Medicine for the Heart: The Embodiment of Faith in Morocco

Marybeth MacPhee

“Medicine for the Heart” is a Moroccan way of describing the power of the Quran to heal the heart, an organ and symbol that links spiritual, emotional, and physical experience. The recitation of Quranic verses offers housewives living in southeastern Saharan Morocco a way to manage emotions associated with recent social changes—emotions that distress the heart and the body. This article is a preliminary examination of how, in everyday life, the phenomenology of faith illuminates an embodied structure of well-being, where spiritual experience merges with physical and emotional experience. Combining the perspectives of the anthropology of experience and social psychology, I highlight some of the spiritual aspects of well-being that emerge in the household production of health, particularly in relation to the core cultural values of unity and interiority. The concept of the spiritual body locates this experience inside the body (in this case radiating from the heart) rather than outside (i.e., in cognitive or symbolic space).

Key Words: embodiment; Islam; Morocco; spiritual body; phenomenology

INTRODUCTION

In the villages and low-income neighborhoods of southeastern Saharan Morocco, where I conducted fieldwork in the mid-1990s, the vast majority of health care takes place in the household. The kitchen doubles as a pharmacy and the guestroom serves as a clinic for Arab-Galenic, Islamic-Prophetic, and symbolic healing. While medical pluralism in Morocco boasts a variety of health practitioners, including herbalists, Islamic healers, and biomedical clinicians, Saharan housewives prefer to rely on their own expertise. As primary care givers, women draw on oral tradition, personal

Address correspondence to Marybeth MacPhee, Department of Anthropology and Sociology, Amherst College, June 2002.
experience, and common sense in their efforts to prevent, diagnose, and treat illnesses in the household (sometimes for weeks) before paying a professional healer. Although biomedical practitioners complain that Saharan obstinacy and frugality delay hospital care, the reliance on home remedies reflects an underlying cultural pattern of interiority. Saharan housewives also prefer to pray at home (rather than at the mosque), to conceal their emotions and wealth from neighbors, and to cover their bodies in layers of clothing despite the oppressive heat of the desert. This pattern of interiority allows Saharan to enact the sometimes-conflicting cultural ideals of harmony and sincerity in concert with the Islamic values of unity (tawhīd), purity (Tahara), and modesty (hashma) as they engage in the effort to produce household well-being.

As the national religion, Sunni Islam permeates both secular and spiritual life in Morocco, particularly in the socially conservative countryside. For Saharan, Islamic principles provide moral guidelines for conducting honorable business transactions and resolving social conflicts; they also supply practical and spiritual guidelines for overcoming hardship. One of the hardships that economically constrained Saharan contend with regularly is the threat of debilitating illnesses, which they attribute to both naturalistic and personalistic agents. Islamic values shape the interpretation of preventive and therapeutic practices through Islamic healers and healing knowledge as well as through an embodied structure of common sense regarding the nature of the body. As such, the cultural links that connect spiritual devotion to Allah, humoral balance in the body, and harmonious social relations are something Saharan take for granted but rarely explicitly articulate in everyday discourse.

The cultural connections between health and religious practice became apparent to me during my residence in Errachidia, the capital of Morocco’s largest rural province. In addition to studying the household production of health among economically constrained housewives, my experience in Morocco included marrying into a local family. Before my husband and I became engaged, despite the prevalence of Islamic practice in Errachidia, I viewed religion as outside the scope of my work in Morocco. Most of the housewives I came to know in Errachidia devoutly perform the five daily prayers (Salat), fast for the month of Ramadan (Soum), and give alms to the poor (zakat) as part of the five Islamic “pillars of practice” (Elías 1999) that are thought to contribute to one’s religious merit and, hence, to one’s hope for salvation. Even when I interviewed
women who made the *haj* (pilgrimage to Mecca), I paid little attention to how that experience changed their worldview. When women interrupted an interview to heed the afternoon call to prayer, I politely waited for the conversation on health and illness to resume and interpreted most comments on Islam as proselytizing. The significance of these comments changed, however, once I began to see myself as part of this devout Muslim community. In my relationships with my husband, his family, and our neighbors, Islam provided a moral and cosmological context for everyday life rather than a cultural trait or explanatory model I could compartmentalize as “the religion factor” in my research. As such, references to Allah, faith, and prayer that I previously heard as tangential to discussions about health and illness now broadened my understanding of the parameters of Saharan popular culture. To convey this religiously informed concept of health, which incorporates spirit as well as mind and body, I use the Western term “well-being” as an approximation of the Saharan ideal of holistic experience.

In this article I draw on anthropological and psychological theories of inner experience to highlight how Muslim women’s spiritual experience of faith reflects and influences cultural ideals in the everyday production of well-being. I argue that the patterns of interiority in Saharan habitus that contribute to social and emotional aspects of well-being heighten the value of spiritual interiority in Islamic practice. Likewise, the tactile sensation of one’s spirit (*ruh*) moving from the heart (*qalb*) to the rest of the body during prayer contributes a spiritual element to the embodied knowledge of well-being. These connections have been particularly salient in recent years because the spiritual aspects of well-being offer a coping strategy for housewives facing rapid social change. Although religious practice has long been part of everyday life in Saharan households, the spiritual effects of religiosity have gained a more prominent role in popular health culture as forces of individualism and envy have compromised social strategies for healing and prevention.

THE SPIRITUAL BODY

Although anthropological research on spirit possession, soul loss, divination, and shamanistic healing demonstrates a considerable overlap of religion and medicine cross-culturally, anthropological
analysis seems to adhere to the Cartesian split between body and soul. This heuristic device, which we usually encounter as an assertion of the ontological division of mind and body, has established a long-standing epistemological boundary between religion and science. Even after realizing that this division makes little sense in the study of Moroccan health culture, I hesitated in submitting this article to Medical Anthropology: the discussion of spirituality seemed to stray outside the boundaries of the field (and some of the reviewers agreed with my assessment). At the same time, however, the sacred underpinnings of ethnophysiology, diagnosis, and healing in cultures such as Morocco, Tibet (Adams 2001), and Sierra Leone (Jackson 1989) suggest that the study of religious sentiment is essential to an understanding of illness experience and ethnomedical efficacy within such contexts.

Bryan Turner (1996:87) argues that, because of the common problem of the body in society, there is an “internal and necessary” link between the sociology of religion and medical sociology. Bodies have desires and diseases that disrupt the order of society, and through ideological interpretations of the body both medicine and religion produce the means for controlling aberrant bodies. Since the 1970s scholars such as Mary Douglas (1973), Michel Foucault (1979, 1990), and Emily Martin (1987) have drawn attention to how ideological forces transform the body from a biological fact into a social and political phenomenon. Although the concepts of the social body and the body politic have offered a productive angle for anthropological interpretations of Middle East culture, particularly in studies of veiling (Fernea 1993; Mernissi 1987) and reproductive health (Bowen 1985; Frost 1994; Inhorn 1994; Obermeyer 2000), these perspectives underplay the empowering aspects of Islamic belief and practice. Despite the bleak portrayal of the effects of Islamic discourse, the literature also indicates that women find healing, meaning, and hope in such Islamic practices as visiting shrines, dressing modestly, and performing daily prayers (Early 1993; Inhorn 1994; Meneley 1998; Mernissi 1977).

These observations point to a humanistic link between religion and medicine that semiotic and poststructural interpretations overlook. Both religion and medicine address the experience of suffering and offer effective ways of alleviating it, yet we have great difficulty accounting for how religious techniques (as opposed to medicinal and surgical ones) affect the body. The Geertzian (1973) theory that religion is a “system of symbols and meanings” that acts
to “establish long standing moods and motivations” creates an ineffable gap, or “blackbox” (Csordas 1994b:3), in the study of health and healing. Symbolic analyses can only go so far in explaining how amulets prevent illness or rituals promote healing. Predicated upon an assertion of the mind-body connection, anthropologists have drawn analogies with Western psychotherapeutic and neurobiological explanations to account for the efficacy of ritual and symbolic healing and illness causation.

Both of these tactics manage to circumvent the ambiguous and derogatory connotations of belief—a concept that uncomfortably crosses the modernist boundary between religion and medicine. Csordas (1994b:280), for example, uses the term “myth” to convey “the construction of reality in perception and practice” because belief implies “adherence to an erroneous position.” Regardless of the semantic obstacles, research on religious experience indicates that belief, or faith, engages the body as much as does the mind (Csordas 1994b; Mahmood 2001b; Proudfoot 1985) and that it is the experience of this synergism that links spirituality to the study of well-being. In Morocco the penetrating sound of Quranic verse—believed to be the word of Allah—silences the noise on the street and in one’s head, while the rhythm brings rest to a pounding heart. A flash of light—thought to be a sign of Allah’s presence—catches the eye during focused prayer on laylat al-qadr and spreads an electric current though the body. To grasp the significance of these somatic experiences within their cultural context requires overcoming “anthropology’s atheism” (Ewing 1994) and resisting the temptation to objectify belief in moral, psychotherapeutic, or semiotic terms. The profound experiences that compose tacit knowledge of a spiritual body in Morocco connect faith and religious practice to feelings of well-being through the heart, which is seen as an organ and symbol that links spiritual, emotional, and physical experience.

In referring to a spiritual body I mean to imply a life force, or mindful presence, in the body rather than the ethereal double of the physical body. Ordinarily thought, memory, and imagination allow the mind to travel from the space and time of the physical body to the point at which it fades from awareness. The phenomenon of the spiritual body, however, unifies awareness of mind and body as embodied presence in the world. Other social scientists have noticed that rhythmic sound and movement can precipitate this kind of experience, and they have described the sensation variously as
a “shiver running down the back” (d’Acquili and Laughlin, cited in Turner 1986:43), “bubbling up” (Durkheim 1995), or feelings of harmony in a ritual (Laderman 1993). Because the experience is both pleasurable and meaningful, individuals often engage in these behaviors simply in order to reproduce it. I see the autotelic character of such practices as primarily spiritual in nature—that is, as involving a sense of transcending the lifeworld—even though there may be secondary social or moral gains associated with participating in such activities.

Csikszentmihalyi (1975:36) describes this kind of transcendent experience as “flow,” the “holistic sensation present when we act with total involvement.” In an effort to understand the psychology of inner experience and gain more insight into research on behavior, he studied people who achieve peak experiences in their activities, either at play or at work. Flow occurs within contexts that require the ordering of the body and the mind to be in harmony with an activity—to the point that action and awareness, mind and body, merge—such as in the performance of work, art, sport, or religious ritual. The participants in his research described the experience as involving self-forgetfulness: feeling “outside my head” or “on automatic” (Csikszentmihalyi 1975:43). Csikszentmihalyi argues that this detachment from the “self” reduces anxiety and creates an empowering sense of control over the immediate environment. Although he speculates about the applications of flow theory cross-culturally, it is likely that the interpretation and effect of flow experience varies from culture to culture. Insofar as culture shapes the body and the mind, it also shapes the experiences that occur when action and awareness merge. Within less individualistic contexts, feelings of transcendence, which define the spiritual body, may take shape in terms of connections between the individual body and the social collective (or the cosmos) rather than simply in terms of connections between the mind and the body.

The challenge I have met in conveying a Saharan understanding of spiritual experience—an experience that incorporates heart, emotion, and well-being—is that much of this knowledge is embodied, tacit, and embedded in common-sense notions of the body and religious experience. The terms raha (rest) and kheir (goodness), which devout women use to describe the experience of prayer, do not adequately convey the radiant facial expressions that accompany this economy of words. Realizing that I could no longer depend on discourse analysis to illuminate the complexities of the household
production of health, upon returning from Morocco I turned to literature on the anthropology of experience (e.g., Csordas 1994a, 1994b; Desjarlais 1992; Good 1994; Jackson 1989, 1996) for a new approach to the data. This literature situates the phenomenological body within the context of culture, adding a perceptual element to Bourdieu’s (1990) principle of the socially informed body. As such, embodied culture includes structures of feeling and being-in-the-world in addition to structures of practice and action. Through an examination of the “sensory modalities” (Csordas 1994b) and “cultural sensibilities” (Desjarlais 1992) of illness and healing, cultural phenomenology offers a model for illuminating the tacit aspects of spirituality and the cultural ground of flow in the Saharan experience of well-being.

The theoretical framework I use for interpreting the link between religious experience and well-being in Morocco makes use of the insights of Robert Desjarlais and Thomas Csordas on the phenomenology of ritual healing. Desjarlais (1992:14) views ways of “being, feeling, and knowing” in Nepal as being shaped by “the ‘aesthetic’ nature of everyday life.” He contends that “local aesthetic principles” (e.g., balance, control, purity, karma) that are “rooted in bodily experiences and played out in social interactions, shape indigenous notions of person, emotion, and experience” (65). These principles provide a visceral foundation for being-in-the-world—a foundation that shapes the experience of particular kinds of emotional distress (e.g., soul loss)—and thus guide the process of healing through “evoking an array of tactile images that, through their cumulative effect, evoke a change of sensibility” (208).

In a similar vein, Csordas’s (1994b:18–19) study of Roman Catholic charismatic healing in the United States argues that one’s sense of self and orientation in the world “is elaborated with respect to psychocultural themes” (e.g., spontaneity, control, and intimacy) that are dominant in one’s culture. His portrayal of ritual healing as a “culturally constituted imaginal process,” however, offers greater “experiential specificity” toward a model that would be useful with regard to examining religious experience and encounters with the sacred in Morocco. Within this model, the term “imagery” refers not simply to visual images but, rather, glosses the full range of somatic modes of orientation within a given context. Csordas (88) also considers tactile, intuitive, auditory, olfactory, affective, motor, and dream modalities of revelatory imagery in Roman Catholic healing rituals. He sees these “sensory modalities” as evidence of
“pre-objective” experiences (Merleau-Ponty 1962) that contribute to the process of transforming “the suffering self into a sacred self” (Csordas 1994b:281).^8

Although Islamic ritual prayer is not inherently a ritual of healing, Saharan housewives prescribe prayer for anyone suffering from emotional distress, which they describe as a sickness of the heart. Cultural prohibitions against the expression of emotion forces both distress and its resolution inward. Through praying the requisite five times each day, Saharan housewives create the possibility of spiritual experience through the imaginal process of encountering Divine Unity in the poetic sound of Quranic verse and the submissive kinesthesia of prostration. In doing this they simultaneously embody the cultural values of sincerity and harmony involved in negotiating a pluralistically segregated society.

AESTHETICS OF UNITY IN SAHARAN EVERYDAY LIFE

In comparison to the major cosmopolitan centers of Morocco, Errachidia is small and underdeveloped,^9 but it stands out as an administrative and market center for dozens of villages located in the High Atlas Mountains, in the Saharan Oases, and along the Ziz River.^10 Historically, the area that the modern Moroccan state now identifies as the Province of Errachidia was the site of considerable political struggle. The roots of these struggles are found in economic scarcity (due to the remote location and arid climate) and ethnic tensions that are more relevant in the Sahara than in other parts of Morocco. Prior to the 20th century, nomadic Berber kin groups vied for control of the trade routes between Sijilmasa and Morocco’s imperial cities, and of any Arab villages that fell along these routes. Later, the Ait Atta Berbers displayed their military expertise and laid political claim to the region by thwarting French colonial campaigns to “pacify” the population during the first half of the French occupation of Morocco (1912–1956). Even though the reigning Arab dynasty (Alouite) is from the Sahara, Berbers continue to resist Arab political, economic, and linguistic dominance in the region. The members of a third ethnic group, consisting of Black sharecroppers, split their allegiance according to the ethnicity and language (Arabic or Tamazight) of the landowners for whom they worked. These Hurtani^11 ethnic groups have recently joined in the jostle for power as migrant remittances have enhanced their
economic and political status in the society (primarily through
land tenure).\textsuperscript{12}

Ethnic-endogamy and ethnically based residence patterns are
common in the outlying villages, but the population of the town of
Errachidia is both ethnically and linguistically heterogeneous. I was
fortunate in that my Berber in-laws come from a multi-ethnic village,
and the four adult women in our household maintain social ties with
Arab, Berber, and Hurtani households in the several quarters of
Errachidia and in the outlying villages. Housewives from the 32
patrilocal households participating in my research are part of this
large network\textsuperscript{13} of women, which grew through an opportunistic
“snowball” method of sampling.

Within this sample of 90 women, I interacted most substantially
with the senior housewives, or mothers-in-law. They tend to hold
authority in matters of health and healing in the household—even
when the daughters-in-law have more schooling—and the old
women tend to have more free time to attend to an anthropologist’s
questions. Although men dominate the healing professions in the
public sphere, women direct the therapeutic process in the house-
hold. Several older women have gained honorable reputations
through offering their expertise on \textit{al-ashūb}\textsuperscript{14} (herbal medicine) and
midwifery beyond their own households as service \textit{`ala-llah} (for
God).\textsuperscript{15}

While my questions solicited home remedies, birth narratives,
and the logic of popular etiology, the answers to them revealed a
lifeworld of danger and uncertainty. Partly this uncertainty stems
from popular notions of Islamic cosmology, where Allah determines
the fate of all worldly beings, and capricious spirits occasionally
disrupt the order of human lives. But the more visible forces of
human envy, insincerity, and revenge cause an equal amount of
worry in the household production of well-being.

Despite the potential for the multiple forms of segregation
(including gender and class) to cause considerable social conflict,
there is an equally high need for interdependence within the eco-
nomically constrained quarters where I conducted my research. As
insurance against the devastating effects of unemployment, illness,
divorce, and death, Saharans create intricate networks based on
social and economic obligation. These networks may cross ethnic
boundaries because of a common habitus established in Islamic
practice, the threat of scarcity, and the fluid distinction between
insider and outsider. Similar to other Middle Eastern modes of social
organization (cf. Delaney 1991; Early 1993), the distinction between insider (*familia*) and outsider (*barani*) shapes patterns of architecture, political-economy, and illness etiology (e.g., the Evil Eye). In the past, the Saharan model of the boundary between self and other was the *ksar*, the communal walled village that represents Saharan social organization. Adobe ramparts unified several households in an immense structure having one main entrance. The architecture provided protection from enemy invaders and created communal property and ideology. Likewise, the households encompassed in the *ksar* differentiated self and other at a more intimate level according to blood relationship. Because of sex segregation in the household, the boundary between self and other also appears at the level of the body. Modest clothing (e.g., long robes, headscarves) marks social distance and respect according to age (generation) and sex, but it is not required in relationships of equivalence, such as between siblings or, more recently, husband and wife.

Work migration to Europe in the 1960s and 1970s, however, created new forms of social organization and obscured the boundaries between insider and outsider. Remittances financed the building of freestanding houses outside the village ramparts and secondary residences in Errachidia. Cash from European wages far exceeded the level of a peasant’s income from olives, dates, and sheep, creating new patterns of inequality within the social structure and new boundaries within the village. In the absence of ramparts, in order to discern who is trustworthy (i.e., an insider), fellow villages rely on a tacit sense of how Islamic values apply to modern life. In place of the material structure of the *ksar*, residents in Errachidia create social unity through relationships based on the reciprocal exchange of goods and labor. The aesthetics of unity that shape these relationships compose the body, household, and village as unified wholes that require balance and closure in order to function properly.

Social and economic changes in the 1980s and 1990s, however, have disrupted the aesthetics of unity by catalyzing a new trend toward neolocal households. The increased educational achievement of sons and daughters, in combination with media and migratory exposure to Western ideals of individualism, romance, and consumerism, has introduced generation and class discord within the extended family. In particular, emigrants who return to Errachidia for the summer have upset the communal values of *ksar* culture and have introduced new claims for status based on personal wealth.
Resistance to these new values plays out among housewives in a moral discourse that differentiates chīquí (i.e., elite) women from binat al-fāmilā (daughters of the family). This new axis of insider and outsider carries significant weight in marriage arrangements because mothers-in-law wish to avoid the discord that educated, chīquí brides bring to the household. Any escalation of this archetypal tension has always threatened the wife with divorce, but now it also threatens the mother-in-law with abandonment.  

With the integrity of the unified village and household in jeopardy, vulnerable women focus on creating security at the level of the body. They wear amulets and consume charms (i.e., religious specialists write sacred verses inside a bowl or on a piece of paper and dissolve it in water, which the client then drinks), but the most common tactic for embodying symbolic protection is to share food. This simple act of egalitarianism symbolically connects the consumers and protects against envy and sorcery (most commonly administered through meat). Eating from the same plate or table allows non-relatives to mutually embody social equality and become part of the interior family circle. Popular culture explains social unity within the natal family in terms of shared blood and breast milk, but it allows affines, neighbors, and close friends to become conditional parts of this unit through sharing bread, couscous, and mint tea. This gesture has symbolic value among people who view envy as a direct (e.g., sorcery) and indirect (e.g., Evil Eye) cause of illness and misfortune. Sharing a round loaf of bread renders the consumers equal, in the sense of having a unified identity, and functions to symbolically protect both parties. 

The symbolism of shared food has become more complex in recent years because abundant quantities of prepared store foods also double as a symbol of wealth. The “plastic” baguettes and patisserie cookies that chīquí women can afford to buy, however, have little value in the popular quarters of town, where “daughters of the family” express their sincerity through homemade bread and country food. Many housewives long for the communal values of zmēn (time-past), when sharing food, medicine, and labor strengthened the community and the resources available to each member. Today, the expense of everyday life interferes with the values of generosity and hospitality that create social ties. A middle-aged divorced mother of three noted that it was easy to give herbal medicines to a neighbor in zmēn because everyone simply collected the plants from the mountain. Now, people buy herbs in the
suq (weekly market) or use pharmacy medicines, which are even more expensive. As the cash economy begins to interfere with the security created through the webs of social obligation, women with few economic resources fear the consequences of being left alone in times of crisis.

MOROCCAN ISLAM IN THE SAHARAN SOUTHEAST

In contrast to changes in socio-economic relations, which have caused housewives considerable distress, changes in the socio-politics of spiritual life have offered them a source of hope and comfort. Historically, the holy status of sharif and marabout—said to embody baraka\textsuperscript{17}—provided a rationale for Arab ascent in the socio-political hierarchy. Previous analyses of Moroccan Islam have emphasized how the social, political, and symbolic practices of fraternal brotherhoods (marabouts) and Arab-Sharif holy men represent core values and dominant themes in Moroccan culture.\textsuperscript{18} New axes of social and political status (namely, education and cash income), however, have undermined Arab dominance, particularly in Berber regions. The movement toward a reformist style of Islam\textsuperscript{19} (Geertz 1968; Munson 1993) in Errachidia finds spirituality in scripture, the five pillars, and a personal relationship with Allah rather than in the descendants of holy men.

Reformist Islam in the popular quarters of Errachidia prescribes a minimum of five ritual prayers each day and recommends a constant prayerful disposition through inner prayer and consciousness of Allah’s presence.\textsuperscript{20} The public call to prayer, broadcast from the neighborhood minaret, marks the correct times of day for the five requisite prayers and reminds both practicing and remiss Muslims of the presence of Allah and of the obligation to demonstrate submission and respect in prayer.\textsuperscript{21} Even in the devout region of Errachidia, however, many adults abstain from prayer because they find the duty too taxing given the pace of modern life or the gesture to be hypocritical given the other violations (e.g., adultery, alcohol abuse) in which they indulge. Whenever someone told me that he or she did not pray, accompanying the attempt to mitigate this admission of personal deficiency was an assertion that he or she hoped to begin in the future.

Although the mosque serves as the spiritual, social, and political center for men, women tend to pray (and socialize) at home. Each
prayer includes the internalized recitation of Qur'anic verse, declarations of praise and thanks to God, and personal petitions. A sequence of standing, bowing, and kneeling postures enacts the degree of submission dictated for each part of the ritual. Within an overall aesthetic of unity, purity, and modesty, housewives create spiritual space in the household using prayer rugs and religious wall hangings depicting the Ka’ba,\textsuperscript{22} cassette recordings of Qur'anic recitation, and incense.

For believers, this aesthetic presence of Islam in everyday life seems to instantiate goodness, security, and beauty despite the looming threat of segregation through the forces of individualism and envy. Islamic values of purity, unity, and modesty provide a cultural grammar for religious experience. The devout embody these values every day though the practices of Salat (prayer) and \textit{wudu} (ablution) as well as every year through \textit{Soum} (the Ramadan fast). In performing these sacred duties, the body participates in the symbolic construction of temporal unity. This is the aesthetic equivalent of building ramparts around a village or swaddling an infant (MacPhee 1998). In addition to creating a concrete measure of time in the day, week, and year, these shared religious practices culturally unify the Muslim population. With the growing influence of secularism and capitalist sentiments in the Sahara, however, the construction of social unity—represented through the custom of offering a greeting to one’s left and right at the end of each ritual prayer—amounts to a symbolic rather than a felt connection to a sacred community.

For women who pray at home, the mechanism intended to separate the sacred time and space of Islamic prayer from ordinary activity is ablation. In addition to cleansing the body of impurities,\textsuperscript{23} the repetitive and sequential pattern of ablation creates a transition from secular to sacred concerns and practices. Washing hands, head, and feet three times each with water while reciting religious formulas symbolically and experientially transforms the body, heart, and mind for prayer. According to several housewives, both ablation and prayer require sincerity and attention: “You have to know what you are doing or the prayer is like nothing.”

When noise and worries distract the performer, the quality of the prayer diminishes both in terms of religious merit and in terms of experience. In addition to contributing to a person’s religious merit, Saharans also view prayer as broadly beneficial in everyday life. One woman told me how prayer had rescued her and her infant from a difficult labor and delivery. Others testified that Allah sent them
the wisdom (‘aql) necessary to treat a sick child. These unusual circumstances, however, did not account for the role of Salat in household health. To understand this connection, I have turned to Islamic literature on health and the body to illuminate some of the “tangential references” that appear sporadically in my fieldnotes.

MEDICINE FOR THE HEART

Elements of Islamic prophetic teachings (al-Jawziyya 1998; Ashraf 1997) appear in Saharan discourse in the perception that Salat brings raḥa wa-l-khier (rest and goodness) to the heart, which, in turn, brings health to the body and good fortune to the household. According to Islamic medicine, “the primary connection of the spirit (rūḥ) with the body is by the heart from which the spirit arises and is sent forth into the parts of the body” (al-Jawziyya 1998:81). Prayer gives joy and strength to the heart because tawḥīd—the acknowledgment of Divine Unity, or the oneness of God—expands the experience of the spirit and the body (150–155). As much as ablution provides a corporeal foundation for the concept of purity, the sensation of emotion in and around the heart during mindful prayer transforms the ephemeral idea of spirit into bodily experience.

For those who have achieved it, the profound experience of raḥa wa-l-khier clearly enhances the meaning of spiritual life, but for some women prayer seems limited to an obligation that has distant rewards. Sincere devotion to prayer, ablution, and fasting certainly contribute to the practical knowledge of faith, but the embodied experience of unity, purity, and modesty provides a visceral foundation for the tacit meaning of health and well-being. For example, in response to a crisis such as illness, housewives often say mu takhfīsh, kāy n al-lah (don’t be afraid, there is God) or allah mawjūd (God is present), conveying the belief that God is everywhere and has power over all things. Some devout women utter these statements with such conviction that their presence is healing to those who suffer from pain, worry, and fear.

Housewives in southeastern Morocco say that feelings of envy and worry pound in the heart (tedugu fi-l-qalb) like spice in a mortar and pestle. They would grind one fist in the other palm to make sure I knew what they meant. As Abu-Lughod (1986) points out in her research on sentiment among Egyptian Bedouin, these negative emotions (along with anger, fear, and grief) are asocial and shameful
in Arab-Muslim culture. The term hashuma chastises a display of emotional expression that the neighbors should not hear (e.g., anger or envy), and haram censures emotions such as fear or despair, which are thought to offend Allah.

Like Egyptian Bedouin culture, Saharan Muslim culture allows few emotional outlets. On a few occasions I witnessed women overtly expressing emotion (although I am hard pressed to identify which kind) in the hadra dance, a form of trance popular in Sufi brotherhoods. My in-laws and other reformist Muslims of my acquaintance saw these rituals as shameful and un-Islamic. Among the few Maraboutic Arabs in the study, the hadra serves as a form of devotion to the patron saint and as a therapeutic practice.

Lalla Aicha is one of the women I knew who participated in hadra rituals; she is a Maraboutic Arab who lived near us in Errachidia. A widow with five adult children, Lalla Aicha expressed her desire for social status in the household through constant complaints about her daughter-in-law and chronic abdominal pain that demanded her daughters’ attention and sons’ money. Her failure to find a cure for her ailments (despite trying a variety of therapies, including the hadra ritual) fueled considerable speculation in the neighborhood about the true cause of her illness. Among the more memorable of these lay diagnoses was in the form of an indirect comment from Lalla Aicha’s Hurtani neighbor, Arquia, which was offered one afternoon when I was visiting:

There is no sickness of sugar [diabetes] or salt [hypertension]. All sickness comes from the heart. If you think too much and tedgedeg [I translate her use of “it prickles” as “you feel anxious”], you put yourself in danger [katkhut b-rasik]. Then you can contract any sickness. I don’t worry about the affairs of this world [dunia]. If my daughters-in-law make ten or twelve loaves of bread, it is not my business. I do not watch everything they do, they have intelligence [`aql]. In the house, everyone does what she wants.

On the surface Arquia’s comments appear to emerge from notions of social vulnerability common to Saharan popular health culture. Thinking too much and becoming anxious—presumably due to social discord within the household—opens the body to all kinds of sickness. This being the case, she implies that social harmony is a way of preventing illness.

This perspective reflects other evidence of the mind-body connection in Muslim popular health culture elsewhere in the Middle East. In Yemen, for example, housewives find that “loss leads to
anger which in turn leaves one vulnerable to illness” (Meneley 1998:211). Meneley explains that individuals with a weak heart (i.e., prone to emotional excess) are more vulnerable to illness. Similarly, in Iranian popular culture emotional distress, particularly anxiety, leads to heart disease and even death (Good 1977). Moroccan etiologies link fear, anxiety, and envy to a state of exposure to danger that invites “any sickness,” especially from the Evil Eye, jimn-s, and sorcery. As such, social and emotional discord with outsiders (in this case Lalla Aicha’s daughter-in-law) triggers “somatic modes of attention” (Csordas 1994b) regarding openings or points of weakness in the body, including the mouth, nose, eyes, navel, and vagina.

Although Arquia’s perspective attributes Lalla Aicha’s illness to her struggle to maintain power within the household, it also creates possibilities for preventing illness and promoting health among women who have few economic resources. This is not to say, however, that Arquia withheld sympathy from women who complained about their daughters-in-law. Along with other senior women in the study, she understood the vulnerability of the mothers-in-law of this generation, but she saw mindful prayer and patience as the best solutions to such problems. With the growing desire among young women for neolocal households, the stakes of intra-household tension involve the social and economic security of the mother-in-law, who cannot support herself, has never lived alone, and fears being alone more than anything else. In this light, Arquia’s willingness to forfeit her right to power in her household in exchange for peace and health seems a progressive strategy expressed through a “traditional” method.

Another level of Arquia’s perspective, however, emerges when her comments are placed within the context of her more general spiritual disposition. She is among the Saharan women who maintain a constant peaceful, even joyful, demeanor despite the poverty and racism that she has encountered throughout her life. Arquia’s warm, confident personality was compelling in contrast to that of other women, like Lalla Aicha, who complained about their fate. The two neighbors’ contrasting modes of being-in-the-world are immediately apparent. Throughout the year of my fieldwork, Lalla Aicha always enveloped her body in layers of clothing and blankets while Arquia wore a colorful qaftan. The vibrant décor in Arquia’s house and her broad smile also complemented her positive view of life. Whether explaining that six of her fourteen children had died, or that her husband had abandoned her several times, she said that
she prayed and was patient and that things improved. For Arquia, emotional management is more than a matter of composing her face (as a kind of bodily façade) in order to maintain social harmony; rather, she succeeds in quieting her heart through religious devotion. Through embodying faith, she protects herself interiorly, creating less need to worry about the affairs of this world. In turn, her capacity to manage emotion contributes to the achievement of both social and spiritual harmony. Because the local concept of self depends on social and spiritual relations, emotional management also contributes to personal well-being. Controlling emotions only at the social level, however, leaves the feelings free to pound in the heart. A similar perspective occurs in Bali, where Wikan (1989) observed people smiling through their grief. The process of shaping inner feelings is a matter of managing the heart, which Wikan describes as a “life force” in the mind-body. A strong heart protects the individual from ill health—physically and interpersonally—within a social context reid with accusations of sorcery (295). Where managing the heart in Bali entails techniques of “not caring” and “forgetting” (296), quieting the heart in Morocco engages techniques of patience and acceptance. In both cases, however, care of the heart requires the spiritual production of harmony and “nurturing good feelings.”

This association of social, emotional, and physical vulnerability reflects the complexity of the Saharan experience of being-in-the-world and the multidimensional character of well-being. Social practices, such as reciprocity, provide one level of protection against misfortune. True healing, however, requires a calm heart. To produce feelings of rest and goodness in the heart, Saharan housewives rely on prayer. The sound of Quranic verse facilitates this embodiment of faith and, in this capacity, acts as medicine for the heart.

I first heard the expression “medicine for the heart” during a pre-dissertation trip to Morocco in the summer of 1994. A friend who worked as a traveling nurse in rural Morocco used the expression to explain why he liked to listen to cassette recordings of Quranic recitation. Knowing that he was an enthusiastic proponent of biomedicine, I assumed he meant that he was suffering from a failed romance and that the verses of the Quran offered a meaningful perspective on love and fate. At that time I had only read the Quran in English translation and did not appreciate the fact that the melodic sound of rhymed Arabic prose can be profoundly moving. Kristina Nelson (1985) has observed that, among
Egyptians attending performances of Quranic recitation, the verses have the potential to evoke a profound emotional response. By evoking an emotional response, particularly one involving sensation in and around the heart, Quranic verse (in prayer or professional recitation) creates a phenomenological map for spiritual thought and practice. If the same response occurs in mindful prayer five times each day, then why do so many practicing Muslims in Errachidia continue to feel anxiety and fear?

THE EMBODIMENT OF FAITH

Despite their devotion to praying five times each day, I noticed that most Saharan women continue to worry about such social and economic problems as divorce, underemployment, and inheritance disputes. Some younger women had such anxiety that they ceased praying altogether due to their inability to concentrate. In this community the value of Salat lies far more in the quality of performance than in meeting the minimum quantity of daily ritual obligations.

The concept Saharan women employ to distinguish the habitual practice of prayer from the mindful performance of worship is khushū’. In Modern Standard Arabic, khushū’ means submissiveness, or humility (Hans Wehr 1974:239). Women’s performance of submission in Salat entails various techniques of the body, including covering the hair with a scarf and the body with loose clothing, and reciting the prayer in a low voice with lowered, but not closed, eyes. Even though the ritual of wDu, the modest envelopment of the body, and the establishment of sacred space (e.g., through the use of a prayer rug) symbolically prepare the mind and body for worship, the experience is often more rote than spiritual. Memorizing the verses and repeating them day after day risks transforming ritual prayer into a mindless, habitual practice. Prayer with khushū’, however, requires presence of mind and respect for the audience (Allah), as is found in a performance.25

To clarify some of the questions I had about the phenomenology of prayer, I consulted Fatima, a close friend (a 30-year-old divorced mother) from Errachidia. We had spoken about prayer several times since the beginning of my fieldwork, and I thought that she would be able to articulate some of the tacit knowledge about Muslim worship that women in her community share. She explained that khushū’ happens when Satan leaves and the mind becomes free of all
the “noise” (sadā’) that comes from worrying: “Satan is always trying to keep you from khushū’.”

I asked her to explain how she knew when she had performed her prayer well. She said that when you pay attention to the meaning of the words (in the prayer), you feel it in your blood, like when you are afraid: “Your body has a prickling sensation, and your hair stands up... and you feel like you want to cry.” The experience is not frightening, however, because “it comes from faith” that “you feel deep in your heart.” She prays to gain spiritual credit, which khushū’ enhances, but she also remarked that prayer “washes” the body and mind and makes you feel relaxed and light.

Fatima’s description of khushū’ as freeing the mind from worry and intensifying emotional and kinesthetic experience has parallels to Csordas’s theory of ritual healing and Csikszentmihalyi’s theory of flow. The mindful performance of Salat resembles the imaginal self process in Roman Catholic healing rituals (Csordas 1994b) in that the transformation from a suffering self to a sacred self involves the purification of the body and mind through the heart. Although Christianity and Islam share a common scriptural and historic heritage in Judaic monotheism, the conceptualization and experience of the sacred is vastly different. As such, the apparent parallels between Fatima’s comments and Roman Catholic spiritual experience may be misleading. Whereas Roman Catholics are able to imagine Jesus or the Virgin Mother visually embracing them (Csordas 1994b:131–132), Islamic representations of the sacred are ambiguous. In Islamic theology Allah is superlative, beyond human comprehension, and because only Allah knows the true nature of ruh (spirit), it is blasphemous to even attempt a definition. Nevertheless, Fatima’s embodied experience of faith transforms emotional turmoil into a pleasurable sense of relaxation and lightness.

Csikszentmihalyi’s theory of flow accounts for this pleasure as emerging from intensified conscious activity that strikes an optimal balance between boredom and anxiety. This perspective transforms the passive connotations of khushū’ into an active engagement of mind, body, and their product—spirit. Likewise, Csordas views imagery as a modality of consciousness (i.e., intentionality) and thus as an act. For Fatima, khushū’ requires attention to the words in the verses she recites in prayer. Because Quranic verse is linguistically archaic and harmoniously arranged in rhymed prose, it offers both a cognitive and aesthetic order for the minds and bodies of the believers. Memorization of prayers, however, reduces the practice
to a ritual of sound, the beauty of which may engage the body but leaves the mind free to worry and, in turn, the heart to pound.

In their research on Islamic piety in Egypt, both Hirschkind (2001) and Mahmood (2001b) argue that the emotional responses associated with devotional practice are learned through the moral discipline of the body. Mahmood (842) notes that a popular booklet among women’s mosque groups in Cairo is entitled *How to Feel Humility and Submission [khushû’] in Prayer*. The text outlines imagery exercises with the goal of evoking “the ability to cry effortlessly with the right intention” during prayer. Despite the discursive guidance (or perhaps because of it), however, the devotees have difficulty producing the desired feelings.

While I agree that the moral discipline of the body is a central component of Islamic practice (MacPhee 1998), my attention to the experience of well-being reveals another esoteric level of bodily discipline evident in the Saharan experience of *khushu’*. Within both the Egyptian and Moroccan contexts, the experience of transcendence seems to require more than adherence to the directions—whether discursive or practical—that guide Muslims on the straight path of salvation. In addition to the moral goals of religious devotion, there is also a spiritual goal, which is to encounter the greatness of Allah.

The cultural form of this encounter is grounded in the spiritual body—the meaningful but ambiguous sensations that emerge in mindful, sacred practices. In contrast to the visual imagery of divine presence that dominates charismatic Roman Catholicism in the United States (Csordas 1994b), the form of the spiritual body in Islam—as is indicated in the Sahara and in Egypt—is affective (the desire to cry) and tactile (the sense of prickling). As Fatima points out, she knows that these sensations are different from sadness and fear because she feels faith deep in her heart. This form of cultural sensibility is also reflected in Seyyed Hossein Nasr’s (1997:xvii) contention that the idea of divine presence “possesses inwardness and interiority” and that “the essence of Islamic spirituality... is the realization of Unity, as expressed in the Quran.”

In the Sahara the aesthetic of unity creates patterns of interiority at the level of the body, the household, and the village. As medicine for the heart, the embodiment of Quranic verse in recitation or audition creates a powerful way for Saharans to palpably fortify their bodies against feelings of vulnerability to the variety of illness agents in the popular health culture. In this way, the Saharan
spiritual body generates feelings of security as well as pleasure and awe. The same housewives who argue that a calm heart contributes to health, however, advised me to learn how to pray if I really wanted to understand the full value of khushū’ for the body, mind, and spirit.

This advice was a common theme in the conversations I had with housewives concerning Islam. The full effect of the experience was difficult for them to articulate, as they had limited religious literacy, and many relied upon embodied knowledge as a guide to their faith. One of the more articulate women in the neighborhood was Kheira, a 68-year-old Berber grandmother who, during an informal visit, explained that I would benefit greatly if only I would learn how to pray:

The day we die, our Lord is there . . . The heaven of blessings [jina ar-ridwan] is present. The compassion of Allah [rahmat-Allah] is present. It is vast and its benefit is much, much, much.

Where you go in this life, you find compassion. It is compassion that goes with us and comes with us, the compassion of our Lord . . . You will be number one with God and good with Him and his followers. Where you put your hand, you will succeed. If you want to talk to some people or if you want to go to one place, God makes it easy. He stands near you, and the Prophet stands near you. The compassion of God is present, and you find that everything is ready for you. This is what we do and what we say.

Kheira’s interpretation of Islamic theology locates the effects of prayer in this world and in the afterworld. She depicts a state of perfection that emerges from the realization of Divine Unity through prayer. Her emphasis on compassion interprets Allah’s relationship with the devout as caring and protective but also as powerful. In trying to teach me how to pray, she performed parts of what Muslims do and say. Her sincerity and enthusiasm in explaining the compassion of Allah and the benefits of prayer, however, also conveyed how she felt about prayer.

CONCLUSION

Even though most housewives have difficulty sustaining the level of faith necessary to quiet their emotions, the optimal experience found through khushū’ remains an ideal in the popular quarters of Errachidia and in the surrounding villages. The integration of Islamic values, practice, and faith in the Saharan household production
of well-being occurs on multiple levels, some of which are more subtle and elusive than others. On the more concrete level, housewives emphasize the moral value of keeping a clean house, cooking flavorful food to share with family and guests, and administering herbal infusions, incense, or poultices to the sick. Saharan housewives show deference to Divine Will through petitioning for Allah’s protection with every utterance about illness or misfortune and by offering thanks when fate turns in their favor. The devout ritually purify their bodies and pray five times each day as well as give alms on holy days and fast during Ramadan, hoping to accumulate religious merit and, unofficially, Allah’s mercy. Within these practices the association of spiritual feelings with the heart, an organ that sustains life and is a symbol of faith, establish a visceral connection with the moral order.

The moral order in Saharan culture, however, is in flux. Senior housewives have witnessed shifts in both socio-economic values and socio-religious structures. Women like Lalla Aicha long for the power a mother-in-law waged in past eras and for the social status that noble (i.e., sharif) descent warranted during her youth. At the same time, however, women like Arquia desire social equality and a reformist interpretation of Islam. In the past, sharif men and women inherited baraka from their ancestors, and clients in need often exchanged monetary capital for this symbolic capital (as saliva, physical contact, or prayer). Although this symbolic form of the spiritual body established a socio-political structure at both local and national levels, the reform movement in Morocco raises doubts about its authenticity. The social value of khushū’ lies in the argument that the spiritual body transcends the boundaries of blood descent. Berber and Hurtani (as well as non-sharif Arab) housewives gain access to divine grace through prayer to produce well-being, and they do this independently of sharif patronage.

In comparison to hereditary maraboutism, reformist Islam seems to promote some of the individualist ideals that the Saharan discourse on “time-past” rejects. Before writing this article, I had imagined the elder women in the study as representing an old guard of socialism and piety within a changing society. Some women, like Lalla Aicha, do cling to the values of the past and, unfortunately, suffer physically and emotionally as a result. Other women, like Arquia, however, embody the cultural changes they have experienced in their lifetimes. While still behaving like daughters-of-the-family, these Berber, Hurtani, and Arab women left the walled
villages to raise their children in town. They send their sons to secular schools to improve the socio-economic status of the family, and they resist the Moroccan religious hierarchy in favor of a more egalitarian vision of the Muslim community. In a region that, through migrant labor, has strong ties to Europe, it is fitting that religious values would have elements of individualism and achievement. Through the aesthetic of unity, local discourse resolves the disparity of these themes by emphasizing lingering communal values. The housewife in prayer does not stand alone—the ultimate source of vulnerability—but in harmony with Allah and an imagined community of Muslims. The difficulty, however, is in transcending one’s suffering due to the immediate conflicts in the household and the neighborhood to the extent that, through the spiritual body, one can feel the protection of Allah and the community of believers.

From elder women’s accounts of their past, it is clear that prayer has long been a part of daily life in this region; however, I contend that spiritual harmony is replacing social harmony as a method for achieving a sense of security during changing times. Women realize that the pounding and grinding they feel in their hearts compromises health, but they can no longer rely on social ties—even within the same household—to provide security in times of crisis. The efforts to create symbolically protective, egalitarian ties through the sharing of food suffers when the food comes from a store. The gesture becomes as “plastic” as the food tastes. Instead, devout women focus on preventing illness and misfortune through the protective force of unity in prayer. Like ramparts around the ksar, the experience of khushū‘ in prayer unifies the mind and body through the heart, which spiritually connects the individual to the ultimate source of protection—Allah.

This form of preventive medicine resonates with the popular health culture in Errachidia because individuals can achieve well-being in the household through the interior processes of emotional regulation and submission to Allah. In the popular discourse on emotions and illness, well-being depends upon rest and goodness in the heart, which are rooted in embodied knowledge. Framing the spirit in the body (as does prophetic medicine) offers new avenues for understanding religious experience and its connection to well-being in Moroccan Saharan households. Overemphasizing the moral interpretation of Saharan discourse about these practices creates the impression that Islamic religiosity is a cognitive stance of
the Moroccan social body. Insofar as Salat engages the body as well as the mind, the embodiment of faith through the sensory modalities of the heart transform the elusive concepts of Allah, ruh (spirit), and khushū’ from religious symbols into palpable forces in the lifeworld.

The empirical approach to the study of inner experience, as found in the work of Csikszentmihalyi, Csordas, and Desjarlais, challenges the perspective that ritual symbols conventionalize feeling into “a complex, permanent attitude” (Tambiah 1981:124-125). Even in my preliminary examination of Salat in relation to feelings of well-being in the Sahara, it is clear that the ritual discipline of the body in ablution and prayer yields vast differences in emotional response. Rather than viewing religious experience within the Geertzian system of symbols that “establish long standing moods,” the cultural phenomenology perspective shows that this relationship is not automatic. As Asad (1993:77) points out in his reading of Mauss’s Techniques of the Body (1979), experience is “a mutually constituting relationship between body sense and body learning.” It is through the ineffable sensations that sometimes occur during sacred practice that Saharan women learn how to embody spirituality.

For this reason, I find the theory of flow applicable to the Saharan context. The experience of transcendence in prayer emerges from agentive discipline rather than from the objectifying discipline of the body politic. Most Saharan housewives adhere to the moral codes for disciplining the body, such as praying, fasting, and wearing modest clothing. Far fewer of them achieve the sense of rest and goodness that results from mastering khushū’. Even though women like Arquia, Kheira, and Fatima felt that words could only approximate the depth of their faith, they experienced a spiritual form of being-in-the-world that Saharans value as a key component of well-being; as Arquia put it, “all sickness comes from the heart.” Mystical experience, usually associated with Sufi practices within Maraboutism, transforms sacred texts into medicine for the heart. The broader cultural aesthetic of harmony and completeness in everyday life facilitates the embodiment of faith in Divine Unity, at least for those women old enough to remember time-past. Even when the lure of individualism jeopardizes social security, mindful prayer surrounds the performer within a harmonious space that protects her from the unpredictable world and reduces the fears of being alone.
ACKNOWLEDGMENTS

This article is based on fieldwork in Southeastern Morocco during thirteen months in 1996 and the summer of 1997. Funding for the ethnographic research was provided by the Fulbright Foundation and the American Institute for Maghrib Studies. A Mellon Fellowship provided further funding for research during the writing phase of the article. An earlier version of the paper was presented in public talks at the Five College Program in Culture, Health, and Science and at Washington University. I would like to thank Alan Babb, Bob Desjarlais, Deborah Gewertz, Mark Nichter and Stacy Leigh Pigg as well as four anonymous reviewers for their close readings of previous drafts and sound advice.

NOTES

1. Anne Meneley (1998:213) makes a similar observation in portraying the influence of Islam in Yemen. She describes how the prevalence of villagers’ questions about religion caused an ethical dilemma because she felt uncomfortable admitting her lack of religious belief. In contrast, my diffused Unitarian views of the sacred (which somehow resemble Saharan notions of Allah) sparked several amusing conversations with devout Saharan. Although our religious perspectives seemed to merge on several levels, my in-laws viewed my spiritual practice (meditation) as yoga rather than as prayer.

2. In part, I chose to focus on women’s roles in the household production of health because women are primary caregivers for their families. The decision was also practical because cultural codes of sex segregation restricted my social access to men outside of our family.

3. Asad (1993:205) traces this split to the Protestant Reformation, during which the proliferation of religious beliefs threatened the stability of the modern state.

4. This “Night of Destiny” occurs on the 27th day of Ramadan to commemorate Gabriel’s revelation of the Quran to Mohammad. Devout Muslims in Morocco aspire to spend the entire night in focused prayer.

5. See, for example, Kapferer 1983; Needham 1967; and McNeill 1995.


7. The emphasis on the heightened sensory awareness inherent in transcendent experience differentiates the spiritual body from previous references (e.g., Lock and Scheper-Hughes 1985) to embodiment in terms of the phenomenological orientation of the body/self, the symbolic representation of the social body, or the objectification of the body politic.

8. One of the principle themes in phenomenology is the distinction between the subjective experience of the body and the objectifying processes of cognition. Although anthropologists argue against the notion of a universal, natural body, in
the study of embodiment there remains a tendency to view the body as a source of primordial cultural knowledge (e.g., Csordas 1994a, 1994b; Lyons 1995). This perspective critiques the poststructuralist idea that discourse determines experience—a view that continues to shape interpretations of embodiment in the Middle East (Hirschkind 2001; Mahmood 2001a, 2001b; Starrett 1995)—in favor of a more sensorial, practical-oriented approach to understanding how culture penetrates the body and experience. Raymond Williams’s (1977) concept of “structures of feelings” proposed a similar argument for an emergent, practical consciousness prior to the anthropological debate. Rather than enter the debate about which form of knowledge comes first, I am more interested in determining how experience and discourse intertwine in complementary ways within the elusive realm of spirituality.

9. In the decades following national Independence (1956), industrialization and the development of a system of schools and hospitals focused on urban areas of Western Morocco. These modernizing changes, however, were slow to reach the mountains and deserts. The late industrialization of the region reflects the colonial characterization of this part of Morocco as inutile.

10. I also conducted research in a small village, Zaouia, located in the Ziz River Valley. Although this paper focuses on the views and experiences of women living in Errachidia, I incorporate data from the village study in my representation of broader “Saharan” values and perspectives.

11. The term hurtani (also free) replaces the historic term Haratine. In Errachidia there is a distinction between Hurtani who speak Berber and Hurtani who speak Arabic; however, in order to avoid confusion, I use one term for both.

12. For more details on the politics of ethnic struggle in the Sahara, see Ilahiene 2001.

13. Women’s networks form through years of mutual visiting, attending household celebrations, sharing resources, and, in some cases, intermarriage.

14. Saharans have no definitive term to describe this bricolage of health knowledge because it combines several approaches to healing, some of which have come to the region from the Arabian peninsula, some from the Mediterranean, some from Europe, and some from sub-Saharan Africa. The term al-ashīb (the herbs) is the usual term used to differentiate local healing customs from the public health service (l-spîtar) and the several pharmacies in town. Other terms include dua l-arab (Arab medicine), tib-at-taflîdî (traditional medicine), and dua l-bîhîd (country medicine); while a few specify dua l-râhâla (medicine of the nomads).

15. Bakker (1992) observed a rise in female healers in the markets of the Middle Atlas, but in the Saharan men continue to dominate the professions of herbalist and religious healer (fâhî). Women in Errachidia, however, are beginning to enter the scientific health professions as nurses, lab technicians, and pharmacies.

16. The struggle between a mother and a wife for the affection of the son/husband is a well known cultural motif in Morocco, appearing in folktales (Dwyer 1978) and proverbs (Bergman 1994). In the past the mother-in-law always won the battle, but now school and access to new kinds of gender ideology have helped young women to gain more influence over their husbands. In particular, new ideas about romance and conjugal affection—fueled in part by a popular Mexican soap opera (Guadalupe, dubbed in Arabic)—have pressured husbands to buy gifts of clothing, gold jewelry, and automobiles for their wives.

17. Among the symbolic elements in Moroccan Islam that have particular relevance to questions of health is the healing power of baraka. Crapanzano (1973), Greenwood
(1981), and Mernissi (1977) have described how Moroccans in the Middle Atlas Mountains and Salé gain access to baraka though saintly intermediaries and their descendants. Likewise, descendants of the prophet, including the ruling dynasty, are said to embody baraka and to transmit this divine grace to people in need.


19. Maraboutism has a weak presence in Errachidia and the surrounding villages. Some Arab families have ties to the Sidi Ali Goulem brotherhood, and fewer participate in the Sidi Aissa brotherhood.

20. This practice is not unique to Errachidia (the women with whom I lives in Fes also adhere to the prayers), but anecdotal evidence from other ethnographic accounts suggests that such devotion is not universal among women in the Middle East (Early 1993; Fluer-Lobban 1994).

21. The prayers fall at dawn, noon, mid-afternoon, sunset, and nightfall, but the actual hours fluctuate slightly with the seasons.

22. The ka‘ba is the sacred cubic structure in Mecca that pilgrims circumambulate during the haj. It is one of the only icons of Islamic practice and marks the direction in which Muslims pray.

23. Ritual ablution is more symbolic than hygienic in that wudu requires water but not soap. The higher form of ablution, ghusul, entails cleaning the entire body—typically with soap—typically with soap—after menstruation or sexual intercourse.

24. All names that appear in this paper are pseudonyms to maintain anonymity for the participants.

25. Here, I use Bauman’s (1974) and Brigg’s (1988) concept of performance as verbal art and cultural competence to highlight the awareness of text and context necessary for the optimal experience of the spiritual body.

REFERENCES

Abu-Lughod, L

Adams, V

al-Jawziyya, I. Q.

Asad, T

Ashraf, S. A

Bakker, J
Bauman, R

Bergman, E. M
1994 “Keeping It in the Family: Gender and Conflict in Moroccan Proverbs.”
  Pp. 201–218 in *Reconstructing Gender in the Middle East*, edited by Gocek F. M.

Bourdieu, P

Bowen, D
1985 “Women and Public Health in Morocco: One Family’s Experience.” in *Women
  and the Family in the Middle East: New Voices of Change*, edited by Fernea, E.
  Austin: University of Texas Press.

Briggs, C

Combs-Scilling, E
  Press.

Crapanzano, V
1973 *The Hamadsa: A Study in Moroccan Ethnopsychiatry*. Berkeley, CA: University of
  California Press.

Csikszentmihalyi, M

Csordas, T
1994a “Introduction: The Body as Representation and Being in the World.”
1994b *The Sacred Self: A Cultural Phenomenology of Charismatic Healing*, Berkeley,
  CA: University of California Press.

Delaney, C
1991 *The Seed and the Soil: Gender and Cosmology in Turkish Village Society*. Berkeley,
  CA: University of California Press.

Desjarlais, R

Douglas, M

Durkheim, E

Dwyer, D

Early, E
  Reinner.

Eickelman, D
1976 *Moroccan Islam*. Austin, TX: University of Texas Press.
1985 *Knowledge and Power in Morocco: The Education of a Twentieth-Century Notable*.
Elias, J

Ewing, K. P

Fernea, E. W

Fluehr-Lobban, C

Foucault, M

Frost, C. J

Geertz, C

Good, B

Greenwood, B

Hans Wehr,

Hirschkind, C

Ilahiane, H

Inhorn, M

Jackson, M

Kapferer, B
Laderman, C

Lock, M and Schepers-Hughes, N

Lyons, M

MacPhee, M

Mahmood, S

Martin, E

Mauss, M

McNeill, W

Meneley, A

Merleau-Ponty, M

Mernissi, F
1987 *Beyond the Veil: Male-Female Dynamics in Modern Muslim Society*. Bloomington, IN: Indiana University Press.

Munson, H. J

Nasr, S. H

Needham, R

Nelson, K
1985 *The Art of Reciting the Qur’an*. Austin, TX: University of Texas Press.

Obermeyer, C. M

Proudfoot, W
Starrett, G

Tambiah, S. J

Turner, B

Turner, V. W


Wikan, U

Williams, R