



KABSA (A.K.A. MUSHĀHARA) AND THREATENED FERTILITY IN EGYPT

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Abstract—Among the urban and rural poor of Egypt, female infertility is often attributed to *kabsa* (also known as *mushāhara*), a form of 'boundary-crossing' by symbolically polluted individuals into the rooms of reproductively vulnerable women. When *kabsa* occurs, it causes the 'binding' of women's reproductive bodies, threatening their future fertility, their husband's virile procreativity, and, ultimately, the social reproduction of Egyptian society at large. Because *kabsa* is viewed as the leading cause of female infertility—an extremely socially stigmatizing condition in Egypt—it is greatly feared by women. This paper examines *kabsa* beliefs and practices in Lower Egypt in terms of the ritual process and reproductive rites of passage for women in particular. Major features of *kabsa* are analyzed, and *kabsa* preventive and therapeutic rituals of depolluting consubstantiality (i.e. sharing of substance) are examined in detail. The paper concludes with an analysis of reproductive 'threat,' exploring why Egyptians perceive *kabsa* and other forms of reproductive hindrance—including neocolonially inspired family planning campaigns—as dangers to the individual, social, and political bodies.

Key words—infertility, reproduction, ritual, ethnomedicine, gender, Egypt

INTRODUCTION: HIND'S STORY

Seven months after her wedding, plump, beautiful Hind, aged 12, was still not pregnant. One day, Hind's husband's sister brought her a small, dead baby. She told Hind to place the baby in a large pan of water and then to use this water to bathe. Hind followed her sister-in-law's instructions and, lo and behold, she became pregnant almost immediately. However, following the birth 9 months later, both Hind and her infant son were sickly. Hind had a high fever and pelvic pain so severe that she could not stand upright for 3 months. Her son was born with pus in his eyes and eventually developed large boils over his entire body. His short life ended with a respiratory infection at the age of one, and Hind's short marriage to an abusive husband—who had hit her in the belly with a boot during her pregnancy—ended soon thereafter.

When Hind, as a 16-year-old divorcee, remarried a 'good' husband, she was again unable to become pregnant. Her female in-laws and neighbors rallied to her cause within months of her marriage. Her mother-in-law brought her three large pearls—one reddish, one greenish, and one yellowish. Hind was told to put the pearls in a pan of water and then to bathe with this water at the time of the Friday Islamic noon prayer over three consecutive weeks. When this cure failed, her neighbors brought her a miscarried fetus that had been preserved in salt—like a jar of pickled cucumbers—and told her to immerse the pickled fetus in water and bathe herself in the same fashion. Again, the cure failed, but Hind's resourceful neighbors encouraged her to go to a deserted

cemetery, to look for a child's bone there, and to step over this bone seven times. Hind did as she was told over three consecutive Fridays at the time of the Islamic noon prayer, entering from one door of the cemetery and exiting from another.

Twelve years and innumerable cures later, Hind, who is now 28 years old, has become obese, and feels 'defeated,' is still not pregnant—although her somewhat tumultuous second marriage is still intact. Hind and her female relatives and neighbors believe that she has been subject in both marriages to *kabsa* (also known as *mushāhara*). In a state of *makbūsa* (also known as *mitshāhara*), Hind is infertile due to reproductive 'binding.' Until she is able to find the appropriate means of unbinding herself—which, in her case, resulted from someone with *kabsa*-inducing polluting potential entering her room during the first lunar month following one or both of her weddings and/or the birth of her son—Hind will certainly continue to remain childless.

KABSA, INFERTILITY, AND THE RITUAL PROCESS

Many other Egyptian women like Hind are suffering from infertility-producing *kabsa*. *Kabsa* is, by literal definition, a 'raid' or a 'surprise attack.' However, among contemporary Egyptian women, *kabsa* has taken on a much different meaning. In Egypt today, *kabsa* represents the unwitting and unexpected entrance of a symbolically polluted individual into the room occupied by a sacredly vulnerable female ritual initiate, whose bodily 'boundaries' (and, more specifically, her reproductively significant genitalia)

have been recently violated through circumcision, defloration, or childbirth. As the result of the symbolic 'penetration' of these boundaries by a polluting substance, the polluter who has mistakenly 'entered' upon the vulnerable, 'open' female causes the latter to enter a state of liminal suspension—more exactly, a binding of her reproductive capacities, rendering her infertile or incapable of providing the breastmilk necessary to sustain the life of her newborn child. In other words, *kabsa* threatens the reproductive bodies of individual Egyptian women and, by extension, the social reproduction of the Egyptian body politic.

The threat of *kabsa* to society lies in the fact that it is not uncommon; indeed, it is thought to affect large numbers of Egyptian, Nubian, and Sudanese women [1]. In Lower Egypt, the site of this study, *kabsa* is widely viewed by rural and lower-class urban women (often of rural backgrounds) as the major ethnogynecological cause of female infertility, among women who have never conceived, as well as those who have. Because infertility-producing binding is the primary outcome of *kabsa* and because infertility is a severely stigmatizing condition in Egypt [2], *kabsa* is greatly feared by Egyptian women.

In this article, the disparate beliefs, practices, and meanings surrounding *kabsa* in Lower Egypt will be examined in terms of theories of ritual and rites of passage in particular [3]. As I will argue here, analyzing *kabsa* from the perspective of the ritual process offers greater understanding of this symbolically rich complex than that rendered through alternative explanatory models. These include Morsy's analysis of *kabsa* as imitative magic [4]; Kennedy's explanation of *kabsa* as a form of taboo [5]; Boddy's symbolic analysis of *kabsa* within the context of spirit possession [6]; and Early's description of *kabsa* as a cultural 'infertility syndrome' [7]. Although these authors' brief descriptions and analyses of *kabsa* are suggestive, certain crucial features of *kabsa*, to be examined in this paper, are overlooked in these earlier accounts.

If *kabsa* is examined from the perspective of the ritual process, it can be understood as a socially threatening disruption to normal female reproductive rites of passage, the three stages of which were first described by Van Gennep [8] and later explicated by Turner [3, 9, 10]. More specifically, *kabsa* constitutes polluting boundary violation into the two inner sanctums—room and womb—of sacredly vulnerable female ritual initiates who have been separated (stage one) from the 'normal' female world in order to undergo solitary rites of reproductive transition (stage two). Such violation produces an abnormally extended stage of transition, in which childlessness is the hallmark of liminality. Hence, rites of incorporation (stage three) involving birth celebrations are waylaid, and alternative, compensatory rites of incorporation are necessary to 'undo' the extended state of liminality. These rites involve complex, depolluting rituals of consubstantiality, designed to bring *liminal personae* into contact with that substance which is

thought to have penetrated their room/wombs, thereby 'binding' their reproductive bodies. If successful, such rituals allow ritual initiates to complete the normal rite of transition, ending in the birth of a healthy, living child.

In this ritual analysis, I will explore the conditions under which *kabsa*, as reproductive ritual disruption, is produced and how it is manifest among female Egyptian ritual initiates. In addition, I will examine 'cures' for *kabsa*—which are less appropriately viewed as cures than as healing rituals of depollution necessary to release ritual initiates from a suspended state of *limen* [9, 10] via an alternative rite of incorporation. In so doing, I will explore the symbolism of the ritual paraphernalia and will highlight the syncretic incorporation of what is presumably a pre-Islamic rite into the formal, Islamic ritual cycle.

In addition, I will focus on the highly gendered nature of *kabsa* and its accompanying ritual complex. Given that *kabsa* is experienced and, hence, understood almost exclusively by women, it involves (at least in Lower Egypt) reincorporative rituals over which women exert virtual control. Thus, despite the persistent patriarchy existing within Egyptian society [2], *kabsa* healing rituals are gynocentric, involving the active help of *women by women*, in their roles as ritual facilitators, overseers, and co-participants.

Finally, I will discuss the significant threat of *kabsa* to Egyptian society at large, stressing themes of pollution, boundary violation, danger, and social surveillance first developed in the work of Mary Douglas [11, 12].

METHODS

That *kabsa* is viewed as both important and threatening to Egyptian women became abundantly clear in the course of this research, which was designed to examine the sociomedical problem of infertility among women in Alexandria, Egypt. Almost as soon as research began, women began relating stories of *kabsa* and the elaborate *kabsa* healing rituals that they or their infertile acquaintances had undertaken.

Thus, the information on *kabsa* contained in this paper is derived from ethnographic field research carried out between October 1988 and December 1989 among 190 Egyptian women, 100 infertile and 90 fertile. All of these women were of the lower and lower-middle classes, and most were either illiterate or semiliterate. Most of the women were from Alexandria proper or its semirural hinterlands, although many traced their ancestry to the rural areas of both Lower and Upper Egypt; hence, many did not consider themselves to be 'native Alexandrians.'

Semistructured interviews with these women were carried out in the university-affiliated, public ob/gyn hospital in Alexandria, where infertile women in this study had come for biomedical treatment and fertile women had come for prenatal care, childbirth, birth control, and non-infertility-related gynecological

care. Interviews with these women in the hospital lasted from 2 to 12 hours, depending upon the informant. In addition, unstructured interviews and participant observation were carried out in informants' homes, as well as in the homes of 14 traditional healers, where *kabsa* healing rituals were also observed. All but two of these healers were women, and most of them specialized in *kabsa* remedies. In addition, in-depth life history interviews were undertaken with 7 women, including Hind, whose case is described above. Seventeen Egyptian gynecologists who treat infertility were also interviewed; however, as a group, they demonstrated a rather remarkable lack of knowledge about their lower-class patients' lives beyond their clinic and hospital walls. Thus, few of them had ever heard of *kabsa*, or of the other components in the vast ethnogynecological repertoire actively utilized by most of their patients [13].

In summary, the ethnographic information on *kabsa* presented in this article is derived from intensive interviewing of nearly 200 Egyptian women, as well as observation of various *kabsa* healing rituals. It is important to note, however, that the analysis of these data presented here is 'etic' in the sense that the Egyptian women in this study did not articulate their *kabsa* beliefs and practices in terms of the ritual process.

KABSA AS DISRUPTION OF THE REPRODUCTIVE RITE OF PASSAGE

What follows is a more detailed analysis of how *kabsa* serves to disrupt normal female reproductive rites of passage among women in Lower Egypt. I begin this analysis by highlighting some of the central features of *kabsa* and its relationship to reproductive rites of passage. This is followed by a description of how *kabsa* actually occurs through acts of polluting entrance. In the final, most detailed part of this analysis, I focus on the rituals necessary to overcome the *kabsa*-induced state known as '*makbūsa*'; these rituals are summarized in Table 1.

Kabsa: central features

The lunar month. *Kabsa* is an event associated with the cyclical comings and goings of the moon. Indeed, the alternative term '*mushāhara*' [14] refers to something that occurs on a monthly basis, and is derived from the Arabic term '*shahr*,' meaning both 'new moon' and 'month' [15]. Essentially, *kabsa*, like the period of reproductive liminality, is time-limited. A ritual initiate is only susceptible to the effects of *kabsa* until the end of the lunar month following the initial rite of separation. With the new moon, the potential for *kabsa* disappears [16], as does the period of danger for the ritual initiate.

Gender-specificity. Those who are susceptible to *kabsa* during the lunar month are almost always girls and women. In Egypt, *kabsa* is largely a female experience. Those who cause *kabsa* tend to be female,

and those who fall victim to *kabsa* are almost always female, making this a highly gender-specific condition [17]. Without exception, the Egyptian girls and women who experience *kabsa* are in the midst of a liminal period involving a reproductive rite of passage. *Kabsa* is a problem only of the liminal period and only of *liminal personae*. Those who are considered to be vulnerable to the effects of *kabsa* are those experiencing the transition from unmarriageable girlhood to marriageable womanhood following circumcision; from virginal celibacy to marital sexuality following wedding-night defloration; from unproven reproductivity to potential reproductivity following miscarriage, stillbirth, or abortion; and from potential motherhood to proven motherhood following childbirth. In other words, *kabsa* most commonly affects newly circumcized girls, new brides, women who recently miscarried or aborted, and women who recently gave birth.

Separation and boundary maintenance. In Egypt, girls and women undergoing such reproductive passages are normally separated from the outside world for the duration of the transitional period. Ideally, the girl/woman remains at home in her bedroom for a period lasting 40 days. Although she is allowed visitors, careful consideration should be given to their number and kind. Furthermore, she should remain within the boundaries of her room, letting others venture into the outside world for her.

In reality, such separation and boundary maintenance are rarely adequately achieved. For one, the household demands placed on Egyptian women are considerable, meaning that a 40-day period of relative inactivity is an unaffordable luxury. In addition, housing pressures, especially in Egypt's urban areas, have forced large numbers of human beings to live in rooms together. Thus, a separate room and accompanying physical boundary maintenance for a reproductively liminal woman is a virtual impossibility in the urban Egyptian context. Given these current conditions, the likelihood of *kabsa* is greater than ever.

The reason that the reproductively liminal woman requires the protection afforded by structural boundaries (i.e. the four walls of her room) is that her bodily boundaries are no longer intact. Indeed, a reproductive ritual initiate is considered vulnerable through her 'openness.' This openness stems from a number of sources. If she is a newly circumcized girl, the very boundaries of her genital flesh have been penetrated by the circumcizer's knife, scissors, or razor blade—exposing the raw surfaces beneath the clitoris and labia [18]. If she is a new bride, she has just undergone the wedding-night defloration called the '*dukhla*,' which means, literally, 'entrance.' In this case, her husband's penis has entered her, breaking open the barrier to her reproductive passageway (i.e. the hymen), which is always expected to be intact among Egyptian brides. If she is a woman who has miscarried, aborted, or just given birth, the entrance to the 'inner room' of her body—her uterus, or '*bait il-*

Table 1. Types of *kabsa* rituals and their performance by infertile Egyptian women in the study sample

Ritual category	Type of <i>kabsa</i> ritual	Ritual activities	Women (%) ^a (n = 96)
Preventive ritual behaviors	Behaviors of new brides	Bride should remain in her room during the first postmarital lunar month and restrict the number of visitors Bride should leave her room to meet her newly shaven husband If she markets, bride should walk into the market and back out again to negate polluting effects of meats and vegetables there Seven prepubescent (nonmenstruating) virgins should make bride's bed Nonmenstruating (e.g. postmenopausal) woman should fashion 7-knotted thread around bride's finger Bride should wear an article of gold jewelry containing a human form or any article of 24-karat gold Bride should wear a small, leafy twig of Saudi Arabian caraway on a thread necklace Bride should wear a small piece of 7-leafed palm frond on thread necklace Black eggplant or 7-leafed palm frond should be hung in bride's room or over doorway Pregnant woman should deliver baby at home (to reduce exposure to polluting boundary-crossings in hospitals and clinics) Pregnant woman delivering in a hospital or clinic should wear a 7-knotted <i>kabsa</i> bracelet for the duration of first postpartum lunar month Newly delivered woman should remain in her room at home and restrict the number of visitors New brides should not visit new mothers and vice versa Menstruating women should not visit new brides or new mothers and should remain at home as much as possible until menses cease and vaginal purification (douching) has been undertaken Women should bathe before visiting new brides and new mothers Gifts of meat should be placed outside of the doorway, where a new bride or new mother can come out to 'meet the meat'	NS ^b
	Behaviors of new mothers		NS
	Behaviors of visitors		NS
Therapeutic rituals with the <i>kabs-er</i>	Rituals of blood-sharing	<i>Kabs-er</i> cuts herself (usually finger) and <i>kabs-ee</i> introduces blood into her own body by sucking on the wound or dabbing cotton in the blood and wearing as a vaginal suppository <i>Kabs-ee</i> douses <i>kabs-er</i> 's bloodied defecation handkerchief in water and drinks the liquid <i>Kabs-er</i> urinates on the ground, then <i>kabs-ee</i> urinates on urine to 'wash away' <i>kabsa</i> -producing impurity <i>Kabs-er</i> and <i>kabs-ee</i> urinate on a patch of dusty earth, then fashion the moistened earth into 1 or 2 mud dolls (representing the desired child), which either or both women place in water, followed by mutual, purifying bathing with the water Both <i>kabs-er</i> and <i>kabs-ee</i> urinate in a collecting bowl, dip cotton in the urine, and introduce the cotton into their bodies as vaginal suppositories Both <i>kabs-er</i> and <i>kabs-ee</i> cut the other's finger following co-urination, then introduce the blood into their bodies as vaginal suppositories Intentionally pure <i>kabs-ee</i> steps over sexually impure <i>kabs-er</i> 7 times	5
	Rituals of bodily-fluid-sharing		6

<p>Rituals in cemeteries</p>	<p><i>Kabs-ee</i> and <i>kabs-er</i> enter a cemetery together and <i>kabs-ee</i> steps over prostrate <i>kabs-er</i> 7 times <i>Kabs-er</i> and <i>kabs-ee</i> co-urinate in or near a cemetery (e.g. on a pile of human bones in the cemetery, in front of the cemetery door), sometimes followed by fashioning of a mud doll with the moistened earth, which is placed in water for mutual, purifying bathing</p>	3
<p>Therapeutic rituals with a proxy <i>kabs-er</i></p>	<p>Rituals of blood-sharing</p> <p>Traditional midwife (ritual officiant) places a small piece of proxy <i>kabs-er</i>'s placenta or umbilical cord into <i>kabs-ee</i>'s vagina "while the blood is still hot"</p> <p>Traditional midwife (ritual officiant) drenches a piece of cotton with proxy <i>kabs-er</i>'s delivery blood, then inserts cotton into <i>kabs-ee</i>'s vagina (or tells her to insert it on her own), to be worn as a 24-hour suppository</p> <p><i>Kabs-ee</i> ingests a small amount of blood from proxy <i>kabs-er</i>'s delivery or cut finger</p> <p><i>Kabs-ee</i> sits on or steps over (3 or 7 times) proxy <i>kabs-er</i>'s 'fresh' bloody placenta or umbilical cord</p> <p><i>Kabs-ee</i> sits on proxy <i>kabs-er</i>'s placenta, then dips cotton in placental blood to wear as a vaginal suppository</p> <p><i>Kabs-ee</i> bathes with water in which proxy <i>kabs-er</i>'s defecation handkerchief has been placed</p> <p>Proxy <i>kabs-er</i>'s circumcision blood is placed on cotton, which is worn by <i>kabs-ee</i> as a vaginal suppository</p> <p>Proxy <i>kabs-er</i>'s menstrual blood is placed on cotton, which is worn by <i>kabs-ee</i> as a vaginal suppository</p> <p><i>Kabs-ee</i> wears over small amount of proxy <i>kabs-er</i>'s breastmilk as a vaginal suppository</p> <p><i>Kabs-ee</i> wears over small amount of proxy <i>kabs-er</i>'s breastmilk, then dips cotton into it to be worn as a vaginal suppository</p> <p><i>Kabs-ee</i> rubs proxy <i>kabs-er</i>'s breastmilk directly onto her own breasts and/or genitals</p> <p><i>Kabs-ee</i> bathes with water in which proxy <i>kabs-er</i>'s 'unclean' items (e.g. semen-imbued underclothes or bedsheets) have been placed</p>	32
<p>Rituals of bodily-fluid-sharing</p>	<p>Proxy <i>kabs-er</i>'s breastmilk is placed on cotton, which is worn by <i>kabs-ee</i> as a vaginal suppository</p> <p><i>Kabs-ee</i> wears over small amount of proxy <i>kabs-er</i>'s breastmilk as a vaginal suppository</p> <p><i>Kabs-ee</i> wears over small amount of proxy <i>kabs-er</i>'s breastmilk, then dips cotton into it to be worn as a vaginal suppository</p> <p><i>Kabs-ee</i> rubs proxy <i>kabs-er</i>'s breastmilk directly onto her own breasts and/or genitals</p> <p><i>Kabs-ee</i> bathes with water in which proxy <i>kabs-er</i>'s 'unclean' items (e.g. semen-imbued underclothes or bedsheets) have been placed</p>	6
<p>Therapeutic rituals with objects, animals and the human dead</p>	<p>Rituals of blood-sharing</p> <p>Blood of birth</p> <p><i>Kabs-ee</i> steps over a miscarried or stillborn infant 3 or 7 times</p> <p><i>Kabs-ee</i> bathes with water in which a miscarried or stillborn infant has been placed</p> <p><i>Kabs-ee</i> boils a miscarried or stillborn infant in water, then 'showers' with this water by dumping it over her head</p> <p><i>Kabs-ee</i> steps over (or bathes with) a body part (e.g. brain) of a miscarried or stillborn infant</p> <p>If a fetus/dead infant cannot be found, <i>kabs-ee</i> steps over (or bathes with) an inanimate object representing a child (e.g. a doll made from stone, henna, metal, or mud or a 'baby-toy') or the lufa sponge used to wash the body of a dead infant</p> <p><i>Kabs-ee</i> wears a 24-hr vaginal suppository consisting of a feline placenta grilled to a peanut-like consistency, ground with wormwood, and wrapped in gauze</p> <p><i>Kabs-ee</i> wears a 24-hr vaginal suppository of cotton dipped in feline delivery blood</p> <p>If a feline placenta or delivery blood cannot be 'captured,' <i>kabs-ee</i> should watch a cat deliver her litter</p> <p>If a feline placenta or delivery blood cannot be 'captured,' <i>kabs-ee</i> should sit on the placenta of another 4-footed mammal (e.g. goat) or use its delivery blood in a cotton vaginal suppository</p>	33

continued overleaf

Table 1—continued

Ritual category	Type of <i>kabsa</i> ritual	Ritual activities	Women (%) ^a (n = 96)
	Blood of slaughter	<p><i>Kabs-ee</i> visits a slaughterhouse to step over a slaughtered animal 3, 5 or 7 times, wetting her feet in its blood</p> <p><i>Kabs-ee</i> visits a slaughterhouse, dabs a piece of cotton in fresh blood of slaughter, then wears as a 24-hr vaginal suppository</p> <p><i>Kabs-ee</i> visits a slaughterhouse and rubs the blood of slaughter on her breasts</p> <p><i>Kabs-ee</i> visits a slaughterhouse and stands under an animal's neck during slaughter, allowing the blood to gush onto her body</p> <p><i>Kabs-ee</i> visits a slaughterhouse and steps over the blood of slaughter 3, 5 or 7 times</p> <p><i>Kabs-ee's</i> husband slaughters a chicken or duck, and <i>kabs-ee</i> steps over it or its blood 3, 5, or 7 times, or rubs its blood on her breasts; afterward, she and husband eat the animal</p> <p><i>Kabs-ee</i> squeezes the blood from a piece of fresh meat and rubs the blood on her breasts</p> <p><i>Kabs-ee</i> bathes with water in which fresh meat has been placed</p> <p><i>Kabs-ee</i> ingests a piece of raw, bloody meat, made edible with spices</p> <p><i>Kabs-ee</i> steps over a piece of fresh, raw meat 7 times</p> <p><i>Kabs-ee</i> steps over her husband's razor and other shaving tools or a barber's tools (razor, blade sharpener, scissors, comb) 7 times</p> <p><i>Kabs-ee</i> bathes with water in which her husband's or a barber's shaving tools have been placed</p> <p><i>Kabs-ee</i> rubs her breast with her husband's or a barber's shaving tools</p> <p><i>Kabs-ee</i> wears her bloodied defloration handkerchief or cloth as a 24-hr vaginal suppository, removes it, throws it into a busy intersection, then washes her genitals</p> <p><i>Kabs-ee</i> bathes with water in which her bloodied defloration handkerchief has been placed</p> <p><i>Kabs-ee</i> bathes with water in which her wedding certificate has been placed</p> <p><i>Kabs-ee</i> bathes with ablation water from a mosque</p> <p><i>Kabs-ee</i> steps over a handful of seashells (usually clamshells) 7 times</p> <p><i>Kabs-ee</i> bathes with water in which seashells have been placed (making sure to cleanse genitals)</p>	26
	Blood of shaving	<p><i>Kabs-ee</i> enters a walled cemetery from one door and exits from another door</p> <p><i>Kabs-ee</i> visits a cemetery without speaking until she returns home, remains at home for the rest of the day, and has sex in the evening</p> <p><i>Kabs-ee</i> visits a cemetery with a postmenopausal woman to whom she does not speak</p> <p><i>Kabs-ee</i> crosses a cemetery without shoes and urinates in front of the cemetery door upon exiting</p> <p><i>Kabs-ee</i> bathes with 7 glasses of water obtained from a spout inside the cemetery, pouring each glass over her head</p> <p><i>Kabs-ee</i> bathes with a glass of ablation water taken inside cemetery on the third Friday</p> <p><i>Kabs-ee</i> strips naked and allows female gravekeeper to dump water over her body</p> <p><i>Kabs-ee</i> urinates inside a cemetery between graves, on a broken tomb, on a stone, or on human bones</p> <p><i>Kabs-ee</i> steps over a human bone, pile of bones, or full skeleton 7 times</p> <p><i>Kabs-ee</i> steps over a recently dead body 7 times</p> <p><i>Kabs-ee</i> steps over a new grave 7 times</p> <p><i>Kabs-ee</i> steps over the gravedigger's tools 7 times</p> <p>Gravekeeper starts a small fire inside the cemetery and <i>kabs-ee</i> steps over it 7 times</p> <p>Gravekeeper takes <i>kabs-ee</i> to a neglected tomb, where she peers in to see human skeletons</p> <p>Gravekeeper pours a pail of cemetery dust down <i>kabs-ee's</i> dress and she rubs dust on her breasts</p>	5
	Blood of defloration		3
	Rituals of bodily-fluid-sharing		15
	Rituals involving death Inside cemeteries		48

Outside cemeteries	20	<i>Kabs-ee</i> bathes with water and/or a lufa sponge used to cleanse a dead body
		<i>Kabs-ee</i> bathes with water in which clothes of a dead person have been placed
		<i>Kabs-ee</i> bathes with water in which a sheet used to wrap a dead person has been placed
		<i>Kabs-ee</i> bathes with water in which a collection of handkerchiefs owned by persons leaving a burial has been placed; handkerchiefs are then returned to owners
		<i>Kabs-ee</i> bathes with water in which a stone, brick, or bone obtained from a cemetery has been placed
		<i>Kabs-ee</i> bathes with water in which a green plant called 'devil's leaves' obtained from a cemetery has been placed
		<i>Kabs-ee</i> sits on a funeral bier and has water poured over her head
		<i>Kabs-ee</i> steps over water used to wash a dead person 7 times
		<i>Kabs-ee</i> steps over railroad tracks 7 times
		<i>Kabs-ee</i> bathes with water in which a mud doll fashioned from the soil of an eggplant field has been placed
With black eggplants	15	<i>Kabs-ee</i> washes with water in which a black eggplant (sometimes skewered with a piece of wood) has been placed
		<i>Kabs-ee</i> steps over a black eggplant picked fresh from the field and/or placed on her doorstep
		<i>Kabs-ee</i> visits and crosses over a field of black eggplants (which are said to turn rotten as the <i>kabs-ee</i> becomes fertile and pregnant)
		<i>Kabs-ee</i> urinates on or in a cored black eggplant, which is sometimes thrown into an intersection afterward
Rituals involving gold	9	<i>Kabs-ee</i> eats pieces of raw black eggplant obtained directly from an eggplant field
		<i>Kabs-ee</i> puts the core of a raw black eggplant into her vagina as a suppository
		<i>Kabs-ee</i> rubs a black eggplant on her breasts and genitals, throwing it into an intersection afterward
		<i>Kabs-ee</i> steps over 24-karat gold 7 times
		<i>Kabs-ee</i> bathes with water in which 24-karat gold has been placed
		<i>Kabs-ee</i> steps over 18-karat gold containing a human form (e.g. a coin or a pharaonic figure) 7 times
		<i>Kabs-ee</i> bathes with water in which gold containing a human form has been placed
		<i>Kabs-ee</i> bathes with water in which an article of gold has been dipped 7 times
		<i>Kabs-ee</i> bathes with water in which silver jewelry containing a human form (e.g. a coin or a pharaonic figure) has been placed
		<i>Kabs-ee</i> bathes with water in which gold jewelry with precious gems (especially diamonds and pearls) has been placed
Therapeutic rituals with <i>mushāharāt</i>	27	<i>Kabs-ee</i> bathes with water in which pearls have been placed
		<i>Kabs-ee</i> steps over a <i>mushāharāt</i> necklace 7 times
		<i>Kabs-ee</i> bathes with water in which a <i>mushāharāt</i> necklace has been placed
		<i>Kabs-ee</i> rubs her breasts and umbilicus with a <i>mushāharāt</i> necklace, then dips it into a water-filled washbasin 7 times, then ablutes herself with this water, then washes her umbilicus and genitals, then washes her entire body, but not in a bathroom (which is impure); afterward, she may dispose of the water by pouring it in 3 directions into an intersection
		<i>Kabs-ee</i> steps over or bathes with a <i>mushāharāt</i> necklace (as above), then uses a series of vaginal suppositories containing 7 multicolored herbal substances for 3 or 7 consecutive evenings, during which time sexual intercourse is prohibited
		<i>Kabs-ee</i> steps over a <i>mushāharāt</i> combination (containing three or more of the following items: beads, pearls, evil eye amulets, old coins, animal replicas, human dolls, human figurines, shaving tools, seashells, human bones and/or skulls, multicolored grains, gold jewelry, palm fronds, black eggplants, or tomatoes) 7 times
		<i>Mushāharāt</i> combinations
		6

*This column does not equal 100% because many women in the study population undertook more than one *kabsa* ritual.

^bNo statistics are available on preventive ritual behaviors in the study population.

wilid, meaning literally the 'house of the child' in Egyptian colloquial Arabic—has been opened with the passage of the exiting fetus.

Thus, reproductive vulnerability lies in the necessary, celebrated exposure of that which is interior—the inner workings of a woman's reproductive body. Because such bodily penetrations are culturally condoned for the most part [19], female vulnerability to external forces must be removed in other ways—namely, through the erection of walls, or physical boundaries around the secluded reproductive ritual initiate. Yet, these physical boundaries may fail to protect her. *Kabsa*, as we shall see, entails the violation of these physical boundaries; it is literally and symbolically a problem of control over 'entrances.'

Boundary violation. *Kabsa* takes place when another individual unfortunately penetrates the physical boundaries of the ritual initiate's room, entering upon the open, ritually vulnerable girl or woman. These *kabsa*-producing entrances are almost never malevolently intended. *Kabsa* usually occurs by accident, although, on very rare occasions, it may be produced intentionally by a woman's enemy. Because such entrances are usually unintentional, both those who cause *kabsa* and those who suffer it are rarely aware of the exact circumstances of this ritual boundary violation. This is especially true if the 'individual' who has entered the woman's room was an animal, as is occasionally the case.

Most important, those who cause *kabsa* are never 'neutral,' ritually speaking. Rather, those who unwittingly enter bring with them ritual danger—danger so profound that it disrupts the normal reproductive rite of passage, thereby preventing the normal stage of reincorporation.

The state of 'makbūsa'. A girl or woman who has suffered *kabsa* enters a state called '*makbūsa*,' also known as '*mitshāhara*.' *Makbūsa* is a state of 'boundness,' in which normal reproductive functions are eclipsed. When one is *makbūsa*, she remains 'suspended' in an extended period of reproductive liminality generally characterized by infertility. In other words, in this state of *makbūsa*, the woman's bodily openings 'close' through the healing of genital wounds or the return of the uterus and cervix to their normal configuration; however, the inner workings of the female reproductive body become 'bound,' preventing future conception or appropriate lactation from occurring.

In most cases, the woman who becomes *makbūsa* has no idea that she has entered this state. Symptoms are generally absent, although, in rare cases, a woman may become listless, experience breast engorgement, or suffer weight loss. Because of the lack of symptomatology, diagnosis of *kabsa* is nonspecific. Rather, in most cases, it is made by default when a woman fails to conceive or, in the case of a new mother, fails to lactate.

Because infertility is the primary outcome of *kabsa*, women who fail to conceive, either after marriage or

after a previous reproductive event (miscarriage, stillbirth, abortion, childbirth), are generally suspected of being *makbūsa*. In fact, among most lower-class urban and rural Egyptian women, *kabsa* is the first cause of a woman's infertility to be considered. However, because definitive diagnosis is impossible, women only come to know whether they are, in fact, *makbūsa* by undergoing healing rituals designed to unbind them. If, after such a ritual, a woman becomes pregnant, she is considered to have been *makbūsa* and to have been unbound through the therapeutic act. Yet, because these rituals are etiologically specific, a woman may undergo the incorrect version of the *kabsa* healing ritual and may fail to overcome her boundness. When such failure occurs, a woman remains *makbūsa* until she discovers the correct 'cure.' Since this may never happen, it is possible for a woman to remain *makbūsa* indefinitely.

THE DANGERS OF POLLUTING BOUNDARY-CROSSING

But the question remains: how can one human being cause another human being to suffer such a reproductive setback—a setback that is all the more acute because of the degree to which infertile Egyptian women are marginalized? In the case of *kabsa*, boundary-crossing in and of itself is not a sufficient cause; what is also necessary is the ritual pollution of the boundary-crosser, whose dangerous impurity infects the room and its vulnerable occupant, causing reproductive calamity. Indeed, *kabsa* is a condition that entails both pollution and boundary violation, phenomena that are related, according to Douglas [11, 12].

Because of their reproductive 'oozings' (e.g. menstrual blood, postpartum blood, vaginal secretions, breastmilk), women are more likely to be impure and are usually the ones to cause *kabsa*. Nevertheless, *kabsa*-producing boundary-crossers can be of either sex and any age, as long as they are polluted in one of the following ways:

The bloodied. Individuals who are 'bloodied' or who have come in contact with blood comprise the major danger to ritually vulnerable women. Egyptians often say that "blood causes *kabsa* to blood"—an expression pointing to the fact that both individuals in the *kabsa* episode may have been exposed to blood. In the case of the ritual initiate, one's own blood has recently been shed through reproductively related events. In the case of the polluted boundary-crosser, the blood may be one's own or from another source.

In many cases, the individual who causes *kabsa* to occur is another blood-shedding woman undergoing a similar reproductive rite of passage. In Egypt, it is widely believed that (a) a reproductively liminal woman may cause *kabsa* to another reproductively liminal woman if she unwittingly crosses the threshold of the latter's room; and (b) two reproductively liminal women undergoing the identical rite of

passage (e.g. two new brides or two recently delivered women) *may cause kabsa to each other* in the event of boundary-crossing or even a chance meeting. Theoretically, both women should be secluded in their own rooms, preventing such contact from occurring. However, given the difficulties of boundary maintenance described earlier, such crossings and meetings are often impossible to prevent. Thus, in many cases, reproductively liminal women are not only *in danger* but are a *cause of danger* because of their bloodshedding.

Yet, bloodied boundary-crossers are of many other types. Those who are ritually polluted from their own blood include: menstruating women; circumcized boys and girls; men knicked in shaving; depilated women [20]; and animals (primarily cats) that have delivered a litter.

In addition, recent contact with blood—human, animal, or 'vegetable'—is enough to produce *kabsa*. Contact with the blood of another human being is a major source of *kabsa*-producing pollution. Thus, it is believed that women who have attended their children's circumcisions or women who have held the new bride's 'honor' (i.e. the handkerchief or piece of white cloth stained by the blood of defloration) are often responsible for *kabsa* production. In fact, in Egypt, it is thought dangerous for someone to carry the bloodied handkerchief outside the bridal suite and then to return with it to the room—effectively polluting the bride with her own blood.

Contact with meat and butchered animals is also a major source of pollution. For example, individuals may cause *kabsa* by carrying fresh, bloody meat of any kind (including poultry and fish) or a slaughtered animal without its skin; by slaughtering an animal such as a chicken; or by visiting the butcher or a slaughterhouse.

Vegetable 'blood' is similarly incriminated. Tomatoes, with their bloody complexion and juice, are the major culprit; in Egypt, it is widely believed that tomatoes cause *kabsa* if carried into a ritually vulnerable woman's room. Likewise, lemons, which are sometimes used in Egypt to cauterize bloody wounds, are thought to cause *kabsa* if carried across the sensitive threshold.

The unwashed. But blood is not the only bodily substance known to pollute. Many of the other bodily fluids—including primarily semen, sexually induced vaginal secretions, urine, and breastmilk—are considered impure, a notion that is upheld by Islam [21]. Thus, individuals who have failed to wash away these fluids from their bodies or their clothing are considered to be polluted and ritually dangerous.

It is not surprising, therefore, that *kabsa* is often attributed to women who have failed to 'purify' themselves following sexual intercourse; husbands who have failed to purify themselves following sexual intercourse and then return to the rooms of their new brides; individuals of any sex or age who have just

urinated and are soiled by urine; and lactating women, especially those who are weaning and whose breasts are still leaking milk.

Polluted by death. Death is also a source of pollution, not only because of the fluids which ooze out of dead and dying bodies, but because of the very threat that death poses to the living. In Egypt, where mortality rates are relatively high and few individuals live until old age, deaths are frequent, and thus contact with death is often unavoidable. In fact, pollution by death is relatively common and need not involve actual physical contact with a corpse. According to Egyptians, individuals may become polluted by death in numerous ways; but, in each case, they may cause *kabsa* to the ritually vulnerable woman who, in most cases, has yet to give life [22].

Cemeteries are one source of pollution. Individuals who have visited a cemetery or have even crossed a cemetery on a journey may cause *kabsa*. Funerals are similarly implicated; individuals who have participated in a funeral, a funeral procession, or even passed such a procession in the street are capable of causing *kabsa*. Likewise, individuals who have given their condolences to a dead person's family or have consoled the living are considered capable of causing *kabsa*.

Actual contact with the dead is particularly polluting. This contact may be physical: for example, washing a dead body with a lufa sponge, carrying a dead body, or touching a dead body of one's parent, spouse, or child. Yet, even visual contact is enough to insure pollution. Thus, someone who has just seen a dead person is liable to cause *kabsa*.

Furthermore, contact with death need not be recent. It is believed by some that individuals in mourning may cause *kabsa* if they enter the room of a ritually vulnerable woman. Indeed, black, the symbol of death and mourning, is particularly dangerous. This is probably the reason why black eggplants, also known as the "brides of the field" [23], are widely believed to cause *kabsa* if carried into the room of the ritually vulnerable woman.

Polluted by wealth. Because the vast majority of Egyptians continue to live in poverty, wealth is viewed ambivalently. On the one hand, achieving wealth is something to be admired; but, on the other hand, wealth creates envy and frustration among those who are less capable of increasing their economic standings. Furthermore, in historical terms, the vast majority of Egyptian peasants have been oppressed by wealthy, often absentee landlords, who extracted not only the crops from their fields but the labor of sharecropping tenant farmers known as *fallahin*.

In Egypt, gold has traditionally been used as the major sign of wealth. In fact, individuals often flaunt their wealth by adorning themselves with expensive gold jewelry. This is especially true of wealthy women, who may wear at once gold earrings, rings, necklaces, and multiple bangles on both arms. Be-

cause gold creates envy and is also thought to attract harmful spirits [6], it is a source of ritual danger.

This is especially true of the most 'pure,' expensive twenty-four-karat gold known as '*dhahab bundu*'⁷, or 'nutty gold.' Individuals wearing *dhahab bundu*⁸ are thought to cause *kabsa* if they enter the room of a ritually vulnerable woman. Likewise, individuals wearing gold jewelry containing diamonds and pearls—precious gems that are unaffordable except among the upper class—are thought to cause *kabsa*.

Perhaps most interesting, however, is the danger of pollution stemming from gold jewelry containing coins or human forms. In Egypt, small, gold British pounds are found in various kinds of jewelry, particularly drop earrings. These pounds contain the faces of the British nobility, who, in recent Egyptian history, represented the colonial oppressors. Similarly, pharaonic figures are the most common human form found in other types of jewelry. Although popular among tourists, such jewelry is rarely worn by Egyptians, perhaps because of the tyranny with which many of the pharaohs were said to have ruled Egypt [24]. Thus, when an individual wearing either a golden coin or a human form enters a ritually vulnerable woman's room, the latter will become *makbusa*.

It is very important to note at this point that not all of the *kabsa*-causing polluting encounters cited above occur with equal frequency or are even known to all Egyptian women [25]. Moreover, some Egyptian women distinguish between types of *kabsa*-producing events occurring among different categories of ritual initiates (e.g. some forms may be specific to new brides and others to new mothers). Nevertheless, that new brides are considered maximally vulnerable to *kabsa* is reflected in the most commonly cited *kabsa*-producing 'combinations' as follows: (1) a woman who has recently delivered a child enters the room of a new bride; (2) a menstruating woman enters the room of a new bride; (3) someone carrying a black eggplant enters the room of a new bride; (4) someone carrying meat enters the room of a new bride; (5) a weaning woman with milk in her breasts enters the room of a new bride; (6) a woman who did not purify herself after sexual intercourse enters the room of a new bride; (7) a newly circumcized child enters the room of a new bride; (8) a husband who has just shaved enters the room of a new bride; (9) someone coming from a funeral enters the room of a new bride; (10) two newly married women meet and cause *kabsa* to each other; and (11) two women who have just undergone childbirth meet and cause *kabsa* to each other.

KABSA RITUALS: MAJOR FEATURES

But are there measures that a woman can take either to prevent *kabsa* or to overcome its effects? In Egypt, *kabsa* rituals, both preventive and therapeutic, constitute a rich domain of practice. In every case, the intent of the ritual is to overcome the effects of

polluting boundary-crossing—either through preventive measures to ward off pollution potential or through therapeutic measures of depolluting unbinding. With regard to the latter, *kabsa* healing rituals can be seen as alternative rites of incorporation, in which ceremonial acts of depollution serve to reincorporate *liminal personae* into the normal, healthy social body of reproductive women. In a sense, these depolluting rituals are also rites of reversal, for only when the deleterious effects of *kabsa* pollution are reversed can a woman begin her reproductive rite of passage anew, resulting in her ultimate incorporation into the world of fertile mothers.

Unbinding

That *kabsa* produces reproductive 'binding' is apparent in *kabsa* rituals, which are thought to 'unbind' or 'untie' the state of *makbusa*. In fact, the Arabic verb '*fakka*,' meaning 'to unbind' or 'untie' something [15], is invariably used to describe the many ways in which *kabsa* may be overcome.

Unbinding the effects of *kabsa* is a task which is not limited in Egypt to ethnogynecological specialists. Unbinding procedures are widely known among Egyptian women, especially among older women, and may be suggested to the infertile by both lay persons and healers alike. For example, as seen in the case of Hind at the outset of this article, mothers and mothers-in-law tend to be forthcoming with *kabsa* preventive techniques and cures and are often vigilant in attempting to ensure that their daughters(-in-law) do not succumb to this much-feared condition. When *kabsa* fails to be prevented, these same female elders are often insistent that their daughters(-in-law) undertake *kabsa* healing rituals that many young infertile women may find repugnant. Daughters-in-law in particular are often coerced by their mothers-in-law to unbind themselves, even when the former are prone to doubt the validity of this ethnoetiology, as is sometimes the case.

Gynocentric rituals

In Egypt, *kabsa* healing rituals are gynocentric—they are undertaken for women by women, who serve as ritual subjects, coparticipants, and officiants. Although men are peripherally involved in supplying unbinding appurtenances, they themselves never participate directly in *kabsa* healing rituals, which, when prescribed, are generally recommended only by women, especially traditional midwives. Likewise, the spiritist healers who occasionally diagnose *kabsa* through clairvoyant means are generally women. Thus, it can be stated with some certainty that *kabsa* healing rituals in Lower Egypt are a women's specialty, even though the *kabsa*-producers and ritual suppliers may be men.

That *kabsa* healing rituals are under female control is perhaps less a specific form of female power than a reflection of the fact that women, as a group, have much to lose in the face of *kabsa*. *Kabsa* affects

women, not men. And, in Egypt, female infertility of any kind, *kabsa* induced or otherwise, is not socially tolerated [2]. Because *kabsa* can strike any woman of reproductive age, women are inclined to acquire knowledge about *kabsa* and are often willing to help others with the ritual healing practices that may become necessary in their own lives.

Ritual syncretism

Given that women are barred in many ways from formal Islamic ritual practice, including participation in Friday communal prayers at mosques, it is interesting that *kabsa* rituals are virtually always carried out within the framework of the Islamic ritual cycle. In the vast majority of cases, *kabsa* rituals are undertaken during the exact hour of the Friday communal noon prayer—i.e. the most important one in the Islamic weekly cycle of 35 prayers. Although some minor variation in the timing of *kabsa* rituals can be found [26], this syncretic association of non-Islamic traditional healing practices with Islamic prayer rituals is extremely significant and appears to be an invariant feature of the *kabsa* ritual complex.

Given that *kabsa* beliefs are non-Islamic and were probably present in Egypt before the coming of Islam in the seventh century A.D. [27], the syncretism of non-Islamic 'folk' traditions with Islamic rituals is extremely troubling to more scripturally minded Egyptian Muslims, particularly reform-minded Islamists who wish to divest the religion of unorthodox, localized, particularistic accretions such as this. Yet, while religiously literate Islamists may find such folk beliefs to be heretical, religiously illiterate Muslim women, who represent the vast majority of the Egyptian female populace, regard this association not only as natural, but also as critical, since performance of healing rituals during the most sacred time of the week greatly increases their likelihood of success. Furthermore, given men's lack of involvement in *kabsa* rituals and the disapproval of such practices by many religiously literate Muslim men, it may be exceptionally convenient for women to perform their religiously illegitimate rituals—which often involve immodest acts and religiously forbidden usage of body parts and substances—in a time and place beyond the official gaze of men. Given that Muslim men usually congregate at mosques during the Friday noon prayer, women are uniquely free during this brief period to perform their 'female-centered' activities, of which *kabsa* rituals are but one example [13].

Ritual repetition

Another feature of *kabsa* healing, which is shared with other Egyptian traditional healing rituals, is ritual repetition in odd-numbered patterns of 3 and 7 and occasionally 5 and 9. For example, visits to sites where *kabsa* healing rituals are to be performed are always carried out over three consecutive Fridays. Likewise, *kabsa* rituals often involve stepping over the polluting substance 3, 5, 7, and occasionally

9 times. Furthermore, preventive thread *kabsa* bracelets and rings to be worn by new brides and new mothers are always tied into 7 knots.

Formulaic actions

In addition, within each of the various types of *kabsa* therapeutic rituals, seven major formulaic ritual actions can be identified. These include (1) bathing with, (2) stepping over, (3) visiting and crossing through, (4) urinating on, (5) sitting on, (6) rubbing on, and (7) introducing into the vagina and/or mouth the pollutant.

Depolluting consubstantiality

These formulaic actions are important in establishing depolluting consubstantiality: that is, making reproductive ritual initiates reexperience the polluting substance thought to have caused *kabsa* by bringing them into ritual proximity with that substance or a symbolic representation of it. In many cases, consubstantiality, or the sharing of substance, is established between two humans: namely, between the woman who has sustained *kabsa*-induced reproductive problems, herein known as the '*kabs-ee*,' and the actual polluted boundary-crosser who has caused *kabsa*, herein known as the '*kabs-er*' (or, in some cases, a '*proxy kabs-er*'). In other instances, substance is shared with a dead human, an animal, or an object with symbolically polluting qualities. In all cases, however, rituals of consubstantiality are thought to bring about a reversal or a negation of the original polluting event, thereby '*making kabsa vanish*' and releasing the woman from her state of boundness.

Most important, however, is the fact that these rituals of depolluting consubstantiality must be specific—namely, they must be directed at the actual event thought to have caused *kabsa*, be it pollution by blood, some other bodily fluid, death, or gold. Thus, when *kabsa* healing rituals are undertaken, they are always carried out with these causative categories in mind. For example, if a person who has come from a funeral is thought to have caused *kabsa*, the *kabs-ee* will likely be encouraged to undertake a ritual involving a visit to the neighborhood cemetery. Or, if a person carrying meat into the room is thought to have caused *kabsa*, the *kabs-ee* will often be told to step over a freshly slaughtered animal, often smearing her feet in its blood. Thus, ritual officiants who attempt to help the infertile woman unbind her reproductive capacities tend to direct their therapeutic efforts at the most likely cause of the problem. However, because the exact cause of *kabsa* is often unknown, healing rituals are often more speculative than specific, and alternate forms of ritual unbinding may be necessary, as seen in the initial story about Hind's *kabsa* problems.

Dual-purpose rituals

Furthermore, because the exact cause of *kabsa* is often unknown, many *kabsa* healing rituals are 'dual-

purpose'—i.e. they are directed against more than one polluting substance. For example, because a *kabs-er* may be sullied by both blood and breastmilk or both blood and urine at the time of *kabsa* production, ritual acts directed against *kabsa* effects often incorporate dual depolluting elements aimed at negating the effects of both substances. This is why, for example, urination in or near cemeteries is one of the primary ritual acts of *kabsa* healing, or why coparticipants in *kabsa* rituals may 'share' both blood and urine. Furthermore, this is why symbolic objects used in *kabsa* rituals are representative of more than one pollutant category and, in fact, may be seen as 'multi-purpose' agents of depollution in some cases.

Ritual forms

Given the odd-numbered association described earlier, it is interesting that *kabsa* healing rituals take 5 major forms:

(1) Some *kabsa* rituals are preventive and involve simple behavioral guidelines and ritual acts carried out during the ritual initiate's liminal lunar month. These preventive behaviors and rituals are designed to protect the reproductively liminal woman from polluting boundary-crossing during the vulnerable transitional period. Although Kennedy [5] has subsumed these acts under the category of 'taboo' behaviors, calling them 'taboos' suggests a degree of social consensus and behavioral uniformity that, according to the findings of this study, appears to be lacking in Lower Egypt. Rather, *kabsa*-preventive measures are sometimes, but not always, practiced, given that many Egyptian women are much less aware of *kabsa* preventive rituals than therapeutic ones. Nevertheless, a number of preventive techniques appear to have some degree of social support among Egyptian women and are practiced consistently enough that they merit attention, as shown in Table 1.

Of all of the behavioral measures to ward off *kabsa* effects, the use of preventive '*kabsa* bracelets' appears to have the most widespread support in Lower Egypt, particularly among women who are giving birth at hospitals and clinics. Hospitals, and especially maternity hospitals and clinics, are thought by many Egyptians to be thoroughly polluted places, given that they house other new mothers, women who are bleeding and 'oozing' for various reasons, newly shaven physicians and other male visitors, and the dead. That a polluted individual may enter a new mother's hospital room during her vulnerable, 'open' state is quite likely, given the lack of private rooms in most public hospitals and clinics in Egypt. Thus, it is widely believed that delivering one's baby at home decreases the likelihood of *kabsa* by reducing exposure to potential *kabsa*-causing boundary-crossings, and, as a result, many Egyptian women view hospital, clinic deliveries with a great deal of ambivalence and skepticism. However, in cases where hospital or clinic deliveries are necessary, a seven-knotted,

thread *kabsa* bracelet, worn by the new mother for the duration of the first lunar postpartum month, is thought to be protective against *kabsa* effects, as shown in Table 1.

In the hospital in which this study was based, numerous new mothers wore these *kabsa* bracelets. However, obstetricians questioned about these bracelets had either never noticed them or had never bothered to ask their patients why they wore them. Only 1 of 17 obstetrician-gynecologists participating as informants in this study had ever heard of *kabsa*—an indication of the great cultural chasm between mostly upper-middle/upper-class physicians and their mostly lower-middle/lower-class clientele [13].

(2) If such preventive measures are not taken, or if taken fail to work for some reason, *kabsa* may occur, resulting in the bounded state of *makbūsa*, which, to be overcome, requires therapeutic unbinding rituals. The most desirable means for a *kabs-ee* to become unbound is to undertake therapeutic healing rituals with the actual *kabs-er*, if this person is known and can be convinced to become a ritual coparticipant. Usually, the *kabs-er* is thought to be another woman living in the same household—most often a woman's sister-in-law (the husband's sister or husband's brother's wife) who is bloodied from a recent delivery or is menstruating and accidentally enters the new bride's room. However, persons other than sisters-in-law may also be identified—for example, another family member who brought meat into the woman's room or a neighbor who visited her after passing through a cemetery.

The purpose of coparticipatory rituals between *kabs-ers* and *kabs-ees* is for the *kabs-ee* to re-identify with the pollutant by which she was made *makbūsa* by the *kabs-er*, thereby making the effects of *kabsa* vanish. Furthermore, in the vast majority of cases, the *kabs-er* is a fertile woman; therefore, a subsidiary function of these rituals is to share substance with the type of woman the *kabs-ee* hopes to become—i.e. fertile and 'normal.' For example, if exposure to the *kabs-er*'s blood was thought to have caused *kabsa*, it is considered prudent to reexpose the *kabs-ee* to the *kabs-er*'s blood. In such rituals, not only do the *kabs-ee* and the *kabs-er* share substance, but in many cases the *kabs-ee*'s bodily boundaries are actually reviolated, or repenetrated, through the incorporation of the pollutant into the body itself. Especially notable is the introduction of the fertile *kabs-er*'s blood into the *kabs-ee*'s reproductive orifice, placing this pollutant in direct contact with the afflicted reproductive region and presumably enhancing the depolluting potential of this ritual act.

In addition, when two women have caused *kabsa* to each other, both becoming infertile as is infrequently the case, their sharing of bodily substances is thought to unbind both of them, making the effects of *kabsa* vanish and the period of liminality end. For example, if two women are thought to have caused *kabsa* to each other by virtue of some bodily impurity

(e.g. leaking breastmilk or urine), it is thought best to overcome this problem through a ritual of co-urination, which is thought to negate the polluting effects of all nonsanguineous bodily fluids.

Thus, in an ideal world, the *kabs-ee* is able to identify her *kabs-er*, and coparticipatory rituals of the type described in Table 1 can be undertaken. Because they allow depolluting consubstantiality with the actual agent of *kabsa* production, these coparticipatory rituals are considered to be maximally efficacious, making them the ideal form of ritual reincorporation into the world of female fertility.

(3) Because actual *kabs-ers* are so rarely known to the *kabs-ee*, rituals of *kabs-er/kabs-ee* coparticipation are often impossible to orchestrate. When actual *kabs-ers* are missing, it is widely acknowledged by Egyptian women that the next best strategy is to find a 'proxy *kabs-er*'—i.e. one who is thought to be in, at the present moment, the *kabs-er's* condition when *kabsa* occurred. This proxy *kabs-er*, sharing significant polluting qualities with the actual *kabs-er*, may serve as a ritual 'stand-in' in coparticipatory *kabsa* healing rituals.

As with actual *kabs-ers*, these proxy *kabs-ers* may be asked to share the products of their bodies, and especially their blood, in *kabsa* healing rituals. For example, if the *kabs-er* was thought to be a woman who had just given birth to a child and was both bloodied and lactating when she entered the *kabs-ee's* room, another new mother in the same condition can be found to stand in for the original *kabs-er*; her polluting bodily fluids are deemed sufficiently representative to be able to unbind the effects of *kabsa* in the *kabs-ee*. Indeed, women who have just given birth (and have therefore proven their fertility) are often sought out for proxy *kabsa* healing rituals in which their delivery blood, or their bloodied placentas and umbilical cords, are used by the *kabs-ee* in various ritual acts.

Because proxy *kabs-ers* are easier to locate than actual ones, the majority of coparticipatory *kabsa* healing rituals fall into this category. Furthermore, the variety of ritual forms is greater in this category, as is evident in Table 1.

(4) Some *kabsa* healing rituals occur without human coparticipants and involve acts of consubstantiality with the polluting substance alone or a symbolical proxy of it. Such non-coparticipatory rituals occur because in the vast majority of *kabsa* cases ritual coparticipants cannot be found to help *kabs-ees* unbind their reproductive capacities. In addition, *kabs-ees*, who by virtue of their prolonged reproductive liminality are often socially marginal, may be reluctant to recruit the services of fertile women in their efforts to overcome their infertility. Furthermore, *kabs-ers* or proxy *kabs-ers* may be unavailable or unwilling to perform the *kabsa* ritual, especially during the Friday noon prayer time when meal preparation is often taking place. Unwillingness may stem from several sources, including disbelief in

the *kabsa* complex, repugnance toward the necessary ritual acts, or fear of coparticipation in a ritual involving a reproductively marginal woman.

For all of these reasons, other avenues for overcoming *kabsa* may need to be considered. In fact, the vast majority of *kabsa* healing rituals are carried out by the *kabs-ee* alone—although often with the help of an older ritual officiant, especially a mother, a mother-in-law, another female relative, or a traditional healer. Like the coparticipatory rituals already described, these solitary rituals are directed at the probable polluting etiology of *kabsa*; but, instead of overcoming *kabsa* through acts of depolluting consubstantiality with living humans, these rituals of consubstantiality involve sharing the substances of symbolically polluted inanimate objects, animals, and the dead.

Although these rituals demonstrate the greatest variety of forms, as seen in Table 1, they are similar to the coparticipatory rituals already described in that they tend to be quite etiologically specific, as follows:

Blood-sharing rituals with blood of birth. Given that individuals who have been 'bloodied' in one way or another are thought to be the primary agents of *kabsa* causation, sharing of blood can be achieved by alternate means when *kabs-ers* or proxy *kabs-ers* cannot be identified or ritually enlisted. Because women who have been bloodied by birth and miscarriage are considered to be among the primary agents of *kabsa* causation, healing rituals involving stillborn infants and miscarried fetuses—the bloodied products of such women's bodies—are one of the primary ways in which Egyptian women attempt to overcome the effects of *kabsa* without the aid of actual or proxy *kabs-ers*. Not only do such rituals allow the sharing of polluting delivery blood, but they serve the important secondary purpose of putting *kabs-ees* in ritual contact with that which they most desire: namely, a human child. Even though the infants used in these rituals were never born alive, they are the closest physical representation of the desired outcome of the healing ritual, symbolizing the very reason for enacting such rituals among infertile women. Therefore, *kabsa* rituals with stillborn infants or miscarried fetuses are considered especially powerful and efficacious, given that most infertile women believe that they not only become unbound by them, but may also 'catch something from the baby' (i.e. imminent pregnancy).

Given the perceived potency of such rituals, an informal market in miscarried and aborted fetuses and stillborn infants exists among urban lower-class and rural Egyptian women. Instead of burying or disposing of these infants, women often keep them for ritual use. For example, women who have miscarried, either at home or in the hospital, may request that the fetus be saved and given to a family member or friend who is infertile for the purposes of *kabsa* healing. Even if the need for such a fetus is not

immediate, the fetus may be kept for several months, either in a plastic bag, a jar, or wrapped in cloth. In fact, as in the case of Hind, many women in this study who underwent *kabsa* rituals with miscarried fetuses or stillborn infants reported that these infants were either 'pickled' (i.e. in a pickled cucumber jar preserved in saline liquid) or 'mummified' (i.e. wrapped in gauze like a mummy). Furthermore, many traditional midwives keep such 'preserved' infants on hand in their homes, in case any of their infertile clients should require this form of *kabsa* healing.

However, the bloodied products of human delivery are not the only objects utilized in this form of *kabsa* healing. Some *kabsa* healing rituals utilize the bloodied delivery products of certain animals that are considered capable of causing *kabsa* by entering the room of a reproductively liminal woman. Cats are particularly suspect as *kabs*-ers, because, in Egypt, they tend to walk in and out of rooms at will (including the hospital rooms of new mothers). Thus, feline placentas—which are particularly difficult to obtain, given that mother cats eat them (as well as those of humans in labor and delivery rooms in Egypt)—are sometimes used in *kabsa* healing rituals, as shown in Table 1. When a feline placenta cannot be 'captured,' feline delivery blood or the delivery products of other animals may be substituted.

Blood-sharing rituals with blood of slaughter. In addition to living cats, livestock that have been slaughtered for food are considered *kabsa*-producing by virtue of their blood which has been spilled. These 'meat *kabsas*,' as Egyptian women often call them, must be overcome through rituals in which the *kabs*-ee is reexposed to the blood of slaughter, insuring depolluting consubstantiality. In Egypt, it is thought best for the *kabs*-ee to visit a 'madhbah,' or slaughterhouse, where she participates in various ways in the slaughter of a domesticated animal (e.g. a lamb, goat, cow, or water buffalo), as shown in Table 1.

Blood-sharing rituals with blood of shaving. Along with various animals, husbands are also considered dangerous to new brides and new mothers during the liminal postmarital/postpartum lunar month, because of their ability to cause *kabsa* via the blood of shaving. However, husbands themselves are uninvolved in overcoming this form of 'shaving *kabsa*,' because, as mentioned earlier, men do not actively participate in *kabsa* healing rituals. Rather, if this cause of *kabsa* is suspected, it is deemed necessary for the husband to provide his razor and other shaving tools (if he shaves himself) to his wife for the purposes of *kabsa* healing. If the husband is usually shaved by a barber, the barber's tools—including, if possible, his blade sharpener, his scissors, and his comb—must be obtained, as shown in Table 1.

Blood-sharing rituals with blood of defloration. Similarly, husbands may cause *kabsa* to their new brides by deflowering them, leaving the room 'polluted' (by blood and/or semen and/or vaginal fluids),

and then returning to the bridal suite after having shown the bloodied handkerchief to family members. In so doing, husbands 'enter' upon their new brides, causing *kabsa* by way of the bride's own blood on the husband's penis or on the defloration handkerchief, as well as by sexual pollution.

In Egypt, it is thought best for the *kabs*-ee to overcome this form of *kabsa* by performing a healing ritual using the bloodied handkerchief with which she was deflowered. However, because most Egyptian women consider their defloration handkerchief, which is the sign of their 'honor' and that of their natal family, to be exceedingly precious, some women prefer to safeguard it, substituting instead their wedding certificates, as shown in Table 1.

Rituals of bodily-fluid-sharing. When a woman becomes *makbūsa* as a result of pollution by some other nonsanguineous bodily fluid, solitary *kabsa* healing rituals are also possible. The most common ritual employs seashells—typically, clamshells with, in some cases, the living mollusks. From a symbolic perspective, this use of clamshells appears to serve two purposes. First, clams come from the sea—in this case, the Mediterranean. Therefore, using clamshells in ritual bathing insures that the impurities causing *kabsa* are 'washed away' in the vast Mediterranean waters. Perhaps more important, however, clams bear a strong resemblance to the female genitalia. Therefore, they can be used as a symbolic substitute for the woman whose genitalia were unclean when she caused *kabsa* to the *kabs*-ee.

Death rituals inside cemeteries. Of all the types of *kabsa* healing rituals, it may be the most difficult to enlist the participation of *kabs*-ers or proxy *kabs*-ers in death rituals involving visits to cemeteries, which are feared for their association with death and harmful spirits. Therefore, in most cases, *kabs*-ees must visit cemeteries alone, where they undertake depolluting healing rituals either inside the cemetery or on its external periphery.

In the vast majority of cases, *kabs*-ees visit a cemetery during the Friday noon prayer time. If the cemetery is large and established and is therefore walled, the *kabs*-ee enters from a door on one side and exits from a door on the other—thereby 'leaving *kabsa* behind' in this holy place [28]. This 'entry-exit' technique is notable, in that *kabsa* is a problem of unexpected 'entrances.' In all *kabsa* healing rituals involving visits to special locations—and especially to cemeteries—the emphasis on ritualistic entrances and exits connotes the fact that *kabsa*, a problem of polluting boundary-crossing, is 'left behind' through a reenactment of boundary-crossing in a symbolically meaningful location.

But cemetery rituals may be more complex than simple acts of entry and exit. For example, the *kabs*-ee may be told to refrain from speaking from the time she leaves for the cemetery until the moment she returns home, staying inside her house for the rest of the day and having sex that evening. Or, she may

be accompanied to the cemetery by a postmenopausal ritual officiant, usually a family member, to whom she may not speak. In some cases, *kabs*-ees are instructed to cross through the cemetery without shoes and, upon exiting, to urinate in front of the cemetery door.

However, in most cases, before exiting the cemetery, the *kabs*-ee is expected to perform various rituals, as shown in Table 1. Such rituals incorporate five of the key formulaic actions, including bathing with water, stepping over objects, visiting the gravekeeper, urinating on objects, and rubbing substances on oneself. However, two formulaic actions that do not take place inside cemeteries include 'sitting on' polluting objects and 'introducing into' the mouth or vagina some pollutant. Presumably, the penetration of death inside one's bodily orifices—by placing the genitalia on top of objects of death and especially by actually placing the substances of death inside one's body—is considered intolerably ominous.

It is important to note that, in cases in which bones are involved, a willing gravekeeper must usually be found in order to provide them. Likewise, gravekeepers are the ones who assist *kabs*-ees in other 'stepping-over' rituals, including those with dead bodies that have yet to be buried, new graves, or the gravedigger's tools. Thus, Egyptian gravekeepers are often major assistants in *kabsa* death rituals, especially when small remunerations are offered by ritual initiates. In fact, some *kabs*-ees begin their cemetery ritual by specifically visiting the gravekeeper, who asks, "Are you coming to get pregnant?"; when the *kabs*-ee answers affirmatively, the gravekeeper obtains the objects to be used in the ritual or takes the *kabs*-ee to the ritual location inside the cemetery.

Death rituals outside cemeteries. If the *kabs*-ee is unable or afraid to perform *kabsa* rituals inside the cemetery itself, rituals performed outside the cemetery may suffice, according to some Egyptian women. Despite their external location, these *kabsa* healing rituals, like cemetery rituals, are intended to reexpose the *kabs*-ee to the polluting qualities of death, primarily through bathing with water in which a symbolic object as been placed, as shown in Table 1.

In addition, *kabs*-ees may be encouraged to step over the spot where someone is known to have died. This seems to be the reason why women in Egypt may step over railroad tracks in order to unbind themselves. Railroad tracks, in and of themselves, are not related to *kabsa*. However, railroad tracks are related to death in Egypt, primarily in terms of pedestrian fatalities.

Death rituals with black eggplants. Because black is the symbolic color of death in Egypt, the black eggplant—the only common vegetable whose hue is the color of death and mourning—is a primary cause of *kabsa* and is therefore used quite regularly in *kabsa* death rituals. As shown in Table 1, rituals directed at what Egyptian women call the 'eggplant *kabsa*' incorporate 6 of the 7 formulaic *kabsa* actions described

earlier. Sitting on an eggplant is the only action that is not undertaken, given that destroying the object through sitting on it is not a desirable means of establishing consubstantiality [29].

Following eggplant rituals, the ritual object itself is often disposed of by being thrown into an intersection. This is a means of signifying the removal of *kabsa* effects. Just as *kabsa* is 'left behind' in the cemetery or 'washed away' in the ocean, *kabsa* can be symbolically 'thrown away' into intersections where passing cars and pedestrians will further obliterate its effects.

Rituals with gold. For women who have been 'bound by gold,' *kabsa* healing rituals involve reexposure to gold forms that are thought to be particularly polluting. Ideally, some article of twenty-four-karat 'pure gold' (*dhahab bundu'i*) is employed in such rituals. However, because twenty-four-karat gold is extremely soft, extremely expensive, and extremely uncommon among Egyptian women, it may be difficult to obtain. Therefore, other specific types of gold may suffice. For example, normal eighteen-karat Egyptian gold may substituted, as long as it contains the form of a human (either the face on a coin or a pharaonic figure). Occasionally, when such gold cannot be obtained, women substitute silver jewelry with human forms or simply silver coins with faces on them. In addition, gold jewelry with precious gems, especially diamonds and pearls, may be utilized in *kabsa* healing rituals, given their association with *kabsa* causation. When gold jewelry is not available, pearls alone are sometimes substituted, as shown in Table 1.

(5) Finally, some *kabsa* healing rituals utilize special sacra [10], or sacred objects that are polysemic, symbolically representing several major categories of *kabsa* causation. These objects, known by the collective title '*mushāharāt*,' are particularly effective when the cause of *kabsa* is entirely unknown, for they allow the *kabs*-ee to be brought into contact with symbolic representations of a number of substances. In many cases, these *mushāharāt* objects effectively summarize all of the major categories of *kabsa* causation and, in so doing, allow the *kabs*-ee to unbind herself in one highly efficacious ritual. Because of their polysemic potency and their usual origin in the holy cities of Medina and Mecca in Saudi Arabia, *mushāharāt* are considered quintessential unbinders of *kabsa* effects and are highly sought after by infertile Egyptian women.

In fact, in many cases, infertile women prefer to undergo *mushāharāt* rituals rather than the etiologically specific depolluting rituals of consubstantiality described above. Not only are the aforementioned rituals etiologically inexact and difficult to orchestrate, they are often objectionable to women, given the ritual enactment of immodest acts (such as public urination), the alarming and distasteful sacralization of human body substances and parts (including unborn fetuses and placentas), and the frightful merging

in many cases of hoped-for birth with death. It is not surprising, therefore, that many women consider themselves lucky to bypass these rituals by turning to the other major option for *kabsa* healing—namely, the use of *mushāharāt*.

Mushāharāt tend to be under the control of ritual specialists, particularly traditional midwives. *Mushāharāt* themselves are generally of two types, as follows:

Mushāharāt necklaces. The vast majority of *kabs-ees* who undergo *mushāharāt* healing rituals in the homes of *mushāharāt* owners are requested to undertake the formulaic ritual actions of bathing with, stepping over, urinating on, and rubbing the breasts with a beaded necklace known as *mushāharāt*. These *mushāharāt* necklaces are usually obtained during the holy Islamic pilgrimage to the Saudi Arabian cities of Mecca and Medina and are therefore considered to be 'of the Prophet Muhammad'—and, hence, especially sacred. Most *mushāharāt* necklaces of this type contain seven, relatively large (almond- to walnut-sized) beads, often of different colors, sizes, and shapes (including in many cases one phallic one). The beads are considered to be summary symbols of the various causal categories of *kabsa*, which is the source of their healing power. For example, *mushāharāt* necklaces usually contain a red, 'bloody' bead and a white, 'milky' one. Likewise, a black bead symbolizes death, and several beads in the yellow–amber–orange–brown spectrum represent both gold and human bodily secretions, especially urine. Traditional midwives and other healers who own these necklaces are often expert at explaining the symbolic meanings of these beads, although *kabs-ees* themselves are unlikely to possess such knowledge.

In addition to these beads, some *mushāharāt* necklaces contain additional objects that are also symbolic in character. For example, some *mushāharāt* necklaces feature old coins and metallic figures of faces or animals, presumably directed against the specific forms of gold and meat *kabsas*. Likewise, the inclusion of seashells is certainly directed against the effects of *kabsa* from sexual pollution. Interestingly, some *mushāharāt* necklaces also contain a downturned hand or a blue-beaded eye, which are the major protective amulets against '*ḥasad*,' or 'envy' (also glossed as the 'evil eye').

Although the formulaic ritual practices undertaken with these *mushāharāt* necklaces are identical to those already described, their performance may be more elaborate, as shown in Table 1. Furthermore, some healers who officiate at such *mushāharāt* rituals also request additional, 'followup' therapy consisting of a series of vaginal suppositories containing seven, multicolored herbal substances that are similarly symbolic. For example, *kabsa* suppositories may consist of combinations of the following common herbs and plant substances: dates; lavender; caraway seeds; cinnamon; clove; alum; wormwood; fenugreek; frankincense; and longpepper. These colorful sub-

stances—many of which are recognizable as common spices—are to be ground into a fine powder, cooked until they thicken, wrapped in gauze (which may be dipped in olive oil), and then worn in the vagina for 3 or 7 consecutive nights, during which time sexual intercourse is prohibited. If worn following *mushāharāt* necklace rituals, such vaginal suppositories are considered capable of unbinding *any* type of *kabsa*, according to the traditional healers who prescribe them.

Mushāharāt combinations. However, not all traditional healers who officiate at *mushāharāt* healing rituals own *mushāharāt* necklaces. Rather, their *mushāharāt* consist of an assortment of symbolic objects that, taken together, are also known as *mushāharāt*. Often kept together in boxes or on chains, these *mushāharāt* combinations are, like *mushāharāt* necklaces, meant to symbolize the major categories of *kabsa* causation and thus unbind the effects of any form of *kabsa*.

Mushāharāt of this type often include three or more of the following symbolically meaningful items: a large bead or pearl; evil eye amulets in the form of a blue-beaded eye and/or a downturned hand; old gold or silver coins; animal replicas; human dolls; stone figurines of humans; razor blades and barber's tools; seashells; human bones and/or skulls; multicolored grains; gold jewelry; and, occasionally, palm fronds, black eggplants, and tomatoes. Because such *mushāharāt* combinations tend to be more unwieldy than *mushāharāt* necklaces, *kabs-ees* are often requested to step over them, rather than to undertake the various other types of formulaic actions already described.

CONCLUSION: THE THREATENING NATURE OF *KABSA*

As apparent from the ritual analysis presented above, overcoming the effects of *kabsa* through multifarious, often polysemic rituals of consubstantiality, which are intended to allow ritual subjects to be reincorporated into the social body of fertile women, attests to the power of belief in *kabsa* and the perceived seriousness of its reproductively incapacitating effects among Egyptian women. That *kabsa* is a woman's misfortune—most often caused by women and ritually remedied by them—speaks to the highly gendered nature of this most potent disruption in Egyptian women's reproductive rites of passage. That women are seen as the vulnerable reproductive parties in the rite of passage to parenthood—and that women reproductively 'bound' by *kabsa* must overcome its effects or be barred from achieving normal, adult personhood, according to widely accepted normative standards—attests to the precarious nature of women's fertility in Egypt and the social opprobrium that accompanies failures of women in the reproductive realm [2].

In fact, throughout Egypt, and especially among the rural and urban lower classes, women bear the major burden of infertility in terms of blame, social

ostracism, and the relentless search for therapies, which often prove tortuous and even harmful [13, 30]. The fact that Egyptian women are tormented in this way is ironic, given two important social realities. First, among Egyptians of all classes, educational backgrounds, and regions, there is now widespread knowledge of male infertility, following the advent of semen analysis in Egypt [13]. Second, and most important, rural and urban lower-class Egyptians hold a theory of procreation that attributes essential, life-giving powers to males through fetus-carrying 'worms,' or sperm [31]. Given that women are strictly marginalized as nurturant reproductive 'receptacles,' it is paradoxically problematic that they are the ones to be blamed for failures in the reproductive realm by virtue of their faulty reproductive bodies, which fail to facilitate men's inherently superior, life-giving act.

As described in this article, *kabsa* is widely viewed as the principal cause of reproductive failure among women in Egypt. *Kabsa* 'binds' women's reproductive bodies, making future efforts at conception and lactation futile. In this way, *kabsa* threatens to thwart the creation of *men's* most important product: a healthy human child. Hence, *kabsa* endangers not only women's fertility, but male procreation as well. As such, *kabsa*, a quintessentially *woman's* problem, is widely feared by women for its power to destroy their lives by inhibiting *men's* most important achievement—for which they, as women, will be blamed. In this light, then, it is clear why Egyptian women are willing to undergo *kabsa* healing rituals that they may find revolting, frightening, and shameful, for, in their world, much is at stake.

But *kabsa* threatens more than the reproductivity and associated social status of women and the creative power of men. By incapacitating reproduction among individual members of Egyptian society, *kabsa* threatens the *social reproduction* of Egyptian society at large. As Douglas [11] has noted, a society experiencing itself as threatened in any way will respond by expanding regulatory social controls over group boundaries, such that points of potential infiltration and 'pollution' by outside threats become the focus of intensive surveillance and regulation. Such attempts to protect both individual and social bodies from dangerous boundary penetration tend to take the form of nervous vigilance over 'entrances' and 'exits.'

Indeed, *kabsa* is literally and symbolically a problem of control over 'entrances.' As we have seen, *kabsa* is a form of polluting boundary-crossing: a ritually violating entrance into the protective room of the sacredly vulnerable, female ritual initiate, who is still 'open' due to important bodily 'entrances' (i.e. defloration, circumcision) and 'exits' (i.e. of fetuses and infants). Those external intruders who cross the boundaries of her ritual sanctuary unwittingly 're-violate' her bodily boundaries with the polluting substances which they exude. In so doing, they doom the

reproductively liminal woman to a perpetual state of *makbūsa*, of which infertility is the predominant manifestation. Thus, in Egypt, it is understandable why nervous vigilance exists among women regarding polluting boundary crossing into both 'rooms' and 'wombs.'

But the question remains: are *kabsa*-caused hindrances to reproduction really threatening to Egyptian society at large—a society plagued by a purported 'crisis' of overpopulation? Although radical critics of population reduction policies have pointed to the 'myth' of overpopulation [32], including in Egypt [33], it is clear that the current Egyptian and U.S. administrations view Egypt's problem as one of rampant 'hyperfertility,' not of depopulating infertility. This largely *externally generated* (e.g. by the United States Agency for International Development) message of excessive fertility [33] has been spread to the Egyptian populace in recent years through media campaigns that extol the virtues of limiting nuclear family size to two children.

Nevertheless, popular resistance to the Western discourse of 'overpopulation' and fertility control—which may be threatening due to its genocidal overtones—is felt in Egypt in a number of ways. These include repeated failures to meet population reduction goals; a continuing high average annual population growth rate of more than 2.5%; large average family sizes of nearly 5 children [34]; and, most recently, vocal efforts by Islamic 'fundamentalist' reform groups in Egypt to *increase* rather than to decrease the absolute numbers of Muslims, particularly in relation to Egyptian (and Western) Christian populations.

Furthermore, given the all-too-common experiences of reproductive failures and losses and infant/maternal morbidity and mortality, Egyptians feel the need to increase rather than decrease their numbers of children, despite Egyptian and Western governmental efforts to convince them otherwise. In such a climate—where fertility and, more exactly, children are highly valued for numerous reasons that are beyond the scope of this discussion [2]—infertility is simply untenable, as apparent in the large numbers of women who desperately seek treatment in both public and private clinical settings throughout the country [13, 35].

Thus, it is fair to conclude that reproductive threats of all kinds—including, on a most basic level, infertility-producing *kabsa*—are perceived as highly worrisome among an overtly pronatalist and increasingly religiously oriented Egyptian populace. *Kabsa*, as infertility-producing boundary violation, expresses in symbolically meaningful fashion the threat of infertility to the pronatalist Egyptian body politic—a body politic that, throughout history, has learned the harsh lessons of *colonial boundary violation* and continues to resist neocolonial efforts to curtail its growth through new regimes of fertility surveillance and control.