained in this book is presented in the following order. I begin with a description of ways of representing the body and person in Morocco, and the importance of this idea for an understanding of expressions of pain, illness and forms of treatment. After that, I broaden the sphere of notions of the body, with a discussion of a central dimension in the historical corpus on regulations of the body, such as markers of purity/impurity, from the local concept of hygiene, and showing the role which has been played in collective everyday life by the management of the bodily substances and foods which enter and leave the body. However, such a representation of what flows into the organism is not universal, but contributes to a definition of inequalities based on gender and class, and displays notable variations and changes throughout individual and collective lives, as I will illustrate with the example of rites of passage.

After this general introduction to the topic of the body, I offer a panoramic vision of the different notions of illness and their forms of identification and treatment, observing in the field interactions, contradictions and complementary relations between different perspectives and institutions. In many cases, it is possible to observe the weak boundaries between specialists in treatment, and above all the difficulty of defining with the tools of a Cartesian distinction between nature and culture the way in which ordinary people and specialists approach notions of the body and its problems. I particularly refer here to the distinction between physical/humoral illnesses and psychological illnesses or those attributed to phenomena other than physical causes. The great challenge is to analyse nosologies which do not employ such a distinction or which do so in other terms. The presentation of such a problem in a chapter devoted to what I have called psychosomatic afflictions does not resolve this false dichotomy, but insists on a basic idea: that the notion of the supernatural is not applicable when the element alleged to be supernatural is in fact defined as something which is doubly natural—i.e. as something physical,

³⁰ "Guérisseur ou charlatan?" *Maroc Hebdo International*, n°. 725, 22–28 December 2006.

though invisible, that has been created by God, and as something whose existence is taken for granted.

To conclude, I deal with an area of central concern in the management of gender differences, and one which determines many practices linked to reproduction. By this I refer to the field which comprises notions of procreation, sexuality, morals, the perception of new sexually transmitted illnesses and central aspects of reproductive health, such as contraception, abortion, pregnancy, childbirth, post-partum and breastfeeding.

For all Qur'an quotations the English translation by Tarif Khalidi (London, Penguin Books, 2009) has been used.

CHAPTER ONE

NOTIONS OF THE PERSON

1.1. *The Concept of the Person in Anthropology*

In different cultural contexts, notions of the body and its vicissitudes tend to be closely linked to explanations of the universe and the perceived place of human beings within it. In this sense, it is impossible to separate the world of nature from the social world, in spite of what is suggested by the artificial Cartesian distinction between nature and culture. The truth is that we find ourselves faced with cultural processes of interpretation of the body which are taken for granted. Thus, in the case which I am presenting, human beings create an idea of "human nature" which conditions notions of gender and various corporal practices. In studies of Muslim societies and the Arab world a further general problem exists, which is related to the prestige of textualistic and religious interpretation of notions of the universe and human beings. This idea conceals the process of reception and ongoing transformation of the said textual traditions, which are considered immutable.

Classic anthropological studies of notions of the person can be useful when analysing this link between notions of the body and social practices. By this I mean that they can help us to deduce how societies conceive of individuals, their origin, their life experience, the origin of bodies, the mechanics of bodily substances and their significance. Of particular importance is the relationship between these cultural notions and the ways in which social differences (of sex, age etc.) and the solution of afflictions are instituted. The contributions of classic authors such as Marcel Mauss, Maurice Leenhardt, Marcel Griaule, Germaine Dieterlen or Meyer Fortes have shown that the notion of the body as an entity which is separate from the soul is not universal, but is the product of a European Christian vision, and have also shown the existence of other conceptions based on a continuity between humanity and nature. These epistemological issues are important to the analysis occupying us here.

In the light of all this, is it possible to say that only one notion of the person exists in Morocco? Without wishing to succumb to a stifling form of relativism, it is necessary to understand that meanings of the body are

not homogenous, but socially differentiated by sex, age, class, geographical considerations and languages (classical Arabic, dialectal Arabic and the different variants of Tamazight). It also has to be recognised that notions of the person are never fully defined and completed, as they are re-elaborated throughout an individual's life cycle and their social recognition is constructed by means of rites of passage and the institution of differences.

One example of pioneering work on the transmission of corporal substances as the creation of social ties was that by Edmund Leach;¹ years later, Françoise Héritier further developed other aspects linking the notion of person with the transmission and symbolic interpretation of bodily substances like milk, blood and semen. Her discussion of the significance of mother's milk in the Arab world is a revealing example for anyone with an interest in studying notions of the body, the mechanisms of bodily substances and organs, and their relationship with the transmission of identities, as well as the regulation of interpersonal relations in Morocco.² However, Héritier's work also illustrates very well the difficulties of undertaking such daring analyses of the "meaning" of bodies, given that there are in fact several different possible definitions, and we lack sufficient studies to be able to draw definite conclusions.³ It is therefore necessary to ask ourselves the following questions: to whom are certain definitions of the person relevant, and who believes them?

I must emphasise that the idea that there is one single notion of the person in a society as diverse as that of Morocco turns out to be mistaken and misleading. Such notions are often only relevant to one particular group, and they may not necessarily be shared by all or even be particularly well-known. On occasions, they are imposed above others branded

¹ Edmund R. Leach, *Rethinking Anthropology*, London, University of London, The Athlone Press, 1961, pp. 19–21.

² See his analysis of marriage prohibitions derived from milk kinship, seen as a transmission of the male essence transformed from semen into milk within the woman's body. See Françoise Héritier, "Identité de substance et parenté de lait dans le monde arabe" in Pierre Bonte (ed.), *Épouser au plus proche. Inceste, prohibition et stratégies matrimoniales autour de la Méditerranée*, Paris, Ed. de l'École des Hautes Études en Sciences Sociales, 1994a, pp. 149–164.

³ Some interesting ethnographical work has been carried out on this issue, such as Corinne Fortier, "Le lait, le sperme, le dos. Et le sang? Représentations physiologiques de la filiation et de la parenté de lait en islam malékite et dans la société maure", *Cahiers d'Études Africaines*, vol. 40–1, 161 (2001), pp. 97–138 on Mauritania or Marie-Luce Gélard, "La fourmie voleuse de lait. Transfers et représentations de la substance lactée dans le Tafilalt (Sud-Est marocain)", *L'Homme*, 173 (2005), pp. 97–118, on a tribe in south-east Morocco.

“superstition” or “popular belief”, or the opposite occurs and they are presented as a “popular belief” when they are in fact the world view of only one particular social group.

Having given these warnings and provisos, I will now offer a model for the study of notions of the person in Morocco, though well aware that I do not hold all the keys to interpretation of this question. Moreover, I would like to mention one further problem. The modern borders of the Moroccan nation-state cannot hide the elements it shares with other areas of the Maghreb, and should not allow us to forget the historical flow of knowledge and institutions from the rest of Africa to the south and east of Morocco, as well as from Europe and, obviously, the Middle East, as a result of the spread of Islam and the Arabization of the Berber world. My analysis will assume the hegemony of this Muslim tradition over all others, in terms of prestige and visibility, and also from the point of view of social agents, but in practice it has to be seen that the interconnections are more common than might be suspected by Moroccans themselves. This is partly because recent processes of re-Islamization have contributed towards a re-thinking of these interconnections and to a branding of them as innovation or polytheism.

1.2. *Definitions of the Person and Cosmogonies in the Arabo-Muslim World*

It must be pointed out, then, that there is not one sole notion of the person in the area under study. This is the result of social and historical variation and a notable confusion between, on the one hand, Islamic and medical scholarly traditions, and, on the other, what we might call local conceptions. Clearly, the notion of the body which I present will be at the mercy of the sources used, and it will be necessary to take this into account at all times. In many cases, disagreements and discussions between the schools of thought and medical traditions have also generated different conceptions of body organs, as can be seen in the debate over whether the nutritive faculty of the human body resides in the liver or flows from the heart to the liver. In spite of these diversities, the Muslim model of the universe and mankind is a basic pillar in the edifice of contemporary notions of the person; in practice this edifice has also been constructed with local elements which include ancient North African Christianity, Judaism, the culture of enslaved African groups and, more recently, European influences. The recent development of *amazigh* movements has also led to the re-emergence of discussions concerning the importance

of local foundational myths. At all events, there is no question that we are faced with a complex web of inter-connecting Arabic elements and others related to the *amazigh* cultural tradition which have in turn mingled with Islamic characteristics. Islamic cosmology was super-imposed upon the myths and cults of the Berbers which had survived the Hellenistic, Phoenician and Roman periods, e.g. worship of the sun and moon, the incubus in tombs, the use of oracles or cave-rites.⁴ The result of this process of super-imposition was not so much the elimination of the pre-Islamic system as its partial absorption and redefinition. In addition, some groups of African origin descended from slaves or serving groups, such as the Gnāwa, have constructed their own cosmogonies deriving from the Sahel, in a secret model known only to some teachers which describes ten generations of the universe and is based on the notion of divine self-sacrifice.⁵ The question is whether it is possible, over such a long history of interactions and interconnections to identify an “*amazigh* conception” or an “Arab conception” of the universe or the body in the Maghreb. It is now many years since authors like Westermarck sought to describe the historical origins of contemporary practices, basing their work on theories of survival in the absence of firm historical evidence: for example, by wondering if ‘Aisha Qandisha, the best-known *jinnīya* or female genie in Morocco, was descended from Phoenician goddesses.

At all events, ruling Muslim cosmology classifies humans as one of the different types of beings created by Allāh, following a Quranic model which has many elements in common with the Ptolameic view of the universe. Before analysing definitions of the body and its relationship with its surroundings, we must look briefly at notions of the structure and logic of

⁴ Many of these cults, such as those representing the sun as an allegory for fertility, were inscribed in caves and grottos, and can be still be found in other media, such as tapestries (Mustapha Akhmissse, *Croyances et médecine berbère à Tagmut*, Casablanca, Édition Dar Kortoba, 2004a, pp. 111–115). The number of cults worshipping natural elements such as mountains, caves, trees etc shows the importance of pre-Islamic practices and their function as agrarian and pastoral rites, but in many cases they were combined with a Quranic acknowledgement of the *jnūn* and their identification with certain spaces such as caves, rivers and shady places. These rituals and representations were thoroughly studied by French colonial ethnologists. See, for example, the work on caves by Henri Basset, *Le culte des grottes au Maroc*, Clichy, Éditions du Jasmin, 1999 [1920].

⁵ Viviane Pâques, *La religion des esclaves. Recherches sur la confrérie marocaine des Gnawa*, Bergamo, Moretti & Vitali, 1991. The Tuareg populations of the south also have cosmogonic notions differing from those of the Muslims, such as the original idea of two twin universes whose opposition is the motor of the cosmos, or the image of a bull tamed by mankind as the bearer of the universe. See Hélène Claudot-Hawad, “Cosmogonie touarègue”, *Encyclopédie berbère*, vol. XIV (1994), pp. 2,137–2,138.

the universe and the place occupied in it by human beings. The cosmos is defined as a unified hierarchy: at its apex are the celestial spheres, which do not undergo generation or corruption, or any kind of change at all, and which constitute the realm of the angels. Below this realm and at a lower level comes the world of generation and disintegration to which humans and the *jnūn* belong. It is perhaps in such ideas that one sees most clearly the convergence of written and oral traditions, i.e. of a hegemonic cosmogony described as legitimate and another vision which may not coincide with the first but which is, paradoxically, presented as an adaptation of the great tradition. Genies, spirits, demons, angels and ogresses are all mentioned in the Quran; they are also discussed in the literature of the *hadīth-s* and have been re-created by oral culture throughout history.

According to Islamic cosmogony, Allāh created the world in six days. First he gave existence to the angels and the *jnūn*. The later creation of a human being was the cause of envy and ill-feeling in one of the angels, who became Satan:

We created man from dried clay, from fetid mud. The *Jinn* We created beforehand, from the fiery wind.

Remember when your Lord said to the angels: "I shall create a human being from dry clay, from fetid mud. When I give him the proper shape and breathe into him from My spirit, you are to fall down prostrate before him."

All the angels then bowed down before him except for Satan, who refused to be among the prostrate. (Quran, 15: 26–31)

Muslim cosmogony thus lists several creatures created by the divinity: angels, demons, *jnūn*, human beings, animals . . . The angels were given the task of watching over Allāh's creations, and after the revolt of Iblīs they became the guardians of the divine celestial universe. When human beings were created, the angels were to watch over them and report their actions to Allāh. With this aim, each person is accompanied by two angels, one on the right shoulder who supervises that person's good deeds, and the other on the left shoulder, in charge of drawing up a list of evil doings. Apart from these two angels, seven more are distributed throughout the inside of the human body and are given the task of transforming food intake into blood, flesh and bone.⁶ The body thus becomes a sort of battleground for a struggle between the angels, who organize

⁶ Benjamin Kilborne, *Interprétations du rêve au Maroc*, Claix, La Pensée Sauvage, 1978, p. 4.

the development of life, and the malign creatures which can attack the organism, its organs and substance: a *jinn* can strike a person, control his or her mind, damage their blood etc. This classification of the beings created by Allāh and their relationship with the body as a “battlefield” can be summarised as follows:

- Angels (*mala'ika*). The angels are sexless beings of light and are mainly beneficent creatures. Like Christianity and Judaism, Islam has a hierarchy of angels who carry out different functions: there are, for example, four bearers of the throne of Allāh (*hamalat al-'arsh*); *hafza*, the guardian of the angels; and the four archangels or *karubiyun*, i.e. Jibr'il, who revealed the Quran to Muhammad, Mikal, the provider, 'Izra'il, the angel of death entrusted with bearing away the soul or *rūh*, and Israfil, angel of the Final Judgement, who will announce the day of resurrection or *qiamah* with the blast of a trumpet.
- Iblis and *shaytān*. One of the angels, Iblis, refused to bow down before Adam, the first man, and from that moment onwards became an enemy of Allāh, leader of the demons and maleficent *jnūn*. Iblis reproduces bisexually by means of a penis in his right leg and a vagina in his left, and copulates when both legs are joined together. His demoniacal descendants are born from the eggs he lays.
- *Jnūn*. These beings were created before humans from a smokeless fire. Their world mirrors the world of human beings, and although they live in another dimension, they have the same characteristics as people: they have sex, marry and reproduce, can be good or bad, Muslim, Christians, Jewish or pagan . . . Indeed, the *jnūn*, like human beings, are converts to Islam (Quran, 72: 1–19). It is essential to take the *jnūn* into account if we are to understand indigenous explanations of mental illnesses, possession and other phenomena which are attributed to relationships between these beings and humans. In Chapter 5 I will deal with this issue in some detail.
- Human beings (*insān, bnādem*). Allāh first gave life to Adam, who was created from clay, and then created the first woman, Hiba, from one of Adam's ribs. On the basis of this creation myth, the various religious, medical, scholarly and oral models have offered different explanations of the embryogenesis and formation of the person, based on the worth of genders. Although new physical life is brought into existence by men and women through their bodily substances, it is the divinity which breathes humanity and spirit into the foetus, by means of an angel.

- Animals constitute a parallel world to that of human and non-human beings. The various taxonomies of the animal world are related, above all, to the categories of edible and forbidden, following a general classificatory distinction between domestic and wild animals, herbivores and carnivores etc.

The most important point to make about this list is that its total or partial legitimacy continues to be accepted by wide swathes of the population. In this explicative model, these beings and their parallel worlds are not seen as independent, so that the *jnūn* can have relationships with human beings and influence them, and certain animals can also have special relations with demoniacal forces. In this model, humans are not alone in the universe, and this is reflected in explanations of afflictions and their treatment, which are often related to the existence of these parallel beings.

From the point of view of Sunni orthodoxy, the definition of a human being is related to a central notion derived from scholarly sources. This is the notion of *fitra*, the “original conception” or “human nature” which in Semitic languages is etymologically linked to the idea of creation or beginning, among other meanings. The term appears in the Quran and in several *hadīth*-s. Mālik, in his *al-Muwattā*, remarks that every person is born according to the *fitra*, and writes that it is determined by the mother and father, who even establish that person’s religion. The earliest legal sources contain several debates about this idea of human nature, asking such questions as whether a non-Muslim child who dies at an early age should be considered a Muslim or should be accorded the same status as its parents. The *fitra* also determines the point at which a person starts to be created in the mother’s womb, following the tradition according to which an angel writes a person’s destiny when he or she is in the maternal womb.⁷

1.2.1. *Tawhīd and In-Corporation of the Spirit*

Another of the main features of the scholarly Arabo-Muslim notion of a person is the idea of *tawhīd* or unity between matter and spirituality,

⁷ Abū Dāwūd, *Kitāb al-sunna, bāb fi al ‘aql*, no. 4, 708, University of Southern California-MSA, *Compendium of Muslim Texts*, <http://www.usc.edu/dept/MSA>. Henceforth, most references to *hadīth*-s will derive from this source, which I consulted between 2006 and 2008; I shall omit citing it to avoid repetition.

i.e. the idea that body and soul form a continuous whole. This continuity can be seen at work in the significant notions of purity and pollution. Bodily purity is not mere material hygiene, it is a requisite for the salvation of the soul.⁸ For this reason, the rituals of purification are not restricted to simple washing of the body, but include a cleansing of the spirit. The spirit turns into the body and vice versa. Thus it is that the Cartesian division between nature and culture, or the conception that separates body and spirit, does not match this holistic conception of the *tawhīd*. The body is defined as a micro-cosmos which represents society and the universe.⁹ The same can be said of the possession of a person by a *jinn*, which is not considered a supernatural entity, but as another natural form which can present itself in an invisible manner or as a hybrid between animal and human. Among the various registers of the concept of *tawhīd* it is worth highlighting the importance of the contribution of Sufi thought and its way of conceiving the idea as an approach to God and a manifestation of the union of the person with divine eternity.

In Islamic embryogenesis, human nature is based on the “incorporation” of the spirit, by means of the divine breathing of soul into the body. All of this must be borne in mind when conceptualizing mental and physical afflictions, the boundaries between which are very fragile. This model of religious inspiration has existed alongside—and, indeed, has created intersections with—the Arab medical tradition, which contemplates the idea that mechanical causes or physical elements can lead to illnesses. This last model, which is mainly based on humoral theory, has developed a dialectical relationship with the prophetic tradition based on Quranic interpretation, which has been characterised throughout history by processes of confrontation and complementation. But in the humoral medical tradition, authors like Ibn Sīnā (Avicenna) also defended the said continuity between the physical body and phenomena associated with the soul and mind, as well as the interaction between the individual body and the universe: the body in this view contains the four basic elements of water, fire, earth and air and at death returns to them.¹⁰

⁸ Fuad I. Khuri, *The Body in Islamic Culture*, London, Saqi Books, 2001, p. 26.

⁹ Mohammed Hocine Benkheira, *L'amour de la loi. Essai sur la normativité en Islam*, Paris, PUF, 1997, p. 41.

¹⁰ Ibn Sīnā (Avicenna), *Poema de la medicina. 'Urguza fi t-tibb*, Spanish transl. Najaty S. Jabary and Pilar Salamanca, Salamanca, Junta de Castilla y León-Consejería de Educación y Cultura, 1999, p. 36, verses 24–25.

1.3. *Bodily Components and Metaphors: Organs, Humours and Substances*

The Quran uses two different basic terms for “body”: *jasad* to refer to the bodies of humans, angels and *jnūn*; and *jism*, which refers to a set of body organs, as well as a herd of camels. In classical Arabic a third word, *badan*, is also used for the material body. In Morocco, the most widely used generic term in dialectal Arabic is *jism*. In the Tamazight languages there are many different terms. For the Rif, Sarrionandia’s dictionary¹¹ gives the term *ergesdez* as an equivalent of “body”. Curiously, in his rich and detailed section on the body, Laoust does not devote any specific attention to the set of terms used to talk about it.¹² There are several variant forms in the Rif: *aremith*, *aghemith*, *arimeth*, *athate*, *dhat* . . . I should also mention here the sense of bewilderment which arose when I interviewed a group of Riffian immigrants from Quebdana and Quelaya who found themselves unable to come up with a general term for the body as such, but instead used indirect expressions of reference or idioms suggesting the idea of “I in person”, i.e. *ikhfinu*.

In the following classification I will offer a summary of the existing explanations, derived from various traditions and contexts, of the origin of bodily components, their symbolic uses and interconnections. This will in turn help us to understand explanations of affliction and healing. The formal classification I offer makes a distinction between spiritual aspects and bodily substances for purposes of presentation, but as I will show throughout the text, it should be understood that both spheres are part of the model of continuities mentioned above.

1.3.1. *Three “Spiritual” Aspects*

1.3.1.1. *Innate Elements*

Rūh and *nafs* are equivalent to the vital principle, the forms of the soul, spirit and divine halo. The distinction between the two terms is not always clear, because of their wide ranges of different meanings and usages, even in the Quran itself.¹³ *Nafs* generally refers more to a vegetable, material or animal soul and *rūh* describes the spirit which proceeds from God and

¹¹ Pedro Hilarión Sarrionandia and Esteban Ibáñez Robledo, *Diccionario Español-Rifeño* (re-ed.), Barcelona, Edicions Bellaterra, 2008 [1944].

¹² Émile Laoust, *Mots et choses berbères*, Paris, Augustin Challamel, 1920, pp. 109–123.

¹³ Joseph Chelhod, *Le sacrifice chez les arabes*, Paris, Bibliothèque de sociologie contemporaine, 1955a, pp. 106–109; Arthur S. Tritton, “Man, nafs, ruh, ‘aql’”, *Bulletin of the School of Oriental and African Studies*, vol. 34, 3 (1971), pp. 491–495.

returns to God. However, in the scholarly tradition, the animal soul or *nafs* does not disappear at death: it is accountable for acts carried out during a lifetime and re-appears at the final judgement. Some authors, such as Jean Servier, even record that in Berber variants *al-nafs* stands for a vegetable soul transmitted by the mother, whereas *al-rūh* comes from the divine essence.¹⁴

1. *Rūh* (“divine soul”). The term *rūh* can be roughly translated as “soul” or “spirit”, but literally means “breath of life/divine breath” and covers a wide range of meanings. In pre-Islamic Arabic poetry, it refers to breath or the wind. After the Quranic revelation the term came to be identified with “spirit”, but was linked to a special divine quality or an angel messenger. Thus it is that the Quran contains different meanings for *rūh*: the breath of Allāh, which gives life to the body of Adam or gives life to ‘Isa (Jesus) in the body of Mariam (Mary); or “divine mandate” (*amr*), associated with the angels or the *rūh* blown into Muhammad for the Quranic revelation.¹⁵ For its part, the medical tradition identifies *rūh* with the *pneuma* of the Greek tradition. This refers to that which produces life and is therefore independent of the person. Thus, in the Quranic tradition, *rūh* is blown by the archangel Gabriel into the foetus on the 120th day of its gestation. In this view, the *rūh* is the part which remains when the person dies, and is the part which goes to Paradise. As well as these references to the divine, creational breath, the concept of *rūh* has also been used at other levels, to designate the animal part of the person, which resides in the heart, or to designate the psychological part, found in the head and which, as we will see, is often confused with the concept of *nafs*. In brief, dynamic and ambivalent definitions have existed throughout history.

2. *Nafs* (“animal soul”). The term *nafs* refers to human emotions and passions as uncontrolled expressions, but also holds meanings close to those of *rūh*. Etymologically, *al-nafs*, like *rūh*, means breathing and air, a means of vital and bodily strength held in the breathing which maintains life;¹⁶ some afflictions are interpreted as an obstruction of this breathing

¹⁴ Jean Servier, *Les berbères*, Paris, PUF, 1999 [1990], pp. 71–72.

¹⁵ Ian R. Netton, “Nafs”, *Encyclopédie de l’Islam*, vol. 7, Paris-Leiden, Maisonneuve & Larose-Brill, 1993, pp. 881–885; Georges C. Anawati, “La notion de “pêché originel” existe-t-elle en Islam?”, *Studia Islamica*, 31 (1970), p. 34. These Arabic terms have also been adopted in the Rif language: *erāamar* for soul, as well as *er-ruh* and *an-nafs*. See Sarrionandia and Ibáñez Robledo, *Diccionario* . . .

¹⁶ The root *nafasa* is related to the verb “to breathe”. From this is also derived the term *nif*, “nose”, and the idea that at the moment of death, life escapes through the nose. See

(*diqqa*) for reasons of anguish and malaise.¹⁷ The genitive form *nafsi* refers to the ego, *ana*, or person; for this reason the term has also been translated as an equivalent of “person” or “the self”.¹⁸ It is innate in humans and animals, and absent in plants.¹⁹ In the human body it is associated with the nose, the lower abdomen or the liver, the eye or the head, blood²⁰ and breathing; it is thus an embodied *psyche*. According to some authors, it does not in fact correspond to the psychological part of the person so much as to his or her personality.²¹ In the Quran the term *nafs* has as many as five different meanings: the person and human being, Allāh, the gods, the fellowship of humans and *jnūn*, and the human soul. There can be various states of the *nafs*: a calm *nafs* (*mutma’inna*), a *nafs* (*lawwāma*) which leads the person to carry out inappropriate actions, and a *nafs* (*ammāra*) which leads him towards evil and the commitment of diabolical acts.²² In this sense it is associated with evil desires and the passions. The translations that have been made of this term are also confusing and it is difficult to find a single term which will do it justice. To define the term and mark its differences with respect to the term *rūh*, we need to highlight its special identification with the devil, and this resembles the way in which the Jewish and Christian traditions define body flesh as desire. It is for this reason that the Quran states that the *nafs* should be controlled: “Whoso feared to stand before his Lord, And curbed his soul [*nafs*] from following its caprice, The Garden shall be his shelter” (Quran, 79: 40). This association is similar to that made by some of the Moroccan informants I have consulted: the *nafs* is seen by them as the most passionate part of the person, which can lead one towards evil.²³ In some traditions the *nafs* is not attributable to Allāh but to the human being,

Joseph Chelhod, *Les structures du sacré chez les Arabes*, Paris, Maisonnueve & Larose, 1986 [1965], pp. 149–150.

¹⁷ Taoufik Adohane, *Le Livre de l’âme: psychisme, corps et culture en sud-Méditerranée*, Le Plessis-Robinson, Synthélabo, 1998, p. 63.

¹⁸ Fazlur Rahman, *Health and Medicine in the Islamic Tradition*, New York, Crossroad, 1987, p. 21.

¹⁹ Chelhod, *Les structures* . . . p. 173, where it is claimed that the *nafs* is not to be found in animals.

²⁰ *Ibid.*, p. 150.

²¹ Heinrich Schipperges, “La medicina en el medioevo árabe”, *Historia Universal de la Medicina*, vol. 3, Barcelona, Salvat Editores, 1972, p. 68.

²² Lawrence Rosen, *Bargaining for Reality. The Construction of Social Relations in a Muslim Community*, Chicago-London, University of Chicago Press, 1984, p. 33.

²³ Conversation with A. (Manresa, 17/3/2006). Several of the men I interviewed used similar metaphors of a sexual nature to illustrate the meaning of *nafs*: “When a woman passes close by and you can’t help looking at her . . .”

who has two souls (*nafs*): a living soul and a discriminatory soul which is capable of giving orders as well as forbidding. Unlike the *rūh*, the *nafs* is thought to disappear after death and also goes missing during sleep, at least in its role as *nafs al-‘aql wa al-tamyīz* (“soul of reason and discernment”). This is in contrast to the *rūh* or divine breath, which remains even after death.²⁴ The ethnographic literature shows multiple different notions of this concept. According to Hassan Sidi Maamar’s notes on Algeria, the blood which flows in ritual sacrifices is seen as an element of life transmitted by the *rūh*, because it is in the blood where the *rūh* resides.²⁵ However, Taoufik Adohane also gives references to *nafs* as a synonym for blood, since the loss of blood constitutes a loss of life.²⁶ Indeed, there is a link between the term *nafs* and terms relating to menstruation (*nefas*) and to a woman after childbirth (*nefsa*), and the vital flow also relates to a person’s sexuality and desires. In some North African linguistic variants, both *nafs* and *rūh* can be used to refer to sperm or the genital organs.²⁷

1.3.1.2. *Acquired Element: ‘aql*

Al-‘aql (“reason, rationality”)²⁸ refers to a capacity which develops in a person over time and which reveals itself differently in different categories of people. In reality, *nafs* and *‘aql* cannot be understood independently of each other, for the latter develops as a means of control of the former: children do not have *‘aql* and are conditioned by their *nafs*. Located in the head, although the classical Sufi authors placed it in the heart, the *‘aql* is associated with the idea of self-control, so that the greater the *‘aql*, the greater is the control of the *nafs*.²⁹ With this in mind, the *‘aql* is seen in Morocco and in other Muslim regions as an element which is unevenly distributed both between the sexes and between individuals of different

²⁴ Jane Idleman Smith, “The understanding of nafs and ruh in Contemporary Muslim Considerations of the Nature of Sleep and Death”, *The Muslim World*, vol. 49, 3 (1979), p. 20.

²⁵ Hassan Sidi Maamar, “Algérie. Les ‘bestiaires sacrificiels”, in Anne-Marie Brisebarre et al., *La fête du mouton. Un sacrifice musulman dans l’espace urbain*, Paris, CNRS, 2003, p. 274.

²⁶ Adohane, *Le Livre de l’âme . . .*, p. 64.

²⁷ In Cabilia, the word *tarwiht*, which is derived from *rūh*, is used to refer to the genital organs. *Ibid.*, p. 76.

²⁸ In Riffian, *erāaqer*. See Sarrionandia and Ibáñez Robledo, *Diccionario . . .*

²⁹ This is reason seen as a bridle on passion. See Clifford Geertz, “Suq: the bazaar economy in Sefrou”, in Clifford Geertz, Hildred Geertz and Lawrence Rosen, *Meaning and Order in Moroccan Society*, Cambridge, Cambridge University Press, 1978, p. 170.

ages: women and children are believed to possess less *‘aql* than men.³⁰ The explanation of this alleged difference is that men develop their *‘aql* more greatly as a result of their social activity in public life, whereas women dedicate themselves to reproduction and private life, where use of the *‘aql* is not as necessary. In fact, it is possible to see this justification of the roles played by different social agents as an attempt to justify inequalities between men and women. Several ethnographers have remarked on the use of this idea of the allegedly unequal development of the *‘aql* to justify gender differences, and how it relates to the idea that women are seen as possessing less control over their instincts than men, and as more prone to being carried away by their sentiments and passions.³¹ This notion has also been used to control women believed to be subject to an allegedly unbridled sexuality. It is worth remarking that in Morocco this type of control mechanism is found in stereotyped general depictions of “blacks”, with particular reference to the subordinate populations of the southern oases, where the former rulers, the Berbers and *sharīf* lineages, compared the local population of *harratīn* with donkeys, and attributed to them a more highly developed *nafs*, also linked to uncontrolled sexual activity.³²

1.3.2. *The Nature of the Body*

The body is made up of bones and tendons, flesh, vital organs and various liquid substances. Its workings were explained by classical Arabic medicine, whose explanations are remarkably similar to those of the popular humoral tradition which can still be seen at work in Morocco. In this view, the body is seen as a circuit, in which a set of vital organs guarantee its working, and these organs communicate with each other by means of substances and recipients, alterations of which cause afflictions and illnesses. In this humoral model, which also has some features in common with the prophetic model, the body is not an entity isolated from its environment, for its internal workings depend on external factors such as the air, the climate or the type of food which it ingests.

³⁰ Rosen, *Bargaining for Reality* . . . , pp. 31–34.

³¹ Dale F. Eickelman, *Moroccan Islam. Tradition and Society in a Pilgrimage Center*, Austin and London, University of Texas Press, 1976; Rosen, *Bargaining for Reality* . . . ; Marjo Buitelaar, *Ramadan. Vasten en feesten in Marokko. Hoe vrouwen Ramadan vieren*, Amsterdam, Rainbow, 1993.

³² Remco Ensel, *Saints and Servants. Hierarchical Interdependence between Shurfa and Haratin in the Moroccan Deep South*, Amsterdam, Universiteit van Amsterdam, 1998, p. 158.

Apart from the organs and substances analysed below, it is important to mention that some areas of the face (*wajh*) have special symbolic significance. Such is the case of the nose and eyes. The nose (*nif*) is seen in many parts of Morocco as the seat of honour and respectability,³³ while the eye (*ʿayn*) represents a special force that can generate danger and threat, associated with the innate power of some persons, and equivalent to the kind of witchcraft described by Evans-Pritchard among the Azande. I will return to these symbolic meanings in the section on magic and afflictions.

1.3.2.1. *Organs, Recipients and Structures*

- The heart (*qalb*; Rif. *ur*). Like the liver (*kabd*), this is an organ to which the origin of emotions is attributed and it has therefore often been used in amatory literature. However, the heart has not been seen solely as the organ of emotions. In Islam, the heart is also the place where memory resides, the intellectual centre and decision-making organ.³⁴ Especially in the Sufi tradition, the heart is a mechanism of understanding and knowledge, i.e. of rationality. The heart, rather than the brain, is therefore the recipient of thought and conscience, and it is seen as a bodily organ (*jism*) made up of flesh (*mudgha*) situated in the breast and whose beats make life possible. In the Sufi tradition the heart is the secret home of the conscience, whose inner secrets will be revealed on the day of final judgment. Most of the Sufi definition of the body, which can also be found in the important Moroccan tradition of its brotherhoods, is derived from Abū Hāmid al-Gazzālī and his distinction between *qalb*, *rūh*, *nafs* and *ʿaql*: in this view, the *rūh* or divine breath is found in the blood; the *nafs* is the sum of human passions and the *ʿaql*, the faculty of knowledge, is located in the *qalb* (heart). Indeed, Sufi ritual reproduces this continuity between reason and physical control: the repetition of the litany (*dhikr*) is based on an experience in which invocation of the name of Allāh passes from the tongue to the heart (as an organ) and to the circulatory system, until it reaches the spiritual

³³ For an excellent piece of work on this idea, see Pierre Bourdieu, "The Sentiment of Honour in Kabyle Society", in John G. Peristiany (ed.), *Honour and Shame: the values of Mediterranean society*, London, Weidenfeld and Nicholson, 1966, pp. 191–242. In Muslim traditions more generally, the nose was also seen as the seat of a principle of vitality and power, as is illustrated by the ancient practice of removing the noses of enemies (Chelhod, *Le sacrifice . . .*, p. 113).

³⁴ Chelhod, *Ibid.*, p. 112.

heart.³⁵ In sum, the heart is the seat of both reason and feelings, and in these representations one can see a continuity between the material and the spiritual. This is why some forms of healing are based on the notion that well-being of the heart is well-being of the spirit and body.³⁶

- Liver (lit. *kabid*; dialect *kabd*, *kibd*; Rif. *thsa*). The etymology of the Arabic word, derived from the root *k-b-d*, is thought to carry the idea of something heavy, in reference to the size of this organ. Medieval literature used it to speak of other parts close to it. In classical Ottoman, a distinction was made between “white liver”, which designated the lungs, and the term “black liver”, which was used for the liver. In Arabic, the word has often been used to indicate the centre of an entity, as in the phrase “the liver of the mountain” (*fi kabdi jabin*), equivalent to the idea of “centre” or “heart”.³⁷ Like the heart, the liver was seen as one of the centres of psychological and spiritual life but it is also related to magical powers, and in some traditions the livers of animals such as goats have been used as a curative remedy, to alleviate ocular infections, or to counter cold temperaments.³⁸ Neither is it a complete coincidence that the liver of animals is often a favourite dish at the start of ritual banquets, for it is also considered an organ capable of transmitting *baraka*.

It should be remembered that among the ancient Israelites, the liver was one of the homes of the soul, and Semitic traditions have preserved this attribution of virtues.³⁹ In general, for Arabs the liver is associated with all those complaints which in Europe are attributed to the heart, such as the pangs of love, which are said to consume the liver.⁴⁰ A delicate liver is the sign of a sensitive spirit, and when a person is believed to be a pure soul, he is said to have a “white liver”. Loved ones

³⁵ Louis Gardet, “Qalb (mystique)”, *Encyclopédie de l’Islam*, vol. 4, Paris-Leiden, Maisonneuve & Larose-Brill, 1978, pp. 507–509; Jean-Claude Vadet, “Qalb (poésie)”, *Encyclopédie de l’Islam*, vol. 4, Paris-Leiden, Maisonneuve & Larose-Brill, 1978, pp. 509–510.

³⁶ Marybell MacPhee, “Medicine of the Heart: the Embodiment of Faith in Morocco”, *Medical Anthropology*, 22 (2003), pp. 53–83, a study of the prophetically-inspired “medicine of the heart” practised by women in the oases of south-eastern Morocco.

³⁷ Maxime Rodinson, “Kabid”, *Encyclopédie de l’Islam*, vol. 4, Paris-Leiden, Maisonneuve & Larose-Brill, 1978, pp. 341–348.

³⁸ Al-Suyūṭī recommended a person with a cold temperament to eat liver with caraway seeds [Cyril Elgood, “Tibb ul-Nabbi or Medicine of the Prophet”, *Osiris*, vol. 14 (1962), p. 104].

³⁹ Chelhod, *Ibid.*, p. 114.

⁴⁰ Rodinson, *Encyclopédie . . .*, pp. 341–348.

are also identified with the liver: mothers will often address a child as *kabdi* (“my liver”) or, in Tamazight variants, as *a-thasa-inu* (“O liver of mine”).⁴¹ The people closest to an individual can be referred to as “pieces (*qit’a*) of liver”. These formulae are found in Morocco and also in the Persian and Turkmen areas. The association of the liver with the notion of esteem explains the significance of many Maghrebi rituals, like the eating of liver during the “name-giving” (*saba’a*) festival in honour of a newly-born child, or in that of circumcision. This association also takes place on the occasion of the first ceremonial meal of a wedded couple, who are offered lamb’s liver to strengthen the affection between them. Other scholarly sources see the liver as the “room of the liquids” (*bayt al-sharāb*), because of the way it regulates the liquid nourishment which circulates around the body. Arab scientific treatises gave it a central function, in accordance with the Gallenic theory of humours. According to this model, the human liver has between two and five extensions throughout the stomach, which allow food to be warmed and transformed into blood. In this sense, the liver is seen as a sort of oven.⁴² It is also the organ which generates the four humours, and the place where the veins originate, whereas the arterial system has its starting-point in the heart. Once again, it is necessary to emphasise the differences between the various traditions, depending on whether each of them considers the liver the origin of vital vapours and the *rūh*.

- Bones (‘*adam*; Rif. *ighs*).⁴³ In the scholarly theory of generation, bones are formed as a result of the intervention of the male, whereas the female contribution generates flesh and blood. This interpretation is undoubtedly related to notions situating the origin of male semen in the bones of the back, and specifically in the coccyx, as can be seen in several Moroccan ritual contexts and in other traditions identifying the back with the male contribution.⁴⁴ Bones have constituted a fertility metaphor and this has been projected onto the significance of the

⁴¹ Émile Laoust, *Mots et choses berbères*, Paris, Augustin Challamel, 1920, p. 116.

⁴² Byron Good, *Medicine, rationality and experience: an anthropological perspective*, Cambridge, New York, Cambridge University Press, 1994, pp. 105–106.

⁴³ Prophetic traditions attribute an anatomical theory referring to the bones to Muhammad.

⁴⁴ Al-Suyūti records the following tradition referring to the sacrum: the Prophet said that of the sons of Adam all that would remain would be the tailbone (Elgood, “Tibb ul-Nabbi . . .”, p. 173). However, in some local contexts studied by ethnographers, as in the Aith Khebbach of Tafilalt, it is the mother’s milk which is seen as responsible for forming the skeleton (Marie-Luce Gélard, “La fourmie voleuse de lait. Transfers et représentations de la substance lactée dans le Tafilalt (Sud-Est Marocain)”, *L’Homme*, 173 (2005), p. 133).

bones of certain parts of edible animals. The bone (*'adam*) often appears in language referring to sexual impotence, which in turn is related to the cold. In this way, a sexual problem can be expressed as “bone pain”. Malek Chebel also noted that men’s sexual excesses are identified with weakness in the joints, especially in the knees: *bū rḡayeb* refers to a “weak-kneed man” and at the same time carries a reference to sexual activity.⁴⁵ Moreover, animal and even human bones have been used in magical formulae (such as those of the dead body of a Jew). In addition, bones have symbolised various illnesses, from physiological ones linked to the cold to psychosomatic ones like attacks by the *jnūn*. In this case, attacks are hidden beneath the metonymy of “having something in the bones”, an expression also used to refer to epileptic fits associated with acts of the *jnūn*.⁴⁶

1.3.2.2. *Bodily Substances*

Humoral Substances

According to humoral theory, four basic humours (*mansha' al-akhlāt*) explain the working of the human body: blood (*damm*), black bile (*al-mirra al-sawdā'*), yellow bile (*al-mirra al-safrā'*) and phlegm (*balgham*). These humours correspond to the cosmic elements of air, earth, water and fire. As we will see, the influence of external factors, such as nutrition, is fundamental in the conception of the corporal dynamic of these substances. This explains, for example, certain feeding rituals which seek to influence the humours, as happens on wedding nights in Mauritania, when the husband receives from his mother a tray of almonds and peanuts intended to boost his “humoral vigour”;⁴⁷ or the ritual presence of the egg in the *henna* tray at a Moroccan wedding, as a symbol of fecundity and a foodstuff classified as “warm”. These examples illustrate that the four humours are generated by the combination of cold and warmth in the vital organs when food is transformed as it passes from the stomach to the liver, from the liver to the heart and from the heart to the brain. However, it has to be said that numerous Moroccan everyday habits do

⁴⁵ Malek Chebel, *Le corps dans la tradition au Maghreb*, Paris, PUF, 1984, p. 60.

⁴⁶ Vincent Crapanzano, *Tuhami. Portrait of a Moroccan*, Chicago, University of Chicago Press, 1985 [1980], p. 55.

⁴⁷ Corinne Fortier, “Rapports sociaux de sexe et représentation de la genèse physiologique des enfants dans le Touat-Gourara (Sahara algérien)”, in Camille Lacoste-Dujardin and Marie Virolle, *Femmes et hommes au Maghreb et en immigration. La frontière des genres en question*, Paris, Publisud, 1998, p. 52.

not necessarily owe anything to knowledge of the scholarly tradition, but are derived from an unquestioning transmission of ritual elements.

In the classic Arab medical model, yellow bile is a dry and burning substance, and some theories attribute these characteristics to its links with the liver. Excess of it or an immoderate emotionality can cause illnesses. Phlegm (*balgham*) is defined as a serous humour which maintains the body's necessary moisture, supplying nutrition to the organs of serous temperament, like the brain, and it is described as a complex of matured blood, which can be transformed into blood by means of its own warmth, as a combination of cold and dampness and warmth and dampness.⁴⁸ Of all the humoral substances, blood is without doubt that which has attracted most attention and that which has the most complex symbolic meanings.

Blood (*damm*; Rif. used in plural, *idammen*).⁴⁹ Blood is generated by the liver, the seat of affectivity and the vital principle, as a result of the purification and consolidation of foodstuffs, which have previously been digested and "cooked" by the stomach, where they are transformed into *kilūs*. The cooking of the stomach takes place as a result of the warmth given off by the liver. It is at the moment that the substance reaches the liver that it is, strictly speaking, turned into blood, and a part of this blood constitutes the substance of the liver itself, thought to develop from a blood clot. In symbolic terms, blood is not the only element of transmission and the creation of ties of kinship or proximity, for others such as milk or seminal liquid also perform this role.⁵⁰ In Mauritania, Corinne Fortier has shown that the term "blood" is used to express ties of affection and solidarity, including ties of affiliation, affinity, milk kinship etc, and that in order to define the maintenance of these relations, use is made of the phrase "liquefying the blood" (*ball ad-damm*).⁵¹ In the Arab world in general, the symbolism of blood is polysemic and often contradictory, given that it can just as easily express purity as impurity:⁵² 1) positive symbolism links it to certain voluntary acts, such as pacts of brotherhood

⁴⁸ Good, *Medicine, rationality* . . .

⁴⁹ Laoust, *Mots et choses* . . . , p. 121, mentions the use of the plural, as occurs with most terms referring to mucosity, humours and secretions.

⁵⁰ Authors such as David Schneider, *A Critique of the Study of Kinship*, Ann Arbor, University of Michigan Press, 1984, showed that blood is the leading metaphor in many cultures when it comes to signifying primordial links, but it is not the only one, as is shown by the idea of *ridā'* or milk kinship.

⁵¹ Fortier, "Rapports sociaux . . .", p. 128.

⁵² Khuri, *The Body* . . . , pp. 60–68.

and political alliance, the establishment of genealogy and origins, confirmation of the bride's virginity on the day of her deflowering, the carrying-out of a sacrifice in ritual acts, or in cases of war, martyrdom or vengeance; 2) there are also pollution symbols, linked to phenomena in which blood flows naturally, like menstrual blood or the blood lost during childbirth. Among the traditional specialists or in prophetic medicine, it is argued that blood must flow and many illnesses are attributed to its poor circulation or sluggishness; it is for this reason that therapists recommend the practice of incisions and blood-letting. In addition to all this, blood itself has also been used as a healing element: Westermarck cites numerous healing practices in Morocco which use blood mixed with other substances. In other cases blood is considered an element capable of transmitting *baraka*. For example, the blood of the *shurfā'* can be used to cure the bite of a rabid dog, and Westermarck recorded how a *sharīf* of the Ouezzane branch carried out an incision on his own leg and invited an ill man to wipe a piece of bread or fig on the open wound and then eat it.⁵³ Dr. Pere Miret described similar practices among the brotherhood of the Hamādsha in the late 1950s.⁵⁴ Another of the main features of blood in the religious view of the cosmos has to do with its link with the *jnūn* and sacrifice rituals. Blood contains supernatural energy and when it is spilt in a sacrifice it automatically attracts the *jnūn*. This means that animal sacrifices are carried out, among other reasons, in order to please these beings.⁵⁵ This is also why some places where blood is spilt, such as slaughterhouses, are considered hazardous and inhabited by the *jnūn*. Given that blood attracts the *jnūn*, it can also be used for magical purposes. The blood of a person who has died in an accident or been murdered (*damm al-maghdūr*, "betrayed blood") is considered especially dangerous and can be used to bring about the death of a child.⁵⁶

⁵³ Edward Westermarck, *Ritual and Belief in Morocco*, 2 vols., New York, New Hyde Park, 1968 [1926], I, p. 157.

⁵⁴ Pere Miret i Cuadras, *Crònica d'un metge al Marroc (1954–1958)*, Barcelona, Edicions Bellaterra, 2006, p. 82. Séraphin Biarnay, *Notes d'ethnographie et linguistique nord africaines (publiées par L. Brunot et E. Laoust)*, Paris, Publications de l'Institut des Hautes Études Marocaines, vol. XII, 1924, p. 56, which is also on the subject of the Hamādsha brotherhood, explains that its members dipped bread in the blood of wounds they had inflicted upon themselves in the belief that they could thereby cure their illnesses.

⁵⁵ Westermarck, *Ritual and Belief* . . . , I, p. 528.

⁵⁶ Hayat Zirari, "Les deux sacrifices de la naissance: féminin et masculin en jeu (Maroc)" in Pierre Bonte, Anne-Marie Brisebarre and Altan Gokalp (dir.), *Sacrifice en islam. Espaces et temps d'un rituel*, Paris, CNRS Éditions, 1999, p. 164.

Other Bodily Substances

—Semen (*lban*). Many names have existed for male semen, from the concept of “man’s water” (*ma l-rājal*; Rif. *aman nebnadem*) to metaphors involving milk, such as the popular notion of milk curd, *lban*. Although semen, as a vital fluid, has been the subject of numerous scholarly and popular definitions, it has not always been exclusively identified with maleness. Some works, following the Hippocratic model and in opposition to the Aristotelian model, recognised the existence of both male and female semen. The former was defined as white and thick; the latter as yellowish and rather thin. Following this duogenetic model, some scholarly versions such as that of Ibn Qayyim (14th century), inspired by the Gallenic tradition, attributed the formation of bones and tendons to the male seminal liquid, whereas flesh and blood were seen to derive from the female seminal substance.⁵⁷

In reality, the Islamic conception of the seminal substances is inherited from Greek polemics. In Hippocratic theory both male and female semen contribute to conception, and both are formed at the time of sexual excitement, as a result of body heat, derived from all parts of the body of the man or woman, and this is spread to all parts of the foetus. By contrast, Aristotelian theory defined semen as a residue of nutrients, food, blood etc, which could only be generated by the male, using his own body heat, when food and blood were transformed into semen. According to this theory, the woman was a cold being incapable of generating semen, and it was for this reason that she released menstrual blood. The duogenetic Hippocratic model has been reproduced in some Muslim legal schools, but the vast majority of scholars and ethnographic cases studied reflect the triumph of the Aristotelian model. On the origin of semen, an explicative model with classical roots also prevails, and is common to other contexts such as the idea that sperm is generated in the vertebral column, as was believed by the ancient Egyptians. Thus the spinal cord of lambs is identified with sexual potency, and is not usually given to children to eat, in order to prevent them from developing their desires. The Quran (7: 172) uses this same model when it explains that the descendants of Adam came from his back (*duhur*). In reference to death, a *hadīth* of Ibn Hanbal remarks that one of the bones of a man cannot be swallowed up by

⁵⁷ This idea can also be seen in Al-Suyūṭī (Elgood, “*Tibb ul-Nabbi . . .*”, p. 166): “Muslim reports that tradition that from the fluid of the male are created the essential organs and the bones and that from the fluid of the female is created the flesh”.

the earth and that after death, the person is reconstituted from that bone. The bone in question is the coccyx, known as *'asas* or *'ajb al-dhanab* ("tail bone").⁵⁸ The association between the spinal column and sperm was probably the origin of the death rite of gathering together bones after death, or the feeding practice recorded by Laoust among the Berbers who offered the single men in the husband's group a dish known as "wedding back" (*adaut n-tmegra*),⁵⁹ made up of the final vertebrae of a sacrificed animal. Within the scholarly ambit, medieval medical history shows a diversity of explicative models, such as that of the Andalusí Cordoban 'Arib ibn Sa'īd (918–980). In his *Book on the generation of the foetus, the treatment of pregnant women and the new-born*,⁶⁰ he wrote that "some groups of them say that [semen] comes from the brain and the spinal cord, others say that it comes from the potency of the organs and it evidently comes from all parts of the body".⁶¹ This author recognised that the character and complexion of the foetus owed as much to the woman's semen as to that of the man (the duogenetic perspective).

The fate of semen has also been the subject of numerous theories and references. In Moroccan oral traditions, the emission of semen causes a loss of energy, so that ejaculation is defined as an act in which vital strength is lost. According to the popular version of humoral theory, the woman needs the coldness of sperm to calm the heats of her body; in this sense, semen is also defined as water which renews and purifies. This attribution of warmth contradicts other humoral ideas defining women as colder than men. In addition, semen as a source of energy is considered important in the feeding of a foetus, as is reflected in the theory of the sleeping child (*rāged*), according to which a foetus remains dormant and does not grow until it receives more semen, which feeds it and makes it develop.⁶²

⁵⁸ Fortier, "Le lait . . .", p. 104.

⁵⁹ Cited by Fortier, *Ibid.*, p. 102, in reference to a work by Laoust on weddings which I have not been able to trace. In the reference cited by Fortier, Laoust translates the expression as "wedding back" but some Riffians I have consulted have told me that it is in fact "wedding fat".

⁶⁰ Antonio Arjona Castro, *La sexualidad en la España musulmana*, Granada, Universidad de Granada, 1985.

⁶¹ 'Arib Ibn Sa'īd, *El libro de la generación del feto, el tratamiento de las mujeres embarazadas y de los recién nacidos* (*Tratado de Obstetricia y Pediatría hispano árabe del siglo X*), trans. Antonio Arjona Castro, Córdoba, Diputación Provincial de Córdoba, 1983, p. 29.

⁶² This is not the only way a foetus can be "awakened", given that there are several rituals which do not require a man's participation. One example would be the "opening" of a charm made by a *fqih* for the purpose of putting the foetus to sleep.

Like blood, semen has been the subject of contradictory symbolic interpretations, being seen as a vital and nutritious substance at the same time that it is viewed as impure and corrupting for the body. The Quran (16: 72) recognises its positive role as an instrument of procreation, fertility and the continuity of human beings, in accordance with the notion of procreation as an act of submission to Allāh. However, semen is at the same time seen as one of the bodily substances whose effects of impurity on the organism require specific, rigorous ritual purifications, as we will see below in detail.

—Milk. No study of the body and kinship in the Maghreb can be carried out without taking into account the function attributed to mother's milk in the transformation of bodily substances and the transmission of social identities. There are several explanatory versions, both scholarly and popular, of the origin of mother's milk: some define it as the transformation of the male seminal fluid, whereas others consider it a transformation of the mother's blood. Regardless of this, the fact is that milk is a substance which establishes kinship ties: individuals who suckle from the same woman create milk kinship (*ridā'*) and marriage between them is forbidden. According to the first theory, semen brings about the foetus and this causes a generation of blood which is in turn transformed into milk. In some areas of Mauritania, the generation of mother's milk is considered concomitant with the formation of the foetus, and the women of the region believe that there is a direct link between the breasts and the uterus.⁶³ In contrast with these models, Benkheira claims that in the medieval Sunni scholarly tradition, mother's milk was not considered a transformation of male semen.⁶⁴ To give a contemporary example of this alternative view,

⁶³ Fortier, "Le lait . . .", p. 114.

⁶⁴ Mohammed Hocine Benkheira, "Donner le sein, c'est comme donner le tour: la doctrine de l'allaitement dans le sunnisme medieval", *Studia Islamica*, vol. 92 (2001), pp. 5–52. However, the basic sources of the Maliki school make it explicit that if a man has two wives and one of them breast-feeds a slave-boy and the other a slave-girl, these two slaves, though unrelated by birth, will not be able to marry on account of their milk kinship (*al-Muwattā*, book 30, no. 30.1.5). This *hadith* justifies the prohibition by saying that "the husband is the same", i.e. what lies behind the prohibition is the fact that the milk of the two different women would share the same substance, which is the semen of the husband. This theory of the origin of mother's milk was particularly applied to the area of regulation of marriage and prohibitions. Relatives through milk kinship are thus subject to the same incest prohibitions as blood relatives. Such prohibitions are not only applied to relatives through the wet-nurse and her husband, but also to the children of a second wife. This is because the first and second wives have both produced milk generated by the same man. The children of a second wife, even if she is not a wet-nurse, are also covered by the terms

the Aith Khebbach of the pre-Saharan Moroccan south-east attribute the origin of milk solely to women. Indeed, in this tribe there exists a formula which states that “milk is stronger than blood” (*adash galsh s-ogho*) and solemn oaths invoke the power of milk.⁶⁵

Mother’s milk therefore creates social ties. But apart from milk kinship, many pacts and political alliances throughout the Maghreb have also been based on forms of exchange or entry in a group through milk or breast-feeding. In the Aith Khebbach mentioned above, the fact of belonging to one group or another occurs as a result of collective breast-feeding, as well as ritual sacrifice. The respective *amghar*-s (“greats”, i.e. chiefs) of each group exchange a recipient containing the milk of seven women and the milk of an animal is drunk at the same time that the women of the two groups exchange breast-feeding children.⁶⁶

In practice, however, the effects of milk kinship are not the same as those of “blood” ties: they give rise to marriage prohibitions, but do not produce inheritance rights.⁶⁷ At all events, milk kinship has often been used *ad hoc* as a way of preventing certain relations or justifying certain prohibitions.

Beyond these effects of kinship, milk is considered a basic element in the formation of a person. The nature of an adult can only be completed through breast-feeding.⁶⁸ In classical Arabia, milk was also known as “meat” (*lahm*) and according to one *hadīth*, milk was necessary for the creation of flesh and bones.⁶⁹ Breast-feeding acquires a special importance, as we will see, and has also been the subject of recommendations. Several sources reveal the belief that the moral qualities of a wet-nurse are conveyed to the breast-feeding child. A similar kind of metaphor is applied to animals, as can be seen from the types of milk preferred. In Iran, ass’s milk is not consumed because it comes from an animal considered obstinate

of the prohibition because they share the same substance. For more on this issue, see Fortier, “Le lait . . .”, p. 123; Soraya Altorki, “Milk-Kinship in Arab Society: An Unexpected Problem in the Ethnography of Marriage”, *Ethnology*, 19 (1980), pp. 233–244; and Hérítier, “Identité de substance . . .”.

⁶⁵ Gélard, “La fourmie . . .”, p. 58.

⁶⁶ *Ibid.*

⁶⁷ Benkheira, “Donner le sein . . .”.

⁶⁸ Vanessa Maher, “Breast-feeding in Cross-cultural Perspective: Paradoxes and Proposals”, in Vanessa Maher (ed.), *The Anthropology of Breast-Feeding. Natural Law or Social Construct*, Oxford, Berg, 1995, p. 26, citing al-Tabarī, 10th century.

⁶⁹ William Robertson Smith, *Kinship and Marriage in Early Arabia*, Boston, Beacon Press Books, 1903, p. 176.

and stupid, whereas goat's milk is favoured as coming from an intelligent animal.⁷⁰

—Water and saliva. Water is considered a purifier of the body, like milk, and a true gift from God.⁷¹ For this reason, sweat (*ʿarq*) is not seen as impure, but is represented as able to effect a depuration and renewal of the body. The sweat which comes from a person who conveys a dead body to the cemetery can even have positive associations, because it can atone for the negative effects of prayers made in a state of impurity.⁷² It is for this reason that the steam baths of the *hammām*, which are based on the idea of purifying water, play such a central role. At the same time, the bath is also a form of treatment, because it regulates and balances the body humours. For its part, saliva (*rīq*) has received similar interpretations to those of water, and has been seen as a blessed substance. In Morocco, saliva is an element which can transmit *baraka*. For this reason, some people who are considered depositaries of this force and blessing are protected, with the aim of not allowing others to steal their power. These precautions are extended to cover other parts of the body able to transmit *baraka*, such as the hair, or the water used in ablutions. Moroccan hagiography has many stories like that of Mūlāy ʿAbd as-Salām in Jebala, whose washbowl was stolen and its water drunk by those who wanted to take in his holy energy. Thus some people are also attributed curative powers via the application of their saliva, which is blown or spat upon the body of the patient. Saliva is the physical expression of the vital force and conveys an individual's qualities. There is therefore a terminological distinction between "saliva as a substance of the transmission of qualities" (*rīq*) and "saliva as a purely physical substance" (*bzaq*).

—Hair and body hair. In the Arab world, hair (*shaʿar*) has often been the source of symbolic interpretation, being used as a marker of social ages depending on the way it is cut, as a ritual and magical object, as a juridical topic, a symbol of genre and politics, or as a sign of tradition or change. Several cultures have considered hair as the source of bodily strength, or have used it as a means of sacrifice. In ancient Arabia there are frequent references to the cutting-off of an enemy's hair as a symbol

⁷⁰ Jane Khatib-Chahidi, "Milk Kinship in Shi'ite Islamic Iran", in Vanessa Maher (ed.), *The Anthropology of Breast-Feeding*, Oxford, Berg, 1995, p. 130.

⁷¹ Khuri, *The Body . . .*, p. 28.

⁷² Ensel, *Saints and Servants . . .*, pp. 165–166.

of victory over the person. Indeed, there were thought to be different types of soul situated in different parts of the body, and the hair was also an element containing qualities such as sensitivity or wisdom.⁷³ It should also be remembered that hair has been the object of worship in the relics of prophets and saints. The Quran contains some references to the control which Allāh exercises over humans via hair: "There is no being who does not depend on Him!" (11: 56), which in Arabic is literally expressed as "There is no being whom He does not hold by the tufts of his hair".

Maghrebi societies have linked hair to existence, life and death. In early 20th-century Morocco, Westermarck recorded an association between an individual's first haircut and the danger of death.⁷⁴ An inadequate attempt to cut a child's hair could, it was thought, bring an end to his life. This could occur, for example, if the hair was cut before the death of a child's parents or if a lock were left hanging on the left-hand side instead of the right. In etymological terms, the word *halaqa* ("to cut hair") shares a root with "wound", "death" or "disaster". An individual's hair is, then, clearly thought to be a vital part of the human body, and for this reason it has also been used as a magic-making instrument (*suhur*). In addition, the ceremony of cutting a child's hair carries connotations associated with gifts, offer and sacrifice, as can be seen from the ritual haircuts carried out during other key events, such as the mandatory shaving of the head which is made during the peregrination to Mecca.

Hair marks the transition between different age groups and the difference between men and women. In the Rif, until well into the colonial period, children's and adult's hairstyles were made up of pigtailed and braids. Hair (*akhuwaf*) was cut, in the case of children, in such a way that a shaven area left a line of hair and a braid to one side (two braids in the case of girls). Adult men also had their cranium shaved and left a braid hanging behind, whereas women wore false pigtailed (*imusar*) in addition.⁷⁵ In other regions, the braid was also common among members of ecstatic brotherhoods like the 'Isāwa or the Hamādsha, and whose shaving process formed part of the initiation rite.⁷⁶

⁷³ Chelhod, *Le sacrifice* . . . , p. 112.

⁷⁴ Westermarck, *Ritual and Belief* . . . , II, p. 415.

⁷⁵ The 1905 version of Sarrionandia's Riffian grammar has an appendix which contains an illustrative series of photographs of Riffian men and women with these hairstyles (Pedro Hilarión Sarrionandia, *Gramática de la lengua rifeña*, Tangier, Imprenta Hispano-Arábica, 1905, pp. 10–17, appendix).

⁷⁶ For this ascetic braid, called *ghoththaiya*, see René Brunel, *Essai sur la confrérie religieuse des Aissaouas au Maroc*, Casablanca, Éditions Afrique Orient, 1988 [1926], pp. 145–153.

In consequence, body hair has been the subject of discussion and regulation, with effects on everyday hygienic practices. It is considered recommendable for both men and women to shave the hair of their intimate parts. The rhetoric surrounding the use of the veil is partly based on notions concerning woman's hair, seen as a sign of beauty and as another intimate part of the body which it is best not to show. In the same way, to cut off a full head of hair is regarded as a shameful act. In Morocco, short hair is considered *mgartate* or *gartita*, "unaesthetic", especially in rural areas, and such a hairstyle is only permitted as a sign of mourning for a loved one (*halgate*).⁷⁷ The death of a close relative also makes it acceptable to "throw away the scarf", i.e. to express grief by displaying hair. A similar phenomenon took place when a woman who had been the victim of abuse cried out for justice at a sanctuary.⁷⁸ A woman also removes her headscarf during childbirth.

In addition to all this, male facial hair has also generated considerable legal and ideological debate during the twentieth century, in discussions between traditionalists and modernisers on management of the body. Since the 1990s, this discussion has continued as part of the process of re-Islamization, focusing on details like how the beard should be tended, and following certain recommendations contained in the *hadīth*-s. The beard is seen as a "privilege" of male nature (*fitra*). Thus the *hadīth*-s of al-Bukhārī have been taken up by several contemporary authors, who attribute to the Prophet the idea of recommending the shaving of the moustache and the growth of the beard. There is also an association between reason and the size of beards, which have been worn in traditional Arab societies by men of a higher status. The beard and moustache, like the hair of the head, have also been subjected to treatment and dying with henna, especially among older people.

1.4. *Notions of Person, Humours and Temperaments*

One of the bases for notions of the body, illness and healing in Morocco is the theory of humours, the historical development of which I will discuss in more detail in Chapter 4. This is a conception which links the general functioning of the universe and its basic matter with the functioning of

⁷⁷ Soumaya Naāmane-Guessous, *Printemps et automne sexuels. Puberté, ménopause, andropause au Maroc*, Casablanca, Edif, 2000, p. 139.

⁷⁸ *Ibid.*

living beings and, in particular, with that of the human body. The latter is made up of four basic substances: fire (hot and dry), air (hot and damp), water (cold and damp) and earth (cold and dry). The different combinations of these elements and their properties give rise to movement and change in nature, the seasons or the winds, and in human beings they explain the different phases of the life cycle, states of health and humour, as well as individual “temperaments” (*mizāj*, in classical Arabic). According to this theory of humours, the physiological make-up of a person is conditioned by climate and geography, and is determined by the equilibrium between cold and heat, under the influence of the external agents mentioned above or that of a person’s diet. After that, each person has a particular “temperament” of their own.

Before continuing I would like to make a digression on use of the term “temperament” as an equivalent of the Arabic term *tabīʿa*, a more literal translation of which would be “physical nature”. In the Arab classification of sciences, the field which concerns itself with physics is called *tabīʿīyyāt*, and is related to the Greek conception of the physical world, by contrast with the Islamic notion of “healthy nature” or *fitra*.⁷⁹ In his work on Turkmen Azerbaijan, Mary-Jo DelVecchio observed use of the term *tabīʿi* to refer to an innate characteristic of each individual, depending on the pre-eminence within each of them of heat, cold, dryness or dampness, and the effect of external agents such as climate or the intake of food.⁸⁰ Temperament could vary in accordance with family background, age and sex, and it was a central element in ordinary people’s interpretations of health and illness. The young were seen as warmer than the old, whose bodies tended to become cold and were therefore more liable to suffer attacks from “cold” illnesses such as rheumatism. Male babies were also seen as warmer than girls, so that during the period after child-birth, mothers of baby boys would have a warmer body. Women were generally regarded as colder than men. DelVecchio emphasises the match between this kind of popular knowledge and the model of the Greek and Arabic humoral

⁷⁹ Benkheira, *L’amour . . .*, p. 100. The concept of *fitra* is far from unpolemical; its interpretation is based on a phrase used by Muhammad, who said that “every child is born following the *fitra*”, i.e. in accordance with the form in which he or she has been created by Allāh. Debates have historically focused on the question of determining whether this nature is universal or not, i.e. whether or not all children are born as Muslims. See Duncan B. Macdonald, “Fitra”, *Encyclopédie de l’Islam*, vol. 2, Paris-Leiden, Maisonnueve & Larose-Brill, 1965b, pp. 953–954.

⁸⁰ Mary-Jo Delvecchio Good, “Of blood and babies: the relationship of popular Islamic physiology to fertility”, *Social Science & Medicine*, vol. 14B (1980), pp. 147–156.

tradition. This interpretation of the body's workings certainly does seem to mirror that found in works by classical authors like the Persian Ibn Sīnā. Nevertheless, Ibn Sīnā did not use the term *tabī'i* to allude to this quality or temperament but to refer to the natural components of the body: *al-amūr at-tabī'i*. One of these components would be the *mizāj* (also translatable as "mixture") or temperament, i.e. the quality whose nature depended on the extent of heat, cold, dryness or dampness.⁸¹ DelVecchio's informants coincided in this sense with a scholarly theory which also places emphasis on the "temperament" of the seasons and foodstuffs, and holds that individual temperaments vary in accordance with their age and sex, and the colour of their skin, hair and eyes.

My own personal research, carried out among Moroccan informants in the northern region of the country, in addition to the academic works I have consulted, all point to coincidences with this humoral frame of reference.⁸² To this set of notions concerning the person must be added distinctions based on the *nafs* and *'aql*, which explicitly differentiate between men and women. As well as the humoral notion of *tabī'a* and the moral concept of *fitra*, another common term is encountered when making reference to the "human being": *al-insān*. This term also describes the imperfect nature of human beings, who require the use of repetition in order not to lose knowledge: the root of *insān* has the meaning of "he who forgets".⁸³

Recognition and study of character and temperaments also gave rise to a peculiar science known as *firāsa* (physiognomy), which had its origins in the divinatory science of the *qiyāfa*. This is an inductive technique which describes human behaviour (intentions, qualities, defects, thoughts, etc.) as dependent on physical states and external indicators (colours, forms and body members).⁸⁴ The *firāsa* had several branches, including the study of birth-marks (*al-shāmāt*), the deduction of character as a result of the make-up of the shoulder-blade (*'ilm qiyāfat al-athar*), the examination of genealogical lines of descent (*'ilm qiyāfat al-bashar*), the detection of precious metals (*'ilm istinbāt al ma 'ādīn*), the study of signs which make it possible to predict rain (*'ilm nuzūlal-ghayth*), secret analogies between

⁸¹ Ibn Sīnā (Avicenna), *Poema . . .*, p. 38.

⁸² See, especially, Bernard Greenwood, "Cold or spirits? Choice and ambiguity in Morocco's pluralistic medical system", *Social Science & Medicine*, vol. 15B (1981), pp. 219–235.

⁸³ Rosen, *Bargaining for Reality . . .*, p. 133.

⁸⁴ The most important literature on the *firāsa* was written by authors like al-Dimashkī (d. 1327), al-Filmūn or al-Rāzī (d. 1209). For a general study of the subject, see Yousef Mourad, *La Physiognomie arabe et le "Kitab al-firāsa" de Fakhr al-Dīn al-Rāzī*, Paris, 1939.

the present and the future (*‘ilm al-irāfa*) or divination based on palm-trees (palm-tree science, *‘ilm al-ikhtilāj*). These branches of knowledge had very clear practical and legal applications, as when body signs were studied to determine an individual's paternity, whether to determine ancestry or even to resolve genealogical disputes.

1.5. *Sexed Nature: Conceptions of Masculinity and Femininity*

Much has been written about the socially constructed differences between men and women, which go far beyond bio-physical distinctions. In the case of Arab Muslim societies the literature is overwhelming, because of the political significance acquired by certain symbols of femininity such as the veil. In addition to this generalising literature we must pay particular attention to ethnographical work on the position of women in Morocco and to socio-cultural forms of legitimisation, which have allocated women a subordinate position and an attitude defined by patience or modesty,⁸⁵ although a number of works have also shown the active role of women as social agents in anti-establishment movements.⁸⁶ Furthermore, it should be pointed out that although many analyses of Morocco have emphasised the importance of its Arab and Berber dimension, the situation of women in practice and the symbolic interpretation of their bodies have not necessarily depended on this supposedly ethnic factor. Generalisations about Berber women also tend to ignore the diversity of real situations that can arise. In areas like the Rif, for example, codes of spatial segregation are much more rigorous than in the Middle Atlas.

One of the basic problems lies in determining which dimensions make it possible to explain the unequal position of men and women, using factors like parentage, division of labour, socio-economic position or Islamic law. From the point of view of religious definitions, the issue of the status

⁸⁵ See Daisy H. Dwyer, *Images and Self-images. Male and Female in Morocco*, New York, Columbia University Press, 1978; Susan Davis, *Patience and Power. Women's lives in a Moroccan village*, Rochester, Shenkman Books, 1984, or Buitelaar, *Ramadan...*

⁸⁶ For participation in political and social movements, see Alison Baker, *Voices of Resistance. Oral Histories of Moroccan Women*, New York, State University of New York Press, 1998; for the construction of collective knowledge, see Terry B. Joseph, "Poetry as a Strategy of Power: The Case of Riffian Berber Women", *Signs: Journal of Women in Culture and Society*, vol. 5, 3 (1980), pp. 418–434; for control of the marriage market, the use of magic, spaces of sociability for social criticism or historical cases of hidden protagonism, see Fatima Mernisi, "Women, Saints and Sanctuaries", *Signs: Journal of Women in Culture and Society*, vol. 3, 1 (1977), pp. 101–112.

of men and women has different readings. Quranic references are the most frequently cited in this regard, and are submitted to multiple interpretations, from the most egalitarian to the most segregationist. Furthermore, study of norms does not necessarily lead to knowledge of real-world practice. The most discussed (Quranic) passage is that which explains how women depend on men, and states that virtuous women are those who are most obedient and submissive towards their husbands:

Men are legally responsible for women, inasmuch as God preferred some over others in bounty, and because of what they spend from their wealth. Thus, virtuous women are obedient, and preserve their trusts, such as God wishes them to be preserved. And those you fear may rebel, admonish, and abandon them in their beds, and smack them. If they obey you, seek no other way against them. God is Highest and Mightiest. (Quran, 4: 34)

Once again, it is not my aim here to discover the original meaning of this or any other passage. I am not engaged in *tafsīr* (interpretation), but in analysing how use of the text is influenced by context. Thus, to cite a recent example involving a Catalan Muslim woman from a feminist stance, Yaratullah Monturiol insists that there has been confusion over the meaning of the verb d-r-b and interprets part of the above as “impress upon them the need for a change”.⁸⁷ In any case, my interest in the *ayah* above is not restricted to the meaning of d-r-b, which is often translated as “beat/strike”, but focuses on the opening sentence, which affirms the authority of men as protectors and the idea that Allāh has granted them more than women.

The social, textual, scholarly or popular classifications which set up opposing distinctions between men and women often match other oppositions like left-right, pure-impure or heat-cold, and these are also found in other cultural contexts. The Quran says that men and women were created as equals, but with their bodies and “natures” characterised in different ways. This is illustrated by the example of shame concerning the human body. The Quran explains that Adam and Hiba learned shame when, provoked by Satan, they discovered their nudity.⁸⁸ Both a man’s and a woman’s body are a source of shame, but for women the shameful areas are much more extensive. Both men and women should lower their

⁸⁷ Yaratullah Monturiol, “Consideraciones sobre el término “dáraba” en la ayat 34 de la sura 4”, *Verde Islam*, 28/10/2000.

⁸⁸ Quran (7: 22).

gaze as an expression of humility and modesty, and hide their *farj*,⁸⁹ an ambiguous concept referring to nudity and the genitals.⁹⁰ According to the *sunna*, these are parts of the body which cannot be shown even to relatives or close acquaintances, and cannot even be seen by a spouse, although some jurists, such as Abū Hanīfa, seem to have authorised this during intercourse.

Given this general framework of conceptions relating to nudity, it is hardly surprising that in some regions, workers who display parts of their bodies are marginalised or looked down upon, as is the case of fishermen in Bahrain.⁹¹ Some traditions even claim that blindness can befall a person who casts his or her gaze on the sexual parts, although such sights are permitted for legal or medical reasons, as in the case of childbirth, despite which it is the case that in Morocco the *qabla*-s or traditional midwives attended women in labour without looking at their sexual organs. According to orthodoxy, the protection of these indecent body parts covers the whole body (including ornaments) in the case of women, whereas for men the cause of shame is restricted to the area between the navel and the knees.⁹² Most legal schools state that men not known to a woman can only see her hands and face; only the Shafi'i school, which is not present in Morocco, requires women to cover themselves completely or refrain from addressing strangers. With reference to the Maghreb, Chebel uses the term *ʿawra* to refer to the hidden area which is forbidden from being seen, and this area includes by extension the sexual parts.⁹³

Chebel has described in detail the terminology used to describe the sexual organs. This covers the wide area considered "secret", starting with the navel, which is given the name *sorra*, a word also used to refer to a little bag containing money or sweets which women carry hidden under their clothing.⁹⁴ Other terms are equivocal, such as *āna*, used for both pubis and navel. The reproductive parts of both sexes are described by a wide range of vocabulary, rich in metaphors, both in Arabic literature and in everyday speech. For the penis: the blind one (*ʿawar*), the bald one

⁸⁹ *Farj* is a polysemic term: it can be the part of the body between the two legs, the part of the body between the navel and the knees, or the part of the body between the hands and the legs. In some contexts it can refer to the entire body, or to the idea of beauty: Khuri, *The Body* . . . , p. 37.

⁹⁰ For men, Quran (24: 30). For women, Quran (24: 31).

⁹¹ Khuri, *The Body* . . . , p. 38.

⁹² *Ibid.*, p. 41, referring to the Hanafi school.

⁹³ Chebel, *Le corps* . . . , p. 53.

⁹⁴ *Ibid.*, p. 56.

(*fartas*), walking-stick (*āsa*) or key to the vagina (*miftah al-farj*). In Moroccan dialects, there are numerous metaphors based on vegetables, etc. for this same organ: turnip (*left*), almond (*nuwa*), peanut (*cau-cau*) or date (*tmar*). *Al-farj* is used to describe both the male and the female organ. The female organ is also described in various ways: hedgehog (*qanfūd*), *tājīn*, spirit/being (*rūh, nafs*). Special mention should be made of the term for the uterus, *rahm*, which also designates kinship ties through women.

One key element in determining the status of women is the control that is exerted by the family group over their sexuality. This occurs firstly within a woman's original family of birth and is later taken up by that of her husband. The onset of reproductive age marks the start of this phase of control, which is justified by use of rhetoric making reference to honour and shame,⁹⁵ and revolves around the issue of virginity.⁹⁶ A virgin (*‘adra*) is also known as “intact” (*s’hiba*), whereas a woman whose hymen has been ruptured is deemed *mfasda*, or “undone”. However, the dominant male definitions of women do not limit themselves to women's procreative function. These definitions also attribute to women characteristics close to those of the world of the devil and focus on the corrupting effects of the woman's body, mainly through her menstrual blood. Men also give off a contaminating substance, semen, but its effects are less stigmatized than those of blood, as we will see in the section on menstruation.

Another example of these institutionalised gender distinctions can be seen in the causes deemed acceptable for the annulment of marriages, which will include reasons relating to bodily states. For men, this will mean impotence or castration, and for both sexes, madness, lepra or elephantiasis. In the case of women, certain situations of a sexual nature are also included. The Maliki rite lists the following “defects” in a woman's body as reasons for annulling a marriage (nos. 1 and 2) or causes of a loss of pleasure (nos. 3 to 7):⁹⁷ 1) *ratq*, the absence of a permeable vagina; 2) *qarn*, a hard tumour, making penetration impossible; 3) *‘afl*, genital

⁹⁵ There is a wide body of literature on the issue of honour which reaches back to the 1960s. See the collections by John G. Peristiany (ed.), *Honour and shame: the values of Mediterranean society*, London, Weidenfeld and Nicholson, 1966, and Julian Pitt-Rivers and John G. Peristiany (eds.), *Honor and grace in anthropology*, Cambridge, New York, Cambridge University Press, 1992, which includes work by Julian Pitt-Rivers, John G. Peristiany, Pierre Bourdieu and Raymond Jamous, among others.

⁹⁶ Germaine Tillion, *Le Harem et les cousins*, Paris, Éditions du Seuil, 1966, analyzes such structures of control, which can also be found in other, non-Muslim, Mediterranean regions.

⁹⁷ Georges-Henri Bousquet, *L'étiologie sexuelle de l'Islam*, Paris, Maisonneuve et Larose, 1996, p. 148.

prolapse; 4) *istihādha*, loss of non-menstrual blood; 5) *natn bakhr*, vaginal odour; 6) *ifhāda*, “sewer”; 7) *harqu an-nār*, vaginismus (contraction of the perivaginal muscles).

Islamic texts define masculinity and femininity, and their respective boundaries, as the basis for the reproduction of the world. In this sense, homosexuality is unacceptable because it contradicts the divine purpose of sexuality. This is why Islam also makes pronouncements on ways of dressing or presentation of the body. The codes of the *fiqh* have regulated these very precisely, with the aim of differentiating between men and women. Authors describe clothing as a second nature, and this refers to the arrangement of clothes on the body as well as the colours and materials employed. For example, the *hadīth*-s of al-Bukhārī advise men not to wear silk, or to pay special attention to the beard as a symbol of virility, recommending particular ways of cutting and perfuming it.⁹⁸ The example which best defines the obsession over delimiting the boundary between masculinity and femininity is the response some jurists have given to the phenomenon of hermaphroditism. Far from denying its existence, some jurists have sought to distinguish the feminine and masculine elements in hermaphrodites.⁹⁹ The aim of such examinations is to determine whether each individual is to be deemed a man or a woman in order to resolve practical issues such as prayer space between the sexes, or the use of a veil. If a person is found to be a true hermaphrodite, these practices assume a truly liminal character—individuals are instructed to pray in a space between men and women, to wear a veil, but not to wear silk etc. They are also marginalised in inheritance cases, where they are only allowed to receive the smallest share.

Those who uphold these conceptions consider them to be true and legitimate because they are based on the assumed and indisputable concept of “human nature” in its various versions (*fitra*, *tabīʿa*). As we have seen, this “nature” is made up of elements like *rūh*, *nafs* and *ʿaql*, which are shared out unevenly among men and women. This is why androcentric definitions of the woman in Morocco link her to the devil, as in the illustrative expression, *hbel shaytān* (“the devil’s rope”).¹⁰⁰ Such images are used by men to reinforce the idea that women do not control their sexuality and desires, and therefore need the guidance of a man, whose *ʿaql*

⁹⁸ Abelwahab Bouhdiba, *La sexualité en Islam*, Paris, PUF, 1986 [1975], pp. 47–48.

⁹⁹ Ibrahim Halbi, *Multaqa wa al-Abhur*, 1296, cited by Bouhdiba, *La sexualité...*, p. 56.

¹⁰⁰ Rosen, *Bargaining for Reality...*, p. 32.

is more highly developed and able to control the *nafs*. These notions of gender, mixing religious legitimisation and local traditions which are not necessarily religious, also define the position of bodies in a space which is also sexed by appealing to the recommended separation between men and women.

1.6. *Theodicy and Muslim Conceptions of Suffering and Illness*

The term “theodicy”, apparently coined by Leibniz (1646–1716) and composed of the words *theos* (God) and *dikê* (justice), refers to the explanations which every religious system has provided for suffering and its moral implications (who suffers, how they suffer and why). Some authors have made the claim that theodicy does not occupy a significant place in Muslim traditions.¹⁰¹ This apparent absence is partly attributable to simplifications that have been made about Islam as a deterministic religion. However, a more detailed analysis of the Muslim view of the cosmos enables us to see that, historically, such a deterministic approach has not always been hegemonic, and that it is not reflected in the texts either, but has depended on their interpreters. The main issue is perhaps the way in which suffering and pain have been defined as something inherent to life, without it necessarily following that for this reason nothing can be done to relieve them. From the Muslim viewpoint, Allāh has absolute control over human behaviour, and to be a believer is to submit to divine will (Quran, 6: 125, 61: 5). A person’s actions are recorded in a book by the angels, and on the day of judgement or day of religion (*iaum ad-din*) the divinity decides if that person will go to paradise or hell. This deterministic attitude has predominated at different times and in different places, but it is equally true that the Quran does not argue for a passive acceptance of suffering, but states that it is necessary to lighten and alleviate pain. The fact is that the Quranic model was based on two elements in tension with one another, determinism and free will, which have generated different responses throughout history. The idea of destiny has not always been pre-dominant, and in some periods authors discussed the issues of freedom and personal will. Such was the case of the 9th-century debate between supporters of the purely deterministic vision and the Mutazilite

¹⁰¹ Ronald M. Green, “Theodicy”, in Mircea Eliade (ed.), *The Encyclopedia of Religion*, vol. 14, New York-London, Macmillan Publishing Company-Collier Macmillan Publishers, 1987, pp. 430–431.

school of Basra and Baghdad, which defended the idea that human actions are not predetermined but chosen.¹⁰² One theologian from this school by the name of al-Asharī (d. 935) changed his views and became one of the most fervent defenders of the theory of Allāh's omnipotent power over people's destinies. This change of opinion is related in the following exemplary story recorded by al-Subki, who reproduces a dialogue between al-Asharī and his master al-Jubbai:

"What do you say of a believer, an unbeliever and a child?" He said: "The believer is in heaven, the unbeliever is in Gehenna, and the child is in a place of safety." He asked: "What if the child asks God why he did not allow him to grow up so that he might earn a larger reward?" He said, "God would say that he knew he would be a sinner if he grew up." Al Ashari commented, "The unbeliever would then ask God why he had not killed him earlier to prevent his sin."¹⁰³

These responses to a question which could have placed in doubt the entire edifice of faith as a result of the arbitrariness or injustice of God, actually reinforced the supremacy of the Quran and divine omnipotence. The compilations of *hadīth*-s represent the triumph of this perspective. For authors like al-Bukhārī (*Qadar*), Muslim (*Qadar*) or Abū Dāwūd (*sunna*), Allāh determines an individual's sex and his or her actions. However, the issue of suffering is not defined as a problem in the Quran, for Allāh is omnipotent but also merciful. Suffering forms part of his divine attributes, and is also under his control. He decides on life and death, and it is a believer's obligation to submit to divine power and authority (Quran, 3: 26,27). Pain and suffering are not, therefore, random but come from Allāh and must be accepted. In the Quran we can find two main explanations for this suffering: suffering as a punishment for sins, and suffering as a trial of faith to which believers are subjected. It is hardly surprising that an attitude of patience, *as-sabr* (Quran, 2: 153), is very highly valued. According to a *hadīth* by al-Bukhārī (*Sahīh*), suffering, and in particular illness, can eliminate sins if borne with patience. Another *hadīth* by al-Bukhārī is commonly cited in order to deny the fatalistic nature of Islam and refers

¹⁰² This was not a more "liberal" approach, but a pragmatic stance from which to judge human actions. Indeed, the Mutazilites who temporarily established their theology at the Abbasid court of Baghdad were characterised by the application of a strict form of inquisition (*mihna*). Among other issues, they also questioned whether the Quran was an eternal message, and although they defended the idea that it was the divine word, they recognised that it was influenced by temporal features.

¹⁰³ John Bowker, *Problems of suffering in religions of the world*, Cambridge, Cambridge University Press, 1970, p. 126.

to the idea that “God has not created any illness for which he has not created its remedy”.¹⁰⁴

Much has also been written within a clichéd Orientalist framework about the phenomenon of the *maktub* (“that which is written”) and fatalism, linking them to a resistance to change and above all a kind of stagnation over time, a medievalisation allegedly capable of impeding all medical advances, or relegating Muslims to a limbo of superstition and irrationality. This view has reflected a crude ethos which recognises existential determinism, destiny, the *qadr*,¹⁰⁵ understood as a divine command which cannot be changed by human agency. However, historical reality shows that alongside this dominant world-view of the acceptance of divine will, several currents of thought and medicinal practice have contributed to providing remedies for pain and suffering, without this representing any particular contradiction of the acceptance of Allāh’s omnipotence.

1.7. *Expressions of Pain and Illness in Morocco*

Anthropology has provided ample illustrations of the problems of translation and interpretation of terms alluding to objects, concepts and practices deriving from socio-cultural contexts different from our own, at the same time that it has allowed us to ask ourselves about our own socio-cultural contexts, making them exotic and strange. The whole exercise becomes even more complex when attempts are made to explain people’s relationships with their bodies, and above all the expression of the sensations they experience through their body or that of others.

To begin with, we have to bear in mind that language has many different registers, relative to social status, age, social origin or gender. It is worth illustrating this circumstance with a reminder of one of the most repeated practices in care programmes for Moroccan immigrants or the training of health professionals in Europe, which have tended to simplify Moroccan cultural codes by the use of standard Arabic or *fosha*, simply ignoring the fact that most Moroccan patients speak variants of dialectal Arabic (*darija*) and Tamazight. Such confusion is partly explained by the prestige enjoyed by classical Arabic in comparison with the other languages, and partly by the homogenising efforts of modern nation-states, which have

¹⁰⁴ First *hadith* of *Sahīh* Bukhārī, vol. 7, Book 71, no. 582.

¹⁰⁵ This term is related to *qadā*, “decision”, which is used in legal and religious institutions to mean “decree”.

standardised grammar and language in such a way that certain forms of expression are left out of official discourse. Self-perception of the body is not, however, necessarily influenced by these socio-political processes, and expressions relating to the body and its sensations continue to differ by region, gender and class.

Moral conceptions of the body also seem to lie behind some expressions of these sensations, and they vary according to gender. According to Rahma Bourqia, language itself dilutes the body and awareness of it among women. The term *jism* (body) does not always appear when these sorts of sensations are manifested in dialectal Arabic: to express their physical troubles, older women will refer to their bones, members or other organs.¹⁰⁶ Shame (*hshūma*) also seems to be an important conditioning factor when it comes to defining the nameable and the explorable, as is the stigma attached to certain illnesses which can affect eligibility in the marriage market, such as a family history of tuberculosis (*mard sdar*, or “chest illness”), venereal disease (*mard l-walda*), or having suffered possession.¹⁰⁷ Age is also a relevant factor: many old women create scenarios where the spectacle of lamentation makes up for many years of silence or the kinds of demands placed on a pregnant woman, which are upheld by the relatives who surround her.¹⁰⁸

Having issued these warnings about context, I would now like to provide an introduction to the phrases, expressions, proverbs and words used in expressions of pain in the body in Moroccan dialectal Arabic and Riffian. It should not be forgotten that many of these expressions have etymological and morphological relations with classical Arabic, nor that certain regions may display phonetic variants different from the examples I offer. I would like to underline the fact that in order to understand these expressions of sensations it is not enough to take into account verbal forms—non-verbal language as defined by body movements, gesticulation and their interpretation are also significant. Authors like Fuad I. Khuri claim that in the Arab Muslim world this kind of non-verbal language mainly involves use of the face and hands.¹⁰⁹ Many of these gestures require contextual information on individuals, spaces and situations in order to be interpreted correctly. For example, a kiss on the cheeks between individuals of the same sex is an expression of friendship, proximity and, above all, of equality, unlike

¹⁰⁶ Rahma Bourqia, *Femmes et fécondité*, Casablanca, Afrique-Orient, 1996, pp. 71–72.

¹⁰⁷ *Ibid.*, p. 85.

¹⁰⁸ *Ibid.*, p. 86.

¹⁰⁹ Khuri, *The Body . . .*, p. 90.

kisses on the hand, which indicate an inequality of status (father/son, master/disciple, king/subject), whereas a kiss on the head is a symbol of respect and is especially common when greeting the old. Kisses between individuals of different sexes only occur in private, although these norms are changing in modern urban contexts. The physical distance between individuals also depends on their sex, and is considered especially important between individuals of different sexes. The current development of reduced physical spaces such as those found in means of public transport has generated negative reactions from religious movements which consider them an affront to the notion of sexual segregation.

To begin, forms of greeting provide a good illustration of the connections between language, personal relations and the concept of health. The various Moroccan linguistic variants are rich in routine codes of presentation which require an exchange of formulae based on inquiries about an individual's health and that of his or her family. As in other languages, politeness obliges the individual to reply that his or her health is optimal, even when this is not the case. In Morocco, the reciprocal formulae follow upon each other, and refer to the state of health of the interlocutor: "*Kif halek? Kif nta? La bās?*" ("How is your health? How are you? Nothing bad?") The term *bās* appears in most presentations. In Moroccan Arabic *bās* refers to the idea of evil, or the diabolical,¹¹⁰ and to open a conversation one person will ask another, after the introductory *salamu 'alaikum*, the formula *la bās?* (Is there nothing bad/wrong?), and the other will reply *la bās* ("nothing bad"), or *ma cain bās* ("there is nothing bad"). If the two individuals know each other, this is followed by questions about the family: *l-ayla mizian /bikhair?* ("Is the family well?"). Each reply to such questions is usually accompanied by use of the phrase "thank God" (*al-hamdu lillāh*). The Arabic language is rich in phrases which feature Allāh in a central role, whether to give praise or thanks, to ask for protection, help etc. Of all these formulae, the one which is most often repeated in everyday acts in Moroccan life is *bismillāh* ("in the name of God"), an expression which conveys a protecting intention or seeks to propitiate good, and is used before undertaking all sorts of actions, e.g. before entering or leaving a place or vehicle, starting a speech, collecting a ticket, sacrificing an animal etc.

¹¹⁰ Westermarck, *Ritual and Belief*... I, pp. 262 and 388.

The term for health, *sahha*, also appears in the ritual greeting cited above and on other everyday occasions, such as at the end of a meal, or to congratulate someone who is using a car for the first time or has had their hair cut; in these cases the expression “health and rest” (*b-sahha wa rahha*) is also used. The polysemic term *jahd*, remarked upon by Bourqia, is also a significant one, meaning health, strength and money, and constituting a true declaration of principles concerning the importance of material well-being in the determination of bodily well-being.¹¹¹

According to Philip Van der Meer and Jalil Bennani, Moroccans link the description of pain or affliction to the body much more than Europeans do.¹¹² In this view, dysfunctions are much more often externalised, i.e. translated or expressed as physical pain. As in any ethnographic work, the study of expressions of pain and sensations cannot be undertaken without bearing in mind the indigenous meanings of verbal and non-verbal language. Expressions of complaint tend to conceal metaphors which do not match directly the language from which one translates, or meanings which generate communicative confusion, since from the observer’s point of view the expressions of complaint do not seem to correspond exactly to a person’s specific sensations. To give a first example of this, the term “tired” (*‘ayyān*) is much more often used than the term “ill” (*marīd*), and this can lead to confusion. Westermarck referred to this type of euphemism and periphrasis to speak of illness.¹¹³ To these problems of translation can be added the existence of notions implicit in the expression or concealment of affliction. Westermarck observed that on occasions individuals felt a fear of provoking an illness by speaking of it, through a kind of magical effect of using the word. The notion even existed that if an ill person spoke about his or her illness to another person, the latter could fall ill.¹¹⁴ In other cases, especially those linked to the relation of an individual with the world of the *jnūn*, the description of sensations becomes especially complicated because it is usually full of metaphors and because its rhetoric does not distinguish between the human world and the world of dreams.

¹¹¹ Bourqia, *Femmes et fécondité . . .*, p. 92.

¹¹² Philip Van der Meer, *Omgang met Marokkannen. Regels. Omgangsvormen. Het psychosociale gesprek*, Amsterdam, Van Loghum Slaterus, 1984; Jalil Bennani, *Le corps suspect*, Paris, Galilée, 1980.

¹¹³ “A person who is ill is said to be *‘ayyān*, “tired”, and one who is hopelessly ill *ma’dūm*, “lost”” (Westermarck, *Ritual and Belief . . .*, II, p. 29).

¹¹⁴ *Ibid.*, I, p. 603.

I will now list some of the main metaphors which express psychosomatic sensations associated with pain or discomfort (*ūjaʿa*, in Casablanca; *hrīq*, in the north; *lahrīq*, *eruyaā*, in the Rif):¹¹⁵

- An important semantic factor should be taken into account when interpreting the expression *shwiya*, literally “a little” or “little”, because the word does not always express the idea of exiguous or insignificant. If an individual is asked whether they can see well, they may answer *shwiya*, but in this case it will not always mean “a little” or “little”, but may mean “well”.¹¹⁶ The explanation of this practice, which I have observed in other similar cases, lies in understanding that the individual tries not to portray himself in a perfect state of health, so as not to attract misfortune, the evil eye or an attack by the *jnūn*. Other informants used a more “neutral” formula (“neither good nor bad”).
- As a way of dealing with the difficulty of specifying or expressing certain sensations, the concept of *kul shī* (“all/everything”) is used by patients who claim to feel ill “all over”, without being able to describe their precise symptoms, or when listing a series of symptoms in an incoherent fashion. This will occur when they are in fact alluding to a psychosomatic sensation. In Moroccan Arabic, other expressions also exist which indicate the difficulty of describing a sensation. Such is the case of the illness known as *būmzwi*, an indescribable feeling of discomfort somewhere between hypertension and palpitations accompanied by anguish.¹¹⁷
- Formulaic expressions of discomfort using the metaphor of cold and heat have to be understood in the light of the humoral system. Pain relating to fever, angina, etc is identified with heat: “fire is within me” (*l-ʿāfiya fiya*; Rif. “I have fire”, *dhayi zimsi*,¹¹⁸ or “the shivers” (Rif. *zarjajaz*); but if the pain subsides, then the person suffering from it speaks of a feeling of cold: “it’s cooling off” (*ka-ybred*).

¹¹⁵ The list that follows is based on an outline proposed in Van der Meer, *Omgaaan met Marokannen . . .*, which I have amplified and adjusted in order to take into account information supplied to me by both Arabophone and Riffian Moroccans from the northern region of the country.

¹¹⁶ Van der Meer, *Omgaaan met Marokannen . . .*, p. 145.

¹¹⁷ Jamal Bellakhdar, *La pharmacopée marocaine traditionnelle*, Casablanca, Éditions Le Fennec, Ibis Press, 1997, p. 88, describing research carried out in Morocco by J. Slomka.

¹¹⁸ *Zimsi* also appears in the list of medical terms drawn up by Sarrionandia, *Gramática de la lengua . . .*, p. 15.

- Cold. The Moroccan model of cold and heat has many points of coincidence with the classical humoral model. The term “cold” (*bard*) is used to refer to a plethora of phenomena and sensations: being physically cold, having influenza or pain in the bones, as well as being used to speak about sexual problems. A feeling of discomfort can also be associated with “being struck down”: “I have been struck by cold” (*drebni al-bard*); in Riffian, this can also be “I have been struck by the wind” (*iuzayi usammith*). The notion of air is directly related to that of cold, and common colds are often branded “airs” (*ruah*). In Riffian, *ruah* refers to influenza.
- Heat. Feelings linked to the idea of heat, such as the fact of feeling heat in the extremities, which is also expressed as “having fever” (classical Arabic, *fīha al-hūmma*; dialectal Arabic, *fīha skhāna*, “he/she is hot”; Rif., *rahmu*,¹¹⁹ fever, or *dhayi zimsi*, “I have fire”).
 - Various sensations of weakness and dizziness. To feel ill or weak: “unconscious” (Arabic, Rif., *sekhfa*, *ka-ndukh*): for these feelings of dizziness the images of spinning and fog are often used: “my head is spinning” (*ar-rās ka-ydewwr*), “I can see fog” (*ka-nshuf d-dbāba*).
 - Other difficulties are expressed via the metaphor of noise: my leg “is shouting” (*ka-ygewwet*, or, if the pain subsides, the affected part is said to have “quietened down” (*ka-ysket*).
 - Expressions of pain in which something “pinches” (*ka-yzeyyer*) the affected person. When the bones are said to pinch or press, this could be an attack by a *jinn*. In Riffian, other formulae are used to express pain in the bones or articulations, such as the idea of breakage: “my bones have broken” (*gari ikhsan arsan*).
 - Expressions in which pain is identified as a “dead” area in the body. This is the equivalent of the idea of part of the body “going to sleep” as a result of poor circulation. This occurs, for example, in the expression “my hand has gone dead” (*yedd meyyta*). When blood does not circulate well, the expression “dead flesh” (*l-ham meyyta*) is used. However, the metaphor of a sleeping part (*na'asa*) of the body is also used. In Riffian the word “dead” is used (for example, “dead hands”, *ifassen muzzen*), but the metaphor of going to sleep seems to be more common (“sleeping hands”, *ifassen tsan*).

¹¹⁹ In most Riffian variants, the “r” sound becomes an “l” in terms adapted from Arabic, and this is especially noticeable in the case of articles. There are, however, exceptions to this rule in the Kibdana region, where one of the informants I consulted pronounced the word *l-ahmu* rather than *r-ahmu*.

- Head pains. Apart from pain, an affected person will tend to refer to the idea of a bothersome noise (*sdā'* in Arabic, northern regions; *zga* is sometimes used in Riffian). Riffians also uses the term *shqīqatz*, equivalent to migraine, or simply the word “pain” (*lahriq*); and in Arabic, “my head hurts me” (depending on the region, *rāsī ka-yju'ani*, *rāsī ka-yharaqni*, or *rāsī ka-ydarni*).
- Expressions relating to circulation use the metaphor of ants and tingling: *bhal nmel* (“like ants”) or the verb *tn-memmel* (“to have ant-tingling”); in Riffian, “I have ants” (*dhayi zi-qatufin* or *dhayi zis-hazfin*).
- Sensations which refer to the image of blood. Some illnesses are expressed by speaking of a lacking quality in the person’s blood: “to have insufficient blood” or “the blood is spent” (*dam khasser*) or “there is no blood” (*damm ma ka-ynash*). Blood is often seen as a finite substance or resource, with a limited amount of it available which cannot be reconstituted, and this means that any loss of blood is seen as a loss of vitality.¹²⁰
- Sensations which suggest a loss of energy. Their expression is linked, above all, to sexuality, as in the case of a loss of sexual energy (“strength”, *quwwa*). It is worth noting that these expressions often involve the use of circumlocutions and metaphors relating to the back.¹²¹ Among men, these losses of energy are identified with the male organ. The expression of this phenomenon, which carries a high social stigma, focuses on problems of erection and the production of semen: “my penis is dead” (*d-dker dialy meyyet*), “it doesn’t move” (*ma yetherreksh*) or “it won’t lift up” (*ma yenüddsh*).

As we will see in the chapter exclusively dedicated to them, the definition of psychosomatic afflictions is an extremely delicate matter and the expression of sensations, visions or personal experiences in that respect becomes even more complex from the point of view of interpretation.

¹²⁰ Van der Meer, *Omgang met Marokkanen* . . . , p. 150.

¹²¹ This has been reported of some Moroccan patients in France, who go to the doctor with complaints of “back pains” or saying that their “bed is cold” when in fact their problem is of a sexual nature (Saïda Douki, paper given at I Simposio de Psiquiatria Transcultural, Barcelona, 2–3 February 2006). This metaphor does not differ greatly from references found in other contexts, such as ancient Egypt, or among the Samo of West Africa and countless other peoples who have linked the production of semen to the spinal cord (François Héritier, *Masculin/féminin: la pensée de la différence*, Paris, O. Jacob, 1996, pp. 144–145).

Indeed, the expression and conceptualisation of certain illnesses is often problematical and does not necessarily fit the categories established by the hegemonic medical systems. In Moroccan dialectal Arabic there is no term for the idea of depression, and in order to refer to it circumlocutions such as annoyance, anxiety (*dīqa*) or mourning (*h'zin*) are used. Social change has also led to the incorporation of neologisms like *m'depress* or *m'deprem*, according to recent studies.¹²² Similar phenomena occur with respect to schizophrenia: the majority of sufferers or their relatives are unaware of the existence of equivalent terms in standard Arabic, such as *fossam*.¹²³

¹²² Saïda Douki, Sara Ben Zineb, Fathy Nacef and Ziad Choubani, "Aspectos culturales de los trastornos afectivos", in Driss Moussaoui and Miguel Casas (eds.), *Salud mental en el paciente magrebí*, Barcelona, Editorial Glosa, 2007, p. 182, highlight this issue and add that patients rationalise their affliction and see it as a result of exhaustion, weakness, hypersensitivity, trauma (*sadma*) or the non-fulfilment of a promise to a saint.

¹²³ Nadia Kadri, "Estigma y esquizofrenia en las sociedades musulmanas", in Driss Moussaoui and Miguel Casas (eds.), *Salud mental en el paciente magrebí*, Barcelona, Editorial Glosa, 2007, p. 137.

CHAPTER TWO

PURITY AND IMPURITY: WHAT ENTERS AND LEAVES THE BODY

2.1. *Definition and Causes of Impurity in Islam*

The issues of impurity and purification of the body occupy a central place in the symbolic universe and practices of the Moroccan population, just as in other regions marked by Islam. Everyday occurrences like contact with physical substances produced by the organism can have consequences of a symbolic nature which, depending on the social agents involved, may have an impact on moral issues. Thus, a menstruating woman is not permitted to pray, fast during Ramadan or touch a copy of the Quran, because of the impurity generated by a physical substance coming out of her body. To put it another way, intention submits to bodily imperatives. Thus the boundaries between the material and symbolic or moral dimensions are almost imperceptible, as is made particularly clear in the final rite of passage, when a journey to the other world is only made possible through a scrupulous ritual of purification of the dead body, i.e. of inert matter which is, despite everything, matter.

In the Quran the term “impure” (*najis*) appears much less often than the term “purify”.¹ However, orthopraxis and the various traditions attribute a determining relevance to the idea of impurity in the lives of Muslims, who are obliged to do all that is in their power to avoid it or rid themselves of it, because of its associations with evil and the devil. Such implication of the body is historically linked to the contents of Islamic jurisprudence or *fiqh*. Although faith (*īmān*) can be a more or less private affair, numerous aspects of its external expression through the body are regulated by law, at least in countries with Muslim governments.

Throughout history, prophetic medicine has been based on the *hadīth*-s but has also taken some of its notions of impurity from the field of humoral medicine. Al-Suyūṭī (1445–1505) wrote in his *Tibb ul-Nabbi* that hair growth should be seen as the waste product of the digestive process which takes place in the heart and the bladder, and that for this reason the hair of the armpits and pubes should be removed to prevent the build-up of impure

¹ *Janāba*, impurity (Quran, 5: 6); *najasan*, the impure, referring to atheists (Quran, 9: 28).

substances.² This sort of regulation of the body, directly linked to the practice of Islam, is basic and central. It is not a matter of establishing pre-conditions for the practice of rituals, because these actions are in fact the expressions of ritual in themselves: the body is implicated throughout the whole process. Prayer as submission, fasting and abstinence during Ramadan and ways of eating are all examples of this notion of the ritual and practice of Islam seen as a purification of the body, seen in fact as a kind of health system.

The *fiqh* traditionally distinguishes between two different kinds of impurity (*h'adath*), although as we will see there are notable differences between the different schools of law. This chapter will make note of these differences, highlighting in particular the characteristics of the Maliki school, which has a predominating influence in Morocco. These legal differences will reveal the political and open nature of a process of body management which nevertheless seeks to present itself as natural and closed.³

2.1.1. *Forms of Impurity*

Forms of impurity in Islam are roughly divided into two categories:

1. *Najāsa*. External impurity, which can impregnate itself on a person's skin or clothes. This refers to damp discharges from animals or humans, such as urine, blood, pus or excrement. Substances produced by pig-like animals or dogs are considered especially contaminating, but other animal substances which are not considered impure, such as sweat,

² Byron Good, *Medicine, rationality and experience: an anthropological perspective*, Cambridge, New York, Cambridge University Press, 1994, pp. 109–110. The text by al-Suyūṭī can be found in Cyril Elgood, "Tibb ul-Nabbi or Medicine of the Prophet", *Osiris*, vol. 14 (1962), p. 171: "The waste products of the digestion which occurs in the heart and in the bladder are the growth of hair. Religious law orders these hairs to be plucked in the case of the arm-pits and to be shaved in the case of the pubes".

³ This is an issue which has aroused interest and debate among Islamologists, historians and anthropologists, especially when exploring the relationship between norms and practice. Since this is not the place to go into detail on this debate, I will limit myself to citing a few of the works which have taken up and revised the notions of purity and danger presented in Mary Douglas, *Purity and danger: an analysis of concepts of pollution and taboo*, London, Routledge and Kegan Paul, 1966; A. Kevin Reinhart, "Impurity/no danger", *History of Religions*, vol. 30, 1 (1990), pp. 1–24; Mohammed Hocine Benkheira, *L'amour de la loi. Essai sur la normativité en Islam*, Paris, PUF, 1997; Marion Holmes Katz, *Body of Text. The Emergence of the Sunnī Law of Ritual Purity*, Albany, State University of New York, 2002, and Richard Gauvin, "Ritual Rewards. A Consideration of Three Recent Approaches to Sunni Purity Law", *Islamic Law and Society*, vol. 12, 3 (2005), pp. 333–393.

milk, saliva or tears, do not enter into this category. *Najāsa* is additionally caused by alcoholic drinks, which also contaminate any substance with which they come into contact, such as food.

2. *H'adath*. Impurity caused by body substances resulting from a certain activity. There are two types:

- Major impurity (*h'adath al-akbar*). This is the impurity which results from a man's emission of sperm or a woman's secretions, i.e. menstrual or post-natal blood. All of these impurities deriving in some way from sexuality are known generally as *janāba*.
- Minor impurity (*h'adath al-asghar*). This occurs as a result of substances which emerge during sleep or a state of unconsciousness after fainting, when impure substances can enter through the mouth, and involuntary ejaculations, wind etc can occur. It also includes the release of urine or excrement, intoxication, contact with the human genitals with the palm of the hand or voluntary skin-contact between two people who could potentially marry (involuntary contact of such a kind is not included).

In Muslim societies, the concept of impurity has also been used to define social relations and, in particular, to mark the characteristics of certain groups and their boundaries. In principle, impurity is a transitory and temporary state, unlike in the Hindu caste system, but some trades and certain social groups have been considered dishonourable or inferior. These include slaves, servants, blacksmiths, musicians, etc.⁴ By contrast, descendants of the Prophet have been considered more noble and honourable, although this idea contradicts numerous traditions which do not recognise the privileges of the "people of the Prophet" (*ahl al-bayt*). One of the characteristics of the marginal groups just mentioned is that although they find themselves in situations of inequality, they are seen as possessing a power and dangerousness which is linked to their supposedly impure "nature": the danger of menstrual blood, use of magical techniques, the power to cast the evil eye, the ability to suck blood, handle iron etc.⁵

⁴ Robert Brunschvig, "Métiers viles en Islam", *Studia Islamica*, 16 (1962), pp. 41–60. However, some authors have insisted that impurity in Islam has not been seen as contagious and has not constituted an argument for social stratification either (Gauvin, "Ritual Rewards . . .", p. 386).

⁵ As Julio Caro Baroja wrote in his *Estudios saharianos*, Madrid, Júcar Universidad, 1990 [1955], p. 271, when discussing tribes of the Sahara: "The common man generically attributes a series of pejorative features to women, blacks and *majarreros* alike. These features

It is worth remarking here that in spite of the legal recognition of the presence of Christians and Jews in Muslim territory (*dār al-islām*), non-Muslims are considered impure because they do not carry out the necessary rituals of purification.⁶ Paradoxically, however, this has not prevented mixed marriages within the law i.e. between Muslim men and non-Muslim women “of the book” and it has to be said that sexual relations with slave women who were not *dhimmi* (protected by the law) were a well-known and legally permitted practice throughout history. Polytheists or *kuffār* are also considered impure (*najis*) and are forbidden from entering mosques (Quran, 9: 28). It is also worth remembering that there is an etymological coincidence between the origin of the word *janāba*, major impurity, and one of the terms for designating a foreigner, *ajnabī*.⁷

The *hadith*-s and *fiqh* manuals of the different legal schools devote a large part of their contents to describing the causes of impurity and the means of purifying the body. Once again, I would like to insist on the highly practical nature of these theories, in the sense that they consider the tiniest details of the body’s implication in the process. There are variations in these texts when it comes to important aspects and numerous details. To cite one example, there is the question of whether semen should be seen as an impure element (the Shafī’i and Hanbali schools do not recognise it as such).⁸ There have, then, been many legal controversies over these issues, especially in the early centuries of Islam, and a variety of interpretations have been made. For example, there was the legal debate over whether the consumption of cooked meat cancelled out the effects of *udū’* (ablution), as was recognised in the case of substances produced after the digestion of food. This doubt was cleared up by the different schools, although one *hadith* of indisputable authority attributed

include indiscretion, lack of honorability etc, and they are always associated with other features of a dangerous nature. Thus, women and blacks tend to perform magic spells, and the black man and the *majarrero* possess malign forces”. Remco Ensel, *Saints and Servants. Hierarchical Interdependence between Shurfa and Haratin in the Moroccan Deep South*, Amsterdam, Universiteit van Amsterdam, 1998, also confirms in this study of the Dra that the *harratīn* are seen as occupying the role of intermediaries between humans and the forces of evil.

⁶ Josep Lluís Mateo Dieste, “De los remendados al Hājj Franco: los españoles en el imaginario colonial marroquí”, *Illes e Imperis*, 7 (2004), pp. 69–70, and “Les Espagnols dans l’imaginaire des Marocains du Protectorat. Les jeux politiques de la mémoire collective”, in Mariella Villassante de Beauvais (ed.), *Colonisations et héritages actuels au Sahara et au Sahel. Problèmes conceptuels, état des lieux et nouvelles perspectives de recherche (XVIII^e–XX^e^{me} siècles)*, vol. II, Paris, L’Harmattan, 2007a, pp. 313–352.

⁷ Benkheira, *L’amour de la loi . . .*, p. 77.

⁸ Katz, *Body of Text . . .*, p. 115.

to the Prophet the idea that the eating of cooked food obliged an individual to repeat the *udu'* if that individual wished to pray.⁹ Many of these differences revolved around the issue of the nature of practices and the decision to classify them as either compulsory (*fard*) or recommended (*mandub*).

Let us examine in more detail one of the many examples which serve to illustrate the constructed and debated nature of the texts on impurity. This is the issue of the factors which annul the ablutions made before prayer, to be analysed in still further detail in the section on purification rituals. If we compare the different schools, we find that they all agree that the following factors cancel out the effects of ablution: urine, excrement, wind, *madhy* (male seminal liquid segregated before coitus) and *wady* (flow of liquid before and after urinating). However, we also find seven factors concerning which there is disagreement: body excretions,¹⁰ the release of substances or the rubbing of polluted parts during sleep, the touching of a woman,¹¹ the touching of the penis,¹² the consumption

⁹ *Ibid.*, pp. 101–116.

¹⁰ There are three basic opinions. Abū Hanīfa's view was that any substance segregated by the body requires ablution, with the exception of sputum but including vomit. Al-Shāfi'i and some disciples of Mālik limit the causes of annulment of ablution to excretions from the penis and anus, although for al-Shāfi'i the contaminating element is not so much the excretion itself as the bodily channel through which it passes. Mālik believed that the urine, faeces, *madhy*, *wady* and wind which occur in a healthy body invalidated ablution, but he does not mention blood, bile, worms or urinary incontinence.

¹¹ "If you are impure, purify yourselves. If ill or on a journey, or one of you has come from the toilet, or had intercourse with women and could not find water, then use some clean earth and wipe your faces and hands with it." (Quran, 5: 6). Mālik only required ablution when pleasure was derived from such contact, whereas Abū Hanīfa denied the compulsory need for ablution when someone touches a woman. All of these differences can be explained by the ambiguity of the language, given that in Arabic the terms for "touch", *mubāshara* (contact) or *mass* (touch), can be used as much for "shaking hands" as for referring to the sexual act.

¹² Ibn Rushd, *The Distinguished Jurist's Primer (Bidāyat al-Mujtahid wa Nihāyat al-Muqtasid)*, transl. Ahsan Khan Nyazee, vol. I, Reading, Garnet Publishing, 2002 [1994], pp. 38–39. Al-Shāfi'i, Ahmad and Dāwūd considered ablution compulsory, whereas Abū Hanīfa did not. A third group made up of disciples of Mālik argued for different possibilities. It was postulated by them that ablution was compulsory if the contact was related to the attainment of pleasure but otherwise unnecessary. Another group of jurists declared ablution necessary if the penis was touched with the palm of the hand but not if contact was made with the back of the hand. One of the main sources for beliefs on this subject is the *hadīth* recorded by Mālik in *al-Muwattā'*, according to which "when one of you shall touch his penis he will perform ablutions" (a tradition attributed to Busrah, the daughter of Safwān). On the other hand, defenders of the non-compulsory nature of ablution base themselves on another *hadīth* attributed to Talq ibn 'Alī, in which a Bedouin asked the Prophet, "What do you say of a man who touches his penis after making ablutions?" The reply was "That it is not a part of your body."

of food prepared with fire, laughter during prayers,¹³ or the moving of a dead body.

There are several agreements and disagreements between the different schools when drawing up a typology of impurities, but all of them regard the following elements as impure: the carrion of non-aquatic warm-blooded animals; the meat of the pig, whatever the cause of its death; the blood of an animal which does not live in water when taken from it, dead or alive; and the urine and excrement of human beings. There are differences over the following elements: carrion without blood and dead sea animals,¹⁴ parts of dead animals,¹⁵ the skin of dead animals, the prohibition on blood,¹⁶ the polluting effect of urine,¹⁷ contemptible filth and semen.¹⁸

Definitions of impurity and contamination have also been arrived at by other means, apart from as a result of ideas discussed by the authors of texts. Edward Westermarck showed the importance of multiple forms of contamination and confirmed that many practices which Western hygienists had branded gross superstition were in fact rational ways of acting out symbolic forms of classification in the world. This was the case of the transmission of *baraka* and those substances which prevent its

¹³ Abū Hanīfa considered ablution compulsory if someone smiled during prayers. The other schools do not consider this *hadīth* to be trustworthy because it is a *mursal* tradition, i.e. one which does not mention the name of its first narrator.

¹⁴ According to Mālik, the shell of bloodless animals is clean. Other authors such as al-Shāfī saw as impure the carrion of both warm-blooded and bloodless animals, but excluded dead sea animals. For his part, Abū Hanīfa considered carrion and dead sea animals equally impure.

¹⁵ A consensus existed over the meat, but not concerning the hair and bones. For Mālik the bones are carrion (*mayta*), but not the hair.

¹⁶ There was agreement over the impurity of the blood of land animals and disagreement in the case of the blood of sea animals. For Mālik and al-Shāfī the blood of fish is not impure, although Mālik himself sets out the opposite argument in another work.

¹⁷ I would like to cite here a piece of data gathered in a conversation with a Moroccan man about urination in public swimming pools. His commentary was that there was no risk of infection from small children in such cases, by contrast with what occurred with adults (M. Manresa, 23/7/2008). Returning to the *fiqh*, human urine and excrement are always considered impure, with the exception of the urine of a small male child. On the other hand, there is a difference of criteria with respect to animals. For al-Shāfī and Abū Hanīfa all animal excrements are impure. Other authors believed that it was not. Others again argued that the impurity depended on the type of animal and the cleanliness of its skin. For Mālik the urine and excrement of animals whose meat is forbidden are impure; the excrements of permissible animals do not contaminate.

¹⁸ Mālik and Abū Hanīfa believed that it was an impure substance, but al-Shāfī was not of the same opinion. The discrepancy derived from a *hadīth* of 'Aisha according to which the Prophet prayed in clean clothes that had been stained with semen.

circulation. Westermarck's theory is reminiscent of Françoise Héritier's later ideas on the negative effects of mixing or bringing into contact identical substances (semen, milk, blood etc.).¹⁹ According to Westermarck, the blessing or protective force of an object or person can be damaged if it comes into contact with other objects or people with *baraka*. This is why sultans avoided travelling by sea and thereby losing *baraka*, or why they were (and are) protected with a parasol from the sun, which also gives off *baraka*, or why an amulet with *baraka* should not come into contact with the *baraka* of the light.²⁰ Fire, on the other hand, has no such negative effect and this is why some Sufi saints or members of brotherhoods do not burn their tongues even when they come into contact with a flame. In keeping with this logic, it was said in early twentieth-century Tangiers that whoever made a pilgrimage to the sanctuary of Mūlāy 'Abd as-Salām acquired part of his *baraka* and thereby protected his bones from the fires of hell.

As Marcel Mauss observed several years ago, societies develop bodily technologies which determine certain ways of walking, moving or working,²¹ and it seems reasonable to extend this concept to cover the different ways of managing the emission of corporal substances such as sweat, mucus, urine, excrement etc. In the absence of any references to this issue, my own observations have enabled me to see that even an act as banal and everyday as dealing with nasal mucus is often not resolved through the mere use of a tissue or handkerchief. This personal observation shows the learnt nature of body management, and the way in which certain normative systems are unquestioningly assumed.²² It is no coincidence that jurists have set out their views on some of these issues. There are *hadīth*-s which forbid anyone to attend a mosque whose breath smells of garlic,²³ and several *hadīth*-s of Muslim or Mālik do not allow spitting in the mosque while prayers are being held, or forbid spitting in the

¹⁹ Françoise Héritier, *Les deux soeurs et leur mère*, Paris, Éditions Odile Jacob, 1994b, and *Masculin/féminin: la pensée de la différence*, Paris, O. Jacob, 1996.

²⁰ Edward Westermarck, *Ritual and Belief in Morocco*, 2 vols., New York, New Hyde Park, 1968 [1926], I, pp. 256–257.

²¹ Marcel Mauss, *Sociologie et anthropologie*, Paris, PUF, 1966, pp. 365–387.

²² This issue requires a comparative approach. The historical work of Elias shows the way in which use of the scarf was introduced in Spain, as well as a rejection of the vision of mucosity or sputum, between the 18th and 19th centuries, looking at treatises on “civility” and as a sign of distinction among the upper classes. Norbert Elias, *The civilizing process*, Oxford, Basil Blackwood, 1978 [1939], pp. 121–135.

²³ Mālik, *al-Muwattā'*, book 1, no. 1.8.30.

direction of Mecca.²⁴ Other *hadīth*-s by Abū Dāwūd forbid spitting to the right and recommend that it be done to the left.²⁵ Obviously, a listing of these interpretations does not reveal what people actually do in practice, but it does show the arsenal of sources which can be drawn upon by the acolytes of re-Islamisation when it comes to discussing what others ought to do.

2.1.2. *Women and Contaminating Blood*

They ask you about menstruation.

Say: "It is a sore. So keep away from women in menstruation, and do not come near them until they become clean. When clean, approach them from where God ordered you."

God loves those who constantly repent, who constantly cleanse themselves. (Quran, 2: 222)

Menstrual blood was classified by the classical texts as one of the substances which generate impurity, and there existed a general agreement to distinguish between three types of blood coming from the uterus: 1) menstrual blood which flows every month (*damm al-hayd*) 2) blood which emanates outside the regular cycle, during a state of illness²⁶ and 3) blood which flows after giving birth (*damm al-nifās*). However, we know from Ibn Rushd that the decision to define such blood as impure gave rise to disagreements among different schools concerning the duration of the menstrual period and the period of *janāba*²⁷ or concerning the minimum and maximum period of the release of blood after birth.²⁸

²⁴ Muslim, book 4, no. 57; book 4, no. 1,120. Mālik, *al-Muwattā'*, book 14, no. 14.3.4, 14.3.5.

²⁵ Abū Dāwūd, book 2, no. 478.

²⁶ According to a prophetic tradition, this is not menstrual blood: "It is blood from the veins and it is not menstruation", Ibn Sīnā (Avicenna), *Poema de la medicina. Uргуza fi t-tibb*, transl. Najaty S. Jabary and Pilar Salamanca, Salamanca, Junta de Castilla y León-Consejería de Educación y Cultura, 1999, p. 51.

²⁷ Ibn Rushd, *The Distinguished Jurist's . . .*, p. 53. For Mālik the maximum length of the period of menstruation was fifteen days, and the minimum length would depend on the flow of blood. In order to determine the maximum period, he recommended women to count the days which other women of her age usually took to menstruate and then add another three days. If the loss of blood did not cease after the fifteenth day, then the woman was affected by another type of impurity, by "unhealthy blood" (*istihādha*), and she could pray again after washing herself.

²⁸ According to Mālik there is no minimum time, whereas for other authors it is fifteen and twenty days. Others even made a distinction based on the sex of the new-born baby: thirty days if it was a boy, forty if it was a girl. There was yet another discussion, to determine whether the pregnant woman also menstruates, i.e. whether she generates menstruating blood (*hayd*) or unhealthy blood (*istihādha*).

The different legal schools also converged and diverged over the kinds of prohibitions to be observed as a result of menstruation. The points of agreement included four instances of prohibition as a result of impurity: the ritual of prayer, which was nonetheless compulsory when a woman had to make a compensatory prayer (*qadā'*); fasting, which is also forbidden during menstruation but does not have the subsequent compensatory practice; ritual circumambulation (*tawāf*) is also forbidden, as are sexual relations. However, the schools have differed over other aspects: for instance, the question of whether a man should live together with a menstruating woman, and the acts which they are permitted to carry out²⁹ or that of sexual relations during the time period between the moment when blood ceases to flow and the moment of cleansing. The *hadīth*-s also differ over the rituals of purification to be carried out before prayer in the case of a woman who continues to bleed after menstruation.³⁰

Of course, real practice is not exclusively determined by these scholarly prescriptions, and among the Aith Waryaghar, according to Westermarck, women continued to fast even when they were menstruating.³¹ The same author documented a whole series of dangers attributed to menstrual blood which projected onto women a state of permanent impurity.³² In Tangier and Fez he recorded set phrases about the lack of reasoning ability (*'aql*) and religion (*dīn*) among women in general.³³ This androcentric point of view has led women to be identified with the demoniacal, and this notion is reinforced by the fact that it is often women who are possessed by the *jnūn* or who collaborate with these spirits to carry out acts of magic. It should be remembered that menstrual blood is associated with the presence of the *jnūn*. There are thus many sayings on the dangerousness of women. In Anjera, one such popular saying held that when they are born, baby boys are accompanied by one hundred *jnūn* and girls by one hundred angels. For every year that then passes, the angels go over to the boys and the *jnūn* to the girls, so that with time women end up with many more *jnūn*. Curiously, this is also the reason why older women

²⁹ Mālik and others laid down that a man could have access to the part of the female body above the waist, whereas two other authors wrote that the only thing a man should avoid is the flow of blood, because it is an impure substance.

³⁰ Some state that the Prophet gave orders to wash before each prayer; others explain that he advised making one ablution for the *fajr* prayer, one ablution for the *duhr* and *'asr* prayers, and another for the *maghrib* and *'ishā* prayers.

³¹ Westermarck, *Ritual and Belief*. . . , II, p. 92.

³² *Ibid.*, p. 6.

³³ *Ibid.*

are considered the most dangerous of all, even though they are supposed to be free of menstrual impurity.³⁴ In early 20th-century Morocco, the list of prohibitions was much greater than that defined by the canonical texts. Some tribes did not allow women to enter barns, nor come close to kitchen gardens, the open field or bee-hives. Neither were they allowed to milk cows, sheep or goats, for fear of the risk that the animal might die, nor ride on horses or donkeys. Equally, they were forbidden from visiting a mosque or sanctuary, entering the room of a dying person, praying or fasting during Ramadan,³⁵ or entering the room of a woman who had given birth until seven days had passed.³⁶ The dangerousness attributed to menstrual blood (*damm al-hayd*) or the blood of the after-birth (*damm al-nifās*) is such that many formulae for magical potions (*suhur*), curative treatments or love potions include it among their ingredients.³⁷

The period of abstention from sexual relations with menstruating women has varied between eight, twelve and fifteen days, whereas the figure for women who have given birth goes up to forty or sixty days. Popular explanations of the dangerousness of menstrual blood included the idea, in Tangier, that the forbidden fruit eaten by Eve was transformed into blood.³⁸ However, this dangerousness was not seen in the same way by all the tribes, especially in the case of blood from the hymen (*damm t-tahlīya*). In the Tangier region, those with eyesight problems took a sheet stained with the blood of a virgin and wiped their eyes with it in the hope of a cure; in neighbouring Anjera, however, this blood was considered so dangerous that efforts were made to ensure that deflowering did not coincide with gestation, for it was thought that the contact of semen with blood from the hymen could cause the death of the foetus.³⁹ Finally, there were also rites designed to favour the regularity of menstruation. In Temsaman and Aith Waryaghar, women ate the gum derived from mastic (*Pistacia lentiscus*). In other regions women visited sanctuaries for the same reason, or sacrifices were made to appease the *jnūn* who had caused the dysfunction, usually “red-coloured *jnūn*” (*awlād b-l-hmar*).⁴⁰

³⁴ “The old woman is worse than Satan” (*l-‘agūza aktar men sh-shaytān*).

³⁵ Westermarck, *Ritual and Belief* . . . I, p. 230 and II, p. 434.

³⁶ For Fez, see Séraphin Biarnay, *Notes d’ethnographie et linguistique nord africaines (publiées par L. Brunot et E. Laoust)*, Paris, Publications de l’Institut des Hautes Études Marocaines, vol. XII, 1924, p. 9.

³⁷ *Ibid.*, pp. 62–63.

³⁸ Westermarck, *Ritual and Belief* . . . II, p. 5.

³⁹ *Ibid.*

⁴⁰ *Ibid.*, I, pp. 111, 271, 325 and 350.

In contemporary Morocco, menstruation continues to arouse all sorts of fears and mistrust among men. This is illustrated by the large number of euphemisms for it recorded by Soumaya Naāmane-Guessous, which show the survival of the taboo of menstrual blood, as I will myself show in more detail in the chapter on sexuality.⁴¹

2.1.3. *Divine Right versus Diabolical Left*

Other forms of impurity have been linked to a pairing of opposites common to other cultural contexts, in line with the structuralist theory of Claude Lévi-Strauss. In these binomial symbolic dichotomies, certain parts of the body are linked with purity or impurity as a result of their spatial location, and in accordance with moral conventions concerning this representation of the body and space.⁴² The hands provide what is probably the clearest illustration of the kind of oppositions to which I am referring: the right hand is associated with purity, and the left with all that is impure and demoniacal. Perverse and deviant people will find the book of their deeds in their left hand on the day of judgement. The left hand is not used for greeting or to carry out certain functions. It is impure because it is also the hand which is used to touch the genitals and to cleanse the body after the release of substances and waste. By contrast, the right hand is that which must be used to carry out sacrifices. It is also the hand used to feed and take food from shared dishes. This does not, however, mean that the left hand is never used, as some over-literal interpretations have tended to suggest. Neither bread nor fruit, for example, can easily be eaten with the use of only one hand. The consequences of this dichotomy are extended to the rest of the body, including the legs and feet. For example, it is considered advisable to enter a latrine with the left foot first, and to leave with the right foot forward. On the other hand, a mosque should be entered with the right foot first and then exited with the left.

Joseph Chelhod has shown the relationship that exists between representation of the universe and representation of the body as applied to the case of Islam and its moral and bodily conceptions. In this respect, the lands surrounding the region of Hijaz, in Mecca, were described by terms which are very revealing. Suriya (Syria), to the north, was known

⁴¹ Soumaya Naāmane-Guessous, *Printemps et automne sexuels. Puberté, ménopause, andropause au Maroc*, Casablanca, Edif, 2000.

⁴² See Rodney Needham (ed.), *Right and Left*, Chicago, University of Chicago Press, 1973, a trans-cultural study of left-right distinctions.

as *Sam*, a term related to the word *shu'm*, meaning unhappiness or bad luck. Furthermore, among the ancient Arabs the north was associated with the west and the left, whereas the south was associated with the east and the right. Everything which came from the north, such as the wind, was thought to bring with it bad auspices and misfortune. By contrast, the south was synonymous with fertility and prosperity. Thus the region of the south was known as Yemen, from the root *ymn*, associated with success and happiness, like its derivatives *yumn* (happiness) and *yamin* (right). The relationship between cosmogony and body is in fact perfectly observable in the terminology of the Arabic terms for the cardinal points. *Yamin*, "right", comes from the verb *yamana*, which includes the meaning of prosperity, fortune and blessing. By contrast, *shimāl*, left (and north, in Moroccan Arabic), is linked to bad luck and bad omens. One of the classical terms for left-handed, *'asar*, comes from the verb *'asara*, "to make something difficult, arduous, unsolvable", although other terms for left, like *yasār*, *maysarat* or *yusrat* are also associated with tranquillity and comfort. At the geographical heart of Islam, the holiest part of the *ka'aba* is the Eastern façade of the building, where the black stone is kept. Like most temples and holy buildings, this main part is oriented towards the rising of the sun. The black stone is described in one *hadīth* as Allāh's right hand on earth. According to al-Tabarī, Allāh does not have a left hand, but two right hands, just as some pious individuals are metaphorically described as having "two right hands" (*dhul yaminayin*). The left has been associated with *shaytān* and this is the reason why certain acts, such as touching the genitals or spitting, are carried out on the left-hand side.

2.2. Islamic Purification Rites

The consequences of impurity impinge on many acts of everyday life, such as eating, sleeping or copulating. This is why purification must take place after every sexual relation, masturbation, wet dream, menstruation, birth, death or contact with the dead, and, in short, after every instance of contact with secretions considered impure (semen, urine, excrement, menstrual blood etc.). Purification is also required *a priori* before a series of Muslim rituals (*'ibādāt*), such as prayer, fasting, peregrination to Mecca, contact with a copy of the Quran (*mushaf*) or circumambulation (*tawāf*). Such physical purification (*tahāra*) is achieved by avoiding impure substances or by performing rituals if contact has already been made with such substances, and it plays a central role in the lives of Muslims, since

this physical state, which is also a spiritual one, upholds the faith and salvation.

Islam provides for two main forms of purification:

- 1) Minor purification (*saghira*). This is mainly based on the *udū'*, whose Arabic root indicates cleanliness and whiteness. This ritual of ablution is carried out with water or, if it is lacking, with a stone or sand (Quran, 4: 43, 5: 6).⁴³ In the latter case, the ritual is known as *tayammun*, and follows the same procedure as ablution with water, with the difference that the feet are not washed. Such an ablution only has effect on the prayer made immediately afterward. The *udū'* basically involves purifying the hands, the forearms, the head and its orifices, simultaneously invoking the name of Allāh. In imitation of the Prophet, washing begins on the right-hand side of the body. A *sine qua non* condition of such purification is that it must be carried out by the person who is himself the object of it.
- 2) Major purification (*kabira*) or *ghusl*. This is a more meticulous bathing process requiring more time than the *udū'*, because it is carried out as many as three times with clean water. It is recommended that it be carried out before Friday prayers and is compulsory after all sexual relations and, for women, after menstruating. The ritual also includes the cleaning of the teeth, which the *sunna* proposes should be carried out by means of a *siwāk* or small stick made from the roots of a walnut tree.

Apart from these two main forms of purification, there exist other specific kinds such as the *istribrā*, a ritual for the purification of the urine which involves extracting remaining liquid from the urinary tract; the *istinjā*, the ritual for the purification of faecal waste, performed with water and using the left hand; the cleansing as many as seven times of body parts which have entered into contact with the urine or excrement of swine or dogs, generating impurity (*najāsa*) and, above all, the male ritual of circumcision, which is both a purification rite and a rite of passage requiring collective participation and is known in the Maghreb simply as "purification" (*tahāra*).

⁴³ "If you are ill, or on a journey, or one of you comes from the toilet, or you had intercourse with women, and you do not find water, then use some clean earth and wipe your faces and hands."

As in other areas discussed above, there is little consensus among jurists over how the ablution and the *ghusl* should be performed. In the case of the *udu'*, Ibn Rushd noted various differences between the schools:⁴⁴ these included disagreements over issues such as whether intention (*niya*) was a necessary condition for the ablution to be deemed valid; whether the hands had to be washed before putting them in the utensil filled with water which is used in the ablution process; whether it is necessary to purify the mouth and nose; the ambiguity of the term “face” in defining the parts to be purified, given that some jurists excluded from the face the area between the beard and ears; whether the arms should be washed as far down as the elbows; the part of the head to be washed; whether the purification of a head bearing a turban was to be considered valid, and the purification of feet covered with shoes.

In the case of the *ghusl*, discussions have revolved around the question of whether it is sufficient for water to flow over the body, or whether the hand needs to pass over it. Most jurists have argued that contact with water is enough. Mālik, by contrast, held that purification was incomplete if any part of the body were left unwashed by the rubbing of a hand. There have also been debates over the question of whether intention is a prerequisite for performing the *ghusl*, with most authors coming down in favour of the need for it. Mālik and al-Shāf'ī did not regard the cleaning of the mouth (*madmada*) and nose (*istinshāq*) as compulsory. As for the question of whether the water had to reach the roots of the hair on the head (*takhlīl*), Mālik only recommended it. Debates have also taken place over whether the cleaning of the penis should include the whole organ or only the part which had come into contact with the liquid secretion from ejaculation (*madhy*). Such debates have also affected the factors considered to cause annulment of the *ghusl*. According to Mālik, mere contact with a woman's genitals is enough to annul the effects, even if there is no ejaculation. As for the effects of the latter, he argued that semen only invalidates major purification if the discharge is accompanied by a feeling of pleasure. I have no data on the relationship between these sorts of debates and actual practice, but these practices are also debated in certain religious circles.

The special nature of the ablution performed with sand or stones requires particular attention, because it conditions and affects the actions of travellers or patients in situations of immobility at home or in health centres such as hospitals. Jurists agree that the *tayammun* should be

⁴⁴ Ibn Rushd, *The Distinguished Jurist's . . .*, pp. 3–20.

considered a replacement for minor purification, but they do not coincide in seeing it as a replacement for the *ghusl*. There is a unanimous recognition that travellers and the ill can have difficulty in obtaining water, and are therefore permitted to resort to the *tayammun*, but the details of the process have generated further debates.⁴⁵

2.3. *Hygiene, Cleanliness and Care of the Body*

External observers may ask themselves whether Muslim ritual practices constitute a code of bodily hygiene. From an internal point of view, however, there is no question that this is so. Islam postulates a practice which implicates the body and which is aimed at achieving a certain number of ends and a series of “spiritual” gains. This does not mean that this bodily code necessarily coincides with the codes of hygiene which came into being in Europe during the 19th century. In the Islamic regions, body cleanliness is seen as a codified obligation in all its details, and also includes symbolic forms of purification, as when it is carried out with stones or sand. Authors like Abdelwahab Bouhdiba have warned of the dangers of bias involved in interpreting Islamic religion in hygienic or bio-medical terms. The *tahāra* purification, of magico-religious characteristics, seeks to eliminate impurities from the body, but this is not necessarily the same as an elimination of dirt, and we need to distinguish it from the Arabic concept of *nadhāfa*, which refers more specifically to hygiene and cleanliness. In other words, it is quite possible for a person to be clean (*nādhifa*), but in a state of

⁴⁵ *Ibid.*, pp. 69–78. Total consensus did not exist in some cases, e.g. when the ill person has access to water, but rejects it out of fear. In the case of a healthy resident individual, without water, Mālik authorised the *tayammun*, but Abū Hanifa did not. There were also differences concerning the traveller who does not make every possible effort to obtain water, or the person who refuses to use it because of a bad cold. Three conditions are necessary in order to carry out this kind of purification: correct intention; making certain that there is no water available before purifying oneself with sand (this according to Mālik); and finding oneself without water at the time for prayer (in both Mālik and al-Shāfī). There were also some differences between the schools concerning the way to perform the ritual. For Mālik it was necessary to spread the sand over the palms of the hands, and he recommended spreading it as far up as the elbows. Discussion of this subject derived from uncertainty over the term *yid*, which in Arabic can mean hand, forearm or arm. Mālik suggested sprinkling the sand twice, firstly over the hands and then on the face. He differed from al-Shāfī in that he did not think it necessary to purify the arms and legs with sand. When it came to the kind of materials to be used in these rites, al-Shāfī considered only clean earth to be valid, whereas Mālik authorised the use of anything found on the ground, such as stones or earth. This problem of interpretation was also due to an ambiguity in the Arabic language with respect to the term *saʿd*, which can mean either earth or sand, or in fact any element on the ground, such as grass or snow.

impurity, if the prescribed rites have not been performed.⁴⁶ However, I will not cease to insist that symbolic purity is only possible by means of material, i.e. bodily and practical, purification. In Morocco, although the population tends to use the secular contrast between clean (*nqi*) and dirty (*mussakh*), there is a concern over purity and impurity which is formally inspired by both scholarly Islam and local traditions. At all events, dirtiness as impurity receives special attention at important moments of the year, such as Ramadan, when any act or contact can lead to the loss of the merit of abstinence, which is not limited to the areas of eating or sex, but concentrates on distancing the body from all causes of impurity.

From a bio-medical viewpoint, several voices have underlined the undesired effects of purification rites such as attendance at the *hammām*. After three decades of colonial medical experience in Morocco, Dr. Edmond Secret pointed to the *hammām* as a source of infection and underlined its role in the potential spread of epidemics.⁴⁷ Recent studies have confirmed that it is a place of contamination, given that it generates skin infections or the spread of contagious illnesses. According to Hinde Taarji, there is a correlation between the risks of unhealthiness and the socio-economic status of users of the *hammām*. In the baths situated in poorer areas there are more fungae, as a result of people not having access to adequate means of washing in their own homes.⁴⁸ This author recommends changes in the habits which favour the spread of fungae, such as the sharing of bath mitts or buckets.

In relations between communities, religions, and ethnic or class groups, definitions of the body of the other and the way in which it is managed have also been highly significant. The attribution of impurity, dirtiness or bad odour to the “other” has long been a feature of Hispano-Moroccan relations, but it is also present within Moroccan society. Stereotypes contrasting city-dwellers with those living in the country, or the Arabs of the Atlantic coast with those in mountain areas, or between Arabs and Riffians, usually make reference to the body of the other or to the way it is managed. Iberian images of the North African can be traced back to the beginnings of the modern era, with their animalistic stereotypes of

⁴⁶ Abdelwahab Bouhdiba, *La sexualité en Islam*, Paris, PUF, 1986 [1975], p. 60.

⁴⁷ Edmond Secret, *Les sept printemps de Fès. Des airs, des eaux, des lieux: Fès capitale termale*, Amiens, 1990.

⁴⁸ Hinde Taarji, “Le hammam. Lieu de purification ou lieu de contamination?”, *Kalima*, 20 (1987), pp. 32–35, based on analyses of samples of water and body waste from various Moroccan *hammām*-s. All of the *hammām*-s which were investigated in Casablanca turned out to contain funguses which were potentially hazardous for the vagina, anus and feet.

Muslims. Curiously, an excessive zeal for hygiene was an argument often used by the Spanish Inquisition to demonstrate an individual's lack of religious faith. However, this image has since the expulsion of the Moriscos in the 17th century existed alongside a contrasting image which insists on the dirtiness, overcrowded living conditions and animalistic nature of Muslims. Animal metaphors are especially common, and are used to exclude Muslims from the civilised world of human beings and condemn them to a marginal area in the sphere of the irrational. The model of "cleanliness of blood" which was institutionalised in Spain until the 19th century naturalised in the body the social classification dividing "pure" from "New" Christians, and these markers mingled with the new colonial and hygienic stereotypes from the 19th century onwards.

From the Moroccan side, the body is also a means of marking differences between Muslims and non-Muslims, through the notions of purity and impurity which I have already analysed. Moroccans make numerous references in their speech to the impurity of Christians and Jews alike. The fact that these groups do not perform the same rites of purification does not only make them alien to Islam, it makes them impure, and this impurity is compounded by the consumption of forbidden types of food. For example, before the years of the Protectorate (1912–1956), Christians were forbidden from entering the *hammām* because of their impurity, and these prohibitions have not completely vanished.⁴⁹ In Morocco, such prohibitions do not only apply to Christians, but also to other collectives considered to be impure, such as the members of certain professions (blacksmiths, musicians etc.), descendants or alleged descendants of slaves, and other religious groups, particularly Jews. During interviews I carried out with Moroccans which did not seek to focus on this issue at all, several interviewees told me stories illustrating the dirtiness of Jewish people,⁵⁰ and similar stereotypes were also recorded by Marjo Buitelaar.⁵¹ One of the curious paradoxes of relations between Jews and Muslims

⁴⁹ In the report of their research into the *hammām*-s, Marjo Buitelaar and Geert J. Van Gelder, *Het badhuis. Tussen hemel en hel*, Amsterdam, Bulaq, 1996, pp. 129–130, lists several cases where non-Muslims are not always welcome.

⁵⁰ For example, the 73-year-old M. explained to me that "to make your glass of water dirty, the Jew will put his finger in the water, with his nail all dirty . . ." (interview in Melilla, 15/9/1997).

⁵¹ "The Jews are worse than the Christians, because they smell bad. If a Jewish woman comes up to me in the hamman and sits next to me, I move away from her. If you touch a Jew, you have to wash yourself seven times afterwards, do you understand?", Buitelaar and Van Gelder, *Het badhuis* . . . , p. 128. These examples are not intended to prove any sort of general point, but they certainly exist, and reflect widely held attitudes.

is that such stereotypes exist despite the fact that their respective normative systems have very similar notions and practices of purity and impurity, based as they are on a common Semitic background.

2.3.1. *Water and Purification*

“Remember when He brought drowsiness upon you in order to reassure you, and made water descend upon you from the sky in order to purify you, to rid you of Satan’s enticement, to brace your hearts and make firm your feet.” (Quran, 8: 11)

“From the sky We pour down pure water, therewith to revive a region that was dead,

And to give to drink, among what We created, many cattle and humans.” (Quran, 25: 48–49)

The Quran defines water as a purifying element, together with earth and fire. Clearly, fire cannot be applied directly to the body, but in some cases it is used by traditional therapists as a curing agent in cauterisation processes. According to the *sunna*, other materials such as earth, dust or stones can also be used on specific occasions as a substitute for water as a curative agent. Water is, however, the preferred main agent in the *tahāra*. For ablutions, the water must be of a kind that does not change colour, smell or taste. As in so many other areas, legal disputes have abounded over such issues as the type of water which should be used, or whether sea-water or stagnant water are as permissible as rain-water.⁵² Classical jurists agree that water can only be deemed impure when there has been some change in its colour, smell or taste, although Ibn Rushd listed as many as six polemical issues concerning the purity of this element.⁵³

These notions of water explain the importance of steam baths in Moroccan culture, and the role played by fountains and spas associated with religious sanctuaries. In the section on treatment and ethno-medicine I will refer to this second type of institution in some detail, because of its

⁵² Ibn Rushd, *The Distinguished Jurist’s . . .*, p. 20.

⁵³ These six issues were: whether ablutions were permissible if performed with water containing impurities, without their properties having been altered; whether water mixed with saffron could be used (Mālik and al-Shāf‘ī were of the opinion that such water lost its power to purify, although Mālik authorised the mixing of water with perfumed substances in small amounts); whether it was possible to re-use water already used for ablutions; whether the waste water of Muslims and livestock could be used (it was only seen as execrable in the cases of animals considered abominable); whether it was permissible to use the waste water of ablution itself (Mālik authorised such use), and whether it was permissible to perform ablutions with date juice (*nabīdh*).

therapeutic importance. Water is a curative and purifying agent, but it also harbours a element of danger: the *jnūn*, created by Allāh, live in water and are commonly described as “the owners of water”.⁵⁴

2.3.1.1. *The hammām: The “Silent Doctor”*

Steam baths and baths based on the contrast between heat and cold can be traced back to at least the year 4,500 B.C.: remains have been found in grottos in central Asia and the Indian sub-continent. The ancient Egyptians and Mesopotamians also had bathing complexes, but the immediate forerunners of the *hammām* were the Greek and Roman baths,⁵⁵ like those of Volubilis, close to the current Meknes, built at a time when Mauritania Tingitana was a Roman province. The *hammām* bath is an adaptation of the *balnae* of the Roman Empire, and this adaptation took place during the period of the Umayyad dynasty. Thousands of such baths could be found in places like Baghdad, Cairo or the cities of al-Andalus, but the social importance of the *hammām* has been preserved in the Maghreb to a far greater extent than in the Middle East. From the 16th century on, the most lavish constructions, in terms of both size and decoration, were the Ottoman *hammām* baths, which distinguished themselves from others because of the pre-eminence of a central hall containing a large heated platform where men lay down to open their pores and receive massages. The fact that Morocco never formed part of the Ottoman Empire explains the simpler and less monumental style of its baths, which are closer to those of the Romans, and possess great vitality as the centre of numerous social functions. The *hammām* performed functions associated with the *funduq* until well into the 20th century, and its fires were often also used to bake bread or *tājīn* for the people of the neighbourhood. The largest and most luxurious houses of the Moroccan medinas also often had their own *hammām* baths, which were generally close to the kitchen area to make it easier for servants to fuel the boiler. In rural areas, *hammām* baths are less

⁵⁴ For this double-edged view of water, applied to the case of the medina of Tétouan, see El Houssaine Afkir and Mohamed Abdellaoui, “Realidades rituales y científicas míticas del agua en la práctica cotidiana de los habitantes de Tetuán”, in José Antonio González Alcantud and Antonio Malpica Cuello (coords.), *El agua. Mitos, ritos y realidades*, Barcelona, Anthropos, 1995, pp. 154–165.

⁵⁵ Roman baths were divided into four main areas: *apodyterium*, the entrance hall and dressing room; *frigidarium*, bathing room with unheated water; *tepidarium*, a room warmed to a moderate extent by an underground system known as the *hipocaust*; and the *caldarium*, the hottest room of all, to which a *sudatorium* was adjoined.

common and are only found in the houses of local dignitaries or in fortified towns (*qsūr*). The occasional tragic accident in rural areas sometimes brings to light an attempt to imitate the “urban” *hammām* with limited means, as in a case in the 1970s when three women burned themselves to death after setting up a “*hammām*” inside a straw loft.⁵⁶

The Moroccan *hammām* has a similar spatial structure to that of the baths used in the Middle East,⁵⁷ but the terms employed to describe its different parts derive from Moroccan Arabic: a changing room area is known as the *gelsa* (from the word meaning “to sit”), and the three bathing areas, connected to each other by doors, are called the *bayt al-bard* (cold room) or *bayt al-barra* (outside room), the *bayt al-wast* (central room) and the *bayt s-skhon* or *bayt al-harara* (warm room), also known as the *bayt al-dakhla* (inside room). The average *hammām* has rooms of about 20 square metres, but some *hammām* baths have larger and more luxurious rooms. Clients move from one room to the next, either barefoot or in special slippers and with their bodies covered only by towels or underwear. The following description of the sequence of areas in a *hammām*, written by Leon Africanus in the early 16th century, does not differ greatly from contemporary accounts or my own observations:

First therefore they that meane to bathe themselves must passe through a cold hall, where they use to temper hot water and cold together, then they goe into a roome somewhat hotter, where the seruants clense and wash them; and last of all they procede into a third hot-house, where they sweate as much as they thinke good.⁵⁸

One of the main differences between the *hammām* and a modern sauna is the absence of a final cooling phase. The bathing process ends with the warming of the body in the warm room. According to Buitelaar, this circumstance is worth underlining because the women with whom she visited the *hammām* did not usually dry themselves at the end of the

⁵⁶ The tragic events took place in the Beni Zummour region of the Middle Atlas, and even became the subject of oral poetry. See Lahcen Haddad, *Le résiduel et l'émergent. Le devenir des structures sociales traditionnelles. Le cas de la tribu hors et dans la ville*, Rabat, Publications de la Faculté et des Sciences Humaines, Université Mohammed V, 2001, pp. 41–42.

⁵⁷ *Al-māslach*: dressing and rest room; *al-bayt al-awwal*: first room; *al-bayt al-wastāni*: central room; and *al-bayt al-harāra*, warm room.

⁵⁸ Leo Africanus, *The History and Description of Africa*, Third Book, Robert Brown (ed.), London, Hakluyt Society, 1896, pp. 426–427.

process, in order to conserve heat, and put on fresh clothing while they were still damp.⁵⁹

The *hammām* is one of the spaces in which body codes involving clothing and modesty are inverted. It is for this reason that discussions concerning the permissibility of the *hammām* have cropped up frequently throughout history. Al-Ghazzālī thought that women should only enter them in exceptional circumstances, either when they were ill or after having given birth.⁶⁰ The inconvenient nature of the baths, in the eyes of many jurists, was related to the question of the *ʿawra* or illicit gaze, and the shamefulness of nudity. Al-Ghazzālī himself devoted an entire chapter to manners (*adab*) in the *hammām*, recommending bathers to cover their heads and also the area between the belly and the knees, to prevent immodest stares. There have also been numerous criticisms based on the licentiousness of the prevailing general nudity, and this has tended to go beyond the recommendations of the jurists; criticism has also been made of the erotic component of *hammām* life as described in narratives and poems, with special reference to homosexuality. Bouhdiba describes the existence of stories about virgins who have become pregnant after sitting on the marble of a *hammām* which contained traces of semen.⁶¹ In her ethnographic account of the *hammām* baths of Sidi Sliman in Morocco, Buitelaar explains that women walk around calmly inside them wearing nothing but underwear, and states that the only part of the body considered strictly private and an object of shame (*hshūma*) is the vagina, which is washed in restricted areas or in such a way that no-one sees it happening. In accordance with the norms of spatial segregation, the different sexes are not allowed to mix, with the exception of small children accompanying their mothers.⁶²

The staff of a classic *hammām* consists of a doorman or doorwoman (*gellas, gellassa*) who also runs the till. This function is sometimes performed by the owner of the establishment, who enjoys a certain prestige and is a privileged participant familiar with the habits and customs of his clients and neighbourhood. Inside the *hammām* there are staff who take

⁵⁹ Buitelaar and Van Gelder, *Het badhuis . . .*, p. 56.

⁶⁰ Bouhdiba, *La sexualité . . .*, p. 204.

⁶¹ *Ibid.*, p. 209.

⁶² For a graphic illustration of the atmosphere inside a *hammām*, as well as the exclusion from it of a young man now considered a "man", see the film *Halfaouine* (1989), by the Tunisian director Farid Boughédir.

care of the body, such as the *kiyyas* or rubber/masseur for men, and the *tijjaba*,⁶³ who carries out the same functions for women, or the *qabbat ar-razem*, who is in charge of serving clients, bringing clothing or buckets of water, or cleaning the rooms. Finally, there are also youths and other staff who feed the boiler. The rubbers clean the body with sponges and scrape strongly the parts which are most difficult to clean, such as the back, with the aim of ridding the skin of impurities. Apart from the staff belonging to the *hammām* as such, in the adjacent areas it is often possible to find specialists in beauty and body care, such as herbalists, hair-removers, hairdressers and barbers (*hajjām*), who dye beards or hair with henna and also perform curative treatments of their own.

There is no fixed day for visiting the *hammām*, but Thursday is a favourite for many people. Thursday is a special day in the weekly Muslim calendar, because it comes before the day of prayer and has also been chosen for other religious events, like the weekly meetings of the Sufi brotherhoods, or for special moments of leisure, such as that associated with the well-known Umm Kultum radio concerts. In practice, people go to the *hammām* whenever they can within the restrictions of working and domestic obligations, although it is certainly seen as a space for the preparation of festivals and rituals, from Friday prayers to weddings and circumcisions. Different days of the week are often assigned to men and women to prevent them from coinciding, but many *hammām*-s have separate areas for the two sexes, each with its own entrance. In the popular Moroccan *hammām*-s, people bring their own small and large buckets, sponges and bath mitts, as well as a change of clothing, and it is often a group activity rather than an individual experience.

Both in literature and oral culture, the *hammām* has often been described as a kind of celestial inferno on account of its dual condition as a space of purification and impurity, of well-being and hazardousness, of respect for religious norms and the infringement of sexual taboos. The *hammām* is also an ambivalent space, as a result of its status as an area of transition between different states, i.e. an area where one passes from a state of impurity to one of purity. In this sense it can be considered a small rite of passage, in which the body and spirit go through the three phases of separation, liminality and reincorporation.⁶⁴ This explains the existence

⁶³ Term derived from the root t-j-b, to heal or leave in good condition. Because of their contact with body remains, the profession of these “rubbers” is considered low-status, like that of a butcher or tanner.

⁶⁴ Buitelaar and Van Gelder, *Het badhuis* . . ., pp. 56–63.

of a whole series of rites and beliefs relating to the *hammām*. The *sunna* recommends entering the building with the left foot first, because the person who goes into a *hammām* is entering it in an impure state, and it is, moreover, inhabited by *jnūn*. Their presence there is due to the characteristics of the baths, which are dark, damp and full of impure substances. Fear of the apparition of the *jnūn* is more widespread than might be thought, because of the silence which surrounds the subject of their existence. As we will see, belief in them is reinforced by orthodox tradition and numerous stories in oral culture. Some of these tales are told by storytellers, but many others circulate among relatives and acquaintances, and usually feature specific individuals who have had experiences with *jnūn* in the bathroom or *hammām* itself. This perception of the *hammām* as a dangerous place is justified in other ways, such as the fear of being the victim of the evil eye of another client. Such an affliction is even thought likely to affect an individual's fertility, and this helps to explain the protection of the sexual parts. This is the reason why, on the occasion of a wedding when the bride has to be prepared in the *hammām*, she does not attend it on her own but is accompanied by relatives and female friends. A fear also exists that corporal remains such as hair and nails can be used to perform magic or *suhur*.

At the same time, a visit to the *hammām* is a purification rite, the term for which in everyday language is also a synonym for making love, since it makes reference to the cleanliness required after a sexual encounter, or in the preparation for it. For this reason, frequent *hammām* attendance can often lead to the making of jokes based on this analogy. A visit to the *hammām* is seen as a special moment for health and well-being, and this is reflected in the kind of expressions exchanged by clients within them: "to your health" (*bi-sahhtek*), to which the reply is "may Allāh give you health" (*allāh ya'atek sahha*). In addition to being a space for purification and preparation for other rites, the baths have also fulfilled many other functions:

- A space for rites. The *hammām* provides the major purification (*ghusl*), i.e. a cleansing of the body with clean water, as many as three times and starting on the right-hand side. This cleansing process is a necessary one in preparation for a wedding, birth or circumcision. Therefore the baths do not only allow for the fulfilment of compulsory rites, such as prayer or sacrificial feasts, but also occur as the preface to other events, such as the visit to a cemetery or sanctuary, especially when women are involved, or before other more profane celebrations.

- A space of sociability. The *hammām* is a special place for many urban women, and often plays a role equivalent to that of the cafeteria in the lives of men, but with all the advantages pertaining to a private space. It is in this sense an area beyond male control, and for this reason has also been the subject of fantasies projected onto the *hammām* by men, both Moroccan and foreign, who have portrayed it as a sphere of sensuality (and homosexuality). However, the *hammām* is also a means of building social networks and ties. Women who arrive in a new area or city have to attend the local *hammām* if they wish to create their own network of relationships. The *hammām* is also, in theory, an area of social equalisation, in which people of different origins and status share the same experience. It is, however, far from being a paradise void of conflict: on days of greater attendance there are often arguments over the areas to be used or in order to get the water needed for the buckets.⁶⁵ Another of the functions of sociability covered by the *hammām* is that of being the place where matrimonial candidates are often chosen, given that it is an area which makes it possible to observe intimate aspects of a person's body and behaviour.
- A space for therapeutics, beauty and hygiene. Following the humoral model, many authors have written on the relaxing and beneficial effect of the baths on a person's health. It is striking that in Morocco the *hammām* is also often known as the "silent doctor" (*al-tabīb al-abkam*), in reference to its beneficent properties for the body.⁶⁶ Humoral theory sees the body as in a permanent state of tension and balance between elements, humours and temperaments. The function of the *hammām* is to aid this balance between the entry and exit of substances (food and sweat), as was described in an influential 15th-century treatise by al-Munawi. In al-Munawi's view, the food ingested by a human being is distributed around the body in small amounts, and given that the skin pores are narrow and the skin without hair, excess material is generated around the skin. Al-Munawi recommended the removal of these impurities from the skin with very hot water and in an area with hot air, i.e. inside a *hammām*.⁶⁷ The baths are also seen as beneficial in countering many illnesses, such as fever, indigestion, tiredness, stomach pains or

⁶⁵ *Ibid.*, p. 63.

⁶⁶ Secret, *Les sept printemps de Fès* . . . , p. 67. It is given a similar name in Tunisia: *at-tbīb al-baqqūsh*, "the mute doctor" (Janine Sourdel-Thomine and A. Louis, "Hammām", *Encyclopédie de l'Islam*, vol. 3, Paris-Leiden, Maisonnueve & Larose-Brill, 1971, pp. 142–149).

⁶⁷ Buitelaar and Van Gelder, *Het badhuis* . . . , p. 65.

colds. A period of time spent in the *hammām* helps to free the harmful substances deposited in the body.⁶⁸ Nevertheless, as we have seen, the *hammām* can have side effects, especially in the case of persons prone to illness. The baths can put to sleep or weaken the body's natural heat, can lead to dryness, or a reduction in the appetite for food or sex, and weaken the heart and bring about fever, dizziness or nosebleeds. It is for all these reasons that al-Munawi advocated moderation in the use of baths, and recommended departing the *hammām* when one felt faint or unwell; he also advised avoiding them when hungry, or if the body was very hot or cold, and if a person attended with a full stomach or without having carried out any exercise, he recommended the intake of sugared drinks or food. Sudden changes in body temperature can also be dangerous, so it is thought advisable to move gradually from one room to the next, or to the outside world. It is also considered harmful to eat, sleep or have sexual relations inside the *hammām*. As for the most beneficial sequence in which the skin can be cleansed, water and the rubbing of the skin should be carried out after the sweating phase, and oils are applied in the phase after rubbing, since they would otherwise impede the cleansing of impurities. There also exist recipes for drinks to be given to women in the *hammām* as a means of favouring their fertility. These drinks are consumed after the hot phase and take the form of a mixture of warm water and *rās al-hānūt*, an amalgam of spices. The consumption of this drink is accompanied by a massaging of the belly in the warm room, with the aim of increasing the loss of blood in the next menstrual period.⁶⁹ Finally, traditional midwives used to advise pregnant women to attend the baths in the final phase of their pregnancy, in order to facilitate dilation during labour.

Like other institutions, the *hammām* has undergone transformations in recent years. In the 1980s, Fasi and Susi businessmen introduced innovations which widened the range of services available and saw the appearance of adjacent hairdresser's and beauty salons. There has also been a gradual transformation of the meaning of the social networks created

⁶⁸ With the exception of those by some authors, such as the Sevillian Marwan Ibn 'Abd al-Mālik (d. 1078), most treatises of Arab medicine have described the positive effects of visiting the baths. These include those by al-Munawi, mentioned in the text, al-Masihi, the teacher of Ibn Sīnā, or Ibn Jumai (d. 1198), who recommended going to the *hammām* in cases of migraine and inhaling the vapour with pistachio oil.

⁶⁹ Buitelaar and Van Gelder, *Het badhuis* . . . , p. 73.

in the baths. Traditionally, the bath was a space frequented by relatives and neighbours. However, since the late 20th century, the *hammām* has acquired the function of a leisure area like many others, such as the pastry tearoom or a park picnic. The *hammām* used to be one of the few places of intimacy for women outside the domestic arena, but in a modern urban context it has also become a place to rest, away from the stresses of work and family rhythms.⁷⁰ A gap has also opened up between the *hammām* of the elite (*khassa*) and the *hammām* of the popular classes (*‘amma*), and to this must be added the appearance of new leisure areas for the middle classes combining baths, gyms and several different services.

2.3.2. *Care of the Body*

Research into the meaning of bodily cleanliness in Morocco shows that most people link it to religious prescriptions.⁷¹ Men and women clean their bodies in different ways, but patterns exist which are based on observance of the norms laid down for ablutions, complemented by a visit to the *hammām*. These patterns may vary, depending on gender, status and the geographical region. The most interesting aspect that can be highlighted is that most of the population is unaware of the legal debates,⁷² but presents its notions of cleanliness as the most ideal and effective in accordance with Islam and other legitimising criteria such as humoral theory. This can be illustrated by a personal anecdote. In 1999, a young woman from Rabat explained to me in a conversation the difference between the method of showering thoroughly every day and that of going once a week to a *hammām*. Her view was that a daily shower damages the skin

⁷⁰ Omar Carlier, “Les enjeux sociaux du corps: le hammam maghrébin, XIX^e–XX^e siècle, lieu perenne, menacé ou recréé”, *Annales: histoire, sciences sociales*, 6 (2000), pp. 1,303–1,333.

⁷¹ Aicha Belarbi, “Cuidados corporales femeninos: pulcritud o seducción”, in Aicha Belarbi, Fatima Mernissi et al., *La mujer en la otra orilla*, Barcelona, Flor del Viento Ediciones, 1996, p. 19.

⁷² In the classic sources of the *sunna*, the jurists highlighted the spaces and parts of the body which had to be kept pure, and they laid down three methods to be followed for achieving purification: washing, drying and sprinkling. Washing involved applying water to all kinds of impurities and any part of the body. Drying could be carried out with stones or with dry leaves for shoes and sandals. The part of a woman’s dress which drags along the ground must be purified with dry herbs, according to an Umm Salama tradition. There were differences between the schools concerning the practice of sprinkling. Some limited its use to the cleaning of a baby’s urine, and even made a distinction between a boy’s urine, which was to be cleaned by sprinkling, and that of a girl, which had to be washed away. Mālik ibn Anās recommended washing parts and objects which had definitely been contaminated and sprinkling for cases where there was some doubt.

and does not eliminate impurities, whereas the *hammām* bath allows the elimination of dirt from the pores due to the rubbing method—a theory first introduced by classical writers in the history of Arab medicine. As we have seen in the description of the different phases of the *hammām*, the process of rubbing the skin after sweating makes it possible to remove the remains of dirt (*ūsakh*) accumulated in the pores. Indeed, a failure to complete this part of the cleaning process is seen as unhygienic.

Popular notions contrast the clean (*nqi*) and the dirty (*mussakh*), and this is often confirmed in scholarly traditions which are generally unfamiliar to the majority. Thus it is that in Morocco the educated concept of *tahāra*, purification, is not used in this way by most people, who employ the word to refer to circumcision, which is certainly related to the idea of purification. These notions of cleanliness and fittingness also affect substances applied to the body. Industrial soap products of European origin are accepted and used, but they are also placed in contrast with “home country soap” (*sabun baldī*). This sort of classification distinguishing between home and foreign products is found in other areas of everyday life.⁷³

Women’s attitudes towards hygienic aspects of menstruation illustrate the connections between cultural notions, social structure and corporal practices. I have already mentioned the stigma attached to the blood of a menstruating woman. According to a study by Naāmane-Guessous, menstruation causes 75% of rural women and 35% of urban women to stop bathing. Various reasons are given: fear of contamination or injury, but also fear that on leaving the baths they might catch cold in such a way that caused sterility or fear that the warmth of the baths might lead to haemorrhages.⁷⁴ In practice, then, the major purification would not take place until the end of the period, with a visit to the *hammām*.

Depilation of the hair in the armpits and pubes is as important as cleaning the body, in both men and women. As an illustration, we have the interesting reference by Ursula Kingsmill to the surprised reaction of women in the central Rif region when they saw that she was not shaven,

⁷³ *Baldī*, used to distinguish products from those of non-Moroccan provenance which are considered inferior e.g. *khubz baldī* (“bread of the country”, referring to round rather than straight loaves). It is no coincidence that some products considered alien are given the name *rūmi*, “Christian”. For example, a “Christian chicken” (*djadj rūmi*) refers to a farm chicken. For more on this Moroccan system of classification, see Hassan Rachik, “Roumi et beldi: réflexions sur la perception de l’occidental à travers une dichotomie locale”, *Egypte-Monde arabe*, 30–31 (1997), pp. 293–302.

⁷⁴ Naāmane-Guessous, *Printemps et automne . . .*, p. 148.

such an omission being seen as a truly barbaric custom.⁷⁵ In general, then, shaving seems to be a widespread practice, albeit with some variations depending on social status.⁷⁶ The depilation of the legs is not as common as that of the pubes, and varies in accordance with professions and the type of clothing worn in them. In addition to hygienic explanations of shaving there exist others linked to the *sunna* or Arabic humoral medical traditions: shaving the cranium prevents headaches and improves the eyesight; shaving off pubic hair increases the sexual appetite by helping to expel the vapours which can descend on the organs containing the seed and dry them out; and shaving the armpits expels the vapours of the heart.⁷⁷

Women complete their hygiene with substances designed to embellish their appearance. For the hair they use *ghasul* or “cleaner”, a kind of clay which is applied to prevent dandruff or to stretch out the hair. Before washing their hair, women also apply henna and various oils made from almonds or argan. For the teeth they chew walnut tree roots, or *siwāk*, which gives the gums an orange colour and has aseptic properties for bleeding teeth or gums. For the eyes the most used product is *khūl*, which makes it possible to highlight the contour of the eyes in black. This is not only used by women, but also by some men, as recommended by some traditions. The feet are also treated, and *hammām* clients usually take with them a stone known as *haqqāqa* to eliminate calluses.

The local canon of beauty for women has diversified in recent decades under the influence of media globalisation, but Moroccan tradition is based on a series of still-existing notions which tend to stigmatize slowness. Moroccan herbalist’s shops are full of products for beautifying the face, teeth, lips and hair, as well as reducing the effects of ageing, but they also have products aimed to help the consumer put on weight.⁷⁸

The Arab world also has a sophisticated tradition in the realm of perfumes, and the use of alcohol in Western perfumes has generated

⁷⁵ Ursula Kingsmill Hart, *Behind the courtyard door. The Daily Life of Tribeswomen in Northern Morocco*, Ipswich, Massachussetts, The Ipswich Press, 1994, pp. 87–94.

⁷⁶ Belarbi, “Cuidados corporales . . .”, pp. 19–30.

⁷⁷ Buitelaar and Van Gelder, *Het badhuis . . .*, pp. 69–70.

⁷⁸ Fenugreek macerated in water, taken with breakfast in two table spoonfuls; couscous prepared with pennyroyal mint and sun-dried ginger, taken for a month before each meal; drinks made from sesame and camel milk, or, after the *hammām*, hen with *rās al-hānūt* spices and a drink mixing milk, cumin, garlic, aniseed and ambar. See Mustapha Akhmisse, *Médecine, Magie et Sorcellerie au Maroc ou l'art traditionnel de guérir*, Casablanca, Imp. Eddar El Beida, 1985, p. 185.

a preference for local products. The use of perfumes and other beauty products is, in addition, an indicator of social status. The most expensive kinds of make-up are more widely used among the upper classes for economic reasons. However, the consumer society has also reached the lower classes, especially in the use of low-cost industrial products. The use of make-up also varies in accordance with social status, age or the time of the year. Competing with the beauty products of the great multinationals, distributed in boutiques and pharmacies, there are products resulting from the process of re-Islamisation which are imported from the Middle East and carry *hallāl* guarantees of their Arabic and Islamic authenticity, as well as using their own beauty models on the labels. In the case of men, the care of head and facial hair is equally important and should be analysed in the light of various factors, such as the influence of the *sunna* and legal discussions, fashions, status and the individual's age.

Finally, brief mention must be made of the art of body decoration in Morocco. This can be divided into two main groups: the permanent kind, which is more common in *amazigh* populations but is now in clear decline; and the temporary tattoos drawn with henna for occasions like weddings or other celebrations. Both types are mainly seen in women:

- Permanent tattooing has been the subject of different discussions on the reasons for its use and the symbolism of its forms. Such tattoos are made on the face (chin and forehead), hands and body, and between the lower abdomen and the chin.⁷⁹ Some men who served in the Spanish colonial army carry tattoos which take the form of small marks giving the number of their battalion or company, or the military corps insignia. There are various hypotheses on the origin of female tattoos.⁸⁰ Some have seen them as remnants of ancient pre-Islamic practices, or as using Christian symbols (forms of the cross), as markings to denote the woman's tribal origins, or with a purely decorative function, as a

⁷⁹ *Ṣīyyāla*, between the lower lip and the chin; *hargūs*, on the cheek; *būja*, between the eyes; *khātem*, around the finger.

⁸⁰ Jean Herber, "Les tatouages de la face chez la Marocaine", *Hespéris*, 33 (1946), pp. 323–351; "Onomastique des tatouages marocains", *Hespéris*, 35 (1948), pp. 31–56; "Notes sur les tatouages au Maroc", *Hespéris*, 36 (1949), pp. 11–46, and "Les tatouages des bras de la Marocaine", *Hespéris*, 38 (1951), pp. 299–325; Julio Cola Alberich, "El tatuaje en Marruecos", *África*, 75–76 (1948), pp. 33–34; *Amuletos y tatuajes marroquíes*, Madrid, Instituto de Estudios Africanos, 1949; Susan Searight, "Le tatouage chez la femme berbère marocaine, Moyen Atlas et pays Zemmour", *Études et documents berbères*, 10 (1993), pp. 31–45. In contexts of prostitution, it has also been widely used, as well as among Moroccan and foreign soldiers or in the Legion.

way of enhancing the outline of the chin, or protecting against the evil eye. This type of tattoo is in clear decline among the generations born since the 1960s.

- Temporary tattoos are made from henna, and are particularly applied to hands and feet. These tattoos are usually made by relatives or friends, but for grand occasions such as weddings the services of professional women known as *naqāsha dial henna* (henna designer), *neggāfa*⁸¹ or *hennaya*. As we will see in the chapter on rites of passage, henna is thought to have a number of protective functions and is applied at most times of transition in life.

2.3.3. *Hygiene, Impurities and Domestic Space*

The number and nature of domestic spaces used for cleaning the body vary from one region to the next, and there are considerable differences between city and country areas. It is also necessary to bear in mind the changes that have taken place among the upper-middle classes since the colonial period, as well as the changes deriving from emigration which have tended to “urbanise” the country and have introduced new utensils and spaces used in the maintenance of corporal hygiene. Traditional houses have a small room known as the *bayt al-ma*, literally the “water room”, which is used for washing, showering and latrine purposes. The oldest medinas already had running water and fountains inside houses, as in the sophisticated system which operated in Tétouan.⁸² Many houses still have a similar space, containing a tap at the height of the knees, together with a bucket, which is used to wash the body, perform ablutions, and clean the private parts after defecating. Defecation is carried out standing up at latrines placed to one side of the tap, and more recently in water closets. It should be remembered that the latrine allows for fulfilment of the religious precept that defecation should be carried out in a crouching position. Furthermore, water is a purifying element, and has tended

⁸¹ The *neggāfa* was the woman who used to assist the bride in most of the rituals. For Tangier, Biarnay, *Notes d'ethnographie . . .*, pp. 30–37, refers to this woman as a *négresse*, a black assistant-maid (or slave) who in exchange for money or other objects carried the bride on her back to prevent her from touching the ground, spread henna on her, displayed the cloth stained with blood, danced, etc.

⁸² El Houssaine Afkir and Mohamed Abdellaoui, “Le réseau skundi, ancien système d’approvisionnement de la médina de Tétouan en eau potable”, *Revue de la Faculté des lettres*, Tétouan, 4 (1990), pp. 219–228.

to predominate over toilet paper.⁸³ Nevertheless, it is worth highlighting once more that there are many different situations, depending on the status of the family and the geographical region, and much has changed with the recent introduction of the toilet bowl in replacement of the traditional horizontal latrine.

According to data gathered by the Ministry of Health in 2003, and based on a survey carried out in 4,713 homes, 82% of households in urban areas had a tap with drinking water, but this was true of only 8.5% in rural areas. Of the five socio-economic groups identified in the study, only 3.4% of the poorest group had a tap, whereas the figure was 44.6% for the intermediate group. 71.8% of urban households had a space for urination and defecation which was connected to the general sewage system, but the same could be said of only 2.4% of rural homes. In class terms, the figures were very eloquent: only 0.5% of homes in group 1, the poorest, had such a space, and 4% of homes in groups 2 and 3, whereas the figure rose to 77.4% for group 4 and 94.2% for group 5.⁸⁴

In the traditional houses in country regions, the *bayt al-ma* (which has other names in Berber-speaking areas)⁸⁵ is used exclusively for washing the body, but not for urination and defecation, which occurs outside the home. The room is separated off by a partition wall, and the floor is usually slightly inclined to make it easier for water to disappear through a small hole. This rural model has changed greatly since the 1970s, with the arrival of new materials, and the construction of cubical buildings, with a balcony and without a V-shaped roof, which imitate the distribution in urban buildings and include sanitary features like toilets and septic tanks. The custom of defecating outside the home is being transformed by the inclusion of a space for this purpose within the building.⁸⁶ Middle and upper class families, as well as those with a greater familiarity with Europe for migratory reasons have introduced new notions of bathing space, replacing the simple tap with sinks, showers and bathtubs.

⁸³ Mohammed Hocine Benkheira, *Islām et interdits alimentaires. Juguler l'animalité*, Paris, PUF, 2000, p. 35.

⁸⁴ Ministère de la Santé. Royaume du Maroc, *Enquête sur la santé et la réactivité du système de santé. Maroc 2003*, Direction et Planification et des Ressources Financières, Services des Études et de l'Information Sanitaire, 2007, p. 45.

⁸⁵ In Guelaya, Eastern Rif, this room is known as the *arcen*.

⁸⁶ Abdelaziz Boulifa, "Un indicateur des changements économiques et sociaux dans la partie septentrionale des Jbala: l'habitat rural", Groupe Pluridisciplinaire d'Étude sur les Jbala, *Les Jbala. Espace et pratiques*, Kénitra, Université Ibn Tofaïl, 2001, p. 71.

In terms of symbolic representation, these spaces are seen as potentially dangerous, like the *hammām* or fountains (‘*ayn*), because of a series of features (darkness, dampness, a direct connection with the bowels of the earth) which attract the *jnūn*.

Urination and defecation practices have largely determined the structure of these spaces. Contact with excrement (*istinjā*) or urine does not require the *ghusl* to be performed—minor ablution is considered sufficient. The *sunna* stipulated in great detail how bodily defecation was to be carried out: a remote place must be sought out, no words should be uttered and the right hand was not to be used.⁸⁷ Westermarck also mentions the prohibition against urinating or defecating in the sea, in a river or in water generally, given that the person who did so could be attacked by a *jinn* or would pass blood after their death.⁸⁸ In her book on Rifian women, Ursula Kingsmill explains with some humour a point not mentioned by her husband, the anthropologist David M. Hart, in his ethnographic study of the Rif: the question of how to find a quiet place in the country to defecate without being seen or attacked by insects and animals.⁸⁹ In the case of the Aith Waryaghar, Hart writes that in that rural region, the people would go to perform their necessities some distance from their homes, in some part of the countryside, a space which the women periodically fumigated by burning maize reeds.⁹⁰

⁸⁷ Details of body posture were also discussed by the classical jurists, and three basic opinions emerged: firstly, prohibition of the face being turned towards the *qibla* while urinating or defecating; secondly, permission to direct the body towards the *qibla*; thirdly, permission to face the *qibla* only in a town and inside a building but not in open spaces like the desert. In a tradition attributed to Abū Ayyūb al-Ansārī, the Prophet said that at the time of defecating one should not either face the *qibla* or turn one's back on it, making it necessary to stand between east and west. There was also debate over the licit means of removing the remains of excrement, apart from the recommended method of using water. Mālik forbade the use of bones, manure and food items, such as bread, and also materials such as gold or gems. The Zāhirites only permitted the use of stones. Other authors authorised the use of bones and al-Tabarī allowed the *istinjā* purification to be performed with any type of object, whether pure or impure.

⁸⁸ Recorded in Aith Waryaghar: see Westermarck, *Ritual and Belief* . . . , I, p. 234.

⁸⁹ “It's either behind a goddamn rock and at the crucial moment a boy minding the goats wanders by, or worse, a group of women strolls past, off to cut the grass . . . or it's that fucking cave buzzing with insects . . .” (Kingsmill Hart, *Behind the Courtyard* . . . , p. 2).

⁹⁰ David M. Hart, *The Aith Waryaghar of the Moroccan Rif. An Ethnography and History*, Tucson, University of Arizona Press, Viking Fund Publications in Anthropology, no. 55, 1976, p. 38.

2.4. "That Which Enters": Body, Purity and Eating Practices

Throughout this chapter we have seen the importance accorded to substances which enter and leave the body, as possible invalidators of rites and prescriptions. Food and the feeding process are equally subject to the Muslim code of norms and to local traditions derived from it as well as the humoral notion which saw correspondences between the type of substances consumed and the state of equilibrium of the components of the body, as can be seen in classic books on dietetics. These food guidelines have defined which substances can and cannot be ingested, as well as outlining the sacrificial rites to be performed on the animal concerned, ways of cooking it and even ways of eating it collectively. In this sense, what is eaten is also ruled by the economy of distribution and social interchange. Indeed, food in the form of banquets is often converted into a series of objects of interchange, reciprocity and obligation.

2.4.1. Harām and hallāl: Norms and Controversies Over Permitted and Forbidden Food

Mohammed Hocine Benkheira has recorded the existence of several normative lists which condition and affect food prohibitions.⁹¹ Most authors restrict themselves to citing the best-known Muslim prohibitions, such as those relating to pork, blood, dead animals etc., but there are many other restrictions determined by dietetical norms (*hinya*), local customs or implicit aesthetic and sociological notions based on ideas of "good taste", such as the avoidance of mixing milk and fish.⁹² The Quran is the basic source reference when it comes to declaring an animal or substance edible or otherwise, in accordance with a contrast between the "permissible" (*hallāl*) or the "good" (*tayyib*) and the "forbidden" (*harām*) or "impure" (*khabīth*). However, it should be remembered that the Quran did not simply lay down prohibitions, but also annulled some Jewish and pre-Islamic taboos, meaning that it actually widened the overall range of food possibilities.⁹³

⁹¹ Benkheira, *Islām et interdits . . .*, pp. 31–33.

⁹² As in other cases, these ideas can be attributed to Hebrew influences. Jewish law prohibits combinations of dairy and animal meat products.

⁹³ Benkheira, *Islām et interdits . . .*, p. 47.

The Quranic prohibitions on animal foodstuffs refer to four main categories: dead animals (*mayta*), food made from blood (“stagnant blood”, *damm masfūh*), the meat of the pig (*lahm al-khinzīr*) and that of any animal over whom the name of God has not been invoked. This last prohibition implies a positive norm, for it proclaims that all terrestrial animals can be made edible if sacrificed in accordance with the Islamic rite, unlike waterborne animals, which can be eaten without the need for such rites. In addition to these four prohibitions, the Quran mentions other substances like fermented drinks, and food restrictions during the pilgrimage to Mecca. All other prohibitions are part of the *sunna*, and have therefore been subject to interpretation by the legal schools and in *hadīth*-s. Debates and differences have tended to focus on ways of conceptualising and classifying sea, land and air animals, and there have been a large number of important disagreements.

To give one example, the Maliki school regarded the frog as a permissible animal, like the crab or the tortoise, but the Ibadis prohibited it because according to one *hadīth* the Prophet would not have allowed it to be killed. This case reveals another aspect of the logic behind the norms, i.e. the idea which does not allow the consumption of an animal which it is forbidden to kill, such as ants and bees. There have also been many disagreements over the correct way of classifying non-aquatic species, which were divided into quadrupeds, birds, insects and reptiles. Quadrupeds were in turn classified as either wild or domestic (cattle and poultry were edible, dogs and cats forbidden, and horses were rarely eaten though not actually forbidden).⁹⁴ Some animals, such as the mule, also provoked debates between the schools, with the Maliki school declaring both the wild and domestic variety illicit. There was also controversy over those animals which feed on or come into contact with impure substances. Thus, consuming faeces-eating camel is condemned by the Hanafis but the meat can be purified over a period of ten days, as in the case of other animals like hens. The Malikites, by contrast, did not object to the consumption of faeces-eating animals. They also allowed the eating of hares and foxes, but prohibited consuming wild or domesticated felines. By contrast with most other schools, Mālik also authorised the consumption of all kinds of poultry, including those with claws and talons (eagles, kites and other birds of prey).

⁹⁴ *Ibid.*, p. 90.

Reptiles, insects and poisonous animals are not generally considered edible, because of their associations with the underground world of demons. In reality, a classificatory system was used for such animals which does not coincide with modern zoological terminology. For example, the term *sharāt al-ard* refers to mice, scorpions, snails, snakes, insects or lizards. These classical references have taken on a new meaning when applied to the modern food industry. For example, the red colouring agent E-120, which is made from an insect, the female cochineal, is included in the list of food additives forbidden by the *hallāl* certifying agencies.⁹⁵

One of the main prohibitions is based on the rejection of animals which feed on flesh or carrion, in line with the principle that animals transmit the properties of that which they eat, and can thus pass on to humans savage qualities like aggressiveness or extreme violence. Food passes on its properties to the animal or person who consumes it, a premise which also lies behind the full range of magic and rituality, or humoral dietary norms, which I will analyse in other sections of this book (foods which favour or damage fertility, foods to be eaten after giving birth etc). There is a wide range of correspondences: eating the heart of a nightingale gives one a good voice,⁹⁶ and pigs are attributed characteristics which are also attributed to Christians, who eat them, such as a lack of jealousy or a gluttonous and greedy attitude. Stereotypes concerning black Africans include the idea that their alleged love of dancing comes from eating monkeys,⁹⁷ and there is also the idea that eating camel flesh generates bitterness, a supposed Arab trait according to much Arabic literature.

In the contemporary period, there have continued to be differences between the schools, but there is a certain consensus on which animals are forbidden: wild animals (predators, wild pigs and animals which feed on carrion), birds of prey, certain domestic animals (cats, dogs, donkeys, carnivores and others which eat scraps), marine animals other than fish or which are similar to other forbidden animals, amphibians (tortoises,

⁹⁵ René Den Hollander, "Historische en actuele aspecten van de islamitische spijswetgeving: het principe van islamitische spijswetten", in Marjo Buitelaar and Geert J. Van Gelder (eds.), *Eet van de goede dingen! Culinaire culturen in de Midden-Oosten en de Islam*, Amsterdam, Coutinho, 1995 p. 83.

⁹⁶ In Morocco in the 1920s, according to Dr. Legey, cited by Benkheira, *Islām et les interdits . . .*, p. 177.

⁹⁷ Ibn Khaldun (1332–1407), in his *al-Muqaddimah* (chapter 1, section 5) defends the relationship between culture, behaviour and eating customs and substances ingested.

frogs) or reptiles.⁹⁸ One of the most influential works on the notion of *hallāl* and *harām*, which includes eating norms, is a book by the Egyptian *ʿālim* Yūsuf al-Qardāwī,⁹⁹ whose fame has spread throughout the Muslim world as a result of his phone-in programmes on the T.V. channel al-Jazeera. It is also necessary to explain the place occupied in the list of prohibitions and permitted items by the food of non-Muslims. Although food items not sacrificed in line with Muslim norms is declared illicit, the Quran states that “the food of the People of the Book is licit to you and your food is licit to them” (Quran, 5:5). Acceptance of the food of “the people of the book” is also backed by later authors who consider that the *dhabīha* or sacrifice of the animal by such groups is permissible, because they are also assumed to sacrifice in the name of God. However, other jurists have rejected this acceptance, given that not all Christian sacrifices follow an appropriate method, as in the case of chickens, which are strangled. Al-Qardāwī’s famous book, however, does declare such meat to be licit, although translations of the text into Pakistani Urdu sowed doubts about his *fatwā*.¹⁰⁰ In Morocco itself, several food controversies have also arisen, as is illustrated by the *fatwā*-s broadcast by Radio Tangier during the 1980s, during which Muhammad b. al-Saddiq declared illicit the importation of chicken meat from Europe.¹⁰¹

Anthropological explanations of these prohibitions have ranged from symbolistic to materialistic approaches. In Mary Douglas’s view, the definition of animals and food as pure or impure depends on the religious systems of classification, whereas for Marvin Harris norms such as the ban on pork in the Middle East are due to ecological and pragmatic restrictions.¹⁰² Benkheira’s scholarly work on Islamic sources reveals different types of hidden logic of a structuralist nature which partly depend on ways of classifying the animal world and its relationship with that of human beings. The Quran was aimed at a pastoral society,

⁹⁸ Muhammad Khalid Masud, “Food and the notion of purity in the *fatāwā* literature”, in Manuela Marín and David Waines (eds.), *La alimentación en las culturas árabes*, Madrid, AECl, 1994, p. 95.

⁹⁹ This book was originally a project of the University of al-Azhar, and was intended to provide responses for Muslims in the modern world. The first Arabic edition was published in 1969 and since then it has been translated into several languages. *Al-Halāl wa’l Harām fi’l Islām*, Cairo, Maktabat Wahba, 1969.

¹⁰⁰ Khalid Masud, “Food and the notion of . . .”, p. 102.

¹⁰¹ *Ibid.*, p. 90.

¹⁰² Marvin Harris, *Cows, pigs, wars and witches: the riddles of culture*, New York, Random House, 1974, and *Good to eat*, New York, Simon and Schuster, 1985, chapter 4.

where animals co-existed with humans and each depended on the other. Although humans are different from animals on account of their language and reasoning ability, the animals preferably to be consumed are those represented as counterparts of human beings, and which are “humanised” when they are domesticated. The Arabic term for domestic animal is revelatory because it literally means “human” (*ahlī, insī*). The distinction between humanity and savagery is also projected onto animals in an inverse manner: the left-hand side of an animal faces the right-hand side of the human who looks after it and is therefore considered to be the human part; the right-hand side, which faces the human’s left, is seen as maleficent. However, not all domestic animals are licit, and this is where other classificatory criteria come in: prohibition is applied to domestic animals which eat meat or scraps, as well as equine animals.¹⁰³ Domestic animals are in turn divided into “livestock” (*an‘ām*), equines (*dawābb*, horse, donkeys) and “carnivores” (*sibā*, dogs, cats and birds of prey used for hunting). The most greatly appreciated animals are those which perform economic or ritual functions (lamb, goat) or others involving war or prestige, such as horses and camels, which are not eaten. Poultry fowl, whose meat and eggs are eaten in the Maghreb, are nonetheless the object of a certain suspicion in traditional farming societies.

Another criterion in prohibitions relates to how animals are linked to impure substances. The term *jallāla* covers all those animals which eat excrement, corpses and impure substances, but this is not seen as an inherent characteristic of certain species. It is, rather, seen as analogous to the state acquired by humans when they are in a state of impurity. This is why domestic species which have eaten impure substances can be purified if given special food. For example, a chicken which has eaten dog or cat excrement must be placed on a special diet to make it possible for it to be consumed. Such animals, if not purified, might be the cause of illness, as I was once told by a Moroccan informant, who attributed possible eye infections to the consumption of such meat.¹⁰⁴

Other categories of animals are forbidden because of their alleged links with the world of demons. This is the case of lizards, ants and bees. Dogs and donkeys are also believed to possess the ability to see the *jnūn*. Such

¹⁰³ There is, however, no complete consensus over equines: the Sunnis forbid the consumption of the domestic donkey and allow that of the wild donkey, and only the Maliki school forbids eating horsemeat. Benkheira, *Islām et interdits* . . . , p. 143.

¹⁰⁴ Interview with Abdelqader (Manresa, 27/6/2007).

beliefs have been recorded throughout the Maghreb, and several Moroccan informants have also mentioned them to me. According to such beliefs, dogs and mules are able to detect the arrival or presence of a *jinn*. In other cases, such as that of the lizard, the animal itself is defined as a metamorphosed *jinn*. Finally, there are also cases of *jnūn* with a hybrid appearance somewhere between animals and humans, often having a human body upon the legs or feet of a goat or camel. Such notions might add new causes to the prohibition of animals like dogs, cats or reptiles.

It is not my aim to offer a closed explicative model of these norms, but to show that throughout history the consumption of new kinds of food and substances has also generated a number of controversies concerning aspects which the original sources had not contemplated or foreseen. Specialists have devised responses to such changes from the earliest times until today. The online *fatwā*-s promulgated on the Internet also devote their attention to questions raised by Muslims living in Europe or the Maghreb. They will often consider issues like whether to accept the food eaten by Christians or whether it is permissible to eat the meat served in branches of the McDonald's chain.¹⁰⁵ Modernity and the creation of nation-states has also meant the establishment of legal bodies which give sentences and certify the permissibility or prohibition of foods and substances, with particular emphasis placed on issues relating to the importation of food or the use in industry of preservatives, colouring agents and other additives. This can affect a wide variety of products made with animal fats and which include jellies, biscuits and sweets, although these discussions also extend to other articles entering into contact with the body, such as beauty creams and perfumes.

These issues are by no means new, since jurists have had to deal with the interchange of products between the Christian and Muslim world since the Middle Ages. What is significant is that emigration to Europe and the transformations of the contemporary world generate different reactions which do not always agree with *sura* 5:5 mentioned above ("you are allowed to eat the food of 'the people of the book'").

Apart from the list of animal substances listed above, the list of prohibited foodstuffs also includes alcohol and narcotics. However, the definitions of what is permissible and what is forbidden have changed over history, and several substances have provoked contrasting reactions:

¹⁰⁵ *Fatwa Bank*, <<http://www.islamonline.net>>, accessed 15/10/2006.

- Alcohol. One of the main prohibitions is that which covers the consumption of alcoholic products and their derivatives, or of food containing alcohol. However, classical literature contains examples, which have come to be censured in recent re-editions, such as the treatise on dietetics by al-Rāzī, in which the authors discusses the benefits of intoxicating drink.¹⁰⁶ Authors like al-Balkhī (tenth century) offer physiological explanations to justify its consumption, writing that water alone is not turned into blood in the liver and does not contribute to the formation of flesh and bones. According to this author, drink (*sharāb*) made with grapes provides the body with benefits, generating pleasure and health, and consumption of it should be moderate, to avoid drunkenness and addiction. Indeed, water was seen as the possible cause of dysfunctions in individuals of a cold temperament such as the elderly. In this case, the interpretation of the effect of liquids on the body once again matches the humoral model of equilibrium, and alcoholic drinks were seen by some dietary experts as a way of countering certain temperaments. In contemporary Morocco there exists a “secondary” or “semi-clandestine” market for alcoholic drinks. In tourist areas or cities with a more cosmopolitan tradition, such as Tangier, the sale of these products is less furtive and the chains of hypermarkets such as Marjan sell them quite openly. In other establishments there are special reserved sections which sell alcohol in a discreet fashion. Furthermore, some regions such as Meknes are famous for their wines. Whisky is often furtively consumed at weddings and other celebrations, and in the big cities the empty bottles of imported beers in rubbish tips reveal that they are also consumed.¹⁰⁷ Neither should we forget the existence of local methods of distilling brewed drinks and spirits, in

¹⁰⁶ David Waines, “Abu Zayd al-Balkhi on the nature of forbidden drink: a medieval Islamic controversy”, in Manuela Marín and David Waines (eds.), *La alimentación en las culturas islámicas*, Madrid, Agencia Española de Cooperación Internacional, 1994, p. 113. History is full of debates on this issue, but there are also numerous references to the production and consumption of wine, as is reflected in the Bacchic poetic genre of the *khamriya*. The Quran itself has differing revelations. In verse 16: 67 it reads: “And from the fruit palm trees and vines you derive intoxicants as well as a goodly provision./ In this is a sign for a people who understand” (Quran, 16:67). See also the definitions of *khamr* (wine) by Joseph Sadan, “*Khamr* (production)”, *Encyclopédie de l’Islam*, vol. 4, Paris-Leiden, Maisonnueve & Larose-Brill, 1978, pp. 1,027–1,030; and Arendt Jan Wensinck, “*Khamr* (Aspects juridiques)”, *Encyclopédie de l’Islam*, vol. 4, Paris-Leiden, Maisonnueve & Larose-Brill, 1978, pp. 1,027–1,030; and the definition of *nabīdh* (intoxicating drinks) by Peter Heine, “*Nabīdh*”, *Encyclopédie de l’Islam*, vol. 7, Paris-Leiden, Maisonnueve & Larose-Brill, 1993, p. 841.

¹⁰⁷ Lahcen Zerouali, *Le commerce des boissons alcoolisées au Maroc*, Rabat, Impérial, 1997.

spite of the claim by late 19th-century *‘ulamā*’ that alcohol only reached Morocco as a result of European colonisation.¹⁰⁸ The scholarly tradition has itself seen controversies over products derived from wine such as vinegar, which is recognised as a permissible product by most schools, which see it as a true transformation of alcohol. This interpretation is supported by the European Council for Fatwa and Research, which holds that “vinegar made from wine is a new substance which bears no relation with the old substance.”¹⁰⁹

- Coffee. Coffee seems to have been introduced into Yemen from Ethiopia by the Sufis in the 15th century. In fact, the term *qahwa* (coffee) was also used by mystics to refer to wine. Coffee was used as a stimulating substance in the performance of ecstatic rites of union with the divinity,¹¹⁰ and allusion has been made to this use in attempts to revoke the illicit character of the substance. In spite of prohibitions and controversies, the consumption of coffee spread throughout the Middle East from the 15th century onwards, and it moved beyond Sufi circles to become a source of sociability in the spaces designed for its consumption.¹¹¹ Controversy about it has never ceased to exist. The coffee debate was a continuation of the controversies over the consumption of *qat* in Yemen, since originally coffee beans were also chewed before being subsequently mixed with water. Controversies continued into the 19th century, and coffee was prohibited in brotherhoods like the Darqāwiya.

¹⁰⁸ There are differing references to these practices. According to colonial sources, some areas like Jebala, and especially Banī ‘Arūs, the birthplace of numerous *sharīf* families, made wine. I would like to quote extensively from one such source because of its historical interest: “Those of Beni Arós make a wine called “samet” which is very rich in alcohol, of a bitter and fairly unpleasant taste, and highly esteemed by the Moors, so that it is common to find cases of individuals who disgustedly reject the idea of drinking European wine and drink the wine of Beni Arós without scruples, saying that it has no alcohol and is therefore not a sin. They make this wine by treading sweet grapes, which they grow in large quantities, and closing up the juice in large vats which are hermetically sealed with clay and lime, they bury them for a year in heaps of manure”, “Algunas noticias sobre los chorfa alamién”, p. 3, undated [1920s], Biblioteca Nacional (Madrid). Auguste Mouliéras, “Tribu des Beni-Arous”, *Le Maroc inconnu. Étude géographique et sociologique. Deuxième partie. Exploration des Djebala (Maroc Septentrional)*, Paris, A. Challamel, 1899, p. 180, also refers to the consumption of alcohol, but attributes its trade to the Jews of Chaouen and Tétouan.

¹⁰⁹ Cristina De la Puente, “El vinagre en las fuentes jurídicas mālīkīes”, in Manuela Marín and Cristina De la Puente (eds.), *El banquete de las palabras: la alimentación en los textos árabes*, Madrid, CSIC, 2005, p. 259.

¹¹⁰ Indalecio Lozano Cámara, *Solaz del espíritu en el hachís y el vino y otros textos árabes sobre drogas*, Granada, Universidad de Granada, 1998, p. 18.

¹¹¹ Ralph S. Hattox, *Coffee and Coffeehouses. The origins of social beverage in the Medieval Near East*, Seattle, University of Washington Press, 1985.

However, coffee is still greatly consumed in Morocco, either black or mixed with milk, and is drunk like tea, with large amounts of sugar.

- Tea. Unlike coffee, tea has not been a central subject of legal debate concerning its consumption on account of its nature as a stimulant. In 17th-century Iranian texts on pharmacology, tea was mentioned as a therapeutical substance together with coffee and tobacco. Tea was introduced to Morocco by the English in the mid-18th century, much earlier than in Algeria or Tunisia. This explains the origin of its name in Morocco, *atai* or *tai*, based on the original Chinese *tcha*.¹¹² The type of tea which was introduced was green tea, i.e. tea which is not fermented and preserves the best aroma. This variant continues to predominate today, and is used as the basis for the final confection, which also includes other herbs like mint (*na'ana'*) or *shiba* (*Artemisa arborescens*). These herbs also give the tea drink its corresponding humoral effect: *shiba* is thought to be a digestive and generator of heat, and for this reason is used above all in winter, whereas mint is classified as cool. During the boiling of the herbs, a large amount of sugar is added to the teapot, and this helps to explain the high levels of consumption of sugar in Morocco, since tea is served either before or after most meals, and is also drunk in celebrations, meetings and visits.
- Marijuana and hashish. As is well known, the north of Morocco was an area of large-scale production of marijuana for the European market throughout the second half of the 20th century. Until that period, marijuana was consumed within Morocco itself, in pipes (*sebsi*), or mixed with other substances, like *ma'jun*, used in pies or meat dishes in hedonistic ambiences or during mystical, juvenile or musical processes of initiation.¹¹³ It used to be a popular product in small cafés, among both young and old, and like other stimulants it was used in Sufi circles, as in the Hedāwwa brotherhood, during mystical rites. The Hedāwwa of Banī 'Arūs even had a hut which was used for smoking purposes, and their *faqīr*-s were addicts.¹¹⁴ From the earliest period of Arab medicine,

¹¹² Françoise Aubaile-Sallenave, "Le thé, un essai d'histoire de sa diffusion dans le monde musulman", in Manuela Marín and Cristina De la Puente (eds.), *El banquete de las palabras: la alimentación en los textos árabes*, Madrid, CSIC, 2005, pp. 175–177.

¹¹³ Jamal Bellakhdar, *Hommes et plantes au Maghreb. Éléments pour une méthode en ethnobotanique*, Lulu.com & Lefennec.com, Plurimondes, 2008, p. 231.

¹¹⁴ René Brunel, *Le monachisme errant dans l'Islam. Sidi Heddi et les Heddawa*, Paris, Librairie Larose, 1955; Ramón Touceda-Fontenla, *Los Heddaua de Beni Aros y su extraño rito*, Tétouan, Editora Marroquí-Instituto General Franco de Estudios e Investigación Hispano-Árabe, 1955.

classical writers like al-Rāzī or Ibn Sīnā prescribed the juice of hemp leaves as a means of promoting hair growth and later authors were to use it against leprosy and epilepsy, and as a painkiller.¹¹⁵ In humoral logic, hemp was classified as a calorific and desiccant and was used to treat phlegmatic temperaments. Such medicinal and dietetic uses were criticised from the 13th century onwards and generated debates similar to those which took place over wine and, later, coffee and tobacco.¹¹⁶ Today, the consumption of hashish in Morocco is being replaced in many cases by that of new substances. The recent introduction of heroin and cocaine has led to a rapid rise in their consumption, and the same has occurred with alternative substances used by marginal groups such as homeless children and young people.¹¹⁷ Other substances could also be included here, such as those which enter and leave the list of licit and prohibited substances for generally political reasons. This includes the growing use of tranquillisers, especially among women.¹¹⁸

2.4.2. *Cooking and Diet*

From the medieval period onwards, recipe collections of the Middle East and al-Andalus constituted full-blown medical treatises on diet and the prevention of illnesses. Inspired by the humoral model, these texts recommended the types of food that should be consumed, as well as ways of combining, seasoning and preparing them.¹¹⁹ Current Moroccan eating habits reveal the survival of this model in the consumption of certain foods for the prevention of illnesses and their treatment. This logic dictates that the meals which accompany certain rites of passage such as birth-giving, circumcision or the deflowering of the bride are usually

¹¹⁵ Lozano-Cámara, *Solaz del espíritu en . . .*, p. 11.

¹¹⁶ Franz Rosenthal, *The Herb. Hashish versus Medieval Muslim Society*, Leiden, Brill, 1971.

¹¹⁷ Mehdi Paes and Jamal Eddine Toufiq, "Enfants des rues et drogues au Maroc: réflexion à partir de l'enquête sur l'usage de solvants parmi les enfants des rues de Rabat-Salé", in Abdeslam Dachmi (coord.), *L'enfant et la ville*, Rabat, Faculté des Lettres et des Sciences Humaines, 1999.

¹¹⁸ Amina Bargach, paper given at the I Simposio de Psiquiatria Transcultural, Barcelona, 2–3 February 2006.

¹¹⁹ Expiración García, "Comida de enfermos, dieta de sanos", in Manuela Marín and Cristina De la Puente (eds.), *El banquete de las palabras: la alimentación en los textos árabes*, Madrid, CSIC, 2005, p. 62. For example, Abū Marwan 'Abd al-Malik Ibn Zuhr (d. 1162), *Kitāb al-Aghdiya* (Book of Food); Ibn Khaldun, *Kitāb al-Aghdiya* (Book of Food), or Ibn al-Khatīb (1313–1374), *Book of the Care of Health during the Seasons of the Year*, known as the *Book of Hygiene*.

made up of “warm” items designed to combat the cold, offer energy and make up for the loss of blood. The aim is to maintain or re-establish the body’s harmonious equilibrium (*i’tidāl*). Table 6 (page 195) shows this classification of edible substances, in line with the criteria of heat and cold, which in turn make it possible to establish how appropriate they are for treating warm and cold illnesses.

The classical medical and dietary treatises did not limit themselves to recommending the kind of food to be consumed, but also gave instructions on how to prepare it. These instructions included prescriptions concerning the cleanliness of the person in charge of cooking the food, especially when this person was a woman during a period of menstruation. Emphasis was also placed on the type of recipient to be used, with those made of copper being singled out as especially inappropriate. Cooking procedure was also subject to advice and recommendation, which varied depending on the type of fire and liquids (water, oil, honey) to be used. All of this defined the processes of boiling, roasting and frying, the last of which was seen as the least advisable. Symbolic explanations of these processes, not always linked to medical literature, have often been made. In the rites of name-giving, circumcision and weddings, certain parts of the sacrificial animal, and above all the liver, are put through a series of procedures to be boiled, and not roasted. Roasting (*shawā*) the liver, would be equivalent to burning an object seen as a projection of maternal love or future primogeniture.¹²⁰ Nevertheless, in the sacrificial festival the liver is roasted with salt to drive away the *jnūn*, whereas in the therapeutic ritual of the Gnāwa brotherhood, the liver of the sacrificial victim is cut into small dice and cooked over coals, with sugar but no salt, as a way of attracting the *jnūn*.¹²¹ References to the use of sugar in stews are found in other contexts. This is seen as a way of satisfying the spirits, as in some Jewish rites.¹²² In some regions the use of the liver of poultry is limited to young girls, since the

¹²⁰ The verb to roast, *shawā*, also means to injure someone’s body [Hayat Zirari, “Les deux sacrifices de la naissance: féminin et masculin en jeu (Maroc)”, in Pierre Bonte, Anne-Marie Brisebarre and Altan Gokalp (dirs.), *Sacrifice en islam. Espaces et temps d’un rituel*, Paris, CNRS Éditions, 1999, p. 174]. See also Isabel González Turmo, Fatima El Ouardani and Abdeslam El Aallali, *Rojo y verde. Alimentación y cocinas en Marruecos*, Gijón, Ediciones Trea, S.L., 2007, p. 78. One of the informants, a woman from Eastern Morocco, states that liver is not roasted “because they say that the child can get burnt. Liver is stewed, but not roasted.”

¹²¹ Abdelhaï Diouri, “Symbolique et sacré: les mets levés du Ramadan au Maroc”, in Sophie Ferchiou (dir.), *L’islam pluriel au Maghreb*, Paris, CNRS Éditions, 1996, p. 213.

¹²² For the case of Fez, Biarnay, *Notes d’ethnographie . . .*, p. 57, cites the preparation of a sweet couscous which assists in the healing of the ill, although the dish is not for the ill

organ is attributed characteristics of affection and lovingness, and boys do not eat it for fear of becoming womanly.¹²³

I will now go on to list briefly the predominant kinds of food in present-day Morocco, paying particular attention to the types of spices and ingredients.¹²⁴ It should be remembered here that the modern creation of nation-states has also been accompanied by the political use of gastronomy to bring about collective homogeneities. Moroccan society has also been subjected to such processes, in spite of the strong regional variations which continue to exist. Morocco always remained outside the sphere of Ottoman culinary influence, with some exceptions such as that brought about by exiles from Algeria who lived in Tétouan. Apart from the influence of Eastern cuisine, Morocco also received an extraordinary gastronomic heritage from those expelled from al-Andalus in 1492, who took refuge in places like Tétouan, Chaouen, Salé and Fez. Dishes of Iberian peninsular origin such as the bread-based dish of *migas* are still eaten in Salé. Twentieth-century colonisers also introduced some dishes, techniques and names, and this influence often tended to accentuate distinctions which emphasised the local (*baldī*, “from the country”) as more authentic than the foreign (*rūmi*, “European”), seen as of lower quality. The second half of the 20th century has seen an important transformation in eating habits based on factors like the industrialisation of a number of products, importation, the globalisation of consumption and the penetration of large multinationals in the sector. More recently, there has been a striking and paradoxical process of imitation, which adapts global products to local tastes and presents them in symbolic terms of Arabic or Islamic authenticity. Apart from this widening of the range of products, other elements have contributed to changing the situation, such as emigration and trans-nationality or T.V. cookery programmes, all of which have introduced new techniques and combinations. Observation of satellite programmes makes it easy to see the French culinary influence, with

person him/herself, but for the *jnūn*, and is left for them in the places which they occupy, such as kitchens, toilets, sewers, doorsteps and the corners of rooms.

¹²³ The reference in Taoufik Adohane, *Le Livre de l'âme: psychisme, corps et culture en sud-Méditerranée*, Le Plessis-Robinson, Synthélabo, 1998, p. 86, only specifies that this ritual takes place in regions of southern Morocco.

¹²⁴ This data is based on my own observations and the literature which examines Moroccan gastronomy from a historical and social perspective. For a recent detailed empirical study, based on surveys carried out throughout the country and including domestic units, souks, associations etc. see the research by the team of González Turmo, El Ouardani and El Aallali, *Rojo y verde*. . .

its widespread use of cheese and creams. It is also true that the modern period has witnessed an individualisation of dishes and meals, and a certain standardisation in their preparation. This has occurred in spite of the larger number of products now on offer and the still-existent and notable differences between cities and the country, and between regions which place great emphasis on their culinary peculiarities.¹²⁵

The outline which follows is mainly based on observations made in northern Morocco. The daily rhythm is determined by breakfast (*ftūr*), a mid-day meal and another in the evening. In many areas it is common to have a soft drink, tea or coffee in the middle of the afternoon, accompanied by something sweet, and in northern areas this is known by the name of *merenda*, from the Spanish *merienda*. Timetables for all these meals are by no means fixed, although they are dependent on school and working schedules. Breakfast usually consists of tea and coffee, or fruit juices, accompanied by flat pastries (*rgaib*, *hercha*) or bread, over which is spread oil, cheese, jam or olives. Lunch tends to be heavier and more abundant than dinner, but there are considerable differences among families, depending on their habits, timetables and spending power.

Carbohydrates are supplied by bread, which is the staple foodstuff in the Moroccan diet, but also by pasta, couscous or rice. There are two basic forms of bread (*khubz* in dialectal Arabic, *agru* in Tamazight): the straight loaf, known in some areas as *comira*, from the Spanish word for food, *comida*; and the round loaf known as *baldī*, which is much more widely consumed than the first.¹²⁶ The straight loaf is used for making rolls, but both types are usually consumed alongside soups and stews, whose sauces make the bread an indispensable complement to them. In some cases, as a woman once jokingly explained to me, these culinary customs make it easy to deal with the unexpected arrival of guests: it is simple to increase the amount of food available without adding to the most expensive ingredients by simply making more sauce and bringing more bread.

Couscous provides the basis for festive dishes, especially on Fridays, and is served with meat or fish, vegetables, legumes and, on occasions, sweet rather than savoury accompaniments (milk, raisins, almonds, sugar,

¹²⁵ *Ibid.*, pp. 173–180.

¹²⁶ This is a very old way of looking at things. In the medieval period a distinction was already made between “bread with yeast” (*khubz muhtamar*) and “bread without yeast” (*khubz fatūr*). Bernard Rosenberger, “Diversité de manières de consommer les céréales dans le Maghreb pre-colonial”, in Manuela Marín and David Wainnes (eds.), *La alimentación en las culturas árabes*, Madrid, AEI, 1994, pp. 309–354.

cinnamon etc.). The basic dish served at mid-day is often the traditional *tājīn*, which is also the name of the ceramic recipient traditionally used both for cooking and as a serving tray, but which is now being replaced by pressure cookers for cooking and multi-coloured trays for the presentation of food at the table. These dishes are based on a fried sauce of onion with meat and vegetables in oil or animal fat, and are spiced with a long list of condiments. At festive events, such dishes are more complex and sophisticated and they contain higher proportions of meat, which provides the true measure of a host's prestige. On other occasions, the dishes consumed can be more complex and refined, such as those made with chicken meat and multiple layers of pastry with sugar and cinnamon, as in the festive *bastella*. In general, meat is boiled and consumed in stews, or fried in the form of steaks, as a kind of kebab, or as minced meat (*kefta*).

Fish is consumed in large quantities in the coastal regions, where it is much less expensive than meat. Fish is usually cooked in oil, grilled, barbecued or served as *tājīn*, accompanied by potatoes and vegetables. Legumes also play an important role in the diet, and are used in soups such as the *harira*, or cooked together with vegetables. There is also a group of dishes made from dried legumes and vegetables which are cooked as a soup, like the *bisara*, which uses broad beans and peas.

The condiments used for meat, fish and sauces include a generous helping of spices, which are a defining feature of Moroccan cuisine according to those Moroccans who are familiar with other culinary traditions. Apart from salt (*melha*) and pepper (*feḥla*), which includes the sweet variety (*feḥla hlua*), the spicy variety (*feḥla harra*) and black pepper (*ibzar*), the main spices used are cumin (*kamun*), ginger (*shkanjbar*), cinnamon (*karfa*), saffron (*safran*) and an omnipresent combination known as *rās al-hānūt*, whose uses extend beyond its presence in food recipes, given that it is also employed for healing purposes as a producer of heat. The spices which make up the *rās al-hānūt* are cinnamon, cardamom (*qāqulla*), nutmeg (*bsibsa*), allspice (*guza sahrauia*), black pepper, white pepper, white ginger, clove, aniseed, turmeric and as many as forty other ingredients mixed together in different combinations. Apart from ground spices, there are many other herbs such as parsley (*qasbur*) and coriander (*m'atnus*), clove (*nuwwar*), licorice (*arksus*), aniseed (*nafaā*), gum arabic (*meska*), lavender (*khzama*), bay (*warqa sidi Musa*) and other perfuming agents such as rose-water (*ma ward*) or orange blossom-water (*zhar*), used in desserts. The kinds of sauces used also define dishes, and are themselves well-differentiated: *m'qalli* or "yellow" sauce contains saffron, ginger and oil, *k'dra* is another "yellow" sauce but with onion, butter, pepper and

saffron, whereas *m'shermel* is a "red" sauce which is a combination of three different sauces.¹²⁷

These combinations of spices also carry important cultural meanings. Apart from the distinctions made between sweet (*hlu*), savoury (*malh*), spicy (*harr*), bitter (*m'rr*), acidic (*hām'd*), insipid (*bās'l*), or lacking in either salt or sugar (*m'sūss*), implicit meanings also exist. Salt (*melha*) is considered a condiment able to drive away the *jnūn*, and for this reason it is sprinkled on the slit throat of the sacrificial lamb. Salt is a preservative and is linked to the divine and to life, whereas tasteless and saltless food is branded *msusa* (tasteless, lacking in salt). Sugared food is thought able to attract the *jnūn*, as occurs in the *lahlu* or ritual meal of the Gnāwa brotherhood which is offered to the ill and neophytes and consists of chicken meat cooked in water, olive oil, cinnamon, pure saffron, gum arabic, sugar and white and black benzoin.¹²⁸

Fruit is usually eaten after the mid-day or evening meal. Both at home and in bars and restaurants, a great deal of fruit is consumed in the form of juices and milkshakes, and this explains the success of the milkshake products produced by large multinational firms. Nuts are another important part of festive gastronomy, especially during the festivities of the religious calendar. For example, the *harira*, the soup which is consumed every day during Ramadan, is always accompanied by sweets and dates (*tmar*). The date has a special symbolic significance, as defined by the *sunna*. It was the food recommended by the Prophet for ending a fast, and is also chewed up and used to feed young babies.

In the area of drinks there is also a clear mixture of old notions and new products. The *sunna* holds that in public spaces it is permissible to drink standing up, but recommends sitting down to do so when at home, like the Prophet, and says that the *bismillāh* must always be pronounced. Water is a precious item, and until the arrival of running water in homes, which has yet to reach many rural areas, the well (*bir*) was a major source, together with fountains (*'ayn*). In the public domain, water is traditionally offered in a recipient placed at the entrance to shops and houses, with a glass left alongside it for the visitor to serve himself. Water-bearers (*gerrab*) are still to be seen in the centre of big cities like Meknes or Marrakesh. Most water carriers used to come from the south of the

¹²⁷ Diouri, "Symbolique et sacré . . .", p. 215, based on the work by Bennani Smirès, *La cuisine marocaine*, Casablanca, Ed. SED. Al-Madariss, 1987.

¹²⁸ Diouri, "Symbolique et sacré . . .", pp. 203–206.

country and it is considered a marginal profession. The *gerrab* walks around ringing a copper bell to attract customers or, according to some theories, as a way of driving away the *jnūn* from the water he carries in a leather skin. Modern urban channelling of the water supply has not completely eclipsed the practice of gathering and stocking water from fountains, and the water obtained in this way also competes with water bottled industrially, such as the popular commercialised brands of thermal water called Sidi Harazem, Sidi Ali or Oulmès.

As for milk (*hlib*) and its derivatives, there is a noteworthy liking for sour milk or *lban*, which is also offered to guests as a dessert or drink.¹²⁹ Local cheese is virtually non-existent, as in the rest of the Arab world, with a few exceptions such as *jban*, a white cheese produced in Jebala.¹³⁰ Lactose products are in fact characterised in accordance with the animal from which they are derived. For example, ass's or mule's milk can only be consumed as a curative remedy. The central role played by tea and coffee has already been pointed out. Fizzy soft drinks are also popular: local products like Pom's or Hawai have been created and multinational firms have adapted their products to suit the local demand for extra sweetness.

Culinary traditions have also been boundary markers between social groups and regions. Ways of cooking and presenting the same dishes can at certain times define criteria of belonging. In addition to economic factors, the weight of culinary traditions is also important, as in the case of groups like the Andalusis, who were until quite recent times highly endogamous and whose group codes extend to other areas of everyday interaction, such as rites of passage and the kinds of behaviour associated with them.

The acquisition process of food in markets and bazaars differs from one region to the next. In some areas, this process is mainly carried out by men, in others it occurs in a mixed scenario and in others, such as

¹²⁹ I would like to cite here an anecdote concerning Mauritania for which I am indebted to Alberto López Bargados. In the home of a descendant of the *shaykh* Ma al-'Aynin in Nouadhibou, he was served, as a particular delicacy, *lban* with Fanta orangeade: a veritable metaphor of combination of the old and the modern, and their respective values in terms of prestige.

¹³⁰ On the other hand, Andalusí Arabic recipe books show that they were once much more widely used. See for example the text by Ibn Razin al-Tuyibi (b. 1227, Murcia), (Ibn Razin Al-Tuyibi, *Relieves de las mesas: acerca de las delicias de la comida y los diferentes platos*, transl. Manuela Marín, Gijón, Trea, 2007).

the Rif, many rural markets are exclusively frequented by women.¹³¹ The preparation and elaboration of food is generally seen as the responsibility of women, and their prestige as cooks is put to the test on the occasion of visits or great events. At the table, segregation by sexes is common, especially on festive or collective occasions, although everyday meals are more likely to be eaten together, depending on the amount of household space available. In more traditional families, men are served first and women therefore eat at a rhythm determined by the men. The segregation of men and women is especially significant in regular meetings of groups of neighbours and relatives or in large festive gatherings. Separation is also apparent in the types of food consumed. Meat predominates in male spaces; whereas cereals and vegetables are more common among women, as well as dishes using medicinal plants which are designed for specific purposes such as fertility or the gaining of weight.¹³²

There is some degree of variation in ways of behaving at the table. Collective eating is maintained through the use of platters and trays, especially when it comes to stews and similar dishes, but nuclearisation and new domestic spaces have led to an individualisation of food consumption, with separate plates, cutlery and glasses for each person. Collective dining also often involves collective drinking, especially of water, which is drunk from shared glasses. This consumption of water is also linked to the custom of drinking at the end of a meal, often in one gulp, out of deference to ancient dietary advice not to mix water with food.¹³³

Table etiquette also covers ways of serving and sharing out food. In large celebrations, the servers are usually of the same sex as those seated at the table, or they are young people, whereas at the table itself the distribution of bread or meat tends to be in the hands of the host or those with most authority within the group. The individuals around the table enter into contact with food by pronouncing the *bismillāh* and taking it with their right hand, either directly with their fingers or through the use of cutlery.

In family households, the most common place for eating is the lounge-dining room, which at night can also become a bedroom, due to the multi-functionality of a type of sofa, which is placed along the walls and

¹³¹ Hart, *The Aith Waryaghar of...*

¹³² González Turmo, El Ouardani and El Aallali, *Rojo y verde...*, pp. 102–105.

¹³³ Al-Suyūtī is very explicit about this in his *Tibb al-Nabbi*. In part 1, section 2 he warns against drinking water immediately after eating or on an empty stomach (Elgood, “Tibb ul-Nabbi or...”, p. 56).

is composed of a wooden base or *gatre* and a cushioned part called the *mtarba*. Such lounges have also undergone changes in their components and the way they are defined. A living room which has incorporated elements such as a television, other electronic devices or sofas in the “European” style is defined as a *rūmi* lounge in contrast to a *baldī* lounge where tradition is re-created. In practice, however, the boundary distinguishing one type of room from the other can be difficult to determine.¹³⁴ Finally, the kitchen (*kosina*) has never been a space for family eating, but it is a central space for female sociability, as the place where food is produced. The role of the kitchen is also being transformed with the spread of the model of the urban apartment and the introduction of new electrodomestic devices, although there has been little research into changes in the sexual division of domestic labour, which is still mainly carried out by the women of the household, young people or employed female staff (*khaddama*).

2.4.3. *Feeding the Rite*

Thus far I have presented the socio-cultural bases which affect consideration of what is thought licit to eat, or how to prepare or consume it. Let us now look at the rites surrounding the act of feeding, and the role played by such acts in the main rituals in the Muslim calendar, especially in events involving sacrifice.

2.4.3.1. *The Sacrifice of Animals*

The animals which it is permissible to eat are those non-forbidden animals which are sacrificed in accordance with Muslim rites. In Europe, many hospitalised Moroccans refuse to accept meat which, although permitted to them, has not been sacrificed according to such a method. The legitimacy of such rites goes beyond the issue of the gestures which are performed. The term *dhabīha* covers the meaning of the sacrifice of the animal which can be eaten and which must follow these conditions: the jugular and aortic arteries must be cut and the name of Allāh pronounced as this is done, after which the animal is pointed towards Mecca. For bigger animals, like cows or camels, there is another technique, the *nah'r*, which involves sinking the knife into the lower part of the throat while the animal is still standing. The necessary subsequent condition is that the

¹³⁴ Rachik, “Roumi et beldi . . .”.

blood of the animal must flow, since this fluid is attributed the accumulation of bodily impurities. A Moroccan *fqiḥ* living in Catalonia gave me a demonstration of this rite.¹³⁵ It is a question of ridding the animal of the impurities deposited in its blood. This argument is based on a central distinction between two types of blood: blue blood, which is contaminated and is eliminated by means of the sacrifice, and red blood, which is classified as good.

The type of victim to be sacrificed is defined by the *sunna* and by oral tradition, and its symbolic value is part of a veritable ritual hierarchy. Sacrificial victims are generally domestic animals in the category of livestock (*a'nān*) and although scriptural sources limit such victims to the lamb, goat, ox and camel, other animals such as hens and cocks are also sacrificed when individuals do not possess enough financial means or on occasions which are branded heterodox. However, the precepts do not only define the species which can be sacrificed, but also focus on the individual characteristics of the animal concerned. The Festival of Sacrifice provides the clearest example of these norms.

2.4.3.2. *Īd al-Adhā*¹³⁶

The Festival of Sacrifice is also known in Morocco as *Īd al-kabīr* (Greater Festival).¹³⁷ In this section I will not look at the religious symbolism of the sacrifice festival as much as the effects relating to what enters the body, how it must be prepared, and how the rite reproduces gender boundaries. In Morocco, lamb is the preferred and most widely sold animal for this festival. The lamb, which must be bought alive, is subjected to a series of prescriptions and preferences which make the victim a theme of interest in the rite itself. The favourite kind of lamb has horns and white wool (black sheep are avoided), and is aged somewhere between six months and two years. The animal should not be castrated, nor have defects of any kind, and there is special preference for those which resemble the type favoured by the Prophet, i.e. those which have a black stain-mark

¹³⁵ M. Manresa, 10/9/2007.

¹³⁶ The term *adhā* comes from *duhā*, the third prayer of the day, which is the time when the sacrifice is carried out.

¹³⁷ Anne-Marie Brisebarre et al., *La fête du mouton. Un sacrifice musulman dans l'espace urbain*, Paris, CNRS, 2003; Mohamed Mahdi, "Maroc. Se sacrifier pour sacrifier: prescription sociale et impératifs religieux", in Anne-Marie Brisebarre et al., *La fête du mouton. Un sacrifice musulman dans l'espace urbain*, Paris, CNRS, 2003, pp. 283–315; Hassan Sidi Maamar, "Algérie. Les 'bestiaires sacrificiels'", in Anne-Marie Brisebarre et al., *La fête du mouton. Un sacrifice musulman dans l'espace urbain*, Paris, CNRS, 2003, pp. 246–282.

around the mouth and eyes. In practice, each family buys the kind of lamb which its financial resources allow it to purchase.¹³⁸ The animal is received with great rejoicing at the family home, where it is given a name and adorned, its head being painted with henna and its eyes with *khūl*. It is made to chew *siwāk* and is fed a special diet during its final days. Throughout this process there is a certain feeling of identification with the animal. The lamb is not fed on the night before the sacrifice, and some men may also perform a ritual fast during that same day. The children and women of the family impregnate their hands with henna.

The sacrifice takes place on the tenth day of the month of *dhū al-hijja* and must be carried out by a man who is the family head, and preferably within the family home. This will usually occur either on the balcony or in an interior patio, as the sacrificial blood is believed to bless the house with its *baraka*. Just before the moment of sacrifice, the women give the animal a mixture of water, barley, salt, and henna and the animal's neck and genitals are purified with the water used in ablutions.¹³⁹ The animal cannot be immolated in front of another and its suffering must be avoided by using as sharp a knife as possible. The blood which flows holds a double meaning for the participants: it is impregnated with *baraka*, but as soon as it touches the floor it becomes a dangerous substance which must be counterattacked with salt to drive away the *jnūn* and then cleaned away using water and brooms. The first blood is, in fact, an antidote for the evils attracted by the second: the pure blood with *baraka* is often used to bless and protect elements in the home or individuals, who are given a drop of it on their foreheads.

After the sacrifice, there follows a ritual process of cooking, which is laid down in some detail and has its own tempo and distributive logic. On the first day, only the extremities, head and entrails (*fwad*), e.g. the liver (*kabd*), heart (*qalb*), lungs (*ri'a*), intestines (*musrān*) and stomach (*kirsh*), are cut away; most of the meat on the animal's carcass is left until the second day. Guidelines on the means of cooking are also laid down. Indeed, cooking is in some ways also another way of dealing with the dangerousness of the raw meat, which is under threat from the *jnūn*.¹⁴⁰ On the first day the cuts are roasted, and on the second day they are boiled. The most widely appreciated delicacy on the first day is the liver, which is

¹³⁸ Mahdi, "Maroc. Se sacrifier pour sacrifier . . .", pp. 292–294.

¹³⁹ Brisebarre et al., *La fête du mouton* . . ., pp. 26–29.

¹⁴⁰ Westermarck, *Ritual and Belief* . . ., II, p. 278.

roasted in the form of a kebab of dice wrapped in omentum (abdominal tissue) and is known as *bulfāf*. The *bulfāf* is first consumed by the men of the household, then by the children, and finally by the women, and it symbolises vital strength, as well as constituting an exception to the general system of Islamic norms, together with the spleen, in that both are eaten although they are made up of accumulated blood. One body part which women are forbidden to eat is that of the testicles, which are consumed from the second day on. The heart is also eaten on the first day, as is a dish consisting of spiced tripe (*tqalya*). The animal is hung up to dry, and from the second day onwards other body parts are consumed and other ways of cooking are employed (steaming, frying etc.). Still further parts are treated for their conservation and later consumption, such as the tail, tripe, ears and tongue.¹⁴¹ For its part, the gall-bladder is taken to be a protective agent against the evil eye. The skeleton and bones also have their own symbolic significances. For example, the left shoulder-blade is boiled and kept for divinatory purposes (osteomancy) and the back-bone is associated with the production of sperm.¹⁴² For this reason, the bone marrow is consumed by men, as well as the cerebellum. During the rite itself, the sexual division of labour is clearly visible: a man carries out the sacrifice and carving of the animal, whereas women clean up the blood, intestines and entrails, i.e. they take care of the impure substances. As has already been noted, the consumption of the different parts of the sacrificed animal also reproduces gender differences.

2.4.3.3. *Fasting As Control of the Body*

The fast (*sawm*) performed during the lunar month of Ramadan is one of the basic pillars of the religious practice of all Muslims, and it is the most popular, even among the least devout. Although the Ramadan fast is the most important, there are other voluntary fasts which are attributed the double effect of bodily cleanliness and religious gain. In the period following the second day after the "Little Feast" (*'īd al-saghīr*) which brings Ramadan to a close, it is thought praiseworthy to continue fasting for another six days, in what is known as the "fast of the perseverant" (*sawm al-saabirin*).

¹⁴¹ These are preserved by sun-drying the meat (*taqdīd*) and innards (*kurdas*). The dried tail (*diala*) is used in a couscous which is eaten by the family at the festival of the *'ashura* (Mahdi, "Maroc. Se sacrifier pour sacrifier . . .", pp. 304–305).

¹⁴² Sidi Maamar, "Algérie . . .", p. 272.

This fast combines ritual ostentation with the kind of severely austere frugality associated with the nomadic way of life or with Sufi hagiographies. As is well known, the food fast is accompanied by other abstinences relating to sexuality, so that the rite consists above all of a process of self-control of the body, and its discipline with respect to that material and all that relates to the *nafs*. It is the control of mind over body. The *ʿaql* curbs the passions, and fulfilment of the fast is therefore a manifestation of the *ʿaql*, and at this point it is worth remembering that popular notions attribute men a greater *ʿaql* than women.¹⁴³ Such efforts will be rewarded, in accordance with the Muslim normative system: failure to observe the fast makes one likelier to go to hell and fulfilment enables one to obtain *ajr* or “religious gains/rewards”. The economic language surrounding religious practice is significant and becomes particularly obvious in the case of the fast: fulfilment enables one to obtain a reward or benefit (*ajr*), a form of piety that will gain its recompense in the world to come. In this sense, Buitelaar observed in Berkane (in the eastern region of the country) that women defined the act of recuperating an unobserved fast as “paying” (*khallas*).¹⁴⁴ This contracted debt must be “paid off” before the following Ramadan, although it is deemed to be more meritorious to recuperate the fast before the Sacrifice Festival.

Religious legitimisation of the fast has also been accompanied by forms of hygienic rhetoric which celebrate the virtues of fasting, such as purification and cleanliness. It is striking that such forms of rhetoric have recently turned to science for validation of their claims,¹⁴⁵ especially in view of the fact that some scientific theories may indeed praise fasting but certainly do not endorse the irregularity of timetables enforced during Ramadan, nor the excesses which follow the period of abstinence. However, there is a very clear use of such notions in the testimony of those consulted and this also reflects references in the literature, which hold that Ramadan purifies the body, is good for the body, is good for health, is healthy (*sahih*) and so on. Fear of spoiling the fast and the general attribution to it of positive effects on health lead many patients to go against doctors’ advice and abstain from taking medication even when they are permitted

¹⁴³ Marjo Buitelaar, *Ramadan. Vasten en feesten in Marokko. Hoe vrouwen Ramadan vieren*, Amsterdam, Rainbow, 1993, p. 178.

¹⁴⁴ *Ibid.*, p. 37.

¹⁴⁵ *Ibid.*, p. 138, mentions numerous TV programmes and children’s text books which present the hygienic benefits of fasting.

to do so, or mean that pregnant women also decide to fast despite the fact that they are not required to do so.

The Ramadan fast is an obligation (*sawm al-fard*, "compulsory fast") for all Muslims who are physically fit and not in the process of travelling. It is considered appropriate for all individuals above the age of puberty. The Quran states that travellers and the ill may abstain from it. Pregnant women are also included in this category, but in all these cases the decision whether or not to fast is affected by the individual's will, prestige or possible collective sanctions. Collectively, the fast is also supervised by the political institutions, which transform working routines and punish those who publicly fail to respect it or are found in possession of alcohol. Several groups have taken it upon themselves to watch over this temporal inversion, such as those which in some places still call at front doors at night or play music. This temporal inversion is a collective act and affects street life, which comes into its own after dark. Some people decide not to respect the fast, although in order to do so they are forced to eat secretly at home.

The rhythm of meals during Ramadan does not follow the usual pattern of *ftūr* in the morning, *gdā'* at mid-day, and *'ashā* at night, but alters the order and content of those meals. It begins with a "breakfast" or *ftūr*, is followed by the *'ashā*, which is the equivalent of the third and heaviest meal, and finishes with the *shūr*. In fact, this rhythm means a greater overall consumption of food and leads to an increase in the number of gastric disorders. The inversion of timetables means that breakfast (*ftūr*) is actually taken at sunset (*maghreb*). This is the moment determined by the *sunna*, which recommends breaking the fast by eating a date, in imitation of the Prophet. In Morocco, the dish which follows the date is the omnipresent *harira* (from the root *hrr*, hot), a soup made from vegetables, meat, parsley, coriander, chick-peas, lentils, pasta or rice and flour, and which is accompanied by nuts and sweets, such as the *shebbakiya*, which is generally fried with honey and spices, although it can be prepared in many different ways,¹⁴⁶ and the *sellū* or *sfūf*, a puré of toasted flour with nuts and spices.¹⁴⁷ The next meal, which normally coincides with the last prayer (*'ashā*) begins several hours later. Then come the few hours of sleep, until the last meal before fasting, the *shūr*, which occurs in the middle of the night or towards its end, depending on the family.

¹⁴⁶ Diouri, "Symbolique et sacré . . .", pp. 104–106.

¹⁴⁷ González Turmo, El Ouardani and El Aallali, *Rojo y verde . . .*, p. 55.

Throughout the month of Ramadan there are other festivals on the calendar, such as that of the night of the fifteenth day, which is marked by a meal of chicken or rabbit, or, above all, that of the twenty-seventh day, known as the “night of destiny” (*lilat al-qadr*), the most special night which commemorates the announcing of the Quran, and when the gates of heaven are said to be held open. Many families choose this night to initiate their children in the act of fasting, usually at about the age of seven, and this moment constitutes a true rite of passage on the path towards adulthood.¹⁴⁸ This night is the most treasured for praying and obtaining religious merit, although it is also the most hazardous because of the possible appearance of certain spirits. The following day it is common, especially among women, to give out alms among the poor and to visit cemeteries.

The last two rites which close the month and bring fasting to an end are those of the festival known as *ʿīd al-saghīr* (“Little Feast”), which involves a rite of alms-giving, the donation of money or cereals (*zakāt al-fitr*) believed to have the power of *baraka* (four bushels of cereal per person, which cannot fall to the ground or be consumed by the person who shares them out); and, finally, the breaking of the fast, with many sweet items and a puré of wheat, oil and milk (*harbal*).¹⁴⁹ This is followed by greetings among relatives and acquaintances, and collective prayer, considered to be of great merit, in a public space or *msalla*. This collective rite also consolidates the idea of purification. Fasting has transformed the body, and this final phase symbolises a literal re-incorporation, the last phase of all rites of passage, and participants make an effort to attend in their finest clothing, or to wear new garments for the occasion.

Authors like Buitelaar have described the rites surrounding the celebration of the fast, which range from purifying the house in the preceding month or purifying the body to indigenous notions which explain the act of fasting as a tie with the *umma*, i.e. as a sentiment, duty and means of making religious “gains” (*ajr*). The process of purification is started before Ramadan, with visits to the *hammām*. In fact, those who drink alcohol are required to stop doing so forty days before the month begins, since this is the time needed to purify the body. Other forms of purification now in decline are incisions made in the ankles or wrists with the aim of

¹⁴⁸ Buitelaar, *Ramadan...*, p. 70; Diouri, “Symbolique et sacré...”, p. 108; González Turmo, El Ouardani and El Aallali, *Rojo y verde...*, p. 57.

¹⁴⁹ González Turmo, El Ouardani and El Aallali, *Rojo y verde...*, p. 59.

releasing bad blood and purifying the body or, according to some women consulted, in order to prevent headaches or problems associated with high blood pressure.¹⁵⁰

At the same time, Ramadan is clearly subject to historical and political processes of change. The rite is re-defined by Muslims who express their doubts and questions concerning certain social changes, normally linked to issues of what is permitted and what is forbidden. For example, they will ask whether a woman is allowed to manipulate her periods of menstruation through the use of pills so that her blood does not spoil the purity required for fasting, or whether the use of an anti-asthmatic spray invalidates an individual's participation. Responses to such questions will appeal to scholarly sources and are the responsibility of various legitimising bodies.¹⁵¹

2.4.3.4. *Other Rites*

Apart from the great rites of the Muslim calendar already mentioned, and to which must be added the celebration of the birth of the Prophet (*mawlūd*) and the New Year of the lunar calendar, there are other religious and political rites which also base their symbolic power on collective feeding mechanisms. The shared consumption of a sacrificial victim plays a key role in other collective gatherings which delimit group boundaries, and also in the different rites of passage, which have their own eating norms. The religious brotherhoods also practise numerous rites involving the body and its transformation as a result of cultural feeding customs which contrast the sweet and the savoury, or the raw from the cooked: uncooked meat and unsalted blood are seen as a focus of attraction for spirits and the *baraka* transmitted by the blood.¹⁵² Thus the therapeutic food of the Gnāwa consists of a dish without salt or sugar to attract the *jnūn* which is known as *mahlul*; and the most fervent 'Īsāwa of the section of the lions (*sba'*) expressed their communion with the *jnūn* in a trance after which they ate raw lamb torn from the animal's body with their own hands.

¹⁵⁰ Moroccan informant from Marrakesh, in Buitelaar, *Ramadan . . .*, p. 45.

¹⁵¹ There are many books [e.g. Abū Bakr Fares, *Comment jeûner? Questions-réponses. Tout savoir sur les règles et les préceptes du jeûne (sawm) dans l'Islam*, Lyon, Éditions Tawhīd, 2002] and Internet websites, with their online *fatwā*-s, which seek to provide answers to these sorts of questions and doubts, through use of arguments inspired by the *sunna*.

¹⁵² René Brunel, *Essai sur la confrérie religieuse des Aïssaouas au Maroc*, Casablanca, Éditions Afrique Orient, 1988.

Other types of collective manifestations, such as local pilgrimages, visits to sanctuaries, or political rituals of submission, alliance or patronage systems, also use collective meals as a means of group construction by means of sacrifice, collective breast-feeding etc. However, as well as these ways of expressing community identities, there exists a series of mechanisms which establish more complex collective ties, marked by the notion of reciprocity. The banquet, in weddings and socio-political gatherings, can also be a display, a symbolic competition ruled by the laws of reciprocity. By contrast with the merit conferred by frugality and austerity in eating habits, as exemplified by hagiographies of the Sufi saints,¹⁵³ the dynamic of social relations leads to another type of feeding practice which is completely opposed to the former, and is related to the banquet as a collective interchange. The idea of hospitality is submitted to this idea of the inversion of the host as a future guest. The feast of the *tausa*, now in decline, reflects these interchanges very well.¹⁵⁴ The organiser of the feast (wedding, circumcision) receives gifts from the guests, who are publicly announced by the *aberrah*, a sort of crier or announcer, but these gifts must be at least equalled at a later date, when the giver organises his own celebration. This kind of reciprocity is seen most clearly at weddings. In some regions, a wedding constitutes a phenomenon similar to that of the *potlatch*, i.e. a contest to show who can spend and offer most. Informers from Guelaya tell, for instance, of feasts at which each table receives a whole lamb instead of the usual tray with stewed meats. In cases like this, that which enters the body is not governed by religious norms, but by social laws of prestige and power. These social mechanisms cannot be ignored if we wish to understand the workings of social relations and their implicit forms of expression.

¹⁵³ Rachid El Hour, "La alimentación de los sufíes-santos en la fuentes hagiográficas magrebíes. El caso de Marruecos", in Manuela Marín and Cristina De la Puente (eds.), *El banquete de las palabras: la alimentación en los textos árabes*, Madrid, CSIC, 2005, pp. 207–235.

¹⁵⁴ This study of reciprocity was applied to the Maghreb by René Maunier, *Recherches sur les échanges rituels en Afrique du Nord*, Saint-Denis, Éditions Bouchene, 1998 [1927], and authors like Pierre Bourdieu, "The sentiment of Honour in Kabyle Society", in John G. Peristiany (ed.), *Honour and Shame: the values of Mediterranean society*, London, Weidenfeld and Nicholson, 1966, pp. 191–242, followed up with similar work of their own.

CHAPTER THREE

THE BODY OF THE RITE: GENDER AND SOCIAL AGES

3.1. *Introduction: Rites of Passage*

In this chapter I will deal from a dynamic perspective with social representations of the body, taking into consideration the different stages of life and the socio-cultural definitions of those stages. Throughout life, bodies undergo biological changes but these are clothed in symbols and attributions which are also gradually modified. Each stage of life is marked off by rites of passage, indicators of transition which determine the inclusion and exclusion of the individual in and from the categories of different age groups. The definition and range of these social ages was rapidly transformed in the second half of the 20th century, as can be seen from alterations in the categories of infancy and youth.

The transitions between these categories are institutionalised by collective rites involving the body and person, and each of these rites tends to reproduce the phases described in Arnold Van Gennep's classic work: separation, liminal transition and incorporation in the new state.¹ However, the ritual is not a mere certification of natural differences, but a collective act which institutionalises systems of classification and differentiation.²

Rites of passage mark the transition between different social states, as is indicated by the way in which the person and his/her body receive a change of name or category. Comparative ethnographic studies have shown wide variations in the age cohorts which make up the kind of social age groups to which I am referring: being a child, young person, adult or old person are labels which must be interpreted in the context of their use. Let us take the illustrative example of the names used to describe individuals of different ages in the central Rif, as studied by David M. Hart in the 1950s. In the Rif, before the name-giving festival, a boy is described as *a'azri* and a girl *dha'azrith*; from the moment the name is received until adolescence, a boy becomes *aharmush* or *afrukh* and a

¹ Arnold Van Gennep, *Les rites de passage*, Paris, E. Nourry, 1909.

² Pierre Bourdieu, *Ce que parler veut dire: l'économie des échanges linguistiques*, Paris, Fayard, 1982.

girl *dhaharmushth* or *dhafrukth*; in the period between adolescence and marriage, the terms “boy” and “girl” which were used before the name-giving ceremony i.e. *a’azri* and *dha’azrith*, are used again; after marriage, the husband is known as *argaz*, “man”, and his wife *dhamgarth*, “woman”; at the age of about fifty, a man receives the name of *afqir* and a woman that of *dhafqirth*, and a woman over the age of eighty is known as *shwatan*, “little she-devil”.³

In Anjera, the frontier region bordering on Ceuta, the term *bint*, “girl”, in this case referring to a “virgin girl”, is still applied to any woman who has not married and has not had children, at which point she comes to be known as *mra*, “woman”. Thus a 35-year-old woman can be labelled a “girl”, whereas a married 15-year-old mother will be called a “woman”.⁴ This second example shows how interpretations of sexuality and, above all, of reproduction, play a central role in definitions of the person.

Comparison of the different rituals which I will now go on to analyse will reveal the mechanisms used to construct gender differences, and the structural repetition of ritual aspects, such as sacrifice (physical, by slitting the throat of an animal, or symbolic, by means of offerings or tributes), the pre-eminence of certain colours or the use of prophylactic or decorative substances like henna, a complete protective symbol which is applied as much to the recent mother and newly born child as it is to the circumcised boy or the bride and groom at a wedding. By means of these rites, the categories of social classification are naturalised, given that they are inscribed and projected onto the body. I would like to underline that the description of the rituals which follows is not canonical and is full of doubts and questions, because we lack the studies needed to confirm the historicity and transformation of many of these rites, not to say their tremendous variability between regions and classes. My presentation will follow a chronological pattern, from birth to death, and will pass through the phases marked by sexuality and reproduction. It is by passing through these phases that a person acquires his or her forms of social belonging (gender, position in the parentage system, age, religion etc.).

³ David M. Hart, *The Aith Waryaghar of the Moroccan Rif. An Ethnography and History*, Tucson, University of Arizona Press, Viking Fund Publications in Anthropology, no. 55, 1976, p. 118.

⁴ Eva E. Rosander, *Women in a Borderland. Managing Muslim identity where Morocco meets Spain*, Stockholm, Stockholm Studies in Social Anthropology, 1991.

3.2. *Rituality and Stages of Life*

3.2.1. *Birth*

3.2.1.1. *Reception of the New-Born Baby*

Much has been written on the differing reception given by families to a new-born baby of one sex or the other, although this may be changing in urban areas and in recent times. The traditional attribution of a lesser joy after the birth of a baby girl can be explained by a parentage system which places great value on male lines as a form of transmission and which continues to practise patrilocality, meaning that daughters usually end up leaving the family home. Ethnographic research confirms the differing signs of joy in the two cases. The birth of a boy is generally more welcome, and this is reflected in the ceremonies which follow, which usually involve large numbers of visitors, celebrations, the firing of gunpowder and the emission of ululating cries. All of these elements are absent when a girl is born.⁵ In the Rif, if the new born baby was a boy a red flag or *bandu* used to be flown from the roof of the house and the birth was celebrated with firecrackers, whereas celebrations for a baby girl were more muted. In Kebdana a white flag was flown for the birth of the first male child, and if the baby was a girl there was no flag at all.⁶ These flags are still seen in some rural areas, but the trend is towards the disappearance of this type of symbols.

There are, however, some indications that the birth of a girl could be seen more positively. Edward Westermarck recorded that in the Rif a girl was seen as a blessing because boys were more likely to die. In Jebala (Banī 'Arūs), a girl was received as the "key to the house" (*miftāh d-dār*) because she was expected to look after the home and her parents. Among the Awlād Bū 'Azīz, it was said that when a town only gave birth to girls this signified prosperity, and it was thought that not having girls was equivalent to not being honoured after death, given that women were allotted the task of expressing grief for the deceased.⁷

The sacrificial victim used in various celebrations has also tended to depend on whether the child in question was a boy or a girl. In Aith Wary-ghar, the custom was for the father to sacrifice a hen for a boy and a cock

⁵ Westermarck, *Ritual and Belief in Morocco*, 2 vols., New York, New Hyde Park, 1968 [1926], II, pp. 374–375.

⁶ Iqram, 20 years old, of Kebdani origin (Manresa, 12/6/2006).

⁷ Westermarck, *Ritual and Belief...*, II, p. 374.

for a girl.⁸ This pattern was repeated in other regions of Morocco, with the animal in question representing the future wife in the case of the hen and the future husband when it was a cock.⁹ In the Central Atlas region the sacrificial victim was of a lesser entity when a girl had been born.¹⁰

Throughout the first day of life, and sometimes only minutes after being born, the first ceremony of entry into the Muslim community takes place: the whispering of the *adhān* (call to prayer) or of the *shahāda* (profession of faith) in the baby's right ear, and the whispering of the *iqāma* (the second call to prayer) in the left ear, in imitation of the Prophet's actions with his grandson Hasan. This whispering is uttered by the father, or in his absence by the *qabla* or midwife. It can also be performed by a person of religious renown, and on occasions a group of *tulba* is invited to recite the Quran.

During the first days of life, the new born child is the object of many prophylactic actions to defend it against the *jnūn* and the evil eye, such as the placing beside the baby of a knife or other metal objects, mirrors, a copy of the Quran, or a lighted candle. Salt or bread is also used, *khūl*¹¹ is applied to the eyes and incense or Quranic amulets are deployed. Mother and child also used to be covered in mixtures of henna, antimony, butter or other substances. The henna was supposed to protect the baby from the cold,¹² whereas ointments made from oil and henna were intended to strengthen the baby and its skin. The baby was cleaned with cloths and oils, but the custom was not to wash the mother or the child with water until the name-giving festival. This avoidance of water was due to its identification with the world of the *jnūn*.

The traditional period of reclusion for the mother and baby was forty days, until the completion of a quarantine (*reb'aniya*). During this period the baby was protected with clothing and was never left alone, to prevent a *jinniya* from swapping it for another child. The end of this liminal state was marked by the visit of the mother and child to the *hammām*, or by

⁸ Hart, *The Aith Waryaghar of...*, pp. 118–119.

⁹ Westermarck, *Ritual and Belief...*, II, p. 379.

¹⁰ Susan Davis, *Patience and Power. Women's lives in a Moroccan village*, Rochester, Schenkman Books, 1984, p. 20.

¹¹ *Khūl* is a black powder extracted from the antimony used by both men and women to blacken their eyelids and rims because of the prophylactic as well as beautifying properties it is thought to possess.

¹² Westermarck, *Ritual and Belief...*, II, p. 383. For a description in a recent rural context, see Marie-Luce Gélard, "De la naissance au septième jour. Rituels féminins et temps suspendu (tribu berbérophone du Sud-Est marocain)", *Ethnologie Française*, vol. 33, 1 (2003), p. 132, on the Aith Kebbach of Tafilalt.

a visit to the local saint, or by carrying out the first haircut. If a baby was born with birth defects, the family held a second naming ceremony, in the so-called *lembdeddel*. This sort of misfortune was attributed to actions of the *jnūn*, who were believed to have taken the healthy baby and left the deformed one in its place. The reaction of the family was to give it a new name.¹³

One of the first forms of food for babies, apart from milk, is what is known as the “palate mixture” (*tahnīk*).¹⁴ This is a practice which has been traced back to the pre-Islamic period, but the *hadīth*-s refer to the custom being practised in Medina by the Prophet, who is said to have received new-born children and given them a little of his saliva together with a chewed date as a way of transmitting his *baraka*. This first introduction to food, which involves mixing saliva and sweet elements such as dates or honey, has been interpreted in many ways. Some have seen it as an act of reception, others as protection against the evil spirits, or as transmission of virtue by means of the saliva of a person with *baraka*. It has also been interpreted as a way of providing the child with a good voice. Dates have always occupied an important place at this critical moment in life. The Spanish military doctor Ignacio Iribarren Cuartero described how in the Banī Saʿīd (Rif) region in the 1930s babies were smeared on the buttocks and forehead with a paste made of dates mashed with salt, and with a mixture of oil and salt on the edge of their eyelids. A mixture of date paste and oil was also sometimes consumed.¹⁵ In Fez and Rabat a similar variant exists, when the *qabla* carries out the ritual of *al-talghīja* on the child. This involves passing a finger over the baby’s mouth with a little oil which is sugared or macerated with dates in order to give him a sweet voice.¹⁶

3.2.1.2. *The Name-Giving Festival*

In the Arabo-Muslim world there is a wide variety of combinations of the main ceremonies dedicated to a new-born child, i.e. whispering the

¹³ Mohamed Boughali, *Sociologie des maladies mentales au Maroc*, Casablanca, Afrique Orient, 1988, p. 273.

¹⁴ Etymologically, the word derives from *hanak*, “palate” and from there *hannaka*, “to eat dates by crushing them against the palate”. See Françoise Aubaile-Sallenave, “Les rituels de naissance dans le monde musulman”, in Pierre Bonte, Anne-Marie Brisebarre and Altan Gokalp (dirs.), *Sacrifice en islam. Espaces et temps d’un rituel*, Paris, CNRS Éditions, 1999, p. 129.

¹⁵ Ignacio Iribarren Cuartero, *Trabajos de un médico militar en el Rif (Beni Said)*, Ceuta, Imp. Imperio, 1942, p. 8.

¹⁶ For further details, see Aubaile-Sallenave, “Les rituels de naissance...”, p. 130.

adhān, the giving of a name, the sacrifice of an animal and the first haircut. Among Andalusi Muslims, these four rituals were all carried out on the first day of life, and in other cases on the seventh. In Morocco only the name festival and the sacrifice coincide, and the first haircut occurs later. The first liminal period concludes during the first week with a festival to give the baby a name, and this is accompanied by a communal meal. In the Moroccan Gharb region, the existence of another ritual has been recorded on the third day, involving only women, who visit the mother and eat special calorific dishes with her such as the *rfisa*, which gives its name to the gathering.¹⁷

The name-giving festival takes place on the seventh day, the calculation of which is made under the assumption that the first day begins at dusk. This gives its name to the ceremony, known as *saba'a*, "seven", in reference to the seventh day, or as *tasmiya*, from *ism*, "name". In some areas the term *'aqīqa* is also used, which refers both to the sacrifice and the festival of the first haircut.

In the traditional system, the name chosen for a boy is usually that of his paternal grandfather; a girl's name is never that of her mother. Some sources claim that the name-giving festival is a rite marking the passage from the baby's maternal ties to official paternal affiliation.¹⁸ As a result of the processes of urbanisation, emigration and national construction, the choice of names has, however, undergone a number of notable changes.¹⁹

¹⁷ Hayat Zirari, "Les deux sacrifices de la naissance: féminin et masculin en jeu (Maroc)", in Pierre Bonte, Anne-Marie Brisebarre and Altan Gokalp (dirs.), *Sacrifice en islam. Espaces et temps d'un rituel*, Paris, CNRS Éditions, 1999, p. 169. According to Jamal Bellakhdar (*La pharmacopée marocaine traditionnelle*, Casablanca, Éditions Le Fennec, Ibis Press, 1997, p. 348) the *rfisa* fortifies and protects from infections, because it also contains a mixture of oil and oregano.

¹⁸ Gélard, "De la naissance...", p. 132, citing work by Marcy in 1941 on Berber consuetudinarian law.

¹⁹ For traditional ways of naming, see Westermarck, *Ritual and Belief...*, II, pp. 404–407; Clifford Geertz, "Suq: the bazaar economy in Sefrou", in Clifford Geertz, Hildred Geertz and Lawrence Rosen, *Meaning and Order in Moroccan Society*, Cambridge, Cambridge University Press, 1978, pp. 140–150; Mokhtar El Harras, "Nombre personal y reconstrucción identitaria en Yebala", in Angeles Ramírez and Bernabé López (eds.), *Antropología y antropólogos en Marruecos*, Barcelona, Edicions Bellaterra, 2002, pp. 371–383. For an example of the kinds of changes that have taken place since independence, such as the fixing of surnames or the importance of fashions and mass culture in the choice of names, see Ali Amahan, *Mutations sociales dans le Haut Atlas. Les Ghoudjama*, Paris-Rabat, Maison des Sciences de l'Homme-Éditions la Porte, 1998, pp. 249–260; and for the uses of names, see Hassan Rachik, "Nom relatif et nom fixe", *Symboliser la nation. Essai sur l'usage des identités collectives au Maroc*, Casablanca, Éditions Le Fennec, 2003, pp. 169–181.

The phases of the name-giving festival are as follows, although there is some geographical variation: preparation of the baby, whispering of the call to prayer (*adhān*) and then the name sacrifice.²⁰ Moroccan informants also mention the practice of the whispering of the *shahāda*. This either occurs shortly after birth or at the festival of the *sabaʿa*, and is spoken by the father or a person of scholarly repute, who whispers as many as three times the affirmation of the faith or the invocation of the muezzin.

The name-giving ritual is accompanied by the sacrifice of a lamb or goat, known as *ʿaqīqa*. This is also performed by the father or some other person, who pronounces the words “in the name of Allāh, Allāh is great, for [name of the baby]” (*bismillāh allāhu ākbar, ʿala . . .*). The sacrifice usually takes place in the morning, and during the day a banquet is served to guests. The treatment of the sacrificial victim may vary in some areas if the child being named is a boy. For example, the shoulder-blades of the animal were traditionally not broken in order to ensure a boy’s future vigour, and this also occurs in the rite of the first haircut.²¹ In general the sacrifice made for the new-born child is seen as another means of protection—if it were not performed, his or her life would be endangered. As is the case in so many other fields, the different legal schools have varying views on how the sacrifice should be carried out,²² and as in all sacrifices they recommend certain specific characteristics in the victim.²³

²⁰ In many areas, on the seventh day the baby is bathed, perfumed, surrounded by amulets and wrapped in clothing. In the Tunisian medina the *qabla* presented it at the front doors of a house, beating three times on each of them. Nuts and sweets were then spread out on the ground, to the cry of “This is our house, these are our children, here is the Prophet come to visit our house”, with the purpose of controlling the *jnūn* (Abdelwahab Bouhdiba, *La sexualité en Islam*, Paris, PUF, 1986 [1975], p. 222). In a non-urban context like that of the Kel Eghlal Tuaregs, a prestigious woman washes the baby, paying particular attention to the orifices. Then seven women whose first child was a boy form a circle and pass the new-born around seven times in an anti-clockwise manner (Saskia Walentowitz, “De la graine à l’enfant nommé. Venir au monde chez les Touaregs Kel Eghal”, in Héléne Claudot-Hawad (dir.), *Touaregs et autres sahariens entre plusieurs mondes*, Aix-en-Provence, Edisud, 1996, p. 104).

²¹ Westermarck, *Ritual and Belief . . .*, II, p. 388.

²² The Hanbali school considers it compulsory, for the Hanafi school it is voluntary and according to the Maliki school it is a ritual that is recommended by the *sunna*. Most jurists hold that the sacrifice should be made for both boys and girls, but one tradition recorded by Abū Dāwūd says that two lambs are to be sacrificed for a boy and only one for a girl. Ibn Rushd, *The Distinguished Jurist’s Primer (Bidāyat al-Mujtahid wa Nihāyat al-Muqtasid)*, transl. Ahsan Khan Nyazee, vol. I, Reading, Garnet Publishing, 2002 [1994], pp. 560–561.

²³ “The lamb must be more than seven months old, because then it’s legitimate . . .”, Mohammed (Manresa, 5/6/2006).

The person in charge of performing the sacrifice may also vary. As in the sacrifice festival, the throat is usually slit by a specialist and the father. In Guelaya, an area known for its sumptuous banquets, on the birth of a first son the paternal family makes the sacrifice and the mother's family appears in the home with a second lamb which has already been sacrificed in the maternal home, and which is considered a gift or *hadiya* (Rif. *awardi*).²⁴

As at weddings and circumcision festivals, the banquet can also be an occasion for expressing the family's status and for entering into spiralling prestige contests. As shown by Eva E. Rosander in the case of female celebrations in Anjera, the gathering around the mother and child of relatives and acquaintances from the father's and mother's sides constitutes a status contest in which the families compete to display the money they have spent on clothing, jewellery and beauty. Such gatherings also provide an example of how participation in the celebration (involving tea, food and musicians) requires a gift from the guest, which usually takes the form of money offered to the mother and child.²⁵

Until recently, the blood of the sacrificed animal used to be smeared on the baby's forehead. Because of the rejection of this practice by jurists, the smearing is now carried out with substitutes like saffron, the flower of which is a similar colour to the red of blood.²⁶ It goes without saying that this ritual is not just designed to give the child a name, but also to represent its arrival in the Muslim community.

3.2.1.3. 'Aqīqa or the First Haircut

The etymology of the word *'aqīqa* refers to the "birth hairs", i.e. to the hair which grows inside the mother's womb. From this is derived the term *'aqqa*, "to cut". The *'aqīqa* ritual is another which is not mentioned in the Quran, and there are only a few controversial references to it in a number of *hadīth*-s. According to these, the Prophet recommended cutting the hair of a new-born child, after which its weight in money was to be calculated and distributed among the poor. He also advised against rubbing the baby's head with the blood of the sacrificial victim, recommending

²⁴ Mohammed (Manresa, 5/6/2006).

²⁵ Rosander, *Women in a Borderland* . . . , chap. 6.

²⁶ The prohibition is based on a tradition of Burayda al-Aslamī, who said: "In the time of the *jāhiliyya*, when one of us had a child, a lamb was sacrificed for him and his head was smeared with blood. When Islam came, we made the slaughter and shaved the child's head and smeared it with saffron" (Ibn Rushd, *The Distinguished Jurist's* . . . , p. 562); see also Aubaile-Sallenave, "Les rituels de naissance . . .", p. 144.

instead the use of a substitute like saffron, as occurs in the name-giving festival. The type of sacrificial victim to accompany the first haircut also varied, and various prohibitions existed. As in the case of the name-giving festival, attempts were made to avoid breaking any of the sacrificial victim's bones.

In some regions, the term *'aqīqa* refers to the whole name-giving ceremony as such. In ancient Arabia it would have been a ritual exclusively for male children with the aim of protecting them from evil spirits and initiating them in masculinity.²⁷ With the arrival of Islam this rite was also extended to girls, and took on new meanings. The cutting of the hair is not just a means of protection, but a means of purification of the bodily dangers transmitted by the mother, such as the blood which attracts the *jnūn*. In some parts of Morocco, small scarifications were also made on the body, which were covered with henna, to control the first letting of blood and prevent it from being attacked by the *jnūn*.²⁸

In Morocco there is no standard way of calculating the exact time period for carrying out the first cutting of the hair, which is performed by men of religious prestige. Westermarck observed great chronological variation: in some cases, it occurred seven days after birth, in others after forty days, six months, or even a year.²⁹ The period of forty days coincides with the phase of liminal dangerousness experienced by mother and child, and known as *nfas*. In the Rif, the period of one year was quite common until recent times. Moroccans consulted in Guelaya and Kebdana (Eastern Rif) told me that the cutting of the hair, which also occurred there after one year, was carried out by the child's maternal grandfather.

3.2.2. *Entry into Sexuality-Puberty*

3.2.2.1. *Circumcision*

History and variants. In classical Arabic, circumcision is termed *khitān* and in several dialects of Arabic including that of Morocco, the word used

²⁷ Westermarck, *Ritual and Belief* . . . , II, p. 413.

²⁸ The Tuaregs complete the process by making bodily incisions with blades. These are usually made in the joints and are carried out at the same time that a smith "slaughters the name" i.e. performs a sacrifice and pronounces the name of the new-born child. Also among the Tuaregs, one last ritual takes place on the same day: two interlaced triangles are drawn on the cranium with a mixture of henna, antimony and powder from the bone of the front right leg of the sacrificed animal. See Walentowitz, "De la graine à l'enfant nommé . . .".

²⁹ Westermarck, *Ritual and Belief* . . . , II, pp. 407-408.

is *tahāra*, meaning “purification”. In the central Rif it is known as *antahar* or *ansrim*. Circumcision was a pre-Islamic practice and according to some authors the Jewish tradition saw it as a symbol of the pact between humans and the divinity, in the form of a sacrifice.³⁰ Given that Jews carry it out on the seventh day after birth, it is believed that Muslim jurists probably proposed another timing as a way of differentiating themselves from that tradition, although there is disagreement over this interpretation. Indeed, some legal sources authorise circumcision from the seventh day onwards, whereas others like the Hindya *Fatwā*-s prescribe it between the ages of seven and twelve. Some schools even consider it advisable to perform it on the seventh day, exactly as in the Jewish tradition, although there is debate over whether to include the day of birth in the calculation of this period.

Islamic jurists have also disagreed over the bodily incisions and removals to be permitted or forbidden. Amongst those which are forbidden is the *khasy*, which is the total or partial removal of the testicles, although in practice this was quite common at the courts of sultans. Surgical removal and infibulation are thus included in the group of practices considered not advisable; among those to be tolerated is tattooing, and among those recommended is the *khitān* or circumcision. From a religious point of view, circumcision is not compulsory but the *sunna* sees it as recommendable (*mustahabb*) and Muslims have generally seen it as part of their custom (*qaʿida*), making it a socially obligatory practice as a rite of entry into the world of men and the Muslim community. There is no reference to circumcision in the Quran, and its legitimisation is sought in diverse traditions like the *sunna*, which bases its recommendation on the life of the Prophet. Muhammad is believed to have been circumcised by his grandfather forty days after his birth, although other traditions claim that when he was born he had already been circumcised by the angels.

Circumcision is practised in most Muslim countries, whether Arabic or not, and in Arab countries the ritual is also performed by non-Muslims, such as the Copts in Egypt. It should be noted that the custom spread in the Maghreb after the arrival of the Arabs, and before that was not performed in the region, except among the Jewish population. Female sexual mutilation is not sanctioned by the texts, but is practised in many African

³⁰ Bouhdiba, *La sexualité . . .*, p. 220.

countries. In Morocco it is totally non-existent, by contrast with neighbouring Mauritania, which has a high incidence.³¹

In many periods, circumcision has acted as a marker of belonging to the Muslim community, and Christians wishing to convert were required to have it practised upon them as a rite of initiation.³²

Timing of the ritual. In the Muslim world, there is no standard age at which circumcision is performed. It occurs between the ages of seven days and thirteen years, although it is most commonly carried out between the ages of three and seven.³³ The day generally preferred for the ceremony is Friday, although again there are regional variations. In rural parts of Morocco an entire group of boys of very different ages is often circumcised together at the local *jema'a* or mosque. This is a clearly public celebration, which coincides with some significant moment in the religious calendar, such as the *mawlūd*. A collective ceremony simplifies efforts and in some regions like Imilchil (High Atlas) it served to measure the ability of the *qabila* (tribe) to provide future men, or to show the wealth of each house, and this was reflected in the number of animals sacrificed.³⁴ In this area the ceremony was held every four years in the mid-1980s, though this depended on factors like the state of the harvest or the number of boys available. It therefore was, and is, common to perform these ceremonies in the months of July or August, coinciding with the closing of the agricultural cycle. In cases like Banī 'Arūs (Western Jebala), to this collective ritual must be added another kind of mutilating practice, in this

³¹ Islamic sources dealing with the topic of female sexual mutilation make a distinction between *khifādh* (literally "reduction"), which refers to the removal of the *labia minora*, and clitoridectomy. The latter is prohibited, but there is ambiguity in references to the former. In a *hadīth* cited by al-Ghazzālī (Bouhdiba, *La sexualité...*, p. 216), the Prophet saw Umm 'Attaya operating on a girl and told him that circumcision is a *sunna* for men and only recommended for girls, adding that he should scrape but not go too far (*ashmī wa la tanhiki*). According to the Shafī'i school, circumcision is compulsory (*wājib*) for both men and women. The skin covering the gland should be removed in the case of men and a small part of the skin from the higher part of the genitals in the case of women (Arendt Jan Wensinck, "Khitān, *Encyclopédie de l'Islam*, vol. 5, Paris-Leiden, Maisonneuve & Larose-Brill, 1986, pp. 20–23). The source is a passage by al-Nawawī on Muslim in *Tahāra*.

³² See Bartolomé Bennassar and Lucile Bennassar, *Los cristianos de Alá. La fascinante aventura de los renegados*, Madrid, Nerea, 1989, for the modern period. In other contexts circumcision can be the central rite in the conversion process. In Java one of the terms used for circumcision (*njelamakéselam*) means "to become Muslim". Wensinck, "Khitān...".

³³ Westermarck, *Ritual and Belief...*, II, pp. 416–433, offers one of the most detailed texts on circumcision. In it, the wide range of ages at which the rite is carried out in Morocco becomes clear.

³⁴ Michèle Kasriel, *Libres femmes du Haut-Atlas. Dynamique d'une micro-société au Maroc*, Paris, L'Harmattan, 1989, pp. 127–128.

case not of a sexual nature: the extirpation of the palatine uvula with a hook, which is intended to ease pronunciation and prepare the voice for a special type of song.³⁵

Despite these variations, the ritual has a series of central features,³⁶ as both an individual and a collective rite. Like all rites of passage, circumcision is potentially dangerous and it is hardly surprising that a number of elements are deployed with the aim of driving away evil and protecting the child. These include amulets, an avoidance of making contact with the ground, music to tame the *jnūn*, recitation and sacrifices.

1. Preparation. During the ritual there is a symbolic abandonment of the world of women as the boy takes his place in the world of men. In areas like Imilchil, this step is represented by the type of songs which accompany each stage in the sequence of events. In the first phase, that of separation, as the boy is prepared songs are intoned by the women, who wash and perfume him and protect him with amulets. Before entering the house where the circumcision is to take place, the women dance and sing female songs (*tahidust*). After the circumcision has been performed and when the boy emerges, it is the men who sing and dance men's songs (*ahidus*). The colour white is usually present throughout the ritual, as a symbol of purification (white clothing, white eggs etc. are used). In Fez the boy was bathed and shaved the night before the ritual; his mother painted his hands and feet with henna, and tied around his neck a "hand of Fatima" or *khamisa*. The next day he was dressed in good clothes and from his left shoulder was hung a *tehlil* or small box containing a little written amulet, and the father took him to the place of circumcision, riding on a donkey. In Anjera, the boy was painted with henna and *khūl* to protect him from the evil eye, and a vertical blue line was added to his nose. A procession was organised to accompany the boy to the place of circumcision, and the nature of this procession varied in accordance with the means at the family's disposal, though normally the boy was mounted on a donkey and accompanied by pipe-players and drummers, as well as unmarried young men carrying flags.

2. Operation. Traditionally this used to be performed in the family home, or at a sanctuary or mosque, by a specialist known as a barber or

³⁵ Data gathered in Banī 'Arūs in August 1999, at which time the practice was still taking place.

³⁶ Hart, *The Aith Waryaghar of...*, pp. 118–121.

hajjām,³⁷ although in many cases it was done by the *fqīh* of the mosque. In nomadic and herding communities it was carried out in tents.³⁸ Currently, most families leave the operation in the hands of a hospital doctor, and later celebrate the event at home. It is thought advisable to carry out the operation in a discreet and hidden fashion in order to avoid the effects of the evil eye or an attack by the *jnūn*, which in this particular case are extremely dangerous, given the presence of blood.

The traditional removal was made with scissors or a razor. Julio Caro Baroja gave a detailed account of the operation in the Saharan region in the 1950s:

The circumcision is performed by stretching the foreskin and putting within it a small stone or hard substance and tying a strong thread to it. Then the cut is made with a sharpened knife above the tied area and the wound is washed with the sap of a plant called the *solaha*. If there is haemorrhaging, it is stopped by the application of warm, hard camel excrement.³⁹

The wound was then healed in a number of different ways: using mastic ash (*drō*), juniper powder, spider's web, henna, mixtures of pine resin and rancid butter, and, more recently, Mercurochrome. Other remedies included the application of sawdust from the trunk of a fig-tree, or a raw egg that was pricked and dripped around the circumcised penis. A few days later, in this case, the healing substance used was made from a mixture of mastic oil, palm heart leaves and goat excrement.

The skin removed from the penis was burned or buried in the cemetery of the local sanctuary or *zāwiya*. Among the Aith Yusi, the mother tied the skin to a stick used for weaving wool, and after dancing with it left it out to dry on the roof for a week and eventually burned it. All of this was intended to prevent an impure person from passing over it, as would have been possible had it simply been buried. The foreskin can be the object of malign influences, but has also been seen as a part of the body likely to propitiate fertility and health, as is shown by several ethnographic examples. In Syria, it used to be the custom for the *hajjām*

³⁷ The *hajjām* was not just a barber, but also performed a series of functions which included surgery, blood-letting and cauterisations.

³⁸ For Aurès in the 1930s, see Jacques Faublée and Thérèse Rivière, "Dans le Sud de l'Aurès en 1935: circoncisions, mariages et Hiji chez les Ouled Abderrahman", *Études et documents berbères*, 8 (1991), pp. 63–77.

³⁹ Julio Caro Baroja, *Estudios saharianos*, Madrid, Júcar Universidad, 1990 [1955], p. 262.

to preserve the removed foreskins, which were dried, piled up and kept in a jar, after which they were used as a poultice in cases of inflammation of the penis. There are also some references to the consumption of the foreskin by the mother, in Nablus (Palestine), in cases of the premature death of other children.⁴⁰

The guarded reservation which surrounds the ceremony is due to a series of beliefs about the possible dangers threatening the circumcised boy. It is, for example, believed that the healing period is prolonged if a person with some sort of impurity directs his or her gaze at the wound.⁴¹ For these reasons, after the operation a new prophylactic amulet called the *jdīdu* used to be made from a rope, coins, shells, stones etc. and tied to the right ankle, after which the procession home was repeated.

Post-operative rites. Congratulations and gifts: relatives, neighbours and friends visit the boy, congratulate him and offer him sweets, toys or money. This public handing-over of gifts on a tray is known as *ghrāma*, the same name used for the offerings made at a wedding, and the process follows the rules of reciprocity. The child is placed on display in a litter or on a little donkey, wearing embroidered adult clothing such as a white *jellaba* and a red *tarbush*. It is, therefore, an open and public festival, in which the procession announces to society the new status of its main protagonist. The fact that the circumcised boy is not permitted to touch the ground with his feet and that he is mounted on an animal or in a kind of litter or throne is also significant. Westermarck lists numerous instances in which a person is not allowed to touch the ground to prevent corruption by some sort of impurity, as in weddings. All of these rituals have also changed considerably over the years, and according to some authors the festival itself is now in decline.⁴²

This ritual and its possible functions have been interpreted in many different ways:

- As a rite of passage enabling entry into manhood. Circumcision represents passage into the world of men and a belonging to the community of believers, but strictly speaking it is not always a rite marking the start of puberty, because it is sometimes carried out in the first week of life or at the age of three. In this sense it is not, then, a rite which

⁴⁰ Malek Chebel, *Histoire de la circoncision*, Paris, Perrin, 2006, pp. 93–94.

⁴¹ Westermarck, *Ritual and Belief*... I, p. 234.

⁴² Isabel González Turmo, Fatima El Ouardani and Abdeslam El Aallali, *Rojo y verde. Alimentación y cocinas en Marruecos*, Gijón, Ediciones Trea, S.L., 2007, p. 81.

indicates entry into the group of adult men, but it does establish a basis for notions of manhood. In reality the boy's entry into manhood is not only marked by this rite of passage, but by issues linked to the process of socialisation and another series of everyday details, like the prohibition on being allowed into the *hammām* with women.⁴³ The end of infancy turns the boy into a responsible adult.⁴⁴ From this moment on he is able to fast and perform prayers. He leaves the world of women to join that of men and their spaces: the men's *hammām*, the mosque, the small cafés etc.

- As a way of joining the community of believers. Circumcision has played a key role in the identification of Muslims, despite the near total absence of legal sources mentioning the rite and the existence of some references authorising a uncircumcised man to lead prayers.⁴⁵ However, the obligatory nature of circumcision has become indisputable, as is illustrated by an anecdote cited by Malek Chebel in his discussion of the case of an Algerian *piéd-noir*, who was both a Communist and a Nationalist, and had asked to be buried in a Muslim cemetery as a symbol of belonging to his native land. His request was turned down by local Muslims, who refused to accept the presence of an uncircumcised man among their dead, and circumcision eventually had to be carried out on the dead man's body in order to make burial possible.⁴⁶
- As a hygienic measure and preparation for sexual activity. Among the local explanations given to justify the ritual is the argument which sees circumcision as contributing to greater sexual hygiene by preventing phimosis and improving fecundity. This ignores the fact that until recent years the immediate consequences of circumcision have often been tragic for the boy concerned and have included infections, haemorrhages and very painful amputations. In any case, the notion of hygiene takes us back to a point discussed in the previous chapter. Circumcision is equivalent to purification in etymological and other terms: this ritual purifies and prepares the boy to practise the precepts of Islam, and the word *tahāra*, "circumcision", is derived from the root *t-h-r*, "to purify". Another indicator of the value attributed to circumcision as a preparation for sexuality and wedded life is the presence in the ritual of references and metaphors relating to marriage. In some regions of Tunisia,

⁴³ The film *Halfaouine* (1990), by Férid Boughedir, describes this phenomenon perfectly.

⁴⁴ Bouhdiba, *La sexualité...*, p. 207.

⁴⁵ Sidi Khalil, of the Malekite school. Chebel, *Histoire...*, p. 60.

⁴⁶ Chebel, *Histoire...*, p. 59.

the ritual of circumcision has a similar structure to that of a wedding ceremony. The ritual is also seen as a preparation for coitus, as is made explicit in some of the traditional Tunisian songs which are sung during the circumcision.⁴⁷ This notion also used to exist in some parts of Morocco. Among the Awlād Bū ‘Azīz, collective circumcision used to be known as the “circumcision wedding” (*‘ars dyal t-thāra*).⁴⁸ The etymological link is also present in the classical Arabic term for circumcision, *khitān*, which has the same root as *kh-t-n*, meaning marriage, and, in general, as the terminology designating relatives by affinity.⁴⁹ In addition to all this, it must be borne in mind that in the Maghreb circumcision has also been seen as a beneficial ritual which provides *baraka*. Westermarck cites the belief that circumcision as an occasion provided *baraka*, and that boys born without a foreskin were regarded as holy, because like the Prophet they had been circumcised by the angels.⁵⁰

- Psycho-analytical explanations in the line of work by Bruno Bettelheim and based on symbolic interpretations of the ritual as a form of castration, projection of roles etc.⁵¹

Boys, as well as girls, also go through other rites of passage marking a preparation for the world of adults and the institutionalisation of male and female roles. There is a group of rituals involving a simulacrum in which the boy or girl are dressed and identified as little brides or grooms, i.e. they are presented as if in a future rite of passage like a wedding. During the circumcision a boy is dressed exactly like a bridegroom; this projection is also repeated in the festival for girls which takes place in the cities of the north of Morocco, in which they wear bridal dresses. During the “night of destiny”, the twenty-seventh night of the month of Ramadan, there are other rites of passage for the boys who fast for the first time: they

⁴⁷ “You start circumcised and you end as a bridegroom, and your horse always neighs in the forest. / You start circumcised and you end as a young man, and your horse always neighs among the unmarried men. / Call immediately for your mother, call immediately for your (maternal) aunt, let them come immediately to leave money on their rod (*ammāra*)”, in Bouhdiba, *La sexualité...*, p. 223 [translation of the Arabic version, not Bouhdiba’s French version of Rizgui’s text on Tunisian songs].

⁴⁸ Westermarck, *Ritual and Belief...*, II, p. 423.

⁴⁹ Chebel, *Histoire*, p. 54.

⁵⁰ Westermarck, *Ritual and Belief...*, I, p. 47.

⁵¹ Bruno Bettelheim, *Les blessures symboliques. Essai d’interprétation des rites d’initiation*, Paris, Gallimard, 1971.

climb a ladder on which they eat dates and drink milk, wearing clothes which also give them the appearance of bridegrooms.⁵²

3.2.2.2. *Menstruation and Virginity*

Whereas circumcision is a publicly recognised ritual, the arrival of the first menstrual period is a rite of passage which is mainly private and invisible, though decisive, given that it marks the beginning of group control over a woman's sexuality and virginity. The paradox is that in spite of its invisibility as a ritual, the process of starting to wear a scarf can be an implicit but also public indicator of the arrival of menstruation. There is, however, no special preparation for the moment and what little information reaches a young girl about it makes reference to the dangerous and dishonourable nature of her blood. The first menstrual period marks an entry into the category of virgin, but the fact itself is perceived as negative and shameful, due to the character of impurity attributed to the menstrual blood. From this moment onwards a girl is expected to maintain great discretion (*setra*) and prevent anyone from ever seeing her blood. This taboo continues even into marriage, and means that a woman will go to some lengths to stop her husband from casting an eye even on her used tampons.

The terms used by women to refer to their period include formal expressions like "the monthly debt", "the monthly dose", or *al-ghasla* (purification). At a more informal or intimate level, women use phrases like "I have received the blood" or euphemistic expressions such as "I have received my aunt", "my neighbour", "the guests", "it has come" or other expressions revealing rejection: *al-uila ulmakhliya* ("the wretched one"), *as-segu'āa* ("the accursed one"), *az-zemra* ("the shit"), *al-ham* ("the nuisance") or *l-a'dua* ("the enemy"). The terms used by men display an even greater degree of disdain: "she's bathed in blood", "her taps have broken", "she's giving off [blood]", "she's busy/flooded/dirty/wounded/stinking".⁵³ Such terms reflect the stigma attached to menstruation, which is seen, above all, as a contaminating agent. On one occasion I was on a beach on the Atlantic coast of Morocco, close to a group of young people who

⁵² Data which I gathered in Tétouan. Abdelhaï Diouri, "Symbolique et sacré: les mets levés du Ramadan au Maroc", in Sophie Ferchiou (dir.), *L'islam pluriel au Maghreb*, Paris, CNRS Éditions, 1996, pp. 108–109, adds other rites during the "night of destiny", such as the placing of a coin under the child's tongue before giving him the date and milk.

⁵³ Soumaya Naāmane-Guessous, *Printemps et automne. Puberté, ménopause, andropause au Maroc*, Casablanca, Edif, 2000, pp. 108–109.

were playing with a ball, and when one of the girls started to bleed visibly through a white pareo that she was wearing, the person accompanying me reacted in a contemptuous manner, and even adopted a attitude of fear, as if contaminated by the mere sight of it, which produced genuine horror.

Mothers assume responsibility for reinforcing such notions in their daughters. In rural areas, menstruation is described as a curse: many women remind their daughters of the contaminating nature of blood and only an educated minority explain to them the actual function of ovulation. At the same time, the period is also an expression of health and fertility, and its absence is much more traumatic.

In some parts of Morocco, the first menstrual period is greeted by a small celebration. This celebration has a reserved character, but its existence is made known to others because it marks the girl's entry into the marriage market and the status of virginity which must be protected. In Tétouan rites of passage linked to the first period of menstruation still exist. The women of the family traditionally organised festivities: a woman known as a *neggāfa* was employed to make up, comb and dress the girl in the traditional style of a bride, then the women gathered in the living room of the house and celebrated the event, with the girl seated in the midst of them as the centre of attention, as occurs in weddings.⁵⁴ This rite continues to exist but does not necessarily coincide with the arrival of menstruation. In Tétouan, Tangier or Chaouen the *shadda* is a women's festival in honour of six- or seven-year-old girls who dress as brides, receive gifts and are photographed.⁵⁵ In this sense, the placing of the girl on the same level as a bride matches the male version of the event which compares the boy with a bridegroom. Soumaya Naāmane-Guessous observed, however, a decline in these sorts of rituals which defused and to some extent raised the value of this physiological change. In her survey, only 27% had been through some sort of rite of passage, and these were mainly people living in rural areas. The old rituals do not seem to have been replaced by new ones, but by silence and indifference. The old practices included dressing the girl in new and elegant, brightly-coloured clothing, washing her face with milk to protect it from acne, placing a bowl on her breasts to boost

⁵⁴ *Ibid.*, p. 104.

⁵⁵ My own observations in Tétouan. Like brides, the girl is painted with henna. González Turmo, El Ouardani and El Aallali, *Rojo y verde* . . . , p. 81.

their growth or passing an egg under her armpits and pubis to prevent the growth of hair.

The passage to a new status is not free from dangers, linked to the evil eye, envy caused by the early onset of a period or an action of the *jnūn*, who are attracted by the arrival of blood. This is the reason for the existence of several prophylactic rites like a plant-based fumigation against the evil eye, seen as capable of causing infertility or pains on the arrival of menstruation. Other rites are related to a desire to strengthen the girl concerned. These include walking three times through a tall, wide door, eating sugared products, spreading honey over the face to make the girl's life sweeter or tossing salt at her to make her more attractive.⁵⁶

3.2.3. *Marriage, Wedding and Deflowering*

The issue of marriage and divorce is a highly complex one, and in this section I will therefore concentrate on the consequences which rituals have on the bodies of those concerned. Broadly speaking, marriage (*nikah*) is a contractual relation, underwritten by a document emitted by a judge or notary (*'adl*). These contracts can include specific conditions, like a limitation making it impossible for the husband to take a second wife. Current Moroccan contracts require certificates providing the civil status of both parties and a health certificate stating the absence of sexual illnesses. A certificate of virginity is never legally required.⁵⁷

In 2004, a number of important changes took place in the law of the Code of the Family or *Mudawwana*. These changes involved various key developments, such as an increase in the age at which marriage can be legally contracted, which went up from 14 to 18 for girls and from 16 to 18 for boys, or a formal reduction in the powers of the tutor (*wali*) over the wife, who no longer needs his official permission to marry, work or obtain a passport. The reform also introduced greater judicial control in divorce processes and the elimination of the unilateral declaration of divorce by the husband, etc. It is worth highlighting that these changes and the differences which they have introduced with respect to family law in other countries with a Muslim majority reflect the range of possible readings and interpretations of holy text and the *hadith*-s. Despite these radical reforms, however, it should not be forgotten that in practice many judges

⁵⁶ Naāmane-Guessous, *Printemps et automne . . .*, pp. 105–106.

⁵⁷ My description of these requirements is based on information provided by a notary from Tétouan (April 2006).

continue to have a margin of freedom in their application of the law, and that many social practices discriminating against women continue to operate.

Beyond this normative framework, the act of marrying is also a ritual, charged with special connotations in the case of a first marriage which particularly affect the sexuality of the wife. In this sense, the night of the deflowering is a rite of passage which marks the end of virginity and the start of the woman's role as a wife and, above all, as a future mother. It is also a formal demonstration of the husband's virility, which is why a number of different prophylactic rites exist to protect him from magical forces which may have been invoked against him to "close up" the sexual organ and cause impotence. It should be emphasised that the following description of the ritual refers to first marriages or marriages involving a virgin bride.

The wedding (*urs*) ceremony consists of a set of rituals which may vary but basically has the following structure: celebrations in the bride's house; transfer to the groom's house, with the trousseau; celebrations in the groom's house, culminating in the night of deflowering; public display of the trousseau, and presentation of the guests' gifts. In the wedding itself the classic processes of other rites of passage are repeated: separation, liminality and incorporation, accompanied by recurrent elements like the use of henna, blood and the colour white. To describe the sequence in more detail, I will follow Rosander's description for Anjera (coastal Jebala), which is very similar to what I have myself been able to observe in Bani 'Arūs (Jebala), and differs greatly from urban weddings:⁵⁸

1. Separation-Preparation

- *Hadiya*. The groom's family sends the wedding presents to the bride's home. They are taken there by a retinue made up of relatives and friends of the groom, accompanied by musicians if the journey is made on foot.
- *Lilat al-henna* ("night of the henna"). The aim of this ritual is to purify the bride and prepare her for her physical transfer to the groom's house. A specialist uses henna to draw decorative filigrees on her hands and feet, as a symbol of purification and protection. The application of the henna is accompanied by a number of other elements, such as rosewater, an egg and a silver bracelet, symbolising fertility

⁵⁸ Rosander, *Women in a Borderland*...

and wealth.⁵⁹ The festival, which takes place in the bride's home, is accompanied by a banquet and music. The celebration is attended by women, whether relatives or neighbours, and like other gatherings it takes place in spaces to which men are denied access. Throughout the feast, the bride assumes a serious, unsmiling appearance. She does not move and her face is stern. She is accompanied by her bridesmaids (*wazara*, or "ministers").

- *Hedor*. The feast of the bride's mother, where the collection takes place of the *ghrāma*, or the guests' gifts in the form of money, which are publicly announced by a kind of crier known as an *aberrah*.

2. Transfer-Liminality

- *Al-buya* or *'ammariya*. These are terms used to refer to a kind of litter which takes the form of a pyramidal cabin covered by a large silk cloth in which the bride is transferred whilst riding a donkey. The aim is to protect her from any threat, evil eye or attack by the *jnūn*. This is why she is also accompanied by pipe-playing musicians and percussionists, as well as fusiliers who set off gunpowder. Most of these journeys are now made by car, with a large number of accompanying vehicles sounding their horns. Since the development of video-film, the retinue is also accompanied by a car carrying the man in charge of recording the ceremony, and the spread of digital cameras has meant that the number of recorded versions of the event has multiplied, at the same time that specialised companies have standardised the production of such recordings. On arrival at the groom's home, the retinue is given dates and milk, as symbols of fertility.
- *Lilat al-'arus* ("the night of the bridegroom"). After visiting the mosque, the bridegroom enters the home dressed in white. It is no coincidence that he is given the name of "sultan" and those who accompany him that of "ministers". Henna plays another part in the ritual, for it is used to dye the little finger of the groom's right hand. The event is accompanied by music played by a group and as in the festival of the bride's mother an official crier announces the gathering of the *ghrāma*. At a certain point in the evening, the groom makes his way to the bed, where the bride awaits him.

⁵⁹ These elements were recorded by colonial ethnologists (Séraphin Biarnay, *Notes d'ethnographie et linguistique nord africaines (publiées par L. Brunot et E. Laoust)*, Paris, Publications de l'Institut des Hautes Études Marocaines, vol. XII, 1924, p. 32, and also in more recent ethnographical studies (Rosander, *Women in a Borderland...*). I myself have witnessed their existence in the northern region, in the late 1990s.

- *Dakhla* (“entry”) or deflowering. Until recently, the public display of a bloodied sheet as proof of the bride’s virginity and the groom’s potency was a common practice but this is now in clear decline and in the cities is seen as a symbol of backwardness associated with the country regions. It has also, like many other acts, come to be seen as *bid’a* or illicit innovation, under the influence of the Islamising rhetoric of recent years. It should also be remembered that in previous periods a complete consummation of the sexual act was generally avoided, out of fear of the contaminating qualities of blood. The act of mixing the groom’s semen with the bride’s blood was thought to bring a curse on the couple’s progeny.

3. Incorporation

- *Sbah* (“morning”). The bride’s mother sends a procession carrying breakfast to the groom’s home. This is the bride’s rite of entry into her new residence. A few days later, there is a series of visits and meetings with tea which signify the presentation of the bride to new relatives and neighbours.
- *Hazām* (“belt”). A week after the wedding the bride is presented with a belt which was not worn as part of the bridal dress and which is placed upon her to close up her body and give life to a child, a few days after having sexual relations with her husband. After this rite, the bride comes to be known as *mra* (“woman”). Sweets are shared out among the young girls present, as a symbol of fertility, and the belt is placed on the wife by a young boy, to favour the birth of a male child.
- *Sab’a dial-ʿurs* (“a week after the wedding”). The husband and his relatives go to collect the mother-in-law and female relatives, to accompany them to her daughter’s new home. This is the first time that the mother visits her daughter after the wedding. In Anjera, the most characteristic element in this ritual is that each group provides and consumes its own food, without mixing with members of the other group. When the husband’s group goes to collect the mother-in-law, they eat their own food; and when the groom’s mother-in-law and her relatives visit the daughter’s new home, they take their own food with them and eat it there.

However, the definitive step in the process of entry and acceptance of the wife does not come until she fulfils her main role: that of providing the home with children. This function is so important that it constitutes

the cornerstone of her personal trajectory, and it is for this reason that the rituals relative to fertility and pregnancy play such a central role, as I will show in the chapter on sexuality.

3.2.4. *Old Age*

Notions of infancy or youth are social categories which change from one historical context to another, and the same can also be said of the notion of old age.⁶⁰ However, old age in the Arab world is perhaps one of the least studied of these social categories, probably because patrilineal structures have kept generational co-existence alive and the concept of old age has only been visible in the context of a status of respect and personal prestige, or during rituals like the pilgrimage to Mecca. However, changes in Moroccan social structures, urbanisation, emigration and the emergence of new processes of marginalisation and exclusion could be transforming this traditional picture. These transformations seem to have led to many old people suffering from abandonment and socio-economic difficulties in a country without an infrastructure to support them. Such an infrastructure has been deemed unnecessary because of the assumption that families will always take on the task of looking after their older members or fall into the greatest possible disgrace, given that the Muslim religion also presupposes values of mutual assistance and solidarity.⁶¹ Old age has never been seen as a matter requiring state intervention or as a social problem of any kind.⁶² In the Moroccan government the concept of “old age policies” has only existed at all since 2002, and is seen as linked to problems of exclusion and demographic projections which foresee a gradual future increase in the population of the elderly.⁶³ In 2007 there were only 32 homes for the aged in the entire country, and the medical specialism of geriatrics is almost non-existent.

⁶⁰ Teresa San Román, *Vejez y cultura. Hacia los límites del sistema*, Barcelona, Fundación “La Caixa”, 1990.

⁶¹ Abdelmalek Sayad, “Vieillir... dans l’immigration”, *Migrations-Santé*, monograph *Migration maghrébine et vieillissement: santé et pratiques sociales*, 67 (1991), pp. 6–13; Omar Samaoli, “Trajectoires de l’immigré maghrébin âgé”, *Migrations-Santé, Migration maghrébine et vieillissement: santé et pratiques sociales*, 67 (1991), pp. 14–16.

⁶² Lassaad Labidi, *Viellissement et société en Tunisie: analyse de l’intégration des personnes âgées dans la société tunisienne*, Tunis, Institut national du travail et des études sociales, 2003.

⁶³ Fouzia Rhissasi, “La vieillesse des femmes pauvres. Cas de la maison de bienfaisance de Kénitra”, *Femmes et état de droit*, Rabat, Dar al-Kalam, 2004, pp. 71–90. In April 2002, the Employment Ministry published a document entitled “National report on ageing”.

The general term for referring to the old is *shuyūkh*, which is used in contrast to *shābāb* (youth) and carries connotations of respect. The word *shaykh* literally means “ancient” or “elder” and it is no coincidence that it has also been used to refer to different types of political authority which were generally granted to older men, e.g. chiefs of tribal sections or various religious authorities. By contrast, the feminine form *shaykha* has a completely different meaning and refers to a dancer or singer of no great social prestige. Another term generally used to speak of the old in everyday usage is *sharīf* (fem. *sharīfa*), which literally means a descendant of the Prophet and denotes nobility and respect. Other common terms in Moroccan Arabic are *‘agūz*, *shārf* (plural *shārfīn*) or *shībāni*, “old man with white hairs”.

According to a survey by Naāmane-Guessous, Moroccan perceptions of age and of being old differ greatly for the two sexes.⁶⁴ This survey revealed that men find women attractive between the ages of 15 and 33, whereas they themselves feel able to seduce women for the whole of their lives. Most men and women believe that women grow old after the age of 40, because of the decline in their reproductive capacity; on the other hand men and women alike say that old age for men begins after the age of 60. Notions of sexuality are, in other word, a central factor in the definition of social ages. For women, the menopause is a clear indicator of a transition, and from that moment on a woman enters the category of “great woman” (*mra kabīra*). In the case of men, the general perception is that being old relates to the issue of vitality and sexual activity rather than age itself.⁶⁵

For women, the end of the reproductive age is an important life marker, which entails the acquisition of a new status making her worthy of a greater degree of respect, autonomy and influence.⁶⁶ The group loses control over her sexuality and movements. At the same time, this new status gives her the responsibility of upholding traditions and group values. When this moment arrives, one of a woman’s aspirations is to make the pilgrimage to Mecca, as a way of culminating the acquisition of her new status and acquiring the prestigious title of *hājja*. The pilgrimage is not a rite of passage marking the start of old age, since it can be carried out at any time of life. However, certain recommendations and the need to gather together enough money for the journey ensure that the ritual usually takes place after middle age. Moreover, return from Mecca is celebrated in such a way

⁶⁴ Naāmane-Guessous, *Printemps et automne...*

⁶⁵ *Ibid.*, p. 271.

⁶⁶ For this, see Rosander, *Women in a Borderland...*, chapter 7.

that the festivals concerned imbue events with the special significance of a duty fulfilled before dying. Physical self-presentation is one of the markers of this transition, as old men and women begin to dress entirely in white, or in colours which are not too striking. There is greater respect for their turn to speak, and older women are also entitled to speak among men. Their domestic influence increases as their daughters-in-law join their household, and they become the mistresses of ceremonies at name-giving festivals and weddings, where they ensure that the ritual is correctly performed. In some cases old women are experts in traditional medicine, and possess knowledge about curing practices or medicinal plants. The older woman's prestigious status is also identified with evil and the control of malign influences, i.e. of magic and sexuality.

The respect felt for old men and women is also conveyed by the manner in which they are greeted by their relatives, who kiss them on the top of the head. The ways they are addressed by strangers also reflect this respect, through the use of such terms as *sharīf* ("descendant of the Prophet"), or *al-hājj* ("one who has made the pilgrimage to Mecca"). The general rule of behaviour in the company of an older person, and especially one's own parents, is to keep one's composure by impeding the utterance of foul or inappropriate words, or by preventing the performance of acts considered disrespectful, such as smoking. Such behaviour is described by the Quran (17: 23, 24) as a duty of sons and daughters in exchange for the care their parents took of them when they were children. Care and attention of older people is generally assumed by their sons and daughters and by other members of the domestic unit. It is considered inconceivable that parents should be left unattended by their family. A number of the people I interviewed identified the treatment of old people in Europe with abandonment by their family when they are sent to a home, or were quick to point out that many old people in Europe live alone, without family and the sole, sad company of a pet animal.

Nevertheless, the presence of impoverished old people is very plain to see in Morocco. Such people can be found working on the black market, begging in the streets, especially outside mosques on Fridays, or frequenting charitable institutions, hospices or a wide but insufficient range of social assistance services spread out between institutions linked to the monarchy, religious associations or non-governmental organisations.⁶⁷

⁶⁷ Rhissasi, "La vieillesse des femmes pauvres . . .", for an exploration of this theme in a hospice for impoverished old women in Kénitra known as Dar al-Ajaāza.

3.2.5. *Death*

In Morocco, most notions and practices surrounding the moment of death are due to Islam and the Semitic tradition, although some rituals reflect the influence of non-Islamic elements rejected or kept hidden by orthodoxy. In Muslim thinking, death is a transition between the earthly world (*dunya*) and the other world (*ākhir*), and the nature of the transition is determined by a trial which occurs after death. It is also assumed that the duration of each person's individual life (*ajal*) is previously marked out for them.

Death has been the subject of many different interpretations, and in the theological literature there has been considerable confusion surrounding the terms *rūh* and *nafs* and the role of corporeal nature. In some Sufi currents the spirit is freed from the body, which disappears; for others, the resurrection of the body is a purely material one. This means that the soul forms part of a revived body, and is never separated from it. Other more modern views offer greater uncertainty, in a manner resembling the Protestant ethic described by Max Weber: only Allāh knows what will happen after death. However, the most common interpretation, which is held by most of the population and is of most interest to us in this context, is that the soul is resurrected in a material body that is different from the body occupied on earth. This body is conceived of as pure and hairless, without bodily impurities or imperfections.

This view of resurrection holds that after the moment of death, angels sent by Allāh make their intervention. While it is still in the grave, the dead body is examined by the interrogating angels Munkar and Nākir. Another angel, 'Izra'il, is given the task of drawing out the soul through the throat. However, the soul (*rūh*) does not abandon the body suddenly, but leaves the members little by little until it reaches the chest and escapes through the mouth.⁶⁸ In the tradition of al-Bukhārī the interrogation takes place after the funeral procession has left the cemetery. In Moroccan oral sources recorded by Westermarck, the visit of the interrogating angels (*mīaik swal*) takes place during the dead person's first night in the grave, known as the "night of solitude" (*lil l-wahdanīya*). This interrogation can lead to martyrdom for non-believers, as in the so-called punishment of the grave (*ʿadabu l-qabr*), in which the individual is beaten with an iron hammer. His or her shouts of pain are in vain, as they are not heard either by

⁶⁸ Quran (56: 83–87): "Wait till your soul reaches your throat—as you yourselves look on!".

humans or the *jnūn*. In Marrakesh it used to be said that the angel 'Izra'il punished with an iron pole all those who did not give the appropriate responses.⁶⁹ In order to help the dead to answer the angels' questions, some *fqīh*-s used to remain at the graveside or leave beneath the dead person's head a piece of paper (*msaula*) containing the correct replies to be given. The correct response which should be given to the angels by all believers includes the following declaration of faith:

Allāh is my lord and Islam is my religion, the *ka'abah* is my *qiblah*, the Quran is my guide and Muhammad my prophet (*allāhu rabbī wa l-islāmu dīnī wa l-ka'abatu qiblatī wa l-qur'ān imāmī wa Muhammadu nabī*).⁷⁰

Some people of particular merit are relieved of the need for this interrogation in the grave. This is the case of the *tulba*, for whom the Quran is able to answer, a *shahīd* (martyr), a woman who has died during childbirth, a person who dies on a Friday or parents who have suffered the death of a child.⁷¹ Less well-known are other cases also considered martyrdom by some traditions, such as death by plague, pleurisy, flooding, fire, the collapse of a wall, a fall from the top of a building or during a journey. These possibilities re-appear in the oral culture of street charlatans or in the Islamic popular literature on sale at markets.

Between the burial and resurrection there is an intermediate period similar to Christian purgatory known as *barzakh*. However, *barzakh* has also been the subject of many different interpretations. The Quran does not explain exactly what happens immediately after death, and during the first centuries of Islam this issue played a role in theological debates. Later discussions focused on the issue of whether punishments and suffering existed before the resurrection or whilst in the grave.⁷² In addition to this, the length of time which the soul or *rūh* remains in the grave before leaving for *barzakh* is estimated very differently by the various local traditions, which calculate the period as one of just one day, three days or forty days and more. In some areas of Morocco it even used to be said that the soul would return to the individual's home or grave without being seen by humans on special days such as Fridays, or on the festival of the

⁶⁹ Westermarck, *Ritual and Belief*... II, p. 465.

⁷⁰ *Ibid.*

⁷¹ Bukhārī, Miskhāt; in Westermarck, *Ritual and Belief*... II, p. 519.

⁷² This is reflected in some *hadīth*-s, such as one attributed to 'Aisha, the Prophet's wife, according to which the Prophet asked Allāh in all his prayers to free him from punishment in the grave. According to Bukhārī, in Malika Dif, *La maladie et la mort en Islam*, Lyon, Tawhid, 2003, p. 255.

‘ashura, *‘arafa* or *lilat al-qadr*. According to other oral traditions analysed by Taoufik Adohane, sudden death by accident, murder or violence causes the soul to leave the body and does not give it time to reach *barzakh* or purgatory, so that it turns into an owl.⁷³ The appearance of an owl is considered a bad omen and its name in Arabic, *hāma*, also means trouble and misfortune (*tawugt* in Berber). In some areas, if a child suffers from diarrhoea this may be attributed to contact with an owl.⁷⁴

These notions of the process which occurs after death also have important medical implications concerning the treatment of organs or the permissibility of an autopsy. According to some interpretations, if the body is dissected while the soul is leaving it, the soul can become tormented and martyred.⁷⁵ This classical principle of the physical inviolability of the body (*hurma*) has given rise to arguments against anatomical intervention, which is understood to be a violation of the sanctity of the body.⁷⁶ Research carried out in the United Kingdom has revealed reticence among Muslims of Pakistani origin concerning the idea of the transplantation of organs, for fear of contravening the precept of the inviolability of the corpse or because of beliefs relating to the transmission of moral qualities incorporated in donated body parts. However, both the majority of such Muslims who were reluctant to accept the idea of such donations and the minority who saw them as acceptable were unaware that in 1995 the Muslim Law Council had emitted a *fatwā* authorising the practice.⁷⁷ Indeed, historical analysis of scholarly responses contradicts the idea of an alleged incompatibility with the principles of the *sharī‘a*. Rachid Rida, in 1907 and 1910, or the great *mufti* of Egypt in the 1940s issued *fatwā*-s approving post-mortem examinations, and the work carried out by Khaled Fahmy shows both that autopsies were performed by Egyptian forensic doctors during the last third of the 19th century and that efforts were made to accommodate this bio-medical practice to the *sharī‘a* in spite of the criticisms of numerous religious figures.⁷⁸

⁷³ Taoufik Adohane, *Le Livre de l'âme: psychisme, corps et culture en sud-Méditerranée*, Le Plessis-Robinson, Synthélabo, 1998, pp. 116–119.

⁷⁴ *Ibid.*, p. 117.

⁷⁵ Heinrich Schipperges, “La medicina en el medioevo árabe”, *Historia Universal de la Medicina*, vol. 3, Barcelona, Salvat Editores, 1972, p. 79.

⁷⁶ Marion Holmes Katz, *Body of Text. The Emergence of the Sunnī Law of Ritual Purity*, Albany, State University of New York, 2002, p. 124.

⁷⁷ Clare Hayward and Anna Madill, “The meanings of organ donation: Muslims of Pakistani origin and white English nationals living in North England”, *Social Science & Medicine*, 57 (2003), p. 390.

⁷⁸ Khaled Fahmy, “The anatomy of Justice: Forensic medicine and criminal law in nineteenth-century Egypt”, *Islamic Law and Society*, 6 (1999), pp. 1–48.

3.2.5.1. *The Body in "the Other World"*

By contrast with the scarcity of literature dealing with the *barzakh*, there is ample eschatological coverage of images of paradise (*jenna*) and hell (*jāhannām*), as is also reflected in the oral culture of North African populations and the illustrations of recent books or re-editions of old works on the subject of paradise and hell. Abdelwahab Bouhdiba has counted as many as three hundred Quranic references and hundreds of *hadīth*-s relating to the rewards for good and bad actions, and their reflection in life after death.

Paradise or *jenna* has been described in great detail in some works.⁷⁹ In one such description, paradise has as many as 100 grades, separated by 500 years, and it is entered by eight gates of solid gold with incrustations of precious stones. Different kinds of people enter through each of the gates, depending on the degree of moral behaviour which they have achieved, and each gate opens onto one of the eight paradises.⁸⁰ The androcentric nature of such visions of paradise is very clear,⁸¹ and, indeed, they do not actually reveal anything about the destiny of women or whether they can even expect a place in paradise. In his study of a small village in Anatolia, Carol Delaney obtained ambiguous replies from women about their ability to enter paradise, and these responses reproduced the androcentric vision of the female character (the woman as a recipient, destined to reproduce material life, unblessed with a soul like

⁷⁹ The description of Paradise which follows in the text is given in Bouhdiba, *La sexualité...*, pp. 91–107, and is based on readings of texts by Abderrahman Ibn Ahmed al Quādhī (*Daquā-iq al-akhbār al kabīr fi dhikri al jannati wal nār*) and al-Suyūti (*Kitāb al-durar al h'isān fil ba'thi wa nā'im al-janān*).

⁸⁰ 1) *Dar al-hallāl* ("house of the licit"), of white pearls. 2) *Dar al-salām* ("house of peace"), of red amethysts. 3) *Jenna al-ma'wā* ("paradise of retirement"), of green emeralds. 4) *Jenna al-khuld* ("paradise of eternity"), of red and yellow coral. 5) *Jenna al-na'im* ("paradise of pleasures"), of white silver. 6) *Jenna al-firdaws* ("garden of paradise"), of red gold. 7) *Jenna 'adn* ("garden of Eden"), of red diamonds. 8) *Dar al quarāra* ("house of eternal stability"), of red gold. The last of these leads on to the other paradises.

⁸¹ In this ideal place, the grass grows like saffron and wide rivers flow. The trees grow leaves which remain forever green, and one travels on winged horses with incrustated pearls and hyacinths. There is a perpetual supply of food and no detritus, for the inhabitants of paradise neither urinate nor defecate. Their skin is also hairless. Men obtain an eternal carnal pleasure provided by thousands of *houris*, female beings with differently-coloured faces, bodies of saffron and musk and silken hair. Every man disposes of seventy bedrooms of red hyacinth, every room has seventy beds, and every bed has in it a *houri* surrounded by black female slaves. Every time that a man sleeps with a *houri*, the latter is a virgin, and in every relation the man maintains a continuous erection. In this version, a man does not only have relations with the *houris*, but with the wives he has had during his life on earth, and the bodies of both men and women are rejuvenated and pure i.e. they do not emit any type of bodily impurity (wind, urine, semen, blood etc.).

that of men), and references to various *hadith*-s stating that all women go to hell.⁸² In contrast with this vision, built up during the early centuries of Islam, modern authors claim that the destiny of a woman is marked by her own behaviour, separated from her husband's destiny and tied to the notion of her own soul.⁸³ From this perspective, the destiny of woman believers (*mu'minat*) requires new reflexions which distance themselves from the classical image of the *houri*.⁸⁴ Similar problems of interpretation emerge in theories considering the final destiny of children.

Faced with this complex panorama of interpretations and images of the other world, I will offer here an example to illustrate the nexus between such representations and issues relating to practice in this world or *dunya*. In the following case, an old Muslim man who was a native of the Rif and resident in Ceuta explained to me that his reasons for performing appropriate religious practices had to do with his desire to receive divine gratification in the world to come. As I have already explained, religious practice is not only the way of expressing a religious credo, but an inescapable implication of the body which is equivalent to a purification of the soul. According to my informant Muhammad, his recent pilgrimage to Mecca had earned him a number of points: "The more points you get, the better. If you go to Mecca, if you observe Ramadan, you get more points..."⁸⁵ This accountant-like notion of points earned is the equivalent of what is known as *ajr* or "gains", which make it easier to gain access to paradise.

3.2.5.2. *Rituals in "This World"*

The rituals which occur after a person's death mainly focus on the treatment and purification of the corpse, its transfer to the cemetery, the

⁸² Carol Delaney, *The Seed and the Soil. Gender and Cosmology in a Turkish Village Society*, Berkeley, University of California Press, 1991, pp. 319–323. Ahmad ibn Hanbal reproduces a tradition according to which the Prophet had a vision of hell and saw that it was full of women.

⁸³ Jane Idleman Smith and Yvonne Yazbeck Haddad, *The Islamic Understanding of Death and Resurrection*, Oxford, Oxford University Press, 2002 [1981], pp. 160–164.

⁸⁴ The Arabic term *hūr* literally means "to have eyes in which there is an accentuated contrast between black and white" (*al-hūr al-'ayn*). The classical texts on paradise presented the *houri* as created specifically to reward men in the Muslim community, but descriptions of paradise are confusing when it comes to the situation of women who are not *houris*. According to Smith and Haddad, *The Islamic Understanding . . .*, p. 165, the four references in the Quran allow for other interpretations, and contemporary literature hesitates when characterising the nature of the *houri*.

⁸⁵ Interview with Muhammad, a former soldier of the Regulares (Melilla, 15/7/1998).

means of performing the burial and the collective prayers which accompany it. Whenever it is possible, in the moment before death the moribund person is turned towards Mecca, and either the dying person or someone close to them pronounces the *shahāda* or parts of the *sura yā sīn* (Quran, 36), which relates to resurrection. The aim of this recitation is to invoke pardon for sins. Westermarck, in the early 20th century, listed various practices aimed to lessen the agony and prevent the dying person from suffering more than is necessary. These included recitation of the *sura* already mentioned from the Quran, which is also known as the “easer” (*as-sahlīya*) because of the way it smooths passage to the next world, and the placing of honey in the dying person’s mouth, or water at the last moment to moisten the throat or protect him from the presence of *shaytān* that will try to seduce him into hell.⁸⁶ After the last breath, the eyes and mouth of the corpse are closed. The relatives kiss his/her forehead, face or mouth, but avoid spilling tears onto him/her.

Various beliefs exist in Morocco concerning the ability to hear the lamentations of the dead. It used to be thought, for instance, that babies had this ability and after the death of a person young infants were therefore removed from a house. Animals were also thought to possess this ability, and cattle were likewise taken elsewhere when a person died. Other practices related to notions about the pollution given off by a corpse. These included avoiding its removal through the main door of the house, the elimination of the water and clothing used in the purification of the body, the return of the coffin to the mosque, face down, or fumigation of the room where the dead body had been.⁸⁷

- *Treatment of the Corpse.* The corpse is treated following a series of norms concerning the person who is to wash it, and the means of doing so. A relative or a specialist of the same sex as the dead person cleans the body as many as three times following the guidelines of the great purification (*ghusl*), with its face turned towards Mecca. This person may be a relative, a person of religious prestige, a *fqīh* or a professional specialist, known in Morocco by different names (*ghsāl* or *hassāl*). The person who cleans the corpse must keep to themselves any information about the state of the corpse.⁸⁸ The obligatory number of times which a corpse

⁸⁶ Westermarck, *Ritual and Belief* . . . , II, p. 435.

⁸⁷ *Ibid.*, p. 545.

⁸⁸ Dif, *La maladie* . . . , p. 221.

must be washed varies from one legal school to the next.⁸⁹ Although the corpse is now always washed by a person of the same sex, there are numerous references in the early period of Islam to men being washed by their widows (e.g. Abū Bakr or Jābir b. Zaid), and according to one *hadith* the Prophet told his wife ‘Aisha that if she died first he would wash her and wrap her in a sheet.⁹⁰

The person who carries out the purification must also be in a state of ritual cleanliness. His or her intervention must be performed in private and cannot be interrupted by any other person, as this would spoil the process and make it necessary to repeat it. However, this canonical description does not always match the reality of domestic scenes which are more open and less intimate, as can be seen from Ursula Kingsmill’s account of practices in the rural central Rif in the 1950s.⁹¹

The corpse is placed on a flat surface and the intimate parts between the knees and the lower part of the belly are covered. The body is dried with a clean cloth to eliminate any external impurities. Neither the nails nor the beard or hair are cut. Slight pressure is applied to the stomach to force out any remaining waste matter. The genitals are cleaned without being uncovered, by passing the hand wrapped in a damp cloth underneath the sheet. Then the corpse is cleaned by carrying out the purifications of the *udū’*, but care is taken not to spill water onto the mouth or nose of the dead person, by passing damp fingers lightly over the teeth and nose. The major ablution (*ghusl*) is then performed, starting on the right-hand side. Finally the body is washed with soap, starting with the head, face and right side of the body, and finishing with the left. The water used in this final washing process is perfumed (lotus water, i.e. water with camphor) and cannot contain alcohol. Each cleaning cycle starts on the right side of the body and the specialist pronounces the *shahāda* at various points of the ritual. The hair is washed and in the case of women can be gathered into three tresses. At the end of the process, the body is dried with a clean cloth, perfume is added to the head, forehead, nose, hands and knees (flexion points or those which enter into contact with the ground during prayer), as well as the eyes and armpits, and little pieces of perfumed cotton wool are placed in the orifices. Westermarck recorded that in Morocco the palms of the

⁸⁹ Three times according to Abū Hanīfa, seven according to Ahmad ibn Hanbal and an unlimited maximum number according to Mālik.

⁹⁰ According to al-Bayhaqī, in Dif, *La maladie . . .*, p. 219.

⁹¹ Ursula Kingsmill Hart, *Behind the Courtyard Door. The Daily Life of Tribeswomen in Northern Morocco*, Ipswich, Massachusetts, The Ipswich Press, pp. 155–156.

hand of dead children and those who were unmarried were painted with henna and that such people were known as the brides and grooms of the *ākhīra*, or other world.⁹²

The exception to these rituals of purification is provided by the *shahīd* or martyr, who can be buried without washing or prayer, and wearing the same clothes, since he is considered purified and ready to enter paradise. The pilgrim who dies whilst visiting the holy places must have his body washed, but does not need the application of odorous substances, and the head is left uncovered when placed in the grave. The third special case is that of a baby who dies during birth or the foetus from a miscarriage. A child who has not reached the age of puberty does not need to ask for forgiveness of sins. A foetus is shrouded but not washed. A baby which has emitted a cry is given a name and washed.⁹³

When the purification process is finished, the body is wrapped in white cotton clothing, as many as three times for men and five for women, although this can vary in line with the different legal traditions.⁹⁴ For men the *sunna* lays down the following procedure for the arrangement of the various cloths: 1) *qamīs*, a cloth folded in two, joined at one end to pass the head through it 2) *izār*, a cloth which is bigger than the length of the body 3) *ifāfa*, a cloth which completes the wrapping of the body. For women, two further cloths are added, and a similar procedure is followed: 1) *qamīs* 2) *urni* or *khimar*, a veil covering the head 3) *izār* 4) *sina band*, a covering for the breasts and body 5) *ifāfa*.⁹⁵ The different pieces of cloth must be laid out before the body is placed, starting with the last piece and laying the first of them, the *qamīs*, on top. The cloths must be big enough for them to be tied at the corners, and these knots are undone when the body is deposited in the grave. In practice the number of cloths used in Morocco has always varied greatly from one region to the next; it can be as many as nine and includes shoes and slippers.

- *Burial of the Dead Body* or *janāza*. The shrouded body may be transported with or without a casket, but recent health regulations have imposed the use of a coffin (*na'sh*). At the start of the 20th century different

⁹² Westermarck, *Ritual and Belief* . . . , II, p. 488.

⁹³ Mathewson Derby, *An Introduction to Islam*, New York, MacMillan Publishing Company, 1994, pp. 288–291.

⁹⁴ Mālik recommended using as many cloths as possible, although he considered the use of just one cloth valid. If possible, this cloth was to be one of those worn to go to Mecca, known as *ihrām*. In Ibn Rushd, *The Distinguished* . . . , p. 267.

⁹⁵ This is a Sunnī normative description, according to Dif, *La maladie* . . . , p. 227.

kinds of coffin were still made, depending on the sex and age of the deceased person. For example, in Anjera the coffin of an unmarried girl was decorated as if it were the *'ammariya* or litter in which the bride was transported to the home of her future husband. If the person dies in the morning, it is necessary to carry out the burial on the same day, but if death occurs during the afternoon, burial takes place the following day.

Once the body is purified, the male relatives transport the corpse to the cemetery, on foot or in a vehicle, depending on the distance. Women do not usually form part of this cortège, although it is not forbidden by religious law. Even today, cortèges often cross cities on foot, as in Tétouan, where people cross the ancient medina to reach the old cemetery. The procession moves quite quickly and it is considered a mark of respect to join it or at least wait until it has passed by. Various texts of the *sunna* recommend that the cortège proceeds in silence, without reciting the Quran or other invocations, but in the cortèges I have seen in Tétouan such collective recitations and invocations are in fact performed. In the rural Rif, Hart observed that the cortège continually repeats the *shahāda* until it reaches the cemetery, at which point the following phrase is pronounced: "In the name of Allāh, we go, with God, the Messenger is before us!" (*bismillah aiwa billah qadimna rasullullah!*).⁹⁶ Both the cortège and onlookers paying respect repeat the following invocation: "Glory to the living Allāh who never dies!" Such respect must also be paid to the funeral cortèges of non-Muslims.⁹⁷

The prayer for the dead is compulsory for all Muslims and can be made just before interment, in the mosque or elsewhere, although there is considerable diversity of legal opinion. Women are permitted to take part in these collective prayers, standing behind the men, as long as they are in a state of purity and are not menstruating. The mortuary prayer can also be made without the corpse being present or for people who convert with the last breath of their lives, like the Negus of Abyssinia, to whom the Prophet Muhammad dedicated a prayer. On the other hand, the mortuary prayer must not be made for non-Muslims (Christians, Jews or "idolaters"), or for Muslims who have committed suicide, given that they have not waited for the moment decreed by Allāh.⁹⁸ The

⁹⁶ Hart, *The Aith Waryaghar of...*, p. 145.

⁹⁷ According to Bukhārī, in Dif, *La maladie...*, p. 248.

⁹⁸ According to a *hadīth* by Muslim, in Dif, *La maladie...*, p. 238.

“prayer for the dead” (*salat al-janāza*) is made standing up⁹⁹ and does not require bowing, although participants turn towards Mecca, and the mortal remains are placed obliquely to the imam, who stands by the head of a dead man and by the waist if the corpse is that of a woman.¹⁰⁰ This ceremony has four *takbīr*-s (*allāhu ākbar*, “Allāh is great”), each of which is followed by a recitation of the first *sura* (Fātiha), a prayer for the Prophet, a prayer for the dead person and for all Muslims. Legal stipulations differ when it comes to recognising the type of prayer to be made in some cases, such as that of a dead child.¹⁰¹ Participation in this prayer for the dead is considered praiseworthy and is rewarded with a religious recompense. This is the reason why figs, bread or money for the poor used to be shared out at the end of the prayers.

The ceremony at the cemetery is a mainly male affair. Women do not attend or are in the background. In general, the ritual is experienced differently by each of the two sexes. Men are present at the official public ceremony and attend it in a sober manner. Women, on the other hand, are expected to display intense grief. The dominant androcentric notion attributes these reactions to the idea that in men there is greater control of the *nafs* (“animal soul”) by the *‘aql* (“rationality”) than there is in women. Orthodox Islam and recent doctrinal work on the *sunna*, based above all on *hadīth*-s, reject practices like the self-infliction of wounds, the tearing of clothes, hysterical shouting or the presence of mourners. All of these actions are defined as remains of pre-Islamic customs contrary to Islamic rules for the control of grief, based on patience, humility, and the acceptance of destiny.¹⁰²

- *Muslim Cemeteries*. In Morocco the cemetery is called *mqābar* or *ma‘mūra* in Arabic and *asmdal*, *isndal*, *timedlin* or *imadran* in some of the variants of Tamazight. The grave is dug in the ground to a

⁹⁹ However, there are some references to the Prophet sitting down after standing [Arthur Stanley Tritton, “Muslim Funeral Customs”, *Bulletin of the School of Oriental Studies*, vol. 9, 3 (1938), p. 655].

¹⁰⁰ Dif, *La maladie...*, p. 239.

¹⁰¹ Mālik and al-Shāfi‘ī held that prayers should only be said for a child when it was heard to have cried at birth, whereas Abū Hanīfa said that prayers should be made whenever life had entered the foetus, i.e. from the fourth month of pregnancy onwards.

¹⁰² For example, the following from Dif, *La maladie...*, p. 205: “‘Abdallah a rapporté que l’Envoyé de Dieu a dit: ‘Ne sont pas des nôtres ceux qui se frappent les joues, déchirent les encolures de leurs vêtements et profèrent des invocations de l’époque antéislamique’ (Bukhārī et Muslim) (...) ‘...Ne pas vous blesser le visage, ne pas dire: ‘Quel malheur!’ ne pas déchirer l’encolure de vos vêtements et ne pas vous comporter en hystériques à l’occasion du décès et d’autres malheurs (Abū Dāwūd)’”.

recommended depth of at least one metre, to preserve the corpse from attacks by wild animals. The corpse is placed in an excavated niche called *lahd* in Arabic,¹⁰³ with its face turned towards the *qibla*, and laid on its right side. The *lahd* is covered with unburned bricks and the grave is closed off with the earth which is placed on top of it by those who are present. Only one corpse is placed in each grave but the use of collective graves is permitted in the event of catastrophes or war. A stone plaque is placed vertically on top of the grave and although this varies in nature from one region to the next, the most orthodox 'ulamā' forbid it from being adorned or embellished and allow it to bear a simple mark, with the name of the deceased and a pious quotation of some kind. In Arabic this is called *shāhid* or *meshhad* ("witness") and *damenzwit* in the Central Rif. In the Rif, Hart recorded that each grave was marked with two stones (originally pieces of wood), one at the height of the head and the other by the feet. Men's gravestones are placed in a parallel fashion and those of women perpendicular to the grave; a wife's grave must always be placed alongside that of her husband, and not beside that of her agnatic relatives.¹⁰⁴ In other areas the burial-site of a woman was marked by the placement of a third stone, or by incisions made on the top edge of the stone placed by her feet.¹⁰⁵ At the time of burial, prophylactic or protective items also used to be placed in the grave, as in Anjera, where twigs of myrtle (*rihān*) were deposited to please the angels, because they were supposed to give off the aroma of paradise.¹⁰⁶

The continued relation of the living with graves has been the subject of long controversies, especially in the case of pious persons and the so-called cult of saints (both men and women), which is branded illicit innovation by the most orthodox, but is practised by a wide range of people throughout the Muslim world, including the Maghreb. In the section on treatments or infertility I will deal in more detail with the role of sanctuaries and their cycle of rituals. In other cases, witch doctors/sorcerers sometimes produce magical recipes (*suhur*) requiring dead body parts, as when the hands of a corpse are used to stir the couscous to be eaten by the victim of a curse. Other formulae require the use of bones, cemetery soil or the water used to wash a corpse. From these ancient practices we can infer that a lifeless body, though considered polluted, is

¹⁰³ Variants in Tamazight: *lahūd*, *ajah* (Temsaman), *ikfafn*.

¹⁰⁴ Hart, *The Aith Waryaghar . . .*, p. 145.

¹⁰⁵ Three cuts in Tangier, one in Bani 'Arūs; Westermark, *Ritual and Belief . . .*, II, p. 460.

¹⁰⁶ *Ibid.*, p. 458.

not exclusively linked to the maleficent, given that in other rituals some parts of the corpse or areas of the cemetery are also used in a prophylactic or curative fashion, as in the action of leaning one's head on the place where a person was killed in order to "murder" a headache.¹⁰⁷

- *Mourning (huzn) and Post-Burial Rites.* Mourning clothes are white and the expression of grief takes many forms, which have also been debated by theologians, given that violent displays of grief were forbidden by the Prophet.¹⁰⁸ In several regions of Morocco, as in the rest of the Arab world, it is or was common for women to cry and shake violently, inflict wounds upon themselves in the face or cover themselves with ash, mud or dung. This expression of grief, known as *ndīb*, involved shrieking, crying, scratching one's face and cutting one's hair. In towns and villages, there existed professional mourners, the *hazzānat*, who sang songs about the life of the deceased person. Before the processes of standardisation and the introduction of religious orthopraxis, several prophylactic rituals were also performed to protect the corpse from an attack by the *jnūn*: fumigations, salted candles or iron objects placed on the dead person's abdomen.¹⁰⁹ In reality, the orthodox practice of recitation is also intended to protect the dead from the forces of evil.

On the day of the burial, the house of the dead person fills up with relatives, friends and neighbours who accompany the mourning, which lasts for as long as three days. These rites bring with them certain food prohibitions and the organisation of collective banquets. In some cases the family fêtes the guests with a banquet, in others no banquet is arranged or women from outside the house bring food, given that the women inside it are occupied with their mourning. The visits often continue for a week, and this can become burdensome for the family, since a perceived lack of gastronomic generosity can lead them to be criticised.¹¹⁰

¹⁰⁷ *Ibid.*, p. 559.

¹⁰⁸ According to several *hadith*-s: "What comes from the eyes, this is tears, and all that comes from the heart, which is melancholy and sadness, derives from compassion and the indulgence of Allāh, but that which comes from the hands and the tongue derives from the devil".

¹⁰⁹ Westermarck, *Ritual and Belief...*, II, p. 451.

¹¹⁰ Information given by a woman in the research carried out by González Turmo, El Ouardani and El Aallali, *Rojo y verde...*, p. 90: "If one does not spend much, later the people criticise it saying that such a person did not do enough for their mother or father. My daughter, there are even cases where the funeral is grander than the festival...".

In areas like Aith Warain, Aith Sadden, Aglu etc., it was considered dangerous for the guests to stay in the house until the third day of mourning. In Tangier, Anjera or Banī ‘Arūs it was forbidden to cook or make tea in the house for the first three days, and food was brought from outside.¹¹¹ Other prohibitions relating to the three days of mourning made it impossible to wash clothing or use soap, change one’s clothes, trim the beard or hair, work, have sexual relations, celebrate a wedding, play or listen to music, or make visits. The prohibitions particularly affect women, who have to practise abstinence (*hidād*) in the use of perfumes, jewels or make-up. Those people subject to taboos are, therefore, in potential danger, and they could be harmed if these conditions are not respected. This liminal position is maintained until the end of the *huzn*. Widows are required to continue with this sort of mourning for four months and ten days, a period of withdrawal identical to that required after a divorce and known as *‘idda* (Quran, 2: 234). Prepubescent widows or those who have reached menopause observe a period of three months, and a woman who is pregnant by her dead husband finishes mourning when the child is born. For the women affected in this way, this means living in the house of the dead man and not wearing striking colours throughout this period. This cycle linking the widow to the figure of the husband stands in contrast to the short period of mourning observed by the wife’s other relatives (both older and younger), which lasts no more than three days.

Relatives and neighbours attend the *tulba* group prayers required for the occasion, which also sees a *sadaqa* (offering) made in the form of money and food. From that date onwards, prayers and meetings will be repeated to honour the memory of the deceased, for periods of between one week and forty days depending on the region. The recitals of the *tulba* can go on for the whole night, during which the entire Quran, parts of it or other formulae are recited.¹¹² These prayers are repeated on the occasion of later collective prayers, such as that of the fortieth day after death (*nhar l-‘arbain*), which take place in the house, the mosque or by the grave itself, and they can be accompanied by a banquet. Similar rites may be repeated a year after the person’s death.

¹¹¹ Westermarck, *Ritual and Belief*... , II, p. 470.

¹¹² The repetition of the *shahāda*, the prayer of the Prophet (*salāt al-nabbi*), the *sura yā sīn* (Quran, 36), the *sura al-mulk* (*tabāarak*, Quran, 67) or the *sura tā hā* (Quran, 20).

Islam does not make use of special expressions to convey condolences, but visitors pronounce Quranic formulae relating to divine power, human patience, the power of faith and standard phrases of consolation: "May Allāh offer a good recompense" (*allāh y-‘addam l-ājar*); "May Allāh give you recompense" (*ajārek allāh*); "May Allāh exchange love for patience" (*allāh ibāddel l-mhebbba bi s-sbar*). These phrases are answered by others of thanks, such as "May Allāh bless you" (*barak allāhu fik*) etc.

Three days after the burial of the husband, widows used to go to the cemetery to place on the grave a *sadaqa* in the form of food, offered to the poor. In many parts of northern Morocco, the relatives visited the grave for the first three days and sprinkled it with water, offered food to the *tulba* who stayed beside it, or went to the mosque to pray for the dead, or distributed food (couscous, bread, nuts etc.) among the poor in the ritual of the *t-tfrēq* (distribution).¹¹³ The most common days for visiting the cemetery are Fridays and Thursdays after the *‘ashar*, and this tends to be a practice associated with women, who leave twigs of myrtle, sprinkle the grave with water or pay a *tālib* to recite prayers. The calendar also has dates considered more appropriate for visiting deceased relatives, such as the *‘ashura*, the tenth day of the first month of the lunar year. On this day, rituals similar to those already described also take place. Other significant dates are the night of destiny, i.e. the night of the twenty-sixth or twenty-seventh day of the month of Ramadan, the day before the festival of the sacrifice or the day of the *mawlūd*. Other visits used to be made when someone saw the deceased person in dreams, pleading for charity or food, which required the dreamer to share out some form of alms.¹¹⁴

¹¹³ Westermarck, *Ritual and Belief* . . . , II, p. 475.

¹¹⁴ *Ibid.*, p. 484.

CHAPTER FOUR

PLURAL NOTIONS OF ILLNESS AND TREATMENT

4.1. *Medical Pluralism: Intersections and Coincidences*

In this chapter I will analyse the ways of identifying, explaining and defining illnesses and afflictions in Morocco, as well as the methods for treating and curing them in accordance with these notions. This is a complex and problematical exercise because of the different forms of etiology and classification of illnesses. The existence of such nosological pluralism is plain to see, but it is not an easy phenomenon to describe or to fit into the concept of a medical system. This is because the various notions concerning illness are not necessarily closed systems and neither are they exempt from interactions with each other or hierarchies of one kind and another, as I explained in the introduction to this book.

In Morocco there is a co-existence of medical traditions, many of them linked to religion, which have sought to explain illness and evil and how to deal with them, in a way which is comparable to other Middle Eastern and North African contexts, as studied by various authors.¹ These traditions and systems display different forms of institutionalisation and reproduction of knowledge and curative practices. Prophetic medicine seeks legitimacy by citing textual sources such as the *hadith*-s or the Quran, whereas the humoral tradition is based on classic texts of Arabic medicine and bio-medicine on scientific rhetoric. Clairvoyants allude to the influence of magic or the spirits, and the manager of a sanctuary will hark back to the influence of the *baraka* of its saint.

Before looking at the details of this kind of medical pluralism it must be emphasised that in this case the notion of plurality does not imply equality or an exchange of ideas among equals. Various elements have an

¹ Ailon Shiloh, "The system of medicine in Middle East culture", *The Middle East Journal*, vol. 15, 3 (1961), pp. 277–288, and "The interaction between the Eastern and Western systems of medicine", *Social Science & Medicine*, vol. 2 (1968), pp. 235–248; Soheir A. Morsy, "Towards a political economy of health: a critical note on the medical anthropology of the Middle East", *Social Science and Medicine*, vol. 15B (1981), pp. 159–163; Marcia C. Inhorn and Carolyn F. Sargent, "Introduction to Medical Anthropology in the Middle East", *Medical Anthropology Quarterly*, vol. 20, 1 (2006), pp. 1–11.

influence on the way pluralism works: the difference between the kinds of rhetoric used by healers or the certifiers of tradition and the practical logic of users; the boundaries, syncretisms, and counter-positions between systems, and the political definitions which authorise the legitimacy or exclusion of curative etiologies and experiences.

4.1.1. *The Rhetoric of Healers, the Practical Logic of the Ill*

On the one hand, we encounter the different kinds of rhetoric used by the agents of each tradition (doctors with university training, Islamic exorcists, clairvoyants, sellers of herbs etc.), which reveal the medical systems through their interpretations of illness and treatment of it. On the other hand, there are the practical beliefs and actions of patients who seek explanations and treatment for their problems and make use of the different forms in accordance with their economic possibilities, their own notions of the body and illness, and the influence of their social environment. Such therapeutic itineraries are much more complex and ambivalent than it might seem, although there is a lack of reliable data in this respect. A small amount of exploratory research allows us to estimate that about 60% of the population make joint use of bio-medicine and diverse forms of traditional medicine, just under 40% rely exclusively on bio-medicine and a small minority uses only traditional medicine.² For the case of mental illnesses, data from the Ibn Rushd Psychiatric Centre at the University of Casablanca shows that 70% of patients treated there consulted traditional healers before, during and after their hospital treatment.³ An *Enquête nationale sur les valeurs*, carried out in October 2004, provides us with more significant information for the whole country.⁴ In order of priority, 46% of those surveyed chose to be treated by doctors and 25% by traditional healers, whereas 24% went to a pharmacy, 2% to nursing staff and another 2% visited sanctuaries. This confirms the predominance of bio-medicine and the relative insignificance of the *ziyāra*. In analysing this data, Hassan Rachik underlines the importance of pragmatism in the

² Mohamed Hmamouchi, *Les plantes médicinales et aromatiques marocaines. Utilisations, biologie, écologie, chimie, pharmacologie, toxicologie, lexiques*, Mohammedia, Imprimerie de Fédala, 1999, p. 27. Unfortunately, the author does not mention the place or date of the survey, nor the number of individuals consulted.

³ Nadia Kadri, Fatiha Manoudi, Soumia Berrada and Driss Moussaoui, "Stigma Impact on Moroccan Families of Patients with Schizophrenia", *Canadian Journal of Psychiatry*, vol. 49, 9 (2004), p. 627.

⁴ Hassan Rachik (rapporteur), *Rapport de synthèse de l'enquête nationale sur les valeurs*, 50 ans de Développement Humain & Perspectives 2025, 2005, pp. 37 and 44–48.

choice of the mode of treatment: individuals choose a method on the basis of the trust it inspires in them, as expressed by the values of “keeping its word” (*kelma*) and good intentions (*niya*). Use of traditional medicine is greater in rural areas (37.5%) than in towns and cities (24.2%), and slightly greater among men than women (27% versus 22.9%). The town-country split is also a significant factor in the frequency of visits to sanctuaries or attitude towards them. Such visits are more frequent in the rural areas (19% versus 6.4% in urban areas) and among people with little or no education, and a negative attitude towards them is more common in cities and among the more highly educated.

Socio-economic level does not seem to be an indicator of medical preferences so much as a determiner of the ability to choose, especially in the case of private bio-medicine, which is beyond the means of the poorest classes. Financial means, education and social environment are significant factors when choosing between the different systems, given that the more modest classes and the marginalised have no access to a quality bio-medical system. However, this does not mean that there is necessarily a correspondence between social hierarchy and the hierarchy of prestige of the medical systems, i.e. the middle and upper classes also make use of the other systems, although to a lesser degree or in a more discreet fashion. Those with less money do not necessarily use the so-called traditional systems because they are more “superstitious”, in other words. As we will see, one of the biggest problems in this area lies in overcoming the deceptive identification between popular religion and popular medicine as primitive ways of thinking, supposedly inherent to ignorant or poorly educated populations.

4.1.2. *Boundaries*

One of the underlying methodological problems in presenting the different medical systems concerns the issue of the boundaries between them and the existence of syncretisms. In many cases, the different kinds of medicine taken will provide similar responses to the same problems. This is particularly true of prophetic and humoral medicine. The former is inspired by the *hadīth*-s but also contains many elements adapted from the humoral tradition, such as the use of cauterisation or herbs: the *hadīth*-s contain the names of as many as 37 plants recommended for health purposes by the Prophet.⁵ In broad terms, it can also be said that popular

⁵ Hmamouchi, *Les plantes médicinales...*, p. 14.

Arabic medicine, which is still highly important in rural areas and among a wide range of people in towns and cities, is an heir to the medieval Arab tradition, with which it has much in common.⁶ These interconnections have given rise to clear paradoxes. For example, the attribution of certain afflictions to the actions of the *jnūn* is a belief shared by humoral healers, prophetic healers, leaders of brotherhoods, those calling themselves orthodox and those who are marginalised, even though each of them responds to the affliction with their own brand of treatment. In other cases, uses of the bio-medical system by part of the population can also be affected by other medical traditions. Such is the case of the consumption of contraceptive pills which are nonetheless considered by some women an aggression against their fertility, because of humoral notions identifying pills with the cold. Another example would be penicillin, classified as a warm substance and therefore acceptable in combating cold illnesses.

4.1.3. *Political Definitions*

The degree of prestige, legitimacy or authenticity which societies grant to nosological and curative forms of rhetoric is fundamental.⁷ This places some traditions in the centre and others on the periphery or as forms of heterodoxy, depending on the historical moment, and on the basis of factors like the gender of the actors concerned or use of written texts. There are many cases in which a contest arises in the effort to define the degree of legitimacy and efficacy. In this sense bio-medicine currently plays the leading role among the public forms of legitimacy and recognition. The notion of pluralism does not imply, therefore, equality among the medical systems or a harmonious co-existence between them. For this reason we find syncretisms, as in the therapies of the brotherhood of the Gnāwa,

⁶ Floréal Sanagustin, "Nosographie avicennienne et tradition populaire", in Elisabeth Longuenesse (dir.), *Santé, médecine et société dans le monde arabe*, Paris, L'Harmattan, 1995, p. 39.

⁷ Indeed, another central problem is the terminology used to define this sort of pluralism. It should be noted (and criticised) that the hegemony of bio-medicine in international organisms also has its effect on such definitions. The term "traditional" is used as a synonym of "alternative", "complementary" or "non-conventional" medicine. The kinds of generalisations made by the World Health Organization in its *General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine*, Geneva, World Health Organization, http://whqlibdoc.who.int/hq/2000/WHO_EDM_TRM_2000.1.pdf, 2000 (accessed 9/7/2008) take for granted that bio-medicine is "medicine", given that it is neither alternative nor complementary, ignoring the fact that bio-medicine has a history and also constitutes a tradition, marked like others by political and ideological issues. It is obvious that beneath this rhetoric lies the aura of modern science and its alleged ahistoricity or neutrality.

which fuse Eastern Sufism with the pantheon of Western Africa, but we also find competition and opposition: bio-medicine ridicules popular beliefs, a person will try his or her luck with exorcism after being disappointed with a bio-medical solution, the textualistic Islamic model will brand the cult of saints as illicit innovation, etc.

Before going on to examine this plurality of notions and practices, I would like to establish the general context of the history of classical Arabic medicine, and its two main variants: humoral medicine and prophetic medicine. The interest of these rich traditions lies in the influence they have had on popular notions of the body, illness, treatment and healing in Morocco, in spite of the progressive introduction of the bio-medical model from the 19th century onwards. Indeed, it is my intention to show that these traditions have not been restricted to the realm of scholars and specialists but have marked and gone some way towards making up so-called popular practices. Such practices have not been completely replaced by a supposedly modern model of medicine, but have often found a place for themselves within it, thereby creating a situation of medical pluralism. Several political factors have also played their role in the creation of this intertwined trajectory of the different systems: the bio-medical model introduced by the colonialists was adopted as the official system by the independent states, but humoral medicine and the prophetic and Sufi traditions remained alive in the therapeutic ethos of a large part of the population. Indeed, prophetic medicine, based on the *hadith*-s and various classical anthologies, is currently generating new conceptualisations with the re-emergence of Islamism and the revindication of local cultural models, spread through the new means of construction of knowledge like Internet and satellite TV.⁸

Despite these problems of definition, it is possible to set out a basic classification of the different specialists and institutions which concern themselves with etiology and healing in Morocco. These are: the humoral tradition; the prophetic tradition, which has a Muslim textualistic origin; the Sufi and marabout tradition, based on the power of saints and the role of the brotherhoods; practices excluded by official religion, mainly carried out by women, such as clairvoyants or witch doctors; and bio-medicine, the most recent and influential of them all. However, it would

⁸ Salim M. Adib, "From the biomedical to the Islamic alternative: a brief overview of medical practices in the contemporary Arab world", *Social Science & Medicine*, 58 (2004), pp. 697–702.

be misleading if we did not include in this general outline another type of influences which have been added to the Arab and Berber elements of the Maghreb. I am referring to the contributions of diverse cultural and religious traditions like the Jewish, the Andalusi or those of black Africa. Hebrew medicine and religiosity share elements or have influenced practices like magic, divination, the treatment of spirits or the cult of saints. The rich medical production of al-Andalus has marked important fields such as botany, and the African influence can be seen in the characteristics of some brotherhoods and their methods of *adorcism*,⁹ but also in the Moroccan pharmacopoeia.¹⁰

4.1.4. *Rationale of the Presentation*

I will now present two basic models of reference, firstly that of Greek humoral medicine as adapted by the Arabs, and secondly prophetic medicine and its embodiment in a set of interconnected practices, institutions and specialists in what can be termed Moroccan popular medicine. After that I will offer a synthesis of the historical context which has raised biomedicine to the category of central system, in spite of the grave deficiencies of the Moroccan public health system and its coexistence with the systems already mentioned.

This blend of etiologies, institutions and therapies has given rise to a whole series of specialists, who are difficult to fit into a taxonomy or a clearly defined medical system. It has thus not been at all easy to draw up the typologies which I list in this chapter. There are weak and confusing boundaries between the different types of healing agents, and equally tenuous lines are drawn around the limits between forms of diagnosis and intervention in illnesses. On occasions, specialists and patients will find different explanations for one particular symptom, or will attribute a pain to a lack of balance in the humoral make-up of the body or the universe; alternatively they will put it down to the action of a *jinn* either acting on its own behalf or encouraged by humans. In order to visualise this

⁹ The term is borrowed from the work of Luc de Heusch, who has approached the subject of exorcism in a revisionist perspective. *Adorcism* refers to those spirit possession cults in which the ritual work does not expel the spirits nor bring an end to possession, but actually maintains and reproduces the belief in possession and the dependence of the possessed person on their spirit. See Luc de Heusch, *Pourquoi l'épouser? Et autres essais*, Paris, Gallimard, 1971.

¹⁰ Jamal Bellakhdar, *La pharmacopée marocaine traditionnelle*, Casablanca, Éditions Le Fennec, Ibis Press, 1997, p. 33.

complex network of interconnections I have drawn up a general outline of specialists, models of reference and practices, taking into account some other outlines elaborated by other authors. Bruno Étienne presented a table of religious and therapeutic actors, which included specialists, their function and the significance these specialists had for users; this was based on a hierarchy defined by the degree of legitimacy or exclusion from the official dominant religious field. This same official hierarchy is brought into question by practice, so that many orthodox textualists perform cures which they themselves consider heterodox or illiterate and marginal specialists see themselves as perfectly legitimised by Muslim orthodoxy.¹¹ For his part, Bernard Greenwood presented some outlines which focused more on the causes and therapeutic treatment of illnesses, and which have proved inspirational for my own analysis. I have, however, chosen not to follow Greenwood in including the cult of saints under the heading of prophetic medicine, for the reason that throughout history many of the defenders of the latter sort of medicine have shown themselves to be particularly hostile to the former.¹²

In Table 2, I make a general presentation of the specialists, their practices and their medical and symbolic models of reference. For reasons having to do with the presentation of my materials, I have left an analysis of psychosomatic afflictions attributed to the *jnūn* (the evil eye, magic etc.) and the specialists who treat them (*fqīh*, *tālib*, *sharīf*, *muqaddam*, *sahhār-a*, *shuwwāfa*) for the next chapter. This separation is in many ways artificial, since some traditional healers are as familiar with humoral causes as they are with magical-religious ones. Indeed, the classification of illnesses in terms of a natural or supernatural causal explanation does not match traditional Moroccan notions, which see the “natural”, understood as divine creation, as including what modern reasoning sees as “supernatural”. In this way, the application of a cauterising iron can be seen by

¹¹ Bruno Étienne, “Magie et thérapie à Casablanca”, *Annuaire de l’Afrique du Nord*, 18 [1980 [1979]], p. 266. Saadia Radi, “Croyance et référence. L’utilisation de l’Islam par le Fqih et par la shuwāfa à Khénifra (Maroc)”, in Sophie Ferchiou (dir.), *L’islam pluriel au Maghreb*, Paris, CNRS Éditions, 1996, pp. 189–199, also defends this view in comparing different *fqīh*-s and *shuwwāfa* in Khénifra.

¹² It is true that this sort of opposition has often been more rhetorical than practical, as I have myself shown in my study of the competition between reformers and brotherhood members during the colonial period in northern Morocco: Josep Lluís Mateo Dieste, “Reformism and Muslim brotherhoods in Spanish Colonial Morocco: review of an ambiguous dichotomy”, *The Maghreb Review*, vol. 32 (2007b), pp. 272–287.

Table 2 (cont.)

HEALING AGENT	THERAPY											
	Herbalist	Cauterisation	Massages	Other humoral methods	Blood-letting	Aggressive	Defensive	Roqya	Ziyāra	ʿAzzama	Baraka	Extatic cult
<i>Shaykh</i> (chief of brotherhood)							*	*	*	**	**	**
<i>Muqaddam</i> (descendant of saint)				*							**	
<i>Shhar</i> , -a (sorcerer)	*					**	**	**				
<i>Shawwāfa</i> (clair-voyant)	*					**	**	**				*

* Less frequent.

** Predominant.

a *fqīh* as a technique for correcting either a humoral dysfunction or the work of a *jinn*.

This does not mean that we cannot actually map out a series of etiologies and therapies attributed to humoral causes. The problem is that many pains have several possible interpretations, as is illustrated by the classic article by Greenwood, who asks himself whether the cause of an illness is the cold or the spirits. That is to say, the very same symptoms can be interpreted and explained either as a humoral dysfunction or as the effect of a *jinn*, as can happen in the cases of rheumatism, sciatica, migraine, facial paralysis or sterility.

4.2. *Classical Humoral Medicine: tibb al-iunani*

There is a rich and abundant literature on the history of Arab medicine and, in particular, on what is known as the classical period between the 9th and 15th centuries.¹³ This kind of medicine is difficult to classify, because although it was written in Arabic, it was not only produced by Arabs or Muslims. Among its leading figures, such as al-Rāzī, Ibn Sīnā, al-Fārābī or Maimonides, we find Christians and Jews, Persians and Andalusis, and their medicine inherited from various traditions like the Greco-Roman, the Persian or the Hindu. The model of the most influential tradition, that of the Greeks, known in Arabic as *iunani*, seems to have been adopted wholesale, and this was based on the theory of humours proposed by Hippocrates and Galen. However, the influence of other humoral models from the Middle East cannot be entirely ruled out. This scholarly medicine may also have arrived in northern Africa and interacted with local traditions, especially in the field of botany.

The Greco-Roman tradition was spread throughout the Middle East by a group of Nestorian Christians expelled from Byzantium. In 489 they were expelled again, this time from Syria, when they took refuge among the Sassanids of Persia and founded a centre for the teaching of medicine in Gondishapur, where they trained teachers, judges and doctors. In the 6th century, the works of Hippocrates and Galen were translated into Persian, and the influence of Indian medicine was also assimilated. With the rise of the Abbasid dynasty, Baghdad became a central meeting-point

¹³ A concise summary can be found in Luis García Ballester, "Medicina árabe", in Pedro Laín Entralgo, *Historia Universal de la Medicina*, Barcelona, Salvat Editores, 1972–1975, which I have used to structure this historical section.

for all the great currents of medical thinking, and it saw the translation of a number of works from Persian and Sanskrit. The Nestorian Syrian Abū Zayd Hunayn ibn Ishāq al-'Ibadi (809–877) translated into Arabic the complete works of Hippocrates, known as Buqrāt, and Galen. It was during this Abbasid period that methods of transmission began to be institutionalised and selections from the work of Galen known as the *Summaria Alexandrinorum*, began to be used, before being successively replaced by the works of al-Rāzī, al-Majūsi or Ibn Sīnā. The Hellenic influence was equally significant in the field of pharmacology, following translations of the *Materia Medica* of Dioscorides (77 A.D.) or the dietetical treatises of Rufus of Ephesus. This general reception was, however, a fairly uncritical one and was not based on empirical testing of the theories so much as on the authority of tradition.¹⁴ In many cases, elements which contradicted the *sharī'a* were eliminated or adapted. For example, Ibn al-Jazzār replaced the use of the ashes of pig bones for the treatment of umbilical hernias with the ashes of the Aquilles heel of a young calf; and something similar occurred with the dietary uses of wine.¹⁵ In the following centuries, and especially in the 10th and 11th, there was a widening in the range of cities which followed Baghdad in becoming centres of intellectual production and medical knowledge: Cordoba, Seville, Aleppo, Damascus and Cairo all developed in this way.

As well as humoralism, the reception of the Aristotelian inheritance through authors like al-Fārābī (879–950) had its influence on a great number of Arab thinkers in their development of a science of physics, seen as natural science. Such models of thinking also borrowed principles from other fields, like metaphysics, geometry, music, astrology, alchemy, geomancy, magic or the interpretation of dreams. Magic in particular appears in many classical treatises of medicine, e.g. the work of al-Rāzī or al-Tabarī.

One of the problems in historical work on Arabic medicine is that relating to the supposed degree of originality of its contents, especially with regard to the Greek inheritance. According to Cor Hoffer, authors like Manfred Ullmann may have understated the contribution of Arabic medicine by overstressing its reliance on Greek models and not taking into account other currents like the Hindu or Chinese. Other authors, such as

¹⁴ Several texts mechanically repeat lists of snakes or healing methods using earth which were in fact only found in the Cyclades.

¹⁵ Manfred Ullmann, *La médecine islamique*, Paris, PUF, 1995 [1978], p. 39.

Khan, see Arabic medicine as possessing a more original value of its own.¹⁶ What is undeniable is the Arabic influence on European medicine until well into the 17th century: the *Canon Medicinae* of Ibn Sīnā, which was the translation into Latin of his *Qānūn*, was used by students as a textbook for centuries.

The work of Ibn Sīnā (980–1037) was highly influential and for this reason I will look in more detail at his theory of humours and temperaments, especially as it also allows us better to understand the humoral model established in Morocco. Ibn Sīnā's method consolidates the adoption of the Gallenic paradigm, first undertaken by previous authors like al-Rāzī (865–932) or al-Majūsī (d. 982–995). It should be noted that another of the main areas of development of this medicine was the West rather than the East: al-Andalus, especially in the 11th and 12th centuries, was home to important authors, such as Abū Marwān 'Abd al-Mālik Ibn Zuhr (1091?–1162) or the multi-talented Ibn Rushd (1126–1198), who were also to mark the field of medicine in Morocco. This period of great creativity entered into crisis with the spread of the orthodox paradigm of the *sunna*, which was opposed to Hellenic rationalism.

Ibn Sīnā's model of humours and temperaments became an archetype. One of his most influential works was undoubtedly his *Qānūn*, which became an important source text for European as well as Arabic medicine. This work, which was written over several years, comprises five books and was simplified for use in teaching by the author himself in the book *Poem of Medicine* (*'Urjūza al-tibb*). The principles of this humoral medicine deserve our attention, because they make up a great part of the reasoning behind scholarly models as well as the "popular" thinking of the Arab world in general and Morocco in particular. The first principle is based on the concept of unity (*tawhīd*) between the macro-cosmos and the micro-cosmos, in such a way that the human body, as a micro-cosmos, contains in a small amount the elements surrounding it in the universe, and is therefore affected by those elements. The cosmos is made up of four basic inter-acting energies: fire, air, water and earth. These primary elements possess a series of qualities such as heat, cold, moistness and dryness, and they are also the primary components of minerals, plants, animals and human beings. The human body is therefore made up of a combination of these basic elements.

¹⁶ Cor Hoffer, *Volksgeloof en religieuze geneeswijzen onder moslims in Nederland*, Amsterdam, Thela Thesis, 2000; Ullmann, *La médecine...*; Muhammad Salim Khan, *Islamic Medicine*, London, Routledge & Kegan Paul, 1986.

Table 3. The Humoral Model of Ibn Sīnā

<i>Humour</i> (<i>akhlāt</i>)	<i>Natural components</i> (<i>amūr at-tabīʿi</i>)	<i>Temperaments</i> (<i>mizāj</i>)
Phlegm (<i>balgham</i>)	Water (<i>mā</i>)	Cold and dampness
Yellow bile (<i>sofrāʿ</i>)	Fire (<i>nār</i>)	Heat and dryness
Black bile (<i>sawdāʿ</i>)	Earth (<i>zarā</i>)	Cold and dryness
Blood (<i>damm</i>)	Air (<i>rīh</i>)	Heat and dampness

Source: Ibn Sīnā (Avicenna), *Poema de la medicina. ʿUrguza fi t-tibb*, transl. Najati S. Najaty Jabary and Pilar Salamanca, Salamanca, Junta de Castilla y León-Consejería de Educación y Cultura, 1999.

Ibn Sīnā counted four natural components (*al-amūr at-tabīʿi*): water (*mā*), fire (*nār*), earth (*zarā*) and air (*rīh*). He then postulated that the seasons, food and people have different temperaments (*mizāj*): warm (like fire and air), cold (like earth and water), dry (like fire and earth) and damp (like water and air). An individual's *mizāj* varied in accordance with age, sex, hair colour, eye colour etc., as we have seen in the chapter on notions concerning the person. These natural elements and temperaments correspond to body substances known as humours (*akhlāt*).

The body's physiological processes are directed by the interaction of three basic faculties (*quwā*): natural faculties (*al-quwā al-tabīʿiya*), like conception, growth, nutrition and waste, whose material basis is the liver; animal faculties (*al-quwā al-hayawāniya*), which ensure life and whose central organ is the heart; and mental faculties, which determine reason, emotions and will, are only found in human beings and are based in the brain. In this medical model, the different organs (*ʿada*) of the human body stand in direct relation to the four basic humours and the faculties. Some of these organs, like the liver, play a key role in transforming food items into humours. As well as the organs, Ibn Sīnā distinguished three types of spirit or *rūh*, which connect the material and the spiritual, and which have their correspondences with three faculties and three body organs: the natural spirit (*al-rūh a-tabīʿī*), the most perfect, which comes from the liver; the animal spirit (*al-rūh al-hayawānī*), linked to the heart, and the vital spirit (*al-rūh al-nafsānī*), linked to the brain.

Several principles of the Moroccan pharmacopoeia follow this theory of the humoral process, based on the relationship between the body organs and the food that is ingested and transformed inside the body to generate the different types of humours. In Galenic theory these humours were regulated by basic processes of cold and heat: in accordance with this logic, many healing treatments are nothing more than methods for

provoking cold or heat, favouring or limiting the circulation of the substances in line with what is needed in each case. In this sense, humoral treatment is based on a knowledge of the properties of food and external conditioning agents which will propitiate the flows of cold and heat. This is the model underlying the prescriptions and practices of traditional Moroccan specialists such as herbalists, but also the everyday knowledge of families.

The seasons of the year or a person's age or sex are also associated with a type of state or the predominance of a type of humour. Authors like Byron J. Good and Mary-Jo DelVecchio have shown the connection between this scholarly medical tradition and popular notions concerning the working of the body, its dysfunctions and techniques for restoring the balance of humours by means of bipolar knowledge relating to the cold and heat.¹⁷ In many Arabo-Muslim societies, the classification of ailments is based on this dichotomy, with warm illnesses seen as originating in an excess of energy in the blood, which leads to a sensation of heat in the extremities and the patient saying that he or she cannot bear to be in the sun or a warm place. Cold illnesses, on the other hand, derive from dampness, cold air or a draught, with grave consequences such as heart attacks or impotence.

In sum, humoral medicine is based on a holistic perspective i.e. it sees the state of the body as a function of the balance of the different elements which make it up. When the four elements are balanced or in equilibrium (*i'tidāl*), the body is healthy. If for any reason the equilibrium or unity is broken, illness makes its appearance. This equilibrium of the body can be affected by some basic factors: ecological, mental and emotional, dietary, those linked to tiredness and weakness, to physiological movements and rest, or to bowel movements. Using this notion of an interaction between the body and external and internal elements, some authors¹⁸ follow and go beyond Ibn Sīnā to identify the following types of illnesses:¹⁹

¹⁷ Byron Good, *Medicine, rationality and experience: an anthropological perspective*, Cambridge, New York, Cambridge University Press, 1994, pp. 101–115; Mary-Jo DelVecchio Good, "Of blood and babies: the relationship of popular Islamic physiology to fertility", *Social Science & Medicine*, vol. 14B (1980), pp. 147–156.

¹⁸ Hoffer, *Volksgeloof en religieuzen...*, p. 70.

¹⁹ The nosology used by Ibn Sīnā distinguished between simple and complex illnesses, putting to one side the problem of fevers, and had a chapter on toxicology (intoxication, poisoning). See Sanagustin, "Nosographie avicennienne...", pp. 44 and 49.

- Mental and spiritual. Fear, nostalgia, melancholy, hysteria etc. caused by psychological factors such as the emotions, joy or sadness.
- Functional. Caused by a disturbance or imbalance in the temperaments.
- Structural. Dysfunctions in the bones or blood.
- Superficial. Restricted to the hair, body hair or face.

This model of interpretation of the body and illness has had a great influence on traditional healing methods in Morocco. In classical medicine, forms of treatment were based on the control of essential factors like water, food or air. For example, the corruption of food in the different phases of its transformation in the body, as caused by a bad digestive process, was thought to generate an imbalance between cold and heat, or an excess of morbid and unassimilable substances, given off by organs like the liver. Hence the use of curative interventions to expel such substances: blood-letting, purges, emetics, cupping glasses, enema, perspiration etc. There were also those intended to address an imbalance through the use of food, turned into a therapy, i.e. a warm illness can be attacked with food made up of cold elements. This is also why some medicaments are made with spices and other substances, as a way of intervening in the humoral equilibrium. In the section on traditional Moroccan specialists we will be able to observe more directly this connection between the scholarly model and current healing practices.

4.3. *Prophetic Medicine*: *tibb al-nabawī*

Alongside humoral medicine and other specialities which blossomed around illustrious treatises and traditional practitioners, there is another tradition based on diagnoses and interventions linked to the science of the *hadīth*-s. This type of medicine is known as prophetic medicine or *tibb al-nabawī*, in reference to the Prophet Muhammad. The concept of health (*sahha*) in Islam has become linked to the idea of belief and above all to ritual practice in all its dimensions. This is why many afflictions and illnesses have also been attributed to a failure to comply with Islam and its rituals. This prophetic complex does not only refer to ways of curing illnesses. It also includes recommended preventive methods, based on hygiene and, above all, diet; or moral recommendations, such as the importance of visiting patients to comfort them.

According to authors like Ullman, prophetic medicine developed over the 9th century as the reaction of Sunni orthodoxy to the growing influence

of humoral medicine.²⁰ It was, in other words, a form of religious opposition to a secularisation of knowledge linked to the Hellenistic tradition. This would, incidentally, explain why a significant number of humoral doctors and authors were Christian, Jewish or non-Arabs. Although such an explanation is quite plausible, it should also be remembered that many of the classic treatises of Arab medicine are not exclusively based on an Aristotelian or humoral approach opposed to Islam, but constituted eclectic models which included the tradition of the *hadīth*-s or the formulae of popular medicine.²¹ Thus the *Compendium of Medicine*²² by Ibn Ḥabīb (d. Cordoba, 862) is an example of prophetic medicine, but its sources include both the humoral tradition and the *hadīth*-s. This is also true of one of the most influential books of prophetic medicine, the treatise by al-Suyūṭī, which is full of references to the humoral medicine of Hippocrates and Ibn Sīnā.²³

The fact is that the prophetic tradition was propagated without the Prophet himself having laid down any explicative healing system. The basis for this tradition is formed by the *hadīth*-s, formulated in the 8th and 9th centuries by a series of compilers—Al-Bukhārī (d. 870), Muslim (d. 875), Abū Dāwūd (d. 888), al-Tirmidhī (d. 892), Ibn Māja (d. 896) and al-Nasā'ī (d. 915). The authenticity of a *hadīth* is not determined by the text itself (*matn*), but by its chain of transmission (*isnad*), although debates over the authenticity or falsehood of many of them continue to this day.

In the domain of health and the body, the *hadīth*-s contain numerous references to purity and impurity, ways of avoiding illness and how to eat with moderation, in line with the theory attributing the origin of a large number of illnesses to the stomach, and to treatments based on scarification, blood-letting etc. This means that they have much in common with the humoral tradition. Some compilers of *hadīth*-s devote several sections to this issue, and these are not only cited by the written literature, but crop up in Moroccan oral culture. One of the most recurrent is the compilation of al-Bukhārī. In the seventh book of his seventh volume, 91 *hadīth*-s

²⁰ Ullmann, *La médecine . . .*, p. 9.

²¹ I believe this thesis to be more correct, as is shown by Fazlur Rahman, *Health and Medicine in the Islamic Tradition*, New York, Crossroad, 1987, pp. 42–45. What almost certainly occurs is an “Islamisation” of pre-existing humoral rhetoric and medicine.

²² *Mukhtasar fi l-tibb*, a. 853.

²³ In his *Tibb al-Nabbi*, al-Suyūṭī writes that the human constitution is made up of seven elements: four elements from nature (air, fire, earth, water), nine temperaments, four humours, the fundamental organs, the spirits, the faculties and the functions. Cyril Elgood, “Tibb ul-Nabbi or Medicine of the Prophet”, *Osiris*, vol. 14 (1962), pp. 49–51.

are on the theme of medicine, and these include very popular references, like the maxim that all illnesses have been created by God, who has nonetheless made a remedy available for each of them.²⁴

The Prophet referred to different methods of healing which still form the basis of many formulae used today. In one *hadīth* three basic techniques for healing are cited: blood-letting, the consumption of honey and cauterisation, although the last of these was not to the Prophet's liking. Blood-letting was used by the Prophet to cure his own headaches, at times when he was fasting and found himself in a state of *ihram*. Honey (*'asl*) is still warmly recommended, and many contemporary recipes include it as one of their key ingredients. Other substances used for healing are also cited in these *hadīth*-s, such as the milk of a female camel or the urine of a male camel, and items are also recommended for the prevention of magic, e.g. dates. They also highlight another of the bases of prophetic medicine, the "black cumin" or *habba saūdā*, the seeds of which are ground to form a powder which is used in many remedies. Several *hadīth*-s claim that the power of these seeds can cure everything except death.²⁵ Hindu incense (*'ud al-hindi*) is also recommended for sore throats, or to end pleurisy, when it is placed in the patient's mouth. Water has been seen as the best way of combating the heat of a fever, "which is like that of hell".²⁶

In addition to these substances, the *hadīth*-s mention the healing power of the Quranic text as invoked through the actions of certain people who use their hands or saliva to apply it. For example, in order to cure the poisonous bite of an animal, the *roqya* (Quranic recitation for curative purposes) can be carried out, with the reciting person applying his saliva to the affected parts of the body. In such circumstances it is also deemed beneficial to breathe onto the hands and then pass them over the patient's face or the affected body part. The *hadīth*-s of al-Bukhārī declare the *roqya* licit, as is the obtaining of something in exchange for it.²⁷ The Prophet himself authorised his wife 'Aisha to carry it out. The *roqya* is used to combat magical actions or the evil eye, and the *hadīth*-s indicate which are the most effective suras for attacking evil: *al-fātiha*,²⁸ *al-nas* or *al-falaq*.²⁹ The intervention of 'Aisha in the healing process is extremely interesting:

²⁴ Al-Bukhārī, no. 582, book 7, volume 7.

²⁵ *Ibid.*, no. 952.

²⁶ *Ibid.*, nos. 619, 621, 622.

²⁷ *Ibid.*, no. 633.

²⁸ *Ibid.*, nos. 632, 633, 645.

²⁹ *Ibid.*, no. 631.

when her husband the Prophet was on his death-bed, she recited the suras and then blew her breath onto his body, after which the Prophet spread it with his own hands.

Another type of healing process using the hands exists in Morocco, and is known as *'azzama*. In order to perform it, it is necessary to be in a state of purity and to possess the power to convey *baraka*. This is why its practitioners include the *fqih*, descendants of the Prophet or individuals considered to be blessed with an innate ability.

Throughout history, authors coming after the first compilers have chosen texts from the *hadith*-s and put together manuals of *tibb al-nabawī*. Such authors have included the *shaykh* Ibn al-Qayyim al-Jawziya (d. 1350) or one of the most cited figures, al-Suyūṭī (1445–1505).³⁰ Other texts have followed. However, as in other cases, the truly significant point is to observe how these texts are turned to in later periods to provide responses to issues pertaining to completely different social situations. In this sense, the most recent process of re-Islamisation uses new technologies to take up again with some vigour the notion of the legitimacy of prophetic medicine, especially in situations of change, such as urbanisation and emigration. There are no specific studies on the importance of exported Islamising products from the Middle East (especially Saudi Arabia) to Morocco, but my own observations lead me to suggest that there has been a gradual increase in the number of small stores, both fixed and located in streets, which sell medicinal or health products presented as loyal to the ideas of prophetic medicine, and that there must therefore be increased competition between such stores and the traditional outlets for spices and herbal products. Furthermore, there is an ongoing boom in the number of websites promoting prophetic medicine and the quasi-miraculous properties of the *habba saūdā*, making full use of the new forms of industrial production, marketing and distribution.

The new challenge of the AIDS virus and literature on the effervescence of the healing miracles brought about by the Quran will serve as an example of this revitalising of prophetic medicine, as embodied in the figure of the Yemeni *shaykh* al-Zindani, founder of the Iman University of Sanaa. This author is popular in Morocco, on account of a tone of defiance towards the United States which has led to his inclusion on an official list of promoters of terrorism. Al-Zindani is also well-known for his claim to possess a cure for AIDS and his popularity is largely due to his appearance

³⁰ Elgood, "Tibb ul-Nabbi...".

on the influential Al Jazeera TV channel (12th January 2007).³¹ This revival of prophetic medicine has been bolstered, in my view, by the recent success of textualist rhetoric, which rules out heterodox forms of healing or those branded as deviant.

4.4. *Popular Medicine and "Traditional" Ways of Healing*

It would be a fallacy to reduce a rich and colourful set of practices and agents to the catch-all term "tradition", even if this is precisely what international conventions tend to do, as can be seen by their use of the word *tradipraticien*. As I have already mentioned, the kind of medicine to be presented here is an amalgam of the humoral and prophetic types as well as others derived from al-Andalus, the Middle East, the Jewish tradition or black Africa. It would, moreover, be deceptive to classify as "traditional" all those practices which have survived from some indefinite time in the past until today and which are considered to date from before the modern age, i.e. that of bio-medicine. For explanatory reasons, I will include under the term "traditional" a series of practices which revolve around essentially humoral notions of the body and illness, together with prophetic and Sufi elements developed by specialists and practitioners which are in turn difficult to catalogue. In some cases the label of "traditional" is used to describe illiterate specialists, but in many others it can just as well be applied to scholarly persons or those with a wide range of knowledge passed on by another specialist or by oral and written means of transmission. What is indisputable is the notable influence of this sort of medicine as a healing recourse for a large part of the population until the second half of the 20th century. Equally indisputable is its later process of competition with bio-medicine, which in some cases has seen it occupy complementary spaces and in others fall into a marginal status.

Whilst the historiography of Arab medicine, dominated by an Arabist and textualist approach, allows for a sketching-out of the cognitive bases of "traditional" Moroccan medical practice, 20th-century ethnographic literature details the development of such practice through its specialists, its

³¹ In the Al Jazeera interview he claimed to possess a cure for AIDS, but refused to contemplate the idea of commercialising it, because it would be taken up by American multinational firms. This case resembles others in which there have been announcements of scientific discoveries which had supposedly been prophesied by the Quran. The same al-Zindani presides over a "Committee of Scientific Discoveries from the Holy Quran".

diagnoses and interventions, either separately from or together with the bio-medical model which started to be introduced in the late 19th century. In reality, traditional popular medicine co-exists with official bio-medicine in what we might call a scenario of multiple therapeutic itineraries. In many cases the practice of traditional medicine is associated with certain social groups, such as the urban marginal classes or those living in rural areas. However, this association does not mean that modern medicine is only used by the middle and upper classes with greater formal education, or that such classes do not use traditional medicine; neither does it mean that the lower classes only use traditional methods. Reality is much more complex: the bio-medical method has found a way of being accepted among the poorer sectors, and the educated and prosperous continue to make use of traditional methods, in a more or less underhand fashion. The difference tends to lie in the possibilities individuals have for choosing one model or another, and the exclusion of the lower classes from a bio-medical model which requires direct financing by the patient, as we will see at the end of this chapter.

Sanagustin defines traditional medicine by reference to a series of criteria:³²

- The training of specialists tends to take the form of the personal transmission of knowledge, generally by family members and by word of mouth. Although a legal written basis for the classical Arabic tradition exists in fields like pharmacology, many such specialists are in practice illiterate.
- Knowledge is based on empirical experience and a body of theory inherited from the classical Arabic tradition, although it also borrows from the bio-medical model.
- In practice there is a great diversity of medical specialists, but most of them only intervene in a limited number of illnesses, by means of small-scale surgery or the preparation of medicaments with vegetable, animal or mineral products.
- The relationship with the patient can be closer and more direct than in bio-medicine, for the language of diagnosis and remedy is more intelligible and is already familiar to the patient.

³² Sanagustin, "Nosographie aviennienne . . .", pp. 53–55.

- Patients use this form of medicine for various reasons, such as a lack of trust in the official system, because they want to try all available remedies or are unable to use more modern and expensive methods.

Jamal Bellakhdar also lists similar aspects in characterising these types of medicine. The body is understood as a micro-cosmos interacting with its surroundings, and healing methods are based on a holistic vision which does not dissociate the physical, the spiritual, the mental and the social, by contrast with bio-medical standards. The patient and the healer share a set of fundamental beliefs which make them closer and more familiar, for the illness is seen as an affair of the community rather than an isolated individual.³³ The patient must accept without reserve the treatment he receives, in a process of sincere intention or *niya*, a term which is also used to describe religious faith.³⁴ Eclecticism is evident in the Moroccan pharmacopoeia, marked as much by empiricist principles as by the magical value of the rituals: the herbalist provides materials for both humoral and magical remedies.³⁵ This problem is not unrelated to one seen in the anthropological literature on possession, which has illustrated in a trans-cultural manner the link between psychosomatic, social and religious or cultural issues which transcend a naturalistic vision of the world.

Let us now examine some local definitions of illness and healing or *dwa*.³⁶ Authors like Greenwood have shown that a series of ailments or afflictions can just as easily be attributed to the cold as to the *jnūn*; but it is no coincidence that the term for referring to these “very cold” illnesses is *riah*, “wind”, which is in turn used as a euphemism for the *jnūn*, who are identified with water and the wind. This ambivalence extends to the type of treatment provided, given that in some cases a humoral method will be used which involves the consumption of warm products, whereas in others prophetic medicine or magic will be employed. An example is provided by an affliction which in the Garb region is known as “the bride’s illness” (*l-ʿarusa*). This refers to a pain caused by the cold or by a *jinn*, which enters the body and can cause paralysis. Such episodes of paralysis are treated through the application of the saliva of a *sharīf*, or by a piece

³³ Jamal Bellakhdar, *Hommes et plantes au Maghreb. Éléments pour une méthode en ethnobotanique*, Lulu.com & Lefennec.com, Plurimondes, 2008, pp. 101–110.

³⁴ *Ibid.*, p. 119. Rachik, *Rapport de synthèse...*, also underlined the importance of the role of trust in therapeutic choices.

³⁵ Bellakhdar, *Hommes et plantes...*, p. 127.

³⁶ In dialectal Arabic the term *dwa* or *duwa* refers to the idea of healing, but also remedy, medicament or ingested substance.

of bread eaten by the patient, or through interventions designed to create heat and drive away the *jinn*: cuts, applications of heat or the rubbing-on of garlic.

Table 4 shows the traditional basic classification of illnesses, based on the humoral model of cold versus heat, explanations of the evil eye, magic and the actions of the *jnūn*. This table is based on Greenwood's study, carried out with informants from Chaouen and the central Atlas.

In addition to the humoral model, other interpretations like the theory of signs and identities or that of affinities are considered by Bellakhdar to be of key importance in Morocco. The theory of signs is based on the idea that a body's properties can be deduced and known from its external markings or appearance. According to this logic, healing power is attributed to substances (plants, minerals etc.) or rituals which represent in a symbolic manner the desired effect: a red plant is used to cure anaemia, a hairy-looking plant to cure baldness, or one with a phallic appearance to boost sexual potency.³⁷ The theory of affinities claims the existence of certain relations and causal effects between bodies and substances. Iron is said to exert a magnetic effect on warm substances, and salt and copper to attract dampness.³⁸

Until the colonial period, these sorts of knowledge were conveyed from master to disciple, but also at universities, *madrassa*-s and *zāwiya*-s, through private collections or libraries, or through the oral culture.³⁹ However, the most academic forms entered into crisis with the introduction of bio-medicine in the late 19th century.

4.5. *Specialists and Treatments*

The basic principle of humoral theory is that cold illnesses require heat, and warm illnesses require cold. This principle of opposites is applied to different parts of the human body, and also to its circumstances as regards

³⁷ Bellakhdar, *La pharmacopée marocaine . . .*, pp. 64–65.

³⁸ *Ibid.*, p. 65.

³⁹ Bibliographical references to written transmission have usually focused on the classics of Arab medicine, but also on works written by Moroccan authors or Andalusí refugees such as those cited by Bellakhdar, as well as court doctors living in Fez or Marrakesh. Among the latter, there was, for instance, Al-Wazir al-Ghassani, the doctor of Ahmed al-Mansūr; 'Abd al-Qāder ibn Shaqrun (18th century) or 'Abdeslam ibn Muhammad al-'Alami (19th century). See Bellakhdar, *La pharmacopée marocaine . . .*, pp. 69–70.

Table 4. Classification of "Borderline" Illnesses and Afflictions (*in italics*)

Non-Humoral	Humoral				'Ayn	Suhur
	Hot	Cold	<i>Jnūn</i>			
Asthma	Acne	<i>Rheumatism</i>	<i>Rheumatism</i>	Sudden death or		
Goitre	Skin	<i>Neuralgia</i>	<i>Neuralgia</i>	illness in		
Diabetes	Rash	<i>Sciatica</i>	<i>Sciatica</i>	Children		
Liver	Boil	<i>Migraine</i>	<i>Migraine</i>			
Gallbladder	Reddened eyes	<i>Shivering</i>	<i>Shivering</i>			
Jaundice	Sunstroke	<i>Gradual</i>	<i>Gradual</i>	<i>Gradual</i>		<i>Gradual</i>
Spleen	Heatstroke	<i>weakening</i>	<i>weakening</i>	<i>weakening</i>		<i>weakening</i>
Kidney	In babies:	<i>Paralysis:</i>	<i>Paralysis:</i>			
Appendicitis	–fever	<i>–facial</i>	<i>–facial</i>	Sudden		
Heart	–skin	<i>–limbs</i>	<i>–limbs</i>	death		
Haemorrhoids	Rash	<i>Sudden</i>	<i>Sudden</i>			
Urinary	–diarrhoea	<i>attacks:</i>	<i>attacks:</i>			
Difficulty	–eye	<i>–blindness</i>	<i>–blindness</i>			
Cancer	Disease	<i>–deafness</i>	<i>–deafness</i>			
Headache	–ear	<i>–muteness</i>	<i>–muteness</i>			
Intestinal worms	Disease	<i>Sterility</i>	<i>Sterility</i>	<i>Sterility</i>		<i>Sterility</i>
Eczema	Colds					
Hives	Measles	<i>Impotence</i>	Squint			<i>Impotence</i>
Scabies	Tuberculosis	Arthritis	Nervous tic			
Ringworm	Typhus	Lumbago	Epilepsy			
Impetigo	Cholera	Cough	<i>Madness</i>			<i>Madness</i>
Lice		Throatache	<i>Depression</i>			<i>Depression</i>
Cholera		Cold	Possession			
Smallpox		Influenza				Persistent:
Scarlet fever		Bronchitis				–cough
Leprosy		Pneumonia				–itching
Rabies		Indigestion				
Trachoma		Stomach cramps				
Cataracts		Intestinal cramps				
		Diarrhoea				
		Urinary pain				
		Reddened eyes				
		Earache				
		Mumps				
		Syphilis				
		Whooping cough				
		Chilblains				
		Liver				

Source: Based on Bernard Greenwood, "Cold or spirits? Choice and ambiguity in Morocco's pluralistic medical system", *Social Science & Medicine*, 15B (1981), p. 226.

age, environmental surroundings, the season of the year etc. Table 5 shows the dual logic of these ideas.

After identifying the illness, the specialist uses diverse techniques to achieve the heat or cold required, depending on the type of ailment. These techniques can basically be divided into two types:

- Direct formulae affecting the body or its external parts: the extraction of blood, which cools the body, or the controlled application of heat sources for cold illnesses.
- Indirect formulae, using natural substances or combined vegetable, animal or mineral mixtures which the patient has to ingest, either once or as part of a regular diet, in order to generate heat or cold.

The main “warm” illnesses requiring the application of cold substances, blood-letting or cooling techniques are headaches, fevers, ocular ailments, colds, skin rashes, heatstroke or high blood pressure. At the other end of the scale there are the “cold” illnesses treated with a warming of the body by means of cauterisation, scarification or the intake of warm substances include colds, articular pains, earache, chest and throat pains, migraine, vomiting, diarrhoea, stomach and menstrual pains, paralysis and poor blood circulation.⁴⁰

Having presented the humoral illnesses to be identified and the general manners of treatment, let us now turn to the different types of traditional specialists. Among them we find both men and women, full- and part-time practitioners, individuals who are heirs to an oral or written tradition, and others who are self-taught. As well as these specialists, we must not forget the importance of places like sanctuaries and spas, which are visited by the ill to solve problems attributed to the evil eye, possessions or magic, or to cure humoral deficiencies. In such places, visitors make sacrifices, encircle buildings, spend the night or enter into contact with stones, water or mud to which humoral or protective effects are attributed due to the *baraka* of the place in question.

In this section I will not include those agents, such as the *fqih* or the *tālib*, who perform other religious functions in addition to their involvement in health issues, and who basically concern themselves with afflic-

⁴⁰ Bernard Greenwood, “Cold or spirits? Choice and ambiguity in Morocco’s pluralistic medical system”, *Social Science and Medicine*, 15B (1981), p. 224.

Table 5. Effects on the Body of Warm and Cold Substances

<i>Body in general</i>	<i>Warm substances Heat and relaxation</i>	<i>Cold substances Cold, alteration, weakness</i>
Blood	Lower density, speed, eases circulation to the head	Thickness, sluggishness
Veins	Opening	No effect
Skin	Heat, flushes	Cold, pallor
Head	Palpitations, pains	No effect
Stomach	Feeling of warmth	Feeling of cold, cramp
Intestines	Constipation	Cramp, diarrhoea
Menstruation	Eliminates cramp	Causes cramp
Joints	Eliminates numbing	Numbs and causes pain
Warm illnesses	Worsen	Improve
Cold illnesses	Improve	Worsen
Nutritious value	Strong	Poor
Effect on babies	Negative	Positive
Effect on elderly	Positive	Negative

Source: Bernard Greenwood, "Cold or spirits? Choice and ambiguity in Morocco's pluralistic medical system", *Social Science & Medicine*, 15B (1981), pp. 219–235.

tions attributed to the *jnūn*, magic or the evil eye, although some of their interventions can also be based on humoral methodology e.g. cauterisation and blood-letting.

4.5.1. 'Attār (*Drugstore-Owner*) and 'ashshāb (*Herbalist*)

These are sellers of spices and drugs ('*attar*')⁴¹ and of herbs ('*ashshūb*'). In the towns and cities they have small stores replete with vegetable, mineral and animal products, and in rural areas they are usually found in the weekly souks, at little market stalls. In recent decades wholesale trade and the appearance of untrained herbalists have transformed the trade. It used to be common for the herbalist to have botanical knowledge and for him to take a personal interest in gathering and transforming some of the products he sold. This sort of knowledge, now in clear decline, was often handed down from fathers to sons and was complemented by consultation of traditional treatises of pharmacopoeia and botany, such as that

⁴¹ The '*attar*' was originally a trader in perfumes, according to Bellakhdar, *La pharmacopée marocaine* . . . , p. 71.

written by the Andalusī Ibn Abdun (11th century), or well-known compendia like the *Treatise of Simples* (1240–1248) by Ibn al-Baythar. In his survey of 200 Moroccan herbalists and *fqīh*-s, Bellakhdar observed that the vast majority possessed the *Tadkirat* of al-Antaki, the *Keshf er-rumūz* of al-Jazairi, and the *Kitab ar-rahma* of al-Suyūti.⁴² Other illiterate herbalists sold herbs without having a deep knowledge of them. Such was the case for half of the sellers analysed in another survey carried out in 1992 in the Rabat-Salé region.⁴³

The best-trained herbalist is able to make up syrups, potions, ointments and pills, and to search for the most appropriate material to be used in a healing process, in accordance with a taxonomy of substances classified according to their degree of cold, heat, dampness or dryness. Doses used to be calculated with great exactitude, but contemporary herbalist simply mix substances in approximate amounts.⁴⁴

As I have already explained, the classification of illnesses as either warm or cold matches the complementary taxonomy of vegetable, animal and mineral substances according to their degree of cold or heat, and their healing effects on both “positive” and “supernatural” afflictions. The list of prescriptions is very extensive and includes a wide range of substances to be taken alone or mixed together with food and other elements. For Morocco, Renée Claisse-Dauchy recorded that as many as 270 drugs were used in herbalists’ prescriptions, although most formulae are based on only about thirty of these.⁴⁵ The most complete catalogue is the one drawn up by Bellakhdar, which lists some 694 items, 532 of which are from the vegetable kingdom, 79 from that of animals, 38 artisanal products and industrial substances, and 32 from the realm of minerals. Of the plants used, 74% are wild-flowering species and 26% are cultivated. The 694 products listed have 2,800 uses, of which 2,076 are therapeutic, 131 toxic, 298 alimentary, 99 pastoral and agricultural, and 196 technical.⁴⁶ The therapeutic uses are distributed as follows: 16% are anti-parasitic or digestive

⁴² *Ibid.*, p. 95.

⁴³ Renée Claisse-Dauchy, *Médecine traditionnelle du Maghreb. Rituels d'envoûtement et de guérison au Maroc*, Paris, L'Harmattan, 1996, p. 65.

⁴⁴ Bellakhdar, *La pharmacopée marocaine . . .*, p. 73. Bellakhdar's observation matches those of my own, made among the *'ashshāb* of the medina of Tétouan, who do not calculate measures with scales but with their hands, weighing up amounts in fistfuls or between their fingers.

⁴⁵ Claisse-Dauchy, *Médecine traditionnelle . . .*, p. 29.

⁴⁶ Bellakhdar, *La pharmacopée marocaine . . .*, p. 96–99.

applications and intestinal antiseptics; 9% skin and hair cures; 7.2% skin, hair and beauty care; 6.4% symbolic therapies; 5.3% gynaecological and abortive pathologies; 4.5% broncho-pulmonary; 4.6% fortifiers and stimulants; 4.1% pathologies of the urinary system; 4% re-constituents and remedies for “the cold”; 3.9% oral and dental pathologies; 3.6% aphrodisiacs; 3.2% antidotes for poison; 3% analgesics, sedatives, anti-inflammatories, and these are followed by pathologies which are cardiovascular, ocular, of the nervous system, narcotics, antipyretics, hypoglycaemics, purgatives, for fractures, against the production of mother’s milk, and against tumours.⁴⁷ One of this author’s most important conclusions is that the use of substances for magical purposes accounts for less than 7% of the total, contrary to expectations that it would occupy a higher place on the list.

Herbs are classified as warm or cold, but also as dry or damp, and even as belonging to the male or female gender. On some occasions, the names of plants make reference to myths and legends, to the uses that are made of them or to their external appearance, in line with the theory of signs. The acacia (*Acacia cyclops*) is called ‘*ayn dab*, “jackal’s eye”, a symbol evoking the use of the plant for magical purposes; the mandrake (*mandragora officinarum*) is known as *bayd l-gul*, “ogre’s eggs”, hinting at the deadly poison it contains. A significant number of substances are also consumed as basic food staples, and in Table 6 below I have summarised their classification in the humoral taxonomy, using Greenwood’s work as my basis and adding observations of my own and those by some other authors.

Many herbs and spices are used for a number of different functions. They can be used as the basis for beauty and body care products, as is the case of henna, some kinds of lavender, rosewater and orange blossom, and at the same time be used for their humoral effects. For example, thyme and lavender, classified as warm species, are seen as apt for favouring blood circulation and improving musculature, whereas rose leaves and orange blossom, classified as cold, cause weakness and relaxation, and are used as abortive products. Warm illnesses, such as fever and headaches, are treated with cold and damp herbs. Cold illnesses, like rheumatism or sexual impotence, also itself known as “cold” (*bard*), are combated with combinations of heat, as in one of the best-known formulae, the *mskhun* (“heated”), made from pepper, ginger and cumin.

⁴⁷ *Ibid.*, p. 100.

Alongside the humoral tradition adopted by the classics of Arab medicine, we also find religious references, derived from the Quran or the *hadith*-s, to the use of plants and natural substances in the curing of illnesses. Among the plants mentioned by prophetic medicine we find henna, *nigella sativa*, cress or harmal (*peganum harmala*), with their anti-bacterial, anti-fungal, antiviral and hallucinogenic properties. The most striking of all of these is the *habba saūdā* (*nigella sativa*), a basic ingredient in many prescriptions, which use the black grains extracted from the plant and mix it with a number of substances such as honey to make powder or oil. Its tremendous versatility has meant that it has been used in countless prescriptive recipes, and in Morocco it is inhaled as a ground powder, or used as a diuretic, to combat influenza, migraine, sinusitis, lung problems or asthma. It is also used as a kind of ointment for verrucas, loss of skin colour, herpes, paralysis of the face or members; in fumigations or suppositories (*hubbūs*) to treat haemorrhoids; as powder, for dental pains; orally, as galactogenously, as a vermifuge or to prevent nausea.⁴⁸ Two distinct and well-differentiated brands of this product can currently be found on the Moroccan market: one imported from Saudi Arabia that is expensive and highly-regarded, and a cheaper series of versions made in Morocco itself or other parts of the Maghreb.

The botanical symbolism inspired by Islam sees some extraordinary plants and smells as located in paradise, whereas certain fetid and bitter trees whose fruits resemble the heads of devils are situated in hell. Such a destiny is reserved, for example, for the highly resistant *zaqqum* tree (*Balanites aegyptiaca*), found in desert regions. Among the trees and plants identified with paradise are the pomegranate tree, the apple tree, the vine and the cress plant.

Some plants which were initially used in humoral medicine have also been adopted by certain herbalists to solve illnesses deriving from magic. Such is the case of the colocynth or bitter apple (*Citrullus colocynthis*, Arabic *haja*), used against migraine, asthma and articular pains, but also now used in magical prescriptions. As we will see in the section on magic, the items prescribed are made up, among other elements, of herbs, spices, minerals, and animal or human body parts.

⁴⁸ *Ibid.*, pp. 458–459.

Table 6. Hot and Cold Classification of Food and Herbs

Very hot	Hot			Cold		
	Hot	Hot or neutral	Cold in some cases	Hot in some cases	Cold or neutral	Always cold
Ambergris	Butter	Absinth	Barley	Cherry	Turnip	Vinegar
Camel's milk	Cabbage	Artichoke	Black pepper	Coffee	Vegetable oil	
Celery	Cheese	Chickpea	Bread	Cucumber		
Clove	Chicken	Colt	Camel	Grape		
Egg Yolk	Cress	Cow's milk	Cinnamon	Mandarin		
Garlic	Cumin ⁴⁹	Dates	Couscous	Onion		
Honey	Ginger	Figs	Leek	Orange		
Nutmeg	Goat's milk	Flour	Mint with lemon	Orange blossom		
Penicillin	Green beans	Lamb	Pomegranate	Rose leaf		
<i>Rās al-hānūt</i>	Hedgehog	Oats	Radish	Water melon		
Sheep's milk	Henna	Olive oil	Salt			
	Lavender	Pheasant	Tea with mint			
	Nuts	Potatoes	Turmeric			
	Olives	Rice	Yeast			
	Pennyroyal	Sugar	Wine			
	Rosemary	Turkey				
	Spinach					
	Thyme					
	Turtledove					
	Wild fungi					
	Yoghurt					

Source: Based on Bernard Greenwood, "Cold or spirits? Choice and ambiguity in Morocco's pluralistic medical system", *Social Science & Medicine*, 15B (1981), p. 222.

One of the plants which is most widely used, not only by herbalists and traditional specialists, but also by the general population, is henna. We have already noted its recurrent presence in the various rites of passage. Its use is attributed to the prophet Ibrāhīm, who covered his body in henna to prevent vertigo. Another tradition attributes its use to Fatima, daughter of the Prophet Muhammad, on the day of her wedding. Henna is used in the form of powder, after drying and pulverising its leaves. This powder is mixed in a bowl with warm water, lemon juice or aromatic substances, such as cloves and pepper. When applied it has a green hue, but after a few hours takes on a reddish colour. In terms of health and healing, henna is seen as a warm plant, and new-born babies used to be covered

⁴⁹ Effects of cumin: diuretic, prevents wind and nose-bleeds. Taken with vinegar, it tones up the liver and gets rid of toothache.

in henna to keep them warm. As a hemostatic agent, it was applied to improve cicatrization after circumcisions. Henna is also used as a beauty product and as a hair dye, and is thought at the same time to transmit *baraka* to its users.

It also seems logical to include perfumes among the natural healing substances. Some authors have assigned various therapeutic properties to smells. Abshīshi, for example, took up an idea in Galen to attribute a number of healing properties to the following essences: musk, as a fortifier for the heart; amber for the brain; camphor for the lungs; *ghāliyah* (a mixture of musk, amber, camphor and resin) for colds in the head, and sandalwood for tumours.⁵⁰

4.5.2. Kuwway (*Cauteriser*)

This word comes from the verb *kwi*, “to cauterise” (*mkwi*, “cauterised”). Cauterisation is an old technique involving the application of red-hot iron tips to the affected part of the body, for example a nerve or the belly in attempts to combat intestinal pain. Apart from iron, lancets and wooden instruments may also be used, as well as glass reeds or rushes. There is a lack of agreement over the exact spot where such applications should be made. Some believe heat should be applied to the affected part of the body, others hold the nerves to be responsible. The technique is applied in cases of rheumatism and several forms of pain, including migraine, as well as infectious diseases and pneumonia.⁵¹ Many cauterisations are performed on the stomach, because it is seen as the seat of several illnesses: vesicular pains, jaundice, pain in the spleen, or so-called *būmzwi*, a combination of palpitations, anxiety and abdominal pain. Applications take the form of points of heat. Rheumatism is treated in the back or thigh, with points of heat or cupping glasses. Migraine is treated with a crown of hot points, and sciatic problems with hot points placed along the vertebral column.

The use of iron is not only associated with humoral theory. Several different societies have attributed a protective but also dangerous character

⁵⁰ In his work *Al Mostatraf* (1899–1902), cited by Abdelwahab Boudhiba, *La sexualité en Islam*, Paris, PUF, 1986 [1975].

⁵¹ The patient takes a warm mixture of herbs, and then “with some needles that have been well heated by fire small pricks are made in the nape, the calves and between the thumb and index of the left hand. Pricks are also made in the flank that is ill”, in Ignacio Iribarren Cuartero, *Trabajos de un médico militar en el Rif (Beni Said)*, Ceuta, Imp. Imperio, 1942, p. 13, on Banī Sa‘īd (Rif) in the 1930s [translator’s translation].

to iron, which has led to the marginalisation of those groups who handle it, such as blacksmiths. Until recent times, many smiths were Jewish, especially in rural areas.

The traditional classical Arabic practice of cauterisation is now in decline, by contrast with the activity of herbalists, and has been largely replaced by magic, which offers different kinds of diagnosis and attributes pain to the actions of maleficent forces, treated by some cauterisers by the application of salt and saliva to the affected parts of the body.⁵²

4.5.3. Hajjām (“Barber”)

The translation of *hajjām* as “barber” is not completely adequate, given that such men do not restrict themselves to cutting and shaving hair, but also carry out small-scale interventions relating to the blood system, as used to occur in Western Europe during the medieval period. They have, however, lost the importance they had when they performed their work in the weekly souks. At that time, they cured illnesses attributed to an excess of blood, or to its darkness or deficiency, and practised techniques such as blood-letting, with incisions and the application of cupping glasses. Another of their important functions was to perform male circumcisions.

Blood-letting usually follows a standard procedure, with blood being drawn from the vein in the neck, although other techniques also exist, such as one which entails taking blood from the knee or the right hand in cases of hepatic insufficiency or pelvic pains. Each type of incision therefore corresponds to a different type of problem: scarification in the foot for lumbar pains, in the ankle for leg pains, in the vein of the temporal region for sight loss, in the knee for pelvic pain,⁵³ in the leg for gout and haemorrhoids, beneath the chin for dental and facial pains etc.⁵⁴ Blood-letting usually takes place in the spring, to free the organism of the old blood which has filled up with bad humours during the winter. It is not recommended after a meal, in summer, in the baths or on Fridays,⁵⁵ and it is considered harmful for the convalescent, the aged, pregnant or menstruating women, and those with a weak liver or stomach.⁵⁶ The usual

⁵² Claisse-Dauchy, *Médecine traditionnelle...*, pp. 67–69.

⁵³ Mustapha Akhmis, *Médecine, Magie et Sorcellerie au Maroc ou l'art traditionnel de guérir*, Casablanca, Imp. Eddar El Beida, 1985, p. 84.

⁵⁴ Al-Suyūti (Elgood, “Tibb ul-Nabbi...”, p. 65).

⁵⁵ Akhmis, *Médecine, Magie et...*, p. 84; Al-Suyūti (Elgood, “Tibb ul-Nabbi...”, p. 61).

⁵⁶ Al-Suyūti (Elgood, “Tibb ul-Nabbi...”, p. 62).

technique involves shaving the area of the nape of the neck, and then massaging and pinching it to congest it. Length-wise scarification marks are made in the skin, and a cupping glass is applied which is attached to a recipient in the form of a metallic or crystal glass by means of a small tube. The technique is also known in Morocco by the name of *l-kisān*, “the glasses”, in reference to these recipients. The blood-letting carries out suction through this tube to create a vacuum and applies the cupping glass for some 10 or 12 minutes, until it fills up with blood. The cupping glass is then ripped away suddenly to prevent blood being spilled.⁵⁷ Blood-letting is most in demand among those suffering from migraine and hypertension, but also for ocular congestion and conjunctivitis. The technique of the *hijjāma* is frequently described in the classic texts of Arabic medical literature⁵⁸ and in the *sunna*. In the *hadīth*-s of al-Bukhārī, suction by means of a cupping glass is included among the main manners of healing,⁵⁹ and according to Muslim, the Prophet Muhammad allowed his blood to be let by Abū Taiba;⁶⁰ the technique was not seen to represent an interruption of fasting,⁶¹ and was only inadvisable in cases of weakness.⁶² Despite their recent decline in the public marketplace, it can be said that these practices live on in a marginal fashion in the suburbs of large towns and cities, as “medicine for the poor”,⁶³ and, above all, among the most fervent followers of the *sunna* and the re-creation of prophetic medicine, which praises the virtues of blood-letting. One man with such a profile claimed

⁵⁷ Iribarren Cuartero, *Trabajos de un médico* . . . , p. 12, covers the case of a souk blood-letting.

⁵⁸ Taking up the Galenic tradition, Ibn Sīnā recommended blood-letting for numerous “diseases of the blood”: tumours, conjunctivitis, inflammation, pleurisy, lung diseases, the kidneys, liver, stomach, intestines, anus, spleen, testicles, bladder, uterus, navel, head ulcers, eyes (Ibn Sīnā (Avicenna), *Poema de la medicina. Urguza fi t-tibb*, transl. Najaty S. Jabary and Pilar Salamanca, Salamanca, Junta de Castilla y León-Consejería de Educación y Cultura, 1999, pp. 88–192).

⁵⁹ Bukhārī (vol. 7, book 71, nos. 584, 585, 587, 599, 600, 603, 605). The Prophet is also said to have had his blood let and paid for the service (Bukhārī, vol. 3, book 36, nos. 479, 480). However, there are other *hadīth*-s which cast doubt on such methods. Two *hadīth*-s by ‘Aun bin Abū Juhaifa state that his father destroyed his slave’s blood-letting instruments because the Prophet had forbidden tattooing and the exchange of blood for money (Bukhārī, vol. 3, book 34, nos. 299 and 440).

⁶⁰ Muslim, book 10, no. 3,830.

⁶¹ Abū Dāwūd, book 13, no. 2,370.

⁶² Mālik, *al-Muwattā’*, book 18, 10: 32.

⁶³ Report on Moroccan TV channel 2M (3/8/2007), which showed the continued existence of numerous *hajjām* in Casablanca, in risk-filled hygienic conditions, given the use of unsterilised materials for several clients. The price of each intervention was about 50 dirhams.

to me during an interview that he had practised the *hijjāma* on himself. In recent years some doctors and qualified specialists have opened consultancies using these techniques, but they take care to maintain high standards of hygiene and sterilisation of the materials used.⁶⁴

4.5.4. Jabbar, -a

These individuals are specialised in healing dislocations and bone fractures, as indicated by the verb *jabara*, “to restore” or “to re-compose parts”, from which is derived the noun *al-jabr*, “re-composition of bones”. (This is also the origin of the word “algebra”.) References in al-Suyūti to some *hadīth-s* cite *al-jabr* in the healing of dislocations and bone and muscular injuries, by means of scarification and the application of ointments.⁶⁵ To re-set bones, metal or cloth boards such as the so-called *jbbira*, made from trunks of pink laurel, are placed upon the affected extremity. After the removal of this fixed appendage, the affected body part is massaged with olive oil, grease or hot water, and to favour the appearance of lime, the consumption of sorghum (*illan*) is recommended. Dislocations are corrected by means of a rapid movement, and sprains are treated by massaging the area with olive oil, grease or hot water. There is no complete agreement concerning the type of bandages which should be used, and some experts even recommend not using any at all.

Bone-setters are usually people of an advanced age who do not make a living from this type of work, and who only take on a few cases a week. In a mountain village in the Jebala region I was able to observe how a woman known for her abilities was called upon by her relatives to solve the pain produced by a blow to the wrist of another woman. The *jabbara* used a white handkerchief, with which she bandaged the hand, and on each side of the wrist she placed a coin within the handkerchief, in contact with the skin, to prevent inflammation.⁶⁶ In this case no payment was ever made. In another case observed in Tétouan, an old woman who performed traumatological cures in her home by means of manual massages with oil, attributed the ability of her hands to divine *baraka*, which she claimed to have acquired after miraculously surviving the Agadir earthquake of

⁶⁴ “Hajjama. Les derniers saigneurs”, *Tel-Quel*, no. 259, February 2007.

⁶⁵ “Said al-Jabr: ‘Ali broke one of the bones of his fore-arm, so I set it. I enquired of the Prophet who said: Anoint it and continue to apply the ointment while the arm is in the splint until it has healed”, Elgood, “Tibb ul-nabbi . . .”, p. 146.

⁶⁶ See also Claisse-Dauchy, *Médecine traditionnelle . . .*, p. 72.

1961. The woman, who was more than 80 years old, attended clients in the lounge-dining room of a modest house, where she invited her guests to lie on a rug on the floor. The woman knelt and placed her hands on the injured areas after smearing them with oil from a small vase. Before proceeding, the woman pronounced the *bismillāh* on various occasions and repeated that “the Lord [God] is the one who heals” (*rabb hwa yshāfi*). After her interventions, which involved restoring or massaging, she went on to breathe all over the client’s body. In this case, the woman was paid a gratuity, known as *ftuh*. It is usually considered compulsory to offer a monetary sum of some sort, and failure to do so is thought to have negative consequences for the healing process and the healer herself.⁶⁷

4.5.5. *Mūl snān* (“Tooth-Puller”)

Modern consultancies with qualified dentists exist in the big cities, but in marginal neighbourhoods, the souks and rural areas it is still possible to find a *mūl snān*, a dentist or tooth-puller who once used to fulfil other tasks, such as those performed by barbers or cauterisers. These figures are usually men with little formal training. They traditionally use long pliers, which are used for several clients after disinfecting them with boiling water or alcohol, but it is well known that many *mūl snān* simply wipe the pliers with a cloth, which creates a grave risk of infection.⁶⁸ The *mūl snān* have recently taken to using syringes to apply Xylocaine or a substance known as “frog water”, which comes from the extraction of the poison segregated by the common toad of the region (*Bufo mauritanicus*). This substance is a vesicant and produces an anaesthetising effect. After extraction of the tooth, salted water and a piece of cotton wool soaked in alcohol are applied.

4.5.6. *Women Healers*

In many rural areas, certain women have traditionally performed a number of healing tasks, generally passed on within families and linked to herbalism. Such women treat dislocations, childbirth or the curing of possessions by the *jnūn*. In many cases the woman carries out all of the following three specialities:

⁶⁷ Observations in August 2007, Tétouan.

⁶⁸ Claisse-Dauchy, *Médecine traditionnelle . . .*, p. 73.

- *Qabla*. This refers to women with experience in assisting at childbirth and in all matters of fertility and gestation, or in the treatment of abdominal, bone or muscle pains.⁶⁹ Although this is a figure in decline in most regions, and especially in urban areas, Bakker recorded an increase in their number in parts of the Middle Atlas in the late 1980s, as well as in the figure of the *‘ashshāba*.⁷⁰
- *Ashshāba*. This is the equivalent of a woman herbalist. Such women are usually found in weekly markets or street stalls, and they do not limit themselves to the sale of herbs, but also deal with cases involving magic (*suhur*).
- *Jabbara*. Like the *jabbar*, this is a woman who specialises in healing fractures and muscular injuries, as well as the re-location of dislocated bones in both humans and animals.

4.5.7. Sanctuaries and Thermal Waters (I)

In this section I will deal with the importance of sanctuaries as places of worship and as polysemic therapeutic spaces linked to the *baraka* of saints. A sanctuary is a space dedicated to the figure of a male saint (*sayyīd, walī, mrābet*) or a female one (*lālla*). It contains his or her tomb, which may be beneath a tree or some stones and is generally within the precinct of a square building crowned by a cupola (*qubba*). The visit (*ziyāra*) to a sanctuary consists of a special pilgrimage, individual or collective, with votive aims, such as requesting the grace, protection and healing of a saint in exchange for votive offerings, sacrifices and donations. In many sanctuaries, healing practices also take place which are related to notions of humoralism and in particular to the healing properties attributed to water. In many cases, the visit to a sanctuary will be completed by hydrotherapy to transform the body humours or obtain the saint's *baraka*.

There are also many fountains in Morocco which are linked to saints and are attributed healing properties. Some such fountains have given rise to spas and thermal water complexes, such as Sidī Harazem, which in the modern period has lent its name to a highly popular brand of bottled water, like others of a similar origin, such as Sidī ‘Alī or the water of Oulmès. By consuming water or bathing in it, the pilgrim-patient hopes to

⁶⁹ Data recorded in ‘Ain Leuh, Middle Atlas, by Jogien Bakker, “The rise of female healers in the Middle Atlas, Morocco”, *Social Science & Medicine*, vol. 35, 6 (1992), p. 824.

⁷⁰ *Ibid.*

cure kidney diseases or arthritic and other pains. Let us examine how a visit to a thermal water centre may work by looking at some examples:

- Mūlāy Ya‘qūb, to the north-east of Fez.⁷¹ According to the centre’s foundation myth, Mūlāy Ya‘qūb was a sultan who withdrew from worldly life and took refuge in a place beside a natural fountain, whose waters cured a skin disease from which he suffered. These waters contain chloride, sulphurs, iodine, calcium and magnesium, and emerge at a temperature of 54° Centigrade. This makes them suitable for the curing of rheumatism, neuralgia, sciatica, syphilis, laryngitis, and skin and gynaecological complaints. The pilgrim enters a warm-water pool, and beneath a cascade of water asks the saint to cure him;⁷² he then drinks from the fountain, and proceeds to leave the water. The patient leaves votive offerings at the entrance to the pool, such as pieces of a shirt which has been in contact with the affected part of the body (the kidneys etc.).
- Sīdī Harazem, a wise 12th-century scholar who taught at the University Qarawiyin of Fez, gives his name to one of the most-visited thermal centres, located to the east of Fez, and which dates back to the Roman period. Pilgrims and patients visit the tomb and drink water from the fountain, which is considered anti-toxic and suitable for the treatment of arterial hypertension, gout, and liver and kidney diseases. There are a number of pools for both men and women. Most visitors drink water in the morning, before eating, and then bathe in the waters or are sprayed in the lumbar region.
- Other sanctuaries with springs are visited by sterile women, who drink the water and sprinkle it on themselves.⁷³

In the next two chapters I will analyse the other rituals and practices which take place in the sanctuaries and which relate to psychosomatic illnesses or questions of sexuality and fertility. Such activity makes the sanctuaries one of the main spaces of religiosity and popular medicine, especially for

⁷¹ Edmond Secret, *Les sept printemps de Fès. Des airs, des eaux, des lieux: Fès capitale termale*, Amiens, 1990, pp. 79–112.

⁷² As in other cases, the pool was built in the early colonial period, in 1912, and the French later added to it a consultancy, resting cabins and a thermal infirmary.

⁷³ Sīdī Bougrine (Akhmisse, *Médecine, Magie et . . .*, p. 159). In Nador, one such spring, close to the sanctuary of Sīdī ‘Alī, runs into the sea, and groups of women from the area gather with buckets to splash water over the private parts of their bodies (field notes, 1997).

women, although historically they have also been the subject of attacks by the most textualistic and orthodox devotees of Islam.

Before analysing the impact of European colonial medicine on Morocco, it is worth pointing out that before the colonial period Moroccan society already had a number of medical institutions, apart from the traditional specialists I have mentioned. The development of classical Arab medicine had given rise to institutions tied to the control of the health system, the transmission of knowledge and healing processes. Within the area of sanitary control, the *muhtasib* was in charge of supervising marketplaces, the monetary system and public health. Teaching took place in specific places which were developed over time, as well as in *madrassa-s* and mosques, and doctors began to group themselves together into guilds. The *madrassa* was a well-organised institution from the 11th century onwards, and was based on the precedent of the House of Knowledge (*Bayt al-hikma*) of the court of Baghdad under the caliph al-Ma'mun (813–833). Within the field of healing, there was the institution of the *bīmāristān* or *maristan*, a Persian term composed of the words *bīmār*, “ill”, and *stān*, “house”. In Arabic this institution was also known as the House of Mercy (*Dar al-marhama*) and it came to Morocco in 1286 with the establishment of the Sidī Frej *bīmāristān* in Fez. One of its main functions was the curing of mentally ill patients, who were treated with spa therapies, music, dance or theatre in its gardens. The treatment of mental illness reflected a humoral conception which defined it as a somatic affliction caused by a perversion of the humours and their balance, so that the therapies were aimed to modify emotional and bodily states by means of massages, diets, baths or music, with the intention of eliminating the effects of the dryness of black bile.⁷⁴ However, more violent patients were chained up, as can be seen in the dismal description of the *maristan* of Fez by Leo Africanus.⁷⁵

⁷⁴ For a more detailed description, see Françoise Cloarec, *Bimaristāns, lieux de folie et de sagesse. La folie et ses traitements dans les hôpitaux médiévaux au Moyen-Orient*, Paris, L'Harmattan, 1998.

⁷⁵ “In this hospital likewise there is a place for franticke or distraught persons, where they are bound in strong iron chaines; whereof the next part vnto their walks is strengthened with mighty beames of wood and iron. The gounernour of these distraught persons, when he bringeth them any sustenance hath a whip of purpose to chastise those that offer bite, strike or play any mad part.” Leo Africanus, *The History and Description of Africa*, Third Book, Robert Brown (ed.), London, Hakluyt Society, 1896, pp. 425–426.

4.6. *The “Malfare State”: Social Inequalities and the Modern Health System*

The forms of etiology and healing outlined so far do not constitute a homogeneous block which stands in complete opposition to bio-medicine: each form has its own history of confrontations, adaptations and survivals with respect to current bio-medical orthodoxy. My intention here is to show that bio-medicine itself did not constitute a closed or clearly defined medical system from the time of its origins, nor was it exclusively based on scientific logic, but has also been constructed under the pressure of socio-political and ideological factors. It is important to understand that the adoption of the bio-medical model in the Arab world did not imply the introduction of a system that was already fully consolidated in Europe. Like all processes of modernisation, this was not a question of the expansion of “civilisation” from the metropolitan centre towards the colonised world, as contemporaries themselves believed, but was a process which took place at the same time in both regions, although in an unequal manner. The issues raised by medical innovation caused dilemmas for the *‘ulamā’* and legitimisers of change in a very similar manner to that which occurred to religious agents in Europe; moreover, the responses of the *‘ulamā’* to the medical *aggiornamento* have not always been negative.

The introduction of European medicine to north Africa actually predates the process of colonisation. In Egypt, Mehmet ‘Ali encouraged modernisation of the medical system and in 1825 the French doctor Antoine Berthélémy Clot was appointed chief surgeon of the Egyptian army. In 1828 Clot founded a school, transferred to Cairo in 1837, which included an obstetrics department and provided training for midwives and nurses.⁷⁶ Clot’s case is a particularly interesting one, because it reveals the tension between different views of the body, as when his surgical work and treatment of corpses did not receive the necessary authorisation or provoked debate among the scholarly.⁷⁷ The reform process reached Iran in 1850, when the Grand Vizier Mirzā Taqī Khān ordered the foundation in Tehran of the Dār al-funūn school, where Austrian and Italian doctors gave classes in French. The presence of European doctors increased over the

⁷⁶ Khaled Fahmy, “Women, Medicine and Power in Nineteenth-Century Egypt”, in Leila Abu-Lughod (ed.), *Remaking Women: Feminism and Modernity in the Middle East*, Princeton, Princeton University Press, 1998, pp. 35–72.

⁷⁷ Ullmann, *La médecine . . .*, p. 60.

following quarter of a century, due above all to cholera epidemics such as that which occurred in Egypt in 1883.

In Morocco, contact with European medicine was restricted to the presence of Franciscan priests in coastal towns and the use made of European doctors by part of the Moroccan elite, with the permission of the sultan. The main precedent was the expedition led by the doctor José Antonio Coll to Fez in 1800, which was sent by King Carlos IV to the court of Mulāy Sulaymān with the aim of stopping the spread of the plague through Moroccan ports, for fear that it could reach Spain and interfere with commercial relations between the two kingdoms.⁷⁸

After the war of Tétouan in 1859–60, the sultan authorised several countries to send consular doctors to attend the European population and the first medical institutions were created. During the second half of the 19th century, European medicine began to penetrate Morocco, with this process coinciding with the general colonial aim of promoting the superiority of its knowledge. It was possible for this to occur because of a process encouraged by the sultanate which introduced an embryonic public health network. 1864 saw the building of the French hospital of Tangier, intended to be a charitable institution for French residents and the poor. The same city saw the implementation of public hygiene measures, put in place by assemblies of notable citizens, which involved the inspection of the state of buildings, the gathering of rubbish, the supervision of food items sold in the souks and control over the water supply.⁷⁹ During the same period, the Franciscan friar Padre José María Lerchundi promoted several health projects from the Franciscan mission in Tangier, including the *Hospital Español* of 1888. For his part, Dr. Felipe Ovilo Canales headed both the *Escuela de Medicina* of Tangier (1886–1899), whose aim was to train Moroccans and Franciscans, and the *Dispensario* of Tangier, which sought to attract the local population and spread notions of public

⁷⁸ Coll worked as doctor to the sultan and his court between April and September 1800. He successfully applied a series of measures designed to halt the plague and gave the sultan a treatise containing methods for dealing with contagious diseases. See Braulio Justel Calabozo, *El médico Coll en la corte del sultán de Marruecos (año 1800)*, Cádiz, Servicio de Publicaciones de la Universidad de Cádiz, Instituto de Cooperación con el Mundo Árabe, 1991.

⁷⁹ Francisco Javier Martínez Antonio, *El "proceso de sanitización" en los imperios español y marroquí durante las décadas centrales del siglo XX. Sociología histórica de los límites sanitaristas militares*, Bellaterra PhD thesis, Departament de Filosofia, Facultat de Medicina, Universitat Autònoma de Barcelona, 2004.

hygiene.⁸⁰ The French promoted similar projects, exemplified by the founding of the Pasteur Institute in 1913.⁸¹

After these early initiatives, French and Spanish colonial policy in their respective Protectorates (1912–1956) was to use medicine as political propaganda and as a shop-window for “civilisation”, at the same time that hospitals were built in the big cities and health centres known as “indigenous dispensaries” in the rural areas. Using these spaces as centres, it was the doctor’s task to present himself as a missionary entrusted with demonstrating European superiority.⁸² Urban colonial policy was also conditioned by a racialist hygienic ideology which argued for the separation of the population into indigenous and European neighbourhoods, which involved the creation of sanitary corridors. Indeed, several French medical experts saw native Moroccans as a potential threat of infection which it was necessary to avoid and isolate.⁸³

On the Spanish side, such work was severely limited by a lack of economic and human resources, and efforts were focused on the propaganda of “civilisation”, as is shown by the interesting memoirs of Agustín Blanco Moro or Pere Miret i Cuadras, which also portray the desolate sanitary panorama of a population afflicted by malaria, ophthalmia, syphilis and endemic diseases which traditional forms of medicine were unable to cure.⁸⁴ In the rural areas, medical action was limited to the so-called “medical circles” which attended various tribes on the days of the souk, as

⁸⁰ Francisco Javier Martínez Antonio, “Higienismo, regeneracionismo, africanismo. El doctor Felipe Ovilo Canales y la Escuela de Medicina y el Dispensario de Tánger (1886–1899)”, *Actas del I Congreso del FIMAM*, Barcelona, 2005.

⁸¹ Anne-Marie Moulin, “Les Instituts Pasteur de la méditerranée arabe. Une religion scientifique en pays d’Islam”, in Elisabeth Longuenesse (dir.), *Santé, médecine et société dans le monde arabe*, Paris, L’Harmattan, 1995, pp. 129–164.

⁸² “The doctor should not consider the practice of his art in the Colonies only as a career, but as a glorious apostolate which opens the way to the peaceful penetration of civilization” [translator’s translation], in Julián Bravo, *La medicina española y la medicina indígena en Marruecos. Las Kabilas de Quebdana y Ulad Setut. Apuntes para una topografía médica con un vocabulario árabe-español para uso de los médicos de dispensarios indígenas*, Orense, La Industrial, 1932, opening page, quoting Lyautey. For its part, Tomás García Figueras, *Temas de protectorado*, Ceuta, Imprenta Tropas Coloniales, 1926, p. 163, also mentioned the idea of the “apostolate”.

⁸³ Daniel Rivet, “Hygiénisme colonial et médicalisation de la société marocaine. Au temps du Protectorat Français (1912–1956)”, in Elisabeth Longuenesse (dir.), *Santé, médecine et société dans le monde arabe*, Paris, L’Harmattan, 1995, p. 109.

⁸⁴ Emilio Blanco Moro, *Memorias del Sur. Recuerdos africanos de un salubrista*, Melilla, Ciudad Autónoma de Melilla, Colección Zaguán de África, 1997; Pere Miret i Cuadras, *Crònica d’un metge al Marroc (1954–1958)*, Barcelona, Edicions Bellaterra, 2006.

well as the doctors and practitioners who travelled out to the settlements to attend the most urgent cases.⁸⁵

Despite its limitations, the colonial impact brought with it the introduction of the bio-medical model and its progressive legitimacy in the face of other forms of medicine. It laid the foundations for the basic institutions, such as rural consultancies, hospitals and sanatoriums, it oversaw the incorporation of Moroccan staff, firstly assistential staff and then doctors trained in Europe, and it had an important effect in eradicating plagues and epidemics through vaccination, anti-rat campaigns and other hygienic measures.

The reaction of Moroccan society to this policy deserves our attention if we wish to understand the process by which the different medical systems came to interact. Responses were varied, and changed over time. There were pockets of strong resistance to the new bodily discipline, which manifested themselves, for example, in the refusal of some tribal chiefs to accept new sanitary norms concerning the dead. There was also non-acceptance of the indigenous consultancies and mistrust of policies of enforced control of epidemics, which seemed humiliating or which sought to cut off settlements, neighbourhoods and the less well-off. These kinds of resistance seem to have fallen off after 1945, according to the reports of the French colonial administration.⁸⁶ In certain areas and environments, there was a kind of “conversion” to European medicine and vaccination, based on the prestige granted to the *rūmi* (“European”) doctor. This adaptation was made easier by the incorporation of Moroccan health agents and by certain concessions in health policy to the spatial segregation of the sexes, which led to home visits by female staff (*arifa*), vaccination sessions in which men and women were attended separately or the increased appearance of women doctors. Moroccan elites showed a greater interest in the health processes, whether as a way of taking advantage of their greater access to services, or in order to point out from a

⁸⁵ The Spanish presence in the northern region of Morocco led, in the first place, to the creation of health institutions: the Institute of Hygiene of Tétouan, six civil hospitals (Tangier, Tétouan, Larache, Alhuceïma, Nador, Ksar el Kebir), a maritime sanatorium (Asilah), a psychiatric hospital (Ben Karrish), and an anti-tuberculosis unit (Oued Laou); there were also medical centres in the cities, medical consultancies and medical circles in the country regions, plus the School of Medical Auxiliaries of Tétouan (1938). Secondly, there were sanitary campaigns like those against tuberculosis, malaria or venereal disease, especially in the late 1930s.

⁸⁶ Rivet, “Hygiénisme colonial...”, p. 127.

nationalist stance the need to set up a universal health system, i.e. one which would not exclude Moroccans from the hospitals for Europeans.⁸⁷

This process of medicalisation was very ambivalent, given that it consolidated the pre-eminence of the medicine of the *rūmi* at the same time that it generated syncretisms which went mainly unacknowledged and constructed new social inequalities around the dimension of health. Numerous examples from the colonial period show that not only patients but also Moroccan health staff, who were supposed to spread the notion of the prestige of Western medicine, continued to use amulets and traditional practices which intermeshed with the new forms, without ever coming to exclude each other mutually.⁸⁸ This intermingling can still be observed in contemporary practices and the pluralistic therapeutic itineraries of individuals who do not rule out the potential efficacy of various healing alternatives. Above all, however, colonisation laid the foundations for an inequality of attention in the primary and hospital health system: the old separation between Europeans and the indigenous was later reproduced by the distinction between the local rich and poor. In cities like Casablanca, this separation is clearly expressed by the number of services available in the different areas: the marginal and peripheral neighbourhoods have far fewer services available to them than the elitist neighbourhoods of the maritime area.⁸⁹

After the arrival of independence in 1956, it is possible to speak of a process of expansion of the modern bio-medical model, which for various reasons has, however, remained incomplete. The colonial infrastructures were retained but the independent state allowed health services to fall into such disarray that there has been a definitive crisis of the public health system; this has been accompanied by a rise in the private health sector, whose services are only available to the reasonably comfortable classes or families with members who have emigrated to Europe and are therefore able to pay for their relatives' use of services. The recent tendency has been for doctors to turn progressively to the private sector or,

⁸⁷ *Ibid.*, p. 125.

⁸⁸ Lorenzo Otero González, "Usos y costumbres de los marroquíes en el orden médico-sanitario", notes to section 7 of the *Memoria General Anual de Círculo Médico de Uad Lau*, 1940, p. 9, explains that one of his health assistants had his blood let as often as three times a day when ill, that another worker had used an amulet (*jadwal*) to overcome a nervous breakdown, and that the staff of the Anti-Malaria Campaign of 1940 included an overseer who was a barber who specialised in blood-letting.

⁸⁹ Mustapha Chouiki, "Système de santé et inégalités socio-spatiales à Casablanca", *Revue de Géographie du Maroc*, vol. 13, 1 (1998), p. 73.

in many cases, to work in both the public and private sectors at the same time. The result is that the centre of most cities will contain a visibly high concentration of private medical consultancies which partially make up for the deficiencies of the public network.

At the end of the 20th century, only 15% of Moroccans were covered by the public health system, and this system does not, in any case, guarantee a complete service, in that health costs, including those of medicine and operations, have to be met by patients. Interviewees have revealed to me that the payment of such costs by the patient or his/her family will also include the payment of small bribes implicitly demanded by doctors and nurses to guarantee that procedures will be speeded up or even followed at all. Such problems go some way towards explaining why other medical systems persist as an alternative for the large part of the population without financial resources, although, as we have seen, those who do use the health network also turn frequently to ethno-medicine.

To understand how the system has failed to evolve since independence, it is enough to observe that the number of beds available in public hospitals in 1956 was 17,000 and in 2004 had only risen to 26,000, whereas the population of Morocco had tripled during that period.⁹⁰ The main problems of the public health network are due to a concentration of doctors in urban areas, especially in the Rabat-Casablanca region, which generates territorial inequalities, although as I have pointed out, these central regions are themselves subject to considerable inequalities between the central and peripheral neighbourhoods. In spite of a general increase in the number of doctors between 1971 and 1991, from 1,000 to 5,700, general health indicators show that a overall fall in mortality conceals persistently high percentages of infant mortality, whereas certain transmitted diseases such as tuberculosis or cholera have stayed at the same levels and new ones like AIDS have increased. As in the rest of the Maghreb, there was a relative increase in financial means in the 1970s, but by the end of the 1980s funding fell back again. The percentage of Moroccan GDP dedicated to health spending was 2.2% in 1980, and 2.9% in 1990, well below the levels of neighbouring countries like Tunisia or Algeria. Faced with this insufficiency of public investment, the bio-medical health system is financed by private and mutual insurance schemes, with a network of clinics dependent on the Caisse Nationale de Sécurité Sociale, created in

⁹⁰ Abdellatif Mansour, "La grogne des médecins aux pieds nus", *Maroc-Hebdo International*, no. 611, 2004.

1959, and, above all, on the costs assumed by private family units. In 1987 the State covered 23% of costs, insurance companies 21% and families 56%, which was spent on the payment of private sector medical consultations and the consumption of medicine—85.2% of spending on medicine is made by private individuals.⁹¹ In 1997–98 this tendency was upheld. Domestic units continued to assume 59% of health costs, against 26% by the State, 5% by public firms, 5% by private businesses, and 1% by local collectives, with a further 1% coming from international co-operation.⁹² Family spending on health accounts for 6.5% of domestic budgets, but this percentage was much higher for those with lower incomes, reaching 9.32%, whereas for those with higher incomes the figure fell to 3.9%.⁹³ Such social inequality is increased still further by the absence of a welfare state covering not only the costs of attention, but the acquisition of medicines. Of the cited expenditure of families on health, 37% goes on pharmaceutical products and medical goods, with the rest divided between public health services (27%), private clinics (15%), private medical consultancies (10%) and mutualist consultancies and clinics (4%).⁹⁴ Figures for 2001 show that the percentage of family expenditure remained at about 58%, but the biggest change was that most of this spending (59%) went on the purchase of medicines. The upward tendency of family expenditure on medicines is therefore very clear. However, the problem is not only one of spending as such, but also of how pharmaceutical products are actually used, given that there is no public control and the medication process often depends on the advice of relatives and acquaintances. Taken as a whole, these figures contradict any notion of a hypothetical local resistance to bio-medical consumption in favour of traditional medicine. Moreover, this high percentage of family expenditure is not always a result of official prescription, given that the Ministry of Health recognises that there is a great deal of self-medication.⁹⁵

⁹¹ Data summarised in Miloud Kaddar, "Financement et dynamique des systèmes de santé au Maghreb. Données et problèmes actuels", in Elisabeth Longuenesse (dir.), *Santé, médecine et société dans le monde arabe*, Paris, L'Harmattan, 1995.

⁹² Ministère de la Santé. Royaume du Maroc, *Comptes nationaux de la santé. 1997/1998*, Direction de Planification et des Ressources Financières, Service de l'Economie Sanitaire, 2001, p. 31.

⁹³ *Ibid.*, p. 33.

⁹⁴ *Ibid.*, p. 35.

⁹⁵ Ministère de la Santé. Royaume du Maroc, *Comptes nationaux de la santé. 1997/1998*, Direction de Planification et des Ressources Financières, Service de l'Economie Sanitaire, 2001, p. 45.

CHAPTER FIVE

AMONG THE *JNŪN*: POSSESSIONS, MAGIC AND PSYCHOSOMATIC AFFLICTIONS

5.1. *The Madness of Conceptions: What Is a Mental Illness in Morocco?*

It is difficult to analyse an area like that of psychosomatic afflictions, especially when in Morocco there are competing ways of conceptualising them, such as psychiatric science and the traditional systems of etiology and intervention, as well as social institutions linked to the modern state which define the notion of “mental illness” from various different stances. Thus we find the bio-medical health system, with its clinics, public psychiatric hospitals and private institutions and psychiatrists, in addition to a panoply of specialists who some conventions have branded *tradipraticiens*, and which includes *fqīh*-s, *tālib*-s, clairvoyants, *sahhar*, brotherhood chiefs or descendants of saints and *sharīf*-s. All of these specialists offer different definitions of the body and person, and of the boundary between the normal and the pathological. This boundary is, in fact, a social convention which shifts its position from one geographical context and historical period to the next. That which is considered “deviant” or “abnormal” in one society can be seen in another as a recognised and institutionalised attribute, as in the case of chamanism.

This disparity of conceptions is also found in the theoretical and academic domain, with an especially marked contrast between the universalist psychiatric perspective and a more relativistic anthropological one. The former claims the existence of trans-cultural pathological norms, whereas the latter does not accept the distinction between normality and pathology. Against such relativity, some authors like François Laplantine have put forward the idea that there exist a series of universal cultural norms for interpreting mental illnesses, regardless of their local definitions. The key question is, therefore, whether that which is defined as “pathology” displays meta-cultural and universal features, or whether it depends on the socio-cultural logic which constructs it. Within the framework of this study I do not dispose of the means to provide an answer to this complex question, and I will focus on identifying Moroccan definitions of illness and psychosomatic affliction.

In order to tackle this issue it should be pointed out that in Moroccan society there exists a set of afflictions which are not always labelled under the concept of *hmāq* (“madness”), but are explained as consequences of the evil eye, magic or actions of the *jnūn*. What is interesting about these etiologies from an anthropological viewpoint is that they often correspond to social circumstances and conflicts which generate psychosomatic tensions confidently attributed by those concerned to the logic of magic and the spirits. The situation is similar to that which Gananath Obeyesekere, in analysing the ascetes of Kataragama in Sri Lanka, explained as the result of the combination of two complementary factors: trance and possession are caused by psycho-social tensions in the biography of a person, and the expression of such tensions becomes possible through learnt cultural symbols which legitimise the existence of spirits and other entities.¹

The divergence of theoretical approaches becomes particularly explicit when defining an illness and its healing process. In this sense, authors like Mohamed Boughali have made stinging criticisms of the most ingenuous forms of ethnography and of an ethno-psychiatry which stands accused of idealising indigenous systems of healing, of attributing them an effectivity or a humanistic concern for patients who are supposedly never left to their own devices as in more modern societies.² Boughali defends his criticism of such idealisations by pointing out the inefficacy of traditional therapies and the material interests of their administrators, such as the descendants of saints; he also highlights the illusory character of practices like the ecstatic dance, which claim the dependence of the possessed person but do not resolve his problems, or the fruitless cruelty inflicted on alienated patients chained up in dungeons. According to Boughali, the possessed individual does not rid himself of the *jinn* by means of the *hadra* (“presence”, a term equivalent in meaning to trance)—what occurs is that the trance legitimises possession, publicly institutionalises it and reproduces it ritually. This is the idea expressed by the concept of

¹ Gananath Obeyesekere, *Medusa's Hair. An Essay on Personal Symbols and Religious Experience*, Chicago, University of Chicago Press, 1984, pp. 1–2 and 14–18. The author emphasizes that these public symbols also acquire personal meanings.

² Mohamed Boughali, *Sociologie des maladies mentales au Maroc*, Casablanca, Afrique Orient, 1988, p. 218. Driss Moussaoui and Miguel Casas (eds.), *Salud mental en el paciente magrebí*, Barcelona, Editorial Glosa, 2007, pp. 115–120, has recently attacked these traditional forms of medicine, branding them irrational and often dangerous (intoxication, withdrawal from bio-medicinal treatment, corporal punishments etc.).

adorcism coined by de Luc de Heusch.³ In this view, the group does not help to solve the dysfunction, but to reproduce it, and this constitutes a process of social deceit which masks the true root of the mental problem or the personal crisis of the possessed person.

In a study of the mentally ill carried out in the 1970s, Boughali claimed that of 832 patients of both sexes who had only used traditional therapeutic procedures, only an estimated 10% said they had been cured.⁴ Despite these figures, there are many indications that a large number of people use traditional methods before going to a psychiatric centre, as is suggested by Abdellah Ziou Ziou in a study based on practical clinical experience.⁵

Without entering this controversy on the effectiveness of healing, I will follow the approach of those authors who have tried to explain the socio-cultural factors underlying the definition of the affliction (or its “normality”) and its interpretations by those implied. From this point of view, it can be seen that parentage relations and power asymmetries between men and women also play their part in psychosomatic states. These states partly depend on reigning notions of masculinity and femininity which describe alleged “natures” and ascribe them expectations and roles. The social definition of what is generically understood as madness or *hmāq* is thus linked to power relations, in that many manifestations of suffering and discomfort are marked by the position and status of the person affected.

The processes of urbanisation and modernisation have given rise to new forms of exclusion and social conflict which have led to psychosomatic disorders and new kinds of drug-dependence. The question of gender is central here. As Amina Bargach has argued, many illnesses suffered by women are due to psychological pressures deriving from situations of economic dependence, subordination and pressure at home, to which can be added the problems of the world of work in cases where women are employed outside the domestic unit.⁶ Research has shown that women’s

³ Luc De Heusch, *Pourquoi l'épouser? Et autres essais*, Paris, Gallimard, 1971. The author proposed the term to analyze voodoo trances.

⁴ Boughali, *Sociologie des maladies...*, p. 240. The author gives no details concerning how these figures for the period 1973–1976 were obtained.

⁵ Abdellah Ziou Ziou, “Réflexions sur la thérapie traditionnelle”, *Lamalif*, 161 (1984), pp. 52–54.

⁶ Amina Bargach, “La femme malade mentale au Maghreb: réflexions à propos des modalités d'intervention”, in Fouzia Rhissassi and Abdeslam Dachmi (coords.), *La maladie mentale chez la femme au Maghreb*, Rabat, Université Mohammed V, Publications de la Faculté des Lettres et des Sciences Humaines, 2000, pp. 28–30.

subordinate position explains many of their psychosomatic disorders, which are caused by a number of social and cultural factors: social control of the body, of sexuality, of virginity and reproduction; pressure to play a mother's role; and domestic violence, which generates eating and sleep disorders, depression and anxiety.⁷

The strategies of healing and the therapeutic itineraries followed are also marked by family decisions rather than those of individuals, and by the constrictions of the current medical systems. In Moroccan psychiatric hospitals there are more men than women, because of the reluctance of families to leave women in hospitals, for reasons to do with the protection of honour or possible rejection.⁸ On the other hand, women consume many more medicines through the system of health clinics, where hospital admission is not required, and these are spaces in which women can fulfil expectations of a female role relating to the external expression of pain and illness.⁹ In his research on a psychiatric hospital in Marrakesh, Boughali also observed that there was a predominance of male patients, although both the women and the men admitted tended to attribute their afflictions to similar causes, mainly family conflicts. Authors like Bargach have made criticisms of the current system, alleging that the current psychiatric system has been medicalised to such an extent that it does not take into account the personal and social factors which have led to the affliction, limiting itself to studying the biological factors involved in the dysfunction.

In this chapter I will focus above all on traditional systems of etiology and therapy, systematically analysed by Ali Aouattah.¹⁰ I will pay attention to the wide range of ethnographic literature, but also use additional

⁷ For a general survey of the problem, see Saïda Douki, Sara Ben Zineb, Fathy Nacef and Siad Choubani, "Aspectos culturales de los trastornos afectivos", in Driss Moussaoui and Miguel Casas (eds.), *Salud mental en el paciente magrebí*, Barcelona, Editorial Glosa, 2007, pp. 177–193.

⁸ This is shown in Boughali, *Sociologie des maladies...* and confirmed by more recent research, e.g. Nadia Kadri and Driss Moussaoui, "Women's mental health in the Arab world", in Tarek A. Okasha and Mario Maj (eds.), *Images of Psychiatry. An Arab Perspective*, Cairo, WPA Publications, 2001, pp. 189–206, on a psychiatric emergency centre in Casablanca where women only account for 29.5% of the cases seen; or Nadia Kadri, "Estigma y esquizofrenia en las sociedades musulmanas", in Driss Moussaoui and Miguel Casas (eds.), *Salud mental en el paciente magrebí*, Barcelona, Editorial Glosa, 2007, p. 136, which highlights the importance of the stigma of mental illness in the families affected, especially when women are involved.

⁹ Bargach, "La femme malade...", pp. 32–33.

¹⁰ Ali Aouattah, *Ethnopsychiatrie maghrébine. Représentations et thérapies traditionnelles de la maladie mentale au Maroc*, Paris, L'Harmattan, 1993.

data gathered by myself in Catalonia and northern Morocco. However, the lack of precise information on the itineraries followed in the treatment of psychosomatic afflictions makes it difficult to know whether recourse to traditional medicine is a first option or a last resort, turned to when the bio-medical and psychiatric model of hospitals has been seen to fail. At all events, the detailed analysis of these systems will permit us to see that beneath the magical-religious therapies there are implicit social and power factors which are expressed through language which speaks of the *jnūn*, the evil eye or magic. Similar conclusions were reached by Tobie Nathan in his work on patients of Maghrebi origin attended in Europe.¹¹

The language used in Morocco is very expressive when it comes to referring to the psychosomatic state of individuals and their dysfunctional states. Aouattah shows the frequent reference to indicators which identify the social convention of abnormality in Moroccan society: incoherent speech, defined by some set phrases as “he/she goes in and out of his/her word” (*ka-ydkhal wa ka-ykherj f-l-klam*); or violence and agitation, referred to by the expression “excess is typical of the mad head” (*ziada min ras l-hmaq*).¹² However, not all states are branded “abnormal” and there are many cases, such as possession by the *jnūn*, which are seen as perfectly “normal”. As Aouattah wrote, the everyday nature of certain phenomena is corroborated by the group and social context:

Although he is defined as possessed, bewitched, drowned or poisoned, he does not find himself in a situation of discordance or rupture with reigning systems of thought in his social environment, since he re-inverts the entities which ordinarily are also those of his social *partenaires*.¹³

The language used is not free of interesting ambiguities which are difficult to translate, like the term *majdūb*, a polysemic figure expressing holiness, illumination and madness. Such a person has an undeniably liminal character, and is common in the history of Maghrebi sufism, linked as it is to asceticism. In the Jebala region, I was able to certify the continued existence of these ambiguous and highly respected figures. Indeed, the sanctuaries of the region of Banī ‘Arūs were known for providing accommodation for the wandering ascetes of the Heddāwiya brotherhood, who

¹¹ Tobie Nathan, *La folie des autres. Traité d'ethnopsychiatrie clinique*, Paris, Dunod, 1986.

¹² Aouattah, *Ethnopsychiatrie maghrébine . . .*, p. 30.

¹³ *Ibid.*, p. 97. Translated from the French original.

consumed large quantities of hashish.¹⁴ The *majdūb* inspires the same sort of respect as that given to the figure of the *būhālī*, a term which refers to poor wandering ascetes, or to the equivalent of the “tonto del pueblo” (village idiot) in Spain. It is true that many dysfunctions are not considered abnormal, but attributable to the evil eye or to envy, i.e. to some social cause. However, the notion of mental disorder is a long way from certain idealisations seen in African societies and which project general respect and tolerance towards the mentally ill.¹⁵ In Morocco, madness is seen as a divine punishment, as is expressed in the following proverb: “The madman comes from the anger of Allāh” (*lahmaq min ghadab allāh*). Moreover, the mentally ill individual is exempt from the need to perform ritual practices. To these dysfunctions must be added all the manifestations attributed to the evil eye, magic or attacks of the *jnūn*, which see the ill as individuals affected by external attacks rather than as “pathological” cases.

The generic popular term for “mad” is *hmaq*, and this covers most mental afflictions, although as we will see many other terms are used to express various specific states such as melancholy, nerves (*‘asab*), hypochondria (*wahm*) or obsessions (*was-was*). This popular terminology reflects the localisation of mental problems and illnesses in the head, so that a psychiatric hospital is known as a “head hospital” (*sbitar arras*),¹⁶ although I have already explained in the chapter on notions of the body that certain body parts such as the liver play a role that should not be forgotten in emotive metaphors and symbols. A person with a mental problem is also referred to as one in whom “the pearl of his/her reason has been displaced” (*faltat lih aj-jūhra dial-‘aqlu*)—“pearl” is to be understood here as the kernel or essential part of a thing. This localisation in the head does not preclude several expressions from making an ambiguous link between mental illness and somatic afflictions. Boughali, for example, noted some important factors for understanding the forms of somatization of mental tensions and conflicts in hospitalised individuals.¹⁷ The expression and localisation of pain was observed to differ between men

¹⁴ René Brunel, *Le monachisme errant dans l’Islam. Sidi Heddi et les Heddawa*, Paris, Librairie Larose, 1955; Ramón Touceda Fontenla, *Los Heddaua de Beni Aros y su extraño rito*, Tétouan, Editora Marroquí-Instituto General Franco de Estudios e Investigación Hispano-Árabe, 1955.

¹⁵ Mohamed Boughali, *Sociologie des maladies . . .*, p. 30.

¹⁶ *Ibid.*, p. 139.

¹⁷ *Ibid.*, pp. 139–157.

and women. Most of the male patients referred to migraine, but also anxiety and a choking sensation linked to the respiratory system. The term *ad-diqa* was used to allude to this sort of manifestation. Other symptoms followed, such as skin problems and itching (*merra*). In the case of hypochondriacs, sensations were not always focused on one part of the body, but throughout the organism (*dati kul l-ha*) in an indeterminate manner. The hypochondriac state or *wahm* is identified with the fear of falling ill, lack of hunger or strange dreams. In women patients, the expression of pain tended to be located in the members, especially the legs, followed by the stomach, head and other parts. When referring to the stomach, female patients did not use the usual term *ma'da*, but the metaphor "mouth of the heart" (*fam al-qalb*) as a way of expressing more eloquently the bodily localisation of their anxiety. Paralysis or lack of feeling in body parts was described with the phrase "it has let me down" (*ghdarni* or *khanni*). To these expressions of somatic complaint can be added the attributions to attacks by the *jnūn* or the use of magic (*suhur*). One of its verbalised forms is the expression which refers to "demolition of the bones" (*tahtam l'-adam*).¹⁸ In some regions of Morocco, like Rabat and other northern coastal towns and cities, the term "skeleton", *l'-adam*, is used to refer to possession by a *jinn* or an epileptic fit. Boughali also records the existence of numerous terms to describe situations of "melancholy", understood as sadness, dejection or depression; *mqallaq*, "anxious", "reserved"; *makhtūf*, "raptured", "bemused"; *maghmum*, "sad and anxious individual" (derived from *ghyām*, storm cloud); *makrub*, "cold, withdrawn person", or *mwas-was*, "individual with scruples and remorse". This last state also illustrates the cultural and religious context of the definition of illness. The *was-was* is referred to in the last Quranic sura, and alludes to the evil power of negative thoughts: "[I seek refuge] From the evil of the One who whispers and recoils".¹⁹ The classic root *was-was* declines like a verb and means "to insinuate"; it refers indirectly to the devil's deeds.

5.2. Interpretation of Dreams

There is a long tradition of dream interpretation in the Arabo-Muslim world. This tradition contains a full panoply of forms of knowledge

¹⁸ *Ibid.*, p. 155.

¹⁹ *Al-nas* (Quran, 114: 1–4). I am grateful to Mohamed El Cadaoui for his observations on this Quranic reference.

which assign a very special symbolic significance to the remembrance of dreams, and link them to the interpretation of future phenomena. This means that dreams are, as in the Greco-Roman world, clearly linked to divination. Interpretation of dreams and their characterisation as a prediction of the future is in fact a conjugation of popular traditions and scholarly transmissions.

At the same time, dreaming is also seen as a therapeutic and curative activity influenced by the intervention of the saint or *jinn* who appears in the dream. Indeed, the world of dreams is seen as very closely linked to that of the *jnūn*, and clairvoyants, the possessed and those who suffer from hallucinations do not recognise a boundary between “social reality” and “dream reality”, but confuse the two spheres. For such people, dreaming is no different from any waking experience; this represents a challenge to the ideas of “reality” and “unreality”, as several authors have observed, particularly when it comes to individuals who consider themselves to be possessed.²⁰ Many of the possessed interpret their relation with the *jinn* on the grounds of their nocturnal experiences, which range from dialogue or conflict to amorous relations.

However, the interpretation of dreams has not been left completely unsupervised. The symbolism of dreams is governed by a process of cultural codification, as is shown by the existence of treatises on their interpretation known as *Tafsīr al-manām*, the most outstanding of which are those attributed to Muhammad ibn Sirīn (653–729), inspired by the *hadīth*-s of Abū Huraria. Dreaming and prophecy are very present elements in Semitic religions, and the revelation of the Quran starts with a dream in which the Prophet Muhammad sees the archangel Gabriel, who makes him recite a sura; it was also during a dream that Ibrāhīm received

²⁰ Benjamin Kilborne, *Interprétations du rêve au Maroc*, Claix, La Pensée Sauvage, 1978, p. 38, outlines the case of the Hajj Brahim of Sus; the life story of Tuhami told in Vincent Crapanzano, *Tuhami. Portrait of a Moroccan*, Chicago, University of Chicago Press, 1985 [1980], is full of these sorts of continuities; the interview with a *shuwwāfa* carried out by Fatima Mernissi, “Habiba la vidente o lo sobrenatural al servicio del pueblo”, *Marruecos a través de sus mujeres*, Madrid, Ediciones del Oriente y del Mediterráneo, 1993, p. 202, shows the tremendous difficulty Mernissi experienced in trying to distinguish what the interviewee did not i.e. between the world of dreams and the world as lived: “This awkward but necessary question revealed to me that such a fundamental distinction between the real and the imaginary has no value in the world of the *yenun*. Dreamt beings have as much presence as real beings. The threshold between the dream and the real, between the imaginary and the real, has no meaning, it is inoperative in Habiba’s construction of the world” [translator’s translation].

the order from Allāh to sacrifice his son.²¹ From that time on, dreams were typified and catalogued by virtue of cut-and-dried criteria, leading the *hadīth*-s to distinguish between three types of dreams:

- *Ru'yā* (night vision). These are good, true dreams, inspired by Allāh.
- *Hulm* (dream). This term refers to dreams in general, but in particular to bad and false ones resulting from the passions or inspired by Satan.
- One's own dreams.

The traditions warn against telling other people about bad dreams, such as those depicting sexual relations, unless the relations are licit, i.e. with a married partner. The oral culture contains a whole genre of identifications of the type of dream with future events affecting the person concerned or those around him/her. For the Central Rif region, David M. Hart gave a catalogue of dream contents and the interpretations given to them, as well as the forecasts of events made on the basis of them. As can be seen in Table 7, dream forecasts are mainly linked to issues relating to family problems or those involving health, work or religious practices.

Table 7. Dreams and Omens

<i>Sexuality and Fertility</i>
Dream about sexual relations According to the <i>sunna</i> , such dreams cannot be explained and are inspired by the devil; they are only <i>ru'yā</i> if those involved are married
<i>Religion/Illnesses</i>
Dream about oneself, calling to prayer The person will make the <i>hajj</i>
Dream about oneself bathing in cold water or vision of stagnant water Healing of an illness / obtaining of divine forgiveness / disgrace
Dream about dates Indication that religious practice is improving
<i>Personal Relations</i>
Dream about oneself blowing onto a person or thing Elimination of a problem
Receipt of a gift in the form of gold Choice of an adequate wife and matrimonial success
Dream about clothing Reference to husband or wife

²¹ Kilborne, *Interprétations . . .*, pp. 13–17 and 35.

Table 7 (*cont.*)

Dream about an egg
Reference to a woman
Dream about one's own father, dead, addressing himself to the dreaming person
The father has an illness / death of a relative / ego has not behaved as the father wanted
Dream about a bride leaving home / dream about oneself going on a journey / a dead relative asks for a <i>jellaba</i> / dream about a wedding / dream about a bride entering a house
Death of a relative / good luck
<i>Social Status, Work, Economics</i>
Dream about birds flying around the head / dream about some keys in the hand / dream about mountains / dream about a barnus
Obtaining of a government post
Dream about lean or fat cows, eating eggs
Poor harvest, good harvest
Dream about a naked person
Whoever sees the naked person will become poor
Dream about oneself walking through a door
Success of a project or aim
Dream about oneself lifting up into the air
Social rise
Loss of a tooth
Death of cattle or a son/daughter
Falling into a gully, collapse of a house
Illness or death of father or mother
Dream of oneself writing
A long life

Source: David M. Hart, *The Aith Waryaghar of the Moroccan Rif. An Ethnography and History*, Tucson, University of Arizona Press, Viking Fund Publications in Anthropology, no. 55, 1976, pp. 159–160.

Another noteworthy aspect is that dreams are also used for therapeutic purposes. In cases of mental afflictions, if the problem persists and other methods do not work, some individuals ask a third party to dream for them in order to discover the causes and remedies for the illness. This kind of onirical transmission can be asked of a close relative or a person with powers, such as a clairvoyant. On other occasions the affected person goes to a sanctuary. Once there, he/she sleeps beside the tomb in an incubus session in which the individual hopes to see the saint in dreams and be given a solution to his/her problem. This process of sleeping-over

is known as *istikhāra*,²² a term which generally refers to the idea of subjecting oneself to Allāh to seek his guidance and orientation. In addition, some of the *fqīh*-s I have interviewed pointed out to me that one of the methods employed to detect whether a person is possessed is the interpretation of their dreams. If the person can remember the appearance of dogs or other animals like a hungry snake, or dreams that he/she is falling from a mountain-top, this may indicate that they are inhabited by a *jinn*.

Finally, some sanctuaries operate as spaces of group therapy, directed by a *muqaddama*, who asks visitors to describe their dreams aloud and then suggests interpretations linked to the solution of their personal and family problems.²³

5.3. *Psychosomatic Afflictions of Magical-Religious Origin*

Before laying out the next set of etiologies and healing rituals relating to problems caused by magic, the *jnūn* or the evil eye, I would like to issue a series of warnings. It is not the intention of the present study to undermine the authority of the many currents of psychiatry and psychology, but neither is it my intention to present traditional elements of magical-religious therapy as a panacea of healing. I would be happy to settle for simply showing the importance of these practices and beliefs for a significant proportion of Moroccan society. I do not intend, in other words, to reproduce Orientalist prejudices or colonial ethnology, and insist on demonstrating the backwardness and entrenchment of “non-Westerners” in their traditions, the past or superstitions, as if they were the reverse of modernity. My view, firstly, is that these phenomena are important to a large number of people and make up part of their notion of common sense, but that this is not a question of a “belief” belonging only to the credulous, the marginal and the illiterate. It also forms part of normalcy for the modernised, elitist and highly educated classes. It is a system of interpretation of the world which has its logic and rationality once its premises have been accepted. The rhetoric of modern rationality has managed to weaken this system and turn it into a semi-occult universe, but has by no means eliminated it altogether.

²² *Ibid.*, pp. 26–30.

²³ For a revealing account of such sessions in a sanctuary in Tlemcen (Algeria), see Sossie Andezian, *Expériences du divin dans l'Algérie contemporaine. Adeptes de saints de la région de Tlemcen*, Paris, CNRS Éditions, 2001, p. 85.

Secondly, I also think it would be a mistake to consider such phenomena as something from the past, as a residue or sediment of that which is called tradition. Possessions or the explanations given by witchcraft are not the remains of a vanishing world, but the expression of adaptations and conflicts in the modern world. Some years ago, Bruno Étienne defended a similar thesis, arguing that modernisation does not cause “traditional” forms of behaviour to disappear, but to renew themselves.²⁴ Thus the population now thinks about the *jnūn* in a transnational context, within the framework of social problems derived from urbanisation and emigration from the country to towns: gender tensions and matrimonial and parentage disputes affect the whole of contemporary Moroccan society. Why is it that a *fqīh* in Tangier receives in the summer months a never-ending series of visits from Moroccans resident in Belgium, France or Holland who try to resolve family conflicts expressed through the figure of the *jinn*? Why is a girl living in Barcelona seduced and possessed by a *jinn* who lives in the Jewish cemetery of Tangier, and why does she suffer from nervous breakdowns until she obeys the supposed commands of the *jinn*, who advises her to wear a *hijāb*? One of the premises for the study of such cases is obvious but not always recognised: people do not lie, they explain things in accordance with their convictions, strategies or immediate social environment.

In third place, there is a point noted by Vincent Crapanzano, namely that we find ourselves faced with the challenge of describing the internal significance of the human action implied in these cases, but must also try to explain the social factors conditioning it. For this reason it is worth remembering Edward E. Evans-Pritchard’s classic theory of witchcraft and his idea that human relations are projected onto the symbolic logic of explanations of illness.

The main magical and religious causes of psychosomatic illness in Morocco are summarised in Table 8:

²⁴ Bruno Étienne, “Magie et thérapie à Casablanca”, *Annuaire de l’Afrique du Nord*, 18 [1980 (1979)], p. 271. When this author carried out his survey in the late 1970s in Casablanca, visits to sanctuaries or clairvoyants were even more common than in the early 21st century, because in that period the process of re-Islamization and its burgeoning stigmatization of heterodoxy had yet to take shape. However, his approach can just as easily be applied to sociological Islamism, which is not a traditional phenomenon, but an urban process and one that arose as a consequence of modernity. Or in the words of Jeanne Favret-Saada, quoted by Étienne: “a traditionalism due to excess of modernity”.

Table 8. Magico-Religious Causes of Psychosomatic Afflictions

ʿAyn (evil eye):

- Conscious: suspicions of relatives or acquaintances for reasons of envy (*hasūd*) etc.
- Unconscious: deriving from innate capacity to cause misfortune

Suhur (magic): expression of personal, family or amorous rivalries

- Magic as healing, licit in Islam
- Magic as an attack on people, through the *jnūn*, illicit in Islam
- Performance by means of rites or the power of the text
- Forms:
 - *Tkal*: poisoning
 - *Tqāf*: spells aimed to cause sexual impotence, sterility or celibacy
 - *Shime*: spells performed on small children which cause vomiting, discomfort or death

Jnūn (sing. *jinn*, genie): recognised by the Quran

- Parallel world to that of humans
 - Close contact with humans, attacks on people which cause paralysis, epilepsis etc.
 - Temporary or permanent possession
 - Exorcism by religious specialists, ecstatic brotherhood sessions or the mediation of a saint
-

5.3.1. *The Evil Eye* (ʿayn)

Some physical problems or illnesses, as well as inexplicable situations such as a bad harvest or an unsuccessful hunting trip, can be interpreted as the consequence of the innate power of certain people, acting either consciously or unconsciously. This power receives the name of ʿayn (eye), because it is attributed to this part of the body; on occasions it is also confused with envy (*hasūd*), which acts through the gaze and figures as the expression of many personal conflicts.²⁵ The Moroccan evil eye partly matches the definition of witchcraft formulated by Evans-Pritchard,²⁶ in

²⁵ Westermarck gives a detailed report on a long list of prophylactics against the evil eye in early twentieth century Morocco in Edward Westermarck, *Ritual and Belief in Morocco*, 2 vols., New York, New Hyde Park, 1968 [1926], I, pp. 414–478. See also Edmond Doutté, *Magie et religion dans l'Afrique du Nord*, Paris, J. Maisonneuve, P. Geuthner, S.A., 1984 [1908], pp. 323–327.

²⁶ Edward E. Evans-Pritchard, *Magic, Witchcraft and Oracles among the Azande*, Oxford, Clarendon Press, 1976 [1937], pp. 56–64. In this section, the British anthropologist shows the difficulties of determining the intentional or involuntary nature of Azande witchcraft.

that it is linked to the innate power of certain people, in a generally conscious but also unwitting manner.²⁷

The agent of the evil eye is called *ma'yān*, and the victim is referred to as *m'ayin* or by use of the expression *fiḥ l-'ayn* ("on him the eye"). The evil eye can also be "the evil word" (*fiḥ al-kelma*, "he has the word"), given that the spoken word can also generate misfortune, whether by means of insult or praise.²⁸ Another neighbouring phenomenon which could be included here is the curse (*maskhūta*), which is also an expression of conflict or tension. Edward Westermarck also recorded use of the phrase *fiḥ an-nafs* ("he has the *nafs*"), a polysemic term which has already been analysed and indicates the idea of the animal soul.

The ability to cast the evil eye can be inherited, and in some areas is attributed to entire groups, such as members of the tribe of Mejjat in Meknes. The method for identifying a person suspected of causing *'ayn* is an analysis of their eyes: a very fixed gaze, a squint or eyes which are extremely clear or dark can indicate a possible inflictor of the evil eye.²⁹ In addition to this, I was able to observe in Banī 'Arūs how some individuals were thought to be the cause of bad luck when making a hunting trip; this is a notion which is very close to the Spanish concept of the "*gafe*" ("jinx").

The likeliest moments for suffering an attack from the evil eye are during the intermediate phases of rites of passage like birth, circumcision, a wedding or pregnancy. This is the reason why henna is applied as a protective substance in many of these ceremonies. The favourite victims are small children, breast-feeding women, the bride and groom during a wedding, and people in potentially hazardous situations, such as those who show their food in the act of eating, especially in public, or allow their intentions to be seen too clearly. Fear of the evil eye finds its place in a society that is highly reserved when it comes to displaying goods, the home or women's bodies, all of which must be protected from the gaze of others.

²⁷ Westermarck, *Ritual and Belief* . . . , I, p. 416.

²⁸ For the role of insult, see Pierre Bourdieu, "The sentiment of honour in Kabyle Society", in John G. Peristiany (ed.), *Honour and Shame: the values of Mediterranean society*, London, Weidenfeld and Nicholson, 1966, pp. 191–242, and the monograph edited by Sylvie Denoix, "L'injure, la société, l'Islam", *Revue des Mondes Musulmans et de la Méditerranée*, 103–104 (2004).

²⁹ Renée Claisse-Dauchy, *Médecine traditionnelle du Maghreb. Rituels d'envoûtement et de guérison au Maroc*, Paris, L'Harmattan, 1996, p. 52.

In her work on the women of the border region of Ceuta, Eva E. Rosander outlined the social processes which generate suspicion that an evil eye has been cast. When a person suffers a misfortune or affliction attributable to the *ʿayn*, that person and her immediate circle begin an investigation into the possible causes and then undertake measures of protection or counter-attack. However, these movements have to remain secret in order to prevent revenge attacks by the person who is eventually accused; this explains the tremendously reserved attitude in the family circle of “victims”. Such reserve is also due to the fact that a family investigation cannot rule out the possibility of other hypotheses concerning the cause of the problem, such as bewitchment or magic.³⁰

There is a long list of prophylactic objects, substances and rituals which are believed to offer protection from the evil eye:

- The most common is the use of a protective amulet such as the hand of Fatima, also known as *khamisa* (“five”) in reference to the number of fingers. The *khamisa* is used as a protector in the form of a necklace, or is hung from the rear-view mirror in vehicles; it is also painted on the walls and entrances of houses. Motifs reminiscent of a hand or five elements are also applied as tattoos, or in decorative paintings, jewellery, rugs or ceramics.
- Amulets made with metals to which special powers are attributed, such as silver or gold in the form of coins, necklaces or rings; copper, coral, shells; certain colours like black, blue or red, or the *baraka* of parts of animals sacrificed during the ritual calendar.
- Amulets made from parts of the Quran, similar to those used to drive away or cancel out magic or the *jnūn*.³¹
- Quranic recitation.
- Fumigations (*bukhūr*, *tabkhūra*) which cause repellent smells to prevent the action of the evil eye or the *jnūn*. These are made from herbs like cress (*habb ar-rshād*); resins like the *fassūkh* or minerals such as alum (*shebba*). When it melts, the alum assumes a concave shape similar to that of an eye; the ritual is therefore based on the principles of analogy.

³⁰ Eva E. Rosander, *Women in a Borderland. Managing Muslim Identity where Morocco meets Spain*, Stockholm, Stockholm Studies in Social Anthropology, 1991, pp. 234–236.

³¹ The most frequent verses and *suras* are the “throne verse” (*āyat al-kursī*, verse 255 of *sura* 2, The Cow) and the *suras* 72 (*al-jnūn*), 112 (*al-ikhlās*) and 113 (*al-falaq*).

- The use of herbs like oleander, and, above all, henna, as well as coriander, salt and garlic.
- Covering the body or adopting parts of the body of another person to change identity temporarily and “put off” the evil eye.

5.3.2. *Magic* (suhur)

Magic basically involves manipulating substances or collaborating with the *jnūn* for maleficent or prophylactic purposes. In many cases it is the expression of social conflicts and relations which are translated into a complex symbolic universe. The affliction is set in motion by the human action of a rival, an enemy or a person close to the victim.

Unlike the evil eye, magic is practised by people who dominate a series of techniques, like the mixing of substances, invocation, poisoning etc. Its influence can be aggressive or defensive, and as is indicated by the etymological root *sīhr*, it is linked in meaning to the word “hidden”.³² Aggressive magic is performed by *shuwwāfa* (clairvoyants), by a male or female *sahhār-a*, and also, although they do not admit it, by *fqīh*-s who contravene the prophetic diktat against using magic for evil purposes (murder, sexual disorders, illnesses, madness, enmity, theft of *baraka* or the voice etc). These techniques can only be combated by means of counter-magic or Quranic healing, as laid down by official Islamic morals, which allows its use only as a means of breaking spells.

Throughout history, there has been controversy concerning the permissiveness of *suhur*.³³ The most puristic currents such as the Salafists have strongly insulted it, but the fact is that there have been numerous texts on magic since the 10th century³⁴ and influential thinkers such as Ibn Khaldun³⁵ or al-Būnī (d. 1225) included it among their cognitive concerns.³⁶ Most such texts exalt the Islamic character of defensive

³² Doutté, in Westermarck, *Ritual and Belief...*, I, p. 579.

³³ Gerda Sengers, *Vrouwen en demonen. Zar en korangenezing in hedendaags Egypte*, Amsterdam, Het Spinhuis, 2000, pp. 37–39.

³⁴ Compiled by Ibn an-Nadīm between 987 and 1010. Michael W. Dols, “The Theory of Magic in Healing”, in Emilie Savage-Smith (ed.), *Magic and Divination in Early Islam*, Aldershot, Ashgate Publishing Limited, 2004, p. 91.

³⁵ Ibn Khaldun, “La magie et la science des talismans”, in Sylvain Matton (ed.), *La magie arabe traditionnelle*, Paris, Éditions Retz, 1976. In *al-Muqaddimah* (Ibn Khaldun, *Al-Muqaddimah. An introduction to history*, transl. Franz Rosenthal, Princeton, Princeton University Press, Bollingen Series XLIII, 1967), chapter “The sciences of magic and charms”, book 1, chap. 6, section 27.

³⁶ His most influential book in this field has been *Shams al-ma‘ārif al-kubrā*.

magic, because it is based on divine power, but they condemn its aggressive deployment. The Quran does not accept sorcery because of its links to the devil.³⁷ For their part, colonial ethnologists recorded numerous examples of the contemporary use by the *fqiḥ*-s and others supposedly restricted in their actions by religious orthodoxy of aggressive and defensive magic, the science of numbers, cabbalistics and syncretism with Jewish practices. In reality, the case of magic shows once again the connection between the textual and the oral, and the kind of legitimisation acquired by the written.

Arabic books of magic explain the power linked to saints, demons and *jnūn*, and especially to the seven kings of the *jnūn* (*al-mlūk as-saba'a*), whose servants (*khuddām*) carry out the orders of wizards. The technique employed is the writing on paper of tables known as *jadwal*, which are divided into cells with magic signs or names alluding to the kings of the *jnūn*. These are hierarchically combined and correspondences are made between angels and days of the week.³⁸ There are also tables which play on the numerical correspondences of the letters of the alphabet and the meaning of names, as in *simiya* or the "science of names".

In order to fight against magic, the most extreme purists limit themselves to recognising the power of the Quran. The penultimate sura, which is one of the most often used, was revealed to the Prophet to enable him to resist an attack he had suffered from the daughters of a Jew, who tried to cast a spell on him through the technique of blowing on a knuckle.³⁹ The most orthodox traditions thus recognise a certain notion of counter-magic or at least the legitimacy of defensive magic, given that the Prophet himself admitted the virtues of the *roqya* and curative recitation of the preserving suras.⁴⁰ Recent re-Islamisation has also brought with it a re-definition of aspects like magic, the evil eye or the *jnūn* as explicative factors in illnesses and physical discomfort. In popular literature, on satellite TV channels like al-Haqiqa or on the Internet, numerous theorists explain that the best way of healing certain afflictions or preventing them is to be a good believer and practiser of religion. In accordance with this interpretation of the purists, those who are least religiously active are most likely to be attacked by the forces of evil.

³⁷ Quran (2: 102).

³⁸ Doutté, *Magie et religion* . . . , p. 154; Hassan Rachik, *Le sultan des autres. Rituel et politique dans le Haut Atlas*, Casablanca, Afrique-Orient, 1992, p. 28.

³⁹ Doutté, *Magie et religion* . . . , p. 89.

⁴⁰ *Ibid.*, p. 343.

Most magical attacks are related in some way to sexual issues and they can affect different parts of the body. Or to put it another way: numerous psychological and physical problems and conflicts of a sexual nature are attributed to *suhur*. The magic of sexuality and love relations takes two broad forms. Love magic (*shrwita* or *mahabba*) is designed to attract a man or woman, and aggressive magic (*tqāf* or *kirāha*) seeks to damage a victim by causing impotence, sterility and sexual dysfunctions. In this sense, magic, like the evil eye, is a mirror of family tensions and conflicts, whether between spouses, or between rival men and women.

In magic and counter-magic there can be observed a sexual division of specialist agents, with men such as the *fqih* or the *tālib* on one side of the divide and women like the clairvoyants (*shuwwāfa*) or female witch doctors (*sahhāra*) on the other. This division is linked above all to the use of writing and the Quran. The *fqih* uses the Quran to heal and protect an individual from magic, but some also practice negative magic, in full contravention of the precepts. The most reputed practitioners of these magical labours are the *fqih*-s from the Sus region. By contrast, women specialists like the *sahhāra* or the *shuwwāfa* do not base their magic or counter-magic on the Quranic text, but on spells made with mixtures of vegetable, animal or mineral substances, accompanied by various rituals and negotiation with the *jnūn*. However, this exclusion of women could be the product of a male-centred view of religion and legitimate textual sources, given that the view of the women themselves is that their work is purely Islamic and also involves the recitation of Quranic suras or has a certain degree of recourse to the power of the written word.⁴¹

The magical techniques combine natural substances with invocations, based above all on contact with the *jnūn*. Some men and women who practice magic display features characteristic of chamanism, although they do not always need to enter a state of ecstasy to perform their magical acts. Many of their powers come from their communication with the genies and they are able to manage them because of the special

⁴¹ The *shuwwāfa* interviewed by Mernissi, "Habiba la vidente . . .", pp. 207–208, used the services of a *fqih* to create her Quranic amulets. In a comparative study of *shuwwāfa* and *fqih*-s in Khénifra, Saadia Radi, "Croyance et référence. L'utilisation de l'Islam par le Fqih et par la shuwwāfa à Khénifra (Maroc)", in Sophie Ferchiou (dir.), *L'Islam pluriel au Maghreb*, Paris, CNRS Éditions, 1996, pp. 189–199, observes how the practices of the two groups overlap and shows how the women defend the idea of their Muslim legitimacy, thereby contradicting the image of them promoted by official religious discourse.

relationships they have with them, which sometimes go so far as to include marriage.⁴²

In order to perform magic, propitiatory elements are required and these are taken from the natural world or from parts of the body of the victim or the agent who needs them. A leading role is played by the plants known as demoniacal, as well as toxic plants like the mandrake, the datura or the henbane, which are from the Solanaceae family and contain toxic alkaloids. However, in many magical formulae it is not a question of actually making the patient consume the toxic substance, but of invoking its demoniacal nature, or the *jinn* which is sought to be moved to action. This occurs, for example, when the magical agent addresses the benzoin tree with the following words: "I salute you, oh benzoin, people call you benzoin, but I call you all-powerful *jinn*, bring me so-and-so, the son of so-and-so".⁴³

These rituals follow similar logical processes to forms of magic in other cultural contexts: sympathetic magic, based on the principle of identical or similar elements, according to which the object employed in the magical act suggests the object upon which one wishes to act;⁴⁴ or contagious magic, based on the principle of contiguity according to which physical proximity or contact establishes a continuity between an object and a person. The latter relies on the use of parts of the body of the victim or objects related to him/her, such as nails, hair, placenta, semen, or pieces of clothing. Both types of technique can also be classified as either prophylactic or aggressive rites and the latter in turn can seek to eliminate or damage a person or to alter human relations in the positive sense of creating an attraction (*mahabba*) or in the negative sense of setting up repulsion, causing impotence and infertility (*tqāf*).

Spells take several forms, depending on the agent who carries them out, the aim pursued and the type of user and materials used (body parts, perfumes and incenses, minerals, plants, animals). They will also depend on the type of rite being undertaken, and whether it focuses on the oral or the written, or uses media other than paper. Here are some of the main types:

⁴² Claisse-Dauchy, *Médecine traditionnelle* . . . , p. 121 relates the case of a *shuwwāfa* from Salé.

⁴³ *Ibid.*, p. 137.

⁴⁴ "Toutes ces pratiques sont fondées sur la croyance qu'une portion du corps ou qu'un objet qui a été contigu au corps peuvent remplacer celui-ci et que si on leur fait subir certains traitements, le corps d'où ils proviennent est affecté de la même façon: c'est le principe de la magie sympathique", Doutté, *Magie et religion* . . . , p. 60.

- Scholarly spells for amorous purposes (*mahabba*). These are based on the names of Islamic *jnūn* and extracts from the Quran or diabolic names. The text is hung in the open air, from a tree, to propitiate the return of an absent relative. Alternatively, it can be worn by someone who wishes to be attractive. The *mahabba* is often written with saffron mixed with rosewater or orange blossom.
- Spells to attract a man (generally the husband):
 - Preparation of a mixture of substances (plants, minerals) in a recipient like a terracotta bowl. The ingredients are mixed in the following way: seven “male” substances like African rue, chili, mica, rosewater, spider plant, coreander or clove; and one “female” substance, although a bodily substance from the husband, such as semen, is also sometimes added. Next the substance is mixed up with honey or a piece of paper, and is burnt on a small stove or in a bowl, before a mirror. It may then be left for some nights under the light of the moon. As well as making up the potion, the *sahhāra* conspires with the *jnūn*, who will be moved to act upon the person requiring the magic intervention.
 - Moon paste. The ritual consists of making a paste which is left for seven nights in a cemetery, with the aim of attracting a man. The mass is made from flour, musk and ambar.
- Spells to keep a man “tied up”
 - Ritual of the *karshel*, a brush used to clean carpets. The wife leaves a brush on each side of the door and when the husband enters the home, his wife bangs the two brushes together, as well as various herbs such as myrtle (*rihān*) or clove (*nuwwar*) and sewing needles while she pronounces the husband’s name three times.
 - To prevent the husband from going with other women. The wife strikes the floor with a nail, pronouncing the phrase: “Oh Lord, dry this man’s penis when this nail dries here”; or a *tālib* is asked to write a formula which the wife puts in a place where the man will tread and then she burns the spell.⁴⁵
- Spells aimed to make the husband docile towards his wife:
 - Couscous of the dead. A couscous is prepared and taken to a cemetery, where a recently deceased person is dug up and the couscous

⁴⁵ Westermarck, *Ritual and Belief* . . . , I, p. 573.

is stirred with a hand of the corpse. The Moroccan press frequently carries reports of such rituals. In 1990, a network of people was uncovered which sold couscous of the dead in France and Belgium at exorbitant prices: the ritual was carried out by women who stirred the couscous with the hands of dead bodies from the cemetery of the Oudaya in Rabat.⁴⁶ In 1997, I recorded another variant in Nador, in which the cemetery was replaced by a hospital room. The result was the arrest of a nurse who assisted the *sahhāra* in her activities, which came to light when she confused a live body with a dead one.

- Spells designed to cause misfortune for relatives or acquaintances:
 - Three stones are placed in the conjugal bed.
 - Mixtures of contaminating elements are placed near the victim. These elements include a pig's gall-bladder or substances which have been in contact with a dead body, such as the water used to purify it.
- *Tqāf*⁴⁷ or spells aimed to cause impotence or infertility, or to protect virginity:
 - A *fqīh* writes on a sheet a *herz shaytāni*, a text which is hermetically wrapped up and thrown down a well.
 - On the occasion of weddings, the fear always exists that a *tālib* who has been upset by the bridegroom might carry out an action of some kind: for example, by driving in a needle or closing a knife in his presence;⁴⁸ or by writing a text on the blade of a knife and burying it after being in contact with the groom, in order to make him unable to have sexual relations. This formula, recorded by Westermarck,⁴⁹ was explained to me in similar terms in Banī 'Arūs. To free himself from the spell, the bridegroom has to pay off the *tālib*, who offers him a piece of paper with a Quranic text on it. The victim of the curse must sprinkle water on the text and then drink it. Other spells accompany the text with parts of the body of either the groom or the bride, e.g. hair. The fear of this sort of enchantment is such that on wedding nights grooms often suffer from real erection problems.
 - Wives who want their husbands to be impotent if they go with other women. After purifying herself in the *hammām*, the woman acquires a mirror and after having sexual relations with her husband, she places

⁴⁶ Claisse-Dauchy, *Médecine traditionnelle* . . . , p. 125.

⁴⁷ The original meaning of the word is related to the root *awqafa*, "to detain".

⁴⁸ Doutté, *Magie et religion* . . . , p. 290, for cases in Tlemcen, Algeria.

⁴⁹ Westermarck, *Ritual and Belief* . . . , I, p. 572.

the mirror between her legs and closes it up, pronouncing a number of phrases. The mirror is then cleaned with a cloth not belonging to her husband and after looking into it, the woman puts the mirror away, wrapped in the cloth.⁵⁰

- Mothers who want to preserve their daughters' virginity. Several of the rituals are performed with elements from the world of weaving and sewing. In Fez, a girl turned around upon herself seven times, following the threads of silk tapes, or placed herself beneath the bar of a loom, with the aim of making her genitals impenetrable.
- Spells carried out to wreak revenge on someone by causing them harm:
 - A woman who wants to have revenge on a man burns hairs from her vulva and armpit, together with some nails, and mixes the ashes with food offered to the man. Alternatively, a woman may mix sugar with her menstrual blood and pour it into his tea.
- Spells to prevent the birth of a male child, for inheritance reasons.

To combat the effects of these sorts of magic, preventive formulae and spells imitating the attacking spells are used. Preventive actions are sometimes made, such as the placing of mica mineral (*n'sar*) in the home, which is supposed to prevent family discussions. In order to free a man of a love spell, fumigations are made with mixtures of chameleon, harmal, sulphur etc, and a man who is about to marry is made to drink *nila* (indigo) or water from the fountain of a particular sanctuary.⁵¹ To defeat a *tqāf* in Fez, a relative of the attacked person secretly placed opium on the sole of the right shoe; and in Aith Warain the victim burned a fox's penis and fumigated himself with the smoke. All of these spells are based on notions of defence, protection or ridding oneself of the spell, as can be seen from the meaning of the word *fassūkh*, "that which undoes", used to refer to a mixture of herbs and gum ammoniac. As we will see, the scholarly counter-magic of the *fqih* differs from the techniques listed here, and is based on the pronouncement of certain parts of the Quran, especially those known as capable of achieving preservation: *ayat al-kursī* (Quran, 2: 255) and suras 113 and 114.

⁵⁰ Doutté, *Magie et religion...*, p. 289, for a case in Marrakesh.

⁵¹ For example, Sidi Ben Driss in Casablanca. In Claisse-Dauchy, *Médecine traditionnelle...*, p. 128.

5.3.3. *Poisoning*

Poisoning is known as *tkal*, “that which is given to eat”. Like the previous forms, it is the consequence and expression of tense social relations, such as the desire for revenge, inheritance disputes or amorous relations, although it has also played an important role in the elimination of political rivals. Unlike magic, poisoning is mainly based on the toxic principles of plants, animals and minerals, although it can also be accompanied by the action of diabolical beings, forms of contagion or sympathetic magic. Such toxic principles were recorded in numerous classical Arab texts on medicine which state the effects of substances and their power as antidotes. In many cases poisoning intertwines with love magic, when spouses, lovers or adulterers turn to the services of specialists to manipulate the affections of others. Some of the substances used, such as the *datura*, have well-recognised psychotropic effects based on their amnesiac properties.⁵²

Fear of poisoning is deeply-rooted in Morocco, as is reflected in the fact that one of the most widely used combinations of spices in cooking, the *rās al-hānūt*, was not introduced for reasons of taste but because of its effects as an antidote.⁵³ Moroccan laboratory files bear witness to the importance of poisoning in criminal affairs and to the repeated use of certain plants like the holy thistle, the opium poppy, the *datura*, the henbane, mandrake, belladonna, bladder cherry, harmal or ricin, as well as mineral products such as lead, antimony, copper or mercury, or parts of reptiles, amphibians and insects.⁵⁴

The toxic substance is hidden in food or drink (couscous, tea or soup) and for this reason some authors have also called this a process of “alimentary witchcraft”. The art of poisoning revolves around dissimulation of the presence of the toxic substance, which can be difficult in the case of substances like the bitter-tasting oleander.

The creation of the poison can be commissioned from specialists, most of whom are women such as the *shārfa* (“old woman”) or the *sahhāra* (“female witch doctor”). It is a greatly feared practice, which can generate a lack of trust or misgiving when eating at the table of certain families or people. The toxic substances used can cause vomiting, diarrhoea,

⁵² Jamal Bellakhdar, *Hommes et plantes au Maghreb. Éléments pour une méthode en ethnobotanique*, Lulu.com & Lefennec.com, Plurimondes, 2008, p. 223.

⁵³ *Ibid.*, p. 205.

⁵⁴ *Ibid.*, pp. 217–218.

nervous alterations, general fatigue, migraine or insomnia. Some of them have abortive properties, such as the rue, which contain ketonic derivates; the oleander, which contains mezereol, or the ephedra, which contains ephedrine. Others have narcotic and soporific effects, as in the case of the globe artichoke and henbane. Others like the belladonna or deadly nightshade cause mortal intoxications, on account of the atropine contained. Animal as well as vegetable substances are used in poisons: one example is the desiccated skin of a toad, which contains alkaloids and causes acute heart failure.

The other great impact caused by the *tkal* is the anxiety of not knowing which person is behind it, and the fear that it may have been caused by acquaintances. In families there are usually people, generally women, who announce their suspicions and direct them towards someone close to them, such as a relative or neighbour. In the process, the poisoned person or *muakkal* may also consult a specialist to find out if he/she has been the object of *tkal* and as a way of finding out the identity of the person who has brought it about. To combat a case of *tkal*, use is made of bio-medical treatments such as hypotensive agents, anti-depressives or tranquilisers, and if these fail the affected person may seek the services of a clairvoyant or a *fqih*, who may compose amulets with suras from the Quran, mixed with harmal. The traditional pharmacopoeia also offers treatments consisting of large quantities of liquid, milk, scarification or the use of emetic plants, such as the alum.

5.3.4. *Jnūn and Possession*

The actions of the *jnūn* constitute one of the central elements of the Islamic system for explaining physical and mental afflictions like epileptic fits and convulsions, rheumatic pains, "madness", cholera and epidemics, measles (*būhamrūn*), sciatica (*būzellūm*) etc. The range and influence of this explicative model are due to the fact that the interventions of the *jnūn* are recognised both by scholarly orthodoxy and by so-called popular Islam. This recognition means that far from disappearing from Moroccan everyday life, fear and respect for the *jnūn* have been reproduced by processes of modernisation, especially during the more recent period of re-Islamisation. Neither has emigration led to the disappearance of this etiology. If anything, the opposite seems to be the case. When I first started to hear stories about the *jnūn* several years ago, I was curious to know whether a move to another country, and in this case emigration to Europe, altered the influence of the *jnūn*. The answers I obtained showed me the need

to consider the consequences of this indigenous etiology: the *jnūn* can be found wherever there is water, and the potentially hazardous places are exactly the same in Europe as in the Maghreb. Indeed, one young man told me that a European country like Holland is home to even more *jnūn* than Morocco, because of the amount of water to be found there.

Possession by the *jnūn* is also a mechanism of social control. It is highly significant that the *jnūn* are thought to have the ability to attack the weakest members of society, as I have been told by most of the Moroccans I have interviewed in Morocco and Catalonia. In this sense, the phenomenon of the *jnūn* also has a moral connotation, since the genies are especially harsh on those who are without faith or are going through a difficult situation. Equally significant is the link between attacks by the *jnūn* and adulterous behaviour. The *jnūn* attack people who go out alone at night, and the myth of the female *jinniya* 'Aisha Qandisha involves the creation of a relationship between this dangerous figure and a man who is tempted and deceived by her to such an extent that he ends up losing his life.

5.3.4.1. *The Everyday Presence of the jnūn*

Moroccan etiology attributes a great many illnesses and afflictions to causes which have a human origin (the evil eye) or which are brought about by humans (poisoning), as well as to non-human causes like the *jnūn*. However, both the evil eye and magic are also attributed to the management of the *jnūn* by a person with powers who has obtained their favour.

Quranic recognition of the *jnūn* explains why Muslims see them to be of such extraordinary and everyday significance. Human beings live together with them, and this co-existence can cause a number of inconveniences: illnesses, misfortunes and other adverse events are explained as the effect of actions of the *jnūn*. This is why humans devote so much time and effort to keeping them happy, controlling them or defending themselves from their interference. Possession is not, that is to say, a practice recognised only by popular Islam, but is also recognised and legitimised by official scriptural Islam. This explains the renewal of interest in the phenomenon in recent contexts like that of European Islam, as can be seen in Internet forums on healing, where young people of Maghrebi origin discuss physical troubles attributed to "airs" i.e. the *jnūn*.

In my fieldwork among Moroccans residing in Morocco and others who had emigrated to Catalonia, I was able to see the importance of references

to the *jnūn* in everyday life and the interpretation of certain afflictions attributed to their malign intervention. This is also reflected in the ethnographic literature on the *jnūn* in Moroccan rhetoric in rural and urban areas, and in the speech of Arabs, Berbers, women, men and different social classes. I will later show the interpretations of this phenomenon and the difficulties involved in identifying the psychosocial factors which are projected onto the symbolic world of the genies.

It is essential to emphasise that the *jnūn* are recognised by the Quran. Allāh made man from clay, and the *jnūn* from smokeless fire.⁵⁵ However, the *jnūn* are represented as having a similar nature to human beings, they are attributed the same physiological needs and they constitute a parallel society, with their own alliances, vengeance and forms of organisation. They are sexed, they marry and reproduce; they can be good or bad, Muslim, Christian, Jewish or pagan...⁵⁶ Indeed, the *jnūn* can convert to Islam, just like human beings.⁵⁷ The *jnūn* can also have relationships with people, and this aspect is key to an understanding of the phenomenology of possession. That is to say, the boundary between humans and the *jnūn* is a very weak one. However, the exact limits of this boundary are not made clear either by the literature on the subject or by the people I have interviewed. Although sexual relations between humans and the *jnūn* are assumed to exist, especially in dreams, it is not clear if people conceive the existence of children born to such a pairing.⁵⁸ Westermarck recorded some cases in which the marriage of a man to a *jinniya* gave rise to children, but most informants consulted did not have an exact theory on this point. Whatever the case may be, what is important is that many of the people who are possessed are possessed by a *jinn* of the opposite sex. One of the richest and most detailed examples is that offered by Crapanzano in his monograph on Tuhami, a Moroccan from Meknes who “married” ‘Aisha Qandisha, which reveals the interesting social factors underlying the idea of possession.⁵⁹

⁵⁵ Quran (55: 14–15).

⁵⁶ Joseph Chelhod, *Les structures du sacré chez les Arabes*, Paris, Maisonneuve & Larose, 1986 [1965], pp. 75 and 81.

⁵⁷ Quran (72: 1–19).

⁵⁸ The Quran indirectly recognises the possibility of such relations, in verses 56 and 74 of sura 55: “Therein are maidens, chaste of glance, Undeclared before them by humans or *Jinn*.” However the nature of the *houris* is not clarified by Islamic theology. In pre-Islamic literature there are also references to lineages considered a consequence of unions between humans and *jnūn*.

⁵⁹ Crapanzano, *Tuhami*... The marriage of humans and *jnūn* has been the cause of discussion in popular Islamic literature in countries like Egypt, and such discussions take

The semantic fields related to the term *jinn* or its plural *jnūn* are very suggestive for an understanding of their place in Moroccan life. The term derives from the root *j-n-n*, “to cover or wrap”, and among its other derivatives we find *jenan*, “madness”; *janna*, “uterus”, i.e. the secret world which generates life, as does the earth, where the *jnūn* reside; *janīn*, “foetus”, which suggests the idea of hidden and invisible, like the state of a *jinn*; *jenena*, “garden”, *jenna*, “paradise”, where the *jnūn* will become visible and *janan*, “corpse” or “grave”, the liminal space between the living and the dead where the *jnūn* abound, because they feed off the bones of the dead.⁶⁰

The terminology used to describe them is also rich and context-dependent. Numerous euphemisms exist, and there are also different names for different types of *jnūn*: *rohani*, a *jinn* who lives between the earth and the sky; *l-mlūk*, the kings of the *jnūn*; *sidna*, “our lord”; *rjāl al-haḡḡya*, “the man of the hidden/occult”, or *shayṭān*, ‘*afrīt*, formulae used to refer to the devil.⁶¹ Informants consulted often also use the expression *l-ariah*, “airs/winds” in implicit reference to the *jnūn* or demons. In many cases the term *jinn* is avoided, so as not to invoke them, and euphemisms such as “the others” (*akhur*) are used. Although several studies of brotherhoods and possession have confirmed this tendency not to pronounce the name for fear of being attacked, the evidence I have myself gathered is far from unanimous about this. According to Westermarck, the fact of pronouncing the word *jnūn* would make them furious, and other terms are therefore used. However, some of the *fqīh*-s I have interviewed claim to pronounce the word *jnūn* without any problems. Nevertheless, another Moroccan who was equally willing to use the term explained to me the unexpected effect of pronouncing the word on a group of women, who on hearing him say the name of the *jinniya* ‘Aisha Qandisha began to cry out and beg him not to say it ever again, at the same time that they repeated a sonorous gesture with their lips closed that was a sort of clicking, produced by the sucking-in of air.

The characteristics attributed to the *jnūn* offer a mirror image of the world of humans: they see without being seen; they can metamorphose

up old controversies first explored by authors such as ‘Abdellah al-Sibli, a 14th-century *qadi* of Tripoli (Syria). For this issue, see Fred Leemhuis, “Épouser un jin? Passé et présent”, *Quaderni di Studi Arabi*, 11 (1993), pp. 1–14.

⁶⁰ Chelhod, *Les structures...*, pp. 70–72; Tobie Nathan, *Du commerce avec les diables*, Paris, Les empêcheurs de penser en rond, 2004, pp. 11–15.

⁶¹ Westermarck, *Ritual and Belief...*, I, pp. 263–264.

into infinite shapes, including people, animals and objects; they can cover any distance in seconds; they usually eat bones; they do not have a sublabial mark; they have no shadow; they drink blood, but they do not drink water or eat salt, and their eyes shine in the dark like those of cats. There are many legends about the hybrid nature of the *jnūn*, who may appear as humans but can be identified by their extremities and the goat or camel feet which they possess. Popular market-stall literature, which in many cases has made its way onto the Internet, has contributed to the recent and novel creation of an entire iconography of the world of demons and the *jnūn*, who are shown as monsters, serpents or horned beings, in a vision possibly adapted from the world of the fantasy comic, although a history of this genre and the inspiration of its authors has yet to be undertaken.⁶²

Popular knowledge locates the *jnūn* in certain very characteristic places: spaces with water (rivers, stagnant water, fountains etc); dark spaces or those inside the earth like caves, grottos or holes; spaces with blood, like slaughterhouses and markets, and places with bones such as cemeteries. This is why butchers, sacrificial specialists, murderers or menstruating women are attributed a special closeness to the *jnūn*, who are particularly attracted by blood.⁶³ Water within the home is also a central reference, for the washbasin and toilet are potentially dangerous as places where one can accidentally upset a *jinn*. Several people have told me of critical situations in which they have been attacked by a *jinn* in a bathroom after pouring hot water down the plughole. Séraphin Biarnay explained how some forms of paralysis in Tangiers were attributed to a shock given by the *jnūn* to people who had gone too close to water outlets.⁶⁴

Ethnological tradition records numerous rituals and taboos relating to these interventions of the *jnūn*. Without a doubt, one of the main works of reference is that by Westermarck, *Ritual and Belief in Morocco*, in which he dedicates four long chapters to the nature of the *jnūn*, remedies for protecting oneself from them, and the use of such remedies by specialists

⁶² For a splendid collection of book covers published mainly in the Middle East and Egypt, see Arnoud Vrolijk, Jan Just Witkam, "Duistere Machten. Gestalten van het kwaad in de wereld van de islam", book exhibition at the Leidse Universiteitsbibliotheek, 6/12/2000–29/1/2001.

⁶³ Westermarck, *Ritual and Belief* . . . , II, p. 277.

⁶⁴ Séraphin Biarnay, *Notes d'ethnographie et linguistique nord africaines* (publiées par L. Brunot et E. Laoust), Paris, Publications de l'Institut des Hautes Études Marocaines, vol. XII, 1924, p. 66.

and saints. Among the methods for defending oneself from the *jnūn* or attacking them, there is the lighting of candles, given that they do not like light; the use of salt, and not sugar, which attracts them; the use of iron, steel or silver; the production of smells and perfumes through the use of incense; sacrifices, or the visit to the tombs of saints, given that some saints, such as Mūlāy ‘Abd al-Qādir (“sultan of the *jnūn*”) are believed to have groups of *jnūn* at their service. One of the methods which currently enjoys most prestige is use of the holy word and certain fragments of the Quran, whether written, recited, drunk or inhaled in the form of smoke.⁶⁵

5.3.4.2. *Types of jnūn*

As mirror images of human beings, the *jnūn* can be male or female and even have different religions, as is dramatised in the exorcising *roqya*, in which the *fqīh* asks the possessed person, who answers on behalf of the *jinn*, whether he or she is Muslim, Christian or Jew. One of the outstanding figures in the popular imaginary is that of the *jinniya* or female spirit known as ‘Aisha Qandisha, whose characteristics provide a good reflection of gender relations in Morocco. The stories which circulate about this *jinniya* portray her as highly dangerous for men, and she embodies the link between feminine beauty and diabolical temptation. The *jinniya* appears to men, either physically or in dreams, and she seduces them with her charms (blonde hair, large breasts) but hides her hybrid members, such as her goat’s legs. The moral of ‘Aisha Qandisha’s attacks is clear, given that she tempts and attacks married men, after having sexual relations with them, or other men who thereby incur in a relationship considered illegitimate. Her apparitions take place in dark, solitary places⁶⁶ identified as illicit. Aouattah records a clinical case in which the patient firstly explained that he had had sexual relations with a cousin whom he wanted to marry, and had discovered that she was not a virgin. A short time later, a woman (‘Aisha Qandisha) started to appear to him claiming that she had supplanted his cousin and possessed him during the night in a violent manner—every morning his hospital bed was covered in blood.⁶⁷ In Catalonia there have also been cases of girls who have

⁶⁵ Westermarck writes that in Fez, to drive away the *l-ariah*, the Quranic text had to be written on a piece of paper the same colour as the *jinn*; the paper was then burnt and the smoke inhaled by the patient. Westermarck, *Ritual and Belief...*, I, p. 328.

⁶⁶ Vincent Crapanzano, *The Hamadsha. A Study in Moroccan Ethnopsychiatry*, Berkeley, University of California Press, 1973; Westermarck, *Ritual and Belief...*, I, pp. 392–396.

⁶⁷ Aouattah, *Ethnopsychiatrie maghrébine...*, p. 52.

engaged in sexual relations with boys without being engaged or married and who, after becoming pregnant, have attributed their blunder to the inspiration of a *jinn*. In these circumstances, the family often agree terms with a cousin back in Morocco, to whom the girl is married.⁶⁸ In this sense, many accounts of possession are a representation of gender and marriage conflicts or tensions: the attribution of possession, whether by the person affected or his/her immediate family, often takes place among women who have found it difficult to marry or have children, or who suffer conjugal conflict of some kind. The cases I have been able to follow in Catalonia bear striking similarities to those presented in other research carried out in Morocco and the Middle East.⁶⁹

One point worth making is that the dangerousness of the *jnūn* is often defined as a consequence of their religion and a taxonomy of colours which serves to identify them. The Muslim *jnūn* are white, green or yellow, and are also called *mu'minin* (believers) or *rjāl allāh* (men of God); Jewish *jnūn* are represented as black in colour and are known as the *jnūn sebtiyin* (those of the Sabbath) and the Christian *jnūn*, who are also black, are the *jnūn kuffār* (polytheists)⁷⁰ or *nasārā* (Christians). The exorcists themselves attribute a different degree of threat depending on a *jinn*'s religion, and they consider the Jewish *jnūn* to be the most dangerous, together with those of the sea. The characteristics and role attributed to the Jewish *mlūk* say much about the image of this group in Moroccan society. For instance, their appearance in the Gnāwa ritual occurs at the end of the ceremony, when leftovers and detritus are consumed by those possessed by Jewish *jnūn* (*sebtiyin*).⁷¹

At the same time, the typologies of the *jnūn* defined by the ecstatic brotherhoods attribute different and identifiable influences to them which are based on the behaviour of the person who is possessed. Certain kinds of pain are identified with specific types of *jnūn*, or with their way of relating themselves to the person. A "brush" with a *jinn* leads to a temporary

⁶⁸ Observations based on cases in Manresa, Catalonia, for which I am indebted to Núria Empez.

⁶⁹ The gender dimension has been particularly underlined by highly detailed monographic studies, such as that by Sengers, *Vrouwen en demonen ... on Egypt*, or Celia Rothenberg, *Spirits of Palestine. Gender, Society, and Stories of the Jinn*, Lanham, Lexington Books, 2004, on Palestine.

⁷⁰ Westermarck, *Ritual and Belief...*, I, p. 265.

⁷¹ Viviane Pâques, *La religion des esclaves. Recherches sur la confrérie marocaine des Gnawa*, Bergamo, Moretti & Vitali, 1991, p. 310; Abdelhafid Chlyeh, *Les Gnaoua du Maroc. Itinéraires initiatiques, transe et possession*, Casablanca, Éditions le Fenec, 1998, pp. 103–104.

affliction and is not the same as possession, which generates a permanent problem. The following table of correspondences, recorded by Boughali, will serve to illustrate this point:

Table 9. Typology of *jnūn* and Parts of the Body Attacked

<i>Name of jinn</i>	<i>Part of body attacked</i>
Al-ahmar (red)	Head, uterus
Barqan	Back
Shamharush	Belly
Murra	Pelvis
Mimun	Feet
Al-abayad (white)	Whole body

Source: Mohamed Boughali, *Sociologie des maladies mentales au Maroc*, Casablanca, Afrique Orient, 1988, pp. 227 and 265.

The red *jinn* is said to be the cause of uterine problems, especially in adolescents, and these can turn into menstrual disorders. Measles (*būhamrūn*) is caused by the *Awlād b-l-Ahmar jnūn* (“the sons of the red”). Several afflictions are as likely to be attributed to “the cold” as to the *jnūn*: epilepsy, rheumatic pains, “madness”, sciatica (*būzellūm*) etc. At some critical points of the 19th century, even cholera epidemics came to be seen as attacks by an army of *jnūn*.

Finally, each type of *jinn* and the type of affliction corresponding to him/her requires ritual forms of treatment for their expulsion or *adorcism*: each *jinn* needs to be treated with its own colours, smells, rhythms, food or incense, or needs to be subjugated by a certain saint or king of the *jnūn*.

5.3.4.3. *Types of Possession and Relations with the jnūn*

Intercultural comparison distinguishes between two main types of possession occurring in different societies, whether monotheistic, polytheistic or animistic, and it is possible to fit Moroccan notions of possession into this general typology:⁷²

- Undesired possession. An external agent attacks the person. This agent may be a demon, a spirit or an ancestor. The technique for expulsion

⁷² For general reference, see the classic study by Ioian M. Lewis, *Ecstatic religion. A Study of Shamanism and Spirit Possession*, London, Routledge, 1989 [1971].

is based on different types of exorcism. In the case of Morocco, distinctions are made between brushing up against a *jinn*, a temporary attack and permanent possession, and expulsion can be carried out by a *faqīh* or by other agents such as a clairvoyant or the *baraka* of a saint.

- Invoked possession or possession which is re-created in order to maintain its presence (*adorcism*). After being attacked or possessed, the person maintains a relationship of dependence with a *jinn*, similar to other forms of spirit cults, like the *zar* in East Africa, the *bori* cults in Nigeria, or the Afro-American cults such as the *candomblé*, *macumba* or *voodoo*. Such a relationship between a person and a spirit is re-activated in the brotherhood sessions by means of a ritual trance known in Morocco as *jedib*. In these rituals, the people affected embody the spirits or establish communication with them in order to satisfy them. However, as Luc de Heusch has pointed out, the purpose of these rituals is not always an exorcising one, but is *adorcist*, a term which refers to the establishment of the need to satisfy the spirit without expelling it.

Moroccan dialectal Arabic offers a wide range of terms to refer to a person who has been attacked, beaten or inhabited by a *jinn*. Each term carries a shade of meaning concerning the degree and type of affliction involved: *maskūn* (inhabited), *majnūn* (taken by a *jinn*), *madrūb* (beaten), *markūb* (ridden), *mamlūk* (possessed), *maslūkh* (rubbed to the point of bleeding), *malbūs* (worn, clothed), *makhtūf* (carried away), *matrūsh* (slapped) or *fīh jnūn* (the *jnūn* are in him). There can even be cases of an individual who receives the influence of various *jnūn* at the same time, who will be known by the name of *mkhallat* or “mixed”.⁷³ To avoid generalisations, it is necessary to point out that these terms vary from one region to the next, and that the connotations they may have depend on historical factors, as in the case of the *majnūn*, a participle itself created from the term *jnūn*. The origin of this term is linked to the poet who loses his mind through love or to the illumined prophet who obtains his inspiration from the *jnūn*, an indication that possession is not necessarily a stigma, but is occasionally a reason for admiration and a symbol of sainthood. These shades of meaning are very important, for a brush with the *jnūn* or a passing blow is not the same as a permanent and tortuous possession, and the type of afflictions attributed to them are also different, as can be seen in Table 10.

⁷³ Boughali, *Sociologie des maladies...*, p. 261.

Table 10. Psychosomatic Afflictions and Magico-Religious Etiology

<i>Affliction/symptoms</i>	<i>Magical-religious etiology</i>
Absence of personality, communicative blockage, depressive melancholy	<i>Makhtūf</i> (bemused, kidnapped by the <i>jnūn</i>)
Convulsions, delirium	<i>Maskūn</i> (permanently inhabited by a <i>jnūn</i>)
Epilepsy	<i>Meryah</i> (taken by the <i>ryah</i> or <i>jnūn</i> , in a passing but repetitive manner)
Sexual impotence, paranoia	<i>Tqāf</i> (magic with the mediation of the <i>jnūn</i>)
Sudden paralysis (deafness, blindness, facial paralysis)	<i>Madrūb</i> (temporarily struck by <i>jnūn</i>); <i>matrūsh</i> (temporarily beaten by <i>jnūn</i>)
Persecution	<i>Shur</i> , <i>‘ayn</i> , <i>tkal</i>

Source: based on Ali Aouattah, *Ethnopsychiatrie maghrébine. Représentations et thérapies traditionnelles de la maladie mentale au Maroc*, Paris, L'Harmattan, 1993.

Ethno-psychiatry has established that there are some links between types of symptom and the cultural symbolism of an affliction. In this sense attribution to the *jnūn* of a series of psychosomatic afflictions and mental disorders should be understood as a language which camouflages personal pre-occupations and crises: psycho-social issues are projected onto the *jinn* which are not verbalised or which are camouflaged or repressed. As was observed by Aouattah, the *jnūn* tell us more about the person who believes in them than they do about the *jnūn* themselves.⁷⁴

The terms presented here can vary from one region to the next, and are intended to give approximate guidelines. Given these correspondences, it must be emphasised that certain physical and psychological symptoms can be interpreted as possession: spasms, trembling, paralysis, vomiting, changes to the voice, glossomania (clanging), pain, fainting etc.; as well as incoherent attitudes, split personality, delirium, refusal to eat, insults, taciturnity, apathy, sadness etc. Such pathologies and conflicts can be due to inherited or bio-corporal factors, but in many other cases they are the reflection of socio-cultural and interpersonal tensions. The cases

⁷⁴ Aouattah, *Ethnopsychiatrie maghrébine...*, p. 55.

studied by clinical ethno-psychiatrists concerning possession by the ever-recurrent 'Aisha Qandisha reflect, for example, marital conflicts and tensions and constitute a way of escaping from sexual frustrations or of making up for the difficulties of certain personal relations.⁷⁵ On occasions, possession coincides with a traumatic event for the person concerned, such as the loss of a loved one. In one of the cases described by Aouattah, a man started to be attacked by 'Aisha Qandisha after the death of his son in a car accident, which occurred when the father himself was driving.⁷⁶ After a period of depression, migraine, and breathing problems attributed to the *jinniya*, whom he saw in dreams, the man decided to negotiate with her and start to pay her homage by organising regular ritual nights in her honour, with music, ecstatic dances and self-mutilation. This kind of self-inflicted mutilation probably had the function of allowing him to free himself from feelings of guilt, which were exteriorised and attributed to an external agent, the *jinniya*.

Other dysfunctions of a sexual nature, such as infertility, are also attributed to possession. The importance given by Moroccan society to motherhood can become a dreadful burden to bear for wives who are not fertile, or who are alleged to be infertile, and such women seek out all sorts of solutions, as we will see in the final chapter. Single young women are also subject to possession, which often coincides with situations of family pressure relating to their entry on the marriage market and the acceptance or refusal of candidates. In this case, the manifestation of possession can indicate certain difficulties in the process, and the existence of family disagreements.

To conclude, we can say that possession coincides with and is the expression of multiple psycho-social phenomena: unachievable desires, anxiety, repression, conflicts and violence, projections etc. In his study of these coincidences and correlations, Aouattah pointed out some of the difficulties faced by psychiatrists in tackling such phenomena as therapists. These difficulties include the application of notions of the individual to people who live in a context in which the collective is predominant, the ethnocentric consideration that one's own interpretive model is universal, or the culturising of certain afflictions which are not necessarily explained by the patient's cultural context.⁷⁷ The consequences of this last

⁷⁵ Cases cited by *ibid.*, pp. 62–64, based on research and cases recorded by other authors such as Crapanzano, *The Hamadsha* . . .

⁷⁶ Aouattah, *Ethnopsychiatrie maghrébine* . . ., p. 63.

⁷⁷ *Ibid.*, pp. 68–72.

position, when applied to health care attention for immigrants, can lead to the belief that the psychiatrist is not capable of solving a conflict because he or she is unfamiliar with the patient's cultural code. Or that certain expressions and manifestations are part of a culture or typical of a collective such as that of the "Mediterranean patient", allegedly marked by the characteristics of simulation, exaggeration or imprecision, and that such particularities require specialists from the patient's own culture, whether traditional or psychiatric. The alternative proposed by Aouattah, following the line established by Nathan, is that it is possible to attend patients from different cultural backgrounds because unity of the human psyche does exist, but it is only possible as long as one takes into account the cultural referents and the social and family context in which that psyche is expressed. My point of view is that the relationship between therapist and patient does not bring two cultural blocks into communication, but two people who make use of their cultural codes. Thus, possessions are culturally mediated but do not all follow the same pattern, given that they vary in accordance with personal experiences, ideologies of gender and different psychological processes, marked by the social and educational context.⁷⁸

5.4. *Traditional Therapies: Specialists, Spaces and Techniques*

The forms of affliction I have presented so far are met by a veritable arsenal of therapeutic responses. I do not intend to discuss the "efficacy" of these therapies, but the meaning they have for their users, i.e. both agents and patients, and the itineraries taken by patients in their efforts to solve their problems. Some of the healing agents to be discussed in this section, such as the *sharīf-s* or those who run sanctuaries share a power based on the exchange of *baraka*. In other cases, the work undertaken bases its legitimacy on the healing power of the Quran, the use of magic formulae, the ritual and suggestive force of the ecstatic sessions of brotherhoods or communication with the *jnūn*. Other formulae are more difficult to classify. Such is the case of the *'azzama*,⁷⁹ a mixture of invocation and the placing of hands on the patient, performed by *sharīf-s* or persons of prestige, but also by market charlatans. Finally, we should also be wary about

⁷⁸ *Ibid.*, p. 72.

⁷⁹ The term conveys the idea of constriction. Its root, *'azzama*, has the sense of "deciding something in an irrevocable manner" according to Doutté, *Magie et religion* . . . , p. 130.

a certain inflation of “mysterious” explanations. The pages that follow in this section seek to show logical forms of behaviour which are often camouflaged beneath the reifying or essentialist arguments of tradition.

This range of agents and techniques does not only occupy itself with magical-religious illnesses, and I have already underlined that in practice it mingles with humoral medicine. Many magical or counter-magical formulae need certain natural substances, to which certain effects are attributed: for example, incense and perfume are thought to have an effect on the *jnūn*. Many of the actions that follow will be seen to overlap considerably, and in most of them the ritual intervenes as a healing mechanism, whether through sacrifices, exorcisms, pilgrimages or ecstatic sessions, by means of music and diverse propitiatory symbols.

These formulae of intervention are preceded by two basic forms of diagnosis: those made by the patient or his/her relatives, and those made by the specialists in question. In the first case, the patient will have trusted a relative believed to have the power to identify magical actions, poisoning or the evil eye; or h/she will have interpreted his/her dreams or had them interpreted by a relative able to unravel their meaning. Dreams play a key role for those ill individuals who go to a sanctuary and spend the night in it to receive dream inspiration from its saint and be able to identify the causes of their affliction. In other cases, the person affected will go to spaces which can suggest signs concerning the nature of the problem. For example, they will go to a river or lake close to a sanctuary and see whether it is inhabited by fish or turtles. If it is, then the person will deduce that he or she is being invaded by a *jinn*. Another option is to attempt to force oneself through cracks in caves or mountains—if the body becomes trapped, it means that it has been entered by a *jinn*.

For their part, the diagnoses of the traditional specialists are based on different techniques, many of them linked to prediction of the future. These divinatory practices are carried out either through the handling of objects or through visions and dreams. “Readings” are made of coffee beans, sand or bones, or substances are manipulated. Another frequent method among some *fqīh*-s and also among female clairvoyants is the melting of lead (*khfif*), the result of which is poured into a pan full of cold water. When it cools, the lead crystallises in strange shapes, which are interpreted. If many dark areas appear, the presence of a *jinn* can be assumed. The legitimacy of this approach is under debate, and some *fqīh*-s consulted in Morocco considered among the most faithful to Islamic principles qualified these practices as superstition. The second type of

divination is linked to dreams and trances. This method is usually practised by women, especially the *shuwwāfa*, who take advantage of their contacts with the *jnūn* to receive information from them about the future or the causes of an affliction. There are many ways of gaining access to this kind of information: the *jinn* is invoked by the use of incense or an appropriate colour; a divinatory trance is propitiated by means of a brotherhood ritual with music, so that the clairvoyant may speak to the *jnūn*; or the *shuwwāfa* is commissioned to dream on someone's behalf, i.e. the client asks her to dream for him/her and obtains in the dream the signs allowing the causes of the problem to be identified.

Together with these practices there also exist others of a magical-religious nature linked to astrology, chiromancy or magical calculations based on secret tables and formulae into which the name of the applicant and his/her mother are introduced. For his part, a *fqīh* who explores a potentially possessed person uses techniques of observation and stethoscopy to decide whether a *jinn* is present. In addition to asking questions about the personal circumstances and feelings of the victim, an exorcising *fqīh* will examine the state of his/her eyes and the colour of their skin. He also passes a hand over the patient's body to assess the *jinn*'s reactions.⁸⁰

Within this group of specialists a distinction can be made between two types of action, each of which matches gender differences and official androcentric definitions of religious legitimacy, and is determined by the issue of whether or not the person has recourse to the Quranic text. Male definitions place women like the *shuwwāfa* on the side of heterodoxy and religious deviancy. However, in practice this boundary is not always so easy to draw, given that certain *fqīh*-s use heterodox techniques not mentioned in the texts either to stop or provoke a magical attack.⁸¹

⁸⁰ Interviews with a *fqīh* who practised *roqya* in Barcelona, and observations on sessions in Tangier (August 2007).

⁸¹ Radi, "Croyance et référence . . .", p. 198, explains the case of a *fqīh* from Khénifra who proposed the following remedy as a means of freeing a husband from a spell: the husband was to drink a mixture of his mother-in-law's urine and the water left over after her bath, and then the urine of both the husband and the mother-in-law was to be sprinkled in several corners of the house. This remedy was to be combined with the drinking of an amulet dissolved in water.

5.4.1. *Quranic Healing: Hikma and Roqya*

The use of the Quran for healing purposes is not at all uniform. The most orthodox view limits therapeutic practices to recitation and accuses the *fqīh*-s who use amulets and natural substances mixed with written fragments of the Quran of being charlatans or opposed to tradition. The general term for Quranic recitation is *tajwīd*, but recitation applied to healing purposes has specific names like *roqya*, or *nushra* for the type of recitation made over water which is to be drunk or used to wash the body.⁸² Despite this, amulets have usually been the most widely used method among the techniques of the *fqīh*-s or the *tālib*-s. The individuals in question have, therefore, to be literate and familiar with the Quran in order to be able to perform what is known as *hikma* or Quranic magic, understood as the technique of affecting events and personal relations. It must nevertheless be pointed out that the current group of so-called *fqīh*-s includes a great number of charlatans and frauds, such as a self-proclaimed *fqīh* in the old medina of Tétouan from whom a group of Moroccans and I requested various services, only to receive photocopied amulets which he pretended to read in spite of his obvious illiteracy.

5.4.1.1. *Powers of the Written, Recited or Drunk Text*

In Muslim societies, Quranic text has performed a central function in the legitimisation of the juridico-normative systems, in the definition of the *'ibādāt* (religious ritual) and in the management of the *mu'āmalāt* (regulation of social relations), but it also occupies a significant place in the area of healthcare. The Arabic of the holy text is considered the revealed word of the divinity, and as such it is attributed many different powers, among them the powers to heal, protect and relax. This is the reason for its frequent presence in both the written and the oral form, not only in strictly curative activities but also in everyday life. Various formulae are pronounced in great profusion by the Moroccan population in general, with the routine purpose of asking for protection and driving away evil.⁸³ The *bismillāh* is the most frequently used formula for protecting the person, driving away evil, the devil and the *jnūn*. It is an illustrative everyday

⁸² Kathleen Malone O'Connor, "Popular and talismanic uses of the Qur'an", in Jane Dammen McAuliffe (ed.), *Encyclopedia of the Qur'an*, vol. 4 (2006), Leiden, Brill, pp. 163–181; Josef Meri, "Healing and curing" ("Ritual and the Qur'an"), in Jane Dammen McAuliffe (ed.), *Encyclopedia of the Qur'an*, vol. 4 (2006), Leiden, Brill, 2006.

⁸³ Westermarck, *Ritual and Belief* . . . , I, pp. 205–219.

example of the attribution of symbolic efficacy, and it is pronounced on a multitude of occasions: on getting up in the morning and on going to bed, before eating and drinking, when getting into a vehicle or onto an animal, when taking money, when entering or leaving a room, before making love, on performing a sacrifice, when an egg is broken and so on. In many other situations, recitation plays a central role in requests for divine protection. Before starting a journey, a traveller may recite suras 36, 56, 97 and 112; a peasant will use verses 129 and 130 of sura 9 to drive thieves away from his fields.

This sense of power attributed to the word and to the written text in Islam seems to be common to other Semitic religions. However it is not limited to the revealed word, but includes other signs which appear in amulets and talismans, such as the *jadwal*: the seven signs (*sab'a khwātim*), like "Solomon's seal" (*khātim Sulayman*), a five-pointed star; the *sawāqit al-fātiha* or seven consonants which do not appear in the first sura of the Quran or *fātiha*, and the power of names, like seven of the ninety-nine names of Allāh (those which coincide with the seven letters just mentioned), the name of seven angels, the seven days of the week or seven planets.⁸⁴

As can be seen, this belief in the magical power of the text has ignored the criticisms of it made by the orthodox who are opposed to illicit innovation. In practice, the *fqīh*-s have toyed with the magical attribution of the text and have incorporated it into many prophylactic and therapeutic prescriptions.

The scholarly *fqīh*-s prepare amulets with specific formulae from the Quran, which vary in accordance with the problem to be treated. The *baraka* of holy words is transferred to written amulets and talismans, known in Arabic under various names and forms (*herz*, *hjab*, *jadwal*). The range of purposes fulfilled by these writings is very wide, as is illustrated by the examples in Westermarck: a locked door can be opened without a key thanks to an 'azzīma or talisman made from fragments of the Quran; gifts will be received or business deals will be favoured by wearing a talisman called 'atf ("inclination", "favour"). In addition to the Quranic writings, intended to favour good propositions, some specialists also use the *herz shaytāni*, which contains names of spirits and demons and is used for

⁸⁴ *Jadwal* analyzed by the classic text on magic by al-Būnī, see Doutté, *Magie et religion* . . . , pp. 154–163.

dark purposes. Another type is called *talsam* (from the Greek *télesma*, “talisman”) and is used against dangerous creatures and animals (scorpions, rats etc) or to protect hidden treasure from the *jnūn*.

The writing used in talismans has given rise to a branch of knowledge known as *‘ilm l-asma* or *‘ilm l-ism* (“science of the name”), which has laid down a series of precepts required by a written text for it to be valid and effective. Among other things, a prohibition on opening up a text and discovering its contents ensures the secrecy of such knowledge. Every *hjab* must begin with the words *bismillāh al-rahman al-rahīm*.⁸⁵ Talismans and amulets will contain passages from the Quran, divine attributes, names of angels or of *jnūn* and invocations (*dū‘āt*), and some take the form of tables like the above-mentioned *jadwal*. The norms of confection dictate that when the name of the addressee is invoked, his or her personal name must be mentioned, and the name of his or her mother, and never that of the father, is used.⁸⁶

The materials used must also meet a series of special requirements. Westermarck recorded that texts were never written in “European ink”, but with artisanal ink from the Maghreb (*smagh*), made from carbonized sheep skin dissolved in water. This ink is still used today. In more special spells, use is made of water, rosewater or orange blossom water mixed with saffron, or egg-white mixed with the milky juice of a fig, saffron or the blood of an animal. The substances used to make amulets are also of great importance, given that they attract and embody the *jinn* in order to get rid of it. Thus the rue plant, which gives off a disagreeable smell, is attributed representation of the possessing *jinn*. To get rid of it, the *fqiḥ* will make an amulet with rue and then burn it, reciting the sura of the *jnūn* (72: 1–28). Another plant which represents the *jnūn* is the coreander (*tffāh jnūn*, “apple of the *jnūn*”), which is used together with harmal, a beneficent plant, to make an amulet. The container of the piece of paper is usually a little bag or made from a metal like copper, which is thought to have a protective quality. The media used for writing are varied: white or red paper, stones, knives, bowls, plates, boards, eggshells or boiled eggs, slices of bread, beans, oleander leaves, the jawbone of a lamb sacrificed during the Great Festival, animal skins, horse hooves, bullets, and in some cases the human body itself, by means of a tattoo.

⁸⁵ “In the name of God, the clement, the merciful”.

⁸⁶ The same occurs in the sacrifice and name-giving feasts.

The power of an amulet does not only reside in the material medium of the written text, but can be transmitted through water, by wetting the text to drink it or clean oneself with it. It can also be inhaled after burning it.⁸⁷ The final destiny of the charm varies. In most cases it is worn by the affected person; on other occasions it is placed close to that person or victim, hanging from a tree or hidden in the home. It can also be eaten or drunk by the patient, or serve as the basis for a bath, after dissolving the paper in water. By this means the divine word literally penetrates the body to purify it and free it from evil.

The typology and functionality of the amulets produced by the *fqīh*-s is equally varied, and in many cases reproduces the formulae of the classical texts on magic by al-Suyūṭī or al-Būnī:⁸⁸

- To heal illnesses, headache, toothache and stomach-ache, heart diseases of the heart, liver or spleen, fever, skin rashes,⁸⁹ or influenza.⁹⁰
- To heal epilepsy and nervousness.
- Against nightmares.
- To influence feelings towards others: attraction, repulsion, jealousy etc.
- Prophylactic and preventive charms:
 - The *tabrīd*, which was used by warriors to protect them against bullets.⁹¹
 - Protection against the *jnūn* and the evil eye.
- Amulets to make learning easier.⁹²

⁸⁷ "The Fakih writes invocations to God on pieces of pottery or clay with a thick ink. These pieces are taken away by the patient who puts them on the fire; when they are well-warmed he pours water on the writings and makes sure that the steam bathes his eyes. If it is breathed in through the mouth, it serves to cure throat diseases" [translation from Spanish], Ignacio Iribarren Cuartero, *Trabajos de un médico militar en el Rif (Beni Said)*, Ceuta, Imp. Imperio, 1942, p. 14.

⁸⁸ Doutté, *Magie et religion...*, bases most of its detailed descriptions on the work of these two authors.

⁸⁹ *Ibid.*, pp. 227–231.

⁹⁰ A talisman was placed around the neck of a child who had *shahhāqa* ("influenza").

⁹¹ The best-known *tālīb*-s came from the south, although their elaboration was also attributed to the Jews. The *tabrīd* contains passages from the Quran and names of *jnūn*, and pre-supposes astrological knowledge. It is written with saffron on a small piece of paper, or a silver bullet. The writing is carried out on moonless nights.

⁹² When the Quranic master saw that his pupils had difficulties, he wrote out a spell with Quranic passages (*yā sīn*, *al-ikhhlās* or *āyat al-kursī*) inside a bowl, plate or slate, spread water over the writing, then gave it to the child to drink. It is worth remembering that in the traditional context it was thought that too much reading could also lead

- *Kirāha* or *korh* (from “to hate” or “to detest”), aimed to free a person from a libidinous vice, alcohol or tobacco.⁹³

5.4.2.2. *Roqya: Recitation and Quranic Exorcism*

The specialist in handling the Quran can exploit its prophylactic and healing powers, performing various forms of therapy for expelling the affliction as in an exorcism. It is worth remarking here, however, that the concept of exorcism I will use does not quite express the idea of expelling the devil from the body, since the agents of attack are the *jnūn* and I am not referring solely to *shaytān*.

This practice is not within the scope of all *fqīh*-s and it is not enough to have a profound knowledge of religious sources. A specialist also needs special gifts to be able to identify and tame the *jnūn*. These gifts can be obtained by transmission, generally within a family, or by learning from a master or a revelatory dream. Unlike the *shuwwāfa*, the *fqīh* exorcist does not undergo the personal traumatic experience of a relationship with a *jinn*, at least according to the *fqīh*-s I have consulted.

The *roqya* linked to exorcisms generally refers to the recitation of Quranic fragments with the aim of bringing about well-being, or of protecting or healing. It can be performed by any person who is familiar with recitation and is in a state of purity. It should be borne in mind that in spite of its apparent decline in the face of the advance of the biomedical system, there has been a certain resurgence of this practice under the influence of the process of re-Islamisation. The *roqya* matches modern scripturalist rhetoric extremely well, since it focuses exclusively on the Quran and can be adapted surprisingly well to new technologies: the *roqya* can be found on the YouTube website and several other Internet sites offer exemplary recitations in mp3 so that the believer can reproduce them at home with the aim of relaxing or using them in a prophylactic manner.⁹⁴

to mental problems. For this reason, it is believed that the *fqīh*, who has already become familiar with the Quran, is beyond this potential danger.

⁹³ In this case it is made with fragments of the Quran, which will cause the individual to detest women, alcohol and hashish. When it does not contain Quranic passages and becomes a *herz shaytāni*, it is written so that a married man will hate his wife and children.

⁹⁴ Moussa Khedimellah, “Une version de la *ruqiya* de rite prophétique en France. Le cas d'Abdellah, imām guérisseur en Lorraine”, in Constant Hamès (dir.), *Coran et talismans. Textes et pratiques magiques en milieu musulman*, Paris, Karthala, 2007, pp. 404–405, arrives at similar conclusions in his work on the *roqya* in France.

Exorcism, however, is much more complex and requires from the *fqih* a series of abilities as well as experience in using the *roqya*, not to mention other techniques of identification and expulsion. This will occur in a specially reserved area which is usually in the home of the *fqih*.

1) Identification phase. It is generally the relatives of a person who is ill who approach a *fqih* to request his services. The *fqih* then starts to investigate the case by asking family members for personal details concerning the patient. The next phase sees the *fqih* make direct contact with the affected person, to find out whether he or she is under the influence of a *jinn*, and if this turns out to be the case, whether the *jinn* is now present or absent. In order to carry out this investigation, the *fqih* analyses various corporal signs and the patient's general behaviour. From this point on, if the suspicion exists that there has been an attack by a *jinn*, the *fqih* will capture its attention and then expel it.

During the examination of the patient and the identification of the *jinn*, it is important to determine the latter's religion. The *jinn*'s reaction to the intervention of the *fqih* is assumed to depend on its religious affiliation. All *jnūn* dislike being bothered, but the Muslim *jnūn* react to such provocation with greater moderation, whereas the Christian and Jewish *jnūn* respond with blasphemy and obscenities.

In the exorcisms which I have attended in Tangier, the *fqih* identifies the *jinn* through auscultation or questioning of the patient. In general, the specialist *fqih* is able to bring about the presence of the *jinn*, and speaks to it in a tentative fashion in order to identify its religion. This is crucial in deciding which Quranic text is most appropriate for the *jinn* in question. There is, however, no complete agreement on this issue. The most used texts are those which make reference to the *jnūn*, those which contain the most beautiful names of Allāh or those which describe the punishments of hell.⁹⁵

Other ways of attracting the *jinn* are known as *tahdir* (from *haddar*, "to come/arrive"), and involve fumigating or making sacrifices. The smell of substances like blood or certain herbs attracts the *jnūn*, and in other cases fumigation seeks to defeat them. Some of the types of incense used, such as harmal, contain alkaloids which have hypertensive-inducing

⁹⁵ The most recited fragments are the "throne verse" (*āyat al-kursī*, verse 255 of the second *sura*, *The Cow*) and the *suras* 72 (*al-jnūn*), 112 (*al-ikhhlās*), 113 (*al-falaq*). Such recitations are considered a highly provocative means of irritating the *jnūn* and causing them to make their presence felt.

effects on the patient.⁹⁶ Others like the *fassūkh* (gum ammoniac) have a nauseous effect and use this as a way of combating the *jnūn*'s actions. In order to attack the *jinn*, the patient may also be subjected to a frugal diet particularly abundant in salt, since salt is thought to drive away the *jnūn*. When the signs observed by the *fqīh* allow him to identify the *jinn*, these signs are said to be *haqiqī* ("correct" or "reasonable"), but if the signs displayed by the patient do not allow the possessing *jinn* to be identified, they are *hrāmī* ("deceitful").

2) Negotiation and expulsion phase (*sar'a*). After identification, the *fqīh* proceeds to engage in a dialogue with the *jinn* and to start a process of negotiation with the ultimate aim of expelling it and freeing the person of its influence. The exorcism is not only based on this type of oral persuasion; a struggle is also carried out through the body of the possessed person. To attract the *jinn*, the rituals of attraction (*tahdir*) previously mentioned are repeated, or magical rites are used, such as a negotiation with the kings of the *jnūn*. The presence of the *jinn* becomes manifest in the body of the patient through convulsions, shaking or alterations to the voice. Once the *jinn* has been attracted, the *fqīh* identifies it, asking it questions through the possessed person. The *fqīh* asks if it is Muslim, Christian or Jewish and whether it comes from land, sea or air. He also asks its colour and whether it is a simple *jinn* or one with power over the other *jnūn*. In order to carry out the dialogue, the *fqīh* gives the *jinn* or *jinniya* a name, and then uses that name to address it. The name will also define whether or not the *jinn* is Muslim. During the dialogue, the *fqīh* will ask the *jinn* about its reasons for attacking its victim, as well as its intentions and expectations. The answers given by the *jinn*, i.e. through the patient's mouth, are key to an understanding of the socio-cultural dimension of possession. The *jinn* places blame for his/her state on the patient, i.e. the possessed person is blamed for having broken one of the prohibitions or precautions concerning the world of the *jnūn*. The *fqīh* will try to justify the attitude of the person under attack and will negotiate with the *jinn* concerning the type of compensation it is to receive in exchange. The *jinn* will only leave the body when the conditions demanded by the *fqīh* are met.

If the negotiation process is unsuccessful, the *fqīh* proceeds to threaten the *jinn* with the Quranic weapons of recitation. Such recitation may be accompanied by the *fqīh*'s gesture of placing his hand on the patient's

⁹⁶ Aouattah, *Ethnopsychiatrie maghrébine . . .*, p. 172.

forehead. If the divine word also turns out to be insufficient, the *fqīh* will start a head-to-head struggle with the *jinn*, grabbing hold of the patient and even recurring to violence in the shape of shaking, slapping, punching or flagellation. For flagellation purposes, the *fqīh* uses a stick made of olive or broom wood, both of which are thought to have greater efficacy for freeing the patient. This method is especially common when the *jinn* puts up strong resistance or if erotic elements have come to light.⁹⁷ In other cases, the *fqīh* places his thumbnail beneath that of the patient and gradually increases the pressure on it as he orders the *jinn* to emerge (*kherj!*, “come out!”). The technique of cauterisation may also be employed and for this a red-hot knife is used, since hot iron is thought to have the power to torture and punish the *jinn*.

In opposition to these more violent methods, some of the more orthodox *fqīh*-s claim to use techniques based very strictly on Quranic recitation and the use of substances like water which they have blessed. This water is drunk by the patient, or is used by the *fqīh* to perform massages on his body, or the patient bathes in it. From the most orthodox point of view, all the other techniques incur in *bid'a* or innovation, since they do not limit themselves strictly to use of the Quran.

5.4.2. Sharīf-s: *The Genealogical Power of Baraka*

The *sharīf*-s are descendants of the Prophet. They do not all have healing powers, but some possess a special *baraka*, understood to be an inherited ability found in certain parts of the body, such as the hair, hands or saliva. *Baraka* is also transmitted at collective banquets or meals, through the bread or couscous which is served. Some *sharīf*-s are also familiar with techniques used by other specialists, such as scarification or blood-letting. In these other cases, their *baraka* is the agent which brings about the healing of afflictions caused by the invasion of a *jinn* or the action of the “cold”. That is to say, they act like exorcists and balancers of the humoral flows of the sick body.⁹⁸

On most occasions, their power is conveyed through their saliva, which they apply to the patient's body with their own hands. This occurs, above all, in interventions aiming to heal paralysis or specific body pains, or to

⁹⁷ Boughali, *Sociologie des maladies . . .*, p. 248.

⁹⁸ Bernard Greenwood, “Cold or spirits? Choice and ambiguity in Morocco's pluralistic medical system”, *Social Science & Medicine*, 15B (1981), p. 220.

end infertility. This placing of the hands, known as *‘azzama*, was very frequent among the most reputed *sharīf*-s in Morocco, and is in fact a practice attributed to the Prophet himself, who passed his hands over his own face before putting them on his body or those of other people in order to heal them.⁹⁹

5.4.3. *Shuwwāfa: Clairvoyantes and Female Witch Doctors*

The *shuwwāfa*¹⁰⁰ is a clairvoyante who predicts an individual's future prospects in the areas of work, fertility or marriage, and offers remedies for illnesses of a magical-religious origin, but may also carry out tasks similar to the *suhur* in her role as an agent of magic and counter-magic. The clairvoyante generally acquires her powers after making a pact with the *jnūn*, and thanks to them she is able to have visions and tame other people's genies. Indeed, the *shuwwāfa* is a woman who has previously been possessed or attacked by the *jnūn*, and has at some time become a devotee of a saint or *jinn* after being initiated by the *muqaddam* of a sanctuary or brotherhood. The type of *jnūn* with whom she has a special relationship, which may even be of a sexual or matrimonial nature, is usually clearly identified from among the range of the most reputed genies of brotherhoods like the *‘Isāwa*, *Gnāwa*, *Jilala* or *Hamādsha*, e.g. the *jinniya* *‘Aisha Qandisha*.

After her initiation, the possessed woman turns her traumatic and tortuous experience into a source of power. From this moment on, many such women will make a living from their skills, obtaining payment for their services, acting as an officiant or clairvoyante under the protection of a sanctuary or brotherhood, but also organising sessions in their own or other people's homes. In this way, the *shuwwāfa* receives people who wish to know the causes of an illness or the therapeutic itinerary they should follow. The *shuwwāfa* carries out tasks of divination, and many different explanations for her possession of this power are given: sometimes it is said to be because she receives the information from her own *jinn*, by means of a trance or dream experience; alternatively, it is thought to come to her because she transgresses certain taboos like urinating on a copy of

⁹⁹ René Brunel, *Essai sur la confrérie religieuse des Aissaouas au Maroc*, Casablanca, Éditions Afrique Orient, 1988, pp. 164–165.

¹⁰⁰ From the root *sh-w-f*, "to look". One of the most detailed pieces of work on the *shuwwāfa* is the study by Margaret Rausch, *Bodies, Boundaries and Spirit Possession. Moroccan Women and the Revision of Tradition*, Bielefeld, Transcript Verlag, 2000, which focuses on Casablanca.

the Quran; or because she has used bread or milk to wash her intimate parts for three consecutive Fridays, or because she has had incestuous relationships.¹⁰¹

The most common form of divination is the method of "entering the wickerwork basket" (*dkhūl at-tbiqa*). This basket is filled with *cauris* or shells and herbs believed to have the power to capture the *jnūn*, and it is covered with a cloth of the colour belonging to the *shuwwāfa*'s protecting *jinn*. After questioning the patient or members of his/her family, the *shuwwāfa* fumigates the basket and tries to determine the nature of the *jinn* which has caused the affliction. If the *shuwwāfa* belongs to a brotherhood, she will advise the patient to take part in a *hadra* or trance.

The difference between the *shuwwāfa* and the *fqīh* is that the latter has not undergone a traumatic experience or suffered a process of mental affliction, and these are necessary conditions in the case of the former. Another difference is that unlike the *fqīh*, who seeks to expel the *jinn*, the *shuwwāfa* usually refers the patient to the circuit of ritual trances pertaining to one of the brotherhoods, and she establishes a relationship of worship and *adorcism*. The *jinn* which strikes or bothers the ill person is not always expelled, and something resembling a client relationship with it is established: the patient has to respond to the *jinn*'s demands and satisfy it in order not to be bothered by it. Thirdly, the *shuwwāfa* employs contemptible techniques which are contrary to Islam, such as magic performed with bodily or animal substances, and which contravene textualistic norms. The *shuwwāfa* nevertheless considers herself to be a devout believer, and does not necessarily renounce the written text. Fatima Mernissi has shown the paradoxical relationship between one *shuwwāfa* and the power of scripture, in the case of an illiterate woman who employed the services of a *fqīh* to write for her.¹⁰²

In the 1970s, the *shuwwāfa* were a clearly visible presence in the poorest neighbourhoods because of a standard which was flown from the buildings where they lived, but in more modern or well-off areas their presence has become difficult to gauge. Indeed, the *shuwwāfa* has often been considered an agent working in the service of the poor and superstitious, or as a central figure in the services of the brotherhoods of the marginalised or excluded, such as the Hamādsha or the Gnāwa. However, the *shuwwāfa* also has her customers among the middle and upper classes, who seek

¹⁰¹ Boughali, *Sociologie des maladies...*, p. 242.

¹⁰² Mernissi, "Habiba la vidente...", p. 208.

out her services in order to know about the future prospects of their businesses, their chances of political promotion in times of elections or the fate of matrimonial relations.¹⁰³

5.4.4. *Saints and Sanctuaries (II)*

We have already seen above that a visit (*ziyāra*) to the tomb of a Muslim saint can be made in order to bring about the curing of humoral and physical imbalances or psychosomatic illnesses. In both cases the patient's internal logic tends to be similar: he begs the saint to intervene so that the *baraka* will have its effect upon the affliction in exchange for a promise, an animal sacrifice or a votive offering (items of clothing, candles etc.). These types of spaces abound in both rural and urban areas of Morocco, although the custom of visiting them is in decline. The main causes of this decline are the advances of bio-medicine and of re-Islamisation, which brands such practices as deviant.

Certain trades and professions have adopted saints as patrons and protectors by virtue of their extraordinary life stories. One example of this is Si 'Allāl al-Qayrwānī of Casablanca, the protector of fishermen. In other cases, like Sīdī Būsmara, also in Casablanca, a sanctuary is visited by people with difficulties like the lack of employment.¹⁰⁴ In fact, the adaptation of this whole complex of practices to modern times is quite plain to see, and is epitomised by a reference in Étienne to a sanctuary where people go to implore for the solution of injustices committed by their local administrative officials.¹⁰⁵

The sanctuary usually consists of the tomb as such, covered by a small building with a cupola (*qubba*), although on many occasions there are natural elements of symbolic power beside the sepulchre, such as trees, rocks, water or caves. In many cases, the devout person spends the night beside the saint's tomb, expecting to be healed or to have a revelatory dream about the saint which will be equivalent to a healing process. In this form of incubation, sleeping beside the tomb is not only intended to

¹⁰³ See "Une journée dans le secret de la voyante Hadda la Gnaouia. Votre devenir clé en main", *Maroc-Hebdo*, no. 555, 27 April–1 May 2003. This article carries an interesting description of a gathering of women at the home of the wife of a businessman. Present at the meeting is a *shuwwāfa*, who enters into a trance to answer the questions put to her, and in exchange receives payment in cash.

¹⁰⁴ Mustapha Akhmissse, *Rites et secrets des marabouts à Casablanca*, Casablanca, Sedim, 1984, pp. 53–54 and 57–59.

¹⁰⁵ Étienne, "Magie et thérapie...".

heal an illness, but is often performed in order to acquire the skills which the saint possessed, as in the case of Mūlāy Būshta ("he of the rain"), a musician and poet from the region of Fez.¹⁰⁶ In the past, a *sharīf* or member of a brotherhood like the Gnāwa or the Heddāwiya also used to be asked to carry out a tour of various sanctuaries with the aim of discovering the key needed to cure an illness. This is known as third-party incubation, when a person close to the patient spends some nights by the tomb of a saint to gain inspiration from the saint's *baraka* concerning the causes of the illness.

In many cases, pilgrimage can take in more than one sanctuary, as in the tour of the so-called "seven saints" of Marrakesh (*saba'atu rijāl*). At each of the sanctuaries the devotee spreads a little earth on the affected part of his or her body and sprinkles on water from close to the sanctuary, leaving food for the poor in exchange.¹⁰⁷ Jewish saints are also to be found at some of the sanctuaries, and they are visited by both Hebrews and Muslims. One example of this is the tombs of the Cohen rabbis, close to Marrakesh, which used to receive visits from the sterile. Such people burnt a lamb, threw it into the waters of a nearby swamp and put one of their feet in the water after plastering it with flour paste. If the turtles living in the swamp came up to eat the paste, this signified the end of the person's sterility. The proximity of animals to the sanctuaries reflects the relationship between them and the saint during his lifetime, and in Sufi pietism is a symbol of virtue and aura.

Some saints are attributed the ability to control the *jnūn*, and can therefore exorcise a patient or bring about the return of people who have been kidnapped by a *jinn*. Mūlāy Thāmī is visited by relatives of people who have disappeared in an attempt to find them again, as occurred in the legend of the saint, who effected the return of a girl who had been taken by a *jinn*.¹⁰⁸

Some *muqaddam* or managers of sanctuaries also perform the ritual appropriate to a brotherhood but in an individualised manner for the possessed client: this involves repetition of the *dhikr* and the creation of a trance to attract or expel the *jinn*.¹⁰⁹ For their part, the rituals carried out

¹⁰⁶ Mustapha Akhmisse, *Médecine, Magie et Sorcellerie au Maroc ou l'art traditionnel de guérir*, Casablanca, Imp. Eddar El Beida, 1985, p. 33.

¹⁰⁷ *Ibid.*, p. 35.

¹⁰⁸ Akhmisse, *Rites et secrets . . .*, pp. 139–141.

¹⁰⁹ Étienne, "Magie et thérapie . . .", p. 284.

by the patient and pilgrim are very diverse, and can include any of the following: the sacrifice of animals; the burning of perfume and incense in a stove for the fumigation of bad spirits; the rubbing or placing of stones or chains on the affected part of the body; circling around the tomb; immersion in nearby waters, both sweet and salt (in the sea, individuals allow themselves to be buffeted by a specific number of waves); the ingestion of parts of a sacrificed animal (often the liver or the heart); songs, prayers and sessions (*hadra*) directed by brotherhood collectives. However, this series of therapies is not intended to bring about the definitive solution to an affliction so much as to establish a situation of dependence between the ill person and the sanctuary. This state of dependence periodically needs the rites I have mentioned, in the manner of brotherhood *adorcism*.

Morocco is full of sanctuaries which are believed to have the power to heal the following specialities:¹¹⁰

- Paralysis of members
- Neurological problems
- Problems of female sterility (a function assumed by most sanctuaries)
- Skin diseases
- Breast-feeding problems
- Nerves (*jaāra*) in babies¹¹¹
- Epilepsy and mental problems in general¹¹²

Several sanctuaries serve or have served as asylums for the “alienated”, who spend a number of days and nights in the *khalwa* of the saint.¹¹³ Some such cells overlook the sea, as in the sanctuary of Sīdī ‘Abd ar-Rahmān al-Majmar (“stove”) in Casablanca.¹¹⁴ In such cases, the patient is subjected to the sea wind for several hours to drive away the maleficent tormenting *jnūn*; he is then subjected to fumigations with the same purpose and placed on a rock to be bathed by the waves. The rites are completed

¹¹⁰ Several authors have written on this particular network of sanctuaries. See, for example, Akhmisse, *Rites et secrets . . .*, and *Médecine, Magie et . . .*

¹¹¹ Akhmisse, *Rites et secrets . . .*, p. 75. In this case it is not the tomb of a saint, but the small grave of a still-born baby girl, the daughter of the sultan Mūlāy Hasan I, close to Sīdī Mbārek Regraguī, in Casablanca.

¹¹² *Ibid.*, p. 175.

¹¹³ The *khalwatiya* is a reclusive cell. The word derives from the mystical term *khalwa*, which refers to withdrawal, reclusion or isolation.

¹¹⁴ Akhmisse, *Médecine, Magie et . . .*, p. 34.

by the sacrifice of an animal (lamb, goat or cock), which is thrown into the sea. The rocks near to the sanctuary and the sea are also covered in pieces of clothing which are left as votive offerings.

In the case of Sīdī Ahmed bin Ichou (Casablanca), the patient is accompanied by family members and spends the night in the sanctuary, tied in chains.¹¹⁵ Something similar occurs in Sīdī Mes'ūd (Awlād Sīdī Mes'ūd), a sanctuary which is visited for the healing of mental diseases. In his youth the saint of the sanctuary cured his mother of madness, expelling the *jnūn* after flagellating her while she was tied to a chain. In the sanctuary there are various windowless cells called "rooms of forgiveness" (*byūt al-'afu*). Akhmisse describes entering one such room and discovering a semi-naked young woman, tied up and with her hair in tatters. The woman had been in the room for two days and nights with a *fqīh* beside her reciting the Quran. Akhmisse tried in vain to convince the *fqīh* and the woman's relatives of their error in carrying out such a treatment, and presented the family with a form for hospitalising the patient.¹¹⁶ In the south, such practices of mortification of the patient concluded with a rite of passage organised by the family, who sacrificed a lamb and gave the person a new name, performing the ceremony of the *saba'a* to symbolise the patient's rebirth.¹¹⁷

One very special case to be highlighted is that of the sanctuary of Būya 'Omar, linked to the *sharīf*'s *rahhalīyīn*. This sanctuary constitutes a sort of asylum where the mentally ill possessed by *jnūn* go to cure themselves by means of a peculiar kind of trance. These rituals constitute what Naamouni has called a "judicial trance": a hidden tribunal (*mahkama battiniya*) made up of saints and *jnūn* hold a trial involving the genies who are tormenting the possessed person. This person takes part in a court hearing, with judges, accusations, records etc. All of this is described in the dreams and trances of the possessed person or other possessed people, in dialogue with mediators from the sanctuary. Possessed individuals remain in the "jail" of the sanctuary until their cases are resolved, a process which in some cases can take several years.¹¹⁸

¹¹⁵ Akhmisse, *Rites et secrets* . . . , p. 45.

¹¹⁶ *Ibid.*, p. 81.

¹¹⁷ Boughali, *Sociologie des maladies* . . . , p. 271.

¹¹⁸ See the excellent ethnography by Khadija Naamouni, *Le culte de Bouya Omar*, Casablanca, Eddif, 1995, pp. 99–110 and 131–151. It currently still receives a large number of pilgrims from all over the country throughout the year.

Management of the sanctuaries is usually in the hands of descendants of the saint, *tālib*-s or women, who make it possible to perform a ritual interchange with the saint in exchange for donations and sacrifices. In this symbolic interchange, material and economic aspects play an important role. Evidence of this can be seen in the number of disputes between branches of descendants over their shares of alms or the adjudication of donations. According to Boughali, the very logic of the therapies employed is affected by these economic concerns. For example, the decision of the *muqaddam* concerning whether a patient is ready to leave the sanctuary usually correlates with the current state of that sanctuary's finances.¹¹⁹ In some cases, an influx of visitors has even led the sanctuary to enlarge its inviolable area (*hurm*) and build new rooms which are away from the sanctuary itself but still controlled by descendants of the saint.

The sanctuaries have always been subjected to attacks by defenders of a pure Islam, and under the influence of the processes of modernisation and re-Islamisation they have experienced a general decline as spaces of worship and healing. In spite of this general decline, some have held onto their role as spaces visited, in both rural and urban areas, for therapeutic reasons, especially those relating to fertility, and a handful of them attract thousands of visitors as centres of pilgrimage or seats of highly active brotherhoods on the occasion of the annual *mawsim*.¹²⁰ Some sanctuaries have even revived in recent years. Boughali recorded that the sale of steel chains for the mentally ill placed in the sanctuary of Būya 'Omar did not exist before the 1980s, and that the same could be said of the sale by auction of the offerings left in a special box inside the sanctuary.

5.4.5. *Brotherhood Therapy: Possession Cults*

The Islamic brotherhoods (*turuq*; singular, *tariqa*) have historically played a number of different political, economic and symbolic roles. I will focus here on the roles relating to possession and ritualised therapies. The brotherhoods have offered different answers to such possessions, although

¹¹⁹ "...sur treize sanctuaires couramment fréquentés par les malades mentaux dans l'espoir de guérir, l'autorisation de quitter la cellule, sous prétexte d'accord saint, n'est donnée par le *muqaddam* que durant les périodes de grande fréquentation populaire. Cela a pour but de donner libre cours à la spéculation et à la concurrence financière des postulants", Boughali, *Sociologie des maladies...*, p. 236.

¹²⁰ For a recent work on these sorts of centres, see Philip Hermans, *De wereld van de djinn. Traditionele Marokaanse geneeswijzen*, Amsterdam, Bulaaq, 2007, which analyzes Ben Yeffu, in the Safi region.

these answers have manifested themselves through similar collective rituals, like the “presence” (*hadra*) or the *derdeba* (from *derb*, “to beat”). The *hadra* can take many forms, but its central component is dance, by means of which the possessed person establishes communication with the *jinn* who is attacking him or her. This *jinn* is therefore given the name of *mulk* or “the possessor”. This ritual of trance and possession is known as *jedba* (from *jdib*, “to dance”) and involves a progressive swaying of the head and contorsion of the body. It should also be mentioned here that not all trances are related to brotherhood practices. There are a substantial number of cases of individuals who are struck by a *jinn* and fall in response to a particular musical rhythm, especially during performances at weddings and concerts.¹²¹

Not all brotherhoods in Morocco perform these rituals, because of the variations that exist between their doctrines and notions of Islam. The most reputed brotherhoods on account of their links with possession cults are those of ‘Isāwa, Hamādsha, Gnāwa and Qādiriya. Some of them have been the object of lengthy discussion and rebuke by the most orthodox, who accuse them of performing rituals contrary to the spirit of Islam such as mortification of the body, bleeding, shouting and even the use of music. Such criticism has not only come from reformers or scholarly puritans, but from other brotherhoods which reject the use of ecstatic rituals. Among the most criticised brotherhoods are those of the ‘Isāwa and the Hamādsha, and this is because of some of the rites they use: the carving and ingestion of raw lamb, prickly pears or boiling water, self-inflicted wounds made by axes, nails etc. Such rituals were also rejected by Moroccan reformist nationalists because of the image of fanaticism and savagery which they offered up to colonialists, who did indeed take advantage of these rituals to point to the backwardness of the Moroccan general population.¹²² It must be pointed out that in general terms such opposition coincides with the social affiliation of the members of the brotherhoods. The least opposed to orthodoxy in ritual terms, like the Tijāniya or the Nāsiriya, have tended to be linked to the literate and more

¹²¹ I have seen this kind of falling to the ground at two different weddings (one in Banī ‘Arūs and the other in Asilah). In both cases, women suddenly collapsed in response to a change in the rhythm of the music. The explanation for their collapses which I give here (i.e. the anger of a *jinn*) is that which was given by other guests at the events.

¹²² Josep Lluís Mateo Dieste, *La “hermandad” hispano-marroquí. Política y religión bajo el Protectorado español en Marruecos (1912–1956)*, Barcelona, Edicions Bellaterra, 2003, pp. 291–296.

powerful classes, whereas the ecstatic brotherhoods I have cited have found more favour among the poorer classes. This is certainly the case of the Gnāwa, a brotherhood which emerged among the slave class or descendants of black African slaves. The fact is that possession and brotherhood cults have been such everyday phenomena in Moroccan society that until very recently some matrimonial contracts still contained clauses authorising a possessed wife to attend a *hadra*.

The brotherhoods are an institutional development of Muslim Sufism and for this reason they have various elements in common, such as the ritual encounters in which litanies or *dhikr* are recited, invocations of Allāh, which are celebrated in regular meetings, either on a weekly basis every Thursday (the most common option) or annually, with pilgrimages, or in private gatherings organised in followers' houses. However, the details which accompany and surround the *dhikr* in the session or *hadra* vary from one brotherhood to the next: this depends on whether the litanies are accompanied by music, with percussion instruments like the *bendīr* or wind instruments like flutes or bagpipes, and dancing, individual or collective, in circles or in lines, swaying the body back and forth to the rhythm marked by the specialist (*shaykh*, *qutb* [pole] or *muqaddam*).

The sessions do not only take place in the *zāwiya*. Many trance sessions occur in private homes, organised by a *shuwwāfa* and attended by women who are regular attendants at one or other of the brotherhoods previously mentioned. The *shuwwāfa* directs these sessions through recourse to her chamanistic credibility, i.e. her ability to manipulate and negotiate with the *jnūn* who have possessed her. The rituals and their phases are very similar to the brotherhood celebrations, and they also reproduce the liturgical part, such as the repetition of the litanies. In reality, these are female spaces which exist in parallel to the institutions controlled by men. The *shuwwāfa* performs a role similar to that of the *muqaddam*, in the sense that she controls the dancers and the identity of the *jnūn*, obliging the possessed women to wear clothing of the same colour as the *jinn*, as in the case of the Gnāwa. Some authors have interpreted these domestic female rituals as a mechanism of compensation allowing the free expression of emotions, offering group support and the projection of problems which have no outlet in the everyday life of women.¹²³ Such interpretations are

¹²³ Aouattah, *Ethnopsychiatrie maghrébine . . .*, p. 219.

very similar to those made of other mainly female possession cults, like those of the *zar*.¹²⁴

The sections that follow contain a summary of the brotherhood therapies of the main *tariqa*-s which specialise in dealing with the *jnūn*.

5.4.5.1. *Gnāwa Rituals*

This brotherhood displays clear signs of being a synthesis of Islamic and African cult elements. In the list of spirits, spirit kings and Gnāwa characters there are references to Muslim saints (especially Mūlāy ‘Abd al-Qādir) and mythical figures from Western Africa or even the villages of their alleged origin, like those of the *bambara*. Their rituals feature evocative dances, in which the adept invokes his *jinn* and dresses in “its colour” and dances to “its rhythms”. The Gnāwa, Hamādsha and ‘Isawā all have a series of ritual elements in common such as their preparations for possession by means of sacrifices and invocations, and the intervention of intermediaries between the afflicted person and the *jnūn*. The initiate enters the ritual cycle, conditioned by music, fragrances, colours, psalmodies and various hypnotic actions which lead him on to ecstatic dancing and to satisfy the will of the *jinn* in order to appease it. The Gnāwa ritual is undoubtedly the most complex of them all, because of the great number of *jnūn* involved and because of its duration. The summarised description which follows is based on recent ethnographic data:¹²⁵

- Individual preparation. The devotee must undergo a rite of passage, and remains locked up in a dark room for several days. There he is purified and washed by the *mu‘allim*, the master of the brotherhood, who also directs the trance session and plays the *gembri* or the *haju* (stringed instrument) which marks the rhythm and invocation of the *jnūn*. With this rite of passage, the affected person becomes the object of an initiation, accompanied by sacrifices and re-birth in a new state.
- Preparation for possession. The Gnāwa use herbalist elements in their sessions, projecting onto the plant the powers of mediation and invocation. The masters of the ritual know which plants are desired by each

¹²⁴ Janice Boddy, “Spirits and selves in Northern Sudan: the cultural therapeutics of possession and trance”, *American Ethnologist*, 15 (1988), pp. 4–27.

¹²⁵ Contained in, among others, Chlyeh, *Les Gnaoua du Maroc . . .*; Pâques, *La religion des esclaves . . .*, and Bertrand Hell, *Le tourbillon des génies. Au Maroc avec les Gnawa*, Paris, Flammarion, 2002.

type of *jinn*, with this choice depending on their smell or the colour given off when they are burnt. The intention when burning this incense is to communicate with the *jnūn*, achieve peace with them or satisfy them during the ecstatic session. The patient is also covered with a piece of cloth of the colour of the *mulk* in question, to ease their union.

- Possession and trance (*lila derdeba*, “the night of the trance”). Whereas the first phase was private and individual, the next is collective, and takes place among members of the brotherhood, relatives and friends of the patient. Music plays a central role, with the great three-stringed lute or *hajuj* used as the leading instrument in the ritual, accompanied by the *qraqeb* (metallic castanets) players. Being able to play it requires initiation by other masters, and before playing it, it is necessary to have performed a further series of rituals in which the *hajuj* is perfumed and protected with henna or blood. The propitiatory stage of the trance is arranged with perfumes, praises and invocations, and is delimited by a symbolic boundary which can only be surpassed by the dancers. Incense is burned in braziers, a bowl of milk is presented to the four cardinal points, an animal is sacrificed, and sweet unsalted meat (*hlu*) is consumed to attract the *jnūn*. To invoke them, songs known as *mluks* are performed, in reference to the possessing *jnūn*, and their different manifestations, with as many as forty different types and colours. When the dance begins, the dancer shakes until the master of the *hajuj* interprets the rhythm of the possessing *jinn*, and after entering into a trance he falls down exhausted, at which point the *jinn* is understood to have left his body. From this moment on, the master takes him to a fumigated brazier and massages him. The ritual concludes with a sacrifice. This ritual is repeated over several cycles, which correspond to the different cohorts of genies and saints; the possessed person only takes part in those cycles in which his genie is invoked.

In the case of the Gnāwa, the possessed person does not solve his problems with a ceremony, but participates in successive sessions which ritualise his affliction. Consequently, the affected person does not rid himself of the *jinn*, but establishes a tie with it, as occurs with members of the ‘Isāwa or Hamādsha brotherhoods. It should be pointed out that in spite of their particularities, the *faqīr*-s also attend the ceremonies of the other brotherhoods, given that they share the relationship with some saints and *jnūn*.

5.4.5.2. *Hamādsha Rituals*

The Hamādsha brotherhood was founded in the late 17th century by Sīdī ‘Alī b. Hamdūsh, and the central *zāwiya* is located in Meknes. The trances of this brotherhood are known for the use of axes and knives in the self-inflicted flagellations practised by the *faqīr*-s, in reference to the suffering borne by the founder. The summary which follows is based on data from Crapanzano:¹²⁶

- Preparation of the *hadra* or presence. The *hadra* is preceded by sacrifices and collective gatherings, and this initial phase is marked by the recitation of litanies, the *hizb* and the *dhikr*, which express the brotherhood’s ties with Allāh. In some brotherhoods a mystical state is achieved through the repetition of these recitations, but in those which practise *adorcist* cults of the *jnūn*, the main invocation is made in the next phase, by means of music and dancing.
- Warm phase (*skhon*). In the Hamādsha, the dancers move their bodies to the rhythm of bagpipes (*ghaita*), small drums and tambourines, either individually or as a hand-holding group. The shaking movement of their bodies seeks to bring about the manifestation of the *sākin* or “inhabitant”, i.e. the *jinn*. When the rhythm of the music and the shaking accelerates, the dancers enter a state known as *hal*. Definitive “contact” is made when the dancer perceives that the *jinn* is responding to the rhythm. The *jedba* reaches its climax. The rhythm carries a *rīh* (“wind”) which is that of the *jinn*, as in other African contexts in which a divinity or spirit becomes manifest when it identifies with a particular rhythm. In the Hamādsha the role of the musicians, and especially the pipe-players, is fundamental because they determine the rhythms, and must be able to improvise changes in those rhythms when they are required by the state of the dancers. From this moment on, the reactions of the possessed are very varied. A trance is held to have been completed when the dancer ends his *jedba*, coinciding with the satisfaction of the *jinn*. However, when the affected person perceives discordance with the music and supposes that his *jinn* is angry, there is a syncopated trance. The musicians start creating the rhythms again, the dancer stops and then dances again until the *rīh* is found. Among the

¹²⁶ Crapanzano, *The Hamadsha...* The field work took place in the Meknes region in the 1960s.

Hamādsha, the trance and dancing do not imply an identification of their gestures with the *jinn*, as occurs in other cases like the imitation of the tarantula in Italian tarantism or among the 'Isāwa, who identify with lions and camels.

- Cold phase (*bard*). The warm phase is that of collective dancing, but during the cold phase the musicians satisfy the needs of the dancers in an individual manner, and interpret different rhythms until the dancer reaches the most adequate for him. The instruments also change during this phase: the *nira* (flute) and *gembri* are thought to have the power to imitate the rhythm of each particular *jinn* with greater accuracy. In this final phase of the trance, the Hamādsha also claim to see 'Aisha Qandisha, mingled with the other dancers.

The *muqaddam* of the brotherhood intervenes in a crucial manner in all the different phases outlined above. He oversees the music and the state of the dancers, and when those dancers fall to the ground or achieve a completely trance-like state, the *muqaddam* holds and massages them, especially in cases of paralysis. If the patient does not improve and thinks that the *jinn* has not been satisfied, he will repeat his participation in further trance sessions, and this activity can go on for years. However, the dancer always considers the ritual beneficial and believes that it brings greater well-being. Its regular repetition is also linked to the patient's integration in the brotherhood, which gives him psycho-social support and a network of personal solidarity.

5.4.5.3. *Isāwa Rituals*

The brotherhood was founded in 1500 by Sidī Muhammad b. 'Isa al-Mukhtārī. It was influenced by the doctrine of al-Jazzūlī and spread throughout the north of Africa. The tomb of the founder is located in Meknes and is the object of an annual pilgrimage which enjoys great popularity. It should be pointed out that within the brotherhood there exist two ways of understanding pietism: on the one hand, as a set of rituals similar to those of other Sufi brotherhoods, based on asceticism, renunciation of the material world and union with God through the recitation of litanies and the repetition of a *dhikr*; on the other hand, as a set of ecstatic rituals which deal with the relationship of people with the *jnūn* and which are concentrated on the phase of the *la'ab* ("play/game").

The brotherhood went through a series of important changes in the 20th century, but continues to be very active in Meknes as a result of

the annual pilgrimage, as well as in other well-defined areas such as Aith Shishar (Beni Chicar) in the region bordering on Melilla.¹²⁷

Many of the possessed men of the brotherhood used to identify themselves with a distinct band or sub-group of animals: lions, jackals, panthers, dogs, camels, cats or warthogs. In order to enter a group it was necessary to be initiated by means of a rite, and from that moment on the neophyte acquired the secret knowledge of his group, which focused on the imitation of one of the animals. These identifications reached their apogee when the initiate entered a trance and adopted characteristics of the animal concerned, especially with regard to the ingestion of food. Many of these rituals have been forbidden or censured by the State and the *'ulamā'* since the colonial period, and have progressively passed into the private sphere, which means that the degree to which they are currently upheld is unknown. Nevertheless, a large number of Moroccans from the north of the country have informed me about the continued existence of many of these rituals, such as the *frissa*.

The ritual of the *frissa* was carried out by the group of the *sba'* or lion, and involved the carving-up of an uncooked lamb by possessed individuals during a trance, after the sacrifice of the animal by the *muqaddam*. The individuals involved then emulated a lion or dog by devouring the raw meat, with particular emphasis placed on the action of ripping the skin aside in order to eat the intestines. Those belonging to the group of the jackal (*dhib*, or *'ushshen* in Berber), also practised the *frissa*, but in the role of buffoons, thieves and liars, in imitation of the animal they embodied. Another group emulated the panther (*nmra*) and also took part in the *frissa* by competing for the meat with the groups already mentioned. The other groups (cats, warthogs and camels) did not take part in the carving-up, but some of them, such as the camels (*jmal*) entered a trance-state in order to consume prickly pears. This practice and that of drinking boiling water continue to occur, according to witnesses I have consulted.

¹²⁷ The main study of the brotherhood during the colonial period is Brunel, *Essai sur la confrérie...* For more recent times, Andezian, *Expériences du divin...*, covers the 'Isāwa in both Tlemcen and France. For Morocco, there are two doctoral theses, which have both, moreover, analyzed the ethno-musical aspect in some detail: André Boncourt, *Rituel et musique chez les Aïssaoua citadins du Maroc*, 3rd cycle thesis, Université de Strasbourg, 2 vols., 1980 and Mehdi Nabti, *Les Aïssaoua. Soufisme, musique et rituels de transe au Maroc*, Paris, L'Harmattan, 2010.

The 'Isāwa organise their main gatherings during the festival of the birth of the Prophet (*mawlūd*), seen as a propitious period for dances of possession, for it is thought that at this time the heavens open up and can be entered by both the good and bad *jnūn*. The trance is prepared by carrying out prayers and recitation of the *dhikr*, as well as chants dedicated to the brotherhood saint, also known as al-Kāmal.¹²⁸ The devotees form groups and follow the litanies by clapping their hands, and the rhythm gradually increases. The director of the *hadra* then pronounces an invocation, and the pipes and tambourines begin to sound at the same time that the *faqīr*-s form rows of dancers, bending their legs and breathing out the name of Allāh. Various phases follow until repetition leads to trance states, the rows break up and the extraordinary consumption of raw meat takes place as the bodies swirl, make threats and tumble to the ground. The *muqaddam* of each group, as in other possession cults, controls the trance and the bodies of the possessed. These rituals are performed in large open areas in front of the sanctuaries, in private homes or in the central *zāwiya* of Meknes during the *mawlūd*. During the ceremony, the colour of the clothing worn by attendants takes on a special significance: participants and spectators avoid the colour black, which disturbs the *faqīr*-s and causes them to fling themselves upon the person wearing that colour to rip up their clothing.

Some members of the brotherhood are also reputed for their healing powers, attributed to the *baraka* of their protector. Their abilities include healing through the placing-on of hands and immunity to the poison of snakes and scorpions, which they are able to use in order to cure bites.¹²⁹

5.4.6. *Functions and Explanations of the Trance*

According to various authors, trances ultimately make it possible for an individual to adapt to a problematical social or family situation. Far from producing just one crisis, the trance re-generates equilibrium by achieving symbiosis with the possessing spirit.¹³⁰ As I have already mentioned, De Heusch coined the term *adorcism*, as opposed to exorcism, as a way of underlining the fact that in these types of ritual the invading agent is not expelled but adopted, so that the pathology is turned into an epiphany.

¹²⁸ Brunel, *Essai sur la confrérie ...*, pp. 112–121.

¹²⁹ *Ibid.*, pp. 167–178.

¹³⁰ H. Jeanmaire, cited by Aouattah, *Ethnopsychiatrie maghrébine ...*, p. 36.

In this way, possession is ritualised and pathology becomes liturgy, especially in cases like the Gnāwa brotherhood. Boughali, however, denies the therapeutic efficacy attributed to possession cults by anthropologists and criticises work like that of Jacqueline Monfouga-Nicolas on the *bori* cult of the Hausa of Niger,¹³¹ according to which possession mediatises mental conflicts by means of corporal expression. Less radically, Aouattah points out several elements which offer explanations from a psycho-social point of view:¹³²

- The level of group support offered to the affected person becomes very clear in the case of the brotherhoods. Members of the brotherhood and spectators of the trance recognise the devotee, and reduce his anxiety by relieving him of all responsibility for his own illness, which is projected onto the actions of the *jnūn*. By participating in the brotherhood, the patient feels that he is not the only one to experience his afflictions and recognises himself in the others. The affliction ceases to be an individual, isolated problem and starts to depend on collective representations and interventions, which require group dramatisation.
- The ritual re-defines the body of the affected individual, breaks its rigidity and allows the sufferer to release tensions. The dancer becomes disinhibited and after the trance a sort of re-birth occurs.¹³³
- The dancer obtains psychological satisfaction from the release from his anxieties, concerns and repressions, and from their outward expression.
- The public or semi-public nature of the ritual tends to normalise the affliction instead of stigmatising it or turning it into a deviant or strange form of behaviour.
- The brotherhood initiate acquires a new social identity by means of his new attributes (clothing, a rosary, a certain kind of haircut, nickname etc.).

Other authors have gone even further and suggested that the ritual is an expression of anti-establishment relations, with the rite of possession offering a temporary release and a symbolic inversion of the situation of

¹³¹ Jacqueline Monfouga-Nicolas, *Ambivalence et culte de possession: contribution à l'étude du Bori Hausa*, Paris, Éditions Anthropos, 1972.

¹³² Aouattah, *Ethnopsychiatrie maghrébine . . .*, p. 233.

¹³³ Andezian, *Expériences du divin . . .*, p. 198.

domination which has produced the illness. Possession in this view conveys an act of protest against a situation of dominance.¹³⁴ However, in Morocco such actions also reveal the importance of prevailing notions of human “nature” and gender which see women as the weaker sex and therefore easier to possess than men. This becomes a self-fulfilling prophecy which dramatises male dominance, as I have been able to observe in rites of exorcism which are controlled by a male *fqih* and generally offered to women who thereby bring their domestic problems to light. Possession expresses family conflicts and gender tensions, but does not necessarily solve them. Women may be freed from their dependence on a *jinn*, but the idea of their greater moral weakness is confirmed by the roles they play in these processes.

Finally, it has yet to be proved that social class and educational attainment have a direct effect on the kind of therapy chosen. We do not know for certain if Quranic exorcism has more customers among people with a greater degree of trust in orthodox religion and obedience to authority, or whether the *hadra* is more frequent among the illiterate because the ritual has elements considered inappropriate by scripturalist Islamists. The little information that is available allows us to doubt the existence of a direct correlation, given that the rooms used for Quranic exorcism are full of illiterate people, and some Sufi brotherhoods have become the object of renewed admiration among certain urban middle-class followers.

¹³⁴ For a revisionist account of the literature on possession, its connection with social aspects and its role as a mechanism of protest or the expression of class or gender inequalities, see Janice Boddy, “Spirit possession revisited: beyond instrumentality”, *Annual Review of Anthropology*, 23 (1994), pp. 407–434.

CHAPTER SIX

SEXUALITY AND REPRODUCTION

6.1. *Notions and Regulation of Sexuality*¹

The study of sexuality in Morocco needs to free itself from numerous stereotypes concerning the Arabo-Muslim world in general which have existed from the Orientalist period until the present day. A leading role in such stereotypes is played by the attribution to Muslims of a greater irrationality, which is related to a supposedly innate lustfulness that can be epitomised by the image of the harem. The attribution of unbridled sexuality has also been projected onto aspects linked to religion, such as polygamy, or notions of alleged widespread homosexuality, which have included the Prophet Muhammad in their insinuations.²

It is necessary to see these stereotyped images of the sexuality of the other as projections of the sexual morals of Christianity and the European world. To begin with, we have to wonder, like Georges-Henri Bousquet, if it is at all possible to talk of “sexual morality” in Islam. The Muslim texts concern themselves in great detail with sexuality, but in doing so they do not tie morality to a feeling of guilt in the Christian sense. The Quran recognises the fault of Adam and Hiba but forgives them, and this fault is not transmitted to their descendants.³ In this sense, the concept of sin is not seen, as in Christianity, as a lack of morality, but as a transgression of a ritual prohibition which leads to states of impurity and contravenes

¹ For this subject there are two classic works of reference: Georges-Henri Bousquet, *L'étiqne sexuelle de l'Islam*, Paris, Maisonneuve et Larose, 1966, and Abdelwahab Bouhdiba, *La sexualité en Islam*, Paris, PUF, 1986 [1975]. To these can be added the more recent work by Mohammed Hocine Benkheira, *L'amour de la loi. Essai sur la normativité en Islam*, Paris, PUF, 1997.

² This attribution of homosexuality was already in place by the Middle Ages and was sharpened by the influence of anti-Morisco treatises, as is shown by José María Perceval, *Todos son uno. Arquetipos de la xenofobia y el racismo. La imagen del morisco en la monarquía española de los siglos XVI y XVII*, Almería, Instituto de Estudios Almerienses, Diputación de Almería, 1997. For iconographic examples from the colonial period, see Eloy Martín Corrales, *La imagen del magrebí en España. Siglos XVII–XX*, Barcelona, Edicions Bellaterra, 2004, pp. 117–119.

³ Georges C. Anawati, “La notion de ‘pêche originel’ existe-t-elle en Islam?”, *Studia Islamica*, 31 (1970), pp. 32–33.

the normative system. Such behaviour is unacceptable in a scripturalist and legalistic ethos.⁴ In sum, the regulation of sexuality is linked to a legal and social system, and the consequences of contravening the norms vary from one school or code of jurisprudence (*fiqh*) to the next. However, such regulation does not only distinguish between the permissible and the forbidden, but includes as many as five different degrees of classification: obligation, recommendation, permission, condemnation and prohibition.

Having said all this, it has to be pointed out that sexuality, unlike in the Christian world-view, is not necessarily seen as sinful, although it is linked to a holy function, the obligation to reproduce. Although the sacralisation of reproduction is common to the three great monotheistic religions, Islam adds to it the notion of the praise of pleasure. It is precisely this idea which has led to the stereotypes mentioned above, and these stereotypes have also taken into account the prolific production of erotic treatises in the Arab-Persian world. Islamic laws are favourable to the satisfaction of the sexual instinct, and the Quran itself urges in sura 5: 87: "O believers, do not pronounce illicit the delectable foods that God has made licit to you (...)".

As we will see later, Islam distinguishes between licit and illicit pleasures, but the concept of *zinā*, which can be translated as "illegal fornication",⁵ does not indicate that carnal satisfactions are seen as low and execrable. Men and women are not impure as such, and neither are their sexual relations, so long as they are considered licit. The impurity lies in their emissions and bodily flows, such as blood, sperm or excrement.

In the tradition of the *hadith*-s, the Prophet is portrayed as enjoying a very active sexual life. His view of sexuality is summarised in a late tradition, recorded by al-Nawāwī. According to this tale, the Prophet observed a group of poor people who were worried because they were unable to donate as many alms as the rich, and told them "every time you carry out carnal acts, you are giving alms".⁶ According to this vision, the licit and pleasurable practice of sexuality is a type of religious duty which turns celibacy into anathema. All people should be married, and chastity and

⁴ "[...] il est toujours indiqué dans les livres de *fiqh* que ne pas accomplir le jeûne, ou la Prière, est beaucoup moins grave qu'en nier le caractère obligatoire: c'est là une apostasie qui mérite la mort [...]". Bousquet, *L'éthique sexuelle* . . . , p. 10.

⁵ Peri J. Bearman (ed.), *The Encyclopaedia of Islam. Glossary and Index of Technical Terms*, Leiden, Brill, 1997, p. 357.

⁶ Bousquet, *L'éthique sexuelle* . . . , p. 45.

sexual abstinence are considered abnormal practices. In reality, such conceptions of sexuality harbour a double meaning. On the one hand, sexuality is naturalised as a reproductive mechanism, granted by the divinity; but at the same time it becomes an object of social regulation. From this legalistic angle, the Muslim legal schools distinguish as follows between licit and forbidden sexual relations:

- Licit sexual relations: these are, above all, relations maintained under a contract of matrimony (*nikāh*) or legal concubinage. The person who meets the conditions to engage in a *nikāh* is defined as *muhsan*. These conditions are: a free status, belonging to Islam, having attained young adulthood and being in an adequate physical and mental state.
- Forbidden sexual relations:
 - The term *zinā* refers to coitus (*wat'a*) outside marriage or concubinage, and therefore includes both unmarried people (pre-matrimonial relations) and those who are married ("adultery"). In this context I should highlight the contradiction between Quranic and legal condemnation of prostitution, and its common existence, as is shown by records from the colonial period until the present day which also reveal the clear existence of sexual tourism.⁷ The popular terms used to refer to illegitimate children are also very significant: *awlād az-zinā* ("children of sin"), *awlād as-sūq* ("children of the souk") or *awlād al-harām* ("children of the forbidden").
 - Legal impediments. The prohibition of relations between a Muslim woman and a non-Muslim man, and between a Muslim man and a woman outside one of the religions of the book; the prohibition of relations between a woman in a state of widowhood (*'idda*), and the prohibition of relations considered incestuous, both as a result of ties of blood (*damm*)⁸ and milk (*ridā*).⁹

⁷ For a colonial case, see Jean Mathieu and P.-H. Maury, *Bousbir. La prostitution dans le Maroc colonial. Ethnographie d'un quartier réservé*, Paris, Éditions Paris-Méditerranée (unpublished, 1951), 2003; on the Middle Atlas, see Bernhard Venema and Jogien Bakker, "A permissive zone for prostitution in the Middle Atlas of Morocco", *Ethnology*, vol. 43 (2004), pp. 51–64.

⁸ Relations with forebears (mother, father, maternal or paternal aunts and uncles), with descendants (children, nephews and nieces, and others); simultaneous relations with two sisters, or with a wife and her mother.

⁹ Milk kinship prohibitions work in the same way as prohibitions of blood, with the difference that milk ties do not generate the obligations of inheritance and transmission.

- Maliki law places special emphasis on the prohibition of relations with beings without sexual feelings. This prohibition includes children and animals, but also covers relations with the *jnūn* when they assume human forms.
- Bestiality and zoophilia.
- Homosexual relations, for contravening the principles of human reproduction and the complementary nature of men and women. The prohibition includes both male (*liwāt*) and female (*sihaq*) homosexual relations.¹⁰
- The case of masturbation (“marriage of the hand”, *nikāh’ al-yidd; keffet*, Moroccan Arabic) is more controversial in the legal literature. Although some schools like the Shafī’i and the Maliki declare it to be atrocious and punishable, other jurists like ibn Hanbal do not consider this to be the case.

Bousquet considers it inappropriate to apply the unnuanced term “adultery” to extra-marital relations between two married people. Indeed, the punishment of lapidation for this offence does not derive from the Quran, where it is not mentioned, but is formulated by tradition. In this context it is worth citing the existence of a legal formula which recognises the idea of coitus by error (*wut’ bishubha*), which can be applied when there is legal confusion over the status of the man and woman concerned, i.e. when there is doubt concerning the validity of a marriage. However, the element which definitively distinguishes the adulterer from the *muhsan* who has committed *zinā* is the practical difficulty of proving that the sexual act has taken place. The methods applied to witnesses and the proofs required are strict:

- The law requires four witnesses, who must be free, adult men in full use of their mental capacities, to state that they have seen the member of the fornicator like the “brush in the eye-drop jar”. If the witnesses do not present adequate proof, they can be punished for making false accusations (*qadhf*).
- Other traditions require witnesses to discover the accused *in fraganti* and to show the union of their bodies by attempting to pass a thread between them.

¹⁰ Bouhdiba, *La sexualité . . .*, pp. 43–45.

To this type of evidence can be added other attenuating circumstances, recognised by some *fiqh* schools, especially the Malikis, such as the case of “the sleeping child”, i.e. the idea that gestation of a foetus can be extended by as long as two to five years. Recourse to this notion makes it more difficult to show the correlation between coitus and an ordinary nine-month pregnancy and it thereby becomes easier to attribute fatherhood to another man. Finally, other schools also accept retraction, after demanding confession as many as four times.

As for sexual relations themselves, it should be noted that there exists a long tradition of amatory literature, which describes erotic techniques from the Arab world or imported from the traditions of central Asia and India: seduction games, various types of preliminaries and preparations, including the use of perfume or aphrodisiacs and so on. One North African example of such literature is the 15th-century *Perfumed Garden* by Muhammad ibn Muhammad al-Nafzawi. There is also an entire poetic literature making reference to the enjoyment of the senses and the satisfaction of carnal pleasures. This erotology has also often been directly linked to the pharmacopoeia when dealing with sexual dysfunctions. However, in spite of the existence of this prolific scholarly erotology (*bah*) and of popular knowledge, sexuality is still seen as shameful. Nudity (*l-ʿra*), symbol of this shamefulness, has the same etymology as the word for the uncovered genitals (*al-ʿawra*). There is also a significant etymological proximity between nudity (*l-ʿra*) and the original meaning of the radical *ʿawr*, “to lose an eye”. This comes from the idea that looking at the forbidden object will lead to the loss of sight, as is reflected in some *hadīth*-s: “The man who looks with lustfulness at the attractions of a woman who is strange to him will have lead poured into his eyes on the day of final judgement”.¹¹ As well as the forbidden gaze (*zinā al-ʿayn*) or touch, Sunni notions of *ʿawra* also cover the voice of a woman, which can cause *zinā* among unmarried people. The shamefulness of the sexual organs is such that some traditional therapies even made use of the impact of nudity, by showing to a mentally ill patient the sexual parts of a close relative of the opposite sex, in order to provoke a strong emotional shock which would re-establish equilibrium. This shock is attributed to the gravity of the ritual, given the strict prohibition on showing the genitals.¹²

¹¹ My translation. *Ibid.*, p. 52.

¹² Mohamed Boughali, *Sociologie des maladies mentales au Maroc*, Casablanca, Afrique Orient, 1988, p. 272.

Apart from these considerations, we have to bear in mind historical and geographical developments in Muslim notions of pleasure. This variation is perfectly illustrated by the changing character of masturbation. Several legal schools have spoken against it: the Shafi'i school classified it as a forbidden practice, although it was to be admitted if practised upon a man with the hand of his wife or a concubine. By contrast, medieval authors like Ibn Sīnā considered masturbation permissible and made allusion to medical criteria: the build-up of semen could have damaging health effects. Ibn Sīnā wrote in his *Qānūn* that when a man abstains from sexual relations, the semen builds up, becomes cold and can take on destructive qualities, sending poisonous humours to the heart and brain.¹³ In the contemporary period, Soumaya Naāmane-Guessous highlighted in her research with Moroccan women that discovery of the body and its sexual impulses is a taboo subject which can only be discussed with women from towns and cities who have been educated to a secondary school or university level.¹⁴ It is highly significant that Moroccan dialectal Arabic does not even have a word for female rather than male masturbation.

The arrangement of intimate relations is also conditioned by a series of rules: sexual relations are forbidden during the pilgrimage to Mecca, throughout the daylight hours during the month of Ramadan, or during a woman's menstrual period. This is why *fiqh* treatises also include guidelines for determining the duration of the menstrual prohibition.¹⁵ Other scholarly prohibitions are not observed by the population at large: one example would be the restriction on sexual relations during the celebration of the *'ashura* or on the hottest days of summer. The Maliki school lays down that a husband is obliged to lay with his wife whenever she demands it and that his refusal to do so may be the cause of divorce, thereby confirming a wife's right to sexual satisfaction. The Shafi'i school lays down exactly the opposite rule, denying women, unlike men, the right to such enjoyment.

It has been interpreted that the Quran (2: 223) leaves husbands freedom of choice when it comes to sexual postures: "Your women are your sowing field: approach your field whenever you please...". Authors like Al-Ghazzālī underlined the importance of foreplay and caressing, as

¹³ Basim F. Musallam, "Conception theory in Muslim thought", *Sex and Society in Islam*, Cambridge, Cambridge University Press, 1984, p. 131, note 33.

¹⁴ Soumaya Naāmane-Guessous, *Printemps et automne sexuels. Puberté, ménopause, andropause au Maroc*, Casablanca, Edif, 2000, p. 107.

¹⁵ Bousquet, *L'étiologie sexuelle...*, p. 163.

well as not facing towards Mecca. Numerous other authors have written that coitus should be accompanied by the phrase *bismillāh*, pronounced in so many other circumstances of everyday life to claim blessing and divine protection.

Data concerning sexual initiation in Morocco shows that for men this usually occurs before marriage, but surveys carried out in the 1990s also indicate a changing tendency in that direction among young women. Before this increase in pre-marital relations between young people, which is still limited to just a few areas, male initiation used to take place with prostitutes, married women, neighbours or relatives. In their pre-marital sexual relations, young people of both sexes resort to practices aimed at maintaining the girl's virginity. This includes the so-called "brush stroke" i.e. when the boy moves his member across the outside of the girl's vagina, but also sodomy and fellation, although these practices are scarcely admitted because they are more often associated with the world of prostitutes.

One last issue requiring special attention is that of homosexuality, given that it is not recognised in Arabo-Muslim countries and foreign analyses of the phenomenon have been clouded by considerable misunderstanding. Orientalist imagery used homosexuality to show the unbridled and threatening sexuality of men as linked to their alleged irrationality. Sexual tourism during the colonial period led to an increase in such imagery, as can be seen from postcards used at the time. Beneath these stereotypes, Moroccan society faces an obvious contradiction between a legal and religious context which considers homosexuality a deviation which is morally reprehensible and penally condemned, and a practical terrain in which homosexual relations exist. There is, furthermore, a restriction of the concept of homosexuality to relations between men which ignores relations between women.

Classical Arabic defines homosexuality as a pathology; it refers to it by use of the term *shudud*, which literally means "perversion".¹⁶ From the Islamic point of view, the body is a divine sign entrusted to human beings, and only in the form of a man or a woman. This is the reason why homosexuality is defined as a deviation in the use of the body and its sexual organs. Some authors have made a distinction between homosexual identity and the existence of homosexual practices as substitutory relations in a general context of strongly enforced heterosexual prohibitions

¹⁶ Abdessamad Dialmy, "L'islamisme marocain: entre révolution et intégration", *Archives de Sciences Sociales des Religions*, 110 (2000), p. 76.

and physical barriers between the sexes. Sodomy is in many cases a last resort in the face of pre-marital prohibitions rather than the expression of a homophilic relationship as such. In this sense, the practice of homosexuality does not always reflect a “homosexual identity” as seen from the predominant androcentric point of view. Thus, in relations between men, the sodomiser (*luwwāt*) has a less ignominious role than that of the sodomised man, for whom two terms exist: *hasas*, to refer to the man who is sodomised for pleasure, and *zāmal*, to speak of the man who does it for economic reasons.¹⁷ This kind of “replacement” homosexuality takes several forms: the relationship between an adult and a minor, relationships in prisons and other “total institution” contexts. The first of these kinds of relationships is well and subtly illustrated by Moroccan literature through figures such as the *fqīh* who instructs boys about the Quran.

This context of homosexual practices, plus Orientalist myths and the establishment of incipient sexual tourism since the colonial period, has led to a boom in recent homosexual tourism and the creation of networks of pederasts such as the one uncovered in the Tangier region in April 2006. Aside from these aspects relating to the exploitation of minors and prostitution with foreigners, there exists another much more recent dimension which is the development of physical or virtual (Internet) spaces where homosexual identity is vindicated. Examples of this are the associations created in Europe to inform about gay rights for men and women in the Arab world, and a number of cases of individuals who have defended the idea of normalising a double identity as homosexual and Muslim. Expression of such ideas in the public sphere continues to be exceptional, as is illustrated by the case of Abdellah Taia, a Moroccan writer resident in Paris who made a public declaration of his homosexuality in Meknes.¹⁸

6.1.1. “*The New Sultan*”: AIDS and Sexually Transmitted Diseases

The humoral conception of illness and disease which I have presented throughout this work is also present in the interpretation of sexually transmitted diseases. Most such diseases, except syphilis, are classified as “cold” (*bard*). The model identifies these diseases with women, defined as cold in the theory of temperaments, and acts to conceal the causal chain of events involved in their transmission. Healing formulae recommend the application of heat to combat the cold inherent to the disease.

¹⁷ *Ibid.*, p. 77.

¹⁸ “Homosexual y marroquí”, *El País*, 29/10/2006.

In Moroccan dialectal Arabic syphilis was known as *nuar*, but also as *sultān*, in reference to its invincibility in the face of healing methods. It is for this reason that authors such as Abdessamad Dialmy have referred to AIDS as “the new sultan”.¹⁹ The first cases of AIDS were detected in Morocco in 1986, among foreign workers, and the idea of the “foreign” nature of the disease has been especially prominent ever since that date. AIDS is interpreted through the lens of powerful cultural prejudices, images and rumours. The Moroccan State refrained from intervening decisively in this issue for several years for fear of losing its reputation as an Islamic state, since the population sees a relation between the spread of AIDS and a loss of Muslim values and to admit its prevalence would have been to admit the importance of *zinā*.

Many people are unaware of the high-risk practices which transmit AIDS or they deny its importance, because this disease is thought to be found only among prostitutes and the marginalised. Others have an apocalyptic and confused view of the issue, and believe that AIDS can be contracted in a *hammām* or in the unlikeliest of places. In other cases, many young people consider that it is a disease imported from the West, and Moroccan emigrants are often accused of spreading it when they return home, as are foreign tourists who carry out high-risk practices.²⁰ In some cases the spread of the disease is attributed to an explicit political plan. Similar perceptions exist in the Middle East which blame Israel for exporting contaminating sexual habits. Some Islamist publications in Egypt in the 1990s spoke of a plan to attack Arab men by means of sexual diseases, as in the book *Naked Israeli women on Arab sidewalks. The complete story of the destabilisation of the Arabs through AIDS and sex*.²¹

In other cases studied by Dialmy, the origin of AIDS is traced to black Africa, where humans are thought to have picked up the disease by having sexual relations with monkeys. Popular explanations of AIDS have a clearly misogynistic component which sees women as the source of the disease. This attribution is similar to that which is inferred for other diseases of sexual transmission: the pathogenous agent is thought to form in the female genital apparatus after sexual relations with several

¹⁹ Dialmy, “L’islamisme marocain . . .” uses this term to refer to AIDS, but “sultan” was previously used to describe syphilis.

²⁰ Dialmy, “L’islamisme marocain . . .”, p. 163.

²¹ Cairo, 1996. Cited in Arnoud Vrolijk and Jan Just Witkam, “Duistere Machten. Gestalten van het kwaad in de wereld van de islam”, Leiden, a catalogue for the exhibition held at the Leidse Universiteitsbibliotheek, 2000. This catalogue includes an illustrative photograph of the front cover of the book.

partners. The virus is thus believed to have its origin in a mixture of different sperms lodged in the women or in the lack of hygiene in some women. This explanation is backed, once again, by the humoral model, according to which the mixed sperm clings to a cold, damp receptacle apt for the accumulation of dirt.²²

In other cases, this popular imaginary also postulates the aerial transmission of AIDS as a result of bodily proximity. Air or the cold are agents of production of the disease. In this sense, the popular interpretation is fed by the scholarly medical tradition, as we have already seen. To this humoral model must be added other etiologies which explain it as a divine punishment, a consequence of the *suhur*, the evil eye or the action of the *jnūn*. To summarise, the non-scientific etiology of AIDS is made up of all of the following elements:

- The cold as the cause of diseases of sexual origin in general.
- Illicit relations: prostitution, homosexuality, sodomy, zoophilia.
- Divine punishment for those who do not follow Islam correctly.
- Impregnation and bodily proximity.

Various beliefs contribute to an increase in high-risk practices in certain circles. Some young people who have homosexual relations with foreigners believe that only the sodomised partner runs the risk of contracting AIDS, and for that reason do not use contraceptives. In this case there is a re-creation of the perceived link between the passive homosexual partner and the feminine, and of the active gay partner with the masculine. The rumours which circulate about contraceptives do not help to make their use widespread in gay or heterosexual relations. According to one of these rumours, the lubricant used in contraceptives contains the HIV virus.²³ Moreover, use of the condom is identified with prostitution, and is not well accepted by either men or women. It is generally perceived as a brake on pleasure, and its purchase in pharmacies is still a taboo subject which betrays the illicit.

In a society still significantly marked by religious referents, the scripturalist agents of Islam have reacted to these changes in the sexual behaviour

²² Dialmy, "L'islamisme marocain...", pp. 166–167; Abdessamad Dialmy and Lisa Manhart, *Les maladies sexuellement transmissibles au Maroc: construction sociale et comportements thérapeutiques*, Ministère de la Santé Publique, Université de Washington, Rabat, Imprimerie de Temara, 1997.

²³ Dialmy, "L'islamisme marocain...", 185.

of young people and the spread of AIDS, and have been forced to give answers to questions concerning issues like the legitimacy of pre-marital relations or the use of contraceptives. The question is in what way young people are able to reconcile this new situation with their status as Muslims. In other parts of the Muslim world, Shiite Islam possesses institutions such as that of temporary marriage which allow such issues to be resolved. In France and Morocco, new strategies have been developed appealing to the *shari'a* which are dissociated from current national codes concerning personal status. By this I refer to unions which are blessed exclusively by the reading of the *faṭḥa* and the handing-over of a symbolic dowry, which allow the couple to hold sexual relations without committing an illicit act. The other solution for making social changes compatible with the fact of being Muslim is the practice of *ijtihād* or individual interpretation of the texts.

The responses to these challenges have not been uniform, which is hardly surprising given that contemporary interpretations of Islam are not uniform either, but there does exist a consensus among critical Islamists and '*ulamā*' close to the Moroccan Ministry of Religious Affairs concerning rejection of the use of contraceptives in pre-marital relations. From this viewpoint, AIDS becomes a divine punishment which falls on those responsible for the *zinā*. To prevent AIDS, it is not necessary to authorise use of the contraceptive but to encourage a return to the Islamic norms which impede contamination.²⁴ The '*ulamā*' most closely linked to the ruling regime also uphold the idea that pre-marital relations are forbidden.

6.2. *The Value of Fertility and the Ghost of Infertility*

Motherhood goes a long way towards determining a woman's status. When a woman of child-bearing age is not a mother, she suffers an affront, and the real or imagined infertility is often the cause of repudiation by husbands, even when it has not been proven in any way. In fact, as Françoise Héritier has observed, in most cultures infertility is rarely attributed to men.²⁵ In Morocco, the obsession over possible infertility is a fact of

²⁴ This view is defended in an article by Abderrazaq al-Marruri, who has links with the organization Justice and Charity (*Ibid.*, p. 206).

²⁵ Françoise Héritier, *Masculin/féminin: la pensée de la différence*, Paris, O. Jacob, 1996, chapter 4.

everyday life which has given rise to numerous rituals designed to favour fecundity. The traditional explicative logic behind these processes is basically in consonance with humoral theory. Infertility is identified with the cold (*bard*), meaning that it must at all costs be combated with methods which generate heat. This conviction has had its influence on many practices and customs, like the fear of water during menstruation, because it is a liquid considered capable of causing cold to be transmitted.²⁶ Infertility in men has never been recognised or admitted, at least until the arrival of new technologies, although there has been a recognition of impotence. However, Moroccan everyday knowledge does not link this dysfunction to psychosomatic causes, but to magical ones, particularly as attributed to a woman who will be said to have “closed” or “cut” a man’s sexual potency.

In Morocco, the sterile woman (*‘āgra*) finds herself in a frustrating situation because of her inability to fulfil the ideal of motherhood, but in addition she can find herself excluded from exchanges of information and mutual assistance among married women. To make up for this, there are rituals such as the *qaddīda*, a festival for women aimed at warding off infertility.²⁷ As I have already remarked, this problem is mainly explained through the use of humoral theory, and for this reason the traditional methods which I will now go on to present focus on generating heat and transmitting it to the female body. The fertile woman is one who is said to have a “warm belly”.²⁸

6.2.1. *Traditional Methods for Favouring Fertility*

These methods fall into four main categories: 1) magical procedures and rituals; 2) visits to the graves of saints (*ziyāra*); 3) warm drugs and herbs; 4) fumigations and applications. Some are intended to determine the sex of descendants, like the *asida* mixture (semola cooked with milk and butter) consumed when a girl is desired, or the taking of grains of cress with salted milk, mixed with an egg yolk or ox testicles,²⁹ to favour the birth of

²⁶ For Mauritania, see Corinne Fortier, “Le lait, le sperme, le dos. Et le sang? Représentations physiologiques de la filiation et de la parenté de lait en islam malékite et dans la société maure”, *Cahiers d’Études Africaines*, vol. 40–1, 161 (2001), p. 106.

²⁷ Hayat Zirari, “Des restes du sacrifice au désir d’enfanter: la *qaddīda*”, in Sophie Ferchiou (dir.), *L’islam pluriel au Maghreb*, Paris, CNRS Éditions, 1996, p. 145.

²⁸ *Ibid.*, p. 153.

²⁹ For Tangier, see Séraphin Biarnay, *Notes d’ethnographie et linguistique nord africaines (publiées par L. Brunot et E. Laoust)*, Paris, Publications de l’Institut des Hautes Études Marocaines, vol. XII, 1924, p. 3.

a boy. Other recipes are designed to “invert the womb” (*qlab l-krsh*) with the aim of generating a child of the opposite sex to the last one which was born.³⁰ At all events, there is a predominance of substances and techniques aimed to produce heat, given that infertility is associated with its opposite, the cold.

6.2.1.1. *Magical Procedures*

Moroccan popular culture has a number of such practices, as recorded in the work of Jean Mathieu and Roger Maneville on midwives in Casablanca in the 1950s:³¹

- The sterile woman obtained a recently-expelled placenta and placed it upon herself while she simulated contractions. Obtaining a placenta was difficult, since women usually had them rapidly buried to prevent their use for malign purposes.
- The sterile woman gave a small child a piece of bread to chew, and then ate the bread herself. The aim was to obtain a boy or girl of the same sex as the one who chewed the bread.
- To improve a young woman’s fertility, she would rub her hands with the sexual organ of a cock.
- The woman who wanted to drive away infertility would sacrifice a tortoise or hedgehog.
- The childless woman would drink the urine of her mother, and then perform her ablutions with the remains.
- Rituals linked to the sea. The woman would go to the shore, and, completely naked, allow herself to be buffeted by seven waves. After bathing, she rubbed herself with herbs.

6.2.1.2. *Rituals Linked to Sanctuaries*

The most repeated ritual in the past and present is the visit to a sanctuary, undertaken to carry out an exchange with the saint. This takes the form of begging for his intervention in exchange for animal sacrifices, the presentation of food or a monetary *sadaqa* to the saint’s descendants, or leaving votive offerings (usually women’s clothing) within the grounds, either beside the tomb or hanging from a tree close to the mausoleum.

³⁰ Zirari, “Des restes du sacrifice . . .”, p. 146.

³¹ Jean Mathieu and Roger Maneville, *Les accoucheuses musulmanes traditionnelles de Casablanca*, Paris, Publications de l’Institut des Hautes Études Marocaines, 1952.

The periods during which visits are made also have specific meanings. In Casablanca midwives used to advise making a pilgrimage to a sanctuary on the day of the *mawlūd* or the seventh day of the month of Ramadan. For the sacrifice festival it was recommended to stand beside the saint's tomb and eat a dish cooked with seven penises of lambs sacrificed that same day. On her way to the sanctuary the woman concerned was not to look at anyone, and once she arrived at the *qubba*, she would take off her inner trousers and belt and walk several times around the tomb. In other cases, visits were made to caves and on reaching the inside wall furthest from the entrance, the woman took off and threw away all her clothes to dress herself with new ones. She then had to leave the cave without looking back. Visiting grottos is a common phenomenon, as in the case of the "crying stone" (*al-hajra al-bakkāya*), a cave close to the sanctuary of Mūlāy 'Abd as-Salām ben Mshīsh in Jebala. The pilgrims sit inside the cave waiting for water to flow from a rock. If the stone "cries", the sterile women gather the miraculous water and rub it onto their arms and shoulders, asking the saint to bring their sterility to an end.³²

6.2.1.3. *Drugs, Herbs and Food Recipes*³³

The best known mixture of herbs is the *msakhen* ("warming"). The most frequently used ingredients in the confection of various formulae are the following:

- Lavender, mint, tiller, rosemary, aniseed (plants classified as *lamiaceae*, which increase biliary secretion).
- cinnamon (belonging to the *lauraceae*, which accelerate respiration and increase arterial blood pressure).
- nutmeg (*mirysticaceae*, aromatic stimulant).
- fennel, green aniseed (*apiacerae* plants are diuretic, activate respiration and are good heart tonics).
- black pepper (*piperaceae* plant, stimulates nerves and circulation).
- fenugreek (*fabaceae* plant, sexual stimulant, milk-inducing etc.).

³² Zakia Zouanat, *Ibn Mashīsh, Maître d'al-Shādhilī*, Casablanca, Najah el Jadida, 1998, pp. 252–253; Xavier Lecureul, "Les quatre plus grands pèlerinages du Nord-Marocain", *Revue du Monde Musulman*, vol. 6 (1908), pp. 661–670.

³³ Mathieu and Maneville, *Les accoucheuses musulmanes . . .*; Jamal Bellakhdar, *La pharmacopée marocaine traditionnelle*, Casablanca, Éditions Le Fennec, Ibis Press, 1997.

- cardamom, ginger (*zingiberaceae* plants, which are stimulants and good for the stomach).

In addition to these vegetable-based drugs, midwives used to use other animal substances like the cantharides (“Spanish fly”) or ox liver. The substances were prepared in pestles, using herbs which were mixed with oil or butter until they formed a paste which was left overnight. The next day the mixture was cooked with pigeon, chicken or other meat, such as a calf that had died at birth, a lamb’s foetus, mice or stork. This was generously spiced and was consumed by the couple on the last day on which the sterile woman menstruated. Immediately afterwards, they had sexual relations. The procedure was repeated for three days, and on the last of them the woman went to the *hammām*. Certain products such as eggs appear frequently in recipes for the curing of infertility, and its symbolic value is reiterated in rituals such as the marriage ceremony or the old “sheet rite” of Fez, as a way of encouraging birth.³⁴

There are also many recipes combining meat, herbs and spices, and all of them are based on what are known as warm ingredients. Among them can be cited the following:

- *Mjebna hamra*. Sausage made from the meat and testicles of a lamb slain on the day of the sacrifice festival, mixed with *msakhen* powder, grains of fenugreek, salt, pepper and cress.
- *Qaddīd*. Dish made from *msakhen*, veal and the dried meat of a lamb slain on the day of the sacrifice festival. This meal is consumed at a collective celebration organised for infertile women. The dish is accompanied by rituals like the pouring of water: the direction taken by the water indicates which of the women will be blessed with a son. This ritual, known as *qaddīda*, takes its name from the central dish at the festival, the *qaddīd*, the dried lamb’s meat already mentioned above. The *qaddīda* therefore usually takes place after the ‘Id, during the month of

³⁴ Abdessamad Dialmy, “Les rites obstétriques au Maroc. Un enjeu politique mérinide?”, *Annales HSS*, 3 (1998), pp. 481–504. Edmond Doutté, *Magie et religion dans l’Afrique du Nord*, Paris, J. Maisonneuve, P. Geuthner, S.A., 1984 [1908], p. 64, also describes this practice in Algiers. When the woman’s contractions had started, a group of young students was called upon to walk around the city holding a sheet, in the middle of which they placed an egg; passers-by threw water at the egg to try to break it and bring about the birth in a rite of sympathetic magic. In some regions like Tangiers or Rabat, use was made of tortoise eggs (Biarney, *Notes d’ethnographie* . . . , p. 3).

muharram. Hayat Zirari has shown the continued existence throughout Morocco of this ritual, organised for women with fertility problems. The festival requires the huge deployment of social networks, since carrying it out requires a couscous made from 99 or 101 pieces of *qaddid*, and each piece must come from a different lamb. This in turn means that a great number of women must make their contribution to the dish and, in exchange, be invited to the festival. The dry meat is mixed and macerated with the complex mixture of the *msakhen*, which must also include the exact number of 101 herbs. When all the women are gathered, the *‘āqra* (infertile woman) is the first to eat the dish, and when all the women have eaten, the *fātiha* is read to “untie the belt”, a metaphor referring to fertility. The woman has to eat the *qaddida* for several days and take advantage of the warmth of the food by having sexual relations or “working” or “sweating”, as the widespread euphemisms put it. In addition to this explicit role, the festival also has other more hidden aspects, serving as it does as an occasion for gathering together in defiance of the ruling social norms.³⁵

- Mixture of grains of fenugreek (*hulba*),³⁶ steamed and mixed with butter and sugar, to be drunk in the morning before eating anything else; the same procedure can be followed with a glass of boiled ginger.
- Grains of harmal, placed inside a lemon, which is left among hot ashes throughout the night. The following day the lemon is squeezed and the juice drunk with a spoon before eating, for three mornings.
- Preparation of a *tājīn* with a lamb’s foetus and seven penises of lambs slaughtered on the day of the festival of sacrifice.
- For men, there is an aphrodisiac called *sfūf dial quwwa*,³⁷ which contains sesame paste, fennel grains, nutmeg, almonds, walnuts, semola and butter.

³⁵ Zirari, “Des restes du sacrifice . . .”, p. 152.

³⁶ *Trigonella foenum graecum*. In traditional Moroccan pharmacopy several virtues are attributed to it, such as that of building up a patient’s strength or favouring milk production in a woman who has recently given birth. See Zirari, “Des restes du sacrifice . . .”, p. 152; Bellakhdar, *La pharmacopée marocaine . . .*, pp. 320–321.

³⁷ My translation: “potency sweet”. *Quwwa* indicates energy and sexual potency, and *sfūf* is a type of sweet made with sesame, flour, oil and sugar. See Francisco Moscoso García, *Diccionario Español-Árabe marroquí, Árabe marroquí-Español*, Almería, Fundación Ibn Tufayl de Estudios Árabes, 2007, p. 464.

6.2.1.4. *Fumigations and Applications*

- Fumigation of the woman's sexual organs. Various substances from the *msakhen* are steamed and the resulting vapour is directed towards the woman's genitals.
- Artisanal pills are inserted in the woman's vagina to favour fecundity or awaken the *raged* (sleeping child). The basis of these pills is a mixture known as *liga* or *braym* which contains pieces of wool together with date pulp and various other substances. The *liga* is left inside the vagina for 48 hours. Such treatments usually end with a very hot bath, to complete the humoral interventions.

The aim of these practices is to produce warmth, and not only in the parts of the body identified with reproduction. One former practice among the Uargla was to bury the entire body of the infertile woman up to the neck and leave her in the sun.³⁸

6.2.2. *Infertility in the Modern World: Between Tradition and New Technologies*

In Morocco the use of *in vitro* fertilization is the privilege of the moneyed classes. It was not until 1995 that the first birth using this technique took place, and it occurred in a private clinic.³⁹ Since then, the number of clinics offering assisted reproduction has risen and had reached a dozen by 2007. The attitude of the Moroccan population towards these new technologies has yet to be studied, but would be of interest bearing in mind that some of them represent a challenge to the notion of the infallibility of male fertility in a context which has always attributed infertility to women.⁴⁰

Ethnographic work carried out by Inhorn in Egypt shows that infertile women use both traditional methods and bio-gynaecology, and that their choices depend on the economic resources available to them.⁴¹

³⁸ Biarnay, *Notes d'ethnographie* . . . , p. 3.

³⁹ *La Nichée* in Casablanca, according to Enric Royo, *Salud sexual y reproductiva en Marruecos. Políticas y cooperación*, Barcelona, Fundació CIDOB, 2003, p. 71.

⁴⁰ Marcia C. Inhorn, "Middle Eastern masculinities in the Age of New Reproductive Technologies: Male Infertility and Stigma in Egypt and Lebanon", *Medical Anthropology Quarterly*, vol. 18, 2 (2004), pp. 162–182, on Egypt and Lebanon, shows the stigma and secretiveness surrounding the subject of male infertility.

⁴¹ Marcia C. Inhorn, *Quest for Conception. Gender, Infertility and Egyptian Medical Traditions*, Philadelphia, University of Pennsylvania Press, 1994.

However, the use of bio-medicine often takes place in secret defiance of the religious discourses which legitimise or challenge these new technologies. Although there is a degree of consensus, the theological interpretations are not by any means in complete agreement with one another. The new techniques of assisted reproduction have forced the *'ulamā'* to offer answers based on re-interpretation of the classic texts. Many Sunni orthodox *'ulamā'* have spoken out against artificial insemination when the donor is not the woman's husband, because such a practice is interpreted by them as adultery, given that the donor is not married to the woman in question. The technique itself is not questioned, but the type of relation it can create between the people involved. Indeed, *in vitro* fertilization was recognised by a *fatwā* issued by the influential University of al-Azhar in 1980;⁴² since then, various gatherings of experts at the same university have confirmed the legitimacy of different reproduction techniques, going so far as to recognise cloning for stem cell research in the face of generalised opposition.⁴³

The reasoning of the orthodox *'ulamā'* is that insemination of the ovule by a seminal substance other than that of the husband gives rise to illegitimate offspring.⁴⁴ These *'ulamā'* also reject the idea of donor anonymity, because it could lead to cases of incest: if the identity of the donor is not known, it is impossible to determine parentage ties with the receiving woman. In cases of polygyny, if one of the wives is infertile but has healthy ovaries, the *'ulamā'* accept that another wife may receive the ovules and act as a surrogate. However, descent would, the *'ulamā'* argue, continue to follow the line of the father, and the mother could only be the pregnant woman, in accordance with the Quranic verse 58: 2 "Their true mothers are those who gave them birth". This argument is based on notions of the person according to which the nutritive substance of the foetus is that which determines the tie of motherhood, and this substance is basically the mother's blood. Some important Shiite *'ulamā'*, such as 'Ali al-Khamene'i, have challenged the general Sunni and Shiite consensus by

⁴² *Ibid.*, p. 340.

⁴³ Gamal I. Serour and Bernard M. Dickens, "Assisted Reproduction Developments in the Islamic World", *International Journal of Gynaecology and Obstetrics*, 74 (2001), pp. 187–193.

⁴⁴ Edouard Conte, "Mariages arabes. La part du féminin", *L'Homme*, 154–155 (2000), pp. 279–308.

accepting donors not tied by marriage, arguing that the notion of adulterous *zinā* requires a sexual relation to have taken place.⁴⁵

6.3. *Notions of Procreation*

6.3.1. *Embryogenesis: Scholarly Traditions And Popular Notions*

Human procreation is not represented in the same way in every part of the world. In many cases, explanation of it does not only include the intervention of humans, but the participation of animals and invisible entities. In the Maghreb there are many references to sexual relations between persons and *jnūn*, and the possibility is even contemplated of human pregnancy after intercourse with a *jinn*.⁴⁶ Defenders of religious orthodoxy consider the generation of a human being by a *jinn* to be impossible, given that only Allāh is authorised to create and has only granted such creation to the legitimate union of man and woman. 'Ulamā' critical of cloning have used similar arguments: Allāh is the only one who can create (*khalq*) life from nothing.⁴⁷

In the Arabo-Muslim world the conception of human beings has been defined through the use of two diverging models:⁴⁸ the mono-genetic model, which exclusively attributes the origin of the embryo and reproductive power to the man, and the duo-genetic model, which recognises the role of both the man and the woman. These two models have existed at different historical moments and both are at least partly inherited from the Greeks. The first of these models has tended to predominate, and has represented the man as the transmitter of the divine essence. Aristotle held a strictly mono-genetic viewpoint, denying the woman any role in procreation, whereas Hippocrates recognised the woman's contribution. For Aristotle, only the man could generate semen, which came from the transformation of food and blood by means of its heat. The woman, by contrast, defined as cold, was not able to turn blood into a seminal liquid.

⁴⁵ Morgan Clarke, "Shiite Perspectives on Kinship and New Reproductive Technologies", *ISIM Newsletter*, 17 (2006a), pp. 26–27; and "Islam, kinship and new reproductive technology", *Anthropology Today*, vol. 22, 5 (2006b).

⁴⁶ Fortier, "Le lait, le sperme . . .", p. 117, describes this situation in Touat-Gourara.

⁴⁷ On arguments for and against cloning (*al-istinsākh*), see Thomas Eich, "Muslim Voices on Cloning", *ISIM Newsletter*, 12 (2003), pp. 38–39.

⁴⁸ Musallam, "Conception theory . . .", pp. 39–59.

Several classical authors such as Ibn Sīnā, and to a lesser extent Ibn Rushd, accepted Aristotle's theory, but in the medieval period a number of authors adopted the duo-genetic approach to the detriment of the Aristotelian view.⁴⁹ Indeed, the language of the Quran seems to have more in common with the Hippocratic approach. Ibn Qayyim (1292–1351) was an exponent of this duo-genetic view who based his arguments on several *hadīth*-s to show that women also contribute to procreation by generating their own seeds. In one of these *hadīth*-s, the Prophet was asked if women had nocturnal emissions. The answer was in the affirmative, and Muhammad added that physical resemblance to the father or mother was determined by the predominance of either the male or the female semen.⁵⁰

The mono-genetic view has been more prevalent in the Islamic world, regardless of scholarly discussions. It should be remembered here that in Europe, scientific recognition of the woman's contribution only dates back as far as the 17th century and that its general acceptance has been much more recent. Numerous examples of ethnographic research confirm the pre-eminent position of the mono-genetic view in the contemporary Arab world, which attributes the power of generation to men and relegates women to the role of recipients. Metaphors used by the popular classes make reference to "the seed" and "the field" in Turkey, Sudan or Morocco itself, and to "worms" (*dīdān*) or seminal animals (*hayawānāt al-minawī*) in Egypt.⁵¹ Most of these procreation theories attribute the origin of life to male semen: the "worms" transport a sort of pre-foetus to the woman. This origin of life is seen as due to divine transmission and its physical materialisation in the body of the man, at the end of the spinal column. According to Inhorn, the diffusion of the bio-medical model and its interface with these other models is giving rise among the population to co-existing mono-genetic and duo-genetic theories, although in fact neither of them challenge general androcentric assumptions. Generally-held ideas represent women in the following ways:

⁴⁹ *Ibid.*, p. 40.

⁵⁰ *Ibid.*, p. 50.

⁵¹ For Turkey, see Carol Delaney, *The Seed and the Soil. Gender and Cosmology in a Turkish Village Society*, Berkeley, University of California Press, 1991; for Sudan, see Janice Boddy, "Spirits and Selves in Northern Sudan: the cultural therapeutics of possession and trance", *American Ethnologist*, 15 (1988), pp. 4–27; and for Egypt, see Inhorn, *Quest for Conception . . .*, p. 68.

- As recipients of the foetus. The woman gathers the foetus from the “worms” in the sperm when the sexual act is carried out, and then she limits herself to carrying it.
- As providers of blood. In this view, already held by Aristotle, the woman’s role is reduced to giving blood to the foetus, which came as such straight from the male semen. This model reproduces the idea of the correlation between the absence of menstrual blood and pregnancy, and deals in an ambiguous manner with the image of menstrual blood as food for the foetus, for it is seen as an impure and highly dangerous substance.
- As producers of eggs. This theory is derived from the bio-medical model. It is widely accepted among the middle and upper classes, and is spreading to the popular classes. According to this theory, the “seminal animals” (*hayawānāt al-minawī*) meet the woman’s “eggs” (*buwaidāt*) in the uterus. However, this model is often interpreted mono-genetically: it is the male semen which makes the main contribution.

The great paradox of all these models is that they assign the origin of procreation to the man, but in the event of difficulties, the blame for any short-circuiting is always placed on the woman. The model is based on the fact that not all sexual relations lead to a pregnancy, and the idea that this can be explained by some circumstance linked to the woman’s nature. In many cases, new technologies, far from transforming these models, have been used to consolidate the pre-existing view. Bio-medicine is exploited to discover the many pathological problems which a woman may have. The burden of such pathologies continues to fall much more heavily on women, although it has been recognised through the analysis of semen that the “worms” can be dead or slow.

According to the mono-genetic model, the woman is a mere recipient, but when this recipient does not fulfil the necessary conditions it is incapable of producing descendants. Sexual relations are also determined by notions of procreation. Thus, sexual relations during pregnancy are not forbidden, for the reason that a man’s semen contributes to the construction of the foetus until the seventh month. The male fluid is turned into food.

These notions are present in the phenomenon of the “sleeping child”. The foetus stops growing and remains asleep in the mother’s womb for one of three reasons: because of the start of menstruation, because of a lack of man’s “water” or because it is under a spell. According to the Maliki legal school, the foetus stays asleep until a series of causes re-activate its growth: the provision of semen, whether from the husband or from a man other than its first progenitor, or a ritual which breaks the spell.

6.3.2. *The Embryonic Process According to the Quran: The Angel of the Uterus*

The Prophet whose word cannot be doubted, declared that in the womb is to be found an angel who cries: O, Lord, grant but one drop of semen.⁵²

The main source of embryology in the Muslim world is the Quran, the ideas in which bear notable resemblances to the Hippocratic model.⁵³ Various phases are outlined, as well as a delimitation of the entry of *rūh* in the body of the foetus, as can be seen in Figure 1. When the two seminal liquids meet after the sexual encounter (according to the duo-genetic model), they are mingled and cook together until bubbles are generated. During the first few days these bubbles starts to solidify as *nufta*, or seminal liquid. On about the eightieth day, the *nufta* becomes an *'alaqa* or adherence made of blood. In the next phase the blood consolidates to form a small unit of flesh or *mudgha*. The 120th day marks the transformation of these substances into a person, through the agency of an angel who introduces the *rūh*. According to the traditions recorded by Al-Suyūṭī, it is also at this moment that the angel of the uterus writes each person's sex and their destiny.⁵⁴

These phases of development are reflected in the following Quranic verses, which are, incidentally, often cited in re-Islamising rhetoric as a means of showing that even science must bow down to the Quran as a source of knowledge. The following verses are held to demonstrate familiarity with an embryonic model hidden to scientists until recent times:⁵⁵

O mankind, if you are in doubt about the resurrection,
We created you from dust, then from a sperm, then from a blood clot, then
from a morsel, formed and unformed, to make it plain to you.
And We plant in the wombs whatever We desire, for a stated term,

⁵² From *Tibb-ul-Nabbi* of al-Suyūṭī (1445–1505), in Cyril Elgood, “*Tibb ul-Nabbi* or Medicine of the Prophet”, *Osiris*, vol. 14 (1962), p. 171.

⁵³ Hippocrates, “*Sobre la naturaleza del niño*” [On the nature of the child], *Tratados hipocráticos*, vol. 8, Madrid, Gredos, 2003.

⁵⁴ Translation in Elgood, “*Tibb ul-Nabbi . . .*”, p. 172.

⁵⁵ I have observed this kind of rhetoric in praise of the scientificity of the Quran among some Moroccans, and have seen that it is often based on certain works of reference or the conversion of Western scientists to Islam. One of the most frequently cited works is *The Bible, the Quran and Science* by Maurice Bucaille. These works highlight the agreements and coincidences between Quranic revelations and modern scientific knowledge. The theme is a recurrent one in the work of many other authors. For examples, see Ibrahim B. Syed, “Attitude of a Muslim Scholar at Human Embryology”, *Islamic attitude and practice in Science*, International Institute for Islamic Thought, Washington D.C., 1987, or Driss Benyoussef, *Le Coran et la médecine moderne*, Mohammedia, Imprimerie de Fédala, 2006.

Then We bring you forth, a child,
And then to reach full maturity. (Quran, 22: 5)

We created man from the essence of clay,
Then made him a sperm in a well-guarded cavity,
The sperm We turned into a blood clot, the blood clot into a morsel,
The morsel into bones,
The bones We clothed with flesh,
And then We reared him into another creation. (Quran, 23: 12–14)

This genetic model distinguishes between the sexual relation which generates the foetus and the divine intervention needed for the creature to fructify. Its underlying structure is similar to that observed among Australian aborigines, although there is controversy surrounding their ignorance of fatherhood. As Edmund Leach pointed out, the matrilineal spirit (*baloma*) of the Trobriands fulfils a similar function to that of the Holy Ghost of the Biblical myth which impregnates Mary.⁵⁶ In the case of Muslims, human generation is also seen as a necessary but not sufficient cause. Humans generate the foetus after sexual relations, but human life only gets under way when its essence is breathed into it on the 120th day.⁵⁷

Figure 1. Phases of the Embryo according to the Quran and the *hadith*-s

Period:	40 days	→	80 days	→	120 days*
Embryonic phase:	<i>nutfā</i>	→	<i>ʿalaqa</i>	→	<i>mudgha</i>
	(seed)		(blood)		(flesh)

*An angel breathes in the soul (*rūh*). This marks the end of the period during which abortion is permitted, according to some legal schools, and the foetus becomes subject to *diyya* (price of blood).

6.3.3. *Special Pregnancies: The Sleeping Child (rāged)*

The phenomenon which I will analyse in this section casts special light on scholarly and oral theories concerning procreation. Some legal schools recognise the possibility that the legal duration of a pregnancy may last longer than nine months. Although this possibility is in fact unknown to the vast majority of Moroccans, I have still been able to find some cases

⁵⁶ Edmund R. Leach, "Genesis as Myth. Virgin birth", *Genesis as Myth and other Essays*, London, Grossman Publishers, 1969.

⁵⁷ Al-Suyūṭī, "Embryology and Anatomy" in his *Tibb ul-Nabbi*. The formation of the person is completed in the fourth month: "We breathed a soul into it. All wise men agreed that no soul is breathed in until after the fourth month", Elgood, "Tibb ul-Nabbi . . .", p. 166.

among individuals born as late as the 1960s. The following example was explained to me by a very religious man, close to the ideas of Salafism, who admitted to me in the course of our conversation that he had himself been a *rāged* child. His father emigrated to Spain, and two years after he had left his mother became pregnant. The family characterised the situation as a case of lengthy pregnancy, in which the foetus had been germinated by the legitimate father and then remained asleep for the next two years. The grown *rāged* was adamant that his mother had never left home and his close family were all able to certify that the phenomenon was only explicable as a case of a “sleeping child”. It soon became clear to me that any other interpretation would have brought irreparable dishonour to the family.

The scarcity of ethnographic references to this phenomenon demonstrates its rarity and its restriction to the area of the Maghreb and, to be more precise, to Maliki law. In Jebala, in northern Morocco, one legend from the region of Kholot explains that the name of a fraction known as Ragāgda is due to the fact that a woman of advanced age had a child there and argued that it had been sleeping in her womb for some time.⁵⁸

Classical jurists have deduced from the Quran that there exists a minimum legal period for pregnancy of six months, according to verse 14: 46, in which it is said that pregnancy and breast-feeding last for thirty months, and another verse (31: 14) which marks the breast-feeding period as one of two years. Thirty months minus twenty-four for breast-feeding leaves a minimum of six months for gestation of the baby.

The four predominant Sunni legal schools admit pregnancies lasting more than nine months, although they differ in their recognition of maximum legal periods of pregnancy.⁵⁹ There are several diverse scholarly sources referring to this phenomenon, but especially significant are the collections made by Mālik or his disciples. It is important to highlight that Mālik himself was said to have been gestated in Medina over a period of three years. However, post-colonial state codes did not include this jurisprudence. The Algerian code establishes a maximum period of ten months,

⁵⁸ Edouard Michaux-Bellaire, “Les tribus arabes de la vallée du Lekkous”, *Archives Marocaines*, vol. 6 (1906), pp. 233–235.

⁵⁹ For a detailed analysis of the sources of the different schools, see Joël Colin, *L'enfant endormi dans le ventre de sa mère. Étude ethnologique et juridique d'une croyance au Maghreb*, Perpignan, Presses Universitaires de Perpignan, 1998, pp. 69–113.

and the Tunisian code one year, like the Moroccan *Mudawwana* (articles 76 and 84). The new *Mudawwana* of 2004 upholds the same period.⁶⁰

There have been varying explanations of the pause in the foetus's growth. Some have seen it as a return of menstruation, after which the foetus becomes fixed in the mother's entrails; others have explained it as the result of a cessation of the entry of seminal liquid, or as a result of the ingestion of grains of cooked harmal, or magical actions induced by an amulet.⁶¹ This same magic is used to awaken the child, cancelling out the power of an amulet.⁶² Actions designed to cause heat are also carried out for the same reason, e.g. the consumption of a chicken stuffed with a mixture of aphrodisiacal *msakhen* drugs, which are taken by both the man and the woman.

I will not enter into detail concerning the interpretations that have been made of the *rāged*, but it is necessary to mention its occasional strategic use by women. The fact that the idea of a prolonged pregnancy is recognised by the scholarly tradition favours recourse to it in cases of adultery. This can be done to avoid repudiation, to force a man to admit fatherhood or, in the case of widows of men with properties, to establish

Table 11. Duration of Pregnancy according to Sunni Legal Schools

<i>Legal school</i>	<i>Minimum duration of pregnancy</i>	<i>Maximum duration of pregnancy</i>
Maliki	6 months	5 years (or up to 7)
Shafi'i	6 months	4 years
Hanbali	6 months	4 years
Hanafi	6 months	2 years

⁶⁰ "Art. 135. The maximum period for pregnancy is one year after the date of rejection or death, *La Mudawwana. El nou Codi de Família marroquí* (2004), Barcelona, Editorial Mediterrània, 2005.

⁶¹ For this, see the film by Yasmine Kassari, *L'enfant endormi* (2004).

⁶² Colin, *L'enfant endormi* . . . , pp. 228–231.

a man's paternity of a child and thereby obtain part of an inheritance.⁶³ In Casablanca there existed a ritual to certify that a woman was pregnant by her dead husband. If this were the case, at the moment of burial the woman had to swear before a judge and forty witnesses that she was pregnant and after this, she had to pass beneath a litter on which her dead husband had been placed. If a child was born a few years later, it was known as an "orphan of the coffin" (*itīm an-na'sh*).⁶⁴

6.4. Contraception and Abortion

The subjects of contraception and abortion appear in classical medical texts.⁶⁵ The techniques recorded by these authors make reference to the use of drugs and vegetable substances, such as plant juices, pepper etc., applied by different means: oral ingestion of substances, administration through suppositories and tampons, or in combination with magical techniques. However, one of the best known techniques is the corporal one of *coitus interruptus*, known in Arabic as *'azl*. This historical range of practices has undergone a significant revolution with the introduction of bio-medical formulae.

6.4.1. Religious Regulation of Contraception

The Quran makes no specific reference to contraception. By contrast, the *hadīth*-s and legal treatises do consider the issue, although in very differ-

⁶³ Rahma Bourqia, *Femmes et fécondité*, Casablanca, Afrique-Orient, 1996, pp. 54–55, also argues for the strategic importance of this idea. Some women resort to using the "sleeping child" to attribute to it violence carried out upon their bodies by husbands or others around them, or to explain a delayed pregnancy.

⁶⁴ Mathieu and Maneville, *Les accoucheuses musulmanes . . .*, p. 47. In Tunisia, Mohamed Ben Ammar, Dhouha Yahyaoui-Lakhdar and Tarek Sokraf, "Croyances et rituels autour de la grossesse et de l'accouchement au Maghreb", *Destins de femmes, réalités de l'exil: interactions mère-enfants*, Grenoble, La Pensée Sauvage, 1994, pp. 145–161, have illustrated the recent existence of this practice. The pregnant widow passes beneath the coffin to confirm the paternity of the dead man, whose child is called *wald an-na'sh*, "the child of the coffin".

⁶⁵ Among such texts are those cited in Musallam, "Conception theory . . .": al-Rāzī (Persia, 9th century), who in his *Kitāb al-hawī* cites as many as 176 contraceptive and abortive prescriptions; 'Alī ibn 'Abbās (Persia, 10th century), *Kamil al-sina'a al-tibbiya*; Hibatallāh ibn Jumai' al-Isra'īli (d.1198), an Egyptian Jew from the court of Saladdin, *Kitāb al-irshād limasālih al-anfus wa al-ajsād*; Abū al-Hasan al-Tabīb (1044–1101, Baghdad), *Kitāb khalq al-insan*; or Ibn Sīnā (980–1037), *Kitāb al-qānūn fi al-tibb*.

ent ways. The basis for the various arguments comes from the *hadīth*-s, especially those which refer to *ʿazl*:

- Example of a *hadīth* in favour: Jābir, in the collections of Bukhārī and Muslim: “We practised the *ʿazl* in times of the Prophet. This was known by him and he did not forbid us from doing it.”⁶⁶
- Example of a *hadīth* against: Abū Saʿid al-Khudrī, in Muslim: “we had taken some captive women... We decided to have sex with them, observing the *ʿazl*. But we said: We are performing an act while the Messenger of God is among us, why do we not ask him? ... and he said: It does not matter if you do not do it, for every soul that must burn on the Day of Resurrection will burn.”⁶⁷

Other *hadīth*-s even manage to combine the two opinions. Nevertheless, most legal schools defend the permissibility of *coitus interruptus*, following another *hadīth* which says: “the Prophet forbade the practice of *coitus interruptus* with a free woman, unless she permits it”. This has led to a certain general acceptance, but one which always takes into account that it is the woman who must authorise the practice. It must be emphasised that in fact, controversy over the *ʿazl* reflects a male-centred view of contraception, for the *ʿulamāʾ* simply ignore other forms of contraception which are used by women, and it seems unlikely that during the intimate act of love-making women have generally been able to exercise their supposed right to authorise the practise of *coitus interruptus*. The most cited source for defending the permissibility of the *ʿazl* is the work of al-Ghazzālī (1058–1111), who concluded that it was not *harām*.⁶⁸ The writer stated that the *ʿazl* was only to be forbidden if it were carried out for the following reasons: fear of engendering daughters, because the

⁶⁶ This *hadīth* and some of those which follow belong to Muslim’s compilation, book 8, *The Book of Marriage*, chap. 22, *al-ʿazl*. The one cited here is no. 3,388. Of the 17 *hadīth*-s in this chapter, eight are clearly opposed, four of them are ambiguous and five clearly favourable, especially those attributed to Jābir b. ʿAbdullah.

⁶⁷ Muslim, book 8, no. 3,371.

⁶⁸ As a Shafʿi jurist, al-Ghazzālī listed reasons which would justify the practice:

- In the case of relations with slave women, it would be permitted to take steps to avoid having descendants with a slave, or to prevent that slave from having too many children, a circumstance that would make it more difficult to sell her.
- In the case of relations with free women, it was permitted to take steps to prevent the pregnancy of a breast-feeding woman or repeated pregnancies which might damage the woman’s health. It was also acceptable to avoid having so many children that it was difficult to bring them up properly or for them to earn a living in sinful occupations.

woman preferred not to become pregnant so as not to lose her beauty, or because she wanted to avoid the inconveniences of pregnancy, birth or breast-feeding. Al-Ghazzālī's reasoning is underpinned by other important pre-suppositions. Basically, the *'azl* is not considered a crime because the emission of the male seminal liquid is not by itself enough to procreate, according to the duo-genetic view which sees the female contribution as essential. However, legal history also contains figures who have spoken against the practice, such as Ibn Hazm (al-Andalus, 994–1063), of the no longer existing Zahirī school. For this author, the *'azl* should not be authorised because of its analogy with secret infanticide, which was also forbidden.

6.4.2. *Traditional Methods of Contraception*

Apart from the *'azl*, Moroccan society has known several other methods, linked to herbalist's shops and magic.⁶⁹ Some of these are applied at the request of the affected individuals, but others are carried out against a victim. As will be seen, most of the methods affect women rather than men.

Table 12. Traditional Contraceptive Methods

For women:

- Prolongation of breast-feeding as an indirect way of delaying sexual relations, given that it is believed that breast-feeding can damage the development of the foetus (and if the women were pregnant she would cease to suckle her child). This phenomenon is known as *ghayla* ("little murder") and is based on the idea that the nutrients which should go to the foetus are directed towards milk production, depriving the foetus of its normal growth process and also damaging the breast-feeding child.
- Tampon to prevent the entry of semen. A *liga* (ball of wool) is prepared which contains substances which will prevent the action of the sperm and this ball is placed inside the vagina.
- Knots. The midwife makes the same number of knots in the umbilical cord (*msrān*) of a new-born baby as the number of years which the woman wants to pass without her having more children.
- Fig (*karmūs*). A fig is cut in half and moistened with the menstrual blood of the woman who has requested it. The woman's husband hides the fig in a secret place unknown to the woman. Other objects such as matchboxes are also used. The process is similar. In all cases, the object enters into contact

⁶⁹ The following examples are taken from Mathieu and Maneville, *Les accoucheuses musulmanes*

Table 12. (cont.)

with the latest menstrual blood and is then hidden or buried until those concerned wish the period of sterility to come to an end.

- Handling of the placenta. In order to bring about a woman's sterility the placenta of an attacked woman is made to disappear.
- Blood and the mule. The woman who does not want to have children bathes her finger in her own menstrual blood and rubs it against a mule which cannot conceive.
- Preparation of a mixture of honey and wood coal dust, which is ingested or rubbed on the body.
- Talisman. A *faqīh* is asked to prepare a piece of writing which is hidden. If it is lost it can make the woman infertile for life. In order to undo its effects the woman has to remove it from its hiding-place and leave it in water until the ink is dissolved. Lastly, she performs her ablutions with the resulting liquid.
- Ingestion. A *faqīh* writes a formula on the inside of a bowl. Then a liquid is poured into it which dissolves the formula, and the woman drinks the dissolved substance.
- Use of substances (herbs, minerals) for washing the vagina with water in alum (*shebba*) after sexual relations.⁷⁰

For men:

- Practices designed to stop the action of the sperm:
 - Rubber contraceptives ("male wrapping", *ghullāf ad-dkar*). In the mid-twentieth century this was only used by men who had lived in Europe, and was used as a protection against disease rather than as a means of preventing pregnancy.
 - Cleaning of the penis with a cloth. This technique involves the husband cleaning his penis after the sexual act. The cloth is previously soaked in the blood which flows from the woman during birth.
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6.4.3. *Traditional Methods of Abortion*

Abortion is forbidden by Islamic legal codes, although exceptional circumstances can make it permissible. The exceptions allowed for by Islamic jurisprudence vary according to the schools. Most coincide in forbidding abortion after the fourth month of pregnancy, and the biggest differences are concentrated in the period before that month. The Maliki school is the strictest, and also forbids abortion before the first forty days. The Hanafi school authorises it during the first four months, but with some conditions. The time limit of four months is established by Muslim notions of

⁷⁰ Bellakhdar, *La pharmacopée marocaine...*, p. 534.

embryology, according to which the divine breath enters the foetus on the 120th day of the pregnancy period.

In spite of these prohibitions, abortion has been practised in a clandestine manner using a number of different techniques. Traditional methods include the following:

- The placing of drugs or other abortive substances in the vagina, usually mixed together in a small ball of wool.
- Fumigation of the genitals. The woman comes close to some burning coals upon which *hentita* (asafoetida) is thrown, causing fumes to be given off.
- Mechanical techniques. Dilation of the neck of the uterus and puncturing of the amniotic sack with a twig of oleander or a needle; or the application of a hand mill which is twisted around inside the woman's belly until colic and the tearing of the membranes occurs.

6.4.4. *Contraception, Abortion and Politics*

The personal status code of 1957 is one of the cornerstones of the Moroccan Independent State's effort to define the family as the only permissible space for the practice of sexuality. The text also reflects a conservative and subordinate view of women and their role. Social pressure and a series of political events during the 1990s brought about the reform of the code in 2004.⁷¹ The new text reverses previous implicit assumptions concerning the control of sexuality. For instance, article 51, section 4 includes "the taking by common consent of decisions relating to the administration of the affairs of the family and children and the planning of one's descendancy." The new code thereby replaces the articles of the preamble which underlined the procreative mission of the woman. In article 4, concerning marriage, the new code says that "it has as its aim fidelity, purity and the creation of a stable family, under the direction of the two partners...". This contrasts with the previous code, according to which "marriage is a legal contract after which a man and a woman are united for a common and lasting conjugal life. It has as its aim a life in fidelity, purity and the desire for procreation through fecundation, on stable bases and under the direction of the husband, of a home which allows the

⁷¹ Josep Lluís Mateo Dieste, "‘Demonstrating Islam’: the Conflict of Text and the Mudawwana Reform in Morocco", *The Muslim World*, vol. 99, no. 1 (2009), pp. 134–154.

spouses to meet their reciprocal obligations in safety, peace, affection and mutual respect.⁷²

The 20th century was a period of great change in the regulation of sexuality. Many of these changes came at the end of the century, as is shown by fertility statistics for the entire Arab world, which saw a generalised fall in the number of children born.⁷³ Morocco has followed a similar pattern since the 1970s. In 1962–63, the birth rate was 7.3 children per woman, but by 1997 this had fallen to 3.1, with a clear contrast between urban and rural areas.⁷⁴ Figures for 2004 showed an average of 2.5 children—2.1 for urban areas and 3.0 for rural areas.⁷⁵ This fall cannot only be the result of a greater use of contraceptives, but must also be due to a progressive rise in the age at marriage, which is in turn conditioned by greater access to the educational system and salaried employment, economic difficulties in the urban context or the acceptance of a more reduced family size.

In the mid-20th century, Bousquet pointed to the contrast between a legal panorama that was relatively favourable to contraception and its weak acceptance among the popular classes. By 1937, the *mufī* of Egypt had already justified the use of contraceptives in cases of highly numerous descendancy or as a means of preventing a worsening of the health of the parents or their children's education. However, the State policy of regulating the birth-rate is very recent, and started to occur after a World Bank report on Morocco in 1964. In 1967 two royal decrees derogated the ban on arguing for contraceptive controls and the penal code was reformed to make abortion possible for therapeutic purposes. The Moroccan Association for Family Planning (MAFP) was set up in 1971, and was given the task of setting in motion a state policy on contraception. In practice, the distribution of contraceptives did not become widespread until the late 1970s, and it was only in 1976 that the Ministry of Health authorised the MAFP to distribute them without prescriptions.⁷⁶

Ever since its creation, the MAFP has organised a series of gatherings of *'ulamā'* to debate questions relating to the family and the regulation of reproduction. In December 1970 a conference on Islam and family planning took place in Rabat which discussed the way of reconciling the

⁷² Art. 1, Chap. 1, "On courtship and marriage", *Mudawwana, dahir* of 28 November 1957.

⁷³ Philippe Fargues, *Généralisations arabes. L'alchimie du nombre*, Paris, Fayard, 2000.

⁷⁴ Royo, *Salud sexual...*, p. 60.

⁷⁵ *Enquête sur la Population et la Santé Familiale, 2003–2004*, Ministère de la Santé, Royaume du Maroc.

⁷⁶ Lhassane Bouzidi, "L'islam et la société marocaine face à la contraception", *Annuaire de l'Afrique du Nord*, vol. 18 (1979), pp. 285–300.

latter with the need to extend the community of believers. The conference concluded that contraception could be practised within the limits of the permissible for health reasons and in order to favour the education of one's children. At a similar conference, the *muftī* of the University of al-Azhar, Muhammad Sayed al-Tantawi, argued that demographic control is acceptable, but always as a means of favouring the interests of the country. According to al-Tantawi, family planning is permissible, as long as it is carried out with the mutual agreement of the married couple and to the benefit of the dignity of the upbringing of the couple's children. However, an absolute and definitive limitation of births would be completely illicit, and sterilisation is condemned because it eliminates the reproductive capacity. According to this argument, abortion, understood as the express elimination of the foetus within the mother's womb, is illicit and is only permitted if there is a clear danger for the mother. All of these arguments can be found in different *fatwā*-s dictated throughout the 20th century. The great problem resides in how to apply the analogy between the concept of contraception of the *'azl* or other traditional licit methods and modern methods of contraception.

In her interviews with various Moroccan theologians, Donna Lee Bowen unveiled the contradiction between the arguments which continued to defend the model of the large family as a divinely entrusted task and those which authorised contraception as a joint decision made in an egalitarian fashion by both partners.⁷⁷ A central place in this rhetoric is occupied by the use of analogy (*qiyās*): if the *'azl* is allowed, then other means like the pill must be considered acceptable so long as they are thought necessary, e.g. for reasons of economic hardship, and so long as the views of both partners are taken into account. Such theologians also repeat the criticisms of sterilisation made by the *muftī* of al-Azhar, because this is considered an attack on a capacity gifted by God. Online *fatwā*-s provide further examples of the new responses of the legitimising agents of adaptations to social change.

In their responses to abortion (*ijhād* or *sqāt*), the *'ulamā'* have offered widely differing opinions, as became clear in the Conference on Islam and Family Planning which took place in Rabat in 1970. Concerning the question of the period during which abortion is to be allowed, the *'ulamā'* of

⁷⁷ Donna Lee Bowen, "Pragmatic Morality: Islam and Family Planning in Morocco", in Donna Lee Bowen and Evelyn A. Early (eds.), *Everyday life in the Muslim Middle East*, Bloomington and Indianapolis, Indiana University Press, 1993, pp. 91–101.

the Maliki school to which the Moroccan *'ulamā'* belong differ considerably from the Hanafi or Zaydi *'ulamā'*, since the Malikis consider abortion to be an intolerable attack against a foetus which is equivalent to murder, whereas the latter groups authorise abortion before the 120th day of pregnancy.⁷⁸ There is greater consensus over the issue of the mother's health: most *'ulamā'* authorise abortion in cases where it is justified for therapeutic reasons. This argument emphasises the holy character of the woman as a reproducer.⁷⁹

In Morocco, the regulating laws established during the French Protectorate in 1920 and 1939 continued active until 1967. The penal code of 1962 established a prison sentence of between one and five years for the pregnant woman and whoever helped her to abort. This legislation only admitted the legality of abortion in exceptional cases i.e. when the mother's life was at risk, and stipulated that it had to be performed by a surgeon with the ultimate authorisation of the woman's husband. Conditions were introduced in a reform of the penal code of 1966. Since then, Moroccan legislation has come to accept the medical interruption of pregnancy in those cases in which it places the mother's life at risk (renal failure, heart disease, psychological problems etc.), but not in cases of malformations of the foetus. In practice, such restrictions do not prevent hundreds of abortions from taking place every year, whether in clinics, in insalubrious conditions or at the hands of women who specialise in the domestic remedies already mentioned in this chapter.⁸⁰ These practices illustrate once more the limitations of the kind of formal normativism which is based on a fear of revealing anti-normative conduct rather than a concern to actually do anything about it. In many cases abortion is practised in order to conceal an illicit relationship, either pre- or extra-matrimonial, and it takes place as the result of moral pressure exerted by female friends, neighbours or relatives who consider it a lesser evil compared with the burden of shame which would have to be borne,⁸¹ and all this in spite of a recognition that it is forbidden by Islam.

⁷⁸ Speech by a Moroccan ulema at this conference, cited in Donna Lee Bowen, "Islam, Abortion and the 1994 Cairo Population Conference", *International Journal of Middle Eastern Studies*, vol. 29, 2 (1997), p. 164.

⁷⁹ *Ibid.*, pp. 164–165.

⁸⁰ "Avortement. Autopsie d'un drame social", *Tel-Quel*, no. 213, February 2006.

⁸¹ Jean-Noël Ferrié, Gilles Boëtsch and Amina Ouafik, "Vécu juridique", norme et sens de la justice: à propos de l'avortement au Maroc", *Droit et société*, 28 (1994), pp. 682–686.

6.4.5. *Perceptions and Uses of Contraceptives*

Important shades of meaning exist in the Arabic language when reference is made to birth-rate control. According to Bowen,⁸² the bald expression “birth-rate control” (*al-nasl tahdid*) is perceived much more negatively, because of its association with the idea of restriction, than the expression “family planning” (*tanzim al-usra, takhtit al-‘aili*), which does not place the role of the family as the sphere of procreation in doubt. Apart from these notions, opposing positions exist regarding the use of contraceptives. It is worth underlining that socio-economic changes in Moroccan society have assisted the arguments in favour of their use. Such changes include the following:

- Economic factors, such as lack of means, instability in working conditions etc.
- New images of infancy. Children are no longer necessarily seen as an insurance for the future and old age, and there has been a considerable rise in the costs relating to their upbringing and schooling.
- A rise in the esteem of a new family model, with a maximum of three children.
- Greater participation of women in the liberal professions and the work market more generally, which has partly transformed the previous model of women as linked exclusively to motherhood.
- Mistrust of traditional methods (fumigation, burns etc.) and their possible negative effects on the body.
- The role of some of the more open-minded religious interpretations, which are not opposed to contraception and have extended the range of existing arguments authorising the *‘azl*.

These changes have taken place in urban areas in particular, as is revealed by statistics showing falls in the birth-rate. They have coincided with the spread of modern contraceptive methods like the pill or IUD, rather than the use of traditional methods. The research carried out by Souad Filal into contraceptive methods used in Morocco showed that they are used for a wide variety of personal and family reasons: in some cases the decision is jointly taken by the couple, in others a wife may be using contraception without her husband’s knowledge, whereas in others husbands force

⁸² Bowen, “Pragmatic Morality . . .”, p. 99.

their wives to use them. Filal also identified the causes of negative attitudes towards bio-medical contraceptives, showing that they are linked to socio-cultural factors of interpretation of the body, especially notions of humoralism or strategies used by women to maintain spheres of power linked to motherhood:⁸³

- The desire to continue to have children in order to avoid repudiation, to acquire greater recognition or domestic power, or simply as affective compensation for an unsatisfactory relationship with the husband.
- Because of the husband's express prohibition, reflecting an asymmetry of domestic power.
- Because of preference for traditional methods such as breast-feeding, the *'azl* or the use of spermicides like sulphur or sulphur incense, soap and magical rituals causing the foetus to sleep.
- Because of notions of the body and reproductive apparatus which are not bio-medical, such as the notion that one tube is used for periods and the other for producing children, the idea that sperm is the only fertilising agent, thereby excluding female intervention and making use of the pill an absurdity, or the idea that male condoms can cause diseases to the man, because of the way the sperm is trapped inside.
- The attribution of inconveniences and problems to use of the pill, such as dizziness or other alterations. There are widespread beliefs about the dangerous and toxic nature of the pill, both for the woman and her children, for it is thought that the pill's toxic substances are dissolved in the mother's milk and absorbed by the breast-feeding child. Another influential idea is the humoral explanation that the pill is a cold element which will irremediably damage the woman's future fertility, understood to be a process linked to warmth.

This last factor deserves special attention, because in many rural areas or among populations of rural origin there remains a certain resistance to use of the contraceptive pill for fear that it damages fertility and makes a woman permanently incapable of becoming a mother. It should be remembered that despite social changes, the role of the woman as a procreator continues to define her social position, and infertility is a cause

⁸³ Souad Filal, *L'incontrôlable désir. La contraception au Maroc*, Casablanca, Eddif, 1991, pp. 116 and 148.

of conflicts even though the new 2004 code has extended the decision-making process to include both partners.

At all events, contraception is not a taboo theme, but a recurring topic in conversations between women, subject though it is to the distortions of rumour and informal knowledge, which can generate unfounded suspicions. The 1997 statistics on knowledge of contraceptive methods show that most married women are familiar with the different methods (pill, IUD, tubal ligation, injections, condom), but it highlights the lack of knowledge about the possibilities of male rather than female sterilisation. However, even the latter idea provokes considerable mistrust, given that the idea of ending reproductive capacity is difficult to accept in a context which values women in terms of just such a capacity. The religious agents, and especially the *'ulamā'*, also tend to look down on sterilisation on account of its destructive effect, although voices have been heard to declare such practices acceptable when one of the partners has a mental or sexual illness.⁸⁴

Contraceptive methods are used unevenly and those such as the pill are often used in an irregular manner as a result of a series of confusions. There are those who think it is only necessary to take the pill on the occasion of a sexual encounter, or who cease to take it when their husbands are absent, or because of a possible change in the cycle of menstruation. The statistics on the use of contraceptives in 1992 and 1997 show that the pill is the most frequent method, followed by traditional methods such as prolonged breast-feeding, the *'azl* or continence, the IUD and sterilisation.⁸⁵ What is most striking about the figures is the relatively uncommon use of the condom, which accounts for only about 2% of cases. 83% of the married women surveyed declared that they had used some form of contraception over the course of their lives. In geographical terms, modern methods were much more frequent in urban than in rural areas, especially in the coastal region of Casablanca, whereas the northern regions of Tangier, Tétouan and Rif were the most conservative in this respect.

The latest figures for 2003–2004 do not display great changes in the order of preference and use of methods, but they do show a new tendency towards their more widespread use in the rural regions. Use of

⁸⁴ Bouzidi, "L'islam et la société marocaine...".

⁸⁵ In Royo, *Salud sexual...*, p. 60, based on the *Enquête Nationale sur la Population et la Santé*, Ministère de la Santé Publique et Macro-International, 1987, 1992; and Ministry of Health (Morocco) and Ligue des états arabes (Papchild), "National Survey on Mother's and Infant Health. National report Morocco", 1997.

contraceptive methods had actually doubled in those regions since 1992, and was approaching the percentages seen in towns and cities.⁸⁶ All of these changes have also been possible thanks to two basic forms of distribution of contraceptives:

- Informal means, through women who acquire the contraceptives in pharmacies. In such cases, pills are taken without medical control, following a system of trial and error in order to determine which pills are best for each individual. Among illiterate women, they are frequently identified by their colour.
- Formal means, through doctors, pharmacies and health centres belonging to the Moroccan Association for Family Planning. The role of the modern *qabla* probably constitutes one of the most effective ways of supplying contraceptive methods. These midwives offer post-partum assistance and in their home visits they explain the details of contraceptive methods, and may also distribute them.

This acquisition of pills is subject to notions concerning the prestige of the product and bio-medicine, and there is even an identification between quality and price, so that low-cost medicine tends to generate a lack of trust in its reliability.⁸⁷

6.5. *Pregnancy and Birth*

A mother who dies in childbirth together with the baby, becomes a martyr.⁸⁸

According to Camille Lacoste-Dujardin, Islam suggests that medical vigilance of pregnancy should only begin when the foetus is completely formed.⁸⁹ The fact is that certain popular conceptions do not link pregnancy with health at all, but only with the fulfilment of the supreme function of motherhood. From this point of view, pregnancy and birth do not require any medical intervention and control. However, some

⁸⁶ *Enquête Nationale sur la Population et la Santé Familiale, 2003–2004*, Ministère de la Santé, Royaume du Maroc.

⁸⁷ Filal, *L'incontrôlable désir* . . . , p. 175.

⁸⁸ Hadith cited in Aliah Schleifer, *Motherhood in Islam*, Cambridge, Islamic Academy, 1990.

⁸⁹ Camille Lacoste-Dujardin, "Être mère à l'étranger", *Migrations-Santé*, 54–55 (1988), pp. 21–27.

female authors, such as Rahma Bourqia, do not share this hypothesis and claim that the first three months are indeed seen as a period of illness and vulnerability.⁹⁰

The data for Morocco shows that bio-medical control of pregnancy has been a fairly uncommon practice until the present day, and is still limited to preparations for childbirth towards the end of the process. Visiting a health centre is only seen as important when there are problems or delays. Between 1993 and 1997, only 42% of pregnant women went to at least one pre-natal consultation.⁹¹ This figure was just as low in urban as in rural areas, despite the higher number of health institutions.

Nevertheless, there is a need for caution when interpreting these figures. To begin with, the decision to give birth at home or in a hospital is not a fixed or stable strategy. In many cases, the same woman will use either formula, depending on her circumstances. Of women who give birth more than once, one fifth always do so in hospitals, one third always do so at home, and just under a half have given birth in both places.⁹² Attempts to explain this diversity have given rise to numerous fallacies. Carla Makhoulf Obermeyer's fieldwork allows us to be critical of interpretations which have attributed women's lower use of health services to an alleged attitude of ignorance or absence of notions of risk during pregnancy and childbirth. This hypothesis turns out not to be valid, given that women do in fact have their own theories of risk, as is also reflected in popular sayings which present the woman during childbirth as having one foot in this world and one in the next, or which say that her grave remains open for forty days. The reality is that three main types of danger during labour are generally recognised:

- Becoming cold. During pregnancy, anything likely to produce heat is avoided, but at the moment of childbirth exactly the opposite is prescribed. Traditional births are accompanied by techniques which generate heat because they are thought to favour the process. This explains the use of incense to warm the body of the woman in labour, or the consumption of cress seed (*habb ar-rshād*) infusions with milk. This production of heat is designed to favour contractions (*zahma*) and the

⁹⁰ Rahma Bourqia, *Femmes et fécondité*, Casablanca, Afrique-Orient, 1996, p. 86.

⁹¹ Naāmane-Guessous, *Printemps et automne . . .*, p. 118.

⁹² Carla Makhoulf Obermeyer, "Risk, Uncertainty and Agency: Culture and Safe Motherhood in Morocco", *Medical Anthropology*, vol. 19 (2000), p. 189, based on a study carried out in Casablanca, Rabat and Marrakesh between 1991 and 1993.

woman's general state of health once she has given birth. This is why the food given to the woman after she has given birth is based on warm items and the reason why she is covered with blankets to protect her from the cold (*bard*).

- *Faida* or loss of blood during childbirth. In addition to the blood loss in itself, there exists a fear that someone might perform magic with the blood. This has its effect on the choice of people permitted to be present during labour, and such people will only include those who are completely trusted. According to Obermeyer, this does not affect sanitary staff, given that magic is not usually performed by strangers, but by relatives or acquaintances who may use the blood for evil purposes.
- Retention of the placenta, which can cause the mother's death. This fear means that the expulsion of the placenta is seen as essential. Traditional midwives dedicate particular attention to preventing it from "rising" back into the mother again, by means of massages or even by tying the umbilical cord to the mother's leg.

6.5.1. *Traditional Rites Linked to Pregnancy*

Pregnancy is considered a liminal period, subject to dangers like attacks by magical forces, from which the pregnant woman can protect herself by means of various prophylactic actions such as the wearing of an amulet or visiting a sanctuary. The evil eye is one of the main threats, and traditional midwives used to advise women not to leave home in order to avoid this danger, as well as advising them not to stare at donkeys or camels, since the child might be born with a beak or a hare lip.⁹³ The dangers threatening the mother in fact affect the foetus, as in the case of the evil eye, and it is for this reason that the start of a pregnancy is kept largely secret. There are many rituals of protection or propitiation and once again it has to be noted that these practices are not fixed or resistant to change, but often reveal transformations in Moroccan society. In Casablanca in the 1950s, according to the accounts of midwives, women who wanted their offspring to be beautiful and robust had to take walks among the boutiques of the modern part of the city and look at the fashion mannequins in the shop window or enter into contact with elegant European women:⁹⁴ a fine example of partial acculturation, mixed with a way of thinking that came close to the idea of magic by contagion.

⁹³ Mathieu and Maneville, *Les accoucheuses musulmanes*

⁹⁴ *Ibid.*, p. 58.

The pregnant woman is not considered to be in an impure state, because of her lack of menstrual blood. This gives her greater freedom in prayer and exemption from religious taboos, and she continues to make visits to the *hammām* in the usual way. As far as ritual obligations are concerned, the pregnant woman must continue to observe fasting during the month of Ramadan, and is only permitted to break the fast if it is likely to be damaging for her health or that of her child. According to some classical sources, the woman must then carry out a compensatory fast for the number of days she failed to do so during Ramadan. This is therefore another example of a situation which gives rise to different legal uses and interpretations, as well as affecting other factors like the social recognition and prestige provided by observance of the fast. Apart from the rituals of the five pillars of Islam, women have followed other protection rituals like visits to sanctuaries, with the aim of blessing the pregnancy and asking for children to be born healthy.

Legal doctrine considers sexual relations during pregnancy to be permissible up to a certain point, and the collective perception is that they are recommendable because they make childbirth easier by helping to widen the space through which the baby must pass. Sexual relations after childbirth are dominated by the forty-day taboo or *nfas*, a new liminal period of danger thought of as an “open tomb” (*qbar mahlūl*). The losses of blood spread the dangerousness to the women’s environment, and the prohibition of sexual relations during menstruation is again established.

Traditional midwives did not specify that any particular kind of food should be eaten by a pregnant woman and only referred to the need not to deny their cravings. What they did recommend was to avoid rich or badly spiced foods and they advised not eating too heavily in order to prevent the foetus from developing to excess.⁹⁵ For vomiting, the midwives recommended slowly chewing dry beans, eggs or cumin. The Arabic term for “craving” is *ūhām* (or *wihām*) and although it refers to the pregnant woman’s desires, the etymology of the word is related to *twahim* (congenital birth marks or stains). The *ūhām* implies that the pregnant woman wishes to eat fruit, sweets or other items that are difficult to obtain, and to a certain extent this becomes a source of small-scale power enabling her to obtain things which she cannot be denied. The *ūhām* can also have

⁹⁵ Similar precautions are taken in Tunisia: pregnant women are prevented from eating spicy foods and to prevent deformation of the foetus, they were recommended to eat dried octopus tentacles, eggs etc. See Ben Ammar, Yahyaoui-Lakhdar and Sokraf, “Croyances et rituels...”, p. 148.

negative consequences like the feelings of repulsion caused by the smell of food prepared by the pregnant women herself, meaning that she can only eat food prepared by other women, usually members of the family or neighbours.

6.5.2. *Traditional Childbirth in Morocco*

In Casablanca in the 1920s it was exceptional for Muslim women to give birth in hospitals. By 1949, of 8,600 recorded births in the same city only 610 took place in a hospital. Most occurred at home, and were not always attended by a *qabla*, since the woman in labour was often assisted by relatives or neighbours. Even today, home births are a fairly normal phenomenon. In rural areas, as many as 80% of women give birth at home, whereas in towns and cities, hospital births are more common (70%).⁹⁶ Until recently, childbirth was only rarely medicalised, as is shown by data from 1979 indicating that 15% in Morocco and less than 20% in Algeria gave birth in hospitals (although in countries such as Tunisia this figure rose to as high as 50%).⁹⁷

The death rate among women in labour and new-born babies has historically been very high, and this is reflected in a number of popular sayings, such as “The young mother and the child are in the hands of God and the angels attend the birth”. Birth is perceived, therefore, as a rite of passage that is full of risks.

Moroccan society has seen childbirth as an exclusively female affair, given the exposure during it of the parts of a woman’s body directly linked to sexuality. However, recent studies show that although women feel embarrassment when treated by a man, their main fears are in fact that they will be incorrectly treated during labour, feel themselves to be abandoned or not be treated delicately enough.⁹⁸

The notions of embarrassment and shame projected onto the sexual organs explain the traditional sequence of events in a birth as directed by a *qabla*. It is considered an indecent act to touch the vagina, and even traditional midwives saw this as *harām* (forbidden) and avoided doing it.⁹⁹ Other beliefs held that touching them put the child’s eyes or cranium in danger. The prohibition did not only affect touching, but even the sight of

⁹⁶ Naāmane-Guessous, *Printemps et automne* . . . , p. 118.

⁹⁷ Lacoste-Dujardin, “Être mère . . .”.

⁹⁸ Obermeyer, “Risk, Uncertainty . . .”, p. 190.

⁹⁹ Mathieu and Maneville, *Les accoucheuses musulmanes* . . . , pp. 40 and 41.

the genitals, and this obliged the *qabla* to carry out her work by covering the body of the woman in labour with a large cloth and feeling her way without looking at the woman.

Preparation for childbirth was in the hands of the *qabla* ("she who receives") and her assistant, and the materials for their work were provided by the family of the woman in labour.¹⁰⁰ The space to be used and the woman's body both required special preparation. The room was cleaned and fumigated to drive away malignant *jnūn*, then the room was darkened and the birth took place under artificial lighting. The reasons for this isolation were related to humoral theory and belief in the *jnūn*: the area had to be protected from the wind, the cold and the genies.¹⁰¹

The *qabla* performed a series of preparations to make childbirth easier, and these also reflected the ideas of humoral theory. Where possible, she would accompany the woman in labour to a *hammām* and massage her there. During this preparatory bath, personal hygiene was attended to and the pubis shaved. In symbolic terms the visit to the bath fulfilled the objectives of purification and preparation for a rite of passage. In humoral terms, it was hoped that the heat of the *hammām* would reduce the pain of the contractions and make the womb more flexible. As in other rites of passage, henna was applied to the woman's feet to protect her from the evil eye. After the bath the woman was dressed in clean clothing and a piece of cloth (*tahtiya*) was placed on her which covered her breast and waist. The headscarf was removed for the birth, in accordance with a

¹⁰⁰ Births in the Jewish community would have been accompanied by a greater presence of female relatives and neighbours. In some border towns and villages close to the Maghreb, such as the Touareg villages of Niger, women give birth in their own tent in the maternal encampment and surrounded by their closest female relatives, who recite the Quran. The foetus emerges naturally, without any intervention in the area, which is protected from the gaze of all. After the birth, the umbilical cord is buried with great discretion. When the navel stops bleeding, the baby is washed and wrapped in a sheet. The seven days after the birth are considered extremely dangerous on account of the possible risk of an attack by the *jnūn*, and for this reason prophylactic acts are carried out e.g. the baby is never left alone and a knife is placed by its side. See Susan J. Rasmussen, "From Childbearers to Culture-Bearers: Transition to Postchildbearing among Tuareg Women", *Medical Anthropology*, vol. 19 (2000), pp. 91–116.

¹⁰¹ Biarnay offered a completely different version for Tangiers, and cited the case of a woman with child-bearing difficulties. After listening to the advice of a Jewish female neighbour, the conclusion was reached that the cause was that the doors and windows of the house were closed, and her family proceeded to open them (Biarnay, *Notes d'ethnographie . . .*, p. 5).

prophetic tradition,¹⁰² as were all kinds of jewellery or other decorative objects. Finally, the woman's belly was covered with a cloth.

Traditional births took place with the woman in a sitting position, and efforts were made to orient her towards Mecca, as in prayer. Earth was spread on the ground of the room where the birth was to take place, and this was then covered with a lamb's skin (*hidura*) or a cloth, with the purpose of absorbing blood and other liquids. All other surfaces and rugs were also protected to prevent them from being stained by blood. Another technique, observed in Tangier, involved hanging a woollen rope (*ma'ina*, "help") from the ceiling of the room. The woman in labour held onto this rope while she sat on a number of cushions covered by a sheet.¹⁰³

In addition to these preparations, the *qabla* used a number of methods to activate the contractions. These involved the use of vegetable drugs or magic, such as amulets which were placed on the belly, head or legs of the woman in labour. In some regions it was also common to place a warm stone beneath the woman to favour contractions. To avoid breakages the *qabla* used soap, butter, oil or egg yolks.

Before the period of European influence, the most common position for the woman in labour to adopt was a kneeling one, with the *qabla* in front of her and an assistant (*sheddada*) behind. The *qabla* intervened by touch and between contractions she applied tampons of wool and oil. In the final moments, the *qabla* placed a large number of cloths in her right hand, then lowered her left hand and helped out the baby's head, placing the right hand beneath the rest of the body as it emerged. At those moments, songs were sung to ease the process of childbirth, such as the following:¹⁰⁴ "*Dreb b-ejnah-ek ya melk allāh | Ghit en-nfisa ya rasul allāh*" (Move your wings, oh divine angel / help the woman in labour, oh messenger of God). When difficulties or delays occurred, recourse was made to several rites believed to make the process easier. In Fez and Tangier use was made of the rite of the sheet:¹⁰⁵ the father went to the Quranic school and paid for the students to be allowed to leave, after which he gave them the sheet upon which the woman in labour had been lying and the students walked up and down the streets with the sheet held out

¹⁰² Muhammad's daughter, Fātima Zohrā, took it off when she gave birth to her first child.

¹⁰³ Biarnay, *Notes d'ethnographie* . . . , p. 6.

¹⁰⁴ In other cases, the men of the community attended a collective recitation of the Quran intended to reduce the anxiety and hazardousness of the situation.

¹⁰⁵ Dialmy, "Les rites obstétriques . . ."; Biarnay, *Notes d'ethnographie* . . . , pp. 9–10.

between them, reciting Quranic suras to make the birth easier. An egg was placed on the sheet, and passers-by tried to knock it off and break it by throwing water at it. When the egg was broken, the students went home and the sheet was placed on the woman's head in the hope of easing the birth of the child. Another rite involved going to a *zāwiya* to ask a group of *tālib*-s to bless a recipient filled with water from a well. After paying for the blessing with money, the woman would drink from the water three times.¹⁰⁶ Zoubir Chattou has also recorded that in the Banī Iznasen region several rituals relating to childbirth attribute a special power to male bodily substances: the woman in labour either drinks water which has been used to wash her husband's feet or she drinks her husband's urine. There are also rituals which apply heat to the genital area, in line with the ideas of humoral theory (fumigation with onion vapours or sage-brush stew thrown onto a stove).¹⁰⁷

Once the baby emerged from the mother's body, it was wrapped by the *qabla* in a white cloth and placed on the midwife's knees. The *qabla* then pronounced the *shahāda* and proceeded to announce the child's sex. If it was a boy, three ululations were emitted, but depending on the region either none at all or only two were made if the baby was a girl.

When the placenta had descended, the umbilical cord (*surra* or *mṣrān*) was cut with a knife which had to belong to the family of the mother of the child. This knife was only used for this purpose and to cut the baby's hair for the first time some time later, and was placed by the baby's side for forty days to protect it from the evil eye. The *qabla* did not treat the baby's navel in any way, to allow it to dry more easily and fall off a few days later, but the umbilical cord was tied up in a tight first knot with wool or silk.

The placenta (*fkak l-uhayl*) also required the appropriate treatment. To ease its fall, the mother was made to stand, with her hands behind the back of her neck. If problems arose, diverse techniques were used which involved movements or the consumption of substances. Each region had different uses when it came to the final destiny of the placenta. In Casablanca it was thrown into the sea or a river, but never buried in a cemetery or burnt, since this would be equivalent to burning the new-born baby. In other cases, the mother buried it, sometimes in the same room where

¹⁰⁶ *Zāwiya* of Sidi Ahmed Tijānī, in Tangier (Biarnay, *Notes d'ethnographie* . . . , p. 11).

¹⁰⁷ Zoubir Chattou, "Conception d'enfants et puissances invisibles: un cas symbolique. Cas de la société des Bni Iznacen (nord-est du Maroc)", *Les Cahiers de l'IREMAM*, 9–10 (1997), p. 16.

the birth had occurred, or in the countryside, in a place hidden from view and from animals. The umbilical cord was dealt with differently depending on the sex of the child. In Tangier, if the baby was a girl, the cord was buried beneath the mill of the house, and if it was a boy, close to the tomb of a saint. These places symbolised the links between the female and the domestic, and between the male and the outside world.¹⁰⁸ In popular culture, the umbilical cord and the placenta possess magical powers. The placenta is used to break relations between a man and a woman by giving it to one of them to eat. Its power is due to the presence of blood, which makes it possible to cast *suhur* spells with it. This is the reason why the placenta is covered in salt before it is buried or thrown away, as a way of neutralising the influence of the blood it bears.¹⁰⁹ By contrast, however, the umbilical cord can also sometimes be used in spells designed to reinforce the ties in couples.

6.5.3. *Post-Partum and nfas*

After birth, the traditional *qabla* recommended washing the woman's parts with warm water and salt for three days, but Mathieu's 1952 study showed that most women among the poorer classes refrained from doing this. There was a wide range of possible ways of treating the new-born baby insofar as ways of washing and first clothing are concerned. The child was often washed with soap and water, and a few drops of lemon juice were put on the eyelids; in other cases it was smothered in oil and dyed with henna, then dressed with its eyes painted with *khül*. For the first six months, the baby was swaddled in a type of corset called a *gemmet*. Various protective objects were placed at the foot of the cradle (*kuna*, *mhed*, *duh*) for the forty liminal days: a copy of the Quran, a mirror, a key, the knife used to cut the umbilical cord, a little bag of salt, antimony, coriander or cumin.

The first food which used to be offered to the mother was known as the "woman in labour's stew" (*qadrat an-nfisa*), made from products designed to produce energy. One of the staple types of this kind of food is a mixture of two eggs beaten into a glass of water, to which are added grains of cress, and then later a hen soup (if the baby is a boy) or cock soup (if it is

¹⁰⁸ Biarnay, *Notes d'ethnographie ...*, p. 14.

¹⁰⁹ Chattou, "Conception d'enfants...", p. 168. Among the Banī Iznasen, the placenta (*l-akhlās*) is mixed with salt, and buried with wheat and ashes.

a girl).¹¹⁰ Following the logic of humoral theory once more, the food given to the mother must be nutritious and heat-producing. Currently, the most common type of food is chicken or hen soup (*blūl*), which is taken to the hospital by members of the family. This dish is accompanied by others for both the mother and her visitors, and these vary from one Moroccan region to the next. Roast meat is added to the diet, and other special stews or soups: *hsuwwa*, a fine wheat semola mixed with milk, butter and cress; *tshīsha*, barley boiled in water and served with olive oil, argan, butter and honey; a Fasi soup known as *tadeffi*, made with flour, garlic, pennyroyal and olive oil. All of these dishes generally contain “warm” herbs such as pennyroyal (*flīyyū*) and cress. In the area of Gharb and Casablanca the *rīsa* is also consumed, which is a mixture of flour pastes sprinkled with soup and pieces of chicken.¹¹¹

This kind of special attention takes place within the liminal period considered dangerous and known as *nfas*, i.e. the first forty days after the birth of the child. Traditionally, the mother was restricted to her room for the first week and dressed in light clothing while she consumed the sorts of food items outlined above. For this first week the mother was not permitted to wear her ring, to protect her body from infertility. After a week, and just before the child’s name-giving festival, the mother usually visited the *hammām* again, accompanied by friends and relatives. The main aim of this visit was to receive a massage of the bones, and this massage was concentrated on the hips in order to “close” the body, as well as the region of the lower abdomen. In some areas the first visit to the *hammām* could be put off until the end of the forty days of withdrawal, and fulfilled the same functions of recuperation of the body, or was even thought to keep the mother’s milk and the baby from harm.¹¹²

In Tunisia, the dangers attributed by bio-medicine to the effects of the post-partum and breast-feeding, such as endometritis or mastitis, have been interpreted in rural contexts as the effect of a special *jinn* which

¹¹⁰ The soup can be prepared with a number of ingredients, such as chicken, eggs, chick-peas etc, which are considered propitious for breast-feeding. Chicken is the most highly recommended in the Mediterranean region. See Isabel González Turmo, Fatima El Ouardani and Abdeslam El Aallali, *Rojo y verde. Alimentación y cocinas en Marruecos*, Gijón, Ediciones Trea, S.L., 2007, p. 75.

¹¹¹ Hayat Zirari, “Les deux sacrifices de la naissance: féminin et masculin en jeu (Maroc)”, in Pierre Bonte, Anne-Marie Brisebarre and Altan Gokalp (dirs.), *Sacrifice en islam. Espaces et temps d’un rituel*, Paris, CNRS Éditions, 1999, pp. 161–176. In Tunisia, traditional midwives also recommended a mixture of egg yolk, olive oil and meat soup.

¹¹² Ben Ammar, Yahyaoui-Lakhdar and Sokraf, “Croyances et rituels . . .”, p. 161.

attacks the mother. This *jinn* is known as *qattūs nifās*, “the post-partum cat”. This *jinn* attacks the mother during the forty days after childbirth, and it is necessary to protect her from these attacks. The phenomenon seems to be a projection of the importance of the mother and breast-feeding for the child’s survival.¹¹³ A similar explanation is given in Morocco when the systematic death of babies occurs within a family, and it is attributed to a murdering *jinniya* called *umm as-sabyān*, the “mother of the new-born”.¹¹⁴ These notions of danger show that the boundary between humans and the *jnūn* is considered clearly permeable. Thus, in Banī Iznasen these dangers are also attributed to the fact that the *jnūn* which give birth visit the world of humans. For this reason, the midwives warned against a series of actions which can attract the genies, such as leaving a plate unwashed all night, turning one’s back on the baby or leaving bread untouched. The interesting thing is that many women take just such precautions without being aware of the legends behind them or the implications of not following them, regarding them as mere customs.¹¹⁵

The notion of the dangerousness of the first forty days is transmitted from one generation to the next, and this fear can go so far as to become a self-fulfilling prophecy. One specific case of a woman who had emigrated from Morocco will help to illustrate this point. This woman, who was 37 years old and lived in Catalonia, gave birth to a second child and a few days later began to suffer from a series of nervous crises, which were interpreted by the family around her as *was-was*, i.e. nerves and obsessions exteriorised in the form of falls and breathing problems. However, the woman’s fears (of her new situation after the birth of her child, and of death) were further increased by the visits of neighbours and old family members who explained to her the danger of the *nfiṣa* during the first forty days, and told her sayings about it such as the one which states that the *nfiṣa* has one foot on earth and the other in the grave etc. After visiting a psychiatrist “without success” and receiving favourable reports on her physical condition, the family decided to take the woman to a *fqīh* so that he could calm her nerves by means of Quranic recitation and the consumption of sanctified water. After trying out a man who recited texts

¹¹³ For this phenomenon, see Edien Bartels, “‘Jonge moeders zijn als katen’. Kwellingen en bezetenheid door geesten bij pasbevallen vrouwen op het platteland van Tunesië”, in Willy Jansen (ed.), *Lokale Islam*, Muiderberg, Coutinho, 1985, pp. 55–71, who carried out ethnographic work in a Tunisian village between 1976 and 1982.

¹¹⁴ Omar Mounir, *Parole de charlatan*, Casablanca, Eddif, 1992, p. 77.

¹¹⁵ Chattou, “Conception d’enfants...”.

in Barcelona without finding a solution to her problem, the woman was advised by the same man to make her way to a *fqih* in Tangier. This *fqih*, a specialist in driving away the *jnūn*, ruled out the possibility that the woman was possessed.¹¹⁶

6.6. Breast-Feeding

Breast-feeding (*radāʿ* or *ridāʿ*) is viewed positively in Moroccan society because of its identification with motherhood, the supreme role of the Muslim woman. This explains why a society in which there are numerous norms concerning the public display of the female body nevertheless authorises a mother to expose her breast in order to feed a baby, even in the presence of men,¹¹⁷ although it also has to be said that various means of protection exist to guard her in such circumstances from attacks by the envious or evil eye spells which can affect her production of milk or its quality. Some recent marketing studies of children's food in Morocco have shown that the practice of breast-feeding far outweighs that of using artificial milk products,¹¹⁸ and this is borne out by official statistics from 1997. 95% of mothers had breast-fed at some point, and there even seemed to be an increased trend towards maternal breast-feeding between 1992 and 1997, a period which saw the number of mothers who practised it rise from 62% to 66% during the first three months of the child's life. The influence of social and geographical factors was also seen to be important. The urban area of Casablanca was the region with the lowest percentage of mothers using only mother's milk. The average duration of the period of maternal breast-feeding, whether accompanied by artificial milk or not, was 14 months, and there was a marked difference between the rural areas (15 months) and those of the towns and cities (11 months), just as there was between the length of that period among illiterate women (15 months) and those with a secondary school education (7 months).¹¹⁹ As can be seen from Table 13 below, the exclusive use of artificial milk

¹¹⁶ Case related by a relative of the woman, whom he assisted during various phases of her crisis by wetting her with water. The woman had asked for water because she claimed to feel unbearably hot (conversations in Manresa, June 2008).

¹¹⁷ Benkheira, *L'amour de la loi...*, p. 107.

¹¹⁸ International Euromonitor, *Babyfood in Morocco*, 2006.

¹¹⁹ Ministère de la Santé. Royaume du Maroc, *Enquête sur la Santé de la Mère et de l'Enfant (ENSME)*, Direction de Planification et des Ressources Financières, Service des Études et de l'Information Sanitaire, 1997, pp. 38–40.

Table 13. Type of Breast-Feeding according to Baby Age

<i>Baby age (months)</i>	<i>Type of Feeding (in percentages)</i>		
	<i>Mother's milk only</i>	<i>Mother's milk plus artificial</i>	<i>Artificial milk only</i>
0-1	83.7	16.3	0.0
2-3	52.4	45.2	1.6
4-5	41.0	55.4	3.6
6-7	43.6	52.9	3.6
8-9	45.5	53.0	1.5
10-11	32.7	65.5	1.8
12+	46.9	49.6	3.5

Source: Ministère de la Santé. Royaume du Maroc, *Enquête sur la Santé de la Mère et de l'Enfant (ENSME)*, Direction de Planification et des Ressources Financières, Service des Etudes et de l'Information Sanitaire, 1997, p. 40.

is very rare and complete reliance on mother's milk is the norm for the first three months. After those three months, the most common practice is to combine mother's milk with the bottle, but from the age of one year onwards there is another rise in the percentage of mothers who rely exclusively on mother's milk, with the figure climbing as high as 47%.

The positive view of breast-feeding is reflected in traditional sayings, such as the expression referring to mother's milk recorded by David M. Hart in the Central Rif: "the milk never ends" (*adh ikimmir aghi*). In some rural areas certain notions of the generation of the child have also led to the establishment of a negative view of artificial milk. Thus, among the Aith Khebbach (Tafilalt) it is thought that children fed in this way suffer from deficiencies, especially in motor functions, because of the idea that mother's milk constitutes the child's skeleton (an idea which, incidentally, contradicts the classical Arab theory that the bones are formed from the male semen).¹²⁰ Apart from breast-feeding, there are alternative formulae for feeding new-born babies, such as sugared egg yolks or sugared orange blossom water, in small amounts; honey with salted butter to purify

¹²⁰ These theories continue to conceal a number of enigmas. In this case, milk rather than semen generates the bones, but the interpretation could be different if, in reality, the milk were thought of as a transformation of the semen, since this would mean that the latter did indeed contribute to the forming of the bones. Marie-Luce Gélard, "La fourmie voleuse de lait. Transfers et représentations de la substance lactée dans le Tafilalt (Sud-Est marocain)", *L'Homme*, 173 (2005), pp. 97-118, states in his work on the Aith Khebbach that there is no association between sperm and mother's milk.

the organism during the first week of life;¹²¹ cumin, fennel and olive oil to prevent enuresis and to calm intestinal pains, and, from the second week on, mixtures of fennel, grains of green aniseed and hazelnuts.

In the Maghreb, distinctions are made between different stages in the state of a mother's milk:

- *Sarba*. In some areas the milk of the first three days is seen as harmful for the health of the new-born baby (a belief which also used to be widespread in Europe). In Mauritania this milk is classified as "dirty", and is implicitly identified with the male sperm. The term *sarba* was used in classical Arabic to refer to sour milk. This first milk has also been used as a remedy for conjunctivitis. In Anjera, in north-west Morocco, Edward Westermarck observed that mothers did not offer their first milk to the baby because it was considered dangerous.¹²² This first milk was collected in a new bowl, on which a *tālib* had written some part of the Quran, with ink made from the burnt horn of a lamb, slaughtered at the sacrifice festival. The milk was left in the bowl for several days, and was then given to the baby to drink, who thereby acquired the *baraka* of the text. In Mauritania, these negative perceptions of the milk of the first three days have led most babies to be fed by another woman, preferably an older daughter or a maternal aunt as long as they are morally respectable because breast-feeding is thought to transmit the character of the woman concerned. A similar phenomenon has been observed in the Tuareg villages of Niger,¹²³ and in Tunisia.¹²⁴
- *Lban ahmar* (red milk). This is the milk produced for the first sixty days, considered the most nutritious and the most appropriate for feeding the new-born child.

As has been mentioned, the milk absorbed by the breast-feeding child is thought to determine its subsequent character. Mother's milk is considered a means of transmitting moral values. It should be borne in

¹²¹ For Tunisia, see Ben Ammar, Yahyaoui-Lakhdar and Sokraf, "Croyances et rituels...", p. 150.

¹²² Edward Westermarck, *Ritual and Belief in Morocco*, 2 vols., New York, New Hyde Park, 1968 [1926], II, p. 400.

¹²³ Saskia Walentowitz, "Ego et alter ou comment le parenté fait corps avec la personne chez les Touaregs de l'Azawagh", in Françoise Héritier and Margarita Xanthakou (dirs.), *Corps et affects*, Paris, Odile Jacob, 2004, p. 180.

¹²⁴ Ben Ammar, Yahyaoui-Lakhdar and Sokraf, "Croyances et rituels...", p. 150.

mind, above all, that breast-feeding has often become a personal or family strategy, since the act of feeding at the breast generates milk kinship (*ridāʿ*) and leads to marriage prohibitions against people fed by the same woman. The kinship-forging effects of breast-feeding are limited to the first two years,¹²⁵ although there are different opinions on the number of feeds necessary to create ties of *ridāʿ*: one drop, one feed, five or ten feeds, depending on the source consulted. At all events, breast-feeding has been the object of the creation of ties between domestic groups or groups of neighbours, with some women making up for the lack of milk of others. Historically, this kind of breast-feeding was carried out by women who occupied subaltern positions, such as domestic servants or descendants of slaves, whose milk was attributed a more powerful *nafs* and certain protective properties.¹²⁶ On the other hand, the *ʿulamāʿ* have spoken out against alternatives based on the application of new technologies, such as milk banks, which are attributed legal problems. As in the case of *in vitro* fertilization, the *ʿulamāʿ* warn of the danger of incest because of lack of knowledge about the identity of donors and the possibility that the recipients of the same milk would thereby establish kinship (*ridāʿ*). There is also, in this view, a danger that the donor's milk will transmit negative qualities, if the woman concerned is adulterous or unfaithful.¹²⁷

Breast-feeding is approved of by the Muslim legal sources for the first two years. The Quran (2: 233) specifies that mothers wishing to offer complete breast-feeding to their children should do it for two whole years. This period is linked to the idea that the milk fabricates the child's body throughout all this time. It is for this reason that it was forbidden for the son of a slave-woman to be sold and separated from his mother before the age of two.

In cases where mothers had difficulties generating milk, formulae existed which were related to either diet or magical rites. Among the Aith Yusi, the mother who did not have enough milk ate toasted hashish and wheat seeds, mixed with butter and saffron. If she suffered from pain in a breast, the foot of a porcupine was hung from it for three days and then

¹²⁵ Ibn Mālik, *al-Muwattāʿ*, book 30, no. 30.1.6.

¹²⁶ Remco Ensel, *Saints and Servants. Hierarchical Interdependence between Shurfa and Haratin in the Moroccan Deep South*, Amsterdam, Universiteit van Amsterdam, 1998, p. 166; "Colactation an fictive kinship as rites of incorporation and reversal in Morocco", *Journal of North African Studies*, vol. 7, 4 (2002), pp. 83–96.

¹²⁷ Conte, "Mariages arabes...".

the breast was smothered with a mixture of henna and water. Among the Aith Warain, the young mother lacking milk ate toasted beans, peas, couscous and other “warm” food items, in accordance with notions about humoral substances.¹²⁸ Other formulae are made up of cumin, fennel and grains of aniseed to favour the secretion of milk, at the same time that the consumption of raw fruit was advised against.¹²⁹ Dr. Ignacio Iribarren recorded several forms of diet in colonial Banī Saʿīd (Rif):¹³⁰ for example, a measure of beans, another of peas, another of wild jujube and jujube thorns, mixed with water; or a mixture of mashed new fig leaves and pomegranate bark, taken as a powder diluted in oil, in hen soup, or aubergines seasoned with spider plant oil.

Just as there are rites to make breast-feeding easier, so there are also rites to bring it to an end. When a baby dies, some women “dry” their breasts by spilling a few drops of milk on a snail shell, which is placed on the head of the deceased child.¹³¹

Many different explanations have been made for a mother’s lack of milk. Marie-Luce Gélard records the case of the Aith Khebbach (Tafilalt), where an absence of milk was associated with cold diets and the phenomenon of transference, i.e. the disappearance of milk from one woman because it is absorbed by the body of another woman who has just given birth.¹³² In such interpretations, the milk is sucked away without the need for contact between the bodies, and this always take place during the liminal period of the first forty days after giving birth. The victim suffers a “drying-out” and the woman who receives milk increases her productivity extraordinarily. Indigenous explanations of the phenomenon are diverse:

- Because a man who has just become a father has eaten in the same house as the affected breast-feeding woman.
- Because the milk has been in contact with a cow, or a female cat or dog, meaning that it can be transferred to one of these animals; or because

¹²⁸ Westermarck, *Ritual and Belief...*, II, p. 401.

¹²⁹ Ben Ammar, Yahyaoui-Lakhdar and Sokraf, “Croyances et rituels...”, p. 152.

¹³⁰ Ignacio Iribarren Cuartero, *Trabajos de un médico militar en el Rif (Beni Saïd)*, Ceuta, Imp. Imperio, 1942, p. 13.

¹³¹ Westermarck, *Ritual and Belief...*, II, p. 536.

¹³² Marie-Luce Gélard, “De la naissance au septième jour. Rituels féminins et temps suspendu (tribu berbérophone du Sud-Est marocain)”, *Ethnologie Française*, vol. 33, 1 (2003), p. 134.

it has been stolen by an animal close to the world of the *jnūn*, such as an ant.

To fight against this transference of milk, the affected woman must offer up a gift, usually in the form of unsalted food, to the person who has broken the feeding taboo, the animal which has received the milk, or to the *jnūn*. On occasions, the gift may even be made of the so-called “forty-day share”, which consists of a preventive distribution of food among families close to that of the woman concerned who have a new-born child.

Pregnancy is the immediate cause of the cessation of breast-feeding, which stops in order to avoid harming the breast-feeding child. This prohibition is known as *ghayla*, a word derived from *ghāla*, which means “to murder by surprise”. It is for this reason that women give up the production of milk which is altered or of poor quality, known as the “milk of jealousy” (*lban al-ghayra*). Some Maghrebi traditions attribute this danger to the jealousy of the foetus, which would like to have all the mother’s milk to itself.¹³³ At any rate, the *ghayla* does not affect either the mother or the foetus, but the breast-feeding child. Ibn Sīnā also advised against the simultaneity of breast-feeding and pregnancy, but through the use of a different explanatory logic. According to the Persian classic, the milk was derived from the blood, and the appearance of a new foetus directly affects the production of milk, given that the menstrual blood, which generates the milk, cannot ensure both the growth of the foetus and the quality of the milk at the same time. This idea is also seen in legal texts referring to the *ghayla*. In the *hadīth*-s, Ibn Mālik wrote that the Prophet intended to forbid it but remembered that the Greeks and Persians practised it without causing harm to their children. Such texts are confusing, since Mālik does not refer to the *ghayla* as the combination of pregnancy and breast-feeding, but of sexual relations and breast-feeding.¹³⁴

Westermarck also recorded this prohibition and the consequences of breaking it. In Tangier, Fez, Central Rif and other areas, it was thought that a pregnant woman who fed a child could cause its death. In reference

¹³³ Fortier, “Le lait, le sperme . . .”, p. 115.

¹³⁴ *Al-Muwattāʾ*, book 30, no. 30.3.16. The whole of book 30, with its 17 *hadīth*-s, is devoted to the subject of breast-feeding. A similar version of the *ghayla* is offered by Muslim in *Kitāb al-nikāh*, no. 3.391. By contrast, Abū Dāwūd (book 34, *Kitāb al-khātam*, no. 4.210), remarks that one of the ten things which most displeased the Prophet was sexual relations with a breast-feeding woman, although it was not considered a forbidden practice.

to one case in Awlād Bū‘azīz, Westermarck mentioned that the risk was lessened if the breast-feeding child was a girl, and if the foetus carried in the womb was female, there was no risk at all.¹³⁵

Coincidence between pregnancy and breast-feeding is another of the reasons given for resorting to the services of a wet-nurse. Another notion linked to the symbolic logic of mother’s milk was the recommendation that the same woman should not feed two twins, because one of them might die.¹³⁶ Finally, it must be observed that this context of beliefs, added to the recommended breast-feeding period of two years, can also be used by women to form strategies of contraceptive regulation by extending feeds to avoid a new pregnancy.

Humoral logic is also present in the feeding practices of mothers, who choose to eat warm substances to favour the production of milk. This kind of logic also connects the state of the mother with the state of the breast-feeding child. Any alteration in the body of the former generates an alteration in her milk. The conclusion is that an excess of cold is prejudicial to the production of milk, and it is for this reason that foods are recommended which generate warmth. However, an excess of warmth can also be prejudicial for the child. Thus, in some rural regions of Tunisia certain children’s illnesses, such as vomiting or diarrhoea, or a rejection of the mother’s breast, are attributed to defective milk, which has been produced as a result of certain actions performed by the mother, such as going out to search for firewood. The warmth generated in the body by such activities overheats the milk and ruins it.¹³⁷ This logic is also linked to the type of food consumed and the consumption of certain substances which can “heat up” the milk in excess, such as earth (in cases of anaemia), the grain of the first harvest or *lban* (sour milk). In practice there

¹³⁵ Westermarck, *Ritual and Belief* . . . , II, p. 401.

¹³⁶ For Uargla and Tangier, see Biarnay, *Notes d’ethnographie* . . . , p. 15. This prohibition relates to the idea of the negative short-circuit brought about by the coincidence and meeting of two identical substances, as formulated at a transcultural level by Françoise Héritier, *Les deux soeurs et leur mère*, Paris, Éditions Odile Jacob, 1994b.

¹³⁷ Marie-Louise Creighton, “Breast-feeding and baraka in Northern Tunisia”, in Vanessa Maher (ed.), *The Anthropology of Breast-Feeding. Natural Law or Social Construct*, Oxford, Berg, 1995, p. 45. In other contexts such as Egypt, it has also been observed that indigenous interpretations make a link between child diarrhoea or other health problems among breast-feeding children and psychological and physiological factors in the mother (mood, diet) which cause the mother’s milk to be too “warm”. See Gail Harrison, Sahar S. Zaghlood, Osman M. Galal and Azza Gabr, “Breastfeeding and weaning in a poor urban neighbourhood in Cairo, Egypt: maternal beliefs and perceptions”, *Social Science & Medicine*, vol. 36, 8 (1993), pp. 1,066–1,067.

is not necessarily a correlation, but popular explanations are established *a posteriori*. In other words, many women work hard or drink *lban* and their children do not fall ill. At any rate, these local interpretations do not simply match cultural guidelines, but mask the presence of other possible factors like the stress suffered by young wives in a hostile context determined by patrilocality and the conflicts experienced in relations with the group of women living in the husband's home.¹³⁸

¹³⁸ Creighton, "Breast-feeding and baraka...".

CONCLUSIONS

I would like to conclude this study by returning to problems first set out in the Introduction and insisting on the need to clarify many of the issues which I have pointed to in the various fields I have examined. In my explanations I have emphasised the importance of linking the world of representations to the world of practices, and in this sense the study of notions of the person and the construction of that person over a number of social ages is essential to an understanding of the different forms of nosology and healing which co-exist in Morocco. To begin with, it should now be clear that we cannot speak of a homogenous definition of bodies. What we have seen instead is the simultaneous existence of different ways of representing them. In some cases these ideas contradict each other and in others they overlap. Despite the hegemony of bio-medical healing since the second half of the 20th century, notions from the prophetic, humoral and popular forms of medicine continue to play a role in the world of representations. That is to say, it is not just that bio-medicine is not socialised in an economic sense, but that it co-exists with other systems in the general population's representations of the body and illness. The data analysed has shown that bio-medicine is usually the first-choice option for most of the population, but that this does not rule out the use of other therapeutic forms if results are unsatisfactory. Such practices are even more frequent in the case of illnesses or afflictions of a psychosomatic nature for which bio-medicine does not always seem to have rapid and visible responses. Socio-economic status provides the key to understanding access to health services, so that the range of choices available is extremely limited for the large part of the population which has scarce resources. I would like to insist here that, although there is a lack of thorough research into the social structure of medical practices, I have my doubts as to whether it is appropriate to identify popular practices or the use of traditional forms of medicine exclusively with the lower classes or the illiterate. The information available seems to show that the upper and better-educated classes also make use of traditional specialists.

This network of practices and representations cannot be understood without a historical perspective. The introduction of bio-medicine began during the colonial period, but for various political and social reasons the process of its implantation was not completed during the post-colonial

period, and this has meant that the other systems have survived and transformed themselves in an effort to respond to the needs of a non-egalitarian health system. The changes experienced by Moroccan society, such as emigration or urbanisation, have led to transformations in these other forms of representation and healing of the body, even though the label of "traditional" which is attributed to them suggests otherwise. Moreover, the prestige of the different medical systems has changed over time. In the early 20th century there was considerable resistance to hygienistic medicine; but in just a few years bio-medicine acquired a halo of modernity because of its identification with the supposed infallibility of science, and this led to extended medicalization and self-medication, with blind faith being displayed in pills, or alternatively, humoral notions projected directly onto their use. For its part, the reformulation of Islam in the last two decades of the century has also brought about a change in the balances between the systems other than bio-medicine. Traditional specialists are still consulted as before, but their practices are debated and discussed at length to decide whether they fit the "norm". In reality, this is often a process of re-interpretation controlled by legal schools from other regions, which brand local traditions as deviant: the process is a clear and powerful one, and it has in its sights clairvoyants, saints, brotherhoods and other agents defined as contrary to the *sunna*. My impression is that, if we make a comparison with the data presented by Edward Westermarck in the early 20th century, there have been very important changes in this area; but it has also yet to be tested whether the practices considered deviant have decreased in number or whether it is the justifications made of these practices which have disappeared from the public or even the domestic sphere, and how these transformations have been experienced by men and women.

It is therefore the case that in the fields of politics and religion, the tension between the different perspectives and practices of Islam will also be reflected in a contest to define the body and religious forms of healing. Thus the brotherhoods or *tariqa*-s, in their many forms, seem to have declined during the reformist boom in the years of independence, or more recently in the face of Islamist dialectical attacks, but in spite of everything they have retained some of their force and have even found new life among some sectors of the middle class. For its part, re-Islamisation has also allowed certain practices like recitation or exorcism to be maintained, not as residues of the past but as mechanisms for resolving modern-day issues, e.g. social and family conflicts deriving in many cases from processes of change (emigration, urbanisation, transformation of relations

between men and women etc.). It is in this same light that I have underlined the presence of the *jnūn* in everyday Moroccan life, almost one hundred years after Westermarck's extraordinary work. The great paradox is that this survival and transformation of a belief which conditions rituals and practical actions is not due to the reproduction of a tradition, but to the extraordinary flexibility of that tradition when it comes to accommodating a world of changes and transformations, so that the *jnūn*, as a mirror of human beings, continue to reveal the type of problems encountered by the latter rather than the other way round.

Analysis of "traditional" systems of healing has allowed us to see a great variety of forms, and shows that not all these forms deserve the criticisms made of them by some staunch defenders of the bio-medical system. Although it is true that many forms of treatment have presented or present significant ethical problems (such as the use of violence on bodies, the uncontrolled use of toxic substances, the abandonment of bio-medical treatment etc.), it is also true that some of these treatments and interpretations of illness provide responses to those areas which bio-medicine does not seem to cover. The richness of the traditional pharmacopeia, rediscovered by authors like Jamal Bellakhar and proven in laboratories which have produced results to impress even the most sceptical, is a good demonstration of this; the same can also be said of recent projects designed to recover such forms of knowledge in new kinds of relations with the natural environment and in proposals which restore legitimacy to a kind of knowledge often disdained by bio-medicine, compromised as it is by the complex interests of multinational pharmaceutical firms.

In addition to all this, there is the issue of the symbolic and ritual efficacy with which psychosomatic afflictions are transformed. This shows that symbolic problems can be resolved by symbolic treatments so long as respect is shown to the patient. In fact, what is achieved by some therapies, especially the collective ones, is that the subject is given back an indirect role of recognition, normalisation and support from his or her peers. In this regard, we need to make a clear distinction between forms of treatment involving the expulsion of a problem and forms defined by *adorcism*, i.e. a person's dependence on ritual therapies as a temporary mechanism for the solution of problems. Moreover, it should not be forgotten that many of the rituals to which some studies have attributed the function of social integration or the restoration of meaning, or which, in other cases, can be a symbolic way out of situations of domination, also produce conservative effects or the legitimisation of asymmetrical relations, as in the case of gender. This happens, for example, when a

fqīh's exorcism dramatises for spectators women's greater tendency to fall victim of attacks by the *jnūn* because of their alleged greater moral weakness or lack of religiosity.

However, the forms which co-exist with bio-medicine are not a mere residue of the past, and what is known as tradition is in fact a contemporary re-creation of past knowledge and practices. Notions of the person cannot, therefore, be understood as a closed schema of representations. One of the main methodological difficulties of this study has been the issue of how to represent a general picture of notions of the person which is influenced by several different currents and in which the scholarly models designed by legislators, '*ulamā*' and doctors are not necessarily reproduced within the general population. The great paradox is that both models, which we can only define in a heuristic manner as "scholarly" and "popular", are characterised by a huge number of interconnections and continuities: this can be seen in the area of religious practices relating to notions of purity and impurity, in humoral theories and the binary oppositions between heat/cold, dampness/dryness, in eating practices or in "common sense" approaches to healing.

The explanation of this paradox, which has been repeated throughout the different chapters of this book, is undoubtedly that scholarly knowledge enjoys great prestige, that the written word has a credibility which is linked to magico-religious questions, and that the power of that written word is expressed in forms like recitations or can even be transformed into water or other in-corporated substances. Thus I have also been able to analyze social uses of the Quran due to the fact that believers believe in the preventive power of the text, as a protector against evil or as a means of healing their illnesses (i.e. against the *jnūn*, the evil eye or magic). Far from disappearing, these symbolic projections are continuously being re-elaborated as they appear in new forms, first as cassette tapes, then as CDs, and finally as mp3s or on the Internet. All of these forms continue to base themselves on the undisputed authority of the revealed word in its many manifestations.

In many cases, research allows us to conclude that people's knowledge of their own bodies is limited, and that in spite of the acceptance of a series of more or less undisputed norms and notions, individuals repeatedly ask themselves a large number of questions throughout their lives. Enculturation in knowledge of the body is constructed over a lifetime and is a socially divided process: this can be seen in the attitudes of men when faced with rituals performed by women, and it can be seen in various ritual situations in which not everyone involved actually understands

what is happening—only the specialist is expected to know what he is doing, or at least that is the notion of symbolic efficacy which is conveyed. It is at times of crisis when people resort to doctors or traditional specialists. In this way, personal and primary ties as well as available economic means also guide the search for specialists capable of providing answers to everything which is unknown about one's own body. In this way, *niya* or intention reveals how trust in the specialist or in his medicine is a fundamental element when making the choice of whom to consult.

In short, joint analysis of the different fields dealt with in this book confirms the importance of adopting a new approach in the study of practices which has in fact already been proposed by other authors. Practical reason in the Moroccan context works by reference to mechanisms linked to the prestige of the normative system but also to other factors of social prestige, client ties of both a religious and a medical nature and economic and socio-political kinds of power which are also based on forms of exchange. But the way in which people represent such practice is determined by the prestige of fulfilment of the religious norm, or conviction that one is following the mechanisms of "true Islam". This is found in the justification of certain eating practices, in bodily rituals of purification or in the different forms of healing, even among women clairvoyantes, who, far from agreeing with the criticisms made of them by the orthodox, consider themselves equally legitimised from an Islamic point of view.

Finally, definitions of the person in Morocco are also a way of classifying naturalised social differences, as we have seen with relation to the concepts of *nafs* and *'aql*, unequally attributed to men and women. Such naturalisations also re-surface in the cultural interpretation of bodily substances, and in the notions of purity and impurity which abound in everyday life. Differentiations such as that of gender are constructed throughout life, so that individuals and their bodies are not static entities, but are transformed, not only by the passing of time, but by the institutionalisation of social ages and markers defined in the main rites of passage. In the chapter on sexuality and reproduction I tried to show the convergence between representations and their practical effects on bodies. In that chapter it became clear that corporal metaphors, regulations and attributions of a "nature" to men and women are not abstract entities belonging to a symbolic cultural limbo, but are supported by political factors. This occurs in the macro-politics of states or among the agents who discuss bodies in the public sphere, but also in the micro-politics of the domestic unit, hospitals and everyday interactions between men and women.

GLOSSARY

' <i>ada</i>	organ of the human body
' <i>adāb l-qabr</i>	tomb punishment
<i>adab</i>	manners, politeness
' <i>adam</i>	bones
<i>adhān</i>	call to prayer
' <i>adl</i>	notary (public)
<i>adra</i>	virgin
' <i>afl</i>	genital prolapse
<i>afus</i> (Rif.)	hand
' <i>āfya</i>	fire, fever, pain
' <i>agūz, -a</i>	old man or woman
<i>ajal</i>	duration of existence, time marked out for an individual life
<i>ajr</i>	religious gain
<i>ākhir</i>	the other world, after death
<i>akhlāt</i>	humours
' <i>alāqa</i>	phase of the embryo in which blood mass is constituted
' <i>ālim</i> (pl. ' <i>ulamā</i> ')	theologian or scholar versed in superior knowledge of Muslim doctrine and jurisprudence, who is able to authorise or disapprove of its application.
<i>amūr at-tabī'i</i>	body components
<i>āna</i>	pubis, navel
' <i>aqīqa</i>	first haircut
' <i>āqir</i>	sterile
' <i>aql</i>	reason
' <i>āqra</i>	sterile woman
<i>arq</i>	sweat, perspiration
' <i>āsa</i>	penis (literally cane or walking stick)
' <i>asab</i>	nerves
' <i>ashshāb, -a</i>	herbalist
' <i>ashshūb</i>	herbs
' <i>asl</i>	honey
' <i>attār</i>	supplier of drugs and medicine
' <i>āwra</i>	nudity, nude sex
' <i>ayn</i>	eye, evil eye, source
' <i>ayyān, -a</i>	tired, ill
' <i>azl</i>	coitus interruptus
' <i>azzama</i>	way of healing based on application of the hands and saliva, recitation and transmission of <i>baraka</i> . The original sense of the word, ' <i>azīma</i> ', expresses the idea of giving an order.
<i>badan</i>	body
<i>baldī</i>	native, autochthonous

<i>balgham</i>	phlegm
<i>baraka</i>	divine protection, spiritual strength conveyed by people, places or holy objects
<i>bard</i>	cold
<i>barzakh</i>	purgatory
<i>bās</i>	evil
<i>batn</i>	abdomen
<i>bayt al-ma</i>	bathroom
<i>bid'a</i>	illicit innovation
<i>bismillāh</i>	in the name of God
<i>biut al-ʿafu</i>	rooms of forgiveness
<i>blūl</i>	chicken or hen soup which is given to women after childbirth
<i>būhālī</i>	member of a Sufi brotherhood which practises itinerant asceticism
<i>būhamrūn</i>	measles
<i>bukhūr, tabkhīra</i>	fumigation
<i>būmzwi</i>	affliction consisting of palpitations, anxiety and abdominal pain
<i>būzellūm</i>	sciatica
<i>bzaq</i>	saliva
<i>dakhla</i>	entrance; figuratively, deflowering
<i>damm</i>	blood
<i>damm-al-fasād</i>	regular menstrual blood
<i>damm al-hayd</i>	menstrual blood
<i>damm al-nifās</i>	birth blood
<i>damm t-tahlīya</i>	blood from the hymen
<i>darija</i>	Moroccan Arabic dialect
<i>derdeba</i>	striking movement, dance performed during trance
<i>dhabīha</i>	animal sacrifice, slaughter
<i>dhar</i>	back
<i>dhīkr</i>	repetition, reminder; litany consisting of repetition of the name of Allāh
<i>dīqa</i>	headaches, distress and feeling of breathlessness—as symptoms of nervous diseases
<i>dūʿāt</i>	invocations
<i>dunya</i>	earthly world
<i>duwa</i>	medicine, recovery, cure
<i>faida</i>	loss of blood during labour
<i>faqīh (pl. fukahāʿ), fqīh (Moroccan Arabic)</i>	expert in knowledge, recitation and teaching of the Quran
<i>faqīr (pl. fukarāʿ)</i>	member of a brotherhood; literally, poor
<i>fard</i>	compulsory
<i>farj</i>	sex

<i>fartas</i>	penis; literally, bald or the bald one
<i>fāssūkh</i>	“that which undoes”, magic protector made from a mixture of herbs and gum ammoniac
<i>fātiha</i>	first <i>sura</i> of the Quran, “that which opens”
<i>fatwā</i> (pl. <i>fatāwā</i>)	legal opinion issued by an ‘ <i>ālim</i> or <i>muftī</i> concerning legal aspects and Islamic issues
<i>fiqh</i>	Muslim common law
<i>firāsa</i>	interpretation of bodily signs and features
<i>fiṭra</i>	“healthy” human nature
<i>fkak l-uhayl</i>	placenta
<i>frissa</i>	ripping-apart of raw meat by members of ‘Isāwa brotherhood
<i>ftuh</i>	donation given by patient to a healer with the symbolic intention of “closing” the healing process
<i>ftūr</i>	breakfast
<i>gembri</i> (also <i>hajuj</i>)	stringed instrument used by several Sufi brotherhoods to direct rite and attract the <i>jnūn</i>
<i>ghasul</i>	clay applied to the hair to clean and beautify it, especially during time in the <i>hammām</i>
<i>ghayla</i>	“little murder”; the nutrients which should go to the foetus are instead used to produce milk, depriving the foetus of its normal growth, and also damaging the breast-feeding child
<i>ghrāma</i>	ritual of public delivery of gifts on occasion of name-giving or circumcision festivals, or weddings
<i>ghusl</i>	major purification
<i>h’adath</i>	impurity caused by bodily substances
<i>habba saūdā</i>	Roman coriander or “black cumin” (<i>Nigella sativa</i>)
<i>hadīth</i>	deeds and sayings of the Prophet, recorded in writing after chains of oral transmission
<i>hadiya</i>	offering, gift
<i>hadra</i>	presence, trance
<i>hajj</i>	pilgrimage to Mecca
<i>hājj,-a</i>	name and prestige title received by person who has made the pilgrimage to Mecca
<i>hajjām</i>	barber, surgeon, blood-letter
<i>hakk</i>	rubbing of the skin in the <i>hammām</i>
<i>hal</i>	state of trance
<i>hallāl</i>	licit
<i>hammām</i>	Turkish bath, steam bath
<i>haqqāqa</i>	stone used to scratch foot callouses
<i>harām</i>	forbidden
<i>harmal</i>	incense burned to attract the <i>jnūn</i>
<i>hasas</i>	passive male homosexual
<i>hasūd</i>	envy
<i>hayd</i>	menstrual blood

<i>hazzānat</i>	mourning women
<i>hbel shaytān</i>	rope of the devil; figuratively, woman
<i>herz</i>	amulet/charm
<i>hijāma</i>	blood-letting
<i>hikma</i>	Quranic healing power
<i>himya</i>	dietary norm
<i>hjab</i>	amulet/charm
<i>hlāqam</i>	angina
<i>hlib</i>	milk
<i>hlu</i>	sweet; <i>lahlu</i> , sweet food offered to the <i>jnūn</i> in ritual brotherhood contexts
<i>hmāq</i>	madness
<i>hozn</i>	mourning
<i>hrīq</i>	pain, discomfort
<i>hshūma</i>	shame
<i>hubbūs</i>	suppository
<i>hulm, mnām</i>	dreams in general, although with particular reference to bad and false dreams caused by the passions or inspired by Satan
<i>hurma</i>	forbidden part, including part of the body
<i>huzn</i>	mourning
<i>i'tidāl</i>	harmonious humoral balance of the body
<i>'ibādāt</i>	compulsory Islamic rituals
<i>'īd</i>	festival, celebration
<i>'idda</i>	legal period of sexual abstinence imposed upon widows and divorced women
<i>ighs</i> (Tamazight)	bone
<i>ihrām</i>	state of the person who is carrying out the pilgrimage to Mecca
<i>ijhād</i>	abortion
<i>īmān</i>	faith
<i>insān</i>	human being, mankind
<i>iqāma</i>	second call to prayer
<i>isnad</i>	chain of transmission of the <i>hadīth</i> -s
<i>istihādha</i>	impure blood, non-menstrual blood loss
<i>istikhāra</i>	overnight stay in sanctuary for healing purposes
<i>istinjā</i>	ritual for purifying faecal waste
<i>istinshāk</i>	ritual for cleaning of nose
<i>istribrā</i>	ritual for purification of urine
<i>jaāra</i>	nerves in babies
<i>jabbar, -a</i>	healer of bones, sprains and fractures
<i>jadwal</i>	writing on paper of tables, divided into cells with magical names and signs
<i>jāhannām</i>	hell
<i>jallāla</i>	animal which may eat excrement, garbage or carrion

<i>janāba</i>	major impurity
<i>janāza</i>	corpse
<i>jasad</i>	body
<i>jedba</i>	dance and trance
<i>jedib</i>	ritual trance
<i>jenna</i>	paradise
<i>jinn</i> (fem. <i>jinnīya</i> ; pl. <i>jnūn</i>)	beings created by Allāh who live in a world parallel to that of humans
<i>jism</i>	body
<i>kabd</i>	liver
<i>kāfir</i> (<i>kuffār</i>)	infidel, non-believer
<i>kanfud</i>	vagina; literally, hedgehog
<i>karāma</i>	grace, thaumaturgy, ability to perform miracles
<i>kelma</i>	to keep one's word, be reliable
<i>khalwa</i>	withdrawn place used for initiations, rites of passage or ritual or therapeutic confinements
<i>khamisa</i>	hand of Fatima, amulet against the evil eye
<i>khjif</i>	divination and healing ritual carried out with molten lead
<i>khitān</i>	circumcision
<i>khuddām</i>	servants of the <i>jnūn</i>
<i>khūl</i> (<i>kuhl</i>)	black antimony powder for protecting and embellishing the eyes
<i>kirāha</i>	(from <i>krah</i> , "to hate, detest") amulet designed to free a person from a libidinous vice, alcohol or tobacco; aggressive magic
<i>kiyyas</i>	masseur, rubber of men in the <i>hammām</i>
<i>ktab</i>	amulet, charm
<i>kuwway</i>	cauterizer
<i>la'ab</i>	game. Ecstatic phase of a brotherhood ritual
<i>la'uar</i>	penis
<i>lahd</i>	tomb niche
<i>lahmu</i> (Rif.)	fever
<i>l-ariah</i>	winds, <i>jnūn</i>
<i>lālla</i>	lady, saint
<i>lātīf</i>	prayer, invocation of God made on special occasions, or to bless a ritual or performance
<i>lban</i>	sour milk, also a metaphor for semen
<i>lban ahmar</i>	mother's milk produced during the first sixty days
<i>lban al-ghayra</i>	"jealousy milk", which refers to the milk produced during a pregnancy which can damage the foetus
<i>lembedel</i>	second naming ceremony performed for new-born babies with congenital deformations
<i>lham, lahm</i>	meat
<i>liga</i>	little ball of wool which is soaked in several substances and inserted in the vagina for purposes of fertility

<i>līl l-wahdanīya</i>	“night of solitude”, first night of the deceased in the tomb
<i>līlat al-qadr</i>	night of destiny, 27th night of fasting during Ramadan
<i>liwāt</i>	male homosexuality
<i>luwwāt</i>	active male homosexual
<i>m’fasda</i>	undone (woman without virginity)
<i>ma l-rājl</i>	man’s water, metaphor for semen
<i>madhy</i>	male seminal substance segregated before coitus
<i>madmada</i>	ritual of cleaning of the mouth
<i>madrūb</i>	struck by a <i>jinn</i>
<i>mahabba</i>	love magic
<i>mahlūl, -a</i>	open (in reference to the ability to have sexual relations)
<i>majdūb</i>	person considered holy, illuminated and mentally alienated
<i>majnūn</i>	possessed by a <i>jinn</i>
<i>makhtūf</i>	carried away, kidnapped by a <i>jinn</i>
<i>mala’ik swal</i>	interrogating angels
<i>mala’ika</i>	angels
<i>mamlūk</i>	possessed
<i>mandub</i>	recommended
<i>marbūt</i>	drowned; impotent as a result of a magical act
<i>mard</i>	illness
<i>marīd</i>	ill person
<i>maristan</i>	former hospital for the mentally ill
<i>maskhūta</i>	curse
<i>maskūn</i>	inhabited by a <i>jinn</i>
<i>mass</i>	to touch, sexual intercourse
<i>matn</i>	body or text of a <i>hadīth</i>
<i>matrūsh</i>	slapped by a <i>jinn</i>
<i>mawlūd</i>	celebration of the Prophet’s birth
<i>mawsim</i>	market. Annual festival celebrated on the occasion of a pilgrimage to a sanctuary or tomb
<i>mayta</i>	carion
<i>merra</i>	cutaneous disruptions and itching (as symptom of nervous afflictions)
<i>mirra al-safrā</i>	yellow bile
<i>mirra al-sawdā’</i>	black bile
<i>mizāj</i>	humoral temperament
<i>mqābar</i>	cemetery
<i>mqallaq, -a</i>	anguished, distressed
<i>msaula</i>	piece of paper that was left under the head of the deceased, with the correct replies for the interrogating angels
<i>mshkun</i>	(heated) mixture of pepper, ginger and cumin, used to combat cold illnesses
<i>mshrān</i>	umbilical cord
<i>mu’allim</i>	master of ceremonies of a brotherhood, specialist musician
<i>mu’āmalāt</i>	regulation of social relations based on the <i>fiqh</i>
<i>mudgha</i>	phase of the embryo in which the blood becomes flesh

<i>muftī</i>	person specialised in emitting opinions on legal issues
<i>muhsan</i>	person who fulfils conditions for marrying
<i>mūl snān</i>	dentist
<i>mūlāy</i>	lord. Title applied to the Prophet, some saints and sultans
<i>mūlūk</i> (sing. <i>mālīk</i>)	literally king; used to refer to a type of <i>jnūn</i>
<i>muqaddam</i> (pl. <i>muqaddamīn</i>)	“he who stands to the fore”. Chief, commander. Governmental position of one who presides over a local assembly. Delegate of a brotherhood chief
<i>murīd</i>	disciple, novice
<i>mursal</i>	tradition or <i>hadīth</i> in which the name of the first narrator is not mentioned
<i>mushrik</i>	pagan
<i>mussakh</i>	dirty
<i>mustahabb</i>	commendable
<i>nabīdh</i>	date juice
<i>nadhāfa</i>	cleanliness, hygiene
<i>nafs</i>	soul, vegetable and instinctive soul
<i>nafsa, nafisa, nfisa</i>	woman in labour
<i>najāsa</i>	external impurity
<i>najis</i>	impure
<i>na‘nā‘</i>	mint
<i>neggāfa</i>	woman who specialises in decoration using henna
<i>nfas</i>	liminal period of forty days after childbirth
<i>nif</i>	nose, honour
<i>nikāh</i>	marriage
<i>niya</i>	good intention
<i>nqī</i>	clean
<i>nuar</i>	syphilis
<i>nufta</i>	seminal liquid which initiates the development of the embryo
<i>nuwa</i>	penis; literally, almond
<i>qa‘ida</i>	custom, habit
<i>qā‘if</i>	physiognomy
<i>qabla</i>	midwife, female witchdoctor
<i>qadā’</i>	compensatory prayer
<i>qaddīda</i>	women’s gathering designed to ward off infertility
<i>qadr</i>	destiny, fate
<i>qahwa</i>	coffee
<i>qalb</i>	heart
<i>qānūn</i>	law, code
<i>qarn</i>	vaginal tumour
<i>qubba</i>	cupola which covers a saint’s tomb-building
<i>quwwa</i>	strength, vital energy, sexual potency

<i>rahm</i>	uterus
<i>rak'ā</i>	sequence of bending movements made during prayers
<i>rāqid, rāged</i>	sleeping boy or girl
<i>rās al-hānūt</i>	combination of spices; literally, head of the tent
<i>reb'aniya</i>	quarantine
<i>rfisa</i>	calorific dish eaten by women after childbirth
<i>ridā' o radā'</i>	milk kinship; literally, to suck, suckle
<i>rīk</i>	saliva, in the sense of a substance which transfers qualities
<i>roqya</i>	Quranic recitation for healing or preventive purposes
<i>ru'yā</i>	nocturnal vision. Good and true dreams inspired by Allāh
<i>ruah</i>	airs, winds, influenza, spirits
<i>rūh</i>	soul, wind
<i>rūmi</i> (pl. <i>rūmiyīn</i>)	Roman, Byzantine. Equivalent in meaning to "European".
<i>s'hiba</i>	intact (virgin woman)
<i>saba'ā</i>	name festival
<i>sabr</i>	patience
<i>sadaqa</i>	gift, offering
<i>sadma</i>	trauma
<i>sahha</i>	health
<i>sahhar, -a</i>	wizard, witch
<i>sahih</i>	healthy, in reference to people; true in reference to a <i>hadīth</i>
<i>sara'ā</i>	exorcism of a <i>jinn</i> ; can also refer to paralysis and epilepsy
<i>sarba</i>	mother's milk of the first three days
<i>sawm</i>	fast, fasting
<i>sayyid</i>	lord, saint
<i>sha'ar</i>	hair
<i>shābāb</i>	youth
<i>shahāda</i>	profession of faith
<i>shārf</i> (pl. <i>shārfīn</i>)	old man/woman
<i>sharī'a</i>	Islamic law
<i>sharīf</i> (pl. <i>shurfā'</i>)	descendant of the Prophet Muhammad
<i>shaykh</i> (pl. <i>shūkh</i>)	literally, old. Head of a Muslim brotherhood. Politician.
<i>shaytān</i>	devil
<i>shebba</i>	alum
<i>shībāni</i>	old man
<i>shime</i>	spells used against small children which cause vomiting, discomfort or death
<i>shrwita</i>	aggressive magic of an amorous type. Cloth used to wipe away semen after a sexual act
<i>shudud</i>	
(Classical Arabic)	perversion, homosexuality
<i>shuwwāfa</i>	clairvoyant

<i>sihaq</i>	female homosexuality
<i>simiya</i>	science of names
<i>siwāk</i> (also <i>miswāk</i>)	little tip of walnut wood used to clean the teeth (<i>Salvadora persica</i> ; in Moroccan Arabic, <i>arak</i>)
<i>skhuna</i>	hot, fever
<i>smagh</i>	artisanal dye
<i>sqāt</i>	abortion
<i>suhur, sihr</i>	magic
<i>sultān</i>	sultan, metaphor for syphilis
<i>sunna</i>	custom, code of conduct in accordance with deeds and sayings of the Prophet
<i>tabīʿi</i>	natural
<i>tabīʿiyāt</i>	science of physics
<i>tabīb</i>	physician, doctor
<i>tabrīd</i>	protective amulet for warring purposes
<i>tafsīr</i>	interpretation
<i>tahāra</i>	purification, circumcision
<i>tahdir</i>	to attract the <i>jnūn</i>
<i>tahnīk</i>	“palate mixture”; chewed-up date which is given to babies
<i>talghīja</i>	action of passing the finger inside the mouth of a new-born baby with a little sugared oil, or macerated date, so that the child will have a sweet voice
<i>tālib</i> (pl. <i>tulba</i>)	student of the Quran, specialised in group recitation at ceremonies (weddings, funerals etc.)
<i>talqīn</i>	rite of passage for initiation into a brotherhood
<i>talsam</i>	talisman
<i>tarīqa</i> (pl. <i>туруq</i>)	way, path (Muslim brotherhood)
<i>tasawwuf</i>	Sufi mysticism
<i>tawāf</i>	ritual encirclement
<i>tawhīd</i>	unity
<i>ṭayammun</i>	ablution substituting that carried out with water
<i>tbiq</i>	basket or tray used by clairvoyants and masters of brotherhood ceremonies to capture <i>jnūn</i> and negotiate with them
<i>tibb</i>	science of medicine
<i>tibb iunanī</i>	Greek medicine
<i>tibb nabawī</i>	prophetic medicine
<i>tibrid</i>	protective amulet hung around the neck
<i>tijjaba</i>	masseuse, rubber of women in the <i>hammām</i>
<i>tkal</i>	poisoning
<i>tqāf</i>	spells intended to cause sexual impotence, sterility or celibacy
<i>twabiʿ</i>	placenta
<i>ʿud al-hindi</i>	type of incense
<i>udūʿ</i>	ablutions

<i>ūhām</i>	craving
<i>ūja'a</i>	discomfort
<i>umma</i>	community of believers
<i>'urf</i>	common law
<i>'urs</i>	wedding
<i>wady</i>	flow before or after urine
<i>wahm</i>	hypochondria
<i>wajh</i>	face
<i>walī</i>	tutor. Saint protected by God
<i>was-was</i>	obsessions
<i>wat'a</i>	coitus
<i>wird</i>	litany
<i>yedd</i>	hand
<i>zagrit</i>	ululations performed by women as an expression of joy
<i>zahma</i>	contractions in childbirth
<i>zāmal</i>	man who has passive homosexual relations
<i>zarjajaz</i> (Rif.)	shivers
<i>zāwiya</i> (pl. <i>zawāyā</i>)	building of a Muslim brotherhood, with the functions of a mosque; usually contains the tomb of a saint (literally corner or nook)
<i>zfūriya</i>	strong smell attributed to person who is losing blood
<i>zinā</i>	illegal fornication, in accordance with criteria of the <i>fiqh</i>
<i>zīyāra</i>	visit to the tomb of a saint, which includes making of an offering. Collection of offerings carried out by itinerant members of a brotherhood

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