VULNERABILITY AND THE ART OF PROTECTION
Curing and Healing
Medical Anthropology in Global Perspective
Second Edition
Andrew Strathern and Pamela J. Stewart

Physicians at Work, Patients in Pain
Biomedical Practice and Patient Response in Mexico
Second Edition
Kaja Finkler

Healing the Modern in a Central Javanese City
Second Edition
Steve Ferzacca

Elusive Fragments
Making Power, Propriety and Health in Samoa
Douglass D. Drozdow-St. Christian

Endangered Species
Health, Illness, and Death Among Madagascar’s People of the Forest
Janice Harper

The Practice of Concern
Ritual, Well-Being, and Aging in Rural Japan
John W. Traphagan
The Gene and the Genie
Tradition, Medicalization and Genetic Counseling
in a Bedouin Community in Israel
Aviad E. Raz

Social Discord and Bodily Disorders
Healing Among the Yupno of Papua New Guinea
Verena Keck

Indigenous Peoples and Diabetes
Community Empowerment and Wellness
Mariana Leal Ferreira and Gretchen Chesley Lang

We Have No Microbes Here
Healing Practices in a Turkish Black Sea Village
Sylvia Wing Önder

Of Orderlies and Men
Hospital Porters Achieving Wellness at Work
Nigel Rapport

The Maintenance of Life
Preventing Social Death through Euthanasia Talk and End-of-Life Care—
Lessons from The Netherlands
Frances Norwood

Lost Selves and Lonely Persons
Experiences of Illness and Well-Being among Tamil Refugees in Norway
Anne Sigfrid Gronseth

Vulnerability and the Art of Protection
Embodiment and Health Care in Morrocan Households
Marybeth MacPhee
Vulnerability and the Art of Protection

Embodyment and Health Care in Moroccan Households

Marybeth J. MacPhee

Associate Professor
Department of Anthropology + Sociology
Roger Williams University

Carolina Academic Press
Durham, North Carolina
Library of Congress Cataloging-in-Publication Data

MacPhee, Marybeth Jeanette.
Vulnerability and the art of protection : embodiment and health care in Moroccan households / Marybeth J. MacPhee.
   p. cm. -- (Ethnographic studies in medical anthropology)
   Includes bibliographical references and index.

RA418.3.M77M34 2012
362.10964--dc23 2012023667

CAROLINA ACADEMIC PRESS
700 Kent Street
Durham, North Carolina 27701
Telephone (919) 489-7486
Fax (919) 493-5668
www.cap-press.com

Printed in the United States of America
CONTENTS

Figures xi
Series Editors’ Preface • Wives, Restless Spirits, and Protective Devices xiii
Acknowledgments xix
System of Transliteration xxı

Part I · Medical Pluralism and Embodied Knowledge 1
Chapter 1 · Introduction 3
  Health Promotion Reconsidered 5
  Health Behavior in Context 6
  Culture and the Individual 7
  The Household Production of Health 10
  Grasping the Elusive 15
  Vulnerability and Protection 17

Chapter 2 · Errachidia 21
  Town and Province 23
  Politics of Economic Development 24
  Health Care 25
  Social Diversity 27
  Research Design 30

Chapter 3 · Maternal-Child Health in Perspective 33
  The Politics of Home Birth 36
  Saharan Constructions of Danger 39
  Humoral Imbalance 40
  The Eye 42
  Spirit Attack 43
  Magical Curses 44
  Microbes 45
Chapter 4 • The Aesthetics of Saharan Domestic Life 49
   The Lived Meaning of Health 50
   Interiority 51
   Unity 56
   Balance 62
   Purity 66
   Discord and Change 70

Part II • The Art of Protection 77
Chapter 5 • Vulnerability and Security 79
   Vulnerability as Embodied Experience 82
   Variations in the Context of Transition:
      A Comparison of 3 Weddings 86
   Embodied Structures of Vulnerability and Security 93
   Openness and Enclosure 96
   Isolation and Unity 99
   Imbalance and Equilibrium 101
   Defilement and Purification 103
   The Aesthetic Underpinnings of Vulnerability Management 104

Chapter 6 • Naima’s Pregnancy 107
   Pregnancy Customs 108
   Pregnant and Divorced 112
   Intersections of Health Behavior and Vulnerability Management 116

Chapter 7 • The Birth of Fatiha’s Son 121
   Childbirth Customs 122
   Fatiha’s Hospital Birth 127
   Post-Partum Complications 132

Chapter 8 • Lalla Kabira’s Stolen Breastmilk 139
   Breastfeeding Customs 139
   Lalla Kabira’s Trouble with Stolen Milk 143
   Good Milk and Bad Milk 147

Chapter 9 • Embodied Knowledge in Action 155
   Elements of Vulnerability in Saharan Culture 157
   Saharan Principles of Health Practice 161
   Mechanisms of Embodying Cultural Knowledge 165
CONTENTS

Cultural Aesthetics and Historic Change 170
Applications of Embodied Vulnerability in a Risk Society 172
Recommendations for Future Research 177

Notes by Chapter 181
  Chapter 1: Introduction 181
  Chapter 2: Errachidia 181
  Chapter 3: Maternal-Child Health in Perspective 182
  Chapter 4: The Aesthetics of Saharan Domestic Life 182
  Chapter 5: Vulnerability and Security 183
  Chapter 6: Naima’s Pregnancy 183
  Chapter 7: The Birth of Fatiha’s Son 184
  Chapter 8: Lalla Kabiira’s Stolen Breastmilk 184
  Chapter 9: Embodied Knowledge in Action 184

Glossary of Arabic and Berber Terms 187
References 191
Index 197
Figures

Figure 1  Ziz Valley, Errachidia Province panorama  72
Figure 2  Central market, Errachidia  72
Figure 3  Errachidia neighborhood  73
Figure 4  Ksar ramparts  73
Figure 5  Girls at the village water tap  74
Figure 6  Saharan newborn  74
Figure 7  Berber bridal costume  75
Figure 8  The author showing hennaed hands before her engagement party  75
Series Editors’ Preface

Wives, Restless Spirits, and Protective Devices

Andrew Strathern & Pamela J. Stewart*

Most medical anthropology books begin with the phenomenon of illness and go on to discuss at length how it is treated, and how such treatment relates to ideas of the body and morality, politics, identity and the like. In this book Marybeth MacPhee takes a different tack. She concentrates on “the art of protection”: how the people she studied in Morocco seek to protect themselves against illness conditions, seeing these as often caused by unruly spirits...
(jinun) or the envious and malicious dispositions of neighbors. The focus of the study is on the agency of women, in their role as wives/housewives, who exert their efforts to protect themselves and their children. Men’s agency appears in the background of the study, either designed to protect themselves or to ward off bad effects that threaten their wives and children. A hierarchy of spiritual forces is called upon. At the apex of the hierarchy is Allah himself, and Allah may be invoked as the ultimate protector or guardian in both minor and major circumstances of perceived danger.

Based on her ethnographic fieldwork and her personal experiences in the field, Dr. MacPhee identifies a major cultural theme around which she integrates her analysis. This is the theme of vulnerability, the continuous perception that people need to protect themselves against the possibility of misfortune through illness. Gender issues certainly enter in here, centered on sexual relations and reproduction, starting with engagements to marry, marriage itself, pregnancy, birth of children, and the health of young children exposed to the danger of diseases such as diarrhea. MacPhee devotes a whole chapter in this book to mothers’ breastmilk, how it can become “bad” or insufficient, and what mothers do to optimize its virtues.

It emerges from the account that in sociological terms there is a great sense of distrust and edginess between women regarding child-bearing and marriage arrangements. Although MacPhee does not discuss this in great detail, the theme appears clearly. Perhaps there is an emphasis on reciprocity surrounding marriages via a pattern of marrying kin. Or perhaps there are tensions over polygyny in this Muslim society. In any case, people try to set up marriages for purposes of alliance. Yet divorce is apparently frequent, and men seem to be frequently away on work elsewhere. Married women are expected to be modest and not seek to be conspicuous in public; yet at marriage celebrations young women may openly display themselves in dancing for the wedding.

Neighbors are expected to be jealous. Compliments to a woman or her baby are considered dangerous as possible invocations of the “evil eye”, which MacPhee refers to simply as “the Eye”: like a transcendent force of ill-wishing, compounded out of individual dispositions. These observations fit well with the widespread Mediterranean theme of the evil eye, and on a much broader front with comparable data from New Guinea (explored in our book, Stewart and Strathern 2004). MacPhee explains that unbalanced humors in the body, envious neighbors, jinn spirits, sorcery, and microbes are all matters of potential fear and danger for people. The prevalence of humoral ideas of the body, correlated with careful attention given to the foods that new-born babies are fed, underlines the point that such foods (like herbs in other cultural contexts) function as kinds of medicines.
Cultural reasons for action are expressed often in striking images, such as the notion that excessive worrying leads to a pounding in the heart like spice pounded by a pestle in a mortar. Images of this sort correspond, in local usage, to the theoretical approach that MacPhee deploys in her study: cultural phenomenology. Steering a careful pathway between an emphasis on culture as collectively shared and implemented and a stress on culture as a framework within which individual make negotiations and compromises and balance complex issues and concerns, MacPhee decides that these two approaches can be seen a complementary. As we have noted, “culture” is abundantly evident in her data, but in a pluralistic form resulting from the historical admixture of diverse influences in the area.

The fact of pluralism also lends itself to the prevalence of choice-making and eclectic ways of dealing with contingencies in life patterns. The availability of biomedical options such as contraception or hospital birth simply adds to the plurality of choices women have. MacPhee’s stress on the contextual constraints of decisions-making corresponds to what we in our work on conflict and peace-making have called “actionscapes”. The frameworks of these actionscapes lend themselves to useful generalizations, of which the most notable in the study is the tension between closure and open-ness or interiority and exteriority. Protective devices safeguard interiority. They come into play particularly, as we might expect and MacPhee points out, at liminal moment of transition in the life cycle, pregnancy, birth, marriage—and surely, we might suggest, death, although this phase of the life cycle does not enter much into the account we are given. In some ways, a sense of liminality, and therefore vulnerability, pervades the whole life-cycle, because of the ever-present consciousness of the evil eye. People are cautious about letting neighbors know the good news of the birth of a son. Words of the Q’ran are written on slips of paper and dissolved into liquid for infants to drink. Women try to treat minor ailments with herbal remedies at home rather than taking children to hospital. Mothers try to conserve and maintain the quality of their breastmilk to feed their babies, and they are afraid that other women in the neighborhood may steal their milk. To prevent this happening, they have an interesting strategy: they try to behave well towards the women they suspect by offering them food, expecting that this positive act of generalized reciprocity will neutralize the specific negative reciprocity of the alleged theft: a neat extension of exteriority in order to protect interiority.

At several points we were reminded of emotive themes from an area of the world where we have done long-term fieldwork—that is, the Pacific. For example, pregnant women who develop cravings for a particular food should be
listened to and satisfied, for otherwise the child they bear is said to develop a blemish like the food denied to its mother. This notion is like the notion in Mount Hagen, Papua New Guinea, that a woman who is popokl, resentful about some refusal to satisfy her needs, must have those needs attended to, because otherwise she will fall sick and pigs have to be sacrificed to make her well. The idea that breastmilk may be stolen by an envious neighboring woman is similar to the idea among the Wiru people of Pangia in Papua New Guinea that one woman may use magic to steal the sweet potato tubers from a garden strip of a rival within a polygynous household. While the Berber Moroccan women whose lives MacPhee portrays exert magic to protect their milk, in one Pangia village studied in the 1970s–1980s people secretly adopted a range of magical means to stop the envious ghosts of dead marital partners from coming back and claiming them to join them in the land of the dead (see Stewart and Strathern 2003): each culture to its own heart-pounding anxieties. Finally, MacPhee notes a practice whereby children at weddings were protected against the evil eye by dressing them in rags rather than fine clothes. In a village among the Duna people of Papua New Guinea in the 1990s we found that both adults and children intentionally wore poor, patched and torn clothing in order to avoid inciting the jealousy of local “witches” (see Stewart and Strathern 2004). The shared sociological context in all of these examples is the fear of competitive envy and the necessity to counteract this in one way or another.

In summary here, Dr. MacPhee’s study contributes to the advancement of medical anthropology in a number ways. Ethnographically, her focus on women and their sense of vulnerability gives a convincing note to her discussions. Theoretically, her adoption of cultural phenomenology and with it the recognition of individual variability and choice among complex alternatives fits with the current recensions of theories of culture. And in comparative terms, parallels with other ethnographic contexts show that concrete circumstances of competition and jealousy, often exacerbated by rumor and gossip, lead to both suspicions of “witchcraft” and ritualized efforts to counteract it by protective devices.

Cromie Burn Research Unit
Department of Anthropology
University of Pittsburgh
2 May 2012
PJS and AJS
References


ACKNOWLEDGMENTS

This book is the outcome of several years spent studying household health in Morocco and many people have contributed to my understanding of the topic. The foundations of this understanding formed during my field trips to Morocco. I am indebted to my research assistant, Mama, for her devotion to the project and for serving as my tutor, advisor, and confidant. Other members of our household also were instrumental in helping me to recruit participants, collect data, and interpret results. Their insights made this a far richer project than I could ever have accomplished on my own. Additionally, I thank the generous women of Errachidia and Zaouia who participated in the study. They introduced me to new perspectives on health and healing and catalyzed a transformation in my approach to anthropology.

The maturation of that transformation took place gradually with contributions from valued mentors. Foremost among these contributors was Mark Nichter. He recognized the theme of vulnerability in my data before I could articulate the essence of what I had learned in Morocco and he encouraged me to persevere in developing a phenomenological interpretation of vulnerability. I am also indebted to Robert Desjarlais. Our sporadic conversations over the years deepened my understanding of cultural phenomenology in the study of embodiment, vulnerability, and security. Lastly, Suzanne Heurtin-Roberts was instrumental in fostering my thinking about culture and health behavior.

Additionally, multiple colleagues and friends offered feedback, advice, and support during the process of creating this book. In particular, I am grateful to Jessica Skolnikoff and Christine Holmberg for reading drafts of the manuscript, and Liz Cartwright for reviewing the manuscript proposal. The support of Jeremy Campbell, Jason Patch, Joseph Roberts, Teal Rothschild, and Jim Tackach eased the final stages of the project while I was teaching full-time at Roger Williams University. Several other colleagues and mentors from the University of Arizona, MIT, Amherst College, and beyond offered ideas, critiques, and encouragement during the research and analysis phases of the project. This group of contributors includes: Anne Bennett, Anne Betteridge, Julia
ACKNOWLEDGMENTS

Clancy-Smith, Laura Coughlin, Brian Edwards, Steve Ferzacca, Jane Hill, Oren Kosansky, Patrick McCray, Manju Mehta, Uday Mehta, Susan Miller, Mimi Nichter, Moore Quinn, Michelle Rein, Helen Robbins, Nancy Vuckovic, and Chris Walley. Special thanks goes to Elke Zuern for countless conversations about writing and for accompanying me on an emotionally charged return to Morocco after my divorce. Also, I am grateful to the series editors, Pamela Stewart and Andrew Strathern, and the editorial staff at Carolina Academic Press for helping me to transform the manuscript into a book. Finally, I want to thank my family for their unending support, patience, and assistance. More than anyone else, they made it possible for me to take the time I needed to make sense of the convoluted terrain of Saharan culture.

Several funding agencies provided grants to support the research described in the book. These include: the Foreign Language Area Studies fund (1994), the Fulbright Foundation (1996), the American Institute of Maghrebi Studies (1997), and Roger Williams University (2005). A portion of the data analysis was conducted while I was an Andrew Mellon Post-Doctoral Fellow at Amherst College (2000–2002). Research on integrative perspectives on health behavior was conducted partly during my post-doctoral fellowship in applied medical anthropology at National Cancer Institute (2002–2004). The Roger Williams University Foundation for Scholarship and Teaching supported the initial writing phase of the project through course release awards in 2006 and 2007.
**SYSTEM OF TRANSLITERATION**

This manuscript includes terms from the Colloquial Moroccan Arabic and Tamazight Berber languages. The system of transliteration that I use to represent these words for readers of English derives from two sources: *Historical Dictionary of Morocco* (Park 1996) and *A Dictionary of Moroccan Arabic* (Harrell and Sobelman 1966). The aim of this combination is to minimize the use of diacritical marks.

With a few exceptions, the chart below outlines the symbols I use to represent Arabic letters. The sound of words in the Moroccan dialect, which is primarily a spoken language, diverges from Modern Standard Arabic. As such, the representations I use have different spellings from similar words in dictionaries of MSA. For Moroccan place names and personal names, I use the French transliteration (without diacritical marks) that is used in Morocco. These nouns appear with standard capitalization to avoid confusion with the transcription code. A notable exception, however, is the term *ksar* (qSaar), which I write as it is written in Moroccan place-names.

<table>
<thead>
<tr>
<th>Arabic Letter</th>
<th>Roman</th>
<th>Arabic Letter</th>
<th>Roman</th>
</tr>
</thead>
<tbody>
<tr>
<td>ﺑ</td>
<td>b</td>
<td>ﺒ</td>
<td>e</td>
</tr>
<tr>
<td>ﺕ</td>
<td>t</td>
<td>ﻏ</td>
<td>gh</td>
</tr>
<tr>
<td>ﺝ</td>
<td>j</td>
<td>ﻟ</td>
<td>f</td>
</tr>
<tr>
<td>ﺑ</td>
<td>H</td>
<td>ﻟ</td>
<td>q</td>
</tr>
<tr>
<td>ﺝ</td>
<td>kh</td>
<td>ﺝ</td>
<td>k</td>
</tr>
<tr>
<td>ﺑ</td>
<td>d</td>
<td>ﺟ</td>
<td>l</td>
</tr>
<tr>
<td>ﺝ</td>
<td>dh</td>
<td>ﻟ</td>
<td>m</td>
</tr>
<tr>
<td>ﺝ</td>
<td>r</td>
<td>ﺝ</td>
<td>n</td>
</tr>
<tr>
<td>ﺝ</td>
<td>z</td>
<td>ﻟ</td>
<td>h</td>
</tr>
<tr>
<td>ﺝ</td>
<td>s</td>
<td>ﻟ</td>
<td>w</td>
</tr>
<tr>
<td>ﺝ</td>
<td>sh</td>
<td>ﻟ</td>
<td>y</td>
</tr>
<tr>
<td>ﺝ</td>
<td>S</td>
<td>ﻟ</td>
<td></td>
</tr>
<tr>
<td>ﺝ</td>
<td>D</td>
<td>ﺝ</td>
<td>a, i, u</td>
</tr>
<tr>
<td>ﺝ</td>
<td>T</td>
<td>ﻟ</td>
<td>aa, ii, uu</td>
</tr>
</tbody>
</table>

short vowels long vowels