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PIOUS MUSLIM BODIES AND ALTERNATIVE MEDICINE: CONTINUITIES AND DISCONTINUITIES BETWEEN THE AFRICAN DIASPORA AND AN EMERGING GENDERED DIASPORA

“Pious Muslim Bodies and Alternative Medicine” explores the emergence of what might be conceptualized as a Muslim gendered diaspora and how it intersects with the African diaspora. Literature on the development of a Muslim public sphere tends to focus on written texts and how those texts are interpreted by Muslim groups within the ummah, or world community. This article explores not only the exegetical borrowings but also the continuities and discontinuities between these two diasporas as articulated in the bodily practices of African American Muslim women. Examining discourses about the body, this article locates different diasporic linkages in consumption and health practices. Of theoretical interest is whether these bodily practices and alternative health care discourses are tied to African American social history (race), conversion (change in dispositions), Islam (exegesis), or the American cultural ethic of individualism. With dramatic increases in women’s literacy and media access within the Muslim ummah, Muslim women are beginning to participate in an international dialogue about ethical conduct. Although the religious discourses are often mimetic, the regional inflections of religious practices are often the product of other genealogies. The continuities and discontinuities represented in the health practices of African American Muslim women demonstrate that although diaspora is not tied to any place or essential religious authority, it is materially locatable in modes of practice and relations of power.

KEYWORDS: African diaspora, Islam, gender, race, medicine

On a bitterly cold January morning my hairdresser Rabiia arrived at Sapphire, a Black hair salon, with a cup of hazelnut coffee and a cinnamon Danish from Dunkin’ Donuts.1 Because Rabiia is a devout Muslim from Nigeria, I was surprised to see that she had also purchased a copy of The Final Call, the Nation of Islam’s ( NOI) weekly journal. Rabiia and I have had many conversations about the cultural differences between African American Muslims and Nigerian Muslims. These cultural differences compel her to travel an hour from her home in New Jersey to frequent what she describes as a Nigerian masjid in Brooklyn, New York. Her seeming interest in the teachings of the NOI, an unorthodox Muslim sect, made me wonder if I had missed some important diasporic connections. Perhaps the NOI’s mantra about social and spiritual redemption through race consciousness resonates for immigrants like Rabiia because as psychiatrist Franz Fanon pointed out in the 1950s universal race prejudice has created a diasporic black subjectivity (Fanon 1967).2

After conditioning my hair and putting it in a plastic cap to set, Rabiia chose to spend the five minutes before my final rinse reading a frequent column in The Final Call, “How to Eat to Live.” The column excerpts sections from Elijah Muhammad’s two books, How to Eat to Live (1997), and from the Nation’s first journal, Muhammad Speaks. Nation founder Elijah Muhammad died in 1975, but his wisdom about how to extend one’s life and empower oneself through diet and ritual lives on in The Final Call. After finishing the article, Rabiia
hastily discarded the paper and with a look of disbelief said, “That’s not right! He says we’re only supposed to eat one meal a day. Even during Ramadan [the month of fasting] the Prophet tells us we are supposed to eat two meals a day. And that’s when we’re fasting! Normally we are supposed to eat more than two meals a day.” Elijah Muhammad encouraged his followers to eat only one meal a day because he believed that people are designed by God to live to be at least 170, but because of how and what we eat, we now live to be only 70 or 80. After condemning the advice in The Final Call as un-Islamic, Rabiaa bit into her sugary Danish made with white flour and hydrogenated oils.

This encounter affirmed the salience of a number of questions I have about women, religion, and the Black body. As an anthropologist who studies African American Muslims, I have doubts about what cultural continuities truly exist between Africa and the African diaspora. Even though current theoretical work on the African diaspora attempts to reconceptualize diaspora not as retention of cultural traits but as something emerging as a result of contemporary transnational flows, there remains, from my perspective, overreliance on race, ethnicity, or homeland as the essential point of commonality (Clifford 1994; Gilroy 1993; Hines and McLeod 1999; Kelley 2000; Okpewho et al. 1999). Diasporas are also generally represented as exemplary, or an ideal representation of the group (Safran 1991). What this literature elides are issues of censorship, authority, and power involved in the ratifying of diasporic discourses and identities (Brown 2005; Holsey 2005; Markowitz and Stefansson 2005; Thomas 2004, 2006).

I do not want to imply that this emerging diasporic identity is not problematic, sometimes contradictory, and regionally inflected, but it is informed by the primary sources used by Muslim women to shape their spiritual dispositions, namely the Qur’an and hadith (a record of the sayings and deeds of the Prophet Muhammad). Given the universal acceptance of the science of interpretation in Islam defined by engagement with primary Islamic sources, it makes sense that a diasporic religious identity has a particular materiality that a diasporic race identity does not.

Although the African diaspora lacks a common tradition or authoritative text, our inability to locate it in a stable object does not mean that it therefore does not exist. In “The Context of Diaspora,” a study of the emergence of a Sikh subjectivity through Internet practices, Brian Axel locates diaspora in an indeterminate performativity. Axel concludes that diaspora is “a globally mobile category of identification that engenders forms of belonging that are both global in breadth and specifically localized in practice” (Axel 2004). I want to argue that while the choice of how to perform diaspora is fairly open-ended, diasporic performativity is not necessarily indeterminate. Crudely you either are or are not circumcised; either you eat pork or you do not; either you have kinky hair or you do not. Bodily practices ground diaspora and move theoretical discussions away from the idea that people who identify with a diaspora are necessarily ambivalent or identify with an indefinite set of cultural practices (Boon 1990).

I have chosen to unpack the diasporic continuities and discontinuities extant between African Americans, African American Muslims, and Black Muslims from other countries who form part of the international ummah by examining discourses about alternative health care. My use of the term alternative health care encompasses both complementary medicine (used in conjunction with conventional medicine) and alternative medicine (used instead of conventional medicine). Conventional medicine, what I will refer to as biomedicine or allopathic medicine, encompasses specialties practiced by people with medical degrees (MDs) or degrees in osteopathy (DOs) and by people who work in allied fields such as occupational therapy, physical therapy, nursing, or psychology.

The complementary and alternative medicines used by the Muslim women include homeopathy, naturopathy, aromatherapy, food restrictions, herbal and dietary supplements, and acupuncture. For African American Muslim women, what is at stake in choosing a health regimen is a desire to surrender to Islam while simultaneously acknowledging the tools of self-empowerment acquired through identification with Black liberation discourses.

Although Islam is perceived as a minority faith in the United States, there are as many as 1.4 billion Muslims worldwide and anywhere from 4 million to 6 million Muslims in the United States. Of those, about 30 to 40 percent are African American Sunni Muslims;
a very small proportion, perhaps twenty thousand, are followers of the NOI; and some unknown percentage are Shia Muslims. Unsurprisingly those given permission to speak for Islam have access to political, social, and economic capital. Regardless of the disparities in power, Muslims conceptualize themselves as members of the Islamic ummah, a kind of nationalism born of the imagination, and from the point of view of all my informants, when it comes to identity, religion trumps race and place (Anderson 1991). That means that some African American Muslims refuse to celebrate non-Islamic holidays including Kwanzaa and Martin Luther King Jr.’s birthday. Those who do celebrate African American cultural and social history delineate clear borders between their faith and their culture.

Rabiia’s purchase of The Final Call but rejection of the journal’s authorial voice did little to help clarify the materiality of these diasporic continuities. Rabiia understands the NOI to be a Black empowerment organization that is developing a more orthodox understanding of Islam. She appreciates the race empowerment discourses of the NOI, as do many African Americans, but does not believe that Master W. Fard Muhammad, the founder of the NOI, was God. Perhaps, as Brent Hayes Edwards argues in The Practice of Diaspora, locating “diaspora” requires examining how Blacks of African descent negotiate difference in order to understand how diasporic identities are produced (Edwards 2003).

Rabiia’s unselfconscious consumption of a nonnutritious Danish purchased at a Dunkin’ Donuts franchise in a White neighborhood meant that at one level Rabiia did not understand the race empowerment creed espoused by the Nation. On the other hand, since Rabiia moved to the United States, her experiences have forced her to identify with African Americans. In the United States Rabiia has felt stifled by what she perceives as institutionalized racism, and in numerous discussions she has located racism as a causative factor in negative interactions between Blacks and Whites. In a sampling from various conversations, Rabiia has blamed racism for the lack of publicity surrounding the murder by a White man of his Black girlfriend, for the zealous prosecution of Black basketball players who engaged in a brawl with White fans, and for being passed over for promotion at work.

Rabiia’s bachelor of arts degree in economics and finance from the University of Nigeria has never been recognized by any of her employers. Currently she works full-time as a nurse’s aide in a home for seniors and has been passed over for promotion and further training numerous times. She works as an aide in order to provide health insurance for her, her husband, and their three children. At night and on Saturdays she works at Sapphire, sometimes until one in the morning. In her forties, Rabiia is now adding college to her already overwhelming schedule in order to become a registered nurse. While Rabiia’s sister in Nigeria enjoys great status as a wealthy businesswoman, Rabiia feels that since leaving Africa her race has limited her access to a good job and wealth. Her newfound identification with Blacks in the African diaspora has emerged as a result of what she perceives as a shared experience of marginalization (and not inconsequentially hair care) (Fanon 1963).

Given her financial disempowerment, Rabiia is attracted to the Nation’s blame discourses, but she dismisses the practices that are supposed to lead to empowerment. The partial adoption of Nation ideology but the rejection of Nation practice points again to both continuities and discontinuities between African Americans and Africans in the diaspora, and within the ummah between Muslims in the African diaspora and non-Black Muslims.

Early in my research on African American Muslims, a project that began in earnest in Los Angeles in the early 1990s, most of my informants used some form of alternative health care. One of the most striking examples was Imani, who lived in a single room with her husband and seven children (Rouse 2004). She was a vegetarian and tried to control her children’s diet because she believed that most food contained unhealthy, often carcinogenic, additives. For Imani, maintaining the health of the body was far more important than wealth accumulation, so Imani would travel to an expensive store in an upper-middle-class neighborhood to purchase herbal treatments and organic foods for her family.

Imani was extreme—most Muslim women modified their consumption of alternative health care to fit their budgets—but it seemed in the early 1990s that almost all my informants practiced at least one alternative health care regimen (Rouse 2006). Of theoretical interest is whether these bodily practices and alternative health care discourses are tied to African American social history (race), conversion (change in dispositions), Islam (exegesis), or American notions of individualism and the redemptive power of physical discipline. My goal is not to explore each subject in depth but to open up a conversation about the methodological value of locating the determinate forms of diaspora located in our bodily practices and concretely in our raced and gendered bodies.

BODIES AS EXPRESSIONS OF SOCIAL HISTORY

The Black female body has, since slavery, been associated with an entirely different set of cultural signifiers than the White female body. Whereas the White body
has the capacity for industriousness, the Black body is hopelessly lazy. Whereas the White body can attain virtue, the Black body is essentially depraved. Whereas the White body is considered naturally intelligent, the Black body continues to be considered subhuman and intellectually inferior (Collins 1990; Roberts 1997). Given that all these associations with the Black body are essentialized, until recently Black women have gained very little social capital by being skinny. Regardless of how self-disciplined a Black woman is, her body is read as lazy, deprived, and inferior.

Perhaps the best way to think about what Black empowerment discourses of the body are is to first consider what they are not. In Born Again Bodies: Flesh and Spirit in American Christianity, R. Marie Griffith describes in great detail the relationship between the Protestant Reformation and historical and contemporary fitness movements (Griffith 2004). Many of these movements encouraged restrictive food consumption and long fasts. Some reified Cartesian mind–body dualism and denied the materiality of the body in order to uplift the soul. Others saw exercise and self-denial as a means to enhance pleasure. Griffith relates these fitness practices to American Christianity: “The passion for perfect or at least perfectable bodies draws on this selfsame need to divide the world into good and evil, holy and demonic, Christians and infidels. Yet the benign, even altruistic intentions for slimming expressed by devotional diet writers—getting healthy, looking good in order to serve as a witness to God’s transformative power, gaining the stamina to live a full and long Christian life—fail to express the less munificent motives and detrimental outcomes of this pursuit” (Griffith 2004:8). Griffith argues that self-discipline for White Protestants is influenced by a culturally determined desire to express one’s devotion visually. The lean body is a signifier of spiritual superiority (Griffith 2004:9). Considering the work of Max Weber, one could also conclude that lean bodies that run efficiently signify the embodiment of the Protestant work ethic (Weber 1998). Fit bodies ultimately signify salvation.

So what role does African American social history play in a Muslim woman’s affinity toward an alternative understanding of the lean body? The relationship between salvation and leanness is salient for European American Christians in ways it is not for African American Christians and Muslims. The Father Divine movement, which began during the Great Depression, is well known for its weekly banquets where members were encouraged to eat from a table laden with forty different dishes or more (Fauset 2002:63). The movement also demanded that members become or remain celibate, which meant that while they celebrated feasting they disassociated sexuality. The relationship between Black women’s size, desexualization, and ideas of religious purity has until recently been undertheorized. Religion scholar Wallace Best has tried to rescue this history in his work on Black preachers in Chicago in the first half of the twentieth century (Best 2006a). Best describes Black women preachers in the twentieth century as attuned to the social and spiritual significance of their bodies. During an interview with Elder Lucy Smith, head of the All Nations Pentecostal Church in the 1930s, Best says, “She told an interviewer in 1935 that she had once been ‘small,’ but since becoming a pastor God had taken her ‘out of the kitchen’ and ‘fleshened her up’”(Best 2006b:122). For Elder Smith, her size signified her rejection of womanly domesticity.

Because the Cult of True Womanhood was only opened to White women in the nineteenth century and remained a cultural force throughout the twentieth century, some Black women and men assert their personhood by disrupting racist constructions of the Black female body (Welter 1966). Through art, consumer culture, education, science, and religion, Black women have created cultural metaphors of the Black body that challenge hegemonic notions of inferiority (Bennett and Dickerson 2001). The most empowering cultural critiques of racism dismiss the legitimacy of measures such as leanness used to evaluate spirituality, devotion, and worthiness. The implicit assumption is that to dismiss the moral relevance of size is to make one less vulnerable to racist characterizations of Black women and moral inferiority (Griffith 2004). For the African American Muslims I have worked with, size was indicative of age, biological variation, and maternal status. Size was never associated with sexuality, either desirability or sexual licentiousness. Many women talked about the need to lose weight in order to improve their health, but physical aesthetics and the desire to signify one’s salvation were never noted as explicit or implicit factors in the decision to lose weight.

In a recent study published by the American Journal of Psychiatry, out of a sample size of 1,061 Black women and 985 White women, none of the Black women had diagnosable anorexia nervosa, whereas 15 White women (1.5%) met the criteria. Rates of bulimia nervosa were also significantly less for Black women (0.4%) compared to White women (2.3%) (Striegel-Moore et al. 2003). This gap continues to shrink, but nevertheless the data point to continuing differences in attitude toward the body.

African American social history has shaped the way African American Muslim women embrace their own bodies and read the bodies of other women. In the Black community, size has historically been divorced from questions of spiritual salvation because the Black body has for centuries been metaphorically associated
with moral degeneracy. For Black women, leanness and fitness has only recently afforded some access to the Cult of True Womanhood. In this respect one could argue that American race politics has shaped how Muslim women articulate the relationship between health and body aesthetics.

CONVERTING RELIGIOUS BODIES

For my Muslim interlocutors, seeking purity is a daily activity, but biomedicine is not rooted in a philosophy that ascribes meaning to the everyday. Health guidelines established by the American Medical Association, the National Institutes of Health, or the Centers for Disease Control that seem to be concerned more with increasing worker efficiency and productivity than with reducing suffering are an insufficient substitute for the sense of empowerment engendered by religiously informed rituals of purity. For my interlocutors who have turned to iridology, home birthing, homeopathy, herbal medicine, and vegetarianism, alternative health care is about recovery. For some this includes drug recovery, but more broadly it is recovery from ignorance. The period before the angel Gabriel first spoke to the Prophet Muhammad is referred to by contemporary Islamic revivalists as jahiliyyah, or the pre-Islamic time of ignorance (Esposito 1998). Jahiliyyah metaphorically describes how many converts feel about their preconversion dispositions. After accepting the faith, converts engage in a holistic reappraisal of everything from capitalism to gender to body aesthetics and wellness. While African American social history and Islam shape the content of these counter-discourses, the phenomenology of religious conversion itself sets the stage for accepting new understandings of the body and the world.

How does the act of conversion affect a Muslim woman’s willingness to explore alternative medicine? Religious conversion involves a change in dispositions toward self and objects outside of self. In an account of Charismatic Christian healing, Thomas Csordas identifies the theoretical meaning of the self: “Self is neither substance nor entity, but an indeterminate capacity to engage or become oriented in the world, characterized by effort and reflexivity” (Csordas 1994: 5). Bodily experiences, social and cultural milieux, and social dispositions or habitus shape how we orient ourselves to our surroundings. Embracing jazz rather than classical music, identifying with progressive rather than conservative social values, and preferring alternative medicine to biomedicine all emerge out of a lifelong process of embodiment (Bourdieu 1984). It is during this process that we come to identify what is self and what is other, and how we should treat personal objects (the body, the self) relative to cultural objects (other).

The founder of the NOI, Elijah Muhammad, masterfully constructed metaphors that disrupted the objects created by White supremacy and Eurocentrism. Elijah Muhammad’s goal was to change a convert’s orientation toward racist discourses that he believed Blacks had embodied. One of his most well-known metaphors was his assertion that Whites were devils. For converts like Malcolm X, who had engaged in illicit acts or who had experienced a number of personal failures and tragedies, that simple metaphorical rescription allowed them to see the devil as other, the White man, and to begin to identify the self as capable of purity. In describing the significance of the rituals of purity that grew out of the Nation’s ideology, Edward Curtis notes, “These new African American Islamic rituals focused on the reformation of the black body, which was depicted as a main battleground for the souls of black folk. The black body was constructed as a gendered vessel, a symbol for the fate of the black race, where black folk could be saved from white Christian violation, poison, and, in the case of men, emasculation” (Curtis 2001:169).

For converts to more orthodox forms of Islam, Shia or Sunni Islam, the process of articulating what is self and what is other has continued; only the metaphors have changed. Whites are no longer considered devils, but the list of what should be embodied and what should be disembodied has always extended far beyond the question of the intrinsic nature of White people. Interest in alternative health care in the African American Muslim community may have emerged as a result of Elijah Muhammad’s rearticulation of the meaning of the Black body, but converts to Sunni or Shia Islam have developed different bodily practices and metaphors.

One could argue that the African American Muslim community’s interest in alternative health care emerges not from African American social history but from the process that typifies religious conversion—namely reorientation and embodiment. Modern allopathic medicine, or biomedicine, is so entangled in powerful epistemologies that according to Michel Foucault we confuse the use of authorized cultural metaphors to describe the body with objectivity. Foucault opens The Birth of the Clinic by sharing an eighteenth-century account of a treatment for hysteria. Pomme, the doctor, claims that the bath regimen he prescribed for his patient caused her nervous system and intestinal tissues like “damp parchment” to peel away (Foucault 1994:ix). Foucault contrasts Pomme’s account of healing with a pathology report of a brain dissection written by a physician in the nineteenth century. The physician uses descriptors that seem more empirical. He notes that the “outer surface” of the “dura mater” can be detached easily, whereas “false membranes” have “no distinctive structures of their own” (Foucault 1994:ix–x).
Comparing the modern biomedical discourses that emerged a little over half a century after the completion of Pomme’s report, Foucault asks, “From what moment, from what semantic or syntactical change, can one recognize that language has turned into rational discourse?” (Foucault 1994:xi). Modern medical discourses map the body at a molecular level in order to make disorder and uncertainty make sense, but perhaps, Foucault wonders, metaphorical descriptions of peeling parchment are as informative of bodies and systems as empirical descriptors.

Susan Sontag (1989) argues that we cannot resist employing metaphors in the face of illness. These metaphors about the body and disease place us in historical and moral geographies that precede us and are, in many ways, beyond our control. If biomedicine is a discourse rooted in epistemologies marked by teleologies and a priori rationalities, then in order for someone to accept biomedicine as objective and rational one must accept the underlying logic of a historically informed discourse. That means one must accept the biomedical metaphors used to identify the relationship between organs and systems, the relationship of the mind to the body, and the relationship of the body to things outside the body.

Different religious traditions use various metaphors to understand the body’s relationship to God, the soul, purity, family, community, and the afterlife. Given that religions make very different claims about the body, it makes sense that conversion forces a reappraisal of the meaning of the body relative to our dominant medical discourses. In the United States, for example, Christian Scientists reject biomedicine, believing that the power to heal resides solely with God. There are also a number of Christian denominations that believe that the sick can be healed through prayer, although they integrate religious healing with biomedicine (Csordas 1994; Numbers and Amundsen 1986). In addition, there are a number of Native American healing traditions that employ a different disease nosology. Elizabeth Lewton and Victoria Bydone, for example, describe how in three Navajo religious traditions—traditional Navajo religion, Native American Church, and Pentecostal Christianity—the affirmation of ethnic identity is a key element in disease classification and the therapeutic process. Describing the synthetic principle that well-being is dependent on achieving harmony between the spiritual and physical worlds, Lewton and Bydone note, “Navajo identity and relationships, on an experientially relevant level, exist within a culturally meaningful milieu. The disruption and restoration of these relationships are so important in Navajo self-orientations that they provide the central affective dimension in Navajo distress and healing” (Lewton and Bydone 2000). Finally, there are imported traditions—such as Ayurvedic Medicine, which draws from Buddhism and Hinduism—that use different diagnostic categories based on very different understandings of the relationship between organs and systems. African American converts to Islam consciously reexamine what they eat, how they eat it, when they eat, what to wear, how to comport and cleanse themselves, and what to think and do in order to remain pure.7 The choice to adopt alternative approaches to health is as much a part of the process of conversion as it is a particular response to race politics in the United States.

INTERPRETING BODIES
How does religious exegesis inform a Muslim woman’s approach toward bodily dispositions including the cultivation of a sense of wellness? African American Muslim women are often treated by Muslims from other countries as unorthodox practitioners of the faith. Muslims unfamiliar with African American social history often fail to differentiate African American Sunni Muslims from NOI Muslims and therefore consider all African American Muslims unschooled in the proper practice of the faith.8 This perception is quite inaccurate given that most African American converts are literate, unlike a significant percentage of Muslims in developing countries, and they typically develop an understanding of their faith by reading primary and secondary Islamic sources. Although American culture has influenced how the women interpret the texts, their understandings of health and well-being are grounded in an exegetical tradition shared by Muslims around the world. Can we therefore argue that African American Muslim understandings of the body emerge more so from the Muslim diaspora than from the African diaspora?

Saba Mahmood in The Politics of Piety: The Islamic Revival and the Feminist Subject describes a modern women’s mosque movement in Cairo, Egypt. This piety movement emerged in the 1980s in response to what some Egyptian women felt was the secularization of Islamic worship (Mahmood 2005). In order to reauthenticate Muslim worship and ethical praxis, the women gather in mosques and engage in the science of interpretation (Esposito 1998). Mahmood argues that after determining through exegesis what moral capacities are prescribed, the women rehearse their emotional responses to everyday activities in order to make them correspond to what they believe are blessed affective states. These include the absence of anger, proper attentiveness to prayer, modesty, and beneficence.

Five thousand miles from Egypt, in conversation with two Muslim sisters in Atlanta, Umm Salama and Miriam, the question of whether gender segregation is
necessary for women’s purity provokes an examination of *sura* (chapter) 33, *ayat* (verse) 53, in Arabic. An English translation of sura 33:53 reads, “And when ye ask (his ladies) for anything ye want, ask them from before a screen: that makes for greater purity for your hearts and for theirs.” What was at stake in the reading of this sura in Atlanta was the development of a discourse about, and a disposition toward, gender partitioning in mosques. For Umm Salama, who is young and single, this verse indicated that a wall or curtain should separate men and women during prayer to ensure purity of thought. Miriam, who lived in Saudi Arabia and who was often rudely propositioned while in full hijab and veil, believes that modesty is more a subjective than an objective state. For her, a wall or curtain is necessary only if a woman feels it is necessary. Using similar methods of interpretation, Moroccan Islamist Fatima Mernissi determined that the edict was directed at the Prophet’s wives and was never meant as a general directive to all women (Mernissi 1991:85–101). In this respect, Islamic exegesis does not determine a woman’s disposition toward her body, but it does bracket what is debatable. Notably the issue is what constitutes modesty, not whether Islam prescribes modesty. The fact that all three women have different interpretations is less salient than the fact that they rely on similar theological and historical texts to determine appropriate gender behavior.

Members of the women’s mosque movement in Egypt and African American Muslim women use similar sources to develop an understanding of the pious body. Even though they do not share a similar language, culture, or social history, they can read one another’s exegesis through bodily signifiers. This is not to say that culture is inconsequential; for example, Miriam is correct that modesty is relative and subjective, but a woman’s attentiveness to ritual cleansing, prayer, covering, and demeanor translates across the Muslim ummah. Regardless of the mistranslations caused by hegemonic discourses and local prejudices, the texts interpreted by Muslim women around the world engender an indeterminate but finite set of dispositions toward self.

**AMERICAN INDIVIDUALISM**

Alternative health practices were prescribed in the NOI, and many older female converts trace their current use of alternative medicine to Elijah Muhammad and the NOI. Still we must ask if the current desire for alternative health care is more related to historical precedent or to an emerging interest in alternative medicine and spirituality in the United States generally. Robert Wuthnow, in *After Heaven: Spirituality in America since the 1950s*, describes two types of spirituality. Spiritual *habitation* or dwelling describes the act of inhabiting sacred spaces as a means for finding peace and security. Late-twentieth-century spirituality includes habitation but emphasizes *seeking*, where people identify sacred moments in their daily lives. These moments articulate a relationship to a higher power and reinforce belief (Wuthnow 1998:3–11). A spirituality of habitation relies on a much sharper distinction between the sacred and the profane. A person with an affinity for a spirituality of seeking can as readily find a connection to the divine in a church as in a counseling center, in a synagogue as in a talk show. Untethered to a religious space, tradition, or exegetical tradition, a spirituality of seeking is often a very individual approach to spiritual salvation. *Seeking* implies finding religious knowledge rather than inheriting a religious tradition and is based on a strong sense that one can create one’s identity by picking and choosing from multiple sources.

In many ways the move away from biomedicine and toward alternative medicine is akin to the move from spiritual habitation toward spiritual seeking. To accept biomedicine as a singular authority, or the hospital or clinic as a sacred space dedicated to the systematic and orderly approach to the body, is akin to spiritual habitation. To reject that healing takes place in dedicated medical institutions, and to appreciate that wellness can be attained through the selective appropriation of various health discourses, is akin to spiritual seeking. Seeking health is individualistic, unsystematic, and multireferential and reflects a very American approach to religion and spirituality.

Between the covers of *Azizah* magazine, a Muslim woman’s magazine founded by a Black Canadian convert to Islam who now lives in Atlanta, one finds numerous stories of women finding their voices by parachuting, white-water rafting, opening a medical clinic, or going on hajj. In “Racing for the Finish Line,” an article about Muslim women marathoners, Laila El-Haddad says, “For these women, the process of training for and running a marathon was a journey. Throughout it they grew, they learned about their bodies and they discovered how far they can push themselves. Additionally, they were able to disprove the myth that Muslim women are for reasons of modesty supposed to avoid athletics. Commenting on the latter, Zakiya Zaid states, ‘As a Muslim woman, the marathon was another chance to show people that Muslims are loving and peaceful. It shows that Muslim women are not oppressed and if they choose they can participate and succeed in social activities without compromising Islam’” (El-Haddad 2003:35). Social and symbolic empowerment are cited as key reasons for choosing to run a marathon, and in addition one runner states, “Allah made women strong. To me there’s no reason not to use that strength and feminine power for some healthy and personal fulfillment. It makes us better
wives, mothers and people in general when we achieve any portion of the greatness we have been given!” Running a marathon is also represented as a means for enhancing religious dispositions, dispositions shared by secular Americans and Americans of other faiths. In another issue, in an article by Claire Britton-Warren titled “Wellness Workouts,” various forms of exercise are described as a means to enhance taqwa or God consciousness: “What better way to learn of Allah’s awe-inspiring gifts of creation than to hike through a forest of giant redwoods or discover the intricate details of a tiny sea creature in a tide pool?” (Britton-Warren 2002:62). The collapse of exercise with empowerment and piousness can be understood as an attempt to find compatibility between a very American appreciation for the body and Islam.

Azzah has a growing, loyal fan base, but it also has its detractors, including those who would like to see the magazine reflect traditional gender roles. During an interview at her office/home, Ms. Taylor described how she understands Muslims who want Islam to be represented one way:

Well, the thing is that you have Muslims who relate to Islam on an intellectual level. There are the Muslims that relate to Islam on a social level, on a cultural level, on a religious level, and then on a spiritual level . . . There are people who will stand and say, “Yes, I’m Muslim” and who never stepped foot in a mosque, or never pray. But, it’s more of a cultural, or even an intellectual exercise.

Ms. Taylor recognizes that different approaches to Islam produce different tolerances to the diversity of women’s perspectives about Islam. She also recognizes in herself a more spiritual approach to her faith very representative of Wuthnow’s spiritual seeking.

The only thing that would compromise my faith is if the law of the land required me to worship something other than the creator. My whole thing is that as a Muslim you have to cultivate what I call the portable peace. It’s a sense of peace that is not contingent on being in a certain country, being in a position, you know . . . anything other than your connection to Allah. If you’re constantly connected to God, then that peace is going to be constantly with you whether you’re in . . . in Georgia or in Mecca. And, I also believe that part of being Muslim is being spiritually elastic enough to function the same whether you are in a castle or in a cave, whether you are the waiter or you’re the president—and remain unchanged because oftentimes, with power, prestige, money, fame, people change and also on the flip side, poverty, homelessness, being destitute, people also change. So to be able to remain connected to Allah, and be cognizant that we’ll be here for a few decades and returning to Allah, despite where you are in the world and what station you are in life. That to me . . . I want to say the authentic Muslim. . . . But that to me is kind of the embodiment of Islam.

Seeking is a highly individual pursuit and relies on the presumption that individuals are capable of determining for themselves appropriate religious piety. For Ms. Taylor, everybody is capable of creating an unmediated relationship with God; thus her spirituality is suffused not only with American notions of individualism but also with American notions of gender, class, and race equality. An empowered Muslim woman uses experiences, including white-water rafting, parachuting, eating properly, or confronting a cancer diagnosis, as an opportunity to sharpen her taqwa.

Ms. Taylor believes that one’s relationship with God needs no mediation; however, it seems that the choice of what experiences are and are not appropriate for strengthening taqwa are socially mediated. It is here that we return to the importance of culture in shaping a Muslim woman’s disposition toward Islam and self. A Muslim woman from a different culture, for example, may be unable to appreciate the connection between running in a marathon and taqwa and may even reject running as un-Islamic. The question then becomes, is there room for both understandings about the proper display and use of women’s bodies in what I am trying to define as an emerging gendered Muslim diaspora?

CONTINUITIES AND DISCONTINUITIES
In an interview with Afaf in Los Angeles in the summer of 2002, she discussed what sources informed her dietary restrictions and health rituals:10

I’ve actually been speaking to one friend of mine who’s been ill. She uses the book The Medicine of the Prophet. Studying my books, my natural health books, and looking at that book, I can see they are in accord with each other. So, if you just follow that book about what the Prophet said about the foods you eat and read up on what the modern-day naturopaths say, it’s pretty much in line. Because I remember reading once in the Prophet’s book, he said something about, “Do not eat meat for forty days in a row because it can cause a hardening of the heart.” So, for years, I told people, “If you’re going to eat meat, just don’t eat it every day.” So, he’s letting you know back then, in that day and time, that you can get arteriosclerosis from eating too much meat. Over fourteen hundred years ago
the Prophet knew that. I’m like, “Allhamdulilla [All praises to Allah], just read what the Prophet says!”

He talks about honey, and I know that he says that honey is good. It’s a good cure, and I find today when I do my study, some of the natural paths have different views on it, like some of them say, “Don’t use it; it’s no good for you.” And others say, “It’s good.” And they speak of it within or without. It helps to heal the burns. So you can use it as a salve or use it internally. I know once I was trying to cut down my sugar intake, and I read one book that said, don’t even use honey. And I was arguing with someone, saying, “Honey is no good for you,” and someone said, “Yes it is yada yada.” And I think I was reading the Qur’an one day, and I saw that article and I was like, “Oh, well, if Allah says it, I’m back on my honey.” So, that’s why I thought about using honey, because Allah says it’s good for you.

Information about the dietary habits of the Prophet originate from the words and deeds of the Prophet Muhammad, which are called the sunna of the Prophet. These traditions were preserved in hadith by the Prophet’s closest associates and by Muslims who, even generations removed from the Prophet, were able to prove the authenticity of a hadith. Questions of legitimacy mean that hadith can be abrogated, and many of my informants reject what they consider sexist hadith. Given the ability Muslims have to debate and challenge doctrinal authority through what historically has been called *ijithad* (interpretation) in Islam, one could argue that there is room in Islam for infinite cultural variability (Manji 2003:51–56).

I would argue, however, that for women like Afaf examples from the life of the Prophet form an important part of their scriptural hermeneutic. In multiple discursive contexts—scholarly, activist, and lay readings of the faith—the Prophet is represented as an exemplary husband and father. His marriage to Khadijah, his boss and a powerful businesswoman, is used as proof that he was not sexist, and his gentle and equitable treatment of the women he married after Khadijah’s death represents his concern for the welfare of women. For many of my African American informants, the Prophet’s exemplary behavior is used to help clarify the meaning of each sura, particularly those dealing with gender difference or gender preference. The use of the Prophet’s relationship with his wives to define the spirit of Islam is what makes a gendered diasporic identity possible. Although there is some disagreement about what the Prophet said to his close associates about how women and men differ, literate women across the ummah accept that the Prophet was an exemplary husband and father.

While conducting field research in Los Angeles on and off between 1990 and the present, I followed six couples who aspired to live sunna or to replicate as best they could the lifestyle of the Prophet. One extreme example was a matrilineal, extended family that chose to live in a mobile home in the Mohave Desert. The husbands had construction jobs that brought in needed cash while the women maintained the household, raised chickens, sewed, and strengthened their faith through intense daily worship and study. Similarly, there was a childless couple living in South Central whose apartment was furnished with soft foam chairs that folded out into beds in the living room and a bed and chest of draws in the bedroom. There were no pictures or art on the white antiseptic walls, and books were stacked on the floor. In addition to rejecting materialism, all the women who chose to live sunna wore the veil.

Afaf does not try to live sunna. She lives comfortably and modestly in a two-bedroom house in South Central. Afaf, who in her fifties remains single, covers her hair with a stylish scarf or hat. The difference between Afaf and the couples who live sunna is the level at which either has chosen to embody the presumed daily rituals and affect of the Prophet Muhammad. Afaf chooses to perform the health rituals prescribed by the Prophet rather than seek salvation through mimesis, but the health practices Afaf has chosen encourage the same pious behavior as living sunna: modesty, generosity, humility, compassion for others, sensitivity to the natural environment, and daily worship. The example of the Prophet as an ideal for how to be in the world makes a gendered Muslim diaspora possible.

There are, however, discontinuities. Afaf’s alternative health care praxis diverges from that of other women in the ummah and other African American Sunni Muslims in that she combines orthodox Islam, NOI, and American alternative health care discourses:

Well, I think go back to basics. Like Elijah Muhammad said, “How to eat to live.” Stick with the natural foods: the whole grains, the brown rice, the whole wheat flour. That is what’s good. Anything that is taken out of its natural form is not that great for you. So, we just stick with what is in its best form. Drink water, get plenty of rest, think clean thoughts. Even in this day and time, if you get something in the natural form, you don’t know what’s been done to it. Still, take your vitamin supplements and your herbs on the side to help it along because when we get older our body doesn’t process the food the way it should. You might need to put that back because your system might not absorb it very well because we don’t clean our bodies out like we should. We have garbage sitting inside that’s, you know, interfering with the...
empowerment. With the exception of trying to reproduce for the most part, conceptually divorced from spiritual consumption and alternative health practices are now, steamed vegetables have lost their sacred status because are viewed as materially empowered. Brown rice and women who have the time and money to live healthfully acts of worship as they were in the Nation. Instead, alternative medicine, and exercising are not viewed as socially as well.

It is important to emphasize that African American Sunni Muslims who did not transition from the NOI to Sunni Islam, as Araf did, generally do not follow the teachings of Elijah Muhammad. Instead, the more recent converts are primarily concerned with what practices are considered lawful and unlawful according to the Qur’an and hadith. Relative to the demands placed on converts to the NOI, Sunni Islam seems, as Araf notes, freeing. The health practices developed by Elijah Muhammad have some basis in traditional Islam—for example, the dict against eating pork. But the detailed restrictions prohibiting the eating of the undesirable parts of the cow, corn, collard greens, and “slave foods” were inspired by a belief that a weak body was more susceptible to White domination (Curtis 2001; Rouse 2004). The rituals of purity in the Nation were meant to extend beyond the borders of the body to purify the social body as well.

For Sunni Muslims, eating healthy foods, using alternative medicine, and exercising are not viewed as acts of worship as they were in the Nation. Instead, women who have the time and money to live healthfully are viewed as materially empowered. Brown rice and steamed vegetables have lost their sacred status because consumption and alternative health practices are now, for the most part, conceptually divorced from spiritual empowerment. With the exception of trying to reproduce the health practices of the Prophet Muhammad, alternative health discourses in the African American Sunni community overlap with mainstream discourses on health and well-being. Even the bulk of articles in The Final Call’s Health & Fitness section generally summarize mainstream medical advice. From the perspective of the African American Sunni community, alternative medicine is about empowering oneself and the Black community, but the sisters who advocate such practices make sure to delineate alternative health discourses from ijtihad and pioussness.

The continuities between the current African American Sunni community and other women in the ummah became apparent in a follow-up interview with Rabia. I asked her why she purchased The Final Call, and she said, “I just bought the newspaper as a donation.” Rabia sees the NOI as a political rather than a spiritual organization, but I questioned her as to why she would donate to the Nation rather than to some other organization. She said that even though she believes the members are not practicing Muslims, she believes that since Minister Farrakhan, the head of the NOI, became sick and visited Saudi Arabia and Nigeria he has started to properly worship God. During my second conversation with Rabia, she relayed two stories of interactions with NOI members in order to illustrate how the organization is political rather than religious.

“There were two men selling The Final Call, and they were across the street from the mosque on Friday. They could hear the call to prayer, and I told them to come on and pray. They said no. It only takes five minutes to pray, and they can listen to the sermon from the street. If you can’t leave work, that’s one thing, but they were in control of their own time. But they don’t want to follow anybody but Farrakhan.” The second story had a similar theme of an NOI member rejecting instruction from a Muslim: “I went to beauty school with a woman in the NOI. I asked her if she prays. She said no, that she hadn’t learned the prayers. I asked her how long she had been a Muslim and she said, ‘Two years.’ Two years! The first thing God asks from you after becoming a Muslim is to worship him. So I told her I would teach her the prayers from scratch on Sundays. The first Sunday she didn’t show up, and the next Sunday she avoided me. Then she told me that they are only allowed to be taught by other members of the NOI. She said, ‘We say the Lord’s prayer.’ I said, ‘How do you know if it’s the Lord’s prayer or the Devil’s prayer?’”

Rabia believes that all Muslims can recognize one another through their worship of Allah, but she understands why Nigerians tend to frequent Nigerian mosques: “To each one’s own,” she said. She does not believe that different ethnic groups exclude one another because of prejudice; rather each group can tolerate its
own eccentricities. She used the example of patriarchy within the Nigerian community, which Nigerian women tolerate but which American Muslim women generally do not.

I asked her about *How to Eat to Live* and whether she follows any health regimens such as the medicines of the Prophet. She said, “God only said everything in moderation. God gave us food and drink to eat. He doesn’t tell us how much we can eat. We can eat five meals a day as long as they are in moderation.” In her community, people do not restrict their eating except in the case of explicit prohibitions. About *The Medicines of the Prophet*, the book that Afaf follows which is based on the words and deeds of the Prophet, Rabiia said, “Many hadith are not authoritative.” Then she went on to describe that the requirement to follow certain prescriptions within Islam varies: “Following the Qur’an is fard [obligatory]. Hadith are sunna; you should follow the ones you trust. Then there are interpretations by religious leaders. Following the interpretations of a religious leader is entirely voluntary.” Rabiia described an approach to interpreting and ultimately embodying a set of Muslim dispositions that is recognizable across the Muslim ummah. In this respect, the religious dispositions of Rabiia and Afaf are similar even if their exegesis is not.

**CONCLUSION**

The theoretical and conceptual value of diaspora is that it relates daily practices like consumption and identity to important issues of globalization and transnationalism. A gendered Muslim diasporic identity is reliant on the negotiations taking place, often through the media, of what it means to be a pious Muslim woman. This means that a gendered diasporic identity requires literacy. Whether through *The Final Call*, the *Muslim Journal*, *Azizah* magazine, numerous on-line newspapers, or television shows produced by Muslims, Muslims around the world are developing discourses about how to interpret the faith in the twenty-first century. It is through religious texts and the media that a gendered Muslim diaspora is negotiated and produced.

The discourses informing this religious diasporic performativity cannot be romanticized as purely liberatory or even democratic. They are produced by people with varying degrees of authority, power, and access to capital (Bruner 1996). Exemplary diasporic discourses are generally in the service of asserting political power, which often requires marginalizing legitimate but problematic beliefs and practices (Brodwin 2003). For example, there are a number of recent texts written by progressive Muslims authorizing an interpretation of Islam (Manji 2003; Safi 2003). These texts are meant to elicit a particular kind of acceptance of the faith by non-Muslims, but in their effort to reach out to those with power they dismiss the legitimacy of Muslims who disagree.

For African Americans, however, the historic and near universal oppression of Africans in the diaspora has contributed to an exegesis emphasizing the liberatory aspects of Islam. For African American Muslim converts, both body and mind are liberated through proper worship and bodily practices. In this respect, African American social history is inflected in some rituals of piety and understandings of the body. Importantly, a racial *diasporic* subjectivity is not missing from discourses on the body in the African American Muslim community. As a result of globalization and transnationalism, however, they have a different salience and relevance to the lives of African American Muslim women. Local knowledge and identity politics will always play a role in how Muslim women relate to their bodies, but given increasing literacy around the world, texts and the media constitute a wellspring for an emerging, global Muslim subjectivity.

**NOTES**

1. Rabiia and Sapphire are pseudonyms.
2. Frantz Fanon, *Black Skin: White Mask* (New York: Grove Press, 1967). “Face to face with the white man, the Negro has a past to legitimate, a vengeance to exact; face to face with the Negro, the contemporary white man feels the need to recall the times of cannibalism” (Fanon 1967:225). This dynamic of trying to unmake racial essentialism, according to Fanon, is universal. Throughout Fanon’s writings he articulates the ways in which race determines social dispositions. Extrapolating from Fanon’s psychoanalysis of race and oppression, the African diaspora is connected culturally because it shares a particular set of dispositions toward self and society.

3. The National Institutes of Health’s newest center, the National Center for Complementary and Alternative Medicine (NCCAM), makes these delineations between conventional and alternative medicine. See http://purl.access.gpo.gov/GPO/LPS53985.


5. Doris Witt in *Black Hunger: Soul Food and America* describes how Black actresses in the twentieth century had to maintain their heft for their careers (pp. 189–191). Also, when Oprah Winfrey lost weight some fans criticized her, saying that she had become...
colder and less friendly. Black women’s size has often been positively associated with a nonthreatening maternalism.

6. On the Center for Disease Control’s web pages they present a report titled “The Burden of Chronic Diseases and Their Risk Factors.” Although patient death is listed as one of the burdens, patient suffering (e.g., pain, unemployment, financial devastation) is not. Instead the burdens include a laundry list of expenses society must bear as a result of chronic illness: $1.4 trillion in medical costs; $1 billion annually in pregnancy-related complications; $132 billion in indirect and direct costs for diabetes; $22 billion in medical costs for arthritis and $82 billion in lost productivity; $75 billion in indirect and direct costs for smoking; $129 billion for lost productivity due to cardiovascular disease; $76.6 billion in medical costs due to lack of physical activity; and finally $68 billion lost as a result of poor dental hygiene (http://www.cdc.gov/nccdphp/overview.htm).

7. But how can one remain pure when there are no halal products sold in the local grocery store? Or when many processed foods contain pork products? Or when you are too poor to demand a female obstetrician/gynecologist? Or when members of your family and community seem to be suffering from devastating chronic illnesses at younger and younger ages? In order to try to attain religious purity, many African American Muslim converts attempt to identify the forces keeping them from attaining desired states of purity. Then they decide how to respond. Should I support the manufacture of these pork-based, non-halal products? Should I give birth at home to protect my privacy against the intrusion of a male doctor or nurse? What behaviors are keeping our community from thriving? Given that hegemonic discourses about capitalism, the environment, the family, gender, and faith are being questioned, it is not surprising that alternative health care has developed into an important counter-discourse not just to biomedicine but also to the social forces making them vulnerable to racial health disparities.

8. For the sake of clarity I differentiate “Nation of Islam” from “African American Sunni Islam.” Not all “orthodox” African Americans are Sunni—some are Shia—and the Nation of Islam continues to try to move closer to traditional Islam. The community I describe as the “African American Sunni” community does not believe that Elijah Muhammad was a prophet or a spiritual leader and does not follow Louis Farrakhan. The Sunni community shares the same beliefs about Islam as the other over 1 billion Muslims around the world.


10. Afaf is a pseudonym.

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