INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH AND INNOVATIVE STUDIES
IJSRIS journal
ISSN: 2820-7157
Advancing Knowledge, Inspiring Innovation
www.ijsrisjournal.com
INDEXED JOURNAL
PEER REVIEWED Rigorous & Transparent
DOI: CROSSREF Member
OPEN ACCESS For Global Visibility
BI-MONTHLY Timely Publication
WIDE READERSHIP High Impact & Visibility
AUTHOR FRIENDLY Fast | Supportive | Reliable
RECEIVED 17 September
ACCEPTED 09 October
PUBLISHED 1 November 2026
September 2026
Volume 5
Number 6
Pages from 281 to 292

Governance and Regulation of Traditional Medicine: ROQYA Practices Between Quranic Orthodoxy, Hybrid Traditional-Therapeutic Approaches, and Family Meditations in the Autonomous District of Abidjan

DADIE Ahou Anne-Marie Epse DOUHORE[1], CAMARA Oumar[2], Kadidjatou DIARRASSOUBA[3]

1 Alassane Ouattara University of Bouaké, Department of Socio-Anthropology, Ivory Coast, annemariedadie9@yahoo.com.
2 Alassane Ouattara University of Bouaké, Department of Socio-Anthropology, Ivory Coast, kolonitigui.barou75@gmail.com
3 Alassane Ouattara University of Bouaké, Department of Socio-Anthropology, Ivory Coast, makadicoul@gmail.com

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Crossref doi
PREFIX : 10.63883
IJSRIS JOURNAL
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ABSTRACT

Renowned as a practice for treating illnesses based on the recitation of Quranic verses, prayers, and invocations to seek protection and healing from Allah in order to ward off evil forces, Islamic ROQYA treatment centers are emerging as a growing form of spiritual care. This paper examines the governance of practices at ROQYA treatment centers based on the tensions between claimed Qur'anic orthodoxy and the emergence of hybrid forms incorporating therapeutic-religious elements, shaped by competitive dynamics among practitioner's dynamics that are themselves linked to socioeconomic and generational transformations. The hypothesis put forward is that the absence or weakness of formal regulatory mechanisms fosters a fragmentation of care standards, opening up a space for competition where the criteria for religious legitimacy, the modalities of access to care, and the power relations among actors (practitioners, families, religious networks, and patients) are all being redefined.

Within this framework, two types of practitioners stand in contrast: on the one hand, those committed to strict orthodoxy based on an ethic of selflessness and doctrinal purity; on the other hand, an emerging generation that aligns ROQYA with the principles of professionalization, profitability, and social visibility through traditional therapeutic practices. The study is based on a qualitative approach combining 34 semi-structured interviews with imams, roqya practitioners, Muslim worshippers, patients, and their families, as well as observations of roqya sessions in the municipalities of Marcory and Koumassi. The thematic analysis highlights: (i) the historical roots of ROQYA practices in these districts, linked to transnational religious dynamics; (ii) a reconfiguration of therapeutic norms driven by urban and economic transformations. (iii) the absence of a clear regulatory framework, which fosters heterogeneous practices that can sometimes pose risks depending on gender. These findings underscore the limitations of current governance frameworks and call for regulation that brings together state institutions, religious actors, and local dynamics with a view to ensuring safe care pathways.

Keywords: Governance, Roqia, traditional therapeutic practices, traditional medicine, Abidjan.

1. INTRODUCTION

The Alma-Ata Conference, organized under the auspices of the WHO in 1978, led to the implementation of alternative public health approaches in African countries approaches that moved away from an exclusively biomedical and hospital-based model (Boris Koening, Natalie M., 2023). At that conference, a declaration was ratified by 134 states calling for the integration, regulation, and promotion of traditional medicine practices within national primary health care development programs. Until the late 2000s, this paradigm shift in the field of global health was primarily reflected in certain African countries, such as Côte d'Ivoire, through the creation of a traditional medicine division within the Ministry of Health, as well as through the regulation of the national pharmacopoeia (WHO, 2000, 2019; Kasilo et al., 2010). The goal was to subject healers' medicines to a process of scientific evaluation and approval prior to their use and potential commercialization. Many critics, however, have suggested that this scientific approach to traditional medicine constitutes a "medicalization" of the healing field that obscures the spiritual and religious dimensions of traditional medical treatments (Dozon, 1987; Bruchhausen, 2018).

Since 2015, it has also been working to survey and identify non-biomedical healing practitioners, with a view to organizing them into a federation. More recently, however, the Ivorian government has also adopted several policies aimed at the full and complete integration of these practitioners into the public health system. First, it recognized non-biomedical healing practitioners as health workers as part of its national public health policy. All healers and healing figures referred to as "psychotherapists" by the authorities have since been considered health workers on the same footing as doctors and pharmacists.

The Ivorian state authorities have thus chosen to move away from a strictly biomedical approach to public health and instead recognize and promote a plurality of therapeutic approaches. Consequently, spiritual ailments are now formally recognized as a public health issue by state institutions and practitioners of spiritual healing who offer to treat these health problems.

Thus, in contrast to the policies of "medicalization" of the formal public health sector which have obscured the spiritual dimension in the relationship to illness and health since the colonial period the State of Côte d'Ivoire has embarked on a path toward the regulation and full integration of spiritual healing practitioners into the public health system; in other words, a "spiritualization" of its public health policies (Koenig and LeBlanc, 2023). This tacit recognition of spiritual healing practices in public health policies forms the backdrop for the current proliferation and diversification of spiritual healing institutions, as well as their growing recognition in Ivorian public life.

Among its spiritual healing practices are Roqya treatment centers. This spiritual healing practice, rooted in Islamic tradition, plays a significant role in many Muslim societies around the world (Abdool, 2020; Al-Krenawi, Graham, 2000). Based on the recitation of Quranic verses and specific invocations, the goal is to seek divine healing and protection against various physical, psychological, or spiritual ailments. These ailments are frequently attributed, in popular belief and by some practitioners, to the influence of supernatural entities or forces such as jinn (spirits, often invisible, created from fire and endowed with free will, who can be good or evil), witchcraft, the evil eye—caused by an envious or admiring gaze not accompanied by protective invocations or jealousy (hasad) (Geels, 1997).

Anthropological and sociological studies have highlighted the role of rôqya as an important alternative or complementary healing system in many Muslim societies, both in countries of origin and in diasporas (Al-Krenawi and Graham, 2000; Bennani, 1997; Littlewood and Lipsedge, 1997). It offers a framework for interpreting suffering that resonates with

individuals' religious and cultural beliefs, providing meaning and hope where biomedical medicine may seem limited or impersonal, particularly in the face of chronic symptoms, unexplained pain, or psychological disorders (Dein, 2006). A rôqya consultation is often an active step taken by the patient and their family to find a solution to persistent distress, forming part of a complex and multifaceted care journey (Faye et al., 2010).

In Côte d'Ivoire, as elsewhere in sub-Saharan Africa, social conceptions of health, illness, well-being, and, more generally, the daily lives of people, are very rarely separated from their roots in a relationship with spiritual and invisible realms. Many conditions and illnesses continue to be firmly regarded as caused by the invisible aggression of a third party or by elusive dynamics involving intangible entities such as demons, jinn, and spirits (Jackson, 1998; De Boeck and Plissart, 2005; Larsen, 2008; Langwick, 2011; Geschiere, 2013; Olsen and Van Beek, 2015; Olsen and Sargent, 2017).

The District of Abidjan is no exception to this dynamic; more specifically, in the municipalities of Koumassi and Marcory, we observe today that most Roqya centers or clinics are currently facing a dichotomy undoubtedly linked to an intergenerational issue: at the heart of these concerns lie two generations of practitioners with radically opposing theological views. On the one hand, the "older" practitioners uphold a tradition rooted in strictly prophetic theology, based on the orthodoxy of an exclusive form of Quranic treatment and spiritual purity. Healing centers, such as many Roqya clinics, view religious practice not only as a treatment aimed at curing a spiritual illness, but also more broadly as a central element of health and well-being. Their approaches to healing are based on the idea that health depends not only on human activity but also on divine mercy. According to this view, becoming pious in one's relationship with God and cultivating a worldview in harmony with Islamic precepts not only provides the framework for these organizations' diagnoses and treatments but also forms the basis for the recommendations given to patients regarding their lives after recovery. In other words, Roqya clinics view strict adherence to religious precepts (established according to various standards of proper religiosity) as an effective way to prevent further attacks by malevolent spiritual forces.

On the other hand, there is a rising generation of Roqat seeking social advancement, religious legitimacy, and even political influence, based on mixed therapeutic approaches that combine traditional practices and the teachings of the Quran. Among these so-called traditional figures of Islamic healing (primarily marabouts) are those presented as practitioners providing treatments that deviate from "true" prophetic medicine.

These observations lead us to raise our central question: How do the state and social actors regulate a spiritual practice that oscillates between religious orthodoxy, therapeutic hybridization, and commercial logic?

The struggles and competition surrounding Roqya's therapeutic capitalism fuel latent tensions between different Islamic groups in the Abobo and Koumassi districts.

The literature on the evolution of conflictual relations between, on the one hand, the tendencies of "traditional" Roqya practitioners who perpetuate a tradition grounded in strictly prophetic theology and Islamic precepts, and, on the other hand, a rising generation of Muslim practitioners who view the practice of Islamic Roqya as a springboard for social advancement, religious legitimacy, and even political influence. It highlights the diverse ways in which social actors represent and experience the action of invisible forces in their daily lives, as well as the ways in which their engagement in therapeutic acts which span their life trajectories frame these experiences and their representations of what spirituality can be.

This is why historian Louis Brenner distinguishes three branches of esoteric practices in Islam. The first consists of practices that are "related to prophecy and to prophetic revelation" (Brenner, 1985, p. 22). These are performed by individuals attributed with the status of a saint, the ability to perform certain miracles, and a special closeness to God (who often appears to them in the form of dreams and visions). These individuals, blessed by God and consequently endowed with exceptional powers, are said to possess "baraka."

Second, practices based on "the esoteric significance and power of words, letters, and numbers" (Brenner, 1985, p. 22). This includes the creation of amulets and talismans, the use of the science of letters (ilm al-huruf in Arabic) and numerology, the search for the hidden meaning of Quranic verses and their invocation for protection or healing, etc. And third, practices associated with the predictive sciences (astrology, geomancy, etc.).

Furthermore, the practice of roqya is heterogeneous, varying considerably from one practitioner to another in terms of the techniques used, the duration of sessions, and the interpretation of the causes of ailments (Abdool, 2020). While so-called "legislated" roqya" (roqya shar'iyya) is theoretically limited to recitation of the Qur'an and prophetic invocations, certain practices may incorporate more controversial elements

sometimes derived from local traditions or syncretism ranging fr the use of Qur'anic-infused water, olive oil, and medicinal plants, to more direct techniques of confrontation with the supposed "jinn " (Kheir, M. M. A., 2012).

These contributions help situate the cases of the municipalities of Koumassi and Abobo within a broader body of work that addresses the plurality of therapeutic options, through the institutionalization of spiritual healing practices and their legal recognition by the Ivorian state in the field of public health and that religion and spirituality are now at the heart of contemporary health challenges and the public health system in this country.

Ultimately, this article aims to contribute to a better understanding of the socio-spiritual dynamics at work in the practice of Rôqya, particularly regarding the complex phenomenon of the dichotomy surrounding spiritual therapeutic practices. The goal is to offer avenues for reflection for clinicians, researchers, and Roqya practitioners themselves, with the goal of improving the ambivalent intersubjective human and non-human relationships that can unexpectedly influence the intentions and practices of social actors, and of preventing the pitfalls associated with a lack of understanding of therapeutic "borrowing" in the practice of Islamic Roqya.

2. METHODOLOGY

2.1 Overview of the Study Site

Marcory and Koumassi are two municipalities located in the southern part of Abidjan, in Côte d'Ivoire. As part of the island of Petit-Bassam, they play a central role in the economy, housing, and urban dynamics of the Ivorian economic capital, while exhibiting distinct sociological and historical profiles. The municipality of Marcory has a population of 249,858, distributed across 12 neighborhoods and 3 villages (RGPH, 2021). Marcory borders Treichville and Koumassi and is located in the immediate vicinity of the Plateau, Abidjan's administrative and business center. In fact, during the colonial era and up until recently, Marcory was administratively and politically attached to the Treichville delegation. It was in 1980 that this neighborhood was established as a fully-fledged municipality under Law No. 80-1180 of October 17, 1980, on Municipal Organization.

Marcory is therefore a strategic commune in Abidjan, characterized by its social diversity, its economic and cultural dynamism, and its advantageous geographic location in the heart of the Ivorian economic capital. It embodies both the contrast between working-class neighborhoods upscale residential areas, and Abidjan's international openness thanks to its commercial, tourist, and cultural activities. It boasts a range of healthcare, educational, and public service facilities. These include private clinics, community health centers, and schools ranging from preschool through high school.

As for the municipality of Koumassi, it is the third most populous municipality in the Abidjan metropolitan area. It covers an area of 874 hectares. It was established as a full-fledged municipality by Decree No. 80-1180 of October 17, 1980. Its territorial boundaries were also established by Decree No. 80-1184 of October 18, 1980, defining the territorial jurisdiction of the municipalities within the city of Abidjan (Coulibaly A. et al., 2022). It is bordered to the north by the municipalities of Cocody and Bingerville, to the south by Port-Bouët, and to the west by Marcory, making it a peninsula with a beautiful lagoon coastline. According to the General Population and Housing Census (2014), the municipality of Koumassi has a population of 433,139. It is the third most populous municipality in the Abidjan metropolitan area. The Koumassi industrial zone, due to its location and access to the Atlantic Ocean, is of major economic importance. It is a high-performance manufacturing site covering an area of 120 hectares.

2.2 Data Collection

Four methods were used in the preparation of this article: literature review, direct observation, and interviews. The literature review allowed us to examine the available literature. Thus, several documents were used to gather information relevant to our topic. We therefore read documents that primarily addressed issues related to mental health in general and the practices of Roqya, or religious spiritual healing.

The literature review enabled us to formulate our research questions, narrow the scope of our study, and define the objectives of this research to distinguish our work from previous studies on the topic (therapeutic practices of spiritual healing). The second method is direct observation. This involved us making frequent trips to the field over a period of two (02) weeks to perceive, memorize, and record the various variables of the phenomenon. To do so, we visited the Roqya center at the Sunni Mosque in Koumassi-Remblais, not far from Colombe Middle School, and the annex Roqya center in Marcory-Remblais across from the municipal high school, Amagou Victor, to observe several roqya healing sessions and the social relationships that develop around these religious therapeutic activities, with the aim of gathering social representations of these activities and assessing their implications.

Regarding the interviews and sampling, it should be noted that this was a field study conducted in the municipalities of Koumassi and Marcory, specifically in the Remblais neighborhoods, among several categories of primarily Muslim participants. We opted for a qualitative study using semi-structured interviews and the snowball sampling method. The distribution of semi-structured interviews across the various social categories was as follows: 7 imams; 14 Muslim worshippers; and 4 staff members from Roqya centers. The snowball sampling method enabled us to select 6 raqis (spiritual healers) and 3 members of COSIM. In total, 34 people were interviewed. The imams, religious adherents, and staff at roqya centers were selected to understand the operational mechanisms, relational networks, and issues surrounding the legitimacy of roqya as a form of spiritual healing. As for the raqis and COSIM members, they were selected to provide information on regulatory matters and the oversight of roqya practices.

2.3 Data Processing

Manual analysis is our method of data processing. The choice of this analytical method is based on three principles: First, it allows us to quickly identify the key issues that participants consider important so that we can focus on them; second, this manual analysis helps us verify whether information is being collected in the best possible way; finally, it enables us to review interview results quickly to ensure that the information necessary to achieve our objectives is actually being collected (Essé and N'Guessan, 2015).

3. PRESENTATION OF RESULTS

3.1 The Sociohistorical Foundations of Orthodox Roqya

This finding highlights the socio-historical evolution of the practice of Roqya, as long before the revelation of Islam, there were already practitioners of exorcism, conjuration, and incantation. It appears that exorcism was already a deeply rooted practice in pre-Islamic society among the polytheists of Mecca, who drew upon various sources including poetry to counter any form of evil.

3.1.1 Roqya as a Legitimate Spiritual Healing Practice Recognized by the Muslim Community

This section highlights the role of roqya as a practice of exorcism and spiritual healing sanctioned by the Quranic verses and authentic invocations. It is a form of exorcism that is permitted provided it is free from any sign of polytheism, as attested to by all the hadiths that support this view.

According to Imam B. H., a religious leader:

"In short, Roqya is the treatment of ailments and illnesses through the Quran and the invocations that the Prophet Muhammad, peace be upon him, gave us that is what Roqya is. Therefore, Roqya, in its principle and foundation, is sanctioned by Islamic law; this means it is authorized and permitted."

It is performed by reciting the Quran or certain verses from the Quran, as well as invocations specifically prescribed by the Prophet Muhammad. It is recited to cure illnesses caused by bewitchment, spells, and evil magic, because in our various human societies there are malicious, evil, and satanic people. Thus, the Prophet received this Roqya through inspiration from Allah.

According to Moalim S. I. of the Institute of Islamic Sciences (ISI) in Koumassi, Roqya is a practice sanctioned by Islamic law. Its source can be found in the Quran, Sahih al-Bukhari, and Sahih Muslim. The evidence in the Quran, Surah Al-Isra' (The Night Journey), verse 82, states that Allah says:

"We send down from the Qur'an that which is a healing and a mercy for the believers. However, it only increases the loss of the wrongdoers. He also said: 'Say: For those who believe, it is guidance and healing. "

Explicitly, the Qur'an contains verses whose recitation brings about healing and mercy. It has already been clarified that the word "from" expresses the nature of the Qur'an as a book of healing and mercy. Undoubtedly, there are also verses in which healing has occurred, meaning they can be used as a remedy. These verses show that the Qur'an is a cure for spiritual ailments and, by Allah's permission, for certain physical ailments.

And yet, most doctors completely reject the very idea of humans being possessed by jinn. They do not believe in magic or bewitchment, nor, for that matter, in the evil eye. Indeed, these ailments present no symptoms detectable by medical examination, and the doctor cannot observe or diagnose anything using a stethoscope, microscope, or X-ray. The doctor therefore concludes that the patient does not suffer from any organic illness, even though he has personally witnessed the patient's epileptic seizures, fainting spells, and the signs of his suffering and insomnia.

When treated through lawful exorcism (in accordance with Sharia), the affliction disappears by the grace of Allah, exalted be He. However, exorcists differ in their choice of prayers, Quranic verses, and invocations. The degree of healing also depends on the purity and good intentions of the exorcist, as

well as his freedom from any questionable behavior. It also depends on the subject being treated with the formulas of lawful exorcism, depending on whether or not he is among the monotheists (Ahl al-Tawhid), the pious, and the righteous.

3.2 The Conditions and Characteristics of a Legitimate Roqya

Although the practice of roqya is legislated in Islam, it must be carried out in accordance with certain religious standards and values recommended by the Holy Quran. Therapeutic treatment must be strictly limited to the recitation of the Quran and exorcism through authentic invocations attributed to the Prophet (peace be upon him). To this end, any spiritual healing performed by a marabout, sorcerers, or fortune-tellers is strictly prohibited in Islam, whereas orthodox roqya, in accordance with the hadith and Sunnah of the Prophet Muhammad, is permitted.

According to Moalim S.I., the scholars have outlined three conditions:

"That it be performed using the words of Allah, His names, or authentic invocations; that it be in Arabic or in a language whose meaning is known; and that one believes that healing comes solely from Allah."

Furthermore, any form of roqya that involves incomprehensible incantations, invocations of jinn, amulets, or acts of sorcery is prohibited in Islam. It may be summarized as an authentic and legally sanctioned practice in Islam, based on the Quran and the Sunnah, provided that it is free from all forms of polytheism and superstition. Furthermore, the hadiths in Sahih al-Bukhari (nos. 2276, 5736) and Sahih Muslim (no. 2201), which serve as evidence for the legitimacy of roqya through the recitation of the Quran particularly Surah Al-Fatihah explain that some of the Prophet's companions were traveling and asked a tribe for hospitality, but the tribe refused them. Shortly thereafter, the tribe's chief was stung by a scorpion (or bitten by a venomous creature). The tribe members sought someone capable of treating him and turned to the Companions. One of them agreed to treat him on the condition that they give him a reward. He then recited Surah Al-Fatihah over the sick man, who was healed as if he had never been ill. Upon their return, the Companions asked the Prophet about this. He approved of their action and said, "How did you know it was a roqya?" Then he added, "You did well. Share (the reward) among yourselves and set aside a portion for me." He then smiled.

4. THE ORTHODOXY OF ROKYA PRACTICES IN THE FACE OF THE CHALLENGES OF SOCIAL CHANGE IN THE COMMUNITIES OF KOUMASSI AND MARCORY

The purpose of this section is to shed light on the social dynamics of the practices that legitimize roqya and the challenges to be addressed in the face of the rise of religious commercialism and therapeutic capitalism.

4.1 Roqya as a Hybrid of Traditional Therapy and the Qur'an

Observation of the centers shows that roqya is not limited to recitation. It takes the form of a comprehensive process: pre-consultation, assessment of the condition, identification of a possible cause, prescription of products, recitation, physical gestures, and behavioral advice. In one of the centers, the treatment process may include Quran-infused water, ointments, oils, soaps, shea butter, herbs, herbal teas, incense, etc. Additionally, some sessions also involve a "capture," described as an interaction with the jinn believed to be responsible for the affliction.

It should be noted that traditional spiritual healing through roqya is based on a method of extracting jinn and ailments linked to bewitchment by the evil eye and mystical illnesses. Today, with the emergence of new therapists the raqis in the religious market, we are witnessing, in the communities of Koumassi and Marcory, the use of a form of exorcism considered purified, centered on the recitation of the Quran and treatment with Quranic water, as well as a blend of traditional therapeutic practices focused on medicinal plants, the "capture" of djinn, and cupping.

Indeed, during our observations at the Roqya centers at the Outaz B Mosque in Koumassi-Remblai and the Ousraz T.A. Roqya Center in Marcory, we noted differences in spiritual healing practices.

In these centers, the first step is to conduct a preliminary assessment with new patients to determine whether the patient is suffering from an illness that can be treated by biomedicine or from a "mystical/spiritual illness" that can be treated by Islamic (or prophetic) medicine. Once it has been determined that the condition is a so-called "mystical" illness, the person is then invited to consult a raqi, who will seek to identify the type of witchcraft from which they are suffering based on the symptoms they are experiencing (such as nightmares, localized physical pain, or specific types of ailments) according to a pre-established protocol.

This is followed by a range of formal interventions: a diagnostic framework, the prescription of treatments, and therapeutic tools (Qur'anic water, exorcism, prayer, personal hygiene, etc.). The diagnostic phase in these centers is generally completed with a "capture" (or exorcism) session, which consists of a method of communicating with the jinn (Islamic spirits) with the aim of gathering information about the spiritual power structures underlying the spiritual illness, as well as converting to Islam any jinn that might be responsible for the spiritual illness, and in doing so, to eliminate or at least diminish their ability to harm the afflicted person.

Following the capture of the jinn, the spiritual treatment phase begins, during which the patient listens to a recitation of Quranic verses lasting about thirty minutes, while certain parts of their body are lightly incised and suctioned with a cupping glass to facilitate the extraction of the harmful agent through the bloodstream.

In fact, these Roqya centers differ based on two opposing principles in their therapeutic approach. The center in Koumassi follows the principles of orthodox Roqya, while the one in Marcory is very close to animism.

Thus, at the Roqya center of the Sunni Mosque of Oustaz B in Koumassi Remblai, preliminary consultations are provided free of charge in accordance with Islamic teachings, and through the practitioner's knowledge of traditional medicine, healing proceeds using medicinal plants and other traditional herbal teas.

In fact, the only difficulty patients face at this spiritual healing center is that it is very hard to get in touch with the imam for consultations, given the large number of patients who come to the center on their own. All of this often causes some patients to wait two to three days before being treated by the raqi.

Meanwhile, at the Marcory Roqya branch, healing methods vary during preliminary consultations depending on the patients' circumstances; the lowest treatment cost is 35,000 CFA francs (54 euros), and the required Islamic products range from 5,000 to 20,000 CFA francs. These include a number of Islamic medical products, notably Quranic water, Quranic ointments, Quranic oils, Quranic soaps, Quranic shea butter, medicinal plants, herbal teas, and incense, which are prescribed by the raqi and purchased directly at the center. These practices are similar to those used by marabouts, with the exception of protective "knotting" techniques involving amulets, which are rejected by orthodox Quranic practitioners. Furthermore, at this center in Marcory, a 20-liter container of Quranic water is sold for 1,500 CFA francs, and patients and their families continue to purchase it with each renewal. This center is the prototype of true therapeutic capitalism through a specific practice of roqya in the commune of Marcory.

4.2 "Raqy" Practitioners Facing the Challenges of Professionalism and Training in Roqya Centers in the Municipalities of Koumassi and Marcory

It is well known that an exorcist who is frequently consulted by people who are bewitched, possessed, or victims of the evil eye and who treat them accordingly eventually, through practice, comes to know all or most types of psychological disorders. He is guided in his diagnosis by the symptoms that emerge after many years of experience. Thus, a person with epilepsy can be recognized by their eyes changing color, their skin turning pale or red, and so on. However, not all healers who rely on reciting the Quran possess this knowledge. Today, it is a truism to state without hesitation that Roqya centers suffer from a lack of training among raqis and are seeking legitimacy and job security.

That is why a spiritual guide, S.I., laments:

"Some raqis do not practice as the Prophet Muhammad (peace be upon him) did. For one does not set up a private practice to perform roqya, one does not set a price, and one does not accept payment before healing has occurred; one does not communicate with the jinn by asking them questions or seeking their help; one does not isolate oneself with a woman one might marry (alone with her) under the pretense of performing roqya on her; and finally, one does not write down verses or invocations to perform roqya one only recites them."

Imam B.H. adds:

"It is now in the context of roqya, in practice, that we must be careful, because highwaymen, idlers, slackers, and lazy people who want to do nothing and who exploit this will buy a small rug, rent a space, dress up as holy men, and pose as roqate."

It is important to remember that the social role of the raqi is not limited solely to managing intrafamilial relationships (a wife and her husband, a mother and her daughter-in-law, etc.). He aims to resolve a series of blockages and obstacles at every level of the patient's life: marital separation, infertility, and support during a period of prolonged unemployment are all common cases he encounters. Often, the raqi is in tune with the patient's pessimistic outlook, as the patient claims to be the target of a widespread misfortune affecting their health, material well-being, and social relationships. All of this combines to isolate the patient from any social or emotional

life. The raqi then attributes this to destructive witchcraft perpetrated by jealous individuals or those in intense conflict with the patient.

This role as a social regulator is not unique to raqis in the field of Islamic healing. Just like his predecessor therapists, the raqi engages with a reality marked by the increasing vulnerability and precariousness of the individual, as well as by the multitude of rivalries experienced on a daily basis (at work, within the family). He seeks to "untie the knots" symbolically speaking of social blockages.

4.3 Roqya Clinics as Sources of Commercialization and "Therapeutic Capitalism" in the Municipalities of Koumassi and Marcory

According to the principles of Islam, it is preferable for the exorcist to offer his services voluntarily in the interest of Muslims. He will consequently be rewarded by Allah, since he will have healed his brothers in Islam. He should therefore not ask to be paid by the patient but should leave it up to the patient to decide whether to pay. If, in this case, he receives more than he deserves, he must return the excess of his fee to the patient, and if the amount paid falls short of the effort expended, he must forgo the remainder of which he was deprived. This is, in fact, one of the reasons for effective exorcism. However, if the patient voluntarily gives money to the exorcist, the latter is not required to return it, since the sum was offered as a gift. In this case, returning the money would be like returning a donation or a gift. However, with the proliferation of Roqya centers in the Abidjan District specifically in the municipalities of Koumassi and Marcory we are witnessing a shift that runs counter to the traditional principles of the practice of roqya.

All of this has led Imam B. H. to emphasize that:

"The Roqat those who perform Roqya need only fear Allah. Because I have seen people whose flyers even state that non-Muslims can come to be treated with the Quran."

He added:

"So, rather than chasing after that million just to make money, by saying that even non-Muslims can come for treatment you're trying to pass yourself off as someone who is kind, forgiving, and tolerant. Where did you get that idea from, my brother?"

The Quran if you want to treat someone with the Quran, that means preaching the words of the Quran to them. That's how you treat them you preach to them what Allah has said in the Quran, to lead them to believe first; that's the first step in treating non-Muslims. If you want to treat their physical or spiritual illness through the Quran, as the Prophet (peace be upon him) would do with his believers, that is not permitted.

5. ISSUES RELATED TO THE REGULATION OF TRADITIONAL CULTURAL PRACTICES WITHIN THE ROQYA SYSTEM IN THE MUNICIPALITIES OF KOUMASSI AND MARCORY

5.1 Lack of Legal Bodies to Regulate Roqya Centers in Côte d'Ivoire

The Higher Council of Imams, Mosques, and Islamic Affairs (COSIM) comprises several branches of Muslim religious groups with differing trajectories within Islamic belief, such as the Supreme Council of Imams, Sunni Organizations, and Structures of Côte d'Ivoire (CODISS), which advocate for orthodox Islam. This is why, from the organization's founding in 1988 to the present day, the institution has lacked a dedicated regulatory body to oversee spiritual healing practices through roqya. This situation is leading to abuses among roqya practitioners and the proliferation of roqya centers in the Abidjan district.

All of this has prompted Imam K.I., a member of COSIM, to state:

"COSIM maintains a neutral stance regarding the practice of roqya in Côte d'Ivoire. COSIM is not concerned with this matter because there are no institutions that regulate roqya. In reality, it is the marabouts who practice roqya. They organize themselves into groups to carry out this practice."

These remarks clearly reveal a lack of regulation regarding the practice of Roqya in the District of Abidjan. In this same context, COSIM which is supposed to be the regulatory body for activities related to the Muslim faith claims to have no official stance on this form of spiritual healing. This is because the practice of roqya is associated with maraboutism, whose reputation in our society leaves much to be desired.

He adds:

"While a marabout is someone who possesses hidden secrets of the Quran and traditional medicines to do good and heal people, there are several types of roqya. Some practice it is using Quranic verses and the Sunnah of the Prophet, while others use fetishism, which is associated with polytheism."

In this section, he explains the confusion surrounding the practice of roqya among devout Muslims and religious leaders. Indeed, some Muslims believe that although the practice of roqya is permitted, it must conform to the orthodox

teachings of the Quran when carried out by practitioners. Others, on the contrary, believe that all roqya practitioners are marabouts who exploit the secrets of the Quranic verses to do both good and evil in society.

He concludes:

"They use Quranic verses and the Sunnah of the Prophet as a marketing tool to make money."

These explanations shed light on the causes behind the proliferation of roqya centers in the Abidjan district. During our field investigation, we found that the director of the Marcory Remblais roqya branch center refuses to pay taxes and other business fees, claiming that the business operates on a humanitarian basis. This is even though each new patient is charged a treatment fee of 35,000 CFA francs, not including medication costs ranging from 5,000 to 30,000 CFA francs, which are purchased directly at the center. Added to this are the 20-liter containers of "Qur'an-blessed" water sold for 1,500 CFA francs per container, and the renewal of consultation fees every three (3) weeks at a new rate of 10,000 CFA francs.

5.2 The Role of Imams and Muslim Religious Schools in Addressing the Practical Excesses of Roqya

Indeed, despite the media campaign launched by orthodox raqis to distinguish themselves from maraboutism and fetishism, roqya still seems to be a source of frequent confusion among patients. This is undoubtedly because the line between roqya and other forms of exorcism is blurred and lies primarily in the practitioners' rhetoric.

"Someone who does not believe in the word of Allah, in the Quran, or in the Prophet Muhammad (peace be upon him) and yet, out of a desire for profit or financial greed, tramples on the spiritual principles of our religion claims that we want to make Islam moderate, modern, and tolerant."

Through his numerous posts on social media, Imam B.H. is sounding the alarm about the abuses committed by practitioners of roqya in our society and is doing his part to build up the faith through awareness campaigns. According to him, Islam's tolerance does not come at just any price. Islam is firm in its religious principles; this firmness stems from faith but does not mean closing oneself off to others.

According to him, a raqi's willingness to allow a non-Muslim to perform spiritual healings at his roqya center amounts to an acknowledgment of the principles, rules, and even the norms and values of Islam. For it is as if someone were saying that even a Muslim can receive spiritual treatment in a church. This is a fact that seems trivial yet is absurd and dangerous. Conversely, it is as if one were recommending that a Muslim seek therapeutic treatment in a church, a synagogue, a monastery, a temple, or why not? at a witch doctors, since the main goal would be to regain one's health. It is blasphemous to accept someone who does not believe in the Quran who does not even recognize the Prophet Muhammad to seek healing through the Quran.

However, a non-Muslim who wishes to be treated through the Quran will need two types of treatment. First, there must be mental and psychological treatment before spiritual treatment. This involves preaching to them the teachings of God in the Quran, because they suffer from a disease of impiety and disbelief they lack faith. Preach to them first through the Quran; by doing so, you are treating them for a disease that is more serious than the physical illness they are experiencing. The religious leader concluded his remarks with a message: "If you die in a state of disbelief, you will go to Hell. But if you believe in Allah and die from a physical illness… well, if you believe in Allah, there's a good chance you'll be saved. It's better to die from a physical illness than from a spiritual illness an illness of faith, that is, a lack of belief."

6. DISCUSSION

This article aimed to analyze the mechanisms of religious leadership that fuel competition surrounding Roqya healing practices in the municipalities of Koumassi and Marcory. It contributes to a better understanding of the socio-spiritual dynamics at work in the practice of Roqya, particularly regarding the complex phenomenon of the dichotomy surrounding spiritual therapeutic practices.

Hanifa Touag (2012), in her work on the dynamics of quietist and political Salafism in Belgium, as well as on the economic practices of Muslims in France and Belgium, defines Roqya as a method for exorcising jinn and ailments linked to bewitchment by the evil eye. According to him, the new therapists the raqis position themselves in opposition to other Muslim practitioners, such as marabouts, talebs , and fortune-tellers, whose practices they criticize as bordering on polytheism (shirk) . Thus, they advocate a return to a form of exorcism considered purified, centered on the recitation of the Quran and treatment with Quranic water. Not all raqis identify as Salafis, but non-Salafi raqis, just like the Salafis, aim to transmit a limited and strict practice of roqya, modeled after an idealized version of the Prophet and his companions. For both groups, the need to purify the therapeutic field is beyond doubt. However, Dr. Abdelalim's (2015) therapeutic approach runs counter to this theory. He advocates for a constructive dialogue between traditional and scientific knowledge to

improve the care of people in distress within a culturally sensitive context. This approach deconstructs roqya practices whether orthodox or associationist and offers a psychoclinical analysis of the concept of "illusion" within the framework of roqya, an Islamic spiritual healing practice, drawing primarily on teachings and clinical observations. For example, excessive crying, tremors, or feelings of oppression may be manifestations of severe anxiety disorders, panic attacks, or obsessive-compulsive disorder (Barlow, 2002). Waswâs (obsessive thoughts attributed to satanic influence) correspond to the obsessions encountered in OCD, particularly in its religious or scrupulous forms (Abdel-Khalek, 2011). Depression, also mentioned by Dr. Abdelalim, manifests as a loss of interest, intense fatigue, somatic symptoms, or dark thoughts, which are interpreted in certain contexts as supernatural signs (Behbehani, 2015). Emotional lability, where "the manifestation of the jinn depends on the emotional state" (anger, sadness), points to disturbances in emotional regulation. He adds that certain behaviors (the "jinn's" speech, changes in voice, involuntary gestures) can be likened to dissociative manifestations (APA, 2013; Van der Hart et al., 2006). Dissociation refers to a disruption in the normal integration of consciousness, memory, identity, emotions, perception, or behavior, often in response to trauma or intense stress (Putnam, 1997). "Trance and possession states," recognized by the DSM-5 as a form of culturally specific dissociative disorder, provide a relevant interpretive framework. Abdelalim's description of a "djinn who quickly obeys orders" or who "corrects the râqî's recitation" illustrates a dissociative performance shaped by cultural expectations.

As for (Dialmy, 2002), the geographical and financial inaccessibility of biomedical care is so decisive that it leads rural residents to resort to any sociocultural justification. But these justifications carry little weight when compared to the physical and financial inaccessibility of biomedicine. According to the author, it is in this context that sick and suffering people readily turn to what has been called "spiritual medicine"—that which appeals to divine grace and the healing gifts of the saints.

Hanifa Touag (2012) adds that, since for patients, a return to health or a normalized social life is an imperative that takes precedence over everything else, the raqi's construction of a religious causal narrative which makes the patient feel guilty does not help retain a volatile and pragmatic clientele. Indeed, among most patients observed, pragmatism is the order of the day. The term "effectiveness" comes up very often in patients' discourse. Strict adherence to Islamic orthodoxy on the part of the therapist is not a determining factor in the quest for healing. Thus, of the 24 patients interviewed, 23 had already consulted other practitioners (talebs, marabouts, fortune-tellers); 20 continued to consult these practitioners concurrently with roqya; and 14 returned to or rediscovered conventional medical approaches (often psychiatry) after a few roqya sessions. The raqi attributes the difficulty in retaining a stable patient base to the confusion that, in his view, prevails in the minds of many patients.

The studies by Koenig, B., and LeBlanc, M.N. (2023), on "The Said and the Unsaid of Spiritual Healing in Côte d'Ivoire," support this perspective when they explain that the Christian prayer camp and the NGO Coran Guérit promote a refocusing of spirituality on exclusive religious affiliation and urge those affected to adopt lifestyles that strictly adhere to its precepts. Furthermore, these emerging actors in the field of healing are contributing to a public debate on the proper ways to relate to spirituality. The prayer camp organizes annual gatherings that bring together more than ten thousand people who have not necessarily experienced spiritual illness to share, through sermons, their vision of what a relationship with spirituality should be like in order to protect against and combat the forces of evil in everyday life. Even more notably, the NGO Coran Guérit shares its vision of the proper ways to approach spirituality through extensive use of various media, such as public television and radio programs, the creation of a YouTube channel, public lectures, social media campaigns on platforms like Facebook and WhatsApp, the distribution of pamphlets, and the posting of flyers in mosques and religious organizations in urban areas. In both cases, the stated goal is to remind audiences of the prohibitions in Christianity and Islam, to demonize healing practices that are foreign to these religions, and to urge the population to steer clear of non-Christian or non-Muslim lifestyles that increase the likelihood of being targeted by spiritual attacks. Ashforth (2010) adds in this vein that the way these emerging healing institutions frame the discussion of spirituality serves not only to challenge different approaches to spirituality but also to reinforce "feelings of danger, doubt, and fear related to the action of invisible forces in everyday life."

Although the bulk of his discussion focuses on illusion, Abdelalim, I. (2015), outlines a few criteria for identifying what he considers to be "true cases" of possession or supernatural affliction, which, it should be noted, are extremely rare in his practice. These include a sudden and unexplained swelling of the body; the appearance of marks on the body (for example, in the shape of a cross); uncontrolled reactions, described as "boiling over," as opposed to controlled or feigned behaviors; behavioral or state changes occurring "without warning" (i.e., suddenly, without apparent cause) and which are long-lasting and permanent (example: "a woman who is fine and then suddenly is not fine permanently").

7. IMPLICATIONS FOR GOVERNANCE AND REGULATION

Implications for Governance and Regulation

The findings suggest five courses of action. First, clarify the status of centers that claim to provide regular therapeutic services, to distinguish between religious practice, religious counseling, and the provision of care. Second, work with Muslim organizations to develop a minimum set of best practices regarding informed consent, confidentiality, the prohibition of violence, and referral to health care facilities when warning signs are present. Third, enhance financial transparency: posting of rates, information on products sold, and traceability of services. Fourth, promote reciprocal referral mechanisms between spiritual practitioners and biomedical services, particularly for psychiatric and neurological disorders and emergencies. Finally, establish a framework for interinstitutional dialogue rather than exclusively punitive oversight, to prevent regulation from being interpreted as a delegitimization of religious practice itself.

CONCLUSION

This article aimed to analyze the mechanisms of religious leadership that fuel competition surrounding Roqya healing practices in the municipalities of Koumassi and Marcory. It contributes to a better understanding of the socio-spiritual dynamics at work in the practice of Roqya, particularly regarding the complex phenomenon of the dichotomy surrounding spiritual therapeutic practices.

The study's findings show that, in addition to their significant role in transforming the relationship to spirituality among people afflicted by spiritual illnesses and in popularizing new forms of spirituality in the field of healing, Roqya spiritual healing centers have emerged as major actors in bringing spirituality into the public discourse. While spirituality and the individual's relationship to invisible forces have historically been unspoken within the context of everyday interpersonal dynamics and intimate relationships between patients and healers, emerging spiritual healing practices are propagating in the public sphere not only clear-cut positions regarding the norms of proper religiosity but also dismissive judgments about healing practices and approaches to spirituality that deviate from those they prescribe.

These therapeutic spaces are intended to "protect Muslims from shirk (the sin of polytheism, the gravest sin in Islam), bring relief to people, and carry out dawa (preaching and proselytizing)." In line with this worldview, the most common situations identified during the interviews as the cause of spiritual illness were "spiritual pacts" binding patients to non-Islamic spiritual forces. Breaking these pacts is considered a prerequisite not only for healing but also, more generally, for the health and well-being of the population. By presenting themselves as organizations capable of combating malevolent spiritual forces with "100% Islamic treatments," Roqya centers aim to provide an alternative not only to the widespread presence and visibility of Islamic practitioners of orthodox Quranic healing, but also to so-called traditional figures of Islamic healing (primarily marabouts), who are portrayed as providing treatments that deviate from "true" prophetic medicine.

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