

An emergent affliction in today's Egypt

Islamic healing, the psy sciences, and what lies in-between

Ana Vinea

Abstract

This article examines the emergence and constitution of a new affliction category in contemporary Egypt: *wahm*, meaning (self-)illusion, locally defined as the condition of being falsely convinced one is possessed by spirits called ‘jinn’, all the while exhibiting real possession symptoms. As I show, *wahm* transcends the domain of revivalist Islamic healing from where it originates by mobilizing and entangling Islamic and psy concepts and practices. It both exploits the local dichotomy of jinn afflictions/mental disorders and grows from the cracking of this binary. In this manner, *wahm* provides a new idiom for critiquing current therapeutic practices, for understanding suffering, and for analyzing modern life in today's Egypt. Through the analysis of *wahm*, this article contributes to scholarly investigations of ontology and the emergence of diseases by moving the lens from biomedical categories to the terrain where biomedicine meets religious healing, highlighting not only intersections but also the new formations they engender.

Keywords

Islamic healing, psy sciences, Middle East, emergent afflictions, ontology, suggestion

Introduction

One afternoon in April 2011, a few months into my field research in Cairo, I met my long-time friend and interlocutor Ahmad to watch televised shows about jinn possession available on YouTube.¹ Mentioned in the Qur'an, jinn are invisible creatures created from fire that have long been the target of numerous, although contested, attempts to entice or repeal them (see for example El-Zein 2009; Zadeh 2014). The TV shows have mainly concentrated on Qur'anic healing (*al-'ilāj bi-l-qur'ān*), a revivalist, Salafi-oriented form of exorcism that emerged in the 1980s as the most visible, popular, and disputed jinn cure in Egypt and the region (see for example Coker 2009).²

That afternoon I was in for a surprise. The shows we had watched up to that point were typically concerned with the diagnosis of symptoms, ranging from seizures and hallucinations to nightmares and glossolalia, to fear, sadness, and sudden behavioral changes, among others. They posed a dichotomous framework, with jinn afflictions and mental disorders as the two ontologically exclusive explanations for these symptoms. Yet, as Ahmad excitedly told me as soon as he arrived, "This is not the entire story!"

My friend did not want to explain what he meant, at least not immediately. Instead, he showed me an episode of *Good Girls (Sabaya al-Khair)*, a satellite-aired program that focuses on social issues with frequent forays into metaphysical matters. The show followed the host and a Qur'anic healer to a town north of Cairo to investigate two cases of jinn possession, briefly introduced by the healer thus: "We will listen to the complaints and see if these are cases of *wahm* [(self-)illusion] and *ihā'* [suggestion] or if they are real cases of possession".³

In line with the standard sequence of a Qur'anic healing exorcism, the healer asked the first case, a woman in her thirties, about her complaints: chest constriction, nightmares, and fainting fits. Next he began to recite from the Qur'an, a therapeutic technique that makes the jinn, if present, manifest themselves in the body through a complex choreography of gestures, expressions, and sounds. The camera zoomed in on the woman's twisted feet and

¹ In Arabic, '*jinn*' is a collective noun that refers to the entire class of these invisible beings. The singular is '*jinni*' (masc.) and '*jinniya*' (fem.).

² Unless otherwise noted, all translations from Arabic are mine. I use the *International Journal of Middle East Studies* (IJMES) system for transliterating Arabic terms.

³ The show was aired on the channel Al-Nahar. I do not know when this particular episode was broadcasted since Ahmed only showed me a copy that had been uploaded to YouTube. It is available at this URL: <https://www.youtube.com/watch?v=4siCOfqSExM>.

captured her distressed moans. After a short conversation with the jinn, the healer continued the Qur'anic recitation until the jinn departed the body under the power of the Word of God, as Muslims see the Qur'an to be. 'Was all this true or not?' the host asked once the session was over. 'All that happened', the healer replied, 'was a comical play she concocted. You heard the jinni say he is jealous. Actually, she is the one jealous of her husband, but cannot verbalize it'.

Interrupting the video, Ahmad told me: 'You see, this healer suggested the patient was feigning, but I don't think that. She really believed she is possessed, but the jinn was her unconscious. It's a case of *wahm* [(self-)illusion]. There are a lot of such cases nowadays'.

If the woman was neither possessed nor mentally ill, what was she suffering from? Was she only simulating possession to convey an otherwise unspeakable message, as the healer asserted? Or was this a case of (self-)illusion, as Ahmad thought?

By raising these questions, the show complicates the typical opposition of jinn possession/mental disorder by introducing into the therapeutic ecosystem formed around Qur'anic healing the additional themes of illusion, suggestion, and deceit, the other part of the 'story' my friend alluded to that day. Such questions and answers are not the sole province of TV shows. Qur'anic healers, psychiatrists, religious scholars, secular intellectuals, patients, and lay Egyptians also tackle them in different forms and with varying emphases.

Increasingly, these problematics have started to coalesce around the notion of *wahm* or (self-)illusion, the condition that my friend considered so prevalent these days. As locally understood, '*wahm*' describes the state of a person who exhibits what are taken as real possession symptoms while being falsely, but unconsciously, convinced she is possessed. Gradually, this condition has become a distinct malady with its own etiology, makeup, and treatment that offers a new answer to the diagnosis question animating this therapeutic ecosystem.

This disorder, to which I refer from now on by the Arabic term only, '*wahm*', is the object of this article. My discussion concentrates on the Qur'anic healer who has single-handedly formulated, elaborated, and popularized *wahm* among the wider public: Shaykh Ibrahim 'Abd Al-'Alim. Between 2011 and 2012, I conducted eighteen months of ethnographic research in Cairo about Qur'anic healing and the debates it has stirred up, especially among psychiatrists.⁴ Shaykh Ibrahim was one of my main interlocutors among Qur'anic healers

⁴ This main research period was preceded and followed by several shorter trips in 2008, 2013, and 2016.

and I spent many hours conversing with him and observing his healing sessions. On the basis of this material, in what follows I first sketch a portrait of this healer, tracing the various circumstances and forces that have made the emergence of *wahm* possible. Then, I analyze the malady's definition, its constitution and mechanisms, its practical enfolded in treatment, as well as the wider discourses it enables. In this article, I am not concerned, analytically speaking, with determining what patients diagnosed with *wahm* 'really' suffer from. When referring to *wahm* as the malady of exhibiting 'real' possession symptoms while being 'falsely' convinced of possession, I reproduce the local definition, which I neither support nor reject. Instead, I analyze how understandings of what is 'real' and what 'false' structure this condition.

As I demonstrate in this article, *wahm* as a category of illness emerged from Shaykh Ibrahim's attempts to overcome the dichotomy of jinn afflictions⁵/mental disorders that dominates public discussions and to circumscribe the diffuse concern with questions of illusion and deceit circulating in this therapeutic ecosystem. Conceptually dependent on, and even exploiting the jinn afflictions/mental disorders binary, *wahm* comes into being by exceeding it through a creative mobilization and entanglement of the binary's two poles. Thus, as I further elaborate below, *wahm* is brought into existence by weaving together psychological concepts like suggestion and personality, Islamic-rooted understandings of jinn possession and ethics, a psy-infused play between the real and the imaginary that acknowledges jinn possession, and modern technologies that tether religious and psychological techniques.⁶ While it originates from the domain of Qur'anic healing, *wahm* exceeds it, straddling the supposedly distinct spheres of religion and psy sciences.⁷ Thanks to this distinctive

⁵ I use the term 'jinn affliction' to encompass the two ailments Qur'anic healers see as forms of jinn possession: possession per se (*mass*, *talabbus*), when the jinn enter the human body out of their own will, and magic (*sihr*, *'amal*), when they are directed by sorcerers. For this and stylistic reasons, I treat 'jinn possession' and 'jinn affliction' as synonyms.

⁶ In our conversations, Shaykh Ibrahim tended to use the terms 'psychology' (*'ilm al-nafs*) and 'psychiatry' (*al-tibb al-nafsi*) interchangeably, glossing over the distinct, yet interconnected, genealogies of these disciplines in Egypt (El Shakry 2017; Mayers 1984; Mittermaier 2011). To capture this employment, in this article I have opted to predominantly use formulations such as 'psy sciences' and 'psy disciplines,' unless he made his usage clear or unless I refer to a particular tradition in my own analysis of his practices and words.

⁷ The approach I take in this article differs from the well-grounded scholarly tradition of analyzing religious healing in psychological terms (for example Crapanzano 1973; Ewing 1994). It also diverges from that of Stefania Pandolfo (2008, 2009), who has traced resonances between psychoanalytic and Islamic forms of ethical reasoning in fascinating ways. Here I am interested in foregrounding how one religious healer himself utilizes psychological concepts and practices in the creation of a new affliction category.

formation and positioning, *wahm* captures the tensions of a therapeutic ecosystem that cannot be contained, but remains dominated, by the jinn afflictions/mental disorders pair. It also offers a language for critiquing both biological psychiatry and Qur'anic healing, as well as, more generally, an idiom that both mirrors and appraises the predicaments of modern life in today's Egypt.

My aim is to contribute to contemporary discussions of ontology by highlighting how this new affliction has emerged from the cracks of dichotomous configurations, drawing upon and merging the traditions of healing these binaries oppose. The question of ontology, how complex social objects like diseases come into being, has been tackled by researchers in science studies and medical anthropology, who have investigated the wider disciplinary and societal conditions that play into such processes of emergence and how maladies are enacted out of multiple technologies, categories, and sensibilities (see for example Daston 2000; Livingston 2013; Mol 2002). Similarly, scholars of psychiatry have analyzed how psychiatric categories emerge, organize behaviors and sensibilities, create 'new kinds of people', and reflect historically contingent contexts (see for example Fassin and Rechtman 2009; Hacking 1995). While such studies have tended to focus on the formation of biomedical categories, similar processes unfold in the murkier territories where biomedicine and psy sciences intersect and coexist with religious traditions of healing.

Medical anthropologists have long been interested in intersections and co-constitutions of healing traditions, especially how biomedical concepts and practices have been incorporated and debated in different societies, and how these have led to the modernization of 'traditional' therapies, medicalization, and reconfigured perceptions of illness, the body, and the self (see for example Burke 1996; Langford 2002; Scheid 2002). Similar processes, like the mobilization of psy concepts in the formation of *wahm*, are also part of the story I tell here, but only one part. My emphasis is placed instead on tracing how such processes go beyond incorporation to give rise to novel ailments with their own theorizations and practices, ailments that are embedded in two allegedly distinct traditions. Given the desire for biomedicine and its insufficient provisions in many parts of the world, coupled with the continuous relevance of nonbiomedical healing practices, there is fertile ground for the proliferation of such new afflictions. Indeed, as Stacey Langwick (2011) has argued in her ethnography of healing in Tanzania, novel objects of therapeutic inquiry that emerge from and dissolve modernist binaries tend to multiply on the terrain where modern and 'traditional' medicine meet.

By focusing on how affliction categories come into being at the intersection of religion and psy sciences, this article also expands investigations of Islamic healing and spirit possession in the Middle East. Scholars have long examined the vast array of Islamic-embedded healing practices, analyzing their ritual grammar, how they become arenas for negotiating gender and

religious identities, and how they shift conceptions of the person and the body (see for example Crapanzano 1973; Dieste 2013; Flueckiger 2006; Good 1977; Inhorn 1996). In this piece, I build especially on the relatively fewer studies that have focused on how Islamic forms of healing have been transformed with modernity (for example Dole 2012). I also draw on scholars who have questioned the boundaries between things ‘Western’ and ‘Islamic’ in the formation of psy sciences in the region (El Shakry 2017; Mittermaier 2011). These works have paid particular attention to interactions between interpretative systems, and to questions of authority and subjectivity, and less, as I do here, to the therapeutic objects that emerge from such interactions. For example, Stefania Pandolfo (2008, 2009) argues that in contemporary Morocco, suffering people cannot fully draw upon the resources of either psychoanalysis or ‘therapies of the jinn’, but that it is in precisely from the space in-between these traditions that new possibilities for subjective speech emerge. Similarly, I also place my analysis in the interstices of psychiatric and Islamic traditions, with the goal of highlighting how these traditions taken individually can be perceived as insufficient at times, all the while it is from their entanglement that new maladies come to life.

Shaykh Ibrahim and the ‘discovery’ of *wahm*

My friend Ahmad not only introduced me to the affliction of *wahm* but also to Shaykh Ibrahim ‘Abd Al-‘Alim, its main architect. This first ‘encounter’ was also mediated by television, a small surprise, since Shaykh Ibrahim is one of the Qur’anic healers with the most constant media presence in today’s Egypt. In the years preceding the 2011 uprising he was a regular guest on the show *People and Magic* (*Al-Nas wa-l-Sihr*), broadcast by the Islamic channel Al-Nas. After a few years’ hiatus, he returned to the TV screen in 2013 with the program *The Demons of the End of Time* (*‘Afarit Akbir al-Zaman*), aired from Egypt on the Qatari-owned religious satellite channel, Amjad.⁸ Detailing various aspects of jinn afflictions, both shows have devoted a great deal of time to *wahm*, propelling it into public awareness and gaining Shaykh Ibrahim the nickname the ‘*wahm* guy’ (*bitā‘ al-wahm*). Embracing this nickname, he sees *wahm* as his ‘specialization’ (*takhasus*) and his long-standing involvement in television as a way of spreading knowledge about this affliction among Egyptians. My research fit perfectly in this wider publicity goal of boosting his authority as the *wahm* expert, which is the reason why he always insisted I use his real name, as I do here.⁹

⁸ The program was ongoing in 2016.

⁹ All the other names I mention in this article are pseudonyms.

When I met him in 2011, *wahm* was the most frequent diagnosis he was making; he claimed that only 1 percent of those who are diagnosed as possessed truly are, and the remaining 99 percent are cases of *wahm*.¹⁰ This distinguishes him from other Qur'anic healers I worked with who cited a wholly different ratio: 5 percent *wahm* or pretending and 95 percent real possession. Thus, though the themes of self-illusion, suggestion, and the unconscious circulate in mass-mediated discussions about Qur'anic healing, and knowledge of *wahm* has spread among the public, Qur'anic healers as jinn possession specialists have been slow in embracing this new malady, to Shaykh Ibrahim's dismay. Though they all acknowledge *wahm* as a mistaken belief with actual physical effects, they part ways with the shaykh on its duration, severity, and spread, and especially on the condition's status as a separate affliction. For most, *wahm* is just a passing state, not a distinctive category demanding theorization and specific therapies.

How did Shaykh Ibrahim arrive at this understanding of *wahm*, one that both intersects and diverges from that of other Qur'anic healers? What were the conditions in place that made possible the emergence of *wahm*?

Salafism and healing

Born in the early 1970s in a Nile Delta village, where he obtained a secondary school education, Shaykh Ibrahim's first encounter with the world of jinn was the result, he liked to emphasize, of his serendipitously stumbling upon a hidden 'bundle of sorcery books' one day when he went fishing at the age of twelve. Interest stirred, he started reading religious texts about jinn possession and observing healers in the village, an activity he continued after moving to Cairo where, after a few years in commerce, he began to work as a healer. When I met him in 2011, this was his full-time profession, and his fee of 150 EGP (approximately US\$25) per session, allowed him to maintain a large working- and middle-class clientele.¹¹

Shaykh Ibrahim's first forays into healing gave rise to some internal puzzlement. He especially wondered about the practices of healers, which appeared too often religiously impermissible in his eyes. In the effort to parse what was permissible from what was not, he was influenced by Salafi-oriented preachers active in the village mosque and his own readings, especially those concerning the emergent Salafi-influenced therapy known in Egypt as Qur'anic healing (*al-'ilāj bi-l-qur'ān*).

¹⁰ Of the approximately one hundred healing sessions I saw him perform, he only diagnosed two as possibly caused by the evil eye and the rest as *wahm*.

¹¹ Other Qur'anic healers' fees ranged from 50 to 200 EGP in 2011–2012.

By the mid-'80s, Salafism had already left its mark on Egyptian society, changing its religious landscape and giving rise to contestations (Brown 2011; Gauvin 2013). A heterogeneous orientation linked with Saudi Arabia's Wahhabism, and one strand in the larger Islamic revival movement of remaking society along pious lines (Mahmood 2005), Salafism emphasizes the unmediated examination of the Qur'an and hadith and 'correct' religious practices and beliefs.¹² The turn of some Salafi preachers and laypeople to healing should not come as a surprise in this context, especially since for many Salafis the sphere of 'popular' therapies is seen as rife with 'unorthodox' practices and beliefs in need of reform.¹³ Centering their practice on jinn exorcism and Qur'anic recitation, these healers claimed that theirs was the only legitimately Islamic therapy. In time, they developed and systematized existing knowledge about jinn maladies and devised new 'orthodox' treatments through practical experience. Attempting to broadly disseminate their therapy, these self-proclaimed Qur'anic healers published books dedicated to their treatments and later on turned to satellite television, as Salafis more generally did.¹⁴ It is through these diverse positionings and practices that Qur'anic healing, as a discrete therapy with its own understandings of therapeutic knowledge and authority, was born and gained increased popularity and visibility.¹⁵ Not restricted to Egypt, the emergence of a revivalist Salafi therapy for jinn possession is a transnational phenomenon (see for example Bille 2010; Pandolfo 2008; Spadola 2014).

We can see here how Shaykh Ibrahim's take on healing was from the beginning marked by a particular religious orientation and its therapeutic reverberations as instantiated in Qur'anic healing. This general preoccupation with 'correct' practices has the unintended effect of leaving the boundaries of this therapy porous since what is permissible and what not is often debatable in the Islamic tradition. Aware of this instability, most Qur'anic healers are mistrustful, sometimes even critical of their peers, which explains their reluctance to embrace *wahm*. At the same time, this same porosity has allowed Shaykh Ibrahim to criticize

¹² For more on the history and doctrines of Salafism, see Lauzière 2016 and Meijer 2009.

¹³ Such practices include, among others, the use of amulets, magic, visiting saints' tombs, and treatments that aim at appeasing, not exorcizing, the jinn like the *ḡār* ritual (see Boddy 1989). For more studies that address tensions between such revivalist therapies and other forms of Islamic healing, historically or contemporarily, see Dominguez Diaz 2014; Doumato 2000; Sengers 2003.

¹⁴ On the emergence of satellite television and Islamic channels in the Arab world, see, for example, Kraidy and Khalil 2009.

¹⁵ 'Traditional' therapies like Qur'anic healing are not technically outlawed, even if the Egyptian state only authorizes biomedicine to treat diseases. When healers are arrested or prosecuted, they are charged as charlatans, not as healers, using an article from the penal code that criminalizes swindling.

fellow practitioners' therapies and to gradually create his own approach, leading to the emergence of *wahm*.

The 'psy' turn

Shaykh Ibrahim's early puzzlement had to do not only with religious practices but also therapeutic ones. Recalling that period, he told me: 'Healers were asking for symptoms and then immediately saying, "You are possessed". And there were too many possessed people! The jinn are not so powerful; they are driven out by only a few Qur'anic verses! So I started to think this was not real possession. Somehow, I realized that healers' practices and patients' psychology were key. So I started to read [up] on psychiatry'.¹⁶

Shaykh Ibrahim's turn to the psy domain was spurred by his observation that a great number of possessions didn't fit with his understanding of jinn's circumscribed powers and that healers' practices were often both mechanical and inattentive. By scaling down the power of the occult, without repudiating it, Shaykh opened it up to interactions with other forms of knowledge and practice. Before arriving at *wahm*, he not only read psy books but also 'experimented' with new techniques on his patients and attended psychiatric workshops in Saudi and Egyptian hospitals.

Such a sustained interest in psy sciences distinguishes Shaykh Ibrahim among Qur'anic healers. Though many are familiar with psychiatric diagnoses, and see some as symptomatically similar to jinn afflictions, they take a defensive position with regard to such knowledge, to delimit a domain of expertise, not integrate it with their approaches to jinn possession. The fact that a recent rural migrant to Cairo with only a high-school education single-handedly delved into a new field is certainly the mark of a curious and inventive individual, but it is also a testament to these disciplines' place and public reach in Egyptian society. In this sense, Shaykh Ibrahim's forays into psy sciences are a contemporary instance of the intersections between these knowledges and the religious realm that date back to the nineteenth century (see for example El Shakry 2017; Mittermaier 2011).

In addition, several recent developments in these disciplines also count among the conditions of possibility for Shaykh Ibrahim's psy turn. By the 1990s, the psychopharmaceutical trend that had swept Western psychiatry a decade earlier was becoming entrenched in Egypt. In parallel, the Islamic revival was touching the psychiatric field. Following the wider trend of questioning Western-derived knowledges and practices,

¹⁶ Conversation with the author, Cairo, Egypt, May 2012.

some psychiatrists attempted to build an ‘Islamic psychology and psychiatry’ to foreground the role of religion in mental health, attracting the criticism of their more secularly inclined colleagues. Adding to that, the continuous erosion of public health provisions through the effects of liberalization struck particularly hard the already underfunded and insufficient mental health infrastructure.¹⁷ Finally, as many psychiatrists told me, the 2000s witnessed a gradual, media-facilitated shift in the public place of psychiatric discourses, from comparative marginalization to increased acceptance and spread, with more Egyptians having recourse to such practitioners.¹⁸

With psychiatry gaining increased public visibility, its transformations, fractures, and vulnerabilities also achieved more exposure. Shaykh Ibrahim’s interest in and mobilization of psy knowledges is hence both a manifestation of and a response to these wider developments. And, as I show below, *wahm* itself both draws upon psy disciplines and is a reaction to their current perceived problems. Moreover, the spread of psy knowledge among a wider segment of the population provides a grid of intelligibility for the public reception of *wahm* as a distinct malady.

Binaries and their potentialities

Shaykh Ibrahim continued the story of *wahm*’s ‘discovery’: ‘The more I read and saw patients, the more I became dissatisfied with both Qur’anic healers and psychiatrists. Everything seemed so stark: one side is only talking about possession, the other only about mental disorders. There is nothing in the middle. And television is making that worse, always opposing the two’.¹⁹

When mentioning television, Shaykh Ibrahim had in mind the numerous shows that pair jinn possession and mental disorders mentioned at the beginning of this article. Indeed, as both Qur’anic healers and psychiatrists pointed out during my research, the advent of satellite television in the region has not only contributed to the visibility and circulation of Qur’anic healing and psychiatry separately, but has also helped to pair them as opposites.²⁰ With titles

¹⁷ For the state of mental health services, see WHO 2006.

¹⁸ See Behrouzan 2016 for a similar, even more noticeable, shift in Iran. This shift did not completely displace a more established psychiatric discourse in which Egyptians, except the urban upper classes, have little awareness of mental disorders and are reluctant to consult psychiatrists.

¹⁹ Conversation with the author, Cairo, Egypt, May 2012.

²⁰ The connection of jinn possession and mental disorders has been tackled before (and continues to be today) in newspapers and magazines of various orientations (Coker 2009).

like *The Truth of Jinn Possession* and *A Heated Debate around Qur'anic Healing*, such shows have propelled the question of the truth of maladies into the public, raising both ontological questions about the afflictions that exist in the world and epistemological ones about the disciplines and practices that can treat them. These shows further reflect and fuel wider anxieties about fake or overblown claims to expertise and to suffering. They project embodied maladies into larger sociopolitical discourses, tethering the jinn afflictions/mental disorders binary to questions about the relationship between science and religion, the state of society, and the formation of modern or religious subjects.

While this particular joining of jinn afflictions and mental disorders emerges from contemporaneous formations, it is also indebted to the past. It taps into centuries-old Islamic doctrinal discussions about the jinn's empirical manifestations and ability to possess humans, issues that have no clear-cut answers from within the Islamic tradition (Kennedy-Day 2003; Zadeh 2014).²¹ It is also the most recent instance of colonial and modernizing discourses that cast beliefs in the jinn as inherently 'superstitious' and 'unscientific', discourses in which psychiatrists have actively participated since the nineteenth century (see for example Mayers 1984).²²

The dichotomy of jinn afflictions/mental disorders has played a generative role in Shaykh Ibrahim's formulation of *wahm*, as the above quote illustrates. Mobilizing concerns about the truth of maladies, the grounding of expertise, and the reality and causes of suffering, *wahm* inserts itself into the gap between jinn possession and mental disorders. It offers an alternative answer to the question of the definition of afflictions, one that does not deny the categories that form the binary, only their mutual exclusiveness. And, as I detail below, it does so by drawing on both these categories and their related forms of knowledge, allowing for other configurations of suffering and ways of being to come into light. It is here that the public appeal of *wahm* resides, explaining its attraction beyond the interest of an eccentric healer.

Shaykh Ibrahim is quite aware of this malady's complex formation, its positioning, and its effects within the therapeutic ecosystem. Thinking back on his 'discovery' of *wahm*, he remembered that he found both Qur'anic healers' insistence on diagnosing jinn afflictions and psychiatrists' equally insistent denial of them insufficient in capturing his own therapeutic experiences. But he also did not want to dismiss either of these disciplines,

²¹ The fact that jinn possession is an issue debated in Islam explains why psychiatrists have been joined in these debates by some religious scholars who deny its occurrence.

²² For a similar dynamic between occult and physical etiologies of disease, see Greenwood 1992.

finding aspects of each pertinent to understanding the condition of his patients. What he was searching for was a way of bringing the two together that reflected his double formation as a Salafi-leaning, psy-influenced Qur'anic healer. He wanted what he frequently described as a 'third way'.²³ Thus, despite using the term 'discovery', Shaykh Ibrahim has been engaged in a conscious and systematic process of clarification, elaboration, and abstraction from which *wahm* gradually emerged and is continuously refined. In this way, *wahm* has become an object of theorization and therapeutic intervention in today's Egypt and Shaykh Ibrahim its theoretician. In what follows I turn from *wahm*'s conditions of possibility to discuss its constitution, etiology, and treatment.

Defining *wahm*

An important step in Shaykh Ibrahim's theorization of *wahm* has been devising the most apt definition of this affliction, which gradually became 'real feelings based on an unreal conviction' (*shu'ūr ḥaqīqī li'tiqād ghayr ḥaqīqī*).

Certainly, the term '*wahm*' has other usages. In everyday parlance it refers to mistaken ideas, unreasonable suspicions, imagining things, or lying to oneself. It is also part of the construct '*al-wahm al-maradī*', the psychiatric term for hypochondriasis.²⁴ These diverse meanings are linked by a shared opposition between real and false that maps over one between exteriority and interiority. In other words, *wahm* presupposes a concept of reality whereby an exterior truth diverges from a false internal idea.

This feature is also central in Shaykh Ibrahim's definition of *wahm*, in which the exterior and real symptoms of possession (what he elliptically calls 'real feelings') are contrasted to the interior and false belief that one is possessed ('unreal conviction'). In this manner, in defining *wahm*, Shaykh Ibrahim both mobilized the term's pre-existing semantic range into a new meaning and circumscribed it by tethering it to jinn possession.

²³ This formulation is a play on this expression's employment after the 2011 uprising to designate a longed-for alternative to the deadlock of secularism and Islamism. The appropriation is telling: it points to a shared rejection of binaries and to how the Qur'anic healing/psychiatry dichotomy can be mapped over that of Islamism and secularism.

²⁴ In medieval Islamic medicine '*wahm*' referred to illusions (Dols 1992), a meaning not retained in modern psychiatric terminology. The term also lost technical meanings related to Islamic mysticism, rhetoric, and philosophy (MacDonald 1992).

Furthermore, the formulation plays upon the typical definition of jinn possession. If the latter straightforwardly links a real cause (the jinn) and real effects (the symptoms of jinn possession), *wahm* complicates what counts as a real cause, splitting it into two: a theoretically possible cause, but unreal in this specific cause (the jinn) and a real cause (the false conviction that the malady is caused by jinn). Central here is the generative power attributed to the mind, to the false conviction of possession; even if untrue, it can make one's body sick. This distinguishes *wahm* from another condition Shaykh Ibrahim and other Qur'anic healers employ, 'acting' (*tamthīl*) or 'playing the fool' (*ista'bat*), in which the patient purposely fakes symptoms.

This definition brings into the domain of Islamic healing the real/imaginary binary that structures the conceptualization of phenomena like illusory maladies, medically unexplained symptoms, and a number of psychiatric disorders. Such is hypochondriasis to which *wahm* is linguistically related. Renamed 'illness anxiety disorder' in the newest version of the diagnostic manual of the American Psychiatric Association, the DSM-5, widely used in Egypt as well, it refers to the persistent preoccupation with having a serious medical condition that is not identified by medical experts (APA 2013). Here, as in *wahm*, the contrast is between the patient's conviction an affliction is present and the expert's assessment to the contrary. If hypochondriasis is made intelligible by real somatic pathology and medical expertise, *wahm* requires the reality of jinn possession and the presence of experts to address it. Thus, if the real/imaginary tension is reminiscent of a biomedical and psychiatric logic, the manner in which it structures the definition of *wahm* has the effect of both keeping the reality of jinn possession intact and of validating the expertise of the *wahm* expert, the one who can distinguish between real and imagined possession.

The importance of the play between real and imaginary in the definition of *wahm* is also evident in how Shaykh Ibrahim explicates it to patients during healing sessions. With the help of analogies, he frequently compares it with hysterical pregnancy (*al-ḥaml al-bisūnī*) or with a wrong cancer diagnosis. 'What would this person feel?' he once asked a patient. 'He will feel sick', the reply came. 'Exactly!' Shaykh Ibrahim continued, 'He will fall under this illusion [*wahm*] and will develop symptoms or will think that any random thing he feels is related to cancer. *Wahm* is the same'.

By bringing psychology, in the form of the role of beliefs and the psyche, into the realm of Islamic healing, Shaykh Ibrahim's definition of *wahm* eludes the jinn afflictions/mental disorders dichotomy, all the while keeping intact the ontological reality of jinn possession. In this way, *wahm* emerges as an alternative avenue, a 'third way' in the shaykh's words, through which patients can make sense of their suffering.

Suggestion and the mechanism of *wahm*

With *wahm* defined as ‘real feelings based on an unreal conviction’, the question of how the mind ails the body arises. This is an issue Shaykh Ibrahim has long investigated, an issue that coalesces today in the notion of suggestion (*ihā*), *wahm*’s cause and mechanism, which he often invoked in our conversations and during healing sessions. A brief description of such sessions is now in order.

During the time of my research, Shaykh Ibrahim was seeing patients in a spacious apartment of a rundown building in a middle/working-class nineteenth-century Cairene neighborhood.²⁵ Two of the apartment’s four bedrooms were used as waiting spaces for patients, one by the secretary who made appointments, and the fourth was Shaykh Ibrahim’s office. Furnished in the typical ornate style popular among the working class, it unusually also contained a wide variety of electronic devices: several laptops and headphones, a video camera, and a flat-screen TV, all essential tools in the treatment of *wahm*, as I show shortly.

Shaykh Ibrahim’s healing sessions have a tripartite structure: the complaints, the ‘*wahm* test’, and the diagnosis. As often happened during my fieldwork, in April 2012 I spent a full day observing Shaykh Ibrahim’s sessions. As a rule, he held no more than six sessions daily, each lasting between one and three hours, an atypical length among Qur’anic healers. The fifth and last case that day was a woman in her thirties, whom I call Amal, accompanied by her husband. As soon as they were seated, Amal began to concisely list her complaints: chronic back pain unresponsive to medication, nightmares, and hallucinations of terrifying shapes scratching at the windows. She recounted how during a visit to a Qur’anic healer she became so dizzy when hearing the Qur’an that she collapsed: ‘It was a jinni who was pushing and pulling me back and forth’. ‘After this you got worse, right?’, Shaykh Ibrahim inquired. Amal concurred and described her ensuing deteriorating condition. The shaykh interrupted her to assert, without any further explanation: ‘You are very nervous and emotional’.

Asking about patients’ previous interactions with Qur’anic healers and making such statements about their personality is typical for the first part of Shaykh Ibrahim’s sessions. This is because in his conceptualization, suggestion as the origin and mechanism of *wahm* operates along two main vectors: healers’ practices and patients’ personalities. His focus on these vectors shows how the shaykh’s concerns with psy sciences and Qur’anic healers have

²⁵ I chose not to disclose the name of the neighborhood for anonymity reasons. While Shaykh Ibrahim insisted I use his real name, he was also very protective of his work environment and avoided publicizing it in public appearances. In 2016, he moved in a different apartment situated in the same neighborhood out of concern for the safety of the building.

merged and crystallized in the notion of suggestion, a notion that occupies the space left after scaling down the influence of the jinn.

Shaykh Ibrahim relentlessly berates fellow practitioners for their use of ‘suggestive words’ that tell patients what will happen, unconsciously prompting them to act accordingly, and their employment of ‘suggestive gestures’, such as touching patients with the Qur’an or conversing with the jinn. The shaykh finds that such words and gestures lead patients to believe they are possessed. Moreover, suggestion is generated through the atmosphere of healing sessions, marked by the screams of the possessed and their contorted bodies. ‘It’s like watching a horror movie’, he tells me.

Nonetheless, Shaykh Ibrahim also exonerates healers, arguing that their employment of suggestion is unintentional and only gains force because of the surrounding ‘culture of jinn’ (*thaqāfat al-jinn*) instantiated in the manifold jinn stories circulating in society. Stressing healers’ lack of awareness frees them from the charge of charlatany directed by psychiatrists and others, who often portray them as shrewd, rapacious manipulators of naïve people. The reliance on suggestion remains however a sign of psychological and religious ignorance, both of individual healers and society as a whole, turning the concept into a tool of social critique. In this way, Shaykh Ibrahim’s theorization echoes the colonial, modernizing discourses that frame practices and beliefs related to the jinn as ‘superstitious’, but does so without explaining away occult events (jinn possession) through psychological mechanisms (suggestion).

The second key vector of suggestion is the patient’s personality (*shakhsyya*) as the predisposing factor that allows suggestion to take root and flourish, to become autosuggestion. In describing this process, Shaykh Ibrahim told me that suggestion occurs in the unconscious, in the ‘*al-‘aql al-lā-wa’y*’, employing one of the Arabic terms used to refer to this psychoanalytic concept.²⁶ Referring to the unconscious as the part of the mind home to unexpressed emotions and desires, he does not, however, delve into it in detail. He is more interested in the types of personality that create a susceptibility to suggestion and autosuggestion. In his view, these are emotive, anxious, or weak personalities, upon which he frequently comments in healing sessions, as in Amal’s case. Espousing what appears as a trait approach to personality, he sees it as relatively stable set of characteristics that predispose one to feel and act in certain ways.

²⁶ For more on the concept of the unconscious in Egypt, including its mapping over Islamic concepts of human interiority and its inclusion in religious conceptualizations, see El Shakry 2017 and Mittermaier 2011.

Furthermore, these personalities are gendered, women having them more frequently than men, as reflected in the gender ratio of his patients, two-thirds of whom are women. Here Shaykh Ibrahim joins other Qur'anic healers who similarly see women as more vulnerable to jinn possession. He differs from them when he explains such gender disparities as the psychological outcome of Egyptian women's upbringing and societal roles, not their inherent nature. By refusing an intrinsic tethering of women to suggestive personalities, Shaykh Ibrahim attempts to define *wahm* as more than a 'woman's malady', as a condition that concerns the entire population.²⁷

Shaykh Ibrahim never told me how he came across the concept of suggestion. Perhaps he himself forgot. Regardless, the fact it sits at the core of *wahm*'s formulation is noteworthy when we take into account suggestion's history and employment. I can only very briefly sketch it here.

A negligible concept in current biomedical psychiatry, suggestion had its heyday in the second half of the nineteenth century when it was central to the understanding of hypnotism and hysteria (Ellenberger 1970). The history of the concept is thus entangled with that of La Salpêtrière and the Nancy School, the two French schools and their leaders, Jean-Martin Charcot and Hippolyte Bernheim, who transformed hypnotism and suggestion in the main psychotherapeutic method of the first dynamic psychiatry (Ellenberger 1970). Explicitly named 'suggestion' or not, the term referred simultaneously to the process of inducing ideas, sensations, or actions in a person without her awareness; to the ideas, sensations, or actions induced thereof; as well as to the mental mechanism through which these ideas become symptoms. As such, suggestion provided a way of thinking about the mind-body connection and a psychic explanation for certain physical manifestations for which the relationship between the patient and the healer was central (Harrington 2008).

Beyond the clinical arena, suggestion was also employed to explain various phenomena from criminality, crowd psychology, and the genesis of religion to miracles, religious healing, and possession (see for example Gauld 1992). Jean-Martin Charcot himself had a keen interest in demonic possession, which he interpreted as a form of hysteria (Ellenberger 1970, 6, 48, 95). This was an interesting turn, taking into account that, as scholars like Anne Harrington (2008, 31–66) have shown, suggestion itself was gradually constructed through the permutation of the idea of demonic possession into that of animal magnetism, into that of

²⁷ If the question of gender is one of longstanding interest in anthropological studies of possession (for example Boddy 1989; El-Kholy 2004), it is interesting to see here how gender is also a local lens to approach possession, employed by Qur'anic healers, as well as by psychiatrists and journalists.

imagination, and, finally, into that of psychological suggestion. The circle was thus full: if possession gave rise to suggestion, later on suggestion elucidated magical healing and possession.

Even after suggestion ceased to be a central clinical concept with the birth of dynamic psychiatry in the early twentieth century, it continued to be invoked in many colonial, ethnopsychiatric, and anthropological writings to elucidate various healing rituals (for example Devereux 1966), including Islamic ones. Adopted by doctors, modernizing elites, and religious reformists, such explanations survive today (for example El Shakry 2007, 30–42). Indeed, many psychiatrists among my interlocutors referred to ‘traditional therapies’ as ‘treatment by suggestion’ (*‘alāg bi-l-ṭhā’*), implying that such therapies do not address the real affliction, whatever that may be, but only act as a kind of placebo. Here the notion of suggestion no longer foregrounds the complexities of the human psyche or the mind-body link, but is reduced to an underanalyzed make-believe mechanism.

Shaykh Ibrahim’s understanding and use of suggestion adds an interesting twist in this history, demonstrating how discarded psychiatric concepts can get a new lease on life through their incorporation into other traditions. For him suggestion is not simply a psychological mechanism but a more capacious notion that binds various elements at different scales. Instead of being a tool for denying possession, as it is for contemporary psychiatrists, suggestion works to concurrently keep the category of jinn possession intact and capture today’s multifaceted suffering.

Video camera therapies

As it was in the nineteenth century (Harrington 2008), suggestion is for Shaykh Ibrahim not only what ails but also what cures. Let me elaborate by describing the second part of his healing sessions, the ‘*wahm* test’ (*ikhtibār wahmī*) that elucidates the unusual presence of electronic devices in his office.

The typical test begins with Shaykh Ibrahim starting a video camera to project the patient’s image on a TV screen. After covering the patient’s eyes with a sleep mask and cautioning her to bear any pain, he proceeds to touch her head with a mundane object, usually a daily planner or a tabletop clock. Before long, the patient begins to exhibit the gestural, expressional, and vocal grammar of the jinn’s coming into presence. Soft moans grow into shrieks; fingers, arms, or feet contort and stiffen; sweat runs down a grimaced face. Occasionally, when the jinn vocalize through the possessed, snorting, hissing, sometimes talking, Shaykh Ibrahim converses with them. More often, the patient slowly calms down and regains consciousness, concluding the test. Sometimes the *wahm* test takes a different

shape. For example, Shaykh Ibrahim asked Amal, the woman whose case I introduced above, to stand in the middle of the room with her eyes covered and her husband right behind her, 'to catch her if she fell', he added. A couple of minutes later, Amal began to slowly sway back and forth, increasingly picking up speed, faster and faster; the swaying continued until she began to collapse. When her husband caught her, she came to her senses.

For Shaykh Ibrahim, the test is a diagnostic tool that concomitantly makes visible *wahm*'s presence and possession's absence. This is achieved by mimicking typical elements of Qur'anic healing's therapeutic repertoire. Thus, Shaykh Ibrahim substitutes the physical Qur'an, with which many healers touch patients, with ordinary objects like a daily planner; he also employs 'suggestive talk' (such as warning patients to bear any pain), as healers also do. However, this use of suggestion is, in Shaykh Ibrahim's eyes, deliberate, based on a proper understanding of psychology, an awareness that separates suggestion as a stimulus to ailment from suggestion as a therapeutic tool.

What is essential in the *wahm* test, however, is that Qur'anic healing is imitated while leaving aside the central element of any Qur'anic healing session: the recitation of the Qur'an. We can see here how both the *wahm* test and Qur'anic healing exorcism begin from the same premise: the Qur'an as the Word of God has the power of making the jinn visible in the possessed body; taking over it, paining it, shaking it, contorting it, even speaking through it. If the Qur'an authenticates possession, its absence authenticates *wahm*, demonstrating that the symptoms cannot be caused by the jinn.

The *wahm* test is followed by playing back the recording to the patient and accompanying relatives. For Shaykh Ibrahim, this direct confrontation with the 'truth' of one's condition, by unveiling the appearance of symptoms without the Qur'an, is what eliminates the false belief of possession. 'The treatment of *wahm* is the truth', he often said during healing sessions. The *wahm* test is therefore a technique of therapeutic truth through illusion: it creates the illusion of possession only to reveal its true illusionary nature.

The video camera is central in this process of unmasking, recording, and making evident the effects of Shaykh Ibrahim's suggestive talk and gestures, and the absence of Qur'anic recitation. Such use of the video recording is rooted in its conceptualization as a neutral, objective window into reality that turns it into 'an object of evidence', to use Matthew

Engelke's (2010) term.²⁸ It places the *wahm* test in a long tradition of using visual technologies to record the visible world and extend its limits beyond human senses (see for example Gunning 2008). If Jean-Martin Charcot himself used photography for cataloguing the intricate poses of hysteria (Didi-Huberman [1982] 2003), Shaykh Ibrahim's videos record and make visible the bodily traces of suggestion.²⁹

Visual techniques have also been historically employed for proving what science denies, as in the case of nineteenth-century spirit photographs (Gunning 2008, 58–63). Shaykh Ibrahim's employment of the camera both extends this tradition and turns it on its head. If Qur'anic healing exorcism is a technique for visualizing the invisible jinn in the body, Shaykh Ibrahim's simulation of exorcism is a tool for proving the jinn's absence. This, however, does not destabilize the reality of these invisible beings, nor their ability to possess people.

The diagnosis of *wahm* elicits various reactions from patients. From those I observed, some were confused and asked for further explanation. Others appeared to disbelieve the diagnosis and indirectly questioned it by providing further accounts of pains and strange situations. Yet others expressed relief, having escaped the more serious jinn afflictions. Quite a few divulged that they suspected *wahm* themselves and needed Shaykh Ibrahim's confirmation, a testimony to the category's spread among the public.

After explaining *wahm* in detail to patients, Shaykh Ibrahim conducts a second test that elucidates the laptops and headphones present in his office: the patient listens for several minutes to a recording of *āyat al-kursī*, a Qur'anic verse with long-recognized prophylactic, therapeutic, and spiritual virtues. Unlike the *wahm* test, which in all sessions I observed elicited possession-like symptoms, this second test left the patient undisturbed. Amal, for instance, calmly listened until the shaykh, five minutes in, broke the silence and asked: 'Where is the jinn?!' This second test shares the same goal as the *wahm* one: to unveil the presence of suggestion and the absence of jinn. If the *wahm* test achieves that by showing how possession symptoms occur without Qur'anic recitation through suggestion, the second

²⁸ Before beginning to use the video camera around ten years ago, Shaykh Ibrahim relied on the testimony of those present to confirm that he didn't recite or manipulate the Qur'an. The problem was that accompanying relatives themselves sometimes didn't grasp what was happening, leaving him with no evidence. 'The evidence was only in the eyes of others', he said once, framing human perception as unreliable, in contrast to the technically mediated, objective 'perception' of the camera.

²⁹ Interestingly, Shaykh Ibrahim's *wahm* test also resonates with the employment of one-way mirrors and videotaping as part of therapeutic interventions as pioneered by Salvador Minuchin (1974). I thank one of the anonymous reviewers for drawing my attention to this.

test demonstrates how the absence of suggestion when the Qur'an is recited leads to an absence of possession symptoms.

We can see here not simply how modern technologies have been incorporated in religious therapies, but also how these technologies facilitate and sustain the conjunction of psychology (suggestion) and religion (Qur'anic recitation) as therapeutic means. Such technologies are not simply vehicles for the modernization of 'traditional' therapies, they are also tools for precisely that merging of different traditions of healing that I trace in this article.

Wahm and ethics

In addition to clarifying the diagnosis of *wahm*, Shaykh Ibrahim also dedicates considerable time to discussing patients' problems and providing advice in the third part of the healing session. It is at this point that the role of ethics in his conceptualization of *wahm* comes to the fore, reflected in how he connects an ethic-based societal critique to the emergence of *wahm*, as well as in how he envisions the curative potential of ethical practices and his own therapeutic role.

To address these issues, let me return for one last time to Amal's case. Once the second test concluded, Shaykh Ibrahim began to meticulously explain the *wahm* diagnosis. Amal appeared unconvinced and repeatedly mentioned her nightmares. 'You are very anxious and worried, that's why you have them', the shaykh ventured, and then asked about her sleeping patterns. Her husband remarked that Amal watches horror movies late into the night. Pause. Then, half laughing, half exasperated, Shaykh Ibrahim exclaimed: 'There is no god but God! And you are surprised you have nightmares!?' He continued, 'Why are you not enrolling in some religious classes if you have time for all these movies!?' Amal remained quiet. Her husband, however, explained that his newly opened restaurant is taking up all his time and that he is hardly ever home. 'How often do you go out together?' Shaykh Ibrahim asked. 'We never go out!' Amal snapped, frustrated. Noting that this is a wife's right and a husband's duty, especially salient since Amal wasn't from Cairo and lacked nearby relatives, he urged the husband to take Amal out at least twice monthly, 'With whom can she go out? If not with you, by God, she will go out with the jinn!'

This dialogue among Shaykh Ibrahim, Amal, and her husband is representative of how the healer conceptually and practically links *wahm* to ethics during healing sessions. In our conversation once the patient had left, he directly related Amal's *wahm* to her tedium, isolation, and unserious pursuits, which he furthermore labelled as the outcome of a weak pious disposition conjoined with social pressures. Yet, he never explicitly drew this

connection to Amal herself, only indirectly suggesting it through the opposition between movies and religious classes. Moreover, Shaykh Ibrahim also included the husband, emphasizing what he sees as the correct religious understanding of marital rights and obligations. His therapeutic strategy in this case, and more generally, is of indirect moral criticism conjoined with ethical guidance and practical suggestions.

In analyzing how Shaykh Ibrahim connects ethics and *wahm*, it is significant to note the term he employs to describe his interventions in this third part of healing sessions: ‘advice’. ‘A bit of advice, for the sake of God’ (*naṣīḥa min agl allah*), is in fact how he frequently begins his recommendations. As Talal Asad (1993, 214–23) has shown, advice (*naṣīḥa*) is an important concept in Islamic moral theology that refers to moral counsel given to a fellow Muslim who has erred, comprising a form of ‘morally constructive criticism’. By using this term, Shaykh Ibrahim implicitly foregrounds the central role of ethical guidance and cultivation in both the formation and treatment of *wahm*.

In giving ethical advice, Shaykh Ibrahim’s extends his role beyond that of a healer to a *dā‘iya*, the one who engages in *da‘wa*. A term that in Arabic means ‘call’ or ‘summon’, *da‘wa* is a central term in the forty-year-old Islamic revival that refers to calling fellow Muslims to greater piety through preaching, religious lessons, or charity work (Mahmood 2005). Shaykh Ibrahim, as other Qur’anic healers, explicitly adds healing to this list when he asserts: ‘Healing is a type of *da‘wa* (*al-‘ilāg nu‘a min al-da‘wa*)’.³⁰ Healing is *da‘wa* not only because of the emphasis put on ‘correct’ therapeutic practices but also because of the import of ethical sensibilities in curing jinn afflictions or *wahm*, or creating a predisposition to them when missing. In this view, health is more than the absence of malady: it is a holistic state of the body, mind, and soul that only pious Muslims can fully embody. And healing itself becomes more than just the removal of the affliction (by exorcising the jinn or revealing the truth of *wahm*), it becomes a form of and a means to the cultivation of pious virtues.³¹

On this ethics-imbued understanding of health and healing hinges another of Shaykh Ibrahim’s criticisms of contemporary psy sciences, besides their materialistic rejection of jinn and jinn afflictions. For him, the reliance on psychopharmaceutical drugs in biological psychiatry makes it difficult to properly address patients’ problems in all their facets, including spiritual ones. Psychotherapy, on the other hand, is also insufficient in his view because it aims at unearthing intrapsychic conflicts, not at bringing the patient closer to God.

³⁰ For a slightly different, but resonant, connection between exorcism and *da‘wa*, see Spadola 2014, 119–36.

³¹ For other kinds of entanglements between piety and healing in the contemporary Middle East, see Dole 2012; Pandolfo 2009; Spadola 2014.

It is not surprising, hence, that while Shaykh Ibrahim acknowledges that patients are not fully transparent to themselves, he does not see his job to analyze the structure of the psyche and uncover unconscious conflicts. His role instead is to remove suggestion by revealing it for what it is, reorienting patients' dispositions, and facilitating the cultivation of virtues.

The framing of healing as *da'wa* creates particular responsibilities for Shaykh Ibrahim that elucidate his tendency to approach ethics only obliquely in healing sessions. When I asked him about this, he invoked the 'etiquette of *da'wa*' (*adab al-da'wa*), the ideal form this practice should take: a gentle reminder of one's blessings and guidance through concrete suggestions, not direct accusations, harsh criticisms, or blaming. Following this strategy, he often exhorts patients to compare their lives to those of destitute Egyptians, people living in war-torn countries, or people with disabilities. To remind his clients of their unacknowledged fortune, he frequently invokes the washing machine: 'You live in God's bounty without seeing it', he told one patient, 'having a washing machine is a blessing [*ni'ama*]. My mother laundered everything by hand. Could you do that?!

This example also points to how Shaykh Ibrahim connects ethics to the emergence of *wahm* itself. For him, most of his patients do not properly embody the ethical sensibilities that make a pious Muslim: gratefulness, humility, submission, steadfastness, and patience (Hirschkind 2006). Instead, they mostly exhibit their opposites: discontentment, desire for material goods, self-involvement, individualism, and despair. It is this deficit of ethical sensibilities and their replacement with this-worldly dispositions that creates a susceptibility to falling prey to the suggestion of healers and hence to *wahm*.

At the same time, Shaykh Ibrahim tethers his patients' weak pious constitutions to the socio-economic-political context in which they live. Frequently referring to Hosni Mubarak's regime, he maintained in our conversations that poverty, violence, economic woes, and injustice create 'psychological pressures' (*dughūt nafsīyya*) that impinge on the acquisition and cultivation of ethical dispositions in contemporary Egypt, opening the door to suggestion and *wahm*.³² For Shaykh Ibrahim, as for the healers Stefania Pandolfo (2009) worked with, the failures of religiosity are inextricably linked to the failures of society. Taken together, these failures translate into the affliction of *wahm*.

³² While the disastrous effects of Mubarak's regime were at the forefront of Shaykh Ibrahim's mind when I conducted my research in 2011–2012, the post-uprising period was also one of effervescent hope and optimism for him, as for other Qur'anic healers, during which they invoked and imagined a future in which their therapy will be officially recognized and institutionalized. This optimism was still tangible when I visited Cairo in Spring 2013, but was gone in 2016, three years after the military coup that ousted Muhammad Morsy, the first democratically elected and Islamist president.

Furthermore, the target of his criticism is not only a particular regime but the constitution of the ‘modern world’ (*al-‘ālam al-ḥadīth*) as a whole. This is a world defined by materialism, consumerism, and secularism, phenomena that all shape, in the evaluation of Shaykh Ibrahim, those dispositions that make believers vulnerable to *wahm*. While he never put it in these exact words, Shaykh Ibrahim’s reflections draw an image of modernity with its various ‘-isms’ as a form of illusion itself and of *wahm* as simultaneously an outcome and a manifestation of this illusory modernity. Yet, for Shaykh Ibrahim *wahm* also provides a lens to critique both modernity in general and life in today’s Egypt. An affliction emerging out of the intersection of Islamic and psy notions, *wahm* provides a third way out of the modernist dichotomy of jinn afflictions and mental disorders, expanding the domain of possible afflictions. In other words, *wahm* provides the perfect language for critiquing the ethical and conceptual predicaments of modernity in Egypt because it is itself an outcome of and a response to such predicaments.

Conclusion

Wahm is constituted as a distinct malady through the complex articulation of knowledges and practices that belong to two domains that many, including in Egypt, take as separate, despite their historically constituted entanglement: religion and psy sciences. Pertaining to both, *wahm* cannot be completely subsumed under either of the two; it is, to use Shaykh Ibrahim’s formulation, a ‘third’ that grows from the cracking of the binary of jinn afflictions/mental disorders dominating the therapeutic ecosystem of Qur’anic healing. By analyzing *wahm*, my aim is to contribute to discussions of interactions between medical traditions that question alleged fixed boundaries. Yet, *wahm* draws our attention to more than interactions. It alerts us to the concrete new formations to which these interactions give rise. It also points to the persistence of dichotomies and their generative force, a force that, paradoxically, can lead to their questioning and collapse. *Wahm* provides thus a language of critiquing binaries themselves and what they oppose. It offers a different, expanded way to think about suffering and healing that is not constrained by narrow understandings of either Islamic healing or psy disciplines, and that captures contemporary tensions and transformations across domains.

While *wahm* has emerged in present-day Egypt as a relatively stable object of practice and theory that has captured the attention of the public, its future remains unknown. Taking into account the wide array of forces and processes that have contributed to its formation, it is hard to predict if it will gain a stronger foothold in the future or if, like fugue, the transient malady Ian Hacking (1998) has studied, it will fall into oblivion. Despite its uncertain future, its analysis can open up scholarly examinations of ontology and the emergence of diseases to categories that sit at the crossroads of traditions of knowledge and practice. Such categories

carry the potential of multiplication in contexts defined by both the promises and failures of biomedicine and the persistence of traditional therapies, of which Egypt is but one example.

Additionally, my investigation of *wahm* shows that Shaykh Ibrahim's theorizations echo and manipulate scholarly interpretations and approaches: he reflects on the gendering of illness, he invokes the role of sociopolitical factors, and he strives to dismantle modernist binaries. Here, as in other situations encountered by anthropologists (Dole 2012; Ferguson 1999; Hamdy 2012), the division of labor between scholars and their interlocutors becomes blurred. As the theoretician of *wahm*, Shaykh Ibrahim is not simply an 'informant' whose practices and ideas are interpreted by the anthropologist but also an analyst of society in his own right. Foregrounding such local theorizations has been one of the goals of this article.

Acknowledgements

The research on which this article is based was financially supported by the Wenner-Gren Foundation for Anthropological Research, the National Science Foundation, and the Anthropology Department of the Graduate Center, City University of New York (CUNY). Earlier versions were presented at the Michigan Society of Fellows Colloquium and the Near Eastern Studies Lecture Series, University of Michigan. I thank the participants at both events for their questions and comments. Additionally I am grateful to Fadi Bardawil, Mariapaola Gritti, Kevin Ko, Zhiying Ma, Lamia Moghnieh, Nada Moutaz, Scott Selberg, and Yunus Telli for their engagement with various drafts of this article. Two anonymous reviewers have provided useful suggestions that improved the final version.

About the author

Ana Vinea received a PhD from the Graduate Center, CUNY, and is currently a postdoctoral fellow at the Michigan Society of Fellows and an assistant professor in the Near Eastern Studies Department, University of Michigan. An anthropologist of the Middle East, her work is situated at the intersection of medical anthropology and the anthropology of Islam. Her current book project, *Islam, Psychiatry, and the Dilemmas of Healing in Contemporary Egypt*, analyzes entanglements and contestations among revivalist and psychiatric conceptualizations of suffering, care, and expertise.

References

- American Psychiatric Association (APA). 2013. *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-IV-TR). Arlington, VA: American Psychiatric Association. <https://doi-org.proxy.lib.umich.edu/10.1176/appi.books.9780890425596.dsm09>.
- Asad, Talal. 1993. *Genealogies of Religion: Discipline and Reasons of Power in Christianity and Islam*. Baltimore, MD: The Johns Hopkins University Press.
- Behrouzan, Orkideh. 2016. *Prozak Diaries: Psychiatry and Generational Memory in Iran*. Stanford, CA: Stanford University Press.
- Bille, Mikkel. 2010. 'Seeking Providence through Things: The Word of God versus Black Cumin'. In *An Anthropology of Absence: Materializations of Transcendence and Loss*, edited by Mikkel Bille, Frida Hastrup, and Tim Flohr Soerenson, 167–84. New York: Springer.
- Boddy, Janice. 1989. *Wombs and Alien Spirits: Women, Men, and the Zār Cult in Northern Sudan*. Madison: The University of Wisconsin Press.
- Brown, Jonathan. 2011. *Salafis and Sufis in Egypt*. Washington, DC: The Carnegie Endowment for International Peace. http://carnegieendowment.org/files/salafis_sufis.pdf.
- Burke, Timothy. 1996. *Lifebuy Men, Lux Women: Commodification, Consumption, and Cleanliness in Modern Zimbabwe*. Durham, NC: Duke University Press.
- Coker, Elizabeth. 2009. 'Claiming the Public Soul: Representations of Qur'anic Healing and Psychiatry in the Egyptian Print Media'. *Transcultural Psychiatry* 46 (4): 672–94. <https://doi.org/10.1177/1363461509351390>.
- Crapanzano, Vincent. 1973. *The Hamadsha: A Study in Moroccan Ethnopsychiatry*. Berkeley: University of California Press.
- Daston, Lorraine, ed. 2000. *Biographies of Scientific Objects*. Chicago: The University of Chicago Press.
- Devereux, George. 1966. 'Cultural Factors in Hypnosis and Suggestion: An Examination of Some Primitive Data'. *International Journal of Clinical and Experimental Hypnosis* 14 (4): 273–91. <https://doi.org/10.1080/00207146608412970>.
- Didi-Huberman, Georges. (1982) 2003. *Invention of Hysteria: Charcot and the Photographic Iconography of Salpêtrière*. Cambridge, MA: The MIT Press.
- Dieste, Mateo. 2013. *Health and Ritual in Morocco: Conceptions of the Body and Healing Practices*. Leiden: Brill.
- Dole, Christopher. 2012. *Healing Secular Life: Loss and Devotion in Modern Turkey*. Philadelphia: University of Pennsylvania Press.
- Dols, Michael. 1992. *Majnūn: The Madman in Medieval Islamic Society*. Oxford: Clarendon Press.
- Dominguez Diaz, Marta. 2014. *Women in Sufism: Female Religiosities in a Transnational Order*. London: Routledge.

- Doumato, Eleanor. 2000. *Getting God's Ear: Women, Islam, and Healing in Saudi Arabia and the Gulf*. New York: Columbia University Press.
- El-Kholy, Heba. 2004. 'A Discourse of Resistance: Spirit Possession among Women in Low-income Cairo'. In *Health and Identity in Egypt*, edited by Hania Sholkamy and Farha Ghannam, 24–41. Cairo: The American University in Cairo Press.
- El Shakry, Omnia. 2007. *The Great Social Laboratory: Subjects of Knowledge in Colonial and Postcolonial Egypt*. Stanford, CA: Stanford University Press.
- El Shakry, Omnia. 2017. *The Arabic Freud: Psychoanalysis and Islam in Modern Egypt*. Princeton, NJ: Princeton University Press.
- El-Zein, Amira. 2009. *Islam, Arabs, and the Intelligent World of Jinn*. Syracuse, NY: Syracuse University Press.
- Ellenberger, Henri. 1970. *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*. New York: Basic Books.
- Engelke, Matthew. 2010. 'Religion and the Media Turn: A Review Essay'. *American Ethnologist* 37 (2): 371–79. <https://doi.org/10.1111/j.1548-1425.2010.01261.x>.
- Ewing, Katherine. 1994. *Arguing Sainthood: Modernity, Psychoanalysis, and Islam*. Durham, NC: Duke University Press.
- Fassin, Didier, and Richard Rechtman. 2009. *The Empire of Trauma: An Inquiry into the Condition of Victimhood*. Princeton, NJ: Princeton University Press.
- Ferguson, James. 1999. *Expectations of Modernity: Myths and Meanings of Urban Life on the Zambian Copperbelt*. Berkeley: University of California Press.
- Flueckiger, Joyce. 2006. In *Amma's Healing Room: Gender and Vernacular Islam in South Asia*. Bloomington: Indiana University Press.
- Gauld, Alan. 1992. *A History of Hypnotism*. Cambridge: Cambridge University Press.
- Gauvin, Richard. 2013. *Salafi Ritual Purity: In the Presence of God*. London: Routledge.
- Good, Byron. 1977. 'The Heart of What's the Matter: The Semantics of Illness in Iran'. *Culture, Medicine and Psychiatry* 1 (1): 25–58. <https://doi.org/10.1007/BF00114809>.
- Greenwood, Bernard. 1992. 'Cold or Spirits? Ambiguity and Syncretism in Moroccan Therapeutics'. In *The Social Basis of Health and Healing in Africa*, edited by Steven Feierman and John Janzen, 285–314. Berkeley: University of California Press.
- Gunning, Tom. 2008. 'Invisible Worlds, Visible Media'. In *Brought to Light: Photography and the Invisible, 1840–1900*, edited by Corey Keller, 51–63. San Francisco, CA: San Francisco Museum of Art and Yale University Press.
- Hacking, Ian. 1995. *Rewriting the Soul: Multiple Personality and the Science of Memory*. Princeton, NJ: Princeton University Press.
- Hacking, Ian. 1998. *Mad Travelers: Reflections on the Reality of Transient Mental Illnesses*. Cambridge, MA: Harvard University Press.
- Hamdy, Sherine. 2012. *Our Bodies Belong to God: Organ Transplants, Islam, and the Struggle for Human Dignity in Egypt*. Berkeley: University of California Press.

- Harrington, Anne. 2008. *The Cure Within: A History of Mind-Body Medicine*. New York: W. W. Norton and Company.
- Hirschkind, Charles. 2006. *The Ethical Soundscape: Cassette Sermons and Islamic Counterpublics*. New York: Columbia University Press.
- Inhorn, Marcia. 1996. *Infertility and Patriarchy: The Cultural Politics of Gender and Family Life in Egypt*. Philadelphia: University of Pennsylvania Press.
- Kennedy-Day, Kiki. 2003. *Books of Definition in Islamic Philosophy: The Limits of Words*. London: RoutledgeCurzon.
- Kraidy, Marwan, and Joe Khalil. 2009. *Arab Television Industries*. London: Palgrave Macmillan.
- Langford, Jean. 2002. *Fluent Bodies: Ayurvedic Remedies for Postcolonial Imbalances*. Durham, NC: Duke University Press.
- Langwick, Stacey. 2011. *Bodies, Politics, and African Healing: The Matter of Maladies in Tanzania*. Bloomington: Indiana University Press.
- Lauzière, Henri. 2016. *The Making of Salafism: Islamic Reform in the Twentieth Century*. New York: Columbia University Press.
- Livingston, Julie. 2013. *Improvising Medicine: An African Oncology Ward in an Emerging Cancer Epidemic*. Durham, NC: Duke University Press.
- MacDonald, D. B. 1922. 'Wahm in Arabic and Its Cognates'. *Journal of the Royal Asiatic Society of Great Britain and Ireland* 54 (4): 505–21.
- Mahmood, Saba. 2005. *Politics of Piety: The Islamic Revival and the Feminist Subject*. Princeton, NJ: Princeton University Press.
- Mayers, Marilyn. 1984. 'A Century of Psychiatry: The Egyptian Mental Hospitals'. PhD diss., Princeton University.
- Meijer, Roel, ed. 2009. *Global Salafism: Islam's New Religious Movement*. New York: Columbia University Press.
- Minuchin, Salvador. 1974. *Families and Family Therapy*. Cambridge, MA: Harvard University Press.
- Mittermaier, Amira. 2011. *Dreams That Matter: Egyptian Landscapes of the Imagination*. Berkeley: University of California Press.
- Mol, Annemarie. 2002. *The Body Multiple: Ontology in Medical Practice*. Durham, NC: Duke University Press.
- Pandolfo, Stefania. 2008. 'The Knot of the Soul: Postcolonial Conundrums, Madness, and the Imagination'. In *Postcolonial Disorders*, edited by Mary-Jo DelVecchio Good, Sandra Hyde, Sarah Pinto, and Byron Good, 329–58. Berkeley: University of California Press.
- Pandolfo, Stefania. 2009. "'Soul Choking': Maladies of the Soul, Islam, and the Ethics of Psychoanalysis'. *UMBR(a): A Journal of the Unconscious*: 71–103.
- Scheid, Volker. 2002. *Chinese Medicine in Contemporary China: Plurality and Synthesis*. Durham, NC: Duke University Press.
- Sengers, Gerda. 2003. *Women and Demons: Cult Healing in Islamic Egypt*. Leiden: Brill.

- Spadola, Emilio. 2014. *The Calls of Islam: Sufis, Islamists, and Mass Mediation in Urban Morocco*. Bloomington, Indiana: Indiana University Press.
- World Health Organization (WHO). 2006. *WHO-AIMS Report on Mental Health System in Egypt*. Cairo: WHO and Ministry of Health Egypt.
- Zadeh, Travis. 2014. 'Commanding Demons and Jinn: The Sorcerer in Early Islamic Thought'. In *No Tapping around Philology: A Festschrift in Honor of Wheeler McIntosh Thackston Jr.'s 70th Birthday*, edited by Alireza Korangy and Daniel Sheffield, 131–60. Weisbaden: Harrassowitz Verlag.