

# Between the Lines of the 'Traditional' and the 'Modern': Meaning and Efficacy in Contemporary Fassi Healing

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## Glossary

*‘Ash’abīn* - ‘herbalists’, the name of a market in Fes located near to *Aṭārīn*

*‘Aṭārīn* - ‘perfumers’, the name of the original herbal market in Fes

*Baraka* - ‘blessing’

*Bāṭinī* - inward, hidden, used to refer to the esoteric aspects of Islamic doctrine

*Darija* - Moroccan Arabic (a spoken dialect)

*Dhikr* - ‘remembrance of God’, a Sufi practice of chanting and meditation

*Faqīr*, pl. *fuqarā’* - literally ‘the poor’, used to refer to initiates of Sufi *ṭuruq*

*Fassi* - originating from the city of Fes, Morocco

*Madrassa* - a school for Islamic teaching

*Majdoob* - translatable as ‘Holy Fool’, an archetypal Sufi persona

*Medina* - The old town of Fes (lit. Town)

*Muqaddam* - ‘representative’ of a *zawiya* or *ṭariqa*

*Niḍhām al-Ḥinṭa* - ‘The System of Trade’ the administrative structure of *Fassi* trade and craft, an equivalent of guild houses

*Ruqīyya* - a spiritual healing practice where incantation of verses of the Qur’ān and prayers are spoken over water

*Sheikh*, pl. *shuyukh* - refers to a spiritual leader and often the head of the hierarchy of authority within the *ṭuruq*

*Sherifian* - from *sherīf*, pl. *shurafā’* refers to the descendants of the Prophet Muhammad

*Sunna* - traditions of the Prophet

*Ṭariqa*, pl. *Ṭuruq* - Brotherhood or ‘path’ of Sufism

*Tawḥīd* - the ‘oneness’ of God

*al-Ṭibb al-Nabawī* - 'Prophetic Medicine'

*Umma* - the Muslim people

*Zawiya*, pl. *Ziwaya* - Sufi lodge or shrine

*Zuhd* - asceticism

## **A Note on Transliteration**

Transliterations in the paper follow the IJMES transliteration guide which can be found in the Appendix. This does not include proper names of people and quotes, which are written according to the practice of the individual quoted.

# Introduction

## GENERAL INTRODUCTION

In this paper, the contemporary practice of 'traditional' healing techniques in Fes, Morocco are taken as a case study to explore the meeting of 'traditional' and 'modern' epistemologies with particular reference to Foucault (1973). With its great wealth of knowledge and deep roots in *Fassi* culture, 'traditional' healing in the city challenges us to consider the many ways in which 'traditional' culture may survive meaningfully in a contemporary context. Building on a previous introduction to 'traditional' medicine in Fes, in which I trace the development of the tradition throughout Islamic history, in this paper its theoretical basis is analysed in order to inform a deeper understanding of current practice, asking the question whether a meaningful and effective practice of 'traditional' medicine has survived, and if so, what form it takes on in reference to concurrent practices of 'modern' medicine.

Today the city of Fes provides a symbol of a past at once distant and very real, where myth and legend can be located within the walls of the city's traditional houses, or in the minds of its craftsmen. The ancient *medina* remains intact and fully inhabited, but it is a world where the 'traditional' and the 'modern' meet on the streets and in the houses of the populace. The toponymy of the city reflects the tradition of sainthood for which the city is renowned, with the tombs of Sufi saints occupying physical space as well as providing the names of neighbourhoods and

alleyways, as Amster (2013: 32) states, 'the people created the city with their prayers'. However, in the case of many of these neighbourhoods, old stories are given new meanings. Sidi Boujida in the Andalusian quarter of the *medina* is today known less for being the resting place of a saint renowned for his healing power, and more as a neighbourhood struggling with the weight of poverty and lack of opportunity for a recent migrant population from surrounding villages. The old and the new, storytelling, myth-making and lived experience, form the basis of the reality of *fassis* today, and many look in multiple directions in order to find answers to the greatest questions they face.

This paper provides an academic over-arching narrative structure to fieldwork conducted in the city and the stories told by participants in this research. Amster (2013: 143) identifies three elements of synthesis in the 'traditional' medicine of Morocco, namely 'Graeco-Islamic' medicine, 'Sufi' healing practices and 'Prophetic Medicine', which provides the basic structure for this paper. However, the extent to which these distinct categories are indeed synthesised or rather remain 'in touch without touching' (Parkin 2007: 194) is in question. I argue that the story of traditional medicine in Fes today is one of concurrent synthesis, co-dependence and complement, where different ways of knowing form a structure which at times fuse, and at other times remain independent, like the structure described by Parkin as 'double-helical' (or 'multi-helical') where distinct approaches 'may appear at times enmeshed in each other yet at other times

sufficiently distinctive for people to make different claims for them' (Parkin 2007: 194).

## **METHODOLOGY**

There is a wealth of textual sources available for the study of 'traditional' medicine in Morocco, written both by Moroccan and foreign scholars. Primary texts on the topic go back to the tenth century, to the much lauded academic centres of al-Andalus, and continue to the present day. However, much of the tradition was preserved orally, as is often the case with healing traditions (Rasmussen 2006: 6), and whilst a few texts stand out as having been particularly popular throughout its history, the great weight of its knowledge was passed down from master to apprentice, and in less formal structures of instruction. This paper considers both the literary and oral heritage of *Fassi* healing practice in order to best frame a tradition which is diverse and complex, where making use of both types of sources is an effective way to find crucial but masked aspects of implication for the community. The academic narrative provided in the paper is my own, and is not that of the participants of the interviews, and carries the weight of my own cultural and scholarly biases. Whilst it can be unhelpful by leading towards a false sense of academic order, it ultimately proved helpful by providing a basic formal structure within which conclusions, to some extent, could transcend these categories, since they do not issue directly from them.



Interviews were conducted across the Summer and Winter of 2016 in the *medina* and new town of Fes. The interviewees represent a cross-section, although by no means a 'representative' sample, of different approaches to the tradition of healing practice in the city, both male and female, with somewhat different social backgrounds and professions. However, social background is treated loosely, because analysis of the social structures of *Fassi* culture is beyond the remit of the current study. Meanwhile, whilst some would describe themselves as professional practitioners, others' work is less formal. Whilst this study could have focused upon practicing herbalists, I felt it was more important to take examples from across Fassi society, since healing in the city is not limited to the herbal markets and doctors' surgeries. These interviewees belong primarily to one generation, between the ages of forty and eighty, and my conclusions derive from their experience.

All of the interviews were conducted with a minimum of formal structure and the subject matter was generally guided by interviewees, although with my own prompting. These narratives of healing practice and experience form what look like a collection of stories, which situate the interviewee within an organised narrative of themselves, their city, their religion, and their ethnicity, making links, connections and claims. Moreover, this performance was conflated by my position as listener, being an interested outsider, and the use of language, since interviewees had to simplify their *darija* in order for me to understand. This affects the conclusions to this paper since these interviews provide only a glimpse through my eyes into the tradition, and claims and conclusions made, a result of this.

Below is a summary of each of the four primary interviews that are used as sources for this research. These interviews were conducted in *Darija* and are in the most part translated into English for this paper, however where the original Arabic statement provides meaning which cannot be translated, it is retained and a translation offered separately. More interviews were conducted and are at times referenced, but the following constitute the wealth of the primary source material used.

**Tayyib** - Tayyib owns a plant nursery in *Ain Azliteen* on the edge of the *medina*, and forms part of the supply chain in the 'traditional' medicines trade. He is '*fassi*' from the *Sqalli* 'Sherifian' family, a somewhat renowned family which claims descent from Sicilian muslims and from the Prophet Mohammed's family. I met him at his nursery in July 2016.

**Khalissa** - A *Fassi* woman from *Sidi Boujida* in the *medina*, who had recently moved to *Wād Fes* in the New Town (*Ville Nouvelle*). She had never worked, and is married to an artisan. Khalissa was introduced to me by her son, and is passionate about healing, practicing on her family from home. I met her at her home in July 2016.

**Meryem** - A *Fassi* woman of *Sherifian* origin, originally from the *medina* but living in the New Town. She doesn't work and is married to an artisan. She spoke about her

experience of healing at home, which she learnt from female relatives. I met her at her home in August 2016.

**Jalal** - A practicing 'Prophetic Doctor' who has spoken on radio and TV. He has two practices in the New Town of Fes. I observed a consultation with him in which a patient was complaining of breathing difficulties due to allergies in July 2016.

#### **TRADITIONAL AND MODERN EPISTEMOLOGIES: 'ORIGIN-SEEKING'**

In this paper the terms 'traditional' and 'modern' are used to refer to healing practice. Whilst many terms are used academically and colloquially to refer to healing practice of different approaches, these terms were chosen for the sake of consistency and clarity, whilst they also help by representing a dichotomy that is at the heart of the claims made by interviewees in this research about their medical experience, where the terms 'traditional' and 'modern' are used, at times made to stand against one another for criticism and comparison, and at other times blended. Meanwhile, on occasions other terms may be used to refer to aspects of 'traditional' medicine such as 'herbal', or 'prophetic', whilst 'modern' medicine may also be described as 'biomedical' or 'colonial' where appropriate. Whilst I claim that there is fundamentally a dichotomy between the 'modern' and the 'traditional', with epistemologies that cannot be reconciled, this paper will identify the many complex intersections of these perspectives which culminates with an impression of 'latticed' knowledge (Parkin 1995: 162) where different forms of knowledge are layered and

compounded, at times acting to synthesise, whilst at other times complementing each other and remaining distinct.

It is most useful to understand the 'traditional' and the 'modern' in terms of two epistemologies, since they cannot easily be defined by reference to historical or social factors (although they can then be used to describe and classify social and historical phenomena). In the *Birth of the Clinic* (1973: xxi), Foucault describes the epistemological change from 'traditional' to 'modern' medicine as a 'birth' insofar as it emerged uniquely with a clean and complete break from previous medical practice and knowledge. He refers to the 'modern' medical epistemology as 'a grammar' whilst the previous, 'traditional' epistemology (1973: xx) had been 'a botany', referring to the gaze of authority that 'modern' medicine had in comparison to a more distant and powerless 'traditional' doctor.

Most importantly, the 'modern' arose with the demise of the authority of religious institutions, and the division of church and state. Meanwhile, the 'traditional' explicitly traces its origins back to divine revelation, in the *Fassi* context, to the Qur'ān and Ḥadīth, and in this paper I refer to this as 'divine origin-seeking'. This process features as part of many of the interviews conducted for this paper. By extension, it is clear that in 'traditional' medicine the healing power of the Divine underpins the entire system, whilst the same is by no means necessarily true in 'modern' medicine. I argue that these two epistemologies cannot be reconciled, due to their entirely opposing principles which emerge from this question of

‘originality’ (concerning origins, not innovation). Meanwhile, beyond matters of epistemology, aspects of the ‘modern’ and the ‘traditional’ such as language and particular medical practices form a complex and fluid relationship, where meaningful and effective healing practice can be formed in a contemporary context which has influences of the two. The principle of a ‘divine origin’ is the first and most important aspect of ‘traditional’ healing.

#### **HOLISTIC HEALING AS A ‘TRADITIONAL’ PRINCIPLE**

The term ‘healing’ as opposed to ‘medicine’ is preferred in this paper, as it offers a broader set of connotations which encompass the ‘holistic’ nature of *Fassi* healing. This paper is primarily concerned with healing within the *Fassi* context, by *fassis* and for themselves. It considers ‘meaning’ and ‘efficacy’ in reference to what is meaningful and effective for *Fassis* themselves, guided by the stories told by the interviewees. It is important to limit this to the city and its people in order to ground it as far as possible within their context. *Fassi* traditional medicine considers the health of the body, mind and soul as connected. Their importance is at times equal, and at other times one is emphasised over another, for example in the case of the ‘*majdoob*’ (holy fool), where soul health is emphasised over mind, and the case of ‘*zuhd*’ (asceticism) where mind and soul precede bodily health. Indeed as is the case in much traditional Islamic medicine, spiritual health underpins the health of the whole being, just as the divine underpins the healing process. These different aspects of health are rarely separated or distinguished from each other in healing

practice, and form part of a 'holistic' approach to healthcare that is fundamental to traditional healing in most systems. I argue that in 'traditional' Islamic healing, once a 'divine origin' is identified, this 'holistic' approach to healing must proceed, as an expression of Islamic doctrine and its first principle of '*tawhīd*' (the oneness of God) since all of creation in its most 'holistic' and inter-dependent nature is dependent on the Divine.

# **I. The Graeco-Islamic Tradition: a Narrative Tool and Structural Foundation in *Fassi* Healing**

## **TAYYIB AND THE AVICENNAN LEGACY**

*“Why do we get ill? Because we eat things that are for the winter, in the summer” - Tayyib*

The ‘Graeco-Islamic’ tradition of healing practice is the first component of *Fassi* traditional healing to be considered. Muslim scholars and physicians inherited a rich tradition of medical knowledge from the Greeks, in particular, the works of Galen (d. 199) of whom some of his works survive only in Arabic and Hebrew translations (Walzer 2012). This was a medicine that ‘favoured diet and regimen’ (Pormann and Savage-Smith 2007: 23) and subtle readjustment of imbalances of the temperaments. It was the translation movement of the tenth century that was the ‘formative period’ (Pormann and Savage-Smith 2007: 24) for Graeco-Islamic medicine, although Muslim physicians quickly rose to the challenge of developing the knowledge they had inherited (Pormann and Savage-Smith 2007: 1).

Tayyib’s interview was punctuated with reference to this tradition, although he never named it explicitly. Tayyib owns a plant nursery on the edge of the *medina* in *Ain Azliten*, the site of a natural spring (*Ain* meaning source in Arabic). He told

me that the plants grown at his nursery are used to supply the herbalists' shops around the *medina*, but in the summer he stated that he supplements his income by taking carpentry commissions. He is a member of a *Fassi* 'sherifian' family and this is evident both in his first and second names, since Tayyib is a name almost exclusively given to men of 'Sherifian' origin in Fes. Whilst his family appear by no means wealthy, this 'sherifian' identity, which denotes descendants of the Prophet Muhammad, may have contributed to the confident claims he made in his interview concerning the city, its medical tradition and particularly its relationship to Islam, which formed one of the most succinct and ordered narratives expressed across the interviews conducted.

This is as a result of the authority that being 'sherifian' can offer to an individual in Fes, since it operates within a dialogue of the city's foundations and collective identity, the legend being that it was founded by descendants of the Prophet fleeing persecution in Iraq. This offers powerful links between the community, the king (who is also 'Sherifian') and God. To be '*Fassi*' is therefore intricately linked with being Sherifian, and the authority, both spiritual and political, that results from this. Further to this, Newcomb observes the dynamics of *Fassi* identity, stating that today it can be a source of identity and hope to individuals facing the struggles that come with modern life. She states (2009: 18), 'the sense of being "somebody" is recoverable only in Fes, where family names indicate one's position in a social network whose roots run deep into the city's culture'. This form of identity is in many ways built upon storytelling that bares



only some resemblance to realities, but it can easily situate itself within the realm of the dialogue of 'traditional' *Fassi* healing, which through its 'traditional' epistemology, 'holistic' approach and especially 'divine origin-seeking', spreads power between the individual, society and God.

Listening to Tayyib speak was like encountering a force of nature. Forty minutes into the interview I still hadn't asked him any questions yet, but he had already gone into incredible detail on the subject of healing, with particular focus on the digestive system, as he quoted from the ḥadīth of the Prophet Muhammad, '*al-mā'ida hiya beit al-da<sup>1</sup>*'. In particular, he focused on climate, the seasons and manners as the key to understanding health and sickness, as Pormann and Savage-Smith (2007: 45) claim is true of medieval Islamic medicine, it is 'meteorological medicine and geographical pathology'. Tayyib was particularly concerned to situate all his knowledge of healing within the context of divine revelation, as he claimed, 'I learnt it all from the Qur'ān and the *Sunna*'.

Considering this, it was within the Graeco-Islamic tradition that I identified the origin of the vast majority of his claims about healing practice, and in particular, the tradition that derived from Ibn Ṣīnā's (Avicenna b. 980) Canon of Medicine. This text is the jewel in the crown of the medieval islamic medical literary output, and it has been used as the primary medical textbook from the eleventh century to the present day amongst traditional Muslim physicians, to the extent that its approach

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<sup>1</sup> The stomach is the house of illness (all translations author's own unless otherwise stated)

proliferated even where medical knowledge was learnt primarily orally. Ibn Ṣīnā takes the medicine of Galen, and to a lesser extent Hippocrates, and applies it to an Islamic context, with much of his own originality and innovation.

Whilst the greatest emphasis is on food and the health of the digestive system, he considers the interaction of all aspects of our environment as key to understanding health, just as Tayyib claimed was the importance of his local spring water, which he claims contributes to the health of his family when they eat the produce grown on the land that they live on, which is in turn irrigated by this water, causing a protective cycle of health, claiming that the process resembles immunisation. The practical application of the tradition begins with the temperaments and humours, which are then extended to apply not just to the human body but the whole of the environment, including plant-based medical material, which again demonstrates a cyclical and co-dependent structure of human health and environmental health. Health and healing was achieved by proper balance of these factors, with sickness deriving from a lack of balance, an expression of a 'holistic' health doctrine. Ibn Ṣīnā's medicine is overall one that advocates low intervention, and is concerned primarily with lifestyle adjustment for the maintenance of long-term health (Ibn Ṣīnā 1987).

## **PROFESSIONS AND PERSPECTIVES IN THE GRAECO-ISLAMIC TRADITION**

The medical profession is diverse in the Graeco-Islamic tradition, and as well as practicing physicians, it encompasses the work of herbalists who act somewhat like pharmacists. Herbal markets were to be found in cities across the Islamic world, and the herbal markets in Fes, named simply ‘*Aṭārīn*’ and ‘*Ash’ābīn*’ were claimed by Hassan al-Wazzan (b. c1489) in his Description of Africa to be some of the finest he had seen on his travels (al-Wazzan 1983: 242). The Ḥamda ben Sheqrūn apothecary remains trading on an alleyway that connects the two old herbal markets, where Sidi ben Sheqrūn claims they have been located for the last six hundred years. Whilst the herbalists of these markets were rarely physicians per se, they acted as pharmacies for physicians, and al-Wazzan notes in his Description of Africa that the physicians would work with a chosen herbalist in the ‘*Aṭārīn*’ market, where there existed one hundred and fifty herbal shops (al-Wazzan 1983: 242). Today Ḥamda ben Sheqrūn claims he is the last remaining apothecary devoted solely to herbal medicines, whilst there are a number of other shops that sell incense, natural cosmetics and other more modern pharmaceuticals, such as the shop of Rachid who was also interviewed for this research.

The Graeco-Islamic tradition was largely speaking a gendered one, where both male and female practitioners took on separate roles in the healing profession. Whilst not necessarily all physicians were male, all midwives were female, and much of the everyday healthcare and healing of the time was practiced by women within the home, as remains the case to a great extent today. Whilst some women practitioners were employed in the courts as medical authorities (Amster 2013:

143), a great many more women practiced outside of the guild houses and professional structures of the day. In particular the '*qablāt*' or traditional midwives did not have their own guild (Amster 2013: 146), and therefore according to the traditional *Fassi* administrative system of *Niḍhām al-Ḥinṭa*, they were not strictly professionals.

However, this does not mean that they didn't belong within the Graeco-Islamic tradition, since many of them had an extensive knowledge of it. As Amster (2013: 149) notes, 'birth is still a matter of the humours'. Whilst herbal shops were and remain the domain of men as practicing herbalists, they were most often frequented by women who did healing at home, where the literary medical canon was made accessible through the transfer of knowledge from the literate herbalists to the largely illiterate general population. Today, women still heal at home using the Graeco-Islamic, 'traditional' way of healing according to temperaments and humours.

I met Khalissa and Meryem separately through their sons who were friends of mine. Both identified as *Fassi*, and the stories they told me most often situated themselves within a narrative of the history of the city, both pre-colonial and colonial. However, unlike Tayyib, whose narrative appeared much more consistently situated within the Graeco-Islamic tradition, Khalissa and Meryem appeared to take looser grasp of this tradition, using it to offer a structure and form to practice which was eclectic, and goes beyond the realms of this element of *Fassi*

healing. This structure provided them with the medical doctrine of the humours and qualities of food, water and air, as well as language which could be used flexibly and in synthesis with practices which derive more obviously from 'Sufi' or 'Prophetic' healing practices. In particular, both emphasised the importance of 'hot' and 'cold' foods for the appropriate seasons, an idea first developed by Galen and later adopted into the Muslim herbal textbooks (Pormann and Savage-Smith 2007: 53).

## CONCLUSION

As the first element of Fassi tradition healing practice discussed in this paper, the Graeco-Islamic tradition can be said to offer at the least a formal structure and medical doctrine within which practitioners and patients can situate diverse healing practice. Most importantly, it demonstrates the two key principles of 'traditional' medicine. Firstly, it identifies a 'divine origin', and secondly, it constructs a 'holistic' doctrine of health founded upon the Islamic concept of *Tawhīd* (the oneness of God), since this principle creates a cosmology of interconnected Earthly life, where Earth is an expression of the 'multiplicity' which the act of creation triggered from the Divine 'oneness'. The power and proliferation of the works of Ibn Sīnā encapsulated this tradition and spread beyond the realms of physicians, into the shops of herbalists who acted as educators to women healing at home or as midwives, who were much less likely to be literate.

The Graeco-Islamic tradition also appeared to act as a powerful narrative tool in my meeting with Tayyib, whose attachment to this aspect of healing practice may have something to do with his own *Fassi* identity. This is important as evidence for the survival of the importance of the Graeco-Islamic tradition of healing, whose origins in a past world of Islamic 'Civilisation' (the translation movement and the Abbasid Caliphate) mirror a certain aspect of *Fassi* identity, which seeks its origin in a vision of former 'Andalusian' 'civilisation' and 'culture'. It is also important inasmuch as this identity is a meeting place where society, God and the individual interact, with healing acting symbiotically alongside the spiritual and social, which is reflected most clearly in Sufi healing practices, which the following section of this paper is concerned with. What can be seen is that the Graeco-Islamic tradition, whilst remaining distinct, cannot be separated from other streams of healing practice.

## II. Sufi Doctrine, the Body and the Body Politic

### ORIGIN-SEEKING AND SUFI HEALING PRACTICE

*"Without Allah, the doctor and the herbalist can do nothing. I have been in this Zawiya for sixty years and have seen many people coming to seek healing just by remembering Allah - Dhikr." - Sidi Amrani, Muqadam of the Zawiya of Sidi Ali al-Jamal*

'Sufi' healing practices derive from a range of local practice and some, rarer textual sources. To this extent, it is a less formally organised or definable stream of healing practice than Graeco-Islamic medicine. Moreover, a problem of terminology emerges when we look at secondary sources on Islamic medicine. Often the Graeco-Islamic tradition of Ibn Sīnā is referred to as the 'scientific' tradition, whilst others are referred to as 'prophetic' 'Sufi' 'magical' or 'spiritual'<sup>2</sup>. These categories, whilst helping to define distinct practices, can prove unhelpful, particularly when we consider the fact that 'scientific' textbooks such as the Canon of Medicine also contain a considerable wealth of information in the way of the 'magical' too, whilst more 'magical' textbooks such as *Shams al-ma'ārif* were to an equal extent general instruction manuals for initiates of Sufi *Ṭuruq*. The reality of spiritual practice and its associated forms of healing is one of 'intertwining' (Parkin 2007: 194).

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<sup>2</sup> see Pormann and Savage-Smith (2007), Kugle (2007), Amster (2013)  
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Sufi doctrine is concerned with the inward (*bāṭinī*) aspects of Islamic doctrine, however defining Sufism is a difficult task, since the term is used in a multiplicity of ways to refer to 'spiritual' practices within the Islamic tradition. In Morocco, Sufism is rooted within a conception of the monarchy and the resultant foundation story of the country and 'Sherifian' identity of (some of) its peoples, a form of Sufism Kugle (2007: 60) terms 'sharifian sufism' referring to the importance of 'bones, blood and power' in its identity, in particular, the sacred bloodline of the descendants of the prophet Muhammad (*shurafa'*). This renders the tradition particularly 'physical' and ultimately rooted within the human body, an aspect which whilst present in all Sufi traditions, is perhaps emphasised most clearly in Moroccan Sufism.

Sidi Amrani is the *muqadam* at the *Zawiya* of Sidi Ali al-Jamal, a saint who is most well known as the teacher of Moulay al-Arabi ad-Darqawi, the founder of the *Shadhiliyya-Darqawiyya Tariqa* which is popular in Fes. Sidi Amrani lives on site at the *Zawiya* with his family and is a direct descendent of Sidi Ali al-Jamal. His role is primarily that of caretaker, conducting maintenance work on the buildings and courtyard and supplying the tea and bread for the weekly gatherings. Our meeting was brief, before the weekly Thursday night gathering, and he didn't elaborate significantly on the statement above. What Sidi Amrani offered was a succinct summary of why the Sufi aspect of healing is important to Fassi medical practice. It is above all based upon an epistemology which seeks an origin in the Divine, which



is the ultimate source of all legitimate, meaningful and effective healing or maintenance of health.

#### THE BODY, THE BODY POLITIC AND THE DIVINE

Kugle (2007: 30) states that “it is a universal characteristic of religions that the sacred lodges in physical places” and this is a key aspect of the relationship between spiritual practice and healing in Morocco. The human body is seen as the heart of the divine manifestation in the material world, in accordance with the Qur’ānic injunction that man is made in God’s image. This imbues the human body with the spiritual, making it a key focus of Sufi practice. However there exists a fluid relationship whereby the body is healed by the spiritual, whilst healing (and in particular pathological language) enters into spiritual practice. Moreover, the physicality of the spiritual is not just to be found in humans, but also in public space, such as the *Zawiya* of Sidi Ali al-Jamal.

The *Zawiya* of Sidi Ali al-Jamal is a sacred space insofar as it is the location of the saintly body of its namesake. The ‘*awliyā*’ or Saints are revered in many Islamic traditions, and particularly within the Sufi *ṭuruq* whose *shuyukh* form lineages of spiritual authority going back to the Prophet Muhammad, and who are often (somewhat informally) canonised after death. Many *Ziwaya* are also sites of saintly shrines, whilst a central ritual of Moroccan Sufi practice is the visiting of them. This particular practice is imbued with symbolism which activates a dialogue between

the body and the soul, between spiritual practice and healing practice and individual and community. The shrines of Muslim saints are designed to emulate the Ka'ba (Kugle 2007: 55) and form within their locale a foil for the central pilgrimage of Islam to Mecca, linking the individual to community, not only locally but across the whole of the Muslim *umma*. Many visit shrines from far afield as well as their immediate vicinity, seeking answers to physiological, social or spiritual problems. Shrines are at the same time architectural monuments which enliven the soul and form a centre for community, where bones become the 'immanence of God' (Kugle 2007: 52) and are in themselves stories that tell of history, identity and theology.

#### LANGUAGE, RELIGION AND HEALING

To add depth to this picture of the intersection of healing practices within the Sufi tradition, we can observe the language used as part of regular spiritual practice. This language is used both in textual sources and as part of the oral culture of Sufi practice, and ultimately traces its roots to the language of the sacred texts of Islam. The Qur'ān animates the parts of the body in various verses, most famously in Sura 36, Yā Sīn, which is particularly concerned with Islamic cosmology and states:

الْيَوْمَ نَخْتِمُ عَلَىٰ أَفْوَاهِهِمْ وَتُكَلِّمُنَا أَيْدِيهِمْ وَتَشْهَدُ أَرْجُلُهُمْ بِمَا كَانُوا يَكْسِبُونَ<sup>3</sup>

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<sup>3</sup> on that day we will seal their mouths, and their hands and feet will speak of what they have done  
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By allowing the human body to take on a role as authority on the day of judgement, it is elevated and becomes at once profane and sacred. The profane and the sacred interact such that the body is at once a reflection of the divine, and a reflection of humanity. Illness is therefore of spiritual significance as a marker of the health not only of an individual, but of all humanity. This is apparent in the doctrine made famous by the great Sufi philosopher Ibn al-Arabi, who considered the human body to be a microcosm of the human city (Ibn al-Arabi 1997: 23). Furthermore, Sufi doctrine has a tendency to pathologise the spiritual path, using language that speaks of the path towards the divine as a 'cure', stumbling blocks on the way 'diseases of the heart' and 'death' of the ego the only way to achieve earthly peace, as is expressed in the prophetic saying 'die before you die' (Darqawi 2009: 34).

At the same time, the language of healing in Fes is inherently spiritual. Khalissa's language during her interview demonstrated this, where she described the use of particular prayers and incantations that were appropriate for administering particular remedies, whilst she spoke of protecting the making process of herbal oils from contamination both physical and spiritual, most notably insisting that no-one but her observe the making process or even enter the room at the time. Again, a problem of terminology arises here, since these practices can be firmly situated within orthodox Islam, however in order to highlight their particularity, the term 'Sufi' is often used. Meanwhile all other interviewees noted the primacy of religious or spiritual practice as part of healing, and almost all

effortlessly recited lines of sacred texts which were interpreted to refer to healing practice. It is important to note that the Qur'ān itself claims to be a source of healing, and explicit claims to healing power exist as well as more veiled ones claimed to offer healing by Sufis (Qur'an 17: 82).

#### **LANGUAGE, HEALING AND THE SPIRITUAL IN CONTEMPORARY FES**

In a contemporary context, language retains special significance in the healing process, by serving to demonstrate the lines of interaction not only between the individual, the community and God, but between the individual, society and the globalised world, animating the dynamism between the 'traditional' and the 'modern'. In her paper entitled 'The Thin Line of Modernity' (2000), Stefania Pandolfo examines the experience of patients with mental illnesses in Morocco. Noting this meeting of languages, she states 'although the psychiatric hospitals were full, patients held on to their own interpretations of illness' (2000: 136). In particular, she notes the use of language in the consulting room, where she describes patients bringing 'their baggage of language and thought, their own understanding of illness, their story, [to] have that cast into the foreign language of science' (2000: 141). Whilst she speaks of this as an alienating process, it appears that this dynamic whereby a 'foreign language' is applied to patient's own realities can be repurposed in the context of 'traditional' healing, ultimately serving to defeat claims of objectivity by 'modern' doctors by exposing their own language of myth and storytelling in the healing process. Indeed, Pandolfo also notes this when

she states 'rather than challenging the alienation, traditional therapists operate from within it and put it to work' (2000: 137).

An example of this came from my meeting with Tayyib, when he stated in reference to the eating and drinking of local food and water, "*deja 'andanā al-vaccine diyalu*<sup>4</sup>". It is by no means unusual for Moroccans to use a mixed linguistic register, and here Tayyib gave an interesting example of it within the context of healing. 'Déjà' is a French word which is not uncommonly heard in *Darija*, whilst vaccine is another French word which is used despite the existence of an Arabic one (لقاح), as is often the case with scientific terms. However, not only was it a mix in linguistic registers, but his statement signalled a mix in scientific languages and ways of knowing, since he was describing a Graeco-Islamic, 'traditional' doctrine with the language of 'modern' medicine, something he did a number of times throughout the interview. In the process, he mythologised the language of modern medicine, by re-imagining the meaning of vaccination. He used the word vaccine as if it was a tool for storytelling, a distant idea which served as a symbol to the listener, and in the process, he stripped positivism of its claim to objectivity, by casually repurposing its language and proving that it can make sense of a reality outside of its proper context. In the process of this challenge, we see that an interaction is occurring through language whereby the 'traditional' can remodel and redefine the 'modern' whilst remaining distinct from it, and in particular, not having its epistemology and accompanying 'divine origin-seeking' challenged.

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<sup>4</sup> [it is good for us because] we already have the "vaccine" for it  
Student ID: 593598

## CONCLUSION

Sufism in Morocco today does not stop at the individual or family, rather it permeates through many layers of civil society and politics, acting as a meeting point between the individual, society and God, particularly animated by the 'Sherifian' identity of parts of the population. This is particularly evident in observation of the monarchy, who claim their ancestry from the Prophet Muhammad and through his grandson Hassan. At the heart of the authority of the Moroccan monarchy is this 'sherifian' blood, and the power this provides not only on a political level but also on a spiritual one. It is, in the words of Combs-Schilling, 'a symbol of collective identity, the icon of Morocco's great past, visible present and future hopes' (1989: xii). It is in the context of this 'Sherifian Sufism' that Moroccan Sufi healing practices seek their origin, which can only be the Divine. This is the basis of the 'traditional' epistemology which I argue for in this paper. The 'traditional' can be many things, and 'traditional' healing can take any number of forms, but to withdraw the 'divine origin' of healing practice is to strip *Fassi* healing of its intended meaning and situate it firmly in the realms of the 'modern'. Further detail about the nature of this 'traditional' epistemology can be found in the use of language, which signals interaction between the worlds of healing and spirituality. This has long been the case in the Sufi tradition, but today it has become a battleground of epistemologies, which sees language built upon the

'modern' epistemology being put to work within the 'traditional' epistemology, offering new avenues of meaning for both.

### III. Prophetic Medicine: Science and the Soul

#### SANCTIFYING THE SCIENTIFIC: GRAECO-ISLAMIC MEDICINE AND PROPHETIC MEDICINE

*"sometimes when she wants to convince us to use traditional medicines she says: the Prophet says..." Mouhcine, Son of Khalissa*

Much like the Sufi tradition of healing, Prophetic Medicine is concerned with 'origin-seeking', and situating medical practice and experience within a sacred framework. However, whilst Sufi healing is founded upon spiritual practice, the Prophetic Medicine tradition is largely formed of textual sources. Taking the Graeco-Islamic medicine tradition, authors sought to synthesise it with the Qur'ān and Ḥadīth. Their reasons for doing so were probably multiple, and some have suspected that it might have been to make the 'secular' aspects of the Graeco-Islamic medicine tradition more palatable to the pious, in a period with a somewhat anti-philosophical trend (Pormann and Savage-Smith 2007: 71). However, the Prophetic Medicine texts do not appear to have a difficult or tense relationship with the 'scientific' texts, rather at many points they openly approve of and borrow from them. Indeed in Ibn Qayyim al-Jawziyya's text, he clearly borrows from the scientific tradition, most strikingly when he lists the twenty characteristics of the skilful physician (Ibn Qayyim al-Jawziyya 1985: 96-97), which resembles almost



exactly the same list of eighteen in the Canon of Medicine (Ibn Ṣīnā 1987: 5), in particular with reference to the Avicennan doctrine of the humours.

When Tayyib claimed that all of his healing knowledge had come from the Qur'ān and the *Sunna*, he was not merely speaking of a 'divine origin' for healing, but also pointing towards the sacred texts from which vast quantities of medical advice has been found across Islamic history. Whilst he spoke largely in terms of the Graeco-Islamic tradition of healing and especially used its structure and doctrine, his evidence was almost exclusively taken from the Hadith and the Qur'ān. What Tayyib was doing in this interview can be considered to resemble what the authors of the Prophetic Medicine texts did from the tenth century. The 'Prophetic Medicine' properly refers to a movement of scholarly texts which were concerned with compiling the medicinal and general health advice that was given in the Qur'ān and Ḥadīth, synthesising a Graeco-Islamic doctrine with sacred Islamic content.

#### **JALAL: RE-IMAGINING THE PROPHETIC**

Prophetic medicine has taken on new meanings in Fes today. Rather than remaining simply a textual tradition, it has become animated within the realm of the tension between 'traditional' and 'modern', and moreover, between different schools of Islamic thought. With the rise of Salafi ideology which rejects the esoteric, Sufi practice (and in particular the labelling of it as such) has steadily been

under criticism in Morocco, despite its survival. Islamic practice in Morocco has faced further challenges from the 'modern' world, which most importantly seeks to question the 'divine origin' which 'traditional' healing relies upon. Within this realm has emerged new currents of thinking within the healing world, which seek to re-imagine the 'traditional' for their contemporary context.

One of the most interesting of these currents is the rise of new media in spreading healing knowledge. I was told by Khalissa of a number of radio shows she listened to daily with non-biomedical doctors giving advice and responding to questions, and she mentioned Jalal who was one of these doctors. Jalal has two operating practices in the New Town in Fes, where he markets himself as a 'prophetic doctor'. A friend of mine wished to visit him, and invited me to the consultation which concerned a chronic issue with allergy. Jalal's surgery in *Narjiss* struck me as resembling that of a number of bio-medical doctors I had visited in Morocco, in terms of its built environment. The consultation was conducted entirely from behind a large desk, and the room was decorated with a number of certificates of qualifications from largely Western institutions. All of this, in addition to his consultation style, contributed to what appeared to be a great representation of the Foucauldian 'gaze'. This phenomenon of 'traditional' healers operating using modern forms has been identified elsewhere, notably by Parkin who describes the office of Muslim traditional healers in Kenya as 'a "western" bio-medical doctor's general practice with indications of Islamic legitimacy' (Parkin 1995: 155).

Furthermore, the consultation with Jalal raised further questions of epistemological origin. In the consultation I observed, he asked very few questions about the nature of the patient's illness, as he listened to the patient's account of the problem as it had been explained to him by the bio-medical doctor. Following this, a prescription of herbs and 'cupping' was made, and the consultation lasted around ten minutes. Jalal certainly did not enquire as to the patient's illness in accordance with the doctrine of the Graeco-Islamic tradition, which would have required him to identify the problem according to an imbalance of the humours, and which is an essential process for any doctor of prophetic medicine according to al-Jawziyya (Ibn Qayyim al-Jawziyya 1985: 96-97). However, it was clear that he was still following a process of 'divine origin-seeking', giving his evidence for the choice of treatment by quoting Ḥadīth, and ultimately prescribing the practice of traditional Islamic cupping according to the days of the month and week as prescribed in the *Sunna*. It seemed that Jalal was attempting to re-imagine the practice of 'divine origin-seeking' for a contemporary context, by framing the forms of 'modern' medical practice within the context of the *sunna*. This attempt to re-frame the scientific in religious terms was indeed what the prophetic medicine authors first attempted to do.

## CONCLUSION

There is evidence to suggest a resurgence in popularity of Prophetic Medicine, but in the case of Jalal, it appears that the new Prophetic Medicine may not resemble that of its medieval authors. Prophetic Medicine in both manifestations suggests ways in which the scientific and the religious can be reconciled both in a medieval and contemporary context, the two attempting to reconcile the 'Prophetic' with the Graeco-Islamic and bio-medical respectively. Furthermore, the case of Jalal offers great insight into the question of meaning and efficacy in contemporary Fes. It is undeniable that for a medicine to be effective, it must be able to effectively treat, at least in a considerable number of cases, the diseases which patients present with. As more patients arrive speaking the language of bio-medicine, Jalal's attempts to situate this within the context of the 'Prophetic' may prove to be a meaningful path for patients. However, to call Jalal's practice 'traditional' merely because it seeks a 'divine origin' appears somewhat simplistic, since the rest of his practice relies so significantly on synthesis with and absorption of a 'modern' medical epistemology. In this context, it therefore appears necessary to claim that the 'traditional' cannot simply be found in the origin of healing power, but in the way this power manifests across the whole of the healing practice in question, namely, a 'holistic' approach to healing practice. By reproducing the 'modern' medical built environment and emulating its consultation style, the 'gaze' of the physician takes on authority which previously would have been 'sacred' and 'distant'.

## IV. Colonial Health and Modern Medicine: Finding Meaning

### MERYEM AND THE QUESTION OF EFFICACY

*"Traditional medicine was enough for us back then. There weren't as many illnesses as there are today." - Meryem*

Colonial times brought unprecedented challenges into the world of health and healing in Fes. As Amster (2013) highlights, the French made extensive efforts to colonise through the bodies of *Fassis*, efforts which often made direct attacks against the 'traditional' healing practices in place at the time, by forbidding doctors and midwives to practice where they wouldn't re-train under the new system, or by building modern hospitals over or near to Sufi shrines known for healing in order to attract customers. 'Modern' medicine brought with it many new practices and expectations, however, it was its positivist epistemology which shook 'traditional' Moroccan healing. The epistemology of 'modern' medicine is based upon the theory of scientific positivism, founded upon rationalism and evidence-based enquiry, as Foucault (1973) highlights.

Meryem is the mother of a local friend in Fes who lives in the New Town. I met her at her own apartment and like Khalissa, she had prepared a table of items she used as part of her healing practice in the home. Meryem told stories to

illustrate her perspective on healing, which I considered to be one of the most insightful I came across throughout the interviews. Meryem told me the story of how her father's sister was living in the city, and suffered an illness that couldn't be cured. They visited all the doctors they could, and ultimately were told that they should prepare for her death. In desperation, they sent her to the countryside where her mother's family lived, hoping that she could rest her way to recovery. Whilst she was there, her mother's sister treated the illness with a plant which was little known outside of their particular region, and she was cured.

Meryem's story tells of the meeting of two epistemologies, and its conclusion is familiar to anyone who has listened to the stories of the older Moroccan generation about colonial times. A story of the triumph of Moroccan over French, of 'traditional' over 'modern', it is the story of how healing can come from within; from within the community, within 'the tradition', within the self. The anti-colonial spirit of this story punctuated the majority of the interviews conducted for this research. Despite this story, Meryem didn't denounce 'modern' medicine. She highlighted the importance of diet, and how today we are not eating how we used to, how our lifestyles are sedentary and our water and air polluted. It is notable that the health and balance of all these conditions are those prescribed in the doctrine of the Graeco-Islamic tradition. Resigned to this reality, she stated that 'modern' medicine was essential, but that by no means extinguished her love for and belief in the 'traditional' medicine she had learnt from her family. She summarised her perspective by telling me that 'modern' diseases needed 'modern' treatments, since

‘traditional’ methods tend not to be so effective in these cases, whereas ‘traditional’ diseases respond better to ‘traditional’ healing practices.

#### **RUMOURS: EXPOSING CONTEMPORARY ANXIETIES**

Telling stories which situate the individual within Fes as ‘past’ and ‘traditional’ was a recurring feature of the interviews conducted for this paper, and much of this storytelling was laden with attempts to reconcile a vision of the city of Fes and the individual’s place within it, and the reality that they actually face. An aspect of this which was striking was the telling of rumours, which exposed anxieties over a discrepancy between an imagined reality and experience. Newcomb identifies this as a feature of *Fassi* life, where she argues that rumours ‘serve as a repository of a community’s fears’ (Newcomb 2009: 32). She further states that ‘in Fessi discourse, rumours are characterised by repetition and arise at moments of insecurity. They are significant for what they reveal about people’s efforts to assert a singular Fessi identity, and hence to circumscribe reality’ (2009: 32).

Khalissa at the end of her interview mentioned a government-run school of herbal medicine in the small town of Taounat, north of Fes, which was recently opened. She told me that she often visited the location and that she had seen the school. When I enquired about it with Meryem, she confirmed the story. However, after some research I found that whilst a herbal medicine school had been built in

Taounat, it had never been opened due to administrative issues. The former director informed me over e-mail that the purpose-built building is not currently being used, that there had been a change in management and that it is operating out of the main science faculty at the university in Fes (USMBA). However, when I tried to contact USMBA, I couldn't get any further information. Whilst what Khalissa and Meryem told me about the school was to some extent true, since a building was built for the purpose, their confidence in its establishment was misplaced. Newcomb's analysis of rumours in Fes offers some insight into this story, which like Meryem's story of her aunt's healing, appears to tell of an attempt to fix a particular vision of success of the *Fassi* over the 'colonial' or the 'modern'.

## CONCLUSION

As Meryem stated, there must be a meeting of the 'modern' and the 'traditional' approaches to enable meaningful and effective healing practice today. This might appear challenging, since as Latour (1993: 48) states, the modern world has scarcely allowed all but 'small modifications of old beliefs'. This is insofar as in a 'modern' context, the 'traditional' is most often situated within a narrative of 'the past' which fixes 'traditional' knowledge within a frame of 'authenticity' which does not provide scope for innovation. As Pandolfo describes, the term tradition 'designates a past fallen out of reach, the other side of the chasm: any knowledge of it is either inauthentic (the kitsch of tourism, artisanat, arts populaires, etc) or it has the uncanny status of a traumatic memory' (Pandolfo 2000: 126). In addition, it fixes the



‘traditional’ within a world of storytelling, where rumour suggests anxieties over a story not matching up to reality.

## Conclusion

### GENERAL REMARKS

This paper is concerned with asking the question whether a meaningful and effective practice of 'traditional' healing has survived in Fes which is distinct, and if so, what form this takes on. This is predicated on a survival of a 'traditional' epistemology in the face of a 'modern' one, the former going through the process of 'divine origin-seeking' in order to locate its healing power, and deriving principles of medical doctrine therein which are 'holistic'. The latter does not make the same attempts at finding an 'origin', finding authority in the 'gaze' of the medical practitioner, which offers a less 'holistic' approach, taking instead a rationalist and positivist means of diagnosis (Foucault 1973). Meaning and efficacy is considered in terms of the professed experience of the *Fassis* interviewed, based upon the distinct streams of practice of Graeco-Islamic healing, Sufi healing, Prophetic Medicine and bio-medicine.

The nature of this 'traditional' healing is then taken into account, considering whether it has acted to synthesise all these different approaches, or whether the relationship between them is more subtle. What is ultimately clear is that a distinct, meaningful and effective practice of 'traditional' healing practice does and can survive in Fes, and that this can take on many subtle forms. However whilst at times the practice of 'traditional' healing survives inasmuch as it maintains its

‘divine origin’ and its resultant manifestations in ‘holistic’ healing doctrine and practice, at other times, whilst a ‘divine origin’ is professed, there seems to be little evidence of the traditional epistemology in practice or principle. In this case, it is easier to argue that the ‘traditional’ does not survive, inasmuch as a ‘modern’ epistemology is dominant, and meaning and efficacy is to be found in the ‘modern’ rather than the ‘traditional’.

#### **SYNTHESIS, CO-DEPENDENCE AND COMPLIMENT: THE MANIFESTATIONS OF LATTICED KNOWLEDGE**

David Parkin argues that in East African Islamic medical practice there is an approach he terms ‘Latticed Knowledge’ whereby different ways of knowing are layered and compounded upon and around each other, creating moments of synthesis and distinction between different approaches (Parkin 1995). He argues that in the case of two distinct practices, ‘the two are recognised as distinct dimensions and are often identified as such. It is therefore correct to call them intertwined rather than merged’ (Parkin 2007: 215). In *fassi* healing practice, we see a number of attempts made at reconciling aspects of the ‘modern’ and the ‘traditional’ in an effective and meaningful way, in some situations distinct practices remain intertwined but not fused, and at other moments, there seems to be greater synthesis.

The first interview this paper discussed was that of Tayyib, whose practice and theory aligned clearly with the healing doctrine of the Graeco-Islamic tradition, but also with that of Prophetic Medicine. However, these were distinct insofar as their moments of interaction were clearly identifiable, such as when he argued that he learnt healing from the Qur'ān and the Hadīth, a claim typically made by authors in the Prophetic Medicine canon who also relied heavily on Graeco-Islamic healing for a doctrinal framework. Meanwhile whilst an interaction with modern medicine and its epistemology was evident from his language, this did not seem to manifest in his principles, which appeared to be clearly rooted in the 'traditional' and the 'holistic'.

However, the fact that his story of 'traditional' healing was so clear and narrative in structure appeared to demonstrate a common attempt at finding meaning in a vision of fixed *Fassi* identity, which relies heavily on somewhat mythical visions of what Fes is, particularly with roots in 'Sherifian' identity and its association with spiritual and political authority and the 'Islamic civilisation' of al-Andalus and historical Morocco, all this being presented in opposition to the 'modern' or 'colonial'. This issue also arose with other interviewees, and demonstrated what appeared to be an anxiety over the struggle between the 'traditional' and the 'modern'. With Meryem, this manifested in telling stories of Moroccan success, whilst with Khalissa, the story of the herbal medicine school.

Khalissa and Meryem also demonstrated the distinct elements of different *fassi* healing practices, and Meryem argued for a complimentary approach where distinct traditions can co-exist. Her argument that modern ailments needed modern treatment appeared to suggest an important point in reference to epistemology, concerning the power of the medical language understood by the patient in effective healing, since it has an effect on the way the patient has learnt to understand themselves and what illness is. This was seen in the consultation with Jalal, when he used a modern form of consultation that sat comfortably with the narrative told by the patient, which had originally been given by a bio-medical doctor. When language is couched in the modern, effective and meaningful healing practice must make use of this language, which was also clear at times with Tayyib who re-worked modern medical language into the doctrine of the Graeco-Islamic tradition.

Attempts at synthesis were most clearly evident in the case of Jalal, who whilst professing a 'divine origin' for healing, made use of the norms of modern medical practice in his own attempt at effective and meaningful healing in a contemporary context. However, this attempt at times made it less clear where the line was drawn between distinct practices, and whilst a 'traditional' prescription was given, this seemed superficial given the nature of the consultation which made little attempt to consider the traditional approach to healing as presented by Ibn Ṣīnā and Ibn Qayyim al-Jawziyya, whose doctrine of health issues directly from and is predicated on a 'divine origin'. Therefore it appears that a 'traditional'

epistemology whilst deriving most importantly from this vision of 'originality' does at the same time need to uphold the 'holistic' principles which are derived from it, since Jalal's attempts at synthesis demonstrated greater meaning derived from the 'modern'.

## **CLOSING REMARKS**

The 'modern' and the 'traditional' are founded upon opposing epistemological principles and their relationship is difficult, and this is an issue that some *Fassis* appear to battle with. However, practitioners and patients in contemporary *fassi* healing are forging new meaning between their intersecting lines in order to sustain effective healing practice. Meaning and efficacy can be found in a practice of 'traditional' healing techniques which remain distinct despite engaging in dialogue with the 'modern', however this is not universally the case. *Fassi* patients and healers look for meaning across both perspectives, and this is essential for the practice of effective healing in a contemporary context. This may form a relationship of co-dependence, compliment or synthesis, and there are numerous avenues for meaningful healing practice within these approaches. The future of *fassi* healing is of course unpredictable, however, the strength which 'traditional' healing practices have shown in remaining distinct despite great epistemological challenge offers insight into the ways a continuing dialogue between the 'modern' and the 'traditional' can offer new paths of meaning for future practitioners and patients.



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Interview with Khalisa: July 2016

Interview with Meryem: July 2016

Interview with Jalal: July 2016

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## Appendix

### I. Interviews

All interviews were conducted in *Darija* (moroccan Arabic). The table below gives basic information about each interview:

Figure 1: Table of Interviews

Name	Date of Interview	Place of Interview	Gender	Occupation	Ville Nouvelle/ Medina	Age
Hassan and Sana	July 2016	Their home	Male and Female	Herablists	Medina	>50 <50
Tayyib	July 2016	His home/ workplace	Male	Gardener and Carpenter	Medina	>50
Rachid	July 2016	His workplace	Male	Herbalist	Medina	<50
Khalissa	July 2016	Her home	Female	Housewife	Ville Nouvelle	>50
Meryem	August 2016	Her home	Female	Housewife	Ville Nouvelle	>50
Jalal	July 2016	His workplace	Male	Alternative Doctor	Ville Nouvelle	<50
Sidi Ben Sheqroun	July 2016	His workplace	Male	Herbalist	Medina	<50
Focus Group	August 2016	My home	Male	Mixed	Medina	20-30
Muqadam Sidi Amrani	December 2016	His Zawiya	Male	Muqadam of Zawiya	Medina	>50

Figure 2: IJMES Transliteration Guide

# IJMES TRANSLITERATION SYSTEM FOR ARABIC, PERSIAN, AND TURKISH

## CONSONANTS

A = Arabic, P = Persian, OT = Ottoman Turkish, MT = Modern Turkish

	A	P	OT	MT		A	P	OT	MT		A	P	OT	MT
ا	—	—	—	—	ز	z	z	z	z	ك	k	k or g	k or ħ	k or n
ب	b	b	b	b or p	ژ	—	zh	j	j				or y	or y
پ	—	p	p	p	س	s	s	s	s				or ğ	or ğ
ت	t	t	t	t	ش	sh	sh	ş	ş	گ	—	g	g	g
ث	th	ṯ	ṯ	s	ص	ṣ	ṣ	ṣ	s	ل	l	l	l	l
ج	j	j	c	c	ض	ḍ	ḍ	ḍ	z	م	m	m	m	m
چ	—	ch	ç	ç	ط	ṭ	ṭ	ṭ	t	ن	n	n	n	n
ح	ḥ	ḥ	ḥ	h	ظ	ẓ	ẓ	ẓ	z	ه	h	h	h <sup>1</sup>	h <sup>1</sup>
خ	kh	kh	h	h	ع	‘	‘	‘	—	و	w	v or u	v	v
د	d	d	d	d	غ	gh	gh	g or ğ	g or ğ	ي	y	y	y	y
ذ	dh	z	z	z	ف	f	f	f	f	ا <sup>2</sup>	a <sup>2</sup>			
ر	r	r	r	r	ق	q	q	q	k	آ <sup>3</sup>	ā			

<sup>1</sup> When h is not final. <sup>2</sup> In construct state: at. <sup>3</sup> For the article, al- and -l-.

## VOWELS

### ARABIC AND PERSIAN

### OTTOMAN AND MODERN TURKISH

Long	ا or َ	a		a	{ words of Arabic and Persian origin only
	و	u		u	
	ي	i		i	
Doubled	آ	iy (final form i)		iy (final form i)	
	ؤ	uww (final form u)		uvv	
Diphthongs	آ	au or aw		ev	
	آ	ai or ay		ey	
Short	ا	a		a or e	
	و	u		u or ü / o or ö	
	ي	i		i or i	

For Ottoman Turkish, authors may either transliterate or use the modern Turkish orthography.