

# Gender and Coloniality: the ‘Moroccan woman’ and the ‘Spanish woman’ in Spain’s Sanitary Policies in Morocco

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*Placing (ourselves)*

Though the term post-colonial has often been considered as an example of ambiguity, it is necessary to point out one of its essential dimensions: the acknowledgement of the importance of introducing the analytical category “colonialism” for the comprehension, explication, reflection and action-taking on the contemporary world (McNeil, 2005). In my opinion, the highest effectiveness of the term is achieved when its relational aspect, as a historical dynamics constituted by relations of dominance/subordination where distinct forces interact, is tackled. It is precisely here where the coloniality of power is present, where knowledge geopolitics prevents it to emerge in settings other than power centres (Mignolo, 2003; Walsh, 2003); and knowledge geopolitics have a very important gender constituent. Accordingly, postcolonial studies have lately benefited from contributions of feminist analysis, as they have shown a great potential to question relevant aspects of the established theories on colonialism (Spivak, 1985; Harding, 1998). Thus, the excessive simplification of colonial analysis attempting to homogenize the colonial problem by establishing the confrontation between colonizers and the colonized as the object of study has become evident. Feminist contributions have introduced a heterogeneity component in that allegedly dichotomic relationship, leading to an approach in which the fact that colonizing strategies extend to and use social groups, defined according to social class, gender and ethnicity, has become central. It is not a matter of the centre and the periphery but of power and subordination, of relationships generating imperialism, classism and sexism, in which race, class and gender are interrelated so that they cannot be understood as “parts” of a reality, but as a network where they dynamically interact, either in a supportive or in a contradictory and conflictive manner (McClintock, 1995). For this reason, it should be understood that both power relations between the colonizers and the colonized and between dominant/hegemonic and subordinate classes or groups, as well as between men and women, make up a global design comprising colonialism in its most classic sense, androcentrism (or patriarchy) and class inequalities, so that the discourse of coloniality is the patriarchal-colonial one (Harding, 1998; Mignolo, 2003).

Emphasizing the interconnection between different relations of domination, feminist post-colonialism or post-colonial feminism are terms used in both research traditions, attempting to show that women and feminism are crucial to understand how colonialism, post-colonialism and science and technology work together (Harding, 1998, p. 82). Among other things, this would be a matter of analyzing and pondering on how the hegemonic West has built and established the relationships of dominance/subordination in order to make a contribution to deactivate them. And, in this sense, the Gramscian approach pertaining to alliances would allow a critique of subalternization from distinct viewpoints and experiences sharing a will to oppose the hegemonic.

An important aspect of this matter is the fact that a tension between diversity and universality is established within colonial policies due to the need, on the one hand, to maintain the symbolic and structural distances between the colonized and the colonizers, which are essential for the colonial system to exist, and, on the other, to impose a universal, unique model suitable to manage all aspects of human life (García Calvo, 1998; Memmi, 1971). Thus, cultural imperialism would work by means of the “emphasis on difference” as well as the “emphasis on identity”, that is, it plays a double game. On the one hand, the civilizing mission of colonialism, which presupposes a form of identity that would make the colonized people “become Westerners”, yet, on the other, cultural imperialism would consider the colonized as the others, them against us, assuming differences and inferiority with respect to the colonizer, the Western subject (Van Dijk, 1991). In this dynamics, silencing strategies play a fundamental role. When constructing the other, a painful and mutilating process is set off both at the symbolic and the material levels, and within which the others’ silencing or their incapacity to talk is crucial so as they are not able to represent themselves. The dominant discourse asserts its universality, yet only the privileged group is able to devise and manage it. In fact, what is intended is the construction, by means of differentiation axis, such as gender, ethnicity and class, of a world with distinct compartments, establishing a social hierarchy that colonial policies complicate as they introduce new elements: the colonized. In the scale of superiority established by the colonizer, colonists climb up, for there are new inferior levels occupied by the colonized and where differences between the women of the colonizers and the colonized are established as well, thus yielding one of the strategies of colonial policies, while making one of the internal contradictions of the patriarchy’s global discourse apparent. Accordingly, it is necessary to take into account that Abdelkhebir Khatibi’s “double critique”, which attempts to end up with all kinds of fundamentalism (Alaoui, 1991), so much needed in general, is essential as regards post-colonial studies from a gender point of view, in relation to both the actions of the Moroccan paternalist and androcentric power on Moroccan women and of the colonial power on the colonized and thus, as part of them, on Moroccan women as well.

It is in all these senses, and also regarding the struggle opposing the colonialist project, in which gender is an analytical tool aiding us to explore in depth the social relationships established in given settings and times.

On the one hand, the importance of the scientific-medical discourse, in material and cultural terms, for the colonial administrative system and for the relations among persons, groups and with the world, has been widely acknowledged. One of the main trends in post-colonial theory has been the analysis and consideration of the way Western actors and institutions have constructed and maintained the barriers between Western culture and other cultures labeled as different and inferior; and, in this sense, science and technology have been legitimized as Nature’s speakers in the process of construction of the other (McNeil, 2005, pp. 109-10). Exposing Eurocentric and androcentric elements in health-medical knowledge and practice would place us in a position from which it would be easier to understand the development of expansionist historical and cultural projects, in which science and medicine have had a very important function.

Consequently, taking into account that modern Western medicine has played an essential role within these colonizing strategies in order to achieve material and ideological objectives, taking part in different (ethnic, class and gender) colonization

processes developed in modern societies, I intend to tackle the significance of gender relations in Spain's colonial health-medical discourse and practice in Morocco and vice versa: how colonial health care has taken part in the configuration of gender relationships. It is also an important subject of this research the way in which gender relations, which were, implicitly or explicitly, part of health policies, were essential for both the establishment of a clear distinction between "us" and "them", thus allowing the exercise of colonial power, and the possibilities it put forward in order to set up complicity between certain groups of colonizers and the colonized.

In order to approach these realities, we will consider the presence of women in the health-medical discourse and practice in Morocco, the way in which gender relations were arranged in colonial discourses, and how such arrangement was relevant to establish identities and relationships not only regarding gender.

*The presence of women in the health policy of Spain in Morocco*

In order to explore women's leading role in the Spanish health policy in Morocco, it has been essential the analysis of the colonial discourse as a particular kind of social practice exerting an array of effects on the actions of individuals and groups, and contributing to the construction of a relational space where interrelations between dominant and subordinate discourses take place and trigger responses from power estates that may become subjective visions, dreams or ideals, or plans to end up with subordinate discourses (Tola, 2004, p. 70 and Harding, 1998, p. 158).

Within the health-medical discourses analyzed, we may first distinguish between two kinds of references to women: women who had to carry out a function as colonial agents, and the "other" women, those who had to be colonized. Thus, the presence of women in the production of the colonial "reality" was especially relevant both in processes of complicity and resistance, in relation to a practice intended for the colonized to dispose of "local" and autonomy knowledge, from the disruption of health policies not designed by the colonizers, and ultimately aimed at the expansion of markets for Western capitalism.

In the colonial relationship, the dominant part is interested in the diversification that allows it to maintain the established dominance relations, but the need of universalization makes it allow a certain degree of homogenization to stand as a point of reference for this process. One of the reasons why modern Western science is so important for power is its capacity to turn the local into the global, constructing universals legitimizing certain actions and approaches while undermining others (Harding, 1998). Accordingly, the presence of women was characterized by this double game between the universal and the diverse; assertions pertaining to women's intellectual competence, prostitution, women as providers of care and "the Moroccan female" constituted a significant part of this instrument of coloniality.

The issue of women's intellectual disability, both European and Moroccan, became a "universal". The former were regarded, by expert males, as holders of a "non-educated intelligence" and thus it was necessary to point out that:

“as a consequence of the participation of women in bureaucratic, intellectual professions, ...etc., the high percentage of disorders in this kind of pregnant

women is gradually becoming more patent. A calm and quiet spirit, free of emotion and distress, away of anything requiring a mental effort, must be, as far as possible, available for the pregnant female, [who should be sheltered from] the reading of inappropriate books, books of Medicine, Sexual Hygiene treatises, books suitable for physicians specialized in Deliveries [...], for they do not have an educated intelligence, thus acquiring a true indigestion of ideas which generates sadness, boredom, nightmares, insomnia... etc., with great harm for the woman's psyche" (Millán Santos, 1947, p. 53-4).

Moroccan women were regarded as

"a mass arriving apprehensive [about being observed], with an almost superstitious fear, with supine ignorance, as if they were forcefully arriving to a new planet [which] harboured together so disparate things such as cinema and the anthropological study of a people, yet constituting for them two novelties that, upon receiving them both at one time, got mixed up in their intellect, [thus concluding that] it is culturally possible to assert that ignorance is a consubstantial fact with the female part of this people. None of them speak Spanish, nor even understands it. Females do not know or remember anything about their own existence; not their age, nor the beginning of their puberty, nor any chronologic data" (Robles Mendo, 1953, pp. 31-7).

In this text, it is possible to grasp the complexity and ambivalence of the female author's discourse, as the assertion of the colonial/ patriarchal dominant values, above all if we take into account that Caridad Robles Mendo, as she herself acknowledged in this same work, did not speak nor understand Arabic or Berber, and as a subversion of those very same values due to her being a woman and becoming a scientific authority. In addition, this discourse was especially useful for colonial policies as it also contributed to the elaboration of the diverse in relation to the ethnic differences.

Western expert knowledge would also provide an answer in paternalist terms (Philip, 1998, pp. 319-321), according to androcentrism, to the "universal" problem of "prostitute woman". One of the poles of the dichotomic representation of the virgin/prostitute woman became a focal point for the health policy of the Protectorate. The menaces of prostitution that had generated so much worry in the last decades of the XIX century and first ones of the XX century in Spain/in Europe (Puleo, s.f.; Castejón Bolea, 2001) were carried to Morocco: "One of the problems that had to be addressed in the first place was the one pertaining to the prophylactic observation of prostitution which was a moral chaos as well as a breeding ground for venereal diseases" (Paz, 1931). Even though it was acknowledged that the main problem associated to prostitution, syphilis, did not have such a direct link to this practice among the Moroccan population, the control of prostitution was primarily geared by the struggle against this venereal disease (Jiménez-Lucena, 2006). However, in the 1927 Code on venereal prophylaxis, it was stated that "supervised and regulated prostitution, as an unavoidable industry, must be acknowledged and tolerated"; the aim of the fight thus was "the underground nature of so dangerous-for-society profession such as the one of prostitute" (Delgado, 1931, p. 18). Hence it was an attempt to establish a mechanism of control of the other, about the threat of an inner

(the “European prostitute”) and an outer (the “native prostitute”) other. This last question indicates us that, despite of being considered a “universal” problem, the racist component was not left completely demoted in this case either.

The need to establish distinct spaces for the assistance to “native” and “European” prostitutes was taken into consideration (Mince, 1929; Delgado, 1931), “the lack of personal hygiene on the part of native women devoted to carnal trade” was blamed for the increasing incidence of blennorrhagia and syphilis (Paz, 1931), the mentioning of European prostitutes was avoided when describing services for anti-venereal fight while “Moorish prostitutes” were perfectly declared (Sanidad, 1931), and even the indiscriminate and coarse description, as scorn and insult, of Muslim women outspread: the Inspector of Meseraah (Alcazarquivir) described a Moroccan nurse as “a young Muslim female, quite witty and self-confident, the whole of her denoting the environment where she has grown up; in short, a little slut”<sup>1</sup>. These viewpoints had their origin in the lack of understanding towards the other, which was being engendered by the colonial difference. For instance, military physician Felipe Ovilo y Canales was obsessed by the sexual conduct of Moroccan males and females. He did not understand their sexual behaviour, which he considered immoral. He thought that even sex within the Moroccan marriage was “a certain kind of prostitution” because women used the “grossest artifices” to awaken their husbands’ desires and “once the first step in the dangerous path of that social plague had been taken, all the steps of its debased stairway are easily taken down [...] thus the number of Muslim women devoted to such despicable traffic” (Ovilo y Canales, 1886, p.192).

The ideology of orientalism is present in these notions on the Moroccan reality (Said, 2002). Colonial power was legitimized and hegemonic thinking described and classified peoples and sectors of society from colonial difference as an articulation place, while soci-al structures and the gender symbolic systems of the different cultures also became resources for this task, generating both productive and repressive effects while conditioning what could and could not be understood, analyzed, known or said.

Women as providers of health care have been another Western historical reference point that has been shaping gender policies. However, if this allegedly “universal” ideal has had a role in the expansion of the Western model (Harding, 1995), the legitimization of Western superiority has required the creation of differences showing the inferiority of “uncivilized”, “non-developed” peoples’ lives. Thus, it was attempted to settle the presence of the “European female” regarding fundamentally one aspect: women as providers of “modern” medical-health care, embodied in the figure of Western medicine professional females. Meanwhile, “the Moroccan woman” was considered as the guardian of traditional remedies for health care and assistance to diseases, considering them as “the primary faith keepers” in relation to “miracle thaumaturgies” (Ruiz Albéniz, 1930; Siervert, 1929), and “zealous guardian of a medieval empirical medicine” (Obra, s.f., p. 30), wielding a “pernicious action” in matters such as childbirth assistance (Delegación, 1954, p. 134).

The presence of these images was more rhetoric than real, for recent studies, such as Ellen Amster’s, as well as the upholding to this day of such social practice, show that the Spaniards’ and Moroccans’ consideration of Moroccan female health aids’ incompetence was quite different. An example of this is that most births were still assisted

by Moroccan women and that their reputation was way above some Western professionals' (Amster, 2003):

“The doctor who assisted me was an idiot, he did not even have a good old-style midwife’s reflexes, those of a *gabla*. He was not able to either give oxygen to the baby or even rub him. He allowed him to come round on his own” (Mernisi [Interview to Rabea], 2000, p. 48)

On the other hand, even though the advantages of counting on a Western female medical staff were being promulgated, the same way than in other colonies (Molero, Jiménez y Martínez, 2002), and in order to facilitate “the native’s attraction”, the presence of medical professional women in the service of the Health Administration of the Area did not reach ten throughout the entire period of the Spanish Protectorate in Morocco<sup>2</sup>. This situation suggests that this matter was a markedly propagandistic question and, for the same reason, Muslim Women and Children Surgeries were considered one of the most important achievements of the health policy (Sanidad, 1931) [Image 1]. The significance that health officials intended to give to the rendering of these services was apparent in the fact that one of the first endeavours on the part of the Civil Health Care Inspection of the Protectorate after the pacification of the Area was the endowment of a “female-Doctor” position, right after the appointment of the Inspector (Delgado, 1929), as well as in the transcendence it could have had in the mother country where an interview to María del Monte López Linares, [Image 2], Spanish female physician in charge of the Surgery in Tetuan, opened in 1928, was published and in which she provided a very auspicious information of the presence of the Spanish female physician in African soil (Carabias, 1932).

Where more emphasis could be appreciated in relation to the articulation of the diverse trait of the female condition was in the descriptions of the “Moroccan female” as a victim who Spain, and Western culture in general, had set out to save, who Spanish physicians would rescue from their predicament and save from disease, and through her, all the Moroccan people. In this sense, Caridad Robles Mendo’s work was a model that repeated this kind of ideas, making apparent the “old and uncouth habits” that made “the long-suffering Moroccan woman” to be “humiliated” and “shut away and locked up in the harem”. If we consider that, as Fátima Mersini has pointed out,

“unproductive and confined women have only existed in very exceptional cases throughout Moroccan historical reality. We should not forget that the history of Morocco, until not long ago, has been the history of a country devastated by hunger, epidemics and internecine fights. In the real historic Morocco, women of the peasant masses, who made up most of the population, have not ever been able to be looked after by their husbands, but have always had to work very hard. Article 115 of the *Muduwana*, stipulating that “every person provides for their needs by their own means, with the exception of the wife, whose care is the husband’s concern”, does not reflect reality but the pit splitting female experience and the principles inspiring this article. It is interesting to point out, in this sense, that the *Muduwana* was made exclusively by men”. (Mernisi, 2000, p. XI).

Only an orientalist viewpoint (Said, 2002) can explain such victimizing descriptions, and the fact that all these could lead to the

“logical conclusion that women’s inferiority is in Morocco an undeniable fact in the social aspect and even in the sacred home environment. She, upon her very first reason, due to the imperative of habit and to the extremely scarce instruction she has, almost completely deprived of the freedom to think on her own, find herself subjugated by an inferiority complex that did not much torment her so far as they deemed it natural to their sex [...] It has been sufficient for her to observe that other peoples’ women were considered and respected by men so that the conscience of her own existence arose from her soul and hence she undertook the conquest of her liberties” (Robles Mendo, 1953).



Image 1 – The whole team of “Majzen Health Care”, with two clears from the “Bacha”. Source: *Estampa*, n. 210, pp. 3-5. 1932.



Image 2 – Maria del Monte caring for a woman in her surgery. Source: *Estampa*, n. 210, pp. 3-5. 1932.

Nevertheless, despite this rescuing discourse, the presence of Moroccan women in the colonial design would remain situated in a position of inferiority that, from a superiority based upon racist premises, demoted them as a mere instrument of colonial policies; thus the inclusion of native females as agents of “modern health care” was only carried out in conditions of subordination and dependence, as assistants to Western medicine professionals and with degrees designed and issued by the colonizers, as well as less paid than their Spanish counterparts<sup>3</sup>, and even in some cases it was ordered that only a part of the salary of “native nurses” were given to them, “leaving the rest for assistance and small repairs in both surgeries [those of the towns of Melusa and el Jemis]”<sup>4</sup>. Thus,

“[even though it was considered] as extremely important that each surgery had an indigenous woman able to vaccinate and cure women [...] assisting them with everything and therefore [had to know] how to carry out treatments, vaccinations and give any kind of injection [it was warned that there should only be allowed the number of nurses] necessary for each of the field Surgeries to have just one, being well-understood that it should not be by any means taken into account, in order to assign these nurses, either the Central Headquarters nor the first-aid stations run by career Nurses”<sup>5</sup>.

### *Colonial health policy and gender political agendas*

Colonial health policy took part in the configuration of gender relations in many ways: universalizing a female “ideal” model, exalting Western, as opposed to “oriental”, gender relations as something really extraordinary, and also maintaining women’s subordination in professional and personal circles. All this was reflected in a book (Ovilo y Canales, 1886), which, as some authors have suggested, was an essential point of reference (Mateo, 1997, p. 121); Felipe Ovilo y Canales, trying to show “how insignificant it has been and still is the consideration given to the most beautiful half of the human

lineage in the decadent empire of Morocco”, where a woman’s life was “an incessant torment”, published the following arguments:

“As regards women, if she is the soul of society in Europe, and livens everything up with her presence, in Morocco, locked up in her house without being allowed to be addressed but by her husband and closest relatives, [women are no soul, and] in the absence of soul there is no society [...] Being indispensable stability for the education and care of the children absent in the family, as it happens in Morocco due to the overuse of divorce, women cannot develop the beautiful qualities that make of the weaker sex the home angel [...] the Orientals’ habits, physically and morally prostrating women, and hating Christianity because of its egalitarian ideas, of its humane and civilizing spirit, and of the giant leap it gave by rehabilitating those who bear the holy name of mothers and the grand title of wives” (Ovilo y Canales, 1986, pp. 52, 96, 107-8, 143).

In the scale he developed on the consideration of women in different cultures and, therefore, about their degree of civilization, which, allegedly, would be measured by “the respect and consideration shown towards women [...], the Hebrew female is not so despised as the Muslim one; yet she is not so well-considered as our own women” (Ovilo y Canales, 1886, p. 214); thus, in such simplified way, the cultural hierarchy of the West was established with respect to the “East”.

However, Ovilo himself is the example of the true consideration women deserved from most contemporary Spaniards; besides deeming “Eve’s daughters’ capricious character” as a general matter, or considering that “keeping men away from wine, gambling and women means reducing ninety per cent of the causes leading to his fall, or at least disturbing his rest” (Ovilo y Canales, 1886, pp. 145-6, 156), he asserted that:

“Muslims are not, nor can be as fierce with their women’s faults as fame has it. They might have been so in other times when the adulteress was stoned; but nowadays –at least, as regards Morocco- they must have substantially modified their surliness [...] Some unhappy [women], those who sell their favours to whom wishes to buy them and have the weakness to give themselves up to Christians, are secretly beaten, and this is all it is” (Ovilo y Canales, 1886, p. 62).

The model of relations Ovilo wanted to export as ideal was, as he himself specified, the one of the “home angel” which demoted women to the sphere of housework (Aresti, 2000). An ideal that, besides representing only one part of Spanish women, those of the middle class, was causing more than a few conflicts within Western societies –the history of women in the West shows how this model led to important, and sometimes dramatic gender differences (Jiménez-Lucena y Ruiz-Somavilla, 1999). However, it has been pointed out in some studies that Western women had a space in the colonial sphere, where somehow they were allowed a wider professional development than in the mother country, for, in the end, being a member of the group of colonizers corresponds to a series of privileges that would not be available in a non-colonial situation and, therefore, it might be presumed that colonizer women acquired “privileges” denied to them in their mother country (Lal, 1994, p. 44, Amster, 2003, pp. 236-foll.) In fact,

María del Monte López Linares, “female physician” in Tetuan, was the first woman occupying a position in the health care staff of the Spanish State<sup>6</sup>; her counterpart in the mother country, Cecilia García de la Cosa, joined the National Health Care Corps six years later, in 1934 (Escalafón, 1956). This situation would be part, in my opinion, of a strategy requiring, if the aim was to show superiority over the colonized, the modification of the “civilized” woman’s representation in the “civilized” countries, and thus the construction of a new “modern woman” had to be undertaken or endorsed, in order to set it against that of the “non-civilized” peoples. This is the sense of journalist Josefina Carabias’ words when she asserted: “physician María del Monte is a young woman, nice and cheerful, with that free-from-affectation joviality, characteristic of the new women” (Carabias, 1932, p. 46). Hence, the West needed a new female, a “modern Eve” aiding its colonizing endeavour.

Nevertheless, the complexity of the relations of domination/ subordination prompts us to take into account elements such as the fact that the colony was considered a different place, and whatever happened there would not be a model to follow, but an exceptional situation given the “debased” character of life in the colonies; it is perhaps because of this that women’s access to positions that were extremely difficult for them to reach in the mother country was allowed (and even encouraged). María del Monte López Linares herself was considered a brilliant professional who, nonetheless, as her career shows, did not have the opportunity to carry out with her profession in the mother country at the time and in the terms she achieved it in the Protectorate (Dr. E, 1928; Nuevos, 1929; Carabias, 1932).

But the patriarchal system intended to build spaces to situate, in fact to lock up, that new woman; and assertions alluding to women’s problems to access positions as “Physicians of the Area of the Protectorate of Morocco”, such as the one below, force further clarification of the interpretations above:

“We are five physician females graduated in the school year 1939-1940. We have completed our degree with a great deal of hope and wish to enthusiastically devote ourselves to it. We have always thought of the creation in Morocco of a clinic with several specialties, for one of us who was born there and knows that people’s psychology has directed us in that way, thinking that we can carry out a great humanitarian work there. Therefore, and according to our penchant, while doing the Doctorate we are focusing each one of us in a field of medicine and thus we are studying: Paediatrics, Gynaecology, Odontology, Surgery and General Medicine [...] we would have wished to go in for a public competition for Physicians of the Protectorate of Morocco, in order to get a regular salary, but we are excluded from it owing to our sex and, we insist, our economic situation does not allow us to carry on for enough time there so as to cope”<sup>7</sup>.

From 1942 on, the dictatorial regime installed after the Civil War did not need hiding its marked patriarchal character, and female physicians would only be allowed to enter a public competition for positions specified for “female physicians” (3 positions in the exams of May 1942; 1 position in February 43; 2 positions in September 1948; 2 positions in August 1953), being established as a requirement for the rest to be a male (Dirección, 1942). This had not been this way during the period of the Second Republic,

in which the condition of being a male was not required in order to be able to enter the competition upon public announcement of physician vacancies in the Area of Spain's Protectorate in Morocco, and in fact Serafina Valls Plá applied several times albeit unsuccessfully (Dirección, 1932 y Tribunal, 1933).

On the other hand, "the female question" was being considered as one of the most significant aspects in the backwardness of colonized countries; so relevant that it was deemed as a key to the unfeasibility for Muslim societies to near the European society, that is, modernity and civilization (Aixelá, 2000). In this sense, Ovilo y Canales held in 1886 that among the causes leading these peoples to their downfall "[there was] nothing bringing about so much interest as the fate of the weaker sex in those countries" (Ovilo y Canales, 1886, p. 8). And though some testimonies such as Viguera's, six decades later, considered that "the problem with Moroccan women, if it exists, runs close to that of Spanish women and is equal to that of the rest of the women in the world" (Viguera, 1948, cited in Aixelá, 2000), women and gender relations in Morocco were still arguments for the legitimization of the colonial difference and the coloniality of power.

In the unremitting grouping-ungrouping-regrouping game that intended the (de)stabilization of the colonial system, an image of what would become the stereotype for Moroccan women was constructed in parallel against the representation of the Spanish female.

A "fixed" Moroccan female was constructed, who seemed to have hardly changed her situation: a Moroccan woman that was not so much the object but the subject of irrationality, locked-up women, exploited, with tormented lives (Ovilo y Canales, 1886; Robles Mendo, 1953); a situation that justified the action of colonizing forces (Ruiz Albéniz, 1930; Iribarren, 1942; Robles Mendo, 1952 y 1953).

But, in addition, it should be taken into account that the descriptions of what the gender relations of the "others" were would define what "ours were not", for, as pointed out above, the "other" is used in order to define oneself, as "we" also understand ourselves in relation to what "we are not" (Kitzinger et alii, 1996). Hence, when publishing denunciations of situations such as the fact that women, in Muslim states and above all in the "Moroccan empire", were absolutely conditioned by family life, thus being "demoted to the most concealed corner of the house, and considered as a luxury object, an instrument for pleasure or a driving force of work, and at the most as an indispensable element for the preservation of the species" Ovilo y Canales, 1886, p. 10; Aixelá, 2000, p. 56), it was intended to be understood that in Spain –the civilized world- this was not the same way. If we do not consider the resort this kind of argumentation means, it would be startling how much this description was like the Spanish situation at the time and how hardly was Ovilo y Canales aware of it.

This discourse was very useful because it did not only make legitimate the colonial intervention, but also the mother country's gender relations, as modern and civilized, in relation to the ones described with respect to the colonized country.

On the other hand, the colonial gender policy, as it was also in other colonial settings (Gautier, 2005), offered Moroccan women very few novelties, as they were called up as health care auxiliary personnel, as we have seen, when they were already carrying out a relevant role in health care tasks in the context of the Moroccan system, as it has been shown in studies such as Ellen Amster's, in which she illustrates how Moroccan women traditionally carried great authority on matters such as pregnancy, delivery and health care,

and asserts that Western physicians complained about the fact that Moroccan women were their main professional competitors (Amster, 2003, pp. 53-124 y 219).

In addition, the colonizers' lack of acknowledgement of any role for Moroccan women was contradictory as regards the significance they were given with respect to the social change in the colonized country. This was one of the contradictions of a discourse that was elaborated with legitimizing rather than of real change aspirations, and whose assimilation had practical consequences, for, as Yolanda Aixelá has shown, "women's involvement was key to the Rif's resistance during the second decade of the XX century, [...] they smuggled weapons hidden amongst the loafs of bread, the fish and in their children's diapers, they carried messages and documents, transmitted orders, kept an eye on meetings and distributed money, all that taking the advantage of being the least suspicious persons [*italics are mine*]" (Aixelá, 2000, pp. 240-1).

*Women and contradictions in the construction of an "us" opposed to a "them": alliances and conflicts.*

Women played an important role in the representation of the "other". An "other" defined as a function of "their women". And, as the "other" is used to define oneself, "our" women would be defined in contrast to "theirs". Moroccan and Spanish women were set out against each other as "the narrow and winding small streets of the Medina" were set out against "the wide and impeccable streets of Spanish Tetuan" (Robles Mendo, 1953, pp. 31-7). Both the colonized and the colonizing cultures used "their" women and those of the "others" in order to discredit the latter and self-legitimize. Once again, contrast schemes were developed which by means of a system of opposites were used in the construction of social compartments. The following account is an example of this:

"The concept of moral these women have is very different from that in our Western feeling. To this respect it is sufficient to say what Ovilo y Canales points out in his 1894 publication *Intimida-des de Marruecos* (Private Matters in Morocco). This author recounts that, discussing this subject with a Muslim on a certain occasion, the latter rebuked him by maintaining that it was shameful for European women to show their faces bare. He pointed out to him that he should keep his anger for the moment when Moorish women, accompanied by their men, crossed the swollen river and, to avoid getting their clothes wet, lifted them up by rolling them around their waists, and though they carefully cover their chests, most shamelessly cross the stream leaving the rest exposed to view, careless of the presence of foreigners. This is truly cheek! To this, the Muslim answered in the most natural way: 'I do not think so, because shame lies in the face and that is why our women cover it up!'" (Robles Mendo, 1953, pp. 31-37).

This kind of distinctions became the main basis for differences between women. Josefina Carabias asserted that:

"many, lots of [Muslim women] look for miss María to get fatter. To weigh many kilos, to accumulate fat is Muslim women's biggest dream. Can you understand that, readers? Neither can I, but that is so. So much, that I have really noticed how far away the Muslim woman lies from us only after taking charge of the high

amount of female mouths that, in an imploring tone, repeated this absurd sentence: ‘miss María, prescribe something for me to get fatter’” (Carabias, 1932).



Image 3- Rama, assistant and professor, ready to carry out home calls. Source: *Estampa*, n. 210, pp. 3-5. 1932.

And in order to reach this final conclusion, she did not consider what she herself had gathered directly from the Moroccan women she contacted, with respect to their interest to carry out a well-remunerated job: “when learning to inoculate I will earn big pay”, Yamina told her; or pertaining to the will of independence Rama uttered [Image 3]: “take a picture of me with machine. Moorish women don’t want to teach them things, nor let them go to study, but I know how to inoculate, even if men don’t want [...] little Moorish girls to study and earn pay [and if she] had a daughter she would send her to Madrid to study fat books and become *tebiba* as miss María” (Carabias, 1932). She did not either take into account Rama’s utterances about political information and participation:

“I want the Republic, will you say it? And that Republic day, I went out Spain square wearing a little purple ribbon and saying: Long live the Republic! Do not forget to say it in newspaper ...But they do not raise my pay for that, you know? I want you to say it so that Spain’s Great Vizier reads your newspaper and they raise my pay. I read newspapers everyday and know everything” (Carabias, 1932).

That is, Moroccan women’s social situation did not matter, nor their political or economic positions, yet it was their desire to get fatter, which established the real measure of Muslim women’s backwardness with respect to Spanish ones.

It does not seem unlikely that these discourses were framed in the strategies that, as Albert Memmi warned, were intended to show the legitimacy of the colonial usurpation

by exalting and showing virtues assigned to the colonizer and discrediting and showing the debasement of the colonized, so that two opposing images were represented: one glorious and another despicable (Memmi, 1971, pp. 111-3). And women were used in this sense. For these reasons, that double critique above mentioned makes it necessary to point out, together with the denunciation of women's situation within the Moroccan society, that certain remarks on the seclusion of Moroccan women and on the unfeasibility of reaching them to be provided with medical aid, which were so central within the colo-nial health-medical discourse, were part of a colonizing rhetoric intended to use these aspects as an important part of the existing differences between the colonized and the colonizers. This kind of discourse, which was used in different colonial spheres (Lal, 1994, pp. 38-41), achieved different objectives, although more often than not it would lack a real basis, and was refuted by the emergence of testimonies stating that there was actually the possibility to examine women, such as Igancio Iribarren's asserting: "sometimes they called us up to their homes to look after their daughters' ailments" (Iribarren, 1942, p. II); or because of the requests of "Moroccan notables" who maintained that Alejandro Durán, captain physician, treated their women, fully knowing women's diseases, quickly solving the cases and, thus, asking him to carry on with his work in Tetuan<sup>8</sup>; as well as for the documentation referring to the existence of medical aid for Moroccan women on the part of Spanish physicians<sup>9</sup>.

Among the accomplished goals, it is worth to mention the colonizers' self-legitimization, the disapproval of the colonized "other", the political usefulness, the display of the superiority of Western gender relations, and women's socializing within Western health care practices.

There was an array of interests to uphold this discourse, including those of women from the colonizer countries who thus saw a way to obtain certain benefits in their path to enter the labour world (Lal, 1994, p. 43). María del Monte López Linares' words were significant in this sense: "as Moorish women did not allow any man to examine them, even if he were a doctor, here I had a most important work to do" (Carabias, 1932).

Therefore, women also played an important role in the colonial setting by becoming an essential colonizer agent, in a place where women were the carriers of the tradition which was intended to modify. First, the former would introduce their "sisters" to the Western habits and practices for the latter to spread the new way of seeing and living the world [Image 4], thus implying, with this idea, women's essential role in the oral transmission of stories within African cultures (Busby, 1992), which became the central point of the project based upon the motto "teaching a woman means educating a whole people".

But this perspective was and is too simplistic to be real; consequently, the colonizer offered certain elements in order to establish alliances with the males among the colonized people. At the level of medical-health aid, the introduction of laboratory tests was an example. Such is the case of the pregnancy test, which contributed, as Ellen Amster shows, to snatch Muslim women's traditional medical authority pertaining to pregnancy, while expanding Western authority within Muslim family legislation. The acceptance of this kind of technologies entailed, implicitly, the acknowledgement of Western superiority. According to Amster, even though the ambiguous consequences of technological development were also favourable to Moroccan women's legal position in

cases such as repudiation due to gynaecological diseases that Western physicians were able to treat, husbands quickly saw the chance to avoid women's authority as regards pregnancy and "sleeping babies", and demanded the urine test to be carried out in order to solve questions pertaining to adultery, divorce, etc. (Amster, 2003, pp. 15-6, 218-ss, 271-2, 282). The success of the introduction of these techniques could thus be a consequence of their favouring certain local interests, in this case those of the males against those of Moroccan women.

Accordingly, the Moroccan male could feel like a "brother" with respect to the Westerner male as regards the control of paternity, as he got to accept certain technologies, such as pregnancy tests, as a positive element. The laboratory, as a control instrument able to prevent tricks, became a useful resort for androcentric sexual policy; thus, examples such as pregnancy tests, studied by Amster, or the acknowledgment of prostitutes allow us to value the widespread development of laboratory procedures, and how their use had practical repercussion in colonial policy, as it was offered to the colonized male as something useful and was applied in order to establish complicity between colonized and colonizer males.



Image 4 – Anatomy lesson. Source: Valderrama Martínez, Fernando. *Historia de la acción cultural de España en Marruecos (1912-1956)*. Tetuán, Alta Comisaría de España en Marruecos. Delegación de Educación y Cultura, pp.488-489. 1956

As alliances with "them" were being established, conflicts among "us" were simultaneously arising. One of the controversial questions was the presence of those

colonizers who did not bear the traits of an alleged superiority with respect to the colonized: Spanish beggars and prostitutes (Jiménez-Lucena, 2006). But the above mentioned troubles were also apparent in the case of the relationship between the authorities and the Spanish women who were able to carry out health care work. From utterances regretting the difficulties to find a woman with the required skills to hold subaltern positions in health care centres<sup>10</sup>, to the explicit complaints about their failure to comply with what was expected from them as Spanish health care workers:

There was a time when many Midwives and many Nurses displayed a less-than-correct demeanour. The means we had available to correct those faults were limited, since disciplinary proceedings were required to order the expulsion, and when carried out, only small sanctions resulted instead of what we needed, above all concerning exemplariness. There came a moment when it was necessary to resort to the extraordinary powers of H.E. the High Commissioner to expel some of them, really incorrigible, from the Area. Since then, there has been a tacit agreement to appoint them into service, giving them a provisional status which brought at hand the option to fire them from the Service, by simply advising their dismissal, and this provided a magnificent exemplariness for, since then, as they know that it is enough to recommend the firing, they strive to behave well and it has been a long time since there has been no need to advise any dismissal of European Midwives or Nurses.<sup>11</sup>

The difficulties to establish a homogeneous “us” in which the signs of a superior civilization could be clearly realized were evident. In all, what has been illustrated in this work is one more example of the fact that the relations between the colonizers and the colonized cannot be considered as dichotomic, as well as the importance of introducing gender relations in the analysis of coloniality.

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<sup>1</sup> Letter from the Inspector of Meseraah (Regional Inspector Commander at Alcazarquivir), Manuel Adorno Pérez, to Juan Solsona, Health Inspector of the Area. 1943. AGA (Archivo General de la Administración. Alcalá de Henares. Madrid), Caja M2174.

<sup>2</sup> María del Monte López Linares joined the Staff of Physicians of the Area of Spain's Protectorate in Morocco in 1928; María Luisa Gómez-Morán Martínez joined it in 1949; María de los Ángeles Soler Planas joined it in 1949; Saturnina Maizhausen de Mesa joined it in 1949; Florentina Alcázer Impies joined it in 1954; Marina María de las Mercedes Sevilla Pinacho joined it in 1954. (Orden, 1957, pp.3781-4). In the French side of the Protectorate, there were seven female physicians in the Health Service of the Protectorate in 1922 (Amster, 2003, pp. 238-9).

<sup>3</sup> While a Moroccan career nurse earned 2,000 pesetas a year in 1940, a Sister of Charity in Tanger earned a salary of 2,500 pesetas a year in January 1941, and a Spanish nurse earned 3,500 pesetas a year. See: Sohora Ben Abdeselam Hamaruchi's labour plan. 1940. AGA, Caja M-10511; Sister Patrocinio Gonzalo's labour plan. 1941. AGA, Caja 10511; M<sup>a</sup> Asunción Veira Gómez's labour plan. 1941. AGA, Caja 10511.

<sup>4</sup> Aixa Ben Mohammed Zarhoni's labour plan. 1932. AGA, Caja M-915.

<sup>5</sup> Organization. That pertaining to nurses for the community clinics of these Headquarters. 1930-31. AGA, caja M1462.

<sup>6</sup> In 1917, the Town Council of Tetuan hired female physician Nieves González Barrios, who stayed only four months in the city (González, 1918).

<sup>7</sup> Jaudenes, Serafina; Hernando, Clotilde; Jiménez Lacho, V.; Domínguez, A.; Nieto, P. Letter to the Health Inspector of the Protectorate of Morocco. Madrid, 11 de febrero de 1941. AGA, caja M-2176.

<sup>8</sup> Letter from Moroccan notables to the High Commissioner, Carlos Asensio. Tetuan. 1937. AGA, Caja M2176.

<sup>9</sup> Letter from the physician director of the Town Community Clinic of Tetuan to the Local Inspector Consul General of Tetuan. 1927. AGA, Caja M1540; Letter from the physician director of the Town Community Clinic of Tetuan to Julio Palencia. 1927. AGA, Caja M1540; Letter from the physician director of the Town Community Clinic of Tetuan to the director of Civil Intervention and General Affairs. 1928. AGA, Caja M1540; Military Interventions of the Region of the Rif. Native surgery of Targuist. Summary of the health work in this surgery in the current month. October 1931. AGA, M1462; [Larrea], Manuel. Summary of the health organization. Work it carries out and future projects in this Area of the Protectorate of Spain in Morocco. Tetuan, manuscript, n.d.

<sup>10</sup> Document from the Office of Native Affairs to the Inspector-Consul of Arzila, January 21, 1921. AGA, M-1462.

<sup>11</sup> Health Director's manuscript to the General Delegate, September 7, 1951. Enriqueta Morón Salas' labour plan. AGA, Caja M-2170.