The Evils of *Ruqyah* and Mental Health: Therapeutic Mobility in Algeria and in France

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Abstract In a context of social and political change in Algeria in the 1990s with the rise of Islamism, the *ruqyah*, which can be translated as "exorcism," has become an important recourse for many Muslim sufferers in Algeria and France. Distancing itself from traditionally known care offers and treatments, *ruqyah* presents itself as modern and "orthodox" while having a tendency towards globalization. Claiming its religious dimension, the *ruqyah* distinguishes oneself by its ability to expand its field of therapy to encompass the care of the body and psyche of the sufferer. The latter, in search of a cure and/or a solution to his evils (physical, psychic, social) in a context of national or transnational mobility, turns to the *râqis*, the *ruqyah practitioners*, while following a biomedical therapeutic itinerary and/or non-conventional therapeutics such as consultation of saints, *ṭâlebs*, religious brotherhoods or soothsayers. Through the examples encountered during anthropological investigations in Algeria and France in a predominantly urban space, I expose an experience of illness and suffering and their support in a dynamic of curing that are both plural and mobile.

Keywords Koranic healing – *ruqyah* – exorcism – spirit possession – witchcraft – jinn – sickness – supernatural beliefs – mental health – Muslim mobility – Maghreb – Algeria – France

Die Übel für eine *Ruqyah* und seelische Gesundheit. Muslimische Heilungswege in Algerien und Frankreich

Zusammenfassung Im Rahmen der sozialen und politischen Entwicklungen im Algerien der 1990er Jahre wurde mit dem Erstarken islamistischer Bewegungen auch die *Ruqyah* für viele Leiden der Muslime in Frankreich und Algerien zu einer wichtigen Ressource im Bestreben nach Genesung. Ruqyah kann als eine Form des Exozismus beschrieben werden und benutzt gesprochene Koranworte als wesentliches Element. Ruqyah distanziert sich bewusst von traditionellen Behandlungen und Heilmethoden und verortet sich selbst in den Rahmen der weltweiten Globalisierung als modern und zugleich "orthodox". Durch den Selbstbezug auf die religiös-spirituelle Ebene wird der Anspruch erhoben, zugleich integrierend für körperliche und seelische Leiden zuständig zu sein. Der auf Heilung bedachte Kranke sucht nach einer Behandlung und/oder nach Lösungen für Lebensprobleme und Übel körperlichen, seelischen und sozialen Ursprungs und wendet sich dabei im Rahmen nationaler und transnationaler moderner Mobilität an einen *Râqi*, den die *Ruqyah* ausübenden Experten, indem er im oder neben dem Rahmen biomedizinischer Therapien auch unkonventionelle Heilungsangebote in Heiligenschreinen, bei Korankundigen Magiern (*Ṭâleb*), religiösen Bruderschaften oder Wahrsagern etc. aufsucht. Die vorliegende ethnographische Studie schildert an beispielhaften Kasuistiken das benutzte Spektrum der Heilungsangebote in urbanen Räumen in Algerien und Frankreich und verdeutlicht dabei das Krankheitserleben und dessen Bewältigung im Rahmen einer Dynamik, die sich in einem vorliegenden pluralistischen Angebot der Gesundheitssorge bewegt und zugleich auf den Möglicheiten heutiger Mobilität aufbaut.

Schlagwörter Heilen mit dem Koran – *Ruqyah* – Hexerei – Exorzismus – Dschinn – Besessenheit – Glaube – seelische Gesundheit – muslimische Heilungssuche – Mobilität – Maghreb – Algerien – Frankreich

French abstract, see p. 366

Introduction

Attempts to apprehend the experience of illness and of its treatment in its plural and global dimensions, especially in a context of mobility notably between the South and the North, leads us to question the phenomenon of *ruqyah* which has become apparent since the 1990s in countries with a Muslim population such as Algeria and France (Bououne 2005, Cherak 2007). *Ruqyah* results from a social and political transformation linked to the emergence and to the activism of Islamic movements in Algeria, in particular the FIS[1] and is presented by its operators as salutary. It defines itself as a therapeutic practice

inspired by Sunni Islam (the Koran, Hadiths, classical and contemporary Islamic literature), and introduces a new conception of illnesses, suffering and appropriate treatments.

Between 1996 and 2007, I observed collective and individual rituals organized by *râqis* (specialists of *ruqyah*), in Algeria (Oran, its outskirts and region) and in France (Marseille, Paris), which allowed me to understand the meaning of the illness and suffering expressed by women and men in search of treatment. The interviews I conducted with the sick, their families and with the *râqis* offered me the opportunity to follow their therapeutic itineraries from the manifestation of the signs of evil to their treatment during the *ruqyah*. In order to enter this sort of therapeutic space, I had to integrate a dynamic network by relying on the mosque, journalists, and word-of-mouth. When they were informed of my presence as a doctoral student in anthropology, the sick as well as the *râqis* introduced me to their own networks.

As treatments are being privatized and merchandized, thus disrupting more and more the Algerian health field (Mebtoul 2004), "new" conceptions of illness and its treatment by The *râqi*, sufferers and their families, are appearing. This situation has created a will to differentiate these approaches from certain traditional representations and practices carried out by *ṭâlebs*[2], seers, saints and marabout brotherhoods. The latter invoke *baraka* and supernatural forces (Andezian 2001, Chlyeh 1998, Crapanzano 2000, Hell 1999, Fenneke 1991, Mohia-Navet 1993, Naamouni 1993, Ouitis 1984, Toualbi 1984) and are thus in contradiction with Islamic orthodoxy according to proponents of *ruqyah*. An Islamic therapeutic identity (Longuenesse 1995) is thus attempting to distinguish itself by invoking the *ruqyah shar'iyya*,legitimized according to Islam and prophetic medicine.

From a local scale to a global scale, situated at the crossroads between a traditional cultural heritage, the influence of modernity and of a re-Islamization in Algeria (Boumezbar & Azine 2002, Burgat 1988, Fregosi 1995, Labat 1995, Rouadjia 1990) and in France (Amghar *et al.* 2007, Lamchichi 1999, Ternisien 2002), and even of a globalization of Islam (Cesari 2004, Roy 2002), the discourses and the knowledge of *ruqyah* operators, who represent a plural and polythetic entity (Saillant 2003: 263), imply a transformation concerning representations and health, namely mental health, practices. In order to apprehend the latter today, how do sufferers who chose *ruqyah* experience their illness? And how do they position themselves in their therapeutic mobility between "tradition" and "modernity" when it comes to the supply and demand of treatment in Algeria and in France?

In order to examine the therapeutic commitments constructed in mobility, it appeared heuristic to consider the etiology and nosology on which the members of the *ruqyah* rely to explain and classify the evils. The list of complaints that characterises the experience of the illness within the family, determines the status of the sufferer and gives direction to his therapeutic mobility which becomes apparent in a plurality of treatments.

Etiology and nosology of diseases and evils

Through etiology and nosology, health is a social construction translated into language and a social production inscribed in the body (Fassin 2005). This social construction of the illness as a common sense (Jaffre & Olivier de Sardan 1999) implies different levels of language to describe the evil before its treatment. Naming and classifying the evil include the recognition and the identifying phases of the signs (Aouattah 1993: 105). The experience of suffering generates an interpretative process determining natural and human causes, but also an occasional or permanent relationship with the categories of the pathogenic supernatural: jinns, magic spells and the evil eye. Here, I address possession and bewitchment as typical figures of the attack diagnosed by the *râqis* and accepted by the sick to explain the physical and psychological signs of the sufferer.

Possession

The arrival of *ruqyah* has lead to an evolution in the vocabulary of possession. In Algeria, the most commonly known vernacular expressions such as *madrûb* (stricken), *maskûn* (haunted), *mamlûk* (possessed) are now being replaced more and more frequently by the Arabic expression *mamsûs* (touched), from which a new name for the health-afflicting jinn has appeared: *mass* (touch, affection).

Two etiologies concern *jinns*, invisible creatures referred to in the Koran (Surah LXXII). Possession caused by an accident evokes a jinn disturbed in his environment of choice which is known to be humid and dirty (sink, bathroom, latrines): a pain or a paralysis characteristic of the *madrûb* indicates a jinn scalded by a liquid thrown without having pronounced the "bismillâh" formula (in the name of God). Possession due to a spell, which is much more common, alludes to a human intervention based on evil intentions, a wish to dominate or a desire of revenge.

Demonstrating its plasticity, the body is penetrated by the symbolism of the society it belongs to (Le Breton 1991: 177). A total, partial, internal or external jinnic attack expresses itself in the body's sensations and in different levels of consciousness. The mediatization of *ruqyah* (through literature, television, audiovisual means, Internet) highlights stereotypical signs. Combined with the signs of a spell, headaches, sleepwalking, the disregard for one's religious duties, dysfunctional relationships in a couple, and bad dreams are all identified in *ruqyah* literature[3].

Communication with jinns, bodily sensations, modified states of consciousness, "deviant acts" are all forms of a jinnic attack that can be detected even outside of the *ruqyah* ritual. The confirmation of the *râqi* is subsequent. Jinns are presumed to communicate in dreams and in reality. In dreams, when they are terrifying or deformed, they are considered as demons. The *râqi* recognizes possession through the harmful or erotic characteristics of the dream images.

Apart from their appearing repeatedly in dreams, jinns are supposed to contact the sufferer through sight and hearing when falling asleep. Not only does the sufferer hear the jinn calling his name, but he can also converse with the jinn. In the language of the sufferer, the jinn is able to "speak" and thus take part in the family's daily life by establishing dominating relationships, provoking jealousy between the sick and his family, showing protective attitudes towards a member of the family, or demanding gifts (ritual animal sacrifices, perfume, etc.) in order to favour the domestic economy (such as the father's fishing). All of these themes were related by Sabrina, an 18 years old from Oran, possessed by the jinniyya "mistress" of the house[4]. Embodying both a good and a wicked mother-figure, forming with her children the double-image of Sabrina's family, she was described as having hybrid cultural features (Sallmann 1992): she appeared as a beautiful European woman with blond hair in a bun, draped in a sari with her navel showing.

The Algerian situation during the 1990s was the scene of a dramatic social order (Fassin 2005) integrated by the sick. Visions attributed to contact with jinns reflect this state in Oran. Sabrina said she had thus seen hands crossed in the latrines, between which there was a head dripping with blood. While attending a *ruqyah*, Malika, who was possessed, related that a sick woman in trance had explained to the *râqi* Toufiq that a jinn "chased away" by terrorists had settled in her body.

Also characteristic of a jinnic attack, the physical sensations identified by the sufferer inside the body (a ball moving around, heat, heaviness, pain, trampling, crushing) or on the surface of the body (parestheses, ecchymosis) indicate an invisible evil. These pathognomonic signs may indicate a jinn circulating in the body and its concentration in certain places. The brain, the control centre of jinns according to a number of *râqis*, is favored along with the stomach and the uterus. Signs experienced by sick woman upon awakening like ecchymosis are reminders of the passage of a jinn lover. Different sensations can appear during or outside of the *ruqyah*, but the *ruqyah* may activate certain ones which can be interpreted by the *râqi*.

Lost or altered consciousness is an obvious sign of jinnic contamination. It places the sufferer on the border between the normal and the pathological: the trance, a moment of loss of identity, is the undeniable proof of the presence of a jinn. Marking a rupture of identity and a distance with the body, the sufferer in trance expresses himself in the third person singular when speaking about himself. This "dissociation" of identity indicates the disappearance of the sick behind the jinn's will through gestures, facial expressions, his voice, speech and attitudes.

In Oran, the expressions which refer to the trance of the possessed such as *yakhdam* (he is working), *yatûb* (he is repenting), *yazhad* (he is becoming ascetic), *yajḏib* (he is in ecstasy), are all reserved solely for the ritual trance which takes place within the religious brotherhoods (Gnaoua, Aïssaoua). The actors of the *ruqyah* speak of *hudûr* (presence), to refer to the modification of the consciousness and/or of the behavior[5]. The expression *sar'* (knock down),

which refers to the state of unconsciousness accompanying the trance, is often used to evoke epileptic fits. In the *ruqyah*, the trance of the sufferer loses its sacred dimension which is generated by the dance of the possession (Chlyeh 1998, Hell 1999). It is intrumentalized in the *ruqyah*, and is thus reduced to the therapeutic field which allows for a negociation with the jinns in order to relieve the afflicted person.

Similar to strong emotions (anger, fear, shock), exciting jinns, reciting the Koran, triggers a state of trance. This state, which is sought for during the *ruqyah*, legitimates a symbolic space enabling one to enter into contact with the invisible. Once triggered, it is associated with the therapeutic process and provides it with all its meaning. Placed in the centre of the ritual, the possessed is an active actor. As a conscious or unconscious intermediary, he is lead to identify and describe the sources of his evil.

Possession, in its diverse forms and degrees of consciousness including trance, is experienced in the ritual space of the *râqi*, at home, at the mosque, or in other places. Observed by the entourage, it appears as a means of communication with the invisible morbidity which occupies the body of the sufferer and must reveal the causes of the evil and the means to cure it. A husband from Aix-en-Provence was thus lead to provoke his wife's trance by reciting the Koran like a *râqi* in order to examine the causes which were provoking the grounds for imminent divorce in a couple. Likewise, former possessed people can provoke their own trance state.

Considered by the actors of the *ruqyah* as a gathering place for Muslim jinns or those "converted" to Islam and which have been "stabilized" by the *râqis* after their exit from the possessed person's body, the mosque also serves as an entrance space into trance for women in Oran. These involuntary trances involve stimulations evoking the sacred. On the 27th night of Ramadan, which is called the night of destiny, resin is burned thus facilitating the sufferers' trance. These states are also triggered by the psalmody of the Koran and the preaching of zealous imams during the Friday prayer[6]. A number of signs can be observed in these places of worship such as falls, faintings, convulsive movements, and crying. These reactions, in particular the crying, are on the border of the state of *khuchû'* (sacred fear), which is symptomatic of higher states in the approach of the divine.

Witchcraft

Executed by a jinn "responsible for" an evil action, a food spell, a sprinkled spell or a buried spell, is entrusted to a third party who is supposed to employ the services of a sorcerer. According to the *râqis*, the spell targets health, education, work, marriage and relationships. In addition to these specific spells, there is also *sihr al-ta'tîl al-'âm* (the enchantment of general obstruction)*, a "new" type of spell aimed at destroying the entire person. Another spell pointed out by the *râqis* is the collective enchantment which targets many family members at the same time.

The *râqis* are conscious of the development of a religious sensitivity, in particular concerning the invisible world, attach importance to listen to the sick persons. The latter and their families believe in the occult manipulation of behaviour, and blame this on the will of the social actors and their power of decision-making. Belief in the power of a sorcerer manipulating the jinns entails the possibility of meeting him in the close or extended entourage.

The discourse of possession and witchcraft of the actors of the *ruqyah* goes hand in hand with a descriptive and classifying corpus of the illness and of the suffering which places the vulnerable plaintiff in the status of a sick experiencing a "disabling" dimension provoked by his evil.

The sufferer and his status

The sufferer and his family consider the signs of evil not only as a problem to be resolved in order to recover one's health but also as an obstacle to the achievement of social projects (marriage, procreation, child rearing and childen's education, work, etc.). This lack of autonomy and this incapacity, which reduce the sufferer to the state of care-seeker or to that of someone constrained to become one by his entourage, should be underlined. It is important to list the various complaints of illness, of states of vulnerability, of incapacity, of physical or psychological "disabilities" which affect the person's social relationships and quality of life, and thus his mental health.

* All transliterations of Arabic words are listet in Arabic writing in figure 1, p. 286.

Figure 1: **Transliterations of Arabic words listed in Arabic, in order of the first use in the text***

Chapter: Introduction (and general): *ruqyah* رُقية (ruqyah) • *r qi* راقي (râqi) • *jinn* الجن • *baraka* بَركة (blessing) • *ruqyah shar'iyya* رُقية شرعية (legitimized according to Islam and prophetic medicine)

Possession: *madr b* مَضروب (stricken) • *mask n* مَسْكون (haunted) • *maml k* مَمْلوك (possessed) • *mass* مَس (touch, affection) • *yakhdam* يَخدم (he is working) • *yat b* يْتوب (he is repenting) • *yazhad* يَزهد (he is becoming ascetic) • *yajḏib* يَجذب (he is in ecstasy) • *hud r* حُضور (presence) • *sar* صَرع (knock down) • *khuch* خُشوع (sacred fear)

Witchcraft – Disease,"handicap" and vulnerability – The status of "sick":
sihr al-ta'tîl al-'âm سِحر التعطيل العام (the enchantment of general obstruction) • *tayyah-l sahh-t* طيَح لي صحَتي (he ruined my health) • *k fir* كافر (or infidel) jinn

Warda in the national therapeutic mobility: *'aqd t* عَقدات (mixtures of ingredients including plants) • *hij ma* حِجامة (scarification with the use of suction cups)

Arslan in the cross-border therapeutic mobility: *gezz na* قزانة ([woman] seer) [high arabic qazzâna] • *rayyeht* ريَّحت (I was cured) • *makt b* مَكتوب (destiny) • *mahb l* مَهبول (lunatic) • *majn n* مَجنون (insane) [possessed by a jinn, used for "crazy"] • *'Umra* عُمرة (small pilgrimage to Mecca) • *ṭ leb* (literally "Student", طلبة pl.) • *z ouia* زاوية (religious school or monastery)

* *Curare* says thank you for helpful advice to Gerd Winkelhane (Berlin) for the transliterations

Notes 9, 15: Warda, p. 290 (from the original field notes)

[…] ما يتيقش, il ne croit pas, يقولّي نتي درتي [la sorcellerie], c'est ça, qui m'a embêté, parce que لوكان النهار لّي جاوني الجنون و كنت نخرج للزونقا لوكان دّاني داواني, هو يقولّك déjà ما يتيقش , لو كان يتيق لوكان le psychologue, ما صبرتيش...يقولّك زعما قلبك صغير ما رفدتيش زعما .ça y est - يقولّك نتي مرضتي هبلتي و les problèmes qui se passent في الدنيا هاذي هي.

Notes 11, 15: Arslan, p. 292 (from the original field notes, translated into English)

It's terrible when a sick arrives…he arrives at someone's house and the person doesn't take it seriously, he repressed him, he tells him: "well, you have nothing at all" […] it's terrible because […]," أنا كي وصلت قلت Il a raison" (I said to myself maybe he is right), he knows better than me. I come at him, he says to me: "no, you have nothing" [....]. I said if the guy tells me "اشرب الماء drink water", there is nothing, "و هو and he" already said to me: "you have nothing at all" [...] I came home, "واش ندير في راسي what do I put in my head?". Good, the first time at least it's clear, I know that "ما زال فيّ السحر ولاّ جن I still have witchcraft or a jinn". I was going to see him, he said to me: "ما عندك والو no, you have nothing". The situation is serious again, because here at least the begin. The solution is that, the *ruqyah*, "خلاص that's all", but there is no solution, because there I am hurt and I do not hurt [...] here, you feel lost, because you have pain and you do not hurt [...] I knew it was, "هو يقولّي he tells me: no, you are not sick, ما عندكش السحر you do not have witchcraft" [...] what is happening? Here is the problem [...]. Maybe he is right, maybe nothing is wrong with me. If he says so it's because he's a specialist […]. No, "قالّي واش عندك he told me what did you?" He did not give me the time to explain to him, I told him: I am hurt and all […] no, no, "قلت له كان عندي سحور I had witchcraft and everything" [...]. I said to myself maybe he is right, maybe nothing is wrong with me. If he says so it's because he's a specialist […] I'm normal and I'm not normal […]. Before seeing him, it was much better, because I was doing something, I was looking for someone who does *ruqyah*, because I was convinced that was that. At least, as long as "ما لقيتهمش السحور ولاخر I did not find them, witchcraft and the other thing" [...] I do not know jinniyya […] [...] I lived like that for years, I'm looking for *ruqyah* because as he shut [all] the doors for me [...].

Disease, "handicap" and vulnerability

The expression "illness" designates physical and psychological suffering. The sufferers, recognized as sick, are presented as possessed and bewitched and as presenting isolated or groups of signs such as headaches, lower back pain, shoulder pains, occiput and back pain, dyspnoea, fatigue, female disorders (miscarriages, infertility, etc.), digestive disorders, moodiness, sleeping disorders, skin problems, hair loss, resistance to medication (refusal, intolerance, inefficiency), and disregard for their home. Likening these signs to attacks from jinns or witches, *râqis*, like Toufiq from Oran, divide the questions aiming at a diagnosis into interactive themes: health, religion and relationships. The *râqis* and the sick recognize the close link between a health disorder and the areas of the sick's family, social and professional life. The illness is seen as an obstacle or a handicap to an efficient social participation.

There is a sense of vulnerability in one's daily life which is rooted in the body and in the social field. Relationship problems later blamed on jinns and spells are seen as putting health at stake. In Oran, it is common to hear a woman complaining *tayyah-lî sahh-tî* (he ruined my health), thus imputing her health problems to her husband's obnoxious character or quarrelsome, which explains her resorting to doctors and medication. Such a correlation between exposure to tensions in one's entourage (arguments, inheritance conflicts, jealousy) and the damage to one's health are imputed to the lossening of social bonds and their inefficiency. These social links, which have been weakened and threatened by economic crises, the violence of the "dark decade"[7] and socio-political changes in Algeria since the 1990s, shows the difficulty of transitioning from a community-based society founded on lineages (kinship, genealogy) and clientelism towards a society integrating a social division of work and citizenship (Addi 1999: 190). As a guarantee of solidarity, this community-based social link, in its structure and its representations, conceals the emergence of the individual who is often hidden behind the group. Any individual transgression of moral or religious norms putting honor at stake extends to the social group and needs to be interpreted in connection with the deviance or the illness.

Other disorders attributed to the interference of harmful invisible forces relate to failure at school or in one's job, infertility, divorce, and bachelorhood, which many anthropologists include in the sphere of misfortune, unhappiness and wretch (Dozon 1987: 19). Evoking bachelorhood, the Algerian girl, and so in the whole Maghreb, had to undergo magical rituals, currently criticized by the *râqis*, to "protect" their virginity until they married (Ben Dridi 2010). As quoted by Zemmour (2002), the value of virginity in Algerian society encourages families to marry their daughters earlier in order to ensure social prestige and to avoid disapprovals and risks. Marriage, as an essential rite of passage in social exchange, offers a young girl the status of a woman as the custodian of solidarity and continuity in the family (Ferradji 2010: 141, Droz-Mendelzweig 2003). In the Algerian context, being single can not only be explained in terms of a demographic explosion and of an economic crisis which has resulted in housing and unemployment problems, but also in terms of a dysfunctional urban networks of women mediators in the marriage market like Turkish bath (*ḥammām*), pilgrimage of saints, celebrations, etc., matrimonial choices, which are more and more direct, focus on other criteria like exogamy or new meeting places in proximity (work, studies, public places) and modern means of communication (telephone, newspapers, internet).

A number of single sick, among whom some have degrees (Hayeff, 1993), await a solution from the *râqi*, following the example of the *ṭâleb* who is sollicited for marriages. Despite being less sensitive to social control, single men are becoming a more common profile among sick consulting *râqis*.

Social vulnerability which classifies the status of "unmarried young ladies" as outside the game of social success is similar to the case of divorced and infertile women. Maternal identity allows one to assume the role of the mother and guarantor of the primary socialization of children and exposes sterile women to crises (Dachmi 2000: 56). This vulnerability of married women without children is known in the Algerian family which organizes, among other things, pilgrimages to saints' tombs and magic rituals. Through the values of the patriarchal family, the spouse who becomes a mother is protected (Addi 1999: 70–71) since infertility or the inability to carry a pregnancy to its term are considered not only as a lack of womanhood but also as a threat of divorce or of polygamy if there is no descendance, in particular a male child. But

when medicine proved to be powerless or could not designate "rational" causes which might prevent child-bearing, the woman who is stigmatized will combine biomedicine and unconventional practices like *ruqyah* or will make do with *râqis*. I thus encountered a "sterile" woman in Oran for whom doctors in Algeria and in France could not explain the problem but for whom the spell identified by the *râqi* Toufiq gave meaning to her disorder and justified her using *ruqyah*.

The status of "sick"

The families and the *râqis* do not speak of madness or of mental illness, which are considered to be stigmatizing, but simply of illness, even if the sick is in a psychiatric service and taking medecine. Subject to social norms, this status of "sick" is negociated and redefined, and its construction is a process which takes time. The sufferer, perceived by the entourage as a victim to be treated, starts by consulting doctors for symptoms which seem to belong to the medical field because they are expressed in the form of disorders. Yet, even if all the seekers of *ruqyah* do not present themselves as sick during the first visit of the *râqi*, this status is acquired: infertility, divorce, being single, all of these failures are associated with the illness since they provoke somatic and psychological suffering.

The development of the "illness-suffering" narrative within the family is organized around the interpretation of the evil before, during and after the treatment. A sick and her family, for example, established a link between the signs and an important event which had marked their memory such as a wedding party, a delivery, a school exam, a threat, etc. The experience is memorized and often transmitted orally with an identification of the signs, their development, their explanation, their treatment and their therapeutic efficiency. In this process of recollection, the entourage participates by evoking dates, the circumstances triggering the evil, the actions and the reactions of the sick when interacting with his family and in the presence of the *râqi*. The sick may experience strong emotions or feal ill at ease when talking about his illness. Certain details can prove to be dangerous, which is a belief that some sick share with the *râqis*: the jinn which is still attached to the body can "listen" to the narrative and manifest itself. The possession presents the risk of influencing the entourage, and appears to the sick's family as a risk of contagion (JODELET 1989). Indeed, the jinns would pass from a contaminated body to another healthy but presdisposed body.

The sufferer's behaviour is subject to interpretation on the part of the entourage. The latter, controlling the sick, judges and evaluates the evil which risks worsening. The "deviance" can be identified in the transgression of social or religious bans. Growing away from Islam, desecrating its symbols (throwing the Koran away) or not respecting one's duties, all point to a confused posture which signifies a rebellion that requires disciplining, and provokes remorse and repentance, but also to the act of a person possessed by a *kafir* (or infidel) jinn.

Other instances of violent conduct towards oneself and towards others are a warning signal for the entourage. The *râqi* becomes a resort for the families to dispel the confusion which may arise and which requires to distinguish a possessed person from a madman. A former sick who consulted psychiatrists is thus taken to see the *râqis* by his brother, a medical student. Two *râqis* in Oran dismissed the hypothesis of a possession since the sick did not manifest "clear" signs during the Koranic recitation.

When possession and spells require long-term treatment through *ruqyah* and its related methods, they place the sufferer in the status of a sick expecting a cure. The entourage finally recognizes that the sufferer is ill. The latter is led to accept this status, and internalizes representations linking the illness to invisible agents of evil. Accepting his illness, he distances himself from social stigmatization which could give him the status of a madman. He manifests both a feeling of fear towards the enchanter who is suspected of renewing the spell, as well as a feeling of shame toward certain family members.

Jalila, a 46 years old, possessed and bewitched whom I met in Oran in 1998, was conscious that her children might be shocked by watching her in crisis, and felt ashamed in front of her son-in-law when he was visiting her. Relieved by the recognition of her possession, Jalila accepted that her husband attend the treatment sessions until she was cured.

The fear of being stigmatized pushes some sufferers to hide their evil even from members of their own family. Thus a sick woman who was possessed and bewitched, and who was a medical assistant in

Oran, did not want her husband to know she was ill and was following *ruqyah* rituals.

On the other hand, some sick see their illness as a therapeutic or social opportunity. The rebellious jinn could become an assistant jinn indicating the places and objects of witchcraft to be neutralized. Sabrina, who is possessed, considers that it is important for her to continue keeping her "family spell-detecting" jinn, even if she is likely to gain the status of seer, which is stigmatized by the *râqis*.

Therapeutic mobility

The therapeutic itinerary gives information on the decision-making process, which is often renewed by the sufferer and his family, and which justifies the explanations and the judgment on the signs of the evil and the means to eradicate them in the context of a national or transnational mobility.

Based on the notion of "suffering" (Ravi Priya 2012), the therapeutic itinerary evolves from the simple request for medication from a doctor to relieve the physical signs, to visiting a *ṭâleb*, a soothsayer, a saint, or a *râqi*. The latter is often the last one to be consulted, especially when his therapeutic activity is discovered later on. In their treatment process, the sick underline the role played by interpersonnal networks (family, neighbours work colleagues, unexpected encounters) and sometimes the role of virtual networks (literature, newspapers, television, Internet) which allow them to meet *râqis*.

In a local context or in one of mobility, the urban and semi-urban establishment of *râqis* in Algeria (in the city-centre of Oran, its surrounding neighbourhoods, the villages of Sidi al-Bachir, of Hassi-Mafsoukh, and of Es-Senia) and in France (Marseille, Paris) follows the strong demand for *ruqyah*. The latter offers a plurality of treatments with possible forms of adaptation which underlines the importance of representations of the body, of the illness and of the medication (Blanc & Monnais 2007). Depending on the meaning of this plurality and the recommendations of the social network, a *râqi* is chosen based on several criteria which determine his power and his therapeutic legitimacy. These are his orthodoxy, his availability, his conditions and methods of practice, his fees, his reputation and his therapeutic efficiency.

In Oran (centre, outskirts and surrounding area), geographical proximity is sought out by certain sick, especially in the case of recurrent crises requiring the immediate intervention of the *râqi*. Other sick prefer a *râqi* who is far from their household due to the fear of incurring the social stigma of their neighbours. The encounter with the "spy-enchanter" in the areas of *ruqyah* or in its proximity, which pose the threat of a new spell, is feared. *Râqis* show themselves in a position of social domination compared to traditional therapists, but some sick involved in *ruqyah* may visit a neighbourhood *ṭâleb* (this was the case for two sisters met in Oran and for one young woman in Aix-en-Provence). Some sick do not see any problem in consulting a psychiatrist before, during or after *ruqyah*.

Just like in the local context, the migratory mobility, which acquires a global dimension (Wihtol De Wenden 2009) reveals the circulation of complex forms of therapeutic treatment which vary according to the sick's expectations, his social network, conditions of recourse to curing and the health's structure facilities. This migratory mobility indicates a certain inequality in access to treatments (Sakoyan 2012). The quest for a cure and for family, social and professional solutions favors the circulation of sick from one neighbourhood to another, from one city to another, from a village to a city and vice-versa or from one country to another.

The therapeutic itineraries presents a diversity and a mobility which highlight the traditional and the conventional therapeutic markets, and *ruqyah*. The examples of two cases of sick persons in Algeria and in France focus on the correspondences between a discourse on the identification of the signs of the evil on the one hand and, on the other, on their treatment by the different care structures including *ruqyah*.

Warda in the national therapeutic mobility

Warda, 58 years old, retired high-school French teacher in Oran, who had formerly immigrated to France, was married, and had two children. She had sought out several therapists in search of a relief. The signs of her evil started in 1990 by leaving the class room when she felt "something" touch her back and enter her ears. She began to hear voices commanding actions.[8] The dominating voice, which

she did not first identify as a jinn, told her to go out at night dressed in her husband's clothes. The son hardly was able to prevent his mother from going out in disguise. Losing her way to work was a third sign of abnormality for her.

On the order of everyday life, the voices dictated banal orders but also "announced" death. The religious character of the voices stood out: men's and children's voices recited the Koran and informed her that they are sent by God. Disturbed by these voices, Warda would go up the stairs, would go back down, would go out at night, lacked sleep, no longer eat, isolated herself, and could not bear to be touched. During her strong crisis which lasted 15 days, Warda was persuaded that the jinns who possessed her came to kill her. She felt a strong tightness in the heart. Warda says she hit her daughter once. Conscious of her behaviour which was endangering her close and wider social circle, Warda attempted to solve things by trying to control herself and keep her autonomy (EHRENBERG 2013). Yet, the resistance to the domination of the voices by the reading the Koran, by disobeying, by pursuing her professional activity as a teacher resulted in Warda's experiencing aches, tingling, mutism and abandonment of the mosque.

Her husband, a former immigrant of France, who did not share the register of Warda's beliefs, took her directly to the psychiatric clinic of Oran:

> […] He does not believe, he does not believe. He says: "it's you [who had put the witchcraft]. That's what bothered me, because he does not believe. If he believed, already the day the jinns came to me and when I went out into the street, he would have taken me to be treated. […] He says: "[you have to see] psychologist. He says: you became ill, you became crazy and that's it, you were not patient [enough]. He says: you have a small heart and you could not bear the problems, that are happening in life, that's it.[9, 15]

Under the effect of medication, Warda is subject to drowsiness; yet the voices do not leave her. The diagnosed depression coexists with the supernational interpretation of the evil: medication "upholds" the body and prevents the jinn from gaining control over it. The psychiatrists consulted in France have convinced her of the supremacy of medication over jinns.

While following her psychiatric treatment and using the technical term of visual and auditory "hallucinations", Warda attended the Gnaoua, a brotherhood specialized in trance, in order to follow ten rituals ending with ritual animal sacrifices. Subsequently, since 1995, Warda undertook to consult three *râqis* in Oran one after the other, who prescribed various treatments like the consumption of *'aqdas* (mixtures of ingredients including plants) and the *hijâma* (scarification with the use of suction cups). *Ruqyah* allowed the identification of jinns and a spell. And through recollections of other signs of a spell like the discovery of black aspersions in her house, Warda accuses the wife of her brother-in-law who is a company manager. The sister-in-law, motivated by a competitive mind towards Warda (salaried activity, the building of a new house) would have taken revenge out of jealousy. Warda is educated compared to this sister-in-law, and praised by the latter's husband who values educated women. She feels dominated by her husband who starts the psychiatric therapeutic process while declaring that Warda is depressed and not possessed by jinns. The husband, who does not listen to her in daily affairs and who is in conflict over the family inheritance with his brother, had supposedly slowed down since the 1980s, under the effect of witchcraft, in building the family house: as he is a perfectionist, he is always destroying one part to reconstruct it. Warda also considers the unemployed situation of the two children (a daughter and a son) as the result of a spell thrown by her jealous sister-in-law. The latter, who has been informed of Warda's illness by her husband, neglected to visit her during her crises, which is another "proof" of her evil intentions towards the sufferer. This scenario of conflicts and misunderstandings in the Algerian family finds an explanation in the beliefs validated by the discourse of the *râqis*.

Warda visited a *ṭâleb*, in order to speed up her recovery process, and saw no contradiction in following different treatments. Her continual use of psychiatric treatment is perceived as a "routine medical procedure" which allows for other initiatives and an autonomy (SICOT 2006: 208) since for her it does not provoke a break with other nonconventional treatments. She refers alternatively to both therapeutic modes by recognizing jinns, spells and depression.

According to Warda, *ruqyah* which came in third position, was a natural process of her being taken in charge by the family when familiar biomedical and traditional solutions had been tried. The pres-

sure from her husband who began by advocating the psychiatric solution in Oran and a visit to French psychiatrists was an attempt to rationalize the explanation of the evil. However, the *ruqyah* was discovered, and combined with medication, is seen as a "legitimate" alternative based on the promotion of the religious dimension in the therapeutic process.

Founded on the mobilization of family and interpersonal relationships, the North-South mobility characterizes an approach which is open towards other choices of treatment. Intending to experience their first *ruqyah* or to reinforce therapeutic efficiency, sick living in France take advantage of the summer holidays to visit *râqis* known to be competent in Algeria. Young immigrant girls and Algerian native women of all ages attend *ruqyah* rituals at the homes of Toufiq, Reda and Hasni.

Arslan in the cross-border therapeutic mobility

The therapeutic search sometimes depends on opportunities in the host country. This is the case of a Kabyle, 39 years old, who is single and works as an administrative officer in Algiers. After visiting *râqis* there, Arslan discovered others in Aix-en-Provence and in Marseille.

Arslan prefers the south of France, a well-known destination for Kabyle migration (Temime 2001), and dates the beginning of his evil to 1986–1987 when he met a girl visiting him at his family's home. He then experienced a malaise felt at the office, a sore foot resembling an itch, and anxiety, which were reinforced by insomnia, nightmares and loss of appetite and weight. His friend, who is a doctor, diagnozed anxiety and prescribed medicine without being able to relieve him. He abandonned his job and during his visit to a *gezzana* ([woman] seer), a spell cast by a girl was identified in the melted lead. Following the advice of the *gezzana*, his shirt was washed and hung on the terrace. It was found torn the next day, which was another warning sign. The sufferer, who was sceptical at the first time, constructed the meaning of his illness by deduction. By adopting a cause and effect logic, he ended up by believing in this girl.

During his illness, the same young woman he had seen, who was eligible for marriage, announced that she could "help him". One day, she revealed that she had cancelled her engagement to a doctor, signifying her emotional attachment to the sick. "Helping" in Arslan's conception was proof that the spell could be reversed.

Arslan prayed but he could not bear to hear the Koran being recited. A friend did a *ruqyah* for him in a mosque in Algiers but could not show the origin of the evil. Upon arriving in Aix-en-Provence for a change of air, anxiety decreased and after a few months the sick gained weight again but the evil did not disappear. The improvement of his state was linked to the crossing of the sea whose water is supposed to undo spells. Indeed, people believe that seawater and salt destroy witchcraft:

> Psychology plays a role, I don't know, because the day I arrived here, I started to gain weight again, to eat normally, after 3, 4, 5 months, [there was] an incredible change. People when they cross the sea, I don't know, I felt better but it [the evil] wasn't gone […] at the beginning when I arrived here *rayyeht* (I was cured), but it was not enough to say I was cured.[10]

Quoting De Almeida, Meriem points out that the psychological disorders of the migrant concern those already present before the transplantation, those linked to this transplantation, and those acquired in exile (1993: 120). Far from reducing his suffering to a problem of cultural adaptation, as preferred by ethnopsychiatric theses, Arslan did not seem to have developed an "acculturation stress" (Sayegh & Lasry 1993) at the beginning of his arrival in France. However, after a few months, he succumbed to a new anxiety related to the living conditions of newcomers and which put to the test a link with alterity (Gouriou 2008: 258) that questioned the meaning of the displacement. This objective and subjective experience (D'Halluin 2009) refers to a "social suffering" (Demailly 2011: 51, Rossi 2008: 64).

Indeed, while encountering problems of work and marriage in France, Arslan believed in the beginning that this was due to a temporary economic instability, a *maktûb* (destiny), as he was experiencing a certain social marginality (Cuche 2009). He was intermittently in professions that he was not used to such as in painting and as an unskilled worker. The immigrant was perceived essentially as a labourer (Schnapper 1986: 157) for whom unemployement was unthinkable (Sayad 2006). This unstable situation which slowed down his social integration evokes a silent integration (Avenel & Cicchelli 2001: 75).

The *râqi* Saïd, whom he consulted in Marseille, did not diagnose any supernatural evil. Arslan still suspected a spell but with the "denial" of the *râqi*, he was confused about his suffering for a while:

> It's terrible when a sick arrives … he arrives at someone's house and the person doesn't take it seriously, he repressed him, he tells him: "well, you have nothing at all" […] it's terrible because […], "il a raison" (I said to myself maybe he is right), he knows better than me. I come at him, he says to me: "no, you have nothing" […] I said if the guy tells me "drink water," there is nothing, "and he" already said to me: "you have nothing at all" […] I came home, "what do I put in my head?" Good, the first time at least it's clear, I know that "I still have witchcraft or a jinn." I was going to see him, he said to me: "no, you have nothing." […][11, 15]

While simply reading about *ruqyah*, Arslan searched for a *râqi* for several years and managed to contact an imam *râqi* in Aix-en-Provence. The latter identified a *jinniyya* as the source of his anxiety and the cause of his bachelorhood, who was "concentrated" in the left foot: perspiration enabled him to identify it during the ritual. An evil eye is also identified, evoking envy of his social environment (TOUHAMI 2010). The sick did not expect this diagnosis, he was convinced that he was the victim of a spell. Possession by a *jinniyya* is shameful because it highlights madness and a symbolic female domination:

> […] I believed the *jinniyya* like a *mahbûl* (lunatic). I went to his house for that, I believed this witchcraft. Moreover, when he said to me: "you don't have witchcraft," I began to worry, [with] this witchcraft at least it was clear […] morally I'm depressed […] there are recurrent dreams, you can't sleep at night, I didn't know [about] the *jinniyya*, I was focused on witchcraft. Yes, I've heard about it, the jinn is something that he is mad, it's not somebody normal. For me a jinn is someone who doesn't know what he is doing, it's the *majnûn* (insane) for me, yet it wasn't that.[12]

After having distanced himself from his illness, Arslan's discourse became more nuanced. According to him, the possessed is a *majnûn*, affected by the jinns, a madman who loses his mind for a moment and recovers it afterwards. Yet, Arslan does not self-identify as a *majnûn* (DOLS 1992) nor as a madman, although he does recognize that there is a strong link between jinns and witchcraft:

> […] But in reality it isn't the same, between a madman and someone who is *majnûn*, the *majnûn* you see it's at certain moments, that's it, you find that he becomes conscious, you find that he is doing mad things, then *taf* (he calms down). That one is *majnûn*, he comes back to his right mind, at one moment he loses it, for a moment […] but a madman, he's constantly the same, he has completely lost his mind […] someone who is *majnûn* or possessed it's the same.[13]

Arslan alludes to the fact that it's the man and his family who must ask for marriage, the initiative does not come from the young woman. A "forced" marriage sows doubts in him. The dreaded power of witches able to "tie" the man they love pushed Arslan to adopt the hypothesis of a bewitchment targeting his bachelorhood and creating his social infortune including his health. The proximity with the young woman he did not request to marry is at the center of his suspicions. On his birthday, he had shared a couscous with her at home, which was an occasion to swallow the spell. The "revenge" manifested as a jinniyya carried by this spell which he "regurgitated" during a *ruqyah* ritual in Aix-en-Provence.

The *râqi* Rachid, consulted by Arslan in Marseille, prescribed plants dissolved in Koranized water. Arslan did not appreciate the taste, and rejected them. Considering himself cured, he committed himself to work and social activities in France which he had first chosen as a land of exile (HACHIMI ALAOUI 2001) and not as a land of immigration, while trying to escape his illness temporarily without thinking of returning.

National and transnational therapeutic mobility is provoked by the search for a meaning and for efficiency that often express a therapeutic and social wandering. Warda and Arslan are both searching for a meaning to their evil or harm (AUGÉ 1984) while relying on the family and the close network to explain, validate and treat the troubles which are invasive of both their bodies and their social network.

Like the North-South therapeutic mobility, the South-South treatment mobility is concerned by the mediatization of *ruqyah* which aims at conquering legitimacy and mobilizes the religious aspects on an informal market supplying treatments. This therapeutic mobility (LAGEISTE 2010) points to the globalization process of *ruqyah*.

A possessed young woman suffering from the symptoms of a rare disease (haemolacria, epistaxis, otorrhagia) and attending *ruqyah* with the general practitioner and *râqi* Brahim in a village in the region of Oran, turned towards Saudi Arabia in the search for a new *râqi*. An *'Umra* (small pilgrimage to Mecca), which is becoming more and more

popular in Algeria, can be a destination in search for *ruqyah*. An incoming flow of sick from the Middle-East, albeit more rare, also exists towards Algeria. A Yemenite young woman with a rare disease (a type of loss of blood), exposed to media coverage through television and Internet[14] was treated by a *râqi* in Relizane (Northwest Algeria).

Conclusion

The experience of the illness and of the treatment highlights transformations in the representations and the practices linked to the intervention of the *ruqyah* as an Islamic reading of health, in particular of mental health. *Ruqyah* creates a new dynamism in the health field and thus positions itself between medical practices and traditional ones with a view to adapting tradition to modernity and globalisation, as is the case for the practice of Ayurveda (Wujastik & Smith 2008).

The representations and the practices of the actors of *ruqyah* in Algeria and in France offer a variety of singular figures of therapeutic "branching" (Amselle 2001) and of adaptation to modern medical practices by mimicry (Abdmouleh 2010, Obadia 2007, Pordié & Simon 2013).

Whether inherited from the family and/or acquired from practitioners such as *râqis*, the meaning of the illness and of the suffering is gradually constructed from the diagnosis of the evil to its treatment. The sick understands the disorder according to the biomedical register and the beliefs, and depending on the recommendations of his entourage, the development of signs and the efficiency of the treatment. The latter is at the center of his preoccupations.

The sufferer reinvents and reconfigures representations around jinnic and magical entities affecting him. He adheres to beliefs, which are sometimes non traditional ones, and adopts practices related to protection and treatment that may or may not be linked to *ruqyah*. The use of psychiatry is not excluded when it comes to enriching the meaning of the sick's experience. The sick switches between the supernatural register to the medical register and vice-versa without there seeing any sense of contradiction. According to him, each specialist is competent in his respective field. By not relying solely on the orthodox or legitimate character of the treatment, the sick who resorts to *ruqyah* does not abandon traditional practices definitively: the *ṭâleb*, stigmatized by *râqis* which consider him as a sorcerer, is sometimes still consulted even after a *ruqyah* rituel. The sick's therapeutic itinerary is marked by indetermination and unpredictability (Massé 1998: 146).

Through the mediatization of *ruqyah*, representations and practices operate on the local and global levels by relying on a therapeutic pluralism (Benoist 1996) in which mobility itself plays a media and educational role. As it contributes to the initiation into the knowledge on *ruqyah*, this mobility reconfigures the therapeutic commitments of the sufferers and allows them to review the standards (Ducournau 2011) of what is "normal" and of what is "pathological" (Demailly 2011), as well as the therapeutic efficiency and failure, in order to establish choices and assess the treatment.

Without excluding the possibility that representations and knowledge on treatments can travel in both directions between the host country and the country of origin, *ruqyah* is the focal point of a North-South mobility. Some sick who are located on both sides of the Mediterranean seek to meet *râqis* in Algeria, who have a better reputation for subjugating the devils of *ruqyah*.

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Notes

1. FIS: Front Islamique du Salut, an Algerian political party founded in February 1989, with the aim of establishing an Islamic state.
2. In Algeria, the *ṭâleb (literally "Student")*, after studying in a *zâouia* (religious school or monastery), manipulates talismans and conducts exorcism rituals.
3. See the book by the Egyptian sheikh Wahid Abd-Assalâm Bâli in its Arabic version: *Al-Sârim al-Battâr fi al-tassadî li al-sahara al-achrâr,* https://archive.org/details/roqia_201609; translated into English: *Sword Against Black Magic & Evil Magicians,* https://archive.org/details/en_black_magic_evil_magicians; translated into French: *Sorcellerie. Sortilege, exorcisme et contre sorcellerie* http://www.islamicbook.ws/french/french-21.pdf
4. Jinns are supposed to share humans' household space.
5. The *hadra*: a ritual trance induced by music and religious chants.
6. According to the surveys conducted by Moussaoui (2009) in Algeria, young volunteer imams, preaching in "free" mosques, give religious discourses which enter into competition with those of traditional imams.

7. The expression “dark decade” refers to the period of civil war in Algeria from 26th December 1991 to 8th February 2002. It was characterized by the opposition between the State and the Islamist political parties aspiring to power, in particular the FIS, and the appearance of Islamist terrorism (see https://fr.wikipedia.org/wiki/Guerre_civile_alg%C3%A9rienne).
8. Interview with Warda on 12th July 1999 in Oran.
9. Interview with Warda on 19th July 1999 in Oran.
10. Interview with Arslan on 16th May 2002 (6.15 pm to 7.42 pm) in Aix-en-Provence.
11. Ibid.
12. Ibid.
13. Interview with Arslan on 18th May 2005 (3 pm to 6 pm) in Aix-en-Provence.
14. See video posted on 8th Septembrer 2013; “Le monde des djinns et la sorcellerie ! Une fille pleure des cailloux et du sang!“ http://www.youtube.com/watch?v=mU_h6u8YbIg.
15. The interviews were performed with Warda in a mixture of French and Arabic, and with Arslan in French, see more details of the interviews in figure 1, p. 286. The names are changed.

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