

Sleeping in the Womb: Protracted Pregnancies in the Maghreb

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From the late nineteenth century onward, studies on the Maghreb relate the belief that a child can 'fall asleep' in its mother's womb. It is thought that a sudden traumatic experience in the life of the mother, or the return of her menstrual blood, can arrest the development of a fetus. According to this belief, the unborn child will remain dormant for an indefinite period of time until it is awakened by magical or herbal treatment, by another social or psychological shock, or by sexual intercourse. Pregnancies can therefore last much longer than the normal nine months needed for gestation, and birth can be delayed as much as several years after conception. The belief appears to be well-known and persistent. Recently, when a group of Moroccan students gathered for dinner, everybody started laughing when a man pinched his paunch and exclaimed that he was pregnant with a 'sleeping child.' In classical Arabic, the child sleeping in the womb is called *rāqid*, locally pronounced as *rāqed* or *bū meḡīd*. *Rāqid* means 'resting' or 'sleeping.' Various Berber names have similar meanings.¹

Most reports on the belief are anecdotal and seldom provide background or an explanation of the phenomenon.² Sometimes, it is mentioned in passing that a certain person has 'slept' before he or she was born. A sleeping child is thought to have a special aura and several famous persons in Arab history are said to have been 'sleeping children.' Mālik ibn Anas, the founder of the Mālikī law school, for instance, is said to have slept for three years.

A few French authors have systematically analyzed the situations and the social contexts in which discourse on the 'sleeping child' has been used. Gaudry, for example, provides court records in her study on cases of 'children asleep.' At the time of her research, such cases were brought to the court of Geryville, Algeria, at least once every two years.³ Bousquet and

Jahier, Charnay and Milliot all focused on the juridical aspects of this phenomenon.⁴ Apart from Algeria, the notion has also been reported in Tunisia⁵ and Morocco,⁶ and can be found in several dictionaries. Migrants from the Maghreb took the idea with them to Europe, and Maghrebian feminist authors have included the topic in their novels.⁷

When I first read about the *rāqid* in the early eighties, I expected this belief to have disappeared in contemporary society. I was therefore surprised when in a conversation about pregnancy, Raḍia, my first landlady and friend during my anthropological fieldwork in a large Algerian town in 1981-82, started laughing when I asked her whether she knew what a *rāqid* was. She pointed at her protruding belly and said, "This was also a *rāqid*." This led me to ask more women about the concept and to note the contexts in which people discussed it. The term was still regularly used to refer to actual cases or in discussing the fate of others.⁸ To understand why Raḍia, a 27-year old modern urban woman with a secondary education, from a middle class background with work experience as a secretary, and others in North Africa have adopted this notion, I compared modern interpretations with explanations given in more dated literature. On the basis of my first analysis of Algerian material,⁹ Verberkmoes later interviewed Moroccan emigrants in the Netherlands for her M.A. thesis.¹⁰ This article combines our findings.

In both our studies, all respondents confirmed knowledge of the *rāqid* and could describe its main characteristic: that it is a fetus that stays in its mother's womb longer than normal. Nearly all respondents were literate and had access to mainstream biomedical sources about pregnancy. Of the twenty-five Moroccans Verberkmoes interviewed in the Netherlands, seventeen said they believed that a fetus could fall asleep; six of these added that they themselves, or one of their children, had been a *rāqid*. Zhor, for instance, a teacher born in 1959 in Mekness, answered the question of whether she knew of the *rāqid* and believed such a thing could happen, "Of course that is possible, why not? I have seen myself women who have a *rāqid*. And I was a *rāqid* myself!" Turia, born in 1955 in al-Jadida said, "Yes, why not? Do Dutch women not believe this? I think it is possible." Religious convictions are often evoked; a Berber seamstress (b. 1930) stated "Of course it is possible. Allah is great, He can do everything."¹¹ Of the three men who admitted to believing that pregnancy could be protracted, one said he had been a *rāqid* himself and another had a sister who had had a *rāqid* three times.

Three respondents rejected the idea, calling it nonsense, impossible, 'only stories people tell.' Two of them were men. One male teacher (b.

1951) said "No, I don't think it is possible. All children are born after nine months, or maybe ten. Earlier than nine months is possible, but not after two or three years or so, that is ridiculous." He then continued to tell us that his sister had been pregnant for six years, that is, she had had a very large belly and the local midwife also had said that she was pregnant all that time, so maybe it was true after all. The other man saw it as 'something women believe' and indicated that perhaps a cyst or the strong desire for a child could lead women to believe that they were pregnant when in fact they were not. Five respondents expressed doubts as to the possibility of protracted pregnancies. A male teacher (b. 1952) said "According to me it is not possible, but then, you never know. Is there proof that it is impossible? I think that all women in Morocco believe it, so maybe it is true." Or the housewife (b. 1951) who stated, "I don't know. I do not really believe it. But there are of course always things you cannot explain, not even scientifically. There are many people who say it is true and I also know women who say that they have had a *rāqid*. So maybe it is true." Generation, migration and education were also factors cited that may influence one's perception. "I don't know. Here in the Netherlands, at school, we have learned that a pregnancy always lasts nine months, sometimes less, seven or eight. But longer is impossible. I do not know if it is possible. My mother says it is. Some old Moroccan women know a lot about these things, but young people nearly know nothing. I have never actually seen it, but that is maybe because I live in the Netherlands. Why wouldn't it be possible?" (Habiba, geriatric attendant, born 1965, living in Rotterdam).¹²

The following review and elaboration of the theories on the 'sleeping child' demonstrates that the persistence of this idea may be based on its use as a psychological and social coping strategy. The 'sleeping child' provides a concept by which sexual and bodily experiences are expressed and power is negotiated between the sexes. As these experiences differ for various groups of women - married women, divorcees, widows, women whose husbands were abroad, migrant women - so do the ways in which this idea is put to use. This analysis will show women's creative use of patriarchal religious and legal theories to combat the worst effects of gender inequality.

Islamic and legal background

Belief in *rāqid* already existed in the first centuries of Islam, and probably even before. Several Arabic texts known to be from that period contain references to 'sleeping children.' The Islamic law schools have divergent views about the maximum term of pregnancy. Following the doctrine of their founder, Mālik ibn Anas, who was himself a *rāqid*, the

Mālikites are the most lenient in accepting a pregnancy period of up to five years. The Mālikite scholar Khalil said, "The widow or divorced woman who is in her *'idda* and doubts whether she is pregnant or not, must wait [to remarry] until the maximum term of gestation but the doctrine hesitates over the delay: four or five years."¹³ Ibn al-Qāsim accepted a term of five years. Some Mālikites go even further. In the fifteenth century, al-Wancherīsī wrote in his *al-Mi'yār*, "The woman can remain pregnant during five or seven years, when she is not subjected to intercourse."¹⁴ Other schools allow less time. For Shāfi'ites, the maximum length of a pregnancy can be four years. Hanafites as well as some Hanbalites believe that it can be no more than two years. Many others, both within and outside these schools, have criticized this acceptance of such exceptionally long terms and have denounced the belief.¹⁵

Modern laws no longer allow for the *rāqid*. In 1929, Egypt reduced the maximum length of pregnancy from two years to one year. Syria followed in 1953, Tunisia in 1956 and Morocco in 1957. Yet, protracted pregnancies are not completely excluded, as a year is still more than modern medical science would allow, and the Moroccan Code du Statut Personnel offers in Art. 57 that after one year, it is up to a judge to decide with the help of medical experts whether or not the woman is pregnant. Algeria, paradoxically, has established the maximum term at 10 months. European laws accept shorter terms than most North African countries. A woman can only be pregnant for 300 days, according to the Code Napoléon, and only 302 days according to German or Swiss law.¹⁶

Protection of paternity

In patrilineal and patriarchal societies such as those of the Maghreb, paternal rights are solidly supported and extend well after the dissolution of the marriage by death or divorce. To guarantee the paternity of her unborn children, a repudiated or divorced woman must wait three menstrual cycles and a widow four months and ten days after the dissolution of the marriage to establish whether she is pregnant. If she finds herself not pregnant after this waiting period, the *'idda*, she can remarry. If she is pregnant, she has to wait until the child is born. Paternity is then assigned to the ex- or late husband.

A belief in the *rāqid* extends men's claims to paternity, especially in unclear situations. Some women find it difficult to conform to the rules of the *'idda* because they menstruate irregularly or not at all; other women are simply unsure whether or not they are pregnant. In that case, they have to wait the maximum time. The longer this maximum term, the more chances men have to claim paternity of children born after the marriage is dissolved.

Some Algerian men have used this Islamic belief in court to claim paternity of children born a long time after divorce.¹⁷

It was far more common, however, for women to employ this concept to protect themselves in patriarchal systems. When a woman made such a claim, elderly midwives were often consulted as experts on the matter. What were the reasons women referred to the *râqid* and which were the conditions under which they did so? When and why did they find support among other women, especially traditional midwives?

Medical problems

Bousquet and Jahier argue that the survival of this belief can be explained by a misinterpretation of medical anomalies. People are familiar with the normal course of pregnancy and childbirth, yet, the following specific gynecological cases may cause women to think that they are pregnant while they are not.

In an ectopic pregnancy, initial signs are as normal. After four and a half months, the mother even may feel the movements of the child. But when the fetus dies, it is not always expelled. The mother does not feel her child any longer, but neither does she have a visible miscarriage. A new pregnancy may support her in the belief that this is the child she previously felt inside her but that she never bore. A second anomaly is prolonged retention, in which the fetus dies early but is retained for months, sometimes years, during which it mummifies; when it is eliminated, it is not always recognizable. When the same woman becomes pregnant again, she might claim that the first fetus has 'woken up.' A third ground for misinterpretation occurs when a woman becomes pregnant after a long period of amenorrhea. In certain circumstances, amenorrhea may include digestive troubles or the appearance of milk in the breasts. It is thus easy to make the mistake of concluding that one is carrying a child long before one actually does. A phantom pregnancy is the most frequent reason for miscalculating the length of term. Women in this condition experience all the outward signs of a pregnancy. Their menstruation stops, they gain weight, vomit, get heavy breasts and some even feel heavy labor pains at the imagined hour of delivery: only the baby is lacking.¹⁸ Phantom pregnancies may have a physical basis, such as when an infertilized egg (wind egg) becomes implanted in the womb, brings about the physical changes, and gives a positive result in a pregnancy test, but leads to a miscarriage after three months. Phantom pregnancies may also be the result of an extreme desire for children or, in the opposite case, out of extreme fear of being pregnant.

Although Bousquet and Jahier mention the imaginary pregnancy out of desire for children as the most frequent reason for the belief in the *râqid*,

they do not analyze why this is so. Insight into the importance of children for Maghrebi women is essential to understanding the roots of this desire.

Married women under pressure

The data collected in North Africa and among Moroccans in the Netherlands show that the belief in the *râqid* is often mentioned in conjunction with the reproductive problems of married women. The pressure to produce children is often high and the fear of sterility great, as the case of the following young bride illustrates:

I married when I was sixteen. After a year I still was not pregnant, and my husband became impatient. He said that I was not a good woman and that he would marry someone else if I did not get a child. I was really scared because when your husband divorces you, you have a lot of problems. You don't have any money then, and where would you live? My relatives all live in Morocco. So I was very afraid and nervous and each month the blood came and I cried again for a whole day. I was so afraid that I fell ill and could not eat any more. And my husband kept repeating that I had to go away. I did not eat anymore and I did not sleep anymore. Then there was no blood and I was nauseous and I had abdominal pains. I thought I was finally pregnant. Praise to God. I was very happy to be pregnant and my husband did not talk about another wife anymore and was really good to me. But after four months my belly stopped growing and I did not feel the baby. My husband became angry, he said that I lied to him and that I had to leave, and he beat me. But I knew for sure that there was a child, but I thought it was an *angoun* [Berber for sleeping child]. I went to a doctor here and he said that I was not pregnant, but I was convinced I was. While on vacation in Morocco, I went to a *tabîba* [Ar. female doctor] and she examined me. I told her everything and then she said I had a *râqid* and that I should wait. I was afraid my husband would not believe me, but the *tabîba* told him that I was really pregnant but that the child slept. And then he had to believe it. After two years, it woke up and then it was born. Everybody was very happy and we had a large feast (Zuligha, born 1961, Moroccan woman living in Amsterdam).¹⁹

In many societies, having children is essential to a socially acceptable status for a woman. It is said that 'Heaven is under the feet of the mothers.'

Children, and in particular boys, are not only important in securing a woman's position in the afterlife but also in this life. Having children consolidates her marriage and ensures the continuity of the family. Men are pressed to show their virility by siring offspring, but when the marriage remains fruitless or no sons are forthcoming and their masculinity comes into question, they tend to blame their wives and threaten their unilateral right to divorce or polygamy. Reproductive failures, including temporary ones, or those for which the man is in fact responsible, can have grave social consequences for women.

Under this social and psychological strain, a woman may react by saying that she is pregnant with a *rāqid*. This is not just an emotional reaction but also corporeal. A symptom of psychogenic infertility is amenorrhea. Lack of menstruation may convince a woman she is pregnant: she finds support in her physical symptoms. She will not easily accept someone else's opinion to the contrary.

A woman's belief in the *rāqid* may have a positive psychological effect. The assurance that one is pregnant brings emotional peace and may lead to a return of menstruation or ability to conceive.²⁰ She may also find support among her peers, and among traditional midwives who preach both biological and social wisdom. This social support is a mechanism by which the potential effects of 'victim-blaming' are alleviated. The unlucky wife is given the benefit of the doubt when dealing with premature divorce threats by the husband. Some give their support only hesitatingly:

Who told you that? [snickering] I do not believe such things. According to me it is impossible that a child remains so long in the womb. I don't know anybody who has a sleeping child, but I heard people talk about it. [Hesitatingly] You should ask my mother's neighbor. But you must be careful and ask it indirectly. Poor soul, she cannot have children and sometimes she says she has a *rāqid*. Later you don't hear anything about it anymore. It is pitiful. (Algerian legal advisor, 26 year old, unmarried).²¹

Others are less compassionate and will not support such claims of destitute women, like the 26 year old, fully licensed Algerian midwife, who said about her previous work in the hospital:

We regularly had women coming to us who said that they had a *rāqid*. Usually the child was dead. But there were also some who lied, who were not pregnant at all. These were always women from the mountains. They liked to be taken care of in the hospital and to

eat well. We sent them home immediately. These were chiefly women who could not get children.

The victims themselves often pass the blame to others by saying that evil jealous women have practiced black magic against them to cause their child to fall asleep.

The *rāqid* is but one of the options of infertile women in their quest for therapy, together with the use of herbs, magic, prayers to the saints, visits to the doctor, adultery, and, more recently, new reproductive technologies such as surgery, artificial insemination and in vitro fertilization.²² What is noted by Morsy and Inhorn for Egypt is also valid in the Maghreb: infertile women seek holistic health solutions, in which biomedical and ethnomedical approaches are simultaneously used and discursively connected.²³ In this connected worldview, herbs to cure infertility are also good for waking up a 'sleeping child,'²⁴ and actions to get pregnant also serve to awake one's 'sleeping child.' Another remedy for both problems is 'heating the womb' by eating spicy food, fumigation with hot spices,²⁵ or 'shocking the womb' with vigorous massage, or by putting ice cold water on it.²⁶

Inhorn's study of Egyptian women and their quest for conception contains no reference to the *rāqid*.²⁷ Does this mean that it disappeared there as a folk notion among the urban poor? This could well be, as Egypt was the first among the North African countries to change its laws concerning the duration of pregnancies. The influence of the Mālikites, the law school most favorably inclined towards the *rāqid*, on family law was strongest in Algeria and Morocco. On the other hand, Inhorn's neglect of the *rāqid* may also be due to the fact that she pays more attention to mechanical therapies than to the symbolic.

Apart from sterility and illness, miscarriage and temporary infertility also threaten women's reproduction. For example, after Raḍia said that the child she carried also was a *rāqid*, I asked her to explain:

When it was a few months old, I suddenly felt that it did not move anymore. I went to the Chinese doctor here in the hospital. She hardly looked at it, and said, 'Madam, baby is dead.' I told her that I hadn't had any bleeding or miscarriage, but she only said 'Baby will drop later.' On my way home and the whole night I cried. I cried my eyes out. I could not believe that the baby was dead. A few days later I went to an old woman. She treated me with a massage. [Laughing] It was more like gymnastics. With a couscous pan, she circled over my belly while she said prayers. She told me that the child would come if it was really dead, but that it would move if it

that it is true.

Mohammed, a Berber man from Morocco teaching in the Netherlands, was just as sceptical,

There are women who are very smart. They say that they are pregnant when the husband dies. Then they can get pregnant from someone else without getting into trouble. War widows say that they have a *rāqid* from their husband. If he has died in the war then they get a military pension for themselves and for their children, also the unborn child. The more children, the more pension.

From these statements, we can see several of the cultural functions of the *rāqid* for widows and divorcees. A primary function is to legitimize children born out of wedlock. A second is to safeguard the reputation of the mother and a third to acquire pension or inheritance rights for an unborn child. The last explanation has been given in many court documents.

Maghrebin laws based on the Islamic doctrine decree that women inherit half of the share allowed a man in an equal position. In practice, taking possession and control of this lesser share is often difficult or impossible. In general, women lack the power to defend themselves against discrimination although, with the help of others, some of them try, with varying degrees of success. In 1929, a repudiated woman in Aïlou demanded in court a share of the inheritance of her ex-husband for her son, who was born three years after the divorce. She lost her case, not because it was deemed impossible that her pregnancy had lasted that long, but because she had neglected to publicly announce her state before or during the divorce. Moreover, her position was weak because her husband had married five or six women in the hope of progeny, but none of them had given him children, thus giving reason to doubt his fertility.⁴⁸ In 1948, a woman in Rabat also claimed a pension from the man who had repudiated her because she was pregnant by him. Her ex-husband said that the child was not his, because his wife lived in another town during her waiting period. She won.⁴⁹ Hanoteau and Letourneux met a woman in an Algerian oasis who had declared herself pregnant when her husband died. When, after eight or ten years, a son was born, he was recognized as the rightful descendant of the old shaykh and not only inherited all his land but later also took his place among the notables.⁵⁰ All the court cases examined by Gaudry concerned widows or divorcees, because only in their cases could fatherhood and the associated rights and duties could be contested. The

rāqid in question was always male, as it is mainly males who are relevant when claiming inheritance rights. Moreover, the putative father consistently belonged to a higher economic or social stratum than did the woman and her family.⁵¹

Upon dissolution of a marriage, a woman must indicate whether or not she is pregnant. To cover the shame of such a public announcement, this may be done symbolically, such as by kneeling and putting a slip of the dead husband's shroud over the head or, as Westermarck notes in the case of Morocco, by putting her belt on the cover alongside the body, or passing once underneath the bier, or thrice under the stretcher on which the body is carried.⁵² Amenorrhoea or menopause can cause a woman to be unsure of her state. Pregnancy can also be professed at this moment to make use of at a later stage.

The *rāqid* as a strategy of widows and divorcees to legitimize children born after the marriage, to safeguard their own reputation, or to ensure their child's maintenance or inheritance is subject to structural constraints. The quotations throughout and the court cases cited illustrate that this can easily be seen as a ruse, even by those who do not doubt the biological possibility of the *rāqid*. While a reference to her *rāqid* by an infertile woman threatened with divorce by her husband might not be believed by everyone around her, many people will respect and even support her claim. For a divorced or widowed woman, this is far more difficult and much depends on the social support she can mobilize.

'Green widows' have a somewhat easier time. These are women who due to migration of their husbands live separated from them, sometimes for long periods of time. Several authors have mentioned the *rāqid* relative to migration and long absences of the husband.⁵³ In the Mزاب, where the men have a long tradition of migration to Northern Algeria to trade, paternity is legally attributed to all children who are born within four years after the husband's departure. This is stated in the *Kitāb an-nīl*, which forms the legal code for the population of the Mزاب, but according to Goichon, such claims are hardly admitted in actual practice.⁵⁴ The respondents in Verberkmoes' research also frequently connect the *rāqid* with instances of migration. An elderly migrant from al-Hoceima, Morocco, who claimed to have been a *rāqid* himself, said women sometimes use the *rāqid* 'when the man is gone for a long period of time, to Europe, and the woman deceives her husband and gets a child from another man. Then she uses the *rāqid* as an excuse, she says that she already was pregnant from him, but that the child became a *rāqid* while he left. And he has to believe it because he is a man. Women know much more about these things.'⁵⁵ The

last sentences of this remark are interesting because they refer to the negotiation power of women on the basis of confirmation given by others. Another Moroccan woman in the Netherlands recounted,

My brother lived in France and his wife lived at that time in our house. My father thought that she had slept with another man, but she kept saying 'I have a *râqid*.' Then my father sent her to a *qâbla* (traditional midwife) to see if it was true. That midwife examined her completely, and felt and palpitated her abdomen and then said that it was not a normal child but a *râqid*. So the child was my brother's. After a year or a year and a half the baby was born and then we knew for sure that it was my brother's because my brother has reddish hair and the baby too. My brother in France first was very angry, but when he saw that the child looked just like him he agreed.¹⁶

The massive migration of Maghrebin men to Europe caused problems of solitude for their women left at home. Researchers seldom pay attention to the sexual frustration and loss of reproductive power these long separations caused. A few novels, like Tahar Ben Jelloun's *La plus haute des solitudes*, focus on this sexual deprivation, but only on the experience of the men. Very little has been said about women, whose deprivation experience is somewhat different from that of their husbands' and which are not typically softened by extra-marital lovers or second wives.

In this context, a *râqid* is not necessarily always a cover-up for solace sought in extra-marital relations. It may well be a physical protest against one's unhappy fate. Van den Berg-Eldering touches on the problem by indicating that the suffering of Moroccan women from the absence of sexual contact often takes the form of psycho-somatic pain in the abdomen.¹⁷ Their feelings are often articulated in the idiom of the *râqid*. The shock that causes immobilization of the fetus is the departure of the husband. Amina thought a fetus 'fell asleep' "because the mother is very much shocked or unhappy. Like my brother's wife. She did not like it at all that my brother lived in France."¹⁸ Reproduction stops in the absence of the husband. His semen, his warmth, and his movement, all of them remedies to awaken a *râqid*, are not there to revive the child. Migration to Western-Europe has not caused the *râqid* to disappear; on the contrary, it has given new meaning to this belief.

It would be facile to see the *râqid* as a mere ruse women employ to keep their husbands or to hide illicit contacts. Naamane rightly criticizes those who emphasize its use as a legal lie, a strategy to deceive.¹⁹ The cul-

tural 'truth' of the *râqid*, established through religion and, until some decades ago, laws, has always been contested on the rational level. But on the practical level, it continues to protect vulnerable women, because families and acquaintances who doubt claims of a *râqid* have a variety of reasons to nevertheless accept such a claim: genuine compassion with an infertile wife or a deserted daughter, desire to continue the family line, to protect the family honor without having to revert to revenge killings, lack of money for a new marriage, or to cover up incest. In all cases, social acknowledgement of the *râqid* was crucial to the fate of the woman and often of the extended family as well. Beginning with the earliest reports, the advice of old wise women who know about women's bodies and reproduction was asked and respected. The family's network, its previous standing and the respectful behavior of its women determined the social acceptance of the family's explanation. Those women who used the *râqid* as a ruse were always thought to belong to other families, never one's own.

The *râqid* is a means by which women may resist and react to the injustices of a patriarchal system, but it appears to turn against them when it challenges the gender hierarchy too profoundly. It is acceptable when expressing the sufferings of a sexually deprived 'green widow' or of a temporarily infertile woman. Among women, it is also a way to talk about medical anomalies or an incomplete natural or induced abortion. In other cases, the *râqid* is more skeptically received. Claims of widows or divorcees may occasionally be tolerated but are seldom believed.²⁰

Research on the *râqid* shows that people unhesitatingly and skilfully combine modern Western biomedical knowledge with ethnomedical beliefs and practices which heal not only the body, but also the mind and protect the social fabric. Social processes such as migration, education, globalization and even Islamization have caused the biomedical approach to gain precedence over more holistic approaches. The laws have been adapted to biomedical knowledge of pregnancy, making it nearly impossible to claim paternity or inheritance based on a *râqid* in this day and age. With the resurgence of Islam, revivalists have criticized ethnomedicine because of its reliance on magic, saints, massage, and other practices 'against Islam.' Medical practitioners dismiss such beliefs out of hand, without considering the psychological and social functions they may have, and without always being able to provide an alternative biomedical solution. Modern reproductive techniques cannot yet cure all types of infertility; modern clinical abortion or contraceptives are not yet unconditionally available in the Maghreb, and the social stigmatization and devaluation of childless women or women giving birth out of wedlock has not yet disappeared. The social and cultural circumstances on which the belief in the *râqid* has

thrived still exists.

Conclusion

Modern anthropologists are often very critical of the study of those topics which interested anthropologists in the beginning of the twentieth century. In the post-colonial era, or in post-Said or post-Lucas and Vatin⁵¹ North-African studies, descriptions of magic, superstitious beliefs and minor rituals are taboo. They are easily criticized as unethically exoticizing and thus degrading the 'Other.'⁵² Some urban intellectuals in North Africa refuse to deal with such aspects of their culture, which they are afraid will be read as backward, and consider their own concerns with the economic or political situation much more important. Yet, women in Algeria and Morocco not only worry about the economic decline of the country or the increasing influence of fundamentalists in politics, but also about more mundane matters such as how to get a husband and keep him or how to get a reasonable number of children who will take care of them when they are old.

The perspectives of these women, taking into consideration their agency and their search for empowerment, relative to the *râqid* must be considered anew. It should not simply be seen as ignorance, nor as a survival of premodern medical perceptions, but as an idiom by which sexual and bodily experiences are expressed and power is negotiated between the sexes. While the concept fitted into patrilineal and patriarchal thinking because it extended legal male control over offspring born outside of marriage, it was equally useful for women in defending themselves against the excessive demands on them within this system. The *râqid* was a coping strategy for some married infertile women, who thus managed to postpone divorce. Other married women used the concept to cope with reproductive losses ranging from miscarriage, menopause, long-term absence or desertion by the husband, or other traumatic experiences. Less successful was the *râqid* as a ruse, to cover up an extra-marital pregnancy or to solve one's financial problems by claiming another share of the husband's property. International migration, rather than causing belief in the *râqid* to fade, led instead to its revival; one cultural answer to sexual and socio-psychological inequities.

Endnotes

1. The word *râqid* ('sleeping,' 'the sleeping one') is derived from the verb *raqada*, to sleep, be asleep; to rest; to lie down to sleep; to abate, subside (see Hans Wehr, *A Dictionary of Modern Written Arabic* (Ithaca: Spoken Language Services, 1976), 354). It has been argued that the word comes from the verb *rakada*, 'to be motionless, still, stagnant.' This is unlikely as a *k* is never pronounced as a *g*, and also because Berber equivalents follow the meaning of sleeping. In the dialects of the Maghreb, *q* is often pronounced as *g*, as in the English *garden* or the French *garçon*. I will use here the term *raqid*, but in quotations, I will follow the author's transcription. In the different Berber dialects, other words are used, such as *tttes* in the Rif, *amjoun* and *asoufi* in the Zemmour, *amjoun* in the Middle Atlas, *lemnouts* in Lower Kabylia and *isudas* and *itag dhags* among the tribes of the Air Waryaghar. Odile Verberkmoes, *Raged. Hoe een foetus in de baarmoeder in slaap valt en pas jaren later geboren wordt*, (Utrecht: University of Utrecht, unpubl. M.A. thesis, 1988), 5.
2. See Fatima Memissi, *Vrouwen in Marokko aan het woord* (Weesp: Het Wereldvenster transl. of *Le Maroc raconté par ses femmes* 1985), 251; Germaine Tillon, *Le harem et les cousins* (Paris: Ed. du Seuil, 1966), 154; Abdelwahab Bouhdiba, *La sexualité en Islam* (Paris: PUF, 1975), 187; David Montgomery Hart, *The Air Waryaghar of the Moroccan Rif* (Tucson: University of Arizona Press, 1976), 151-152; Nefissa Zoukouri, *Enfants d'hier. L'Éducation de l'enfant algérien* (Paris: Maspéro, 1979), 71.
3. Mathèa Grady, *La société féminine au Djebel Amour et au Ksel* (Algier: Société Algérienne des Impressions Diverses, 1961), 485ff.
4. G.H. Bousquet and Henri Jabier, "L'enfant endormi. Notes juridiques, ethnographiques et obstétricales." *Revue Algérienne, Tunisienne et Marocaine de Législation et de Jurisprudence* (1941) 17-36; Jean-Paul Charney, *La vie musulmane en Algérie, d'après la jurisprudence de la première moitié du 20ème siècle* (Paris: PUF, 1965); Louis Milliot, *Introduction à l'étude de droit musulman, tome IV la famille* (Paris: Recueil Sirey, 1953).
5. Marie-Louise Dubouloz-Laffin, *Le Bou-Mergoud. Folklore Tunisien* (Paris: Maisonneuve, 1946), 274.
6. J. Mathieu; R. Marzville, *Les accoucheuses musulmanes traditionnelles de Casa Blanca* (Paris: Impr. Administrative Centrale, 1952), 45-58; Soumaya Naamane *De schaantje ontsoerd. Vrouwen uit Casablanca over huwelijk, seksualiteit en erotiek* (Amsterdam: Globe, transl. of *Au-delà de toute pudeur* 1994) 175-178.
7. Nejb Redouane, "Trois voix féminines dans L'Enfant endormi de Noufissa Sbaï." *IBLA* 61/181 (1998): 11-25; Noufissa Sbaï 1987 *L'enfant endormi* (Rabat: Edino, 1987).
8. Fellow scholars confirmed the same for other areas of the Maghreb, M. Viralle for Kabylia, M. Dasser for Salé, Morocco, and S. Andezian for Moroccans in France.
9. Cf. Willy Jansen, "Mythe of maech? Langdurige zwangerschappen in Noord-Afrika," *Tijdschrift voor Vrouwenstudies* 3/2 (1982): 158-179; Willy Jansen, *Women Without Men. Gender and Marginality in an Algerian Town* (Leiden: E.J. Brill, 1987).
10. Verberkmoes, *Raged*. I would like to thank Odile Verberkmoes for her permission to use her material and to quote extensively from her unpublished M.A. thesis. All translations from Dutch or French sources are mine.
11. Verberkmoes, *Raged*, 83, 101 and 90.
12. Verberkmoes, *Raged*, 85-106.
13. Bousquet and Jabier, "L'enfant endormi," 18.
14. G.H. Bousquet, *I. Précis de Droit Musulman, principalement malékite et algérien; II. Le droit musulman par les textes* (Algiers: La Maison des Livres, 1947), 147.
15. *Ibid.*, 18.
16. Jules Roussier "Le problème me des longues grossesses dans notre ancien Droit. Doctrine et jurisprudence des trois derniers siècles de l'Ancien Régime." in *Études Historiques à la mémoire de Noël Didié* (Paris: Ed. Montchrestien, 1966), 275-282.

17. Mathéa Gaudry, *La société féminine au Djebel Amour et au Ksel* (Alger: Société Algérienne des Impressions Diverses, 1961).
18. Bousquet and Jahier, "L'enfant endormi," 22-31.
19. Verberkmoes, *Raged*, 97.
20. Verberkmoes, *Raged*, 33.
21. Jansen, "Mythe of machi," 165.
22. Cf. J. Desparmet, *Coutumes, institutions, croyances des indigènes de l'Algérie* (tome I: L'enfance, le mariage et la famille) (Alger: Carbonel, 1939); Fatima Mernissi, "Women, Saints and Sanctuaries," *Signs* 3/1 (1977): 101-112; Soheir Morsy, *Gender, Sickness, and Healing in Rural Egypt. Ethnography in Historical Context* (Boulder: Westview Press, 1993); Marcia C. Inhorn, *Quest for Conception. Gender, Infertility, and Egyptian Medical Traditions* (Philadelphia: University of Pennsylvania Press, 1994).
23. Morsy, *Gender, Sickness, and Healing in Rural Egypt*; Inhorn, *Quest for Conception*. For Morocco, see the remarks of pregnancy as a symbolic field by Zoubir Chhattou "Grossesse et accouchement. Un champ symbolique. Cas de la société des Bni Izracen (Nord-Est du Maroc)," *The Maghreb Review* 18/3-4 (1993) 166-173.
24. Gaudry, *La société féminine au Djebel Amour et au Ksel*, 370.
25. André Louis, *Nomades d'hier et aujourd'hui dans le sud tunisien* (Aix en Provence: Edisud, 1963) 194; Gaudry, *La société féminine au Djebel Amour et au Ksel*, 370; Mathieu et Maneville, *Les accoucheuses musulmanes traditionnelles de Casa Blanca*, 45, 81.
26. Légy, doctoresse, *Essai de folklore marocain* (Paris: Geuthner, 1926), 70.
27. Inhorn, *Quest for Conception*.
28. Verberkmoes, *Raged*, 92.
29. *Ibid.*, 98.
30. AARDES, *La régulation des naissances. Opinions et attitudes des couples algériens* (Alger: AARDES, 1968), 35.
31. AARDES, 1970-72 *Enquête socio-démographique (1970-72)* 8 vols. (Alger: Association algérienne de recherche démographique, économique et sociale, 1970-1972), vol. 5, 74; Basim F. Musallam *Sex and Society in Islam. Birth Control before the Nineteenth Century* (Cambridge: Cambridge University Press, 1983), 57-59; H. Miner; G. de Vos *Oasis and Cashab: Algerian Culture and Personality in Change* (Ann Arbor: University of Michigan Press, 1960), 58; Mathieu et Maneville, *Les accoucheuses musulmanes traditionnelles de Casa Blanca*, 71.
32. For the question of abortion, cf. Therisa Rogers, "The Islamic Ethics of Abortion," *The Muslim World* LXXXIX/2 (1999) 122-129.
33. N.A.E. Haspels, "s Lands wijs, 's lands ecr," in *Marokkaanse moeders: pré- en postnatale zorg*, eds. D.G. Jongmans; N.A.E. Haspels; J. Tiekens (Muidersberg: Coutinho, 1984), 41.
34. Louis Lataillade, *Coutumes et superstitions obstétricales en Afrique du Nord* (Alger: Imprimerie G. Charty, 1936), 53.
35. Mathieu et Maneville, *Les accoucheuses musulmanes traditionnelles de Casa Blanca*, 81.
36. Verberkmoes, *Raged*, 98.
37. *Ibid.*, 99.
38. Gaudry, *La société féminine au Djebel Amour et au Ksel*, 486.
39. J. Lapanne-Joinville, *Recueil de jurisprudence chérifienne, tribunal d'appel de Chra', tome IV* (Paris: Recueil Sirey, 1952), 92-96.
40. A. Hanoteau; A. Letourneux, *La Kabylie et les coutumes kabyles*, 2 vols. (Paris: Challamel, 1893), 175.
41. Gaudry, *La société féminine au Djebel Amour et au Ksel*, 193.
42. Edward Westermarck, *Ritual and Belief in Morocco* (London: Macmillan, 1968, orig. 1926, 2 vols) vol. II: 453-455.
43. Dubouloz-Laffin, *Le Bou-Mergoud. Folklore Tunisien*, 274; Mathieu et Maneville, *Les accoucheuses musulmanes traditionnelles de Casa Blanca*, 47; Louis, *Nomades d'hier et aujourd'hui*, 177.
44. Amélie-Marie Goichon, *La vie féminine au Mzab* 2 vols. (Paris: Paul Geuthner, 1927-31), vol. I: 179.
45. Verberkmoes, *Raged*, 96.
46. *Ibid.*, 107.
47. Lotty van den Berg-Eldering, *Marokkaanse gezinnen in Nederland* (Alphen aan de Rijn: Samson, 1979), 93.
48. Verberkmoes, *Raged*, 107.
49. Naamane, *De schaamte ontsluitend*, 177.
50. Sbaï, *L'enfant endormi*.
51. Edward Said, *Orientalism* (London: Routledge & Kegan Paul, 1978); Philippe Lucas; Jean-Claude Vatin, *L'Algérie des anthropologues* (Paris: Maspero, 1979).
52. Willy Jansen, "Ethnocentrism in the study of Algerian women," in *Current Issues in Women's History*, eds. A. Angerman; G. Binnema; A. Keunen; V. Poels; J. Zirkzee (London: Routledge, 1989), 289-310.