

Excerpted from

Medicines of the Soul



*Female Bodies and Sacred Geographies
in a Transnational Islam*

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Breast Cancer, Medicine, and the Transnational Body

If Karîmân Hamza's spiritual journey saved her from a potential physical death, how much more dramatic a story is that of the Moroccan Leïla Lahlou, afflicted with a very serious disease, breast cancer. Lahlou's saga is quite memorable, detailing the case of a body ravaged by cancer and submitted to medical treatment. Ultimately, however, it is religion that will bring the cure. The intersection of this afflicted body with religion and the divine will be explored in chapter 5. The nexus of the female body and medicine is equally crucial, as the corporal intertwines in fascinating ways with the medical and the geographical. Various geographies manifest themselves as the mutating cancerous body traverses the globe.

Like her sisters in the Islamic revival movement who undergo dramatic spiritual experiences, Leïla Lahlou relates her journey in the first person.¹ *Do Not Forget God* (Falâ Tansa Allâh) is the title of her book.² More correctly, the title should be translated as *So Do Not Forget God*, but it will be rendered here as *Do Not Forget God*. Originally written in Arabic, the work has appeared in multiple editions and was translated into French as *N'oublie pas Dieu*.³ This French translation is unfortunately littered with errors (mistranslations, omissions of important materials like the religious intertext, etc.). Nevertheless, it will be used below at a specific stage in the analysis.

The injunction not to forget the Deity is in the masculine singular. True, strictly speaking, grammatically the use of the male gender could

include the female. But why stretch the linguistic limits when one is speaking, of all things, about breast cancer, an essentially female affliction?⁴ The significance of this grammatical choice will become evident as the analytical journey continues.

This title also stands out not so much because of what it includes (i.e., the male gender) as because of what it excludes. In the context of other works written by women and emanating from the Islamic revival movement, *Do Not Forget God* also singles itself out because of its absence of the personal. There is no reference here to “my journey,” as in the work of Karîmân Hamza or in the work briefly discussed, *Rihlatî min al-Zalamât ilâ al-Nûr* (My Journey from Darkness to Light) by Shams al-Bârûdî.⁵ *Do Not Forget God* is also far from *L’Islam, la femme, et l’intégrisme: Journal d’une jeune femme européenne* (Islam, Woman, and Integrism: Journal of a Young European Woman), the spiritual saga of Sultana Kouhmane, the Moroccan-Belgian Islamic activist who will figure prominently below.⁶ It is precisely its nature as an injunction that permits Lahlou’s title to transcend the personal and address itself to both the male and female genders.

But the story Leïla tells about her breast cancer is quite gender specific.⁷ Leïla’s narrative eschews absolute chronology: the sequence of events is there but not their dates.

Leïla discovers her breast cancer herself as she is taking a bath. A visit to her Moroccan physician is followed by more medical tests in Belgium: she is diagnosed with cancer. The chemotherapy treatment is administered in Morocco, but due to illness Leïla is obliged to return to Belgium for more medical attention. Belgium is then followed by a diagnostic trip to France. All the physical examinations confirm the identical result: a serious cancer which has already metastasized. In Paris, before undertaking further treatment, Leïla and her husband decide to perform the *‘umra*, the little pilgrimage to Mecca.

On the *‘umra*, Leïla maintains an ascetic regimen consisting of an egg, bread, and water from the sacred well of Zamzam, a regimen that leads to the disappearance of the lumps in her body.⁸ Medical tests in France after the *‘umra* confirm this finding. Nevertheless, the French physician recommends treatment to eliminate any vestige of the cancer in her lungs. Leïla returns home, where she becomes ill. Then follows a series of treatments in both Europe and Morocco. Her return to Morocco only means time spent between the hospital and her home. The month of Ramadân finds her in a worsened state in which she is losing consciousness, and the physician decides to send her home to her fam-

ily. Her family members are worried that Leïla's end is near and have very little hope of her coming out of her coma. She, however, felt that she was not in a coma, but rather in an extended sleep. It is during this state that the Prophet Muhammad appears to Leïla in a dream and wipes his hand on her head, effecting a cure. Leïla awakens, walks energetically, and recounts the incident to her family, whose members are very pleased. She spends much of the night in prayer, and this happy event signals at once the end of Leïla's first-person narrative as well as her cure "from this dangerous illness."⁹

In her introduction, Leïla Lahlou alerts her reader to the fact that hers is a factual story. But this is not only a true story—it is a highly dramatic one as well. It is not just the corporal cure from a dreaded breast cancer that the reader witnesses. Throughout the drama, the female body plays a most important role. This should not perhaps come as a surprise, since, after all, breast cancer is first and foremost a condition of the female body.

This cancerous female body which is Leïla's plays, however, on more than just the narrative stage that is the spiritual journey detailed in *Do Not Forget God*. What can be called breast-cancer narratives—that is, texts recounting a woman's experience with breast cancer—are proliferating, much as the illness seems to be. Be it in English or other western languages, women rush to narrate their experience with the disease. The task here is not bibliographical. As Barbara Seaman puts it: "Breast-cancer books written by patients are not entirely new."¹⁰ Simply, by calling attention to the generic types of works that discuss breast cancer, it becomes easier to see the contribution of the Moroccan Leïla Lahlou.

Discussions by women of breast cancer can be on the level of cultural discourse analysis or on the level of personal testimony. Susan Sontag's groundbreaking work, *Illness as Metaphor*, is one of the best-known studies of the cultural languages of cancer. Emanating from a personal experience (the author was diagnosed with breast cancer), Sontag's work goes beyond the personal to comment on societal attitudes to disease.¹¹ The personal narratives of women suffering from this killer condition abound, and they can range from autobiography, such as Joyce Wadler's *My Breast*, to play, such as Elisabeth Gille's *Le crabe sur la banquette arrière*.¹² These examples, which can be multiplied, demonstrate clearly that a woman's detailing her experience with breast cancer is not a peculiar phenomenon. On this world literary stage, Leïla Lahlou becomes one of many female players.

If one moves, however, from the world stage to the Islamic stage, be it in North Africa or the Middle East, then the story is different, Leïla's role becomes more unusual. Other women have written of cancer. 'Abla al-Ruwaynî's eloquent work on her late husband, the poet Amal Dunqul, who was afflicted with this disease, would be one such example.¹³ Then there is a short story by the Egyptian feminist physician-writer, Nawal El Saadawi, in which the central character is diagnosed with breast cancer.¹⁴ Other narrative differences aside, this fictional creation, by its nature as a short story, cannot be seen in the same way as Lahlou's extended narrative.

One Arab woman has written of her breast-cancer experience: Evelynne Accad. A Lebanese-American, Accad was diagnosed with breast cancer in 1994. She published excerpts from her cancer diary in *Al-Raida*, the Lebanese journal of the Institute for Women's Studies in the Arab World. Professor Accad's cancer entries, detailing as they do her diagnosis and her treatment, are quite revealing. Following a surgical procedure, she writes: "From now on, I belonged to all my sisters who have been mutilated, subjected to a mastectomy, hysterectomy, clitoridectomy, i.e., all the ectomies."¹⁵ Despite the explicit link to clitoridectomy, Accad writes from an extra-Middle Eastern locus: her diagnosis is in the West, as is her treatment.

This western perspective means that Lahlou's text is still part of a minority opinion. Something else sets Leïla Lahlou apart in the Middle Eastern and North African context, however: her frank discussions of the female body. To bare this body before the reader is, to say the least, striking.¹⁶ The female body is an obsession in certain contemporary revivalist discourses, but it is the female body as an object that must be occluded rather than the female body as an object to be examined and analyzed, as it is in Lahlou's autobiographical narrative.¹⁷ When one adds to this the fact that Islam is part and parcel of Leïla's text, the fact that she exposes her female body when this body should literally be covered is significant.

Even more extraordinary is the trajectory that this body takes on its journey from a medical diagnosis of breast cancer to a spiritual "cure" from this dreaded disease. The female body crosses geographical borders as it crosses medical frontiers, becoming along the way a participant in a transnational discourse of the female body. From Casablanca to Brussels, from Paris to Mecca, the reader follows the female hero on her various trajectories.

The centrality of the geographical component appears in the opening sentences of this spiritual journey. The first words Leïla utters as a narrator are: “From the plane . . .” She is on the plane, returning from her journey to Mecca.¹⁸ This beginning underlines the significance of geography and displacement. In addition, this is an event that takes place later than its actual narrative location, given that the reader does not yet know from the journey itself (though that is clear from the introduction) that the narrator: (a) has breast cancer; (b) will pursue medical treatment; and (c) will have a corporal intervention in Mecca. To use Gérard Genette’s terminology, this constitutes a prolepsis, a chronological intrusion in the narrative in which an event occurs chronologically after its actual placement in the narrative. While the present task is not the examination of these intrusions in the narrative, one needs nevertheless to keep in mind the nature of this event and its importance as a marker. It sets the entire breast-cancer journey under the sign of religion and the holy. And since the narrator makes a point of bragging about her health on this return journey from Mecca, it means that the reader is alerted from the beginning of the work that the narrator will win her corporal battle with cancer.

If, however, the journey from Mecca is viewed not so much as a prolepsis in the cancer narrative but as the true beginning of the narrative of spiritual salvation, then the entire following story becomes an analepsis, an event that takes place before its actual location in the narrative. In fact, any autobiographical project constitutes an anachrony of sorts, since the events narrated have all taken place before the process of narration has even occurred. In Leïla’s case, this process is heightened by the opening setting of the narrative, in which the chronology of salvation is the opening marker.

Leïla’s body is, hence, from the beginning, a body in movement. Perhaps one of the most important loci for an analysis of this body in movement is the medical environment, an environment that shifts continuously between two continents, Europe and Africa. It has been decades since Michel Foucault made it clear that the clinic and medicine are their own purveyors of discourse.¹⁹ Of course, Foucault is far from alone now. Western cultural critics have delved into the fruitful areas of medicine and literature and, recently, Kathryn Montgomery Hunter has eloquently demonstrated the textual strategies inherent in medical texts, from the fictional to the case history.²⁰ And this is not to speak of Elaine Scarry’s groundbreaking work.²¹

The nexus of medicine and the body, as cultural constructs, has, unfortunately, only barely begun to attract the attention of critics in the area of Middle Eastern studies. And this despite the fact that the physician-writer looms quite large on the literary scene. Names like those of the male Yûsuf Idrîs and the female Nawal El Saadawi should already be familiar.²² Both are exceptionally conscious of the body and capitalize on their medical knowledge in much of their fiction.²³

Of course, fictional creations exploiting medicine and corporality are one thing, autobiographical journeys involving a diseased body, another. Medicine in Leïla's journey is a powerful tool that vies with religion in its efficacy. In her narrative, however, it is not simply medicine that plays an important role. The appended medical documents themselves create their own alternate narrative, providing a parallel reading of the spiritual saga. Perhaps, for a western audience, it needs to be said that these Moroccan physicians in Lahlou's text are working in the identical western-origin scientific medical tradition as their western counterparts. There is no discordance or break between the two groups.

To start at the beginning may seem like an obvious step. In this case, however, it is more than that. Leïla's initial visit to her physician in Casablanca immediately after her own discovery of the abnormality in her breast proves to be a crucial event. With one voice, the members of Leïla's family urge her to go to Dr. Yacoubi's clinic.

"The doctor . . . Your doctor . . . The specialist in women . . . Are you going to go to him?" I did not answer . . . And it was as though the questions had been posed to an individual other than me . . . I threw myself on them and hugged them warmly as though I were asking for help even from the doctor . . . Yes . . . The doctor . . . The examination! The questions! Pressing on my breast . . .²⁴

Leïla imagines a conversation with the physician in which she beseeches him not to inform her family of her condition and asks him if her breasts will be cut off, "like the breasts of so-and-so were cut off?" She continues: "No. By God I will not go and will never go. Leave me alone. I want to sleep." Despite her hesitation, Leïla goes to the physician. Dr. Yacoubi, the gynecologist, appears in the text as jovial and friendly. Nevertheless, Leïla is speechless once she enters his office and wishes that her husband would broach another topic with the medical specialist. This inability to speak stands in opposition to the imaginary conversation between Leïla and her physician. There, the female patient

could give voice to her fear about her potential physical mutilation. Of course, this imaginary dialogue remains precisely that: imaginary, with the voice of the physician occulted.

This does not mean that Yacoubi is absent in the text. Far from it. The gynecologist is the one who examines Leïla's body. He presses on her breasts and she, sweating and quite uncomfortable, merely moves her body in various ways to facilitate the physician's task. Hers is the diseased passive body, subjected to the physician's procedure and gaze. Is it a wonder that she was "no longer anything but a doll in the hands of the physician"?²⁵

When Leïla actually speaks in the physician's office it is after the examination. It is then to confront the medical specialist and ask about the size of the lump and insist that the object in her breast is small. "Then what I have is not cancer," she ascertains. Yacoubi's response argues for logic: after all, he cannot declare anything before verifying the diagnosis, something that necessitates examinations. He does, however, confirm the presence of calcification in the breast.

Leïla's corporal entity has begun to transform itself. Her body may be that of a doll, only insofar as it seems to have lost any will of its own; however, if a doll is understood as the representation of an idealized body, and more importantly of a static and unchanging body, then Leïla's corporal entity is far from that. The visit to Dr. Yacoubi and the following medical examinations reveal that she is indeed afflicted with a serious condition. This new corporal reality will begin to dictate a geography of its own, as the Moroccan physician explains the European options open to Leïla on her search for medical treatment. The choices are two: Villejuif in France or Brussels. Because of her fearful negative associations with Villejuif and cancer, Leïla chooses Brussels. It would be a mistake to read in this choice a negative reaction to the name of the town, Villejuif. Among the physicians consulted by the patient was a Dr. Israël, about whom Leïla has only positive things to say, not to mention Dr. Lévy-Lebar of Casablanca.²⁶ Not only is her text free of any sectarianism, but all the physicians, whether of Jewish, Christian, or Muslim background, are treated in totally nonreligious terms. They are pure representatives of science.

The visit to Dr. Yacoubi's clinic in Casablanca is the focal point of Leïla's pre-European medical experience in the text. But this visit that ultimately determines the ill state of Leïla's body will also signal the physical migration of this body, as the female patient pursues treatment in

Europe. Her trajectory begins in Casablanca. She is sent by her physician to Brugmann Hospital in Brussels.²⁷ Unlike Yacoubi's clinic in Casablanca, this locus in Europe receives a detailed description. It was "all roses/flowers, and water, and trees. As though with the beauty of nature those in charge wanted to lighten the pain of the patient or make him forget that he [masculine singular in the Arabic] was in a clinic. . . . Especially if he is told that he has a dangerous illness . . . cancer?"²⁸ Brugmann Hospital is a large hospital with signs directing individuals to where they should go. And should someone lose the way, there are women who will guide him [masculine singular]: "if you find yourself in a wing other than the one to which you should be going, there are women who point out the right way to you." The narrator notes that the radiology specialists try as hard as possible to make the patient [male singular] feel better and more confident so that "those large instruments and frozen rooms do not frighten him."²⁹

Leïla continues. "What I also liked were the women who are entrusted to help the female patient take off her clothes . . . and uncover the afflicted side of her body so that the female patient feels a bit better about that. . . ."

In the waiting room I found women speaking or, more correctly, telling stories and debating their problems . . . and they would speak about cancer as something normal, which surprised me. . . . Among them would be one who complained about a pain she had once in a while in her lower abdomen, and another who wondered why her chest swelled . . . and I almost screamed in her face that I also complain of a swelling in my breast . . . and all wait patiently to be called on. . . . And while I was in my frightening dreams a woman asked me which country I was from. . . . no doubt it is my accent that caught her attention, making her ask about my country. She smiled upon hearing "Morocco" because she had visited Marrakech and Fez and, oh, how much she liked them . . . and how much she wished to return to Morocco to stay a longer time there . . . and after a long and extensive discussion of my illness, she made me frightened and calm at the same time . . . and I knew that she had had an operation six months ago. . . . her physicians in America had agreed to take out her breasts . . . so she left them and came to Belgium where her family was, to perhaps find a second solution, i.e., cobalt treatment or chemotherapy. . . . Two nouns that will undoubtedly enter the dictionary of my new life. . . . then she moved to France and she did not finish her conversation when I was called. I rushed, following the nurse, fulfilling all the requests like a polite child undergoing a difficult examination. I took off my clothes in a cold room. . . . I stayed in this state for five minutes and my body was shaking from the cold. But it was a necessary and natural matter, which had to be gone through before beginning the medical examinations. During the entire examination time, the nurse was asking me about the weather, and

my occupation, and my country. She also was impressed by my home country of Morocco [literally: my Morocco] and loved it a lot . . .³⁰

This is a highly complex incident with multiple discursive layers, in which the geographical mixes with the corporal. The female body stands at the center of much of the discourse, and specifically the baring of this female body, its uncovering.

Take the geographical layer first. Geography here is, on the most obvious level, that of the world. But this incident makes it clear that even this world geography is not so simple. There are a geography of tourism and a geography of medicine. Tourism involves Morocco. In the medical setting, Leïla hears admiring comments from both a female patient and a nurse about “my Morocco.” The patient had visited Marrakech and Fez, liked them a great deal, and wished to return there to spend a longer time. As for the nurse, she also engages Leïla in a conversation about her home country.

The geography of medicine is the all-encompassing geography that subsumes the geography of tourism within it. After all, it is in the medical establishment that Leïla hears tourist praise of her country. The discourse of the clinic is not identical in Europe and Morocco. In Europe, Leïla becomes the exotic other. And this even in the medical environment in which she is surrounded by women who, like herself, are afflicted with cancer.

This complicated geography of medicine involves an elaborate set of physical displacements in which the diseased female body is shuttled from one continent to another in search of medical treatment. The narrator hails from North Africa and finds herself at the time of this incident in Europe. Her corporal trajectory takes place between Africa, Asia, and Europe. The difference is that the tourist geography is one generated from Europe, whereas the other geographies (both medical and sacred) come from within the Moroccan cultural sphere.

Leïla is not, however, the only character involved in this medical geography. One of the female patients in the Brussels clinic explains that she hails from America and has been crossing geographical borders in search of a solution to her physical dilemma: breast cancer. She had had an operation six months earlier and had left the physicians in America who wished to remove her breasts in order to come to Belgium for a second opinion. Then this patient moved to France. This breast-cancer victim textually disappears as Leïla is called, and the reader never discovers what France will hold for her. As Leïla’s own narrative develops across

geographical and national borders, she finds herself eventually in France, much as her copatient did in this incident.

This larger medical geography of countries and national borders in which the female body travels and that subsumed within it a geography of tourism is offset in this incident by another sort of geography, that of the European clinic. When Brugmann Hospital makes an entrance in Leila's life, it is immediately introduced as "a hospital which is all roses/flowers, and water, and trees." This is an interesting description indeed. It draws away from the institutional aspect of the building as an architectural entity designed for medical purposes and turns it almost into a natural park. Notice the inclusive quality of the "all," which initially leaves no space for other physical characteristics. The "nature" aspect of this is not foreign to Leila. It is she, after all, who declares that through this environment of "nature," those in charge in the medical institution wished to lighten the burden of pain from those afflicted with serious illnesses, like cancer.

This idealized description of the nature-filled hospital is soon abandoned in favor of an intricate physical geography of the hospital. Like the female body that must be uncovered, so the reality that is the physical hospital is also uncovered, one level at a time. The reader discovers that the entity that begins as "all roses/flowers, and water, and trees," Brugmann Hospital is, in fact, a large complex with elaborate signs directing people to where they should go. Someone lost is given guidance by women who are there for that purpose.

These women guides help individuals navigate the labyrinth of the medical institution. But the textual appearance of these female guides is not without importance. They do more in Leila's journey than just point out the right hospital hallways. They signal a female presence that will be significant for Leila as she enters the world of the European hospital. And this female presence is intimately tied to the corporal component in the text. The women guides function as the links between geography and corporality.

In much the same way that women help lost individuals find their way, so it is that women help other women bare their bodies and locate the afflicted area. This baring of the female entity is not simply one involving the divesting of clothing. When Leila enters the world of the European hospital in Brussels, she becomes part of a corporal female community defined by physical illness.

In fact, the uncovering of the female body takes place on two levels. On the one hand, there is the verbal undressing, what one could call the

telling event, and on the other hand, there is the physical undressing, what one could call the examination event. Both events, the telling and the examination, occur in a medical setting, the clinic, and are heralded by the women guides. The telling event is embedded in the examination event, in that it is while awaiting the examination that the women tell their stories and debate their problems.

What these women create in the European clinic is a female group linked by a common corporal problem. This bonding represents a homosociality that permits the women to discuss the body and its afflictions.³¹ The clinic, a closed space in which individuals come together out of a unifying principle, here cancer and female maladies, is an ideal environment for the creation of homosociality. In this homosocial environment, the female diseased body becomes an object that can be discussed and in the process transformed into a public entity. Another form of female homosociality, one based on religion, will be significant below.³²

The women form a community sharing their illnesses. Leïla “almost” participates in this event of women speaking their bodies when she nearly screams out about the swelling in her chest. But she does not. She remains textually, for the purposes of this event, an observer and not an active participant. She confesses that it is her accent that alerts one of the female patients to ask her about her country. The reader remains in the dark about what she might have said. Her precise role in any dialogue is a mystery and her actual words are hidden in the narrative.

There is an inherent tension between the homosociality of this incident in which the women share both their stories and their bodies and the fact that Leïla appears to stand alone. She does not relate her own experience to the other women and, even more important, she appears to undress alone. And all this despite the presence of women whose aid in this area is praised. The situation in this instance is not entirely dissimilar to that in Dr. Yacoubi’s clinic in Casablanca. There, Leïla was unable to utter a word. She was like a doll. The experience in the hospital in Brussels turns her into a “polite child undergoing a difficult examination.” The Arabic word here refers to an educational examination, not a medical one.

In the company of women, though, there is progress. From a doll, Leïla becomes a young child. She moves from inanimate object to human being, albeit a still immature one. Is it a wonder then that she speaks of a new life and of learning a new vocabulary, much as a child might? In her case, however, it is the language of medical treatment: cobalt and chemotherapy, “two nouns that will undoubtedly enter the

dictionary of my new life.”³³ This is a language taught her by other women in the homosocial environment of the diseased female body.

The female homosociality inherent in this incident stands in contrast to the experience in Casablanca. There, the initial consultation with Dr. Yacoubi is followed by a visit to a laboratory. The narrator undergoes a mammography, coldly described as “a big instrument with which they press on the breast from every side.” Leïla initially stands alone, without the companionship of other women suffering the same fate. This homosociality in the European hospital will become important later, when viewed against the female homosociality in Mecca. There, religion will bring Leïla close to her Muslim sisters who are party to her cure as they examine her body for any signs of abnormalities.³⁴

Notwithstanding her eloquent aside about having to learn a new language, the narrator had already demonstrated to the astute reader a conceptual sophistication when discussing her physical condition. As she ponders, in the beginning of the journey, whether or not to tell her daughter that she is afflicted with cancer, she notes the difficulty of expressing the existence of this disease, which is referred to by all sorts of names except that of “cancer, its true name.” These linguistic subterfuges and euphemisms include “a deadly illness, a dangerous epidemic,” and similar terms. Leïla’s own metaphors are imbued with the language of incarceration and punishment. The elegant clinic of the physician becomes a dark prison, and the narrator feels that her fate is capital punishment: “my name was registered in another world. . . . the world of cancer is the world of the death sentence.”³⁵ As Leïla moves geographically from North Africa, she describes this as moving “the battle abroad.”³⁶ Of course, this terminology and the concomitant images would certainly not be alien to someone like Susan Sontag.³⁷ They simply confirm that the discourse of cancer has a quasi-universal substratum that permits its migration and its existence in a transnational language of the diseased body.

As Leïla moves from medical environment to medical environment, in the process crossing continents and national borders, her medical dossier moves with her. This file makes its first entrance in the text in Leïla’s initial visit to a medical setting, that of Dr. Yacoubi’s clinic in Casablanca. The narrator notes that it is the custom of the Moroccan gynecologist to “ask about the state of his female patient while he reads her dossier and writes in it the date of her last visit.”³⁸ On his request, following her mammography, the folder is quickly returned to him on the same day.

This first appearance of Leila's medical dossier is far from being devoid of interest. The record surfaces in the text at the same time as Leila's predicament and will maintain its existence alongside her cancer. The creation of the medical record is a process in which the patient and the physician partake. The gynecologist inquires about his patient's condition as he reads and writes in the dossier. The words of the patient are transmuted into a written record that will form part of a dossier, intimately linked to the medical professional who manipulates it and controls it. After all, the gynecologist dictates to the laboratory the speed with which the results of the patient's examination are to be returned, and the medical laboratory complies with the physician's wishes.

This medical dossier will continue to resurface and will transform itself as the female body changes. Leila's initial visit to "Fu" in Belgium will signal the dossier once again.³⁹ Like his Moroccan colleague, Fu also examines the female patient and reads her dossier. "And how small and thin it was at the beginning. . . . And he opened a new folder with my address in my home country and my life from my earliest youth to this very day, with all its happenings."⁴⁰ With this official birth of a new medical file in Europe, Leila's medical record takes on a life of its own. This dossier is now able to grow and get bigger.⁴¹ Not only that, but it seems to have an uncanny ability to cross national boundaries, much as its subject does. Leila returns to North Africa after her medical bout in Belgium: "I returned anew to my energy and vitality . . . and my life became the life of any normal woman. . . ."

"My dossier arrived at Mr. Yacoubi's and in it was the treatment plan! . . . And the treatment began in 'Anfa' Hospital."⁴² Just as she arrives (*wasalmâ*) in Casablanca airport with her husband, her dossier arrives (*wasala*) at Yacoubi's, one assumes from Europe as well.

Perhaps the most dramatic moment for this medical record occurs after the first religious intervention in Mecca. As is to be expected, the medical record makes no appearance during Leila's journey and subsequent visit to the holy places of Islam. The reader knows that it is in Mecca that the physical symptoms of her illness disappear. She is very anxious to visit the various medical specialists who had predicted no cure whatsoever for her. She leaves them complete freedom to repeat their examinations anew, including a biopsy. "They were detailed, difficult, long, and repeated examinations." The physicians are nervous. They begin to ask her, "Are you really so and so? The daughter of so and so? The wife of so and so? Do you have two children, Nadia and Karim?" She answers them sarcastically and without fear, "Yes! Yes!"⁴³

The examinations were all negative, a fact that leaves the physicians confused and surprised. “They compared the first dossier and the last dossier.”⁴⁴ The evaluation of the two files is much the same as the evaluation of the female patient’s body, which is first afflicted with the breast cancer and then seemingly not.

And when Leila travels to Paris to consult with a French oncologist after the first religious intervention in Mecca, her medical record goes with her. This time the file is even bigger, thanks to the fact that all her examinations have been repeated, as have the x-rays of her entire body. Professor “I” examines this “strange dossier” very carefully and prescribes more treatment.⁴⁵

Patient and medical dossier are leading a quasi-parallel life. This “strange” medical record is nothing but a kind of external manifestation of the narrator’s illness and corporal reality. Much like her own physical body, it moves across various sorts of boundaries, from physician to physician. By not venturing forth to Mecca along with the narrator, the medical file remains, as it were, in the “scientific” realm and not in the spiritual one. After all, there was nothing to keep Leila from consulting with physicians in Saudi Arabia, but she does not. Her consultations there are restricted to the domain of the religious. The medical practitioner, be he in the hospital or the clinic, is replaced with the religious figure of the Imam of the mosque.⁴⁶

Just as the narrator’s body undergoes a radical change in Mecca with the disappearance of the lumps, so her medical and social identity must be reestablished after this corporal and spiritual intervention. That is in essence why the questioning about her family identity becomes so crucial. Her sarcastic and proud response helps seal the social identity in the face of the changing body.

This medical folder that registers the life of the protagonist from her earliest days and exists alongside her through her medical journey is reminiscent of the Book of Judgment. In Leila’s case, however, this Book of Judgment records the medical and corporal, the religious being left aside. The essential irony of this, of course, is that the salvation from the dreaded cancer comes through the spiritual interventions, both that in Mecca and that in Morocco through the oneiric experience.⁴⁷

The parallel life of the patient, on the one hand, and the medical dossier, on the other, is confirmed in the physical entity that is the book, *Do Not Forget God*. In fact, the book as physical object pulls together the two narratives, of which one (that of Leila) claims to be the interpreter between the other (that of the physicians) and the resulting book.

As the reader follows the trajectory of the medical record and the discussion of the various examinations to which the narrator submits, the reader may well become aware that behind this inspiring journey to a religious cure from breast cancer lies a variety of medical documents. The reader is not to be disappointed. Leïla, as if she were herself conscious of her own reader's mind, obliges. At the end of her corporal and spiritual journey, Leïla is cured by the Prophet Muhammad by means of a dream, an incident to be investigated in detail below.⁴⁸ The dream and its cure signal the end of the narrative text. This is confirmed by the table of contents at the end of the physical entity that is the Arabic book. In the original Arabic text, the medical documents are not evident from the table of contents, in which they are not listed. In the French text, however, their existence is signaled in a section entitled "Documents annexes."

Before presenting these medical documents, the narrator advises her reader that some may find her account fanciful. The medical documents are there to avert this possibility. She invites the doubting reader to "examine them carefully." She is permitting the documents "to speak for themselves" so that readers can see through them the power and wisdom of God, as evidenced by part of a Qur'ânic verse, "When He desires something, He says to it: 'be' and it is."⁴⁹

By arguing that the medical materials should "speak for themselves," the first-person female narrator is alerting the reader that another voice has entered the work, the voice of medicine. This is a "cancer in two voices," but not like that of Sandra Butler and Barbara Rosenblum. Their two voices are a patient and her partner;⁵⁰ Leïla Lahlou's are a patient, on the one hand, and the medical establishment, on the other. The medical voice in Lahlou's text is not introduced, however, for its own sake but rather as proof of the divine word. Yet, an examination of the entirety of her medical documents demonstrates that not a single one, be it from North Africa or Europe, broaches the issue of religion.

So what kind of documents are these whose power goes beyond their mere medical validity to support the power of the Deity? The medical documents, unlike the first-person narration by Leïla, are dated. They provide a real chronological frame for the events in the work. Further, the medical documents in the Arabic original and in the French translation are not identical. The French work includes more documents than its Arabic counterpart. Nevertheless, the nature of the documentation does not differ substantially from one text to the other. The diagnostic reports range from laboratories in France commissioned to perform blood tests to radiologists in Morocco providing the results of various

x-rays. The reader will also find statements and certifications from physicians attesting that they have indeed been following the female patient, and providing their medical judgment of her state.

Leïla's invitation to her reader that he or she examine the documents carefully is a bit disingenuous. Most readers will find themselves at a loss when facing these scientific papers. Or, at the very least, they will be intimidated. The average reader will be looking at a medical certificate drafted on letterhead bearing a physician's name, the name of a laboratory, or the name of a hospital. Some of the documents are handwritten, rendering them more difficult to decipher. The Arabophone reader, with the Arabic text in hand, will be facing an even greater dilemma: all the medical documentation is in French. The only Arabic he or she will encounter in that section of the work will be the names and addresses of the Moroccan medical practitioners. These essential facts about the practitioners, along with their medical degrees, are displayed both in Arabic and in French (one facing the other on the same letterhead). For the reader of the French translation, the alterity between Leïla's first-person narration and the medical testimonies will not be as radical.

Nevertheless, there is an inherent discordance between the personal breast-cancer narrative as told by the female patient and that other narrative of her condition, the narrative of the medical establishment. The scrutiny of one medical document will demonstrate the complexities of this alternate medical discourse in the work.

This document is a letter addressed to Dr. Yacoubi in Casablanca from a Belgian oncologist, Dr. H. M. Tagnon. The document appears in both the French and the Arabic editions of Lahlou's work. Dr. Tagnon types his missive on the letterhead of the European Organization for Research on Treatment [sic] of Cancer in Brussels, of which he is the past president. "Cher Confrère," begins Tagnon. This letter is in the first-person singular: Tagnon has seen Madame Lahlou, whose cancer has metastasized. The metastases are "unfortunately" partly due to the chemotherapy and to the fact that this treatment did not include endoxan, "following the flat refusal of the patient to take this medication, which causes hair to fall out" (*à la suite du refus absolu de la malade de prendre ce médicament qui fait tomber les cheveux*). Tagnon continues by informing his Moroccan colleague that he has convinced the patient to follow the enclosed treatment, with which he has provided her and which includes endoxan. "She has promised me to submit herself" to the new plan. Tagnon thanks Yacoubi and adds that this patient is extremely sensitive and needs con-

siderable moral support, which the two of them should be able to provide. He has promised her that he will see her as often as she would like. Noting when he would like her next visit to be, the Belgian oncologist signs off with the usual French formalities.⁵¹

This French missive from Tagnon to Yacoubi is telling. It is a document that indeed speaks for itself, to quote the narrator of *Do Not Forget God*: it is narrated in the first person. And this first-person male narrator, a medical specialist, is a favored speaker, addressing himself to another male specialist. True, the sender is in Europe and the recipient in North Africa, but no matter. This is the privilege of the transnational body. It can become the subject of the identical medical discourse, be it in Morocco or in Belgium.

In Tagnon's narration, the female patient surfaces only as an object of the discourse. She is now "Madame Lahlou," whose concern over her physical appearance and fear of hair loss prevented her from following the prescribed medical treatment, thus helping the cancer to spread throughout her body. This is also a fairly weak individual, in need of a great deal of support. But the missive is reassuring on that front. The voice of the physician is at once superior, strong, and protective. Tagnon's englobing *nous* (we) speaks to himself and his Moroccan colleague: they should be able to provide the breast-cancer victim with the moral support she requires.

The female patient may be painted here as a weak individual in need of help. But there is an essential irony to Tagnon's words that only appears when his letter to Yacoubi is placed in the context of Leïla's first-person female narrative. Tagnon had confidently assured his Moroccan colleague that "Madame Lahlou" promised him that she would "submit herself" to the new treatment.

Submission is an interesting term indeed. Tagnon's letter is dated April 4, 1979. It will be remembered that Leïla's Arabic text contains no dates. Nevertheless, an archaeology of the appended medical documents reveals that Tagnon's letter immediately precedes the visit to Paris, during which Leïla consulted the French oncologist, "I," who confirmed the diagnosis of his Belgian colleague. This is Dr. Israël of the Hôpital Avicenne, whose handwritten testimony is included in the appendix to the Arabic text, but not in that to the French text. It is after the visit to "I" that Leïla and her husband perform the *ʿumra* to Mecca. And, of course, this pilgrimage will bring about the first religious intervention, in which the physical symptoms of the cancer disappear. Islam is the triumphant

hero here: *Islam*, a word that means “submission.” Lahlou has submitted herself, as Tagnon so eloquently put it. Her submission, however, was not to medicine but to religion—not to the physicians but to God.

Leïla invites the medical records to “speak for themselves.” But she attempts to orient the reader’s perspective with the intertextual game of inserting a Qur’ânic verse in the course of this invitation. The astute reader who listens to these documents speak will hear a narrative, predominantly male (the laboratory results are not gender coded), that redefines and recontextualizes the first-person narrative of the female patient. The French medical documentation serves as testimony to the Arabic verbal journey narrated in the first person, in which Leïla takes the reader from the discovery of the cancer to its cure. These materials do not form a closure as such to the case, but they do provide the work with a medical, scientific cover.⁵²

In the medical documentation, Leïla is the third-person object. The story of the ravaged female body told by the first-person narrator is transmuted into the words of the physicians, who turn the female narrator into the object of a medical discourse generated by scientific personnel and laboratories, stretching from Casablanca through Bordeaux to Brussels.

The transformation of the female narrator into the object of the discourse is, in its own way, not dissimilar from the phenomenon of Karîmân Hamza, whose spiritual journey was sandwiched between the introduction and the epilogue by men.⁵³ In Karîmân’s universe, however, all the parties involved in the creation of the various discourses of which Karîmân is either the subject (as narrator) or the object (as “narratee”) belonged to the identical universe, the spiritual one. Leïla’s mutation is different because she herself acts as the mediator between her own narration and the testimony of the medical establishment, introducing the documents and encouraging her reader to immerse himself or herself in them. Leïla’s situation of go-between means that she is endorsing her own change in status from first-person narrator who controls the personal journey to object of the medical discourse.

This entire game with narration and the medical documents calls into question Leïla’s agency in the text. The analysis of the Belgian physician’s letter made it clear that he and the narrator understood the issue of submission quite differently. While he wished her to submit herself to medicine, she instead submitted herself to religion. This personal act on the part of the female narrator demonstrates what appears at the outset as full control over her destiny.

But the issue is much more complicated. Control over her destiny and her body is not so simple for the breast-cancer victim. There are two issues central to this question of control, and both relate to Leïla's agency in the text. On the one hand, there is the issue of knowledge, and on the other hand, there is the issue of the body. Of course, knowledge constitutes, among other things, awareness of the narrator's physical condition, a condition ultimately linked to her body. For the moment, however, one needs to separate the body as an abstract entity from the body as a corporal phenomenon undergoing transformation as the disease progresses. This latter involves knowledge of what is transpiring in that changing body.

Take the body as abstract entity first. From the initial discovery of the abnormality in her breast until the final cure from this dreaded cancer, Leïla's body seems to be under the control of other characters in the text. This external control effectively begins early in the journey. After all, the initial push to visit the Moroccan physician in his clinic comes from various family members and not directly from the narrator herself. And as her body travels from North Africa to Europe and Asia, that body undergoes various examinations and treatments partially administered by other characters in the story. Be it in Yacoubi's clinic or in the Belgian hospital, Leïla's body is turned into a public object.

This public aspect of her body is not alien to Leïla. Perhaps the most significant element of the body as public object is the gaze. The gaze surfaces in the opening pages of the text. As the central character of the spiritual journey begins her saga with the cancer, the visual component reigns supreme. The reader watches as first the narrator and then the various members of her family gaze at her body, specifically at her abnormal breast. Verbs expressing the action of looking and observing abound, as this activity is pursued. And, of course, there is the all-important medical gaze that haunts the breast-cancer victim. The gaze even reappears in the religious setting of the pilgrimage to Mecca.⁵⁴

Leïla herself, however, is not immune to the exploitation of this all-powerful gaze. In a manner that is quite out of character in the Middle East and North Africa, she declares her wish to show off her body. On her return to Casablanca after the initial operation in Belgium that left her diseased breast intact, she triumphantly boasts: "I arrived at the Casablanca airport. . . . and I almost opened my shirt out of joy . . . and if I had been able to, I would have said to the passers-by: I was cured . . . my cancer has left me."⁵⁵

This desire to exhibit the body is, on one level, understandable, and demonstrates the excitement of the female narrator over the fact that physicians in Europe had not performed a mastectomy and that her body remained whole. She had already discovered this herself, but her inclination to share this information with mere strangers by taking off her shirt in a public place like the Casablanca airport is, to say the least, unusual. In the Islamic cultural context in which Leïla is operating, displaying the female body is taboo.⁵⁶ Displaying this body naked would be an even greater cultural challenge.

But beyond simply a mere allusion to a passing desire for body display, this incident in the Casablanca airport signals much more for the body. It is now that Leïla feels she can speak about her breast as though it were like any other piece of her body, without shame.

And how proud I was . . . and who is the woman who would not take pride in this? A cancer in her breast? And this diseased part was not taken out . . . was not cut . . . and her chest was not disfigured. . . . who is the woman who will not look in the mirror after this illness and not have a smile mixed with tears to praise God over what the mirror reflects to her. . . . everything as God wanted it is in its place . . . as though nothing had happened.⁵⁷

This aside on the body is embedded in Leïla's narration of her arrival in Casablanca, an event to which she returns immediately after these happy observations.

This return to the homeland, this geographical displacement from Europe to North Africa, necessitates these comments on corporal stability and the unchanging body. Interestingly enough, all the observations about the body are based on external and superficial criteria dealing with appearance. Leïla's pride in her body is based on the fact that that body is complete and undamaged: no mutilation has taken place, no "ectomy," to use Evelyne Accad's terminology.⁵⁸ The narrator is not happy leaving the issue here. She feels the need to bring in the Deity, who must be praised for the fact that the body parts are where they should be.

The concern with the outward appearance of the body as a whole entity, as something that has not been mutilated, is not too dissimilar from "the same as before" phenomenon that Audre Lorde discusses. In *The Cancer Journals*, Lorde speaks about the breast-cancer victim who chooses prosthesis following a mastectomy as someone who "wishes to be 'the same as before.'" ⁵⁹ Of course, Leïla's concern here is precisely because she has not lost a breast but instead can have the same body she

has always had. Nevertheless, there is a nostalgia here for the body as undamaged goods.

This assessment of the body as a sum of its parts that are not disturbed, as the gaze and its reflection in the mirror verify, leaves aside the entire question of the internal cancer plaguing the female narrator. In fact, knowledge about the inner workings of the body and not its exterior appearance is a question that occurs over and over again in the narrative and leads to the area of the agency of the narrator and control over her body.

From the first medical encounter between Leïla and a physician, which takes place in Yacoubi's clinic, Leïla seems to be arguing for the integrity of her body. It is here that she declares that the size of the lump in her breast is proof that she does not have cancer. This negation of the corporal reality is immediately questioned by the attending physician. Dr. Yacoubi informs her that they have found calcification.

It is really at this point that medical certainty establishes that Leïla's body, as a corporal entity, has begun to be transformed. And these corporal transformations will continue throughout the narrative as the cancer first metastasizes, then goes into remission, then is seemingly cured. At the same time the physical reality that is Leïla's body undergoes radical modifications as it encounters the various medical treatments and the ascetic regimen in Mecca. The body becomes an evolving, mutating unit and a complex of parts: as the cancer changes and moves, as the various medical treatments enter the body, so the body is altered.⁶⁰

Throughout many of these variations, Leïla remains, as it were, outside her own body, calling her own agency into question. She is certain, for example, that her husband asked the Belgian specialist "to hide the truth from me." Nor did this physician "answer my questions."⁶¹ After certain treatment decisions are made, including the use of chemotherapy, Leïla notes that she was not asked what she herself would prefer.⁶² She does, of course, as she herself admits, overhear her husband speaking to the oncologist about her cancer, leaving no doubt that she was quite aware of her own physical condition. In fact, she overhears her husband crying out to the physician, "No. . . . She will never die in three months." Leïla moves away after she hears the physician prescribing a mastectomy and chemotherapy—all to the husband.⁶³

Leïla's protestations are a clear sign that she felt no control over her own fate, no sense of agency when dealing with her malignancy. In this, she differs drastically from many western breast-cancer victims. In a

series of commentaries from women with breast cancer, a recurring topos is that of “taking control.” Listen to Kathleen M. Hoffman, a breast-cancer patient, explaining her position on the question of control: “I agreed to a lumpectomy, but I refused to sign consent to ‘perform whatever procedures’ the surgeon deemed necessary during the surgery. Ultimately it meant two surgeries, not one, but I needed to feel in control.”⁶⁴ In Audre Lorde’s journals, the decision to follow certain treatment is made after long and due consideration of all the possible alternatives. And she, like Hoffman, had wanted “a two-stage operation anyway, separating the biopsy from the mastectomy. I wanted time to re-examine my decision.”⁶⁵

Part of Leila’s dilemma with agency is, without doubt, cultural. It is not considered appropriate in the Middle East to inform ill patients of their medical plight. Instead, a consistently optimistic attitude is taken with the patient, assuring him or her that the illness is but a passing thing, even when it is as serious a condition as a terminal cancer. Family members and friends, however, are normally advised of a patient’s predicament and counseled to keep the secret from the diseased individual. This is a situation that I myself have encountered with terminally ill friends in the Middle East, like the famous film director Shâdî ‘Abd al-Salâm. As he suffered and screamed in agony from bone cancer, everyone assured him he would be fine. Part of Leila’s problems arises from these cultural practices.

As Leila is outside this diagnostic universe, she has recourse to an interesting metaphor, that of acting. After Yacoubi’s announcement about calcification, the narrator states that she is no longer a normal individual; rather, her name has been registered in another world. She delves into “the scenario”:

I became the star of the most wicked and worst film in my life. . . . True, since my childhood, I used to dream of acting. . . . I would stand in front of a mirror for hours and hours imitating the actress whom I admired. . . . But I did not expect that I would undertake the most dangerous role . . . and that I would live the worst days. . . . Would that I had not gotten up on that stage full of thorns. . . . Would that I had died before reading the chapters of this sad and painful show.⁶⁶

The entire idea that Leila is but an actor on a stage is, of course, related to her passivity and to her absence of agency. This is rendered all the more pathetic in that a childhood fantasy of acting as agency becomes an adult experience of acting as loss of control.

The opening of the journey stands as an interesting moment in this question of agency. As the narrator is addressing the importance of health (presumably on the plane from Mecca), she notes that she did not concern herself with her health until she had almost lost it, “and until the conflict began, a conflict between me and an illness that was almost dangerous and deadly were it not for the mercy of my Lord.”⁶⁷

Beginning a journey with a conflict is far from unusual: one has but to think of the popular novel by Nawal El Saadawi, *Mudhakkirât Tabîba* (Memoirs of a Woman Doctor), which begins with the notion of conflict between the first-person female narrator and her femininity.⁶⁸ The difference here is that in Leïla’s struggle, it is the Deity, through his mercy, who brings about a resolution. The religious intervention will be addressed below.⁶⁹ Here, it is the agency of the Deity that is important. Religious agency means that the narrator need not take any action vis-à-vis the dilemma between her and her own corporality. The Deity will battle the cancer alongside the male representatives of the medical establishment. And, it is no surprise that the Deity should be the winner.⁷⁰

Female patient, male physicians; a first-person narration in Arabic in which the female patient is the subject of the narrative, controlling and manipulating it; appended medical texts in the French language, in which this female patient becomes the object of the discourse—an inherent multilingual quality permeates Leïla Lahlou’s book, in which various languages, ranging from the corporal to the geographical, sit side by side.

And this is not to speak of the Arabic and French languages that co-exist for this North African writer. Beginning with the first pages of *Do Not Forget God*, there is an essential bilingualism that exists for the narrator and for the general medical universe that she will soon be inhabiting. She appears to be equally comfortable in both Arabic and French. Those initial moments of discovery of the abnormal body part also recall to Leïla’s mind the French-language magazine *Constellation* and what she read in one of its articles about cancer in general and breast cancer in particular.⁷¹ This reference to the magazine does not end there, however. Leïla notes that she kept this magazine and would come back to it from time to time “as if I wanted to read about the new discoveries and what medicine had accomplished in terms of great advance or fast steps in this area . . . or as though I wanted to memorize the names of the medicines and the medical instruments specialized in cancer.”⁷²

Here the narrator is attempting, first and foremost, to demonstrate the importance of cancer as a presence in her life. But what also comes

through is the association of this dreaded illness with the West and with the French language, the language of Morocco's principal colonizers. Although politics and history play no overt role in this breast-cancer narrative, one cannot ignore the importance of medicine and its association as a western transplant. Once this geographical component becomes clear, the absence of the medical file in Mecca takes on even more importance. Science becomes associated with the West and spiritual salvation with the East. This is not to imply that one should not have recourse to medicine. Far from it.⁷³ Medical geography and spiritual geography can coexist, but theirs is not a comfortable alliance.⁷⁴ The geography of tourism, with its constant praise of Morocco, was embedded within the geography of medicine.

Leïla's intense cancer journey appears to be quite uplifting, as it chronicles a religious cure from a dreaded medical condition. The only discordant element in this story is the fate of Leïla Lahlou herself. She died of an intestinal cancer not too many years after her miraculous cure.⁷⁵