

ARTICLE

Possessed or Insane? Diagnostic Puzzles in Contemporary Egypt

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Introduction

“At the heart of this topic is a puzzle (*lughz*),” my long-term friend and interlocutor Ahmad often said.¹ I long thought Ahmad’s interest in questions of disease at the intersection of psychiatry and Islam was only intellectual until I learned about one of his cousins’ past ailments. A skillful narrator, Ahmad had colorful ways of depicting that puzzle. “Imagine,” he once told me, “a young pious woman, a college student. Suddenly, she stops praying and studying, is morose, even aggressive sometimes. She locks herself in her room when she does not wander the streets, disappearing for hours. The family is worried, and they wonder: what is the problem?” Switching the tone from evocative to analytic, Ahmad continued: “In Egypt, when it comes to symptoms like seizures, hallucinations, and sudden behavioral changes, people use one of two main diagnoses: jinn possession (*mass al-jinn*) or mental illness (*marad nafsī*). The young woman is either possessed or insane.” Ahmad’s appeal to the imagination worked, as I came to think of Wittgenstein’s famous duck-rabbit image that can alternatively be seen as a duck or a rabbit, with the duck’s beak appearing as the rabbit’s ears and vice versa.²

In this suggestive way, Ahmad gives voice here to a broader societal concern with the correct diagnosis of certain psychological, physical, and behavioral symptoms and with the relationship between two main diagnostic categories: mental disorders and spirit possession, caused by invisible beings known in Islamic cosmology as jinn. This diagnostic quandary first and foremost implicates patients and their families, joined by psychiatrists and Islamic healers, the therapeutic experts who treat these afflictions. However, beginning with the last two decades of the twentieth century, questions centered on the diagnostic pair of jinn possession and mental disorder have gained more visibility, stirring public debates. On television screens, in print media, and online, mental health professionals and Islamic healers, alongside journalists, religious scholars, and members of the public, have discussed, and often clashed over, this diagnostic pair. A specific group of Islamic healers have been at the center of these debates, as active participants and targets of critique alike. These are the practitioners of a revivalist therapy of jinn exorcism locally known as Qur’anic healing (*al-‘ilāq bi-l-Qur’ān*), which has itself emerged since the 1980s as a distinct orientation within a larger landscape of Islamic therapies. Linking Islamic and medical domains of knowledge and practice, discussions of the jinn possession/mental disorder diagnostic pair have been about more than just these categories. On the background of intersecting transformations

¹ I use pseudonyms to protect my interlocutors’ anonymity. I have also modified and/or omitted some identifying details. I transliterate the Arabic letter *ḡ* as the colloquial “g” when emphasizing local terminology.

² Ludwig Wittgenstein, *Philosophical Investigations*, trans. G. E. M. Anscombe, 3rd ed. (Oxford, UK: Blackwell Publishing, 2001), 165–66.

in medical, religious, and media domains, these debates have expanded to broader questions about suffering and care, expertise and authority, becoming an avenue to reflect upon Egyptian society in a period of profound social and political change.

The dialectic between medical and occult etiologies of suffering and mechanisms of cure extends beyond Egypt and the present. From miraculous healing at Lourdes in the French Third Republic to hearing voices in the contemporary US, these dynamics pertain to wider challenges posed to various therapeutic approaches by authoritative configurations of biomedicine and its attached visions of reality, knowledge, and the subject.³ This makes such medical/occult relationships simultaneously global and local, influenced by transnational formations of medicine with its imbrications in governing structures and simultaneously rooted in local curative traditions with their own histories. The force of this pairing is reflected in its imaginative grasp; it has become part of the global mass entertainment industry being depicted in a variety of films from contrasting angles.⁴

In this article, I take Ahmad's description of the puzzle of jinn possession/mental disorder as the start of my inquiry. Yet, unlike Ahmad, I do not approach it as a puzzle to solve—is it jinn possession or mental disorder? Instead, I seek to understand the social life of this diagnostic pair, the way it is lived and debated in Egypt, and the stakes that are attached to it. In this way, I attempt to uncover why it does sometimes appear as a puzzle to some Egyptians, but not to others, and why trying to solve it is considered a worthy pursuit by some, but not by everyone.

Drawing on eighteen months of anthropological research conducted in Cairo in 2011–12, this article traces the various ways in which the relationship between the two diagnostic categories in the jinn possession/mental disorder pair has been imagined and formulated in different contexts and among differently situated actors.⁵ I begin with the pair's public life, showing how it has frequently been framed as a dichotomy, an opposition between two mutually exclusive categories, although an unstable one. Then, I take a detour to trace the historical and present conditions of possibility that have first created the pair in its modern shape in the nineteenth century, and later increased debates around it, in the last decades of the twentieth century. In the article's third part, I show how in the practices of Qur'anic healers, the revivalist therapists at the forefront of public debates, the jinn possession/mental disorder pair loses its dichotomous shape to become a dilemma, a diagnostic decision between two equally valid conditions. Finally, I illustrate how patients and their families, while influenced by public discourses, primarily approach the jinn possession/mental disorder pair as a practical and existential issue, opening a space for the coexistence of the two diagnoses and for their critique.

Moving across these ethnographic sites and scales brings to light the different shapes that the jinn possession/mental disorder pair takes, its gradual softening as it moves from public discourse to revivalist healing practices to patients' lives. Adopting this analytic lens reveals the generative work of public debates in shaping practices and opinions as well as the limits of these dichotomous framings. It also shows how the preoccupation with these two diagnostic categories, no matter if their relationship is envisioned as a dichotomy or a dilemma, works to obscure the socioeconomic and political understanding of suffering that many patients adopt. These various valances of the jinn possession/mental disorder pair,

³ Jason Szabo, "Seeing Is Believing? The Form and Substance of French Medical Debates over Lourdes," *Bulletin of the History of Medicine* 76, no. 2 (2002): 199–230; T. M. Luhrmann, *When God Talks Back: Understanding the American Evangelical Relationship to God* (New York: Alfred A. Knopf, 2012).

⁴ The most emblematic Hollywood example is *The Exorcist* (William Friedkin, 1973).

⁵ This main period of research was preceded and followed by shorter visits in 2008, 2013, and 2016. The broader research on which this article is based focused on healing dilemmas at the intersection of Islam and psychiatry through an analysis of the practices of and debates around revivalist Qur'anic healing. Mixing interviews, observations, and textual analysis of printed and audiovisual materials, the research included several groups of interlocutors: Qur'anic healers, mental health professionals, patients, religious scholars, and other Egyptians interested in this topic.

ontological, epistemological, and political, are exposed through an analytic frame that traces the pair's social life across multiple contexts.

This approach also reveals the complex ways in which the different actors involved in practices and discourses around the jinn possession/mental disorder pair connect, and sometimes disconnect it, from the broader categories of Islam and modern science.⁶ In this way, the article highlights both the instability of what locally counts as “Islam” and as “science,” even the occasional irrelevance of these categories, as well as the continuous work of some local actors to define the terms and distinguish them; in other words, to maintain the distinction.

A recent turn in the anthropology and historiography of Islam and science has shifted the emphasis from ruptures and epistemological conflicts to intersections and entanglements between these two domains.⁷ Within this trend, the work of Stefania Pandolfo and Omnia El Shakry has questioned the presumed separation of Islam and psy-sciences, especially psychoanalysis, highlighting instead their multilayered resonances.⁸ This renewed attention to Islam/science interactions builds on broader analyses across multiple fields—religion, secularism, and science studies—that have convincingly demonstrated that the religious, the scientific, and the secular are not a priori domains of knowledge and practice, but changing ones relative to how variously situated social actors understand and employ them, across societies and historical periods.⁹

As in this body of work, I equally approach “Islam” and “science” not as fixed and opposed domains, but as unstable ones, whose content and relationship are not predetermined, but constantly in the making, a conceptual approach that allows for interactions and intersections between these domains to come to life. Yet, this analytic perspective also brings to life the coexistence of such entanglements with the local desire, of certain actors, in certain moments, to demarcate and separate the domains of Islam, science, and superstition. This article, then, reveals a complex ethnographic configuration that is neither fully subsumed under modernist dichotomies like religion/science, nor completely free of them. In this configuration modernist ideals, such as the separation of spheres of knowledge like religion and medicine, have weakened under the force of contestations, yet have not yet come to pass, continuing to exert a certain ideological pull.

Public Dichotomies

The public presence of the jinn possession/mental disorder pair became obvious to me early on during my field research in Cairo. As soon as acquaintances and friends learned about my interest in this topic, they immediately recommended I watch certain TV shows—talk shows, most frequently, but also docudramas and religious programming. Soon, I found myself collecting and cataloguing such televised representations, an archiving practice that I later learned some Qur'anic healers themselves were also engaged in. That my interlocutors first directed me to television speaks to the effects of the so-called satellite revolution in the region. The liberalization of the Arab mediascape beginning with the late 1990s has translated into a multiplication of channels and diversification of programming, with new

⁶ Unless otherwise specified, “science” henceforth refers to “modern science.” The semantic and pragmatic meanings of the word “science” and of its Arabic counterpart *‘ilm* have changed over the centuries. For a discussion of such transformations in relation to *‘ilm*, see Marwa Elshakry, *Reading Darwin in Arabic, 1860–1950* (Chicago: University of Chicago Press, 2013).

⁷ Noah Salomon, “Science and the Soul: An Introduction,” *The Immanent Frame*, September 27, 2018, <https://tifer.ssrc.org/2018/09/27/science-and-the-soul-introduction/>.

⁸ Stefania Pandolfo, *Knot of the Soul: Madness, Psychoanalysis, Islam* (Chicago: University of Chicago Press, 2018); Omnia El Shakry, *The Arabic Freud: Psychoanalysis and Islam in Modern Egypt* (Princeton, NJ: Princeton University Press, 2017).

⁹ For instance, see Ian Hacking, *The Social Construction of What?* (Cambridge, MA: Harvard University Press, 1999); Talal Asad, *Formations of the Secular: Christianity, Islam, Modernity* (Stanford, CA: Stanford University Press, 2003); and Peter Harrison, *The Territories of Science and Religion* (Chicago: University of Chicago Press, 2015).

types of religious discourse, political debates, and forms of entertainment vying for viewership.¹⁰ In this context, satellite television became another medium, alongside print, for the circulation of representations of jinn and jinn practices, part of a broader trend of mediatizing the unseen.¹¹ Watching such instances of jinn on-screen, it soon became clear to me that they are quite diverse: some, organized by Qurʾanic healers, pedagogically detail types of jinn possession and principles of jinn exorcism, others take a more sensationalist approach by airing live exorcisms, and yet others present jinn possession and the emergent practice of Qurʾanic healing as contested phenomena.

It is especially this latter type of televised representations that showcases the jinn possession/mental disorder diagnostic pair. Following a talk-show format, they typically stage a debate between sides: pro and contra the reality of jinn possession, and, by extension, pro and contra the revivalist practice of Qurʾanic healing. In these shows, the jinn possession/mental disorder pair appears as a dichotomy, an opposition between mutually exclusive affliction categories. Their format is cued by their titles: “Qurʾanic Healing between Illusion and Truth” (al-ʿAlaj bi-l-Qurʾan bayna al-Wahm wa-l-Haqiqa), “A Heated Debate around Qurʾanic Healing” (Munazara Sakhina hawl al-ʿAlaj bi-l-Qurʾan), or “The Influence of Magic and Jinn between Denial and Certitude” (Taʾthir al-Sihr wa-l-Jinn bayna al-Inkar wa-l-Ithbat).¹² If my interlocutors most often mentioned shows such as these, the jinn possession/mental disorder pair circulates in the Egyptian public sphere beyond television screens; it can be encountered in print media, it is invoked by some psychiatrists in their writings, and it is also included in cinematic representations.¹³

One TV show that has made an impression on many of my interlocutors, judging by how often they mentioned it, was a three-part installment of the talk show *Egypt Today* (*Masr al-Naharda*), which aired on the Egyptian satellite TV channel al-Misriyya in March 2010. The show is illustrative of how the jinn possession/mental disorder pair has circulated on television screens in the past decades, exemplifying both the dichotomous shape the pair takes, and how slippery this binary framing is.

Entitled “The Truth of Jinn Possession” (Haqiqat Mass al-Jinn), the show brought together into the studio alongside Mahmud Saʿd, the host and a well-known media figure and journalist, three invited guests: Shaykh Khaled al-Guindi, a member of the Supreme Council for Islamic Affairs as well as a media figure active on al-Azhar’s satellite channel; a revivalist Qurʾanic healer, Shaykh Ibrahim ʿAbd al-ʿAlim; and a professor of psychiatry at Cairo University, Dr. Saʿid ʿAbd al-ʿAzim. As the title suggests, the show raised the question of the occurrence of jinn possession, its “truth,” bracketing that of the existence of jinn themselves, a strategy that dominates public discussion of jinn possession. In the impassioned debate, it was clear where the dividing line fell. On one side, the healer affirmed that jinn possession does happen, and its treatments are valid and rooted in sunna, the Prophet’s practice. On the other side, all other participants, including the host himself,

¹⁰ Marwan Kraidy and Joe Khalil, *Arab Television Industries* (London: Palgrave Macmillan, 2009); Dale F. Enckelman and Jon W. Anderson, eds., *New Media in the Muslim World: The Emerging Public Sphere* (Bloomington, IN: Indiana University Press, 1999).

¹¹ On presentations of the jinn in print, see Barbara Drieskens, *Living with Djinn: Understanding and Dealing with the Invisible in Cairo* (London: Saqi, 2008), 57–64. On other aspects on the unseen on-screen, see Amira Mittermaier, *Dreams That Matter: Egyptian Landscapes of the Imagination* (Berkeley, CA: University of California Press, 2011).

¹² The first is an episode of the show *al-Mahkama* (*The Court*), aired in 2011 on the channel al-Nas, and the second of *Mahkama al-Ulama* (*The Religious Scholars’ Court*), aired in 2012 on the channel al-Hafiz. The third one consisted of two episodes of *The Middle Path* (*al-Wasatiyya*), a program organized and presented by Tariq al-Suwaydan, a well-known Kuwaiti Islamic scholar, Muslim Brotherhood supporter, and media personality, on the channel al-Resala. A Qurʾanic healer shared in 2012 a now removed YouTube link to this show that did not specify when it was aired.

¹³ For representations of Qurʾanic healing and psychiatry in the press, see Elizabeth Coker, “Claiming the Public Soul: Representations of Qurʾanic Healing and Psychiatry in the Egyptian Print Media,” *Transcultural Psychiatry* 46 (2009): 672–94. Two examples of films that have addressed the jinn possession/mental disorder pair are *The Humans and the Jinns* (*al-Ins wa-l-Jinn*, Muhammad Radi, 1985) and *The Blue Elephant* (*al-Fil al-Azraq*, Marwan Hamid, 2014, 2019).

denied the occurrence of possession and argued that most such cases are mental disorders, especially schizophrenia or other mental disorders with psychotic features. Claiming otherwise, they maintained, is a categorical mistake, a misrecognized etiology.

Approaching the jinn possession/mental disorder pair in this circuitous way, as this show and similar ones do, is based on the reasoning that knowing with certainty whether the jinn can possess people or not is the key to solving the diagnostic puzzle. This framing implicates the religious in what some in Egypt take as a medical question. Yet, the status of jinn possession in the Islamic tradition complicates, instead of solving, the conundrum.

Created by God from fire and dwelling in an invisible realm parallel to ours as the Qur'an states, the jinn have not only been doctrinally elaborated in Islamic thought, but also richly imagined and experienced by Muslims in their daily lives. They are both alike and unlike humans. They have families, love, hate, or are jealous, and have different religions and genders. Yet, jinn also possess extraordinary abilities; allegedly, they can travel at light speed, have knowledge of the future, and can embody various forms. The jinn's relationship with humans is complicated: the evil ones equated in the Qur'an with demons can harm us, but most are mischievous, like naughty children who love pranks. With humans living alongside invisible beings, unintended accidents, for which jinn might seek revenge, are bound to happen.¹⁴ As an uncontested part of Islamic cosmology, few Muslim scholars throughout the centuries have explicitly denied or questioned jinn existence. Jinn's empirical manifestations, however, particularly their ability to possess humans has been disputed and remains an unsettled question within the Islamic tradition, despite the unflinching positions, either way, of individual scholars.¹⁵

The existence of such opposing stances toward the occurrence of jinn possession was vividly illustrated by the clash between the Qur'anic healer and the al-Azhar-based religious scholar in *Egypt Today*. To support their interpretations each employed standard ways of reasoning in the Islamic tradition—invoking textual indicants from the Qur'an and hadith and the opinions of past religious scholars. Where they parted ways was on how to interpret these texts, each party echoing positions with long-standing genealogies in the Islamic tradition. Incidentally, by highlighting the contrast between these two positions, the show's host implies that the state's religious establishment represented by Shaykh Khaled al-Guindi rejects the reality of jinn possession, even if such a clear-cut stance was never taken by the institution.

The two parted ways on something else too: on how such religious proofs relate to the evidence provided by modern science (*al-ilm al-ḥadīth*), especially biomedicine and psychiatry.¹⁶ The Qur'anic healer maintained that revealed texts exceed medical knowledge, but because the latter is continuously progressing, the truth of possession is a medical discovery waiting to happen. In contrast, Shaykh Khalid al-Gindi argued that possession is supported neither by religious texts, nor by science. The psychiatrist backed this latter position, further contending that only biomedicine and psychiatry have the authority to speak about the human body and mind, respectively. In such TV shows, state-supported Islam and state-approved medical practice are presented as joining hands to deny the occurrence of jinn possession.

Yet, and despite participants' efforts, approaching the jinn possession/mental disorder dichotomy from the angle of the reality of possession does not solve the puzzle in favor of one or the other diagnosis. Instead, it leaves the binary "either...or" (*yā imā...yā imā*) in

¹⁴ For an overview of jinn in the Islamic world, see Amira El-Zein, *Islam, Arabs, and the Intelligent World of Jinn* (Syracuse, NY: Syracuse University Press, 2009).

¹⁵ For a brief overview of such positions, see Alireza Doostdar, *The Iranian Metaphysicals: Explorations in Science, Islam, and the Uncanny* (Princeton, NJ: Princeton University Press, 2018).

¹⁶ In the discourses I analyze in this article, psychiatry, framed as a modern science, is reduced to biological psychiatry, which dominates clinical psychiatric practice in Egypt. Discussions of other psy-approaches, which are present if not prominent, are not included. On the somatic orientation of modern Egyptian psychiatry since the nineteenth century, see Marilyn Mayers, "A Century of Psychiatry: The Egyptian Mental Hospitals" (PhD diss., Princeton University, 1984).

abeyance with the ultimate effect of reinforcing it, maintaining the two categories in a dichotomous embrace. What this framing also does is link the diagnostic pair to religion and science, although not in a one-to-one correspondence. Here jinn possession does not simply stand for “Islam,” but only for one contested interpretation; mental disorders are embraced by Muslim scholars; Qur’anic healers insist that jinn possession could, in time, become a medical category; and psychiatrists articulate opinions about both science and religion.

The stakes of these debates are higher than just the diagnostic “puzzle” of jinn possession/mental disorder. They raise ontological questions about what entities exist in the world and what causes ailments, as well as epistemological questions about who has the knowledge and authority to treat afflictions. In that sense, such public discussions take the jinn possession/mental disorder pair as a springboard for engaging in what I call “reality debates,” contentious discussions about the nature of the world and our knowledge of and interactions with it. In these debates the issues of what counts as “Islam” and “science,” respectively, of what phenomena and practices each category can claim rightfully as theirs, and of how to separate these domains are central. The salience of these debates shows how in contemporary Egypt the division between science, in this case medical science, and religious healing is not fixed, but constantly under question, a fluidity that increases the desire and multiplies the attempts to reinforce the boundary between these domains.

Historical Trajectories

If in the past decades, the jinn possession/mental disorder pair has widely circulated in the public sphere, the question that remains is, What are the conditions of possibility that have afforded it increased visibility in this specific historical moment?

The issue of possession has always been an undetermined one in Islamic history inviting different positionings among religious figures and medical practitioners. Similarly, insanity was complexly understood in medieval times encompassing medical notions of humors and temperaments, passionate love, as well as jinn possession which some saw as a cause of insanity.¹⁷ What was absent during that time, however, was a consistent distinction between two opposed diagnostic categories, jinn possession and mental disorder, with their attendant spheres of practice and expertise.

It was the advent of Western-inspired medicine and psychiatry in the nineteenth century in the region that led to the reshaping of the medical field and the reframing of a host of long-standing healing practices, including those centered on the jinn, as inherently unscientific.¹⁸ In this process, medical professionals and other modernizers were joined by Muslim scholars concerned with defending Islam against Orientalist attacks that framed it as irrational and opposed to modern science.¹⁹ The latter’s concern has also led to the increasing marginalization away from the center of Islamic intellectual life of various occult sciences, on which many therapies drew.²⁰ In an incipient biopolitical governance, such therapies were not just relabeled as “superstitious” (*khurāfi*); they were also pushed outside state-sanctioned legitimacy by allowing only officially trained and state-recognized

¹⁷ For a comprehensive discussion of madness in medieval Islam, see Michael Dols, *Majnūn: The Madman in Medieval Islamic Society*, ed. Diana Immisch (Oxford, UK: Clarendon Press, 1992).

¹⁸ For instance, see Khaled Fahmy, “Medicine and Power: Towards a Social History of Medicine in Nineteenth-Century Egypt,” *Cairo Papers in Social Science* 23, no. 2 (2000): 1–45; and Ellen Amster, *Medicine and the Saints: Science, Islam, and the Colonial Encounter in Morocco, 1877–1956* (Austin, TX: University of Texas Press, 2013).

¹⁹ On the reformist school (*madrasat al-islāh*) that was especially active in this regard, see Albert Hourani, *Arabic Thought in the Liberal Age, 1798–1939* (Oxford, UK: Oxford University Press, 1970). See also Sherine Hamdy, “Blinding Ignorance: Medical Science, Diseased Eyes, and Religious Practice in Egypt,” *Arab Studies Journal* 12–13, nos. 1–2 (2004–5): 26–45.

²⁰ Matthew Melvin-Kouski, “Is (Islamic) Occult Science Science?” *Theology and Science* 18, no. 2 (2020): 303–24.

physicians to practice medicine.²¹ Yet, as scholars have demonstrated, such modernizing efforts are never fully complete or devoid of contradictions.²² So-called traditional therapies (*‘ilājāt taqlidiyya*), another term that was forged through these transformations, not explicitly outlawed or regulated by the state, have survived, changed, and even flourished.²³

It was not only the modernist reframing of jinn possession as superstition during the nineteenth century that is significant, but also its pairing with mental disorders as the supposedly correct diagnosis, Islamically and scientifically.²⁴ Since then, and throughout the twentieth century, the two categories have been constant, if unwilling, companions, each a shadowing presence for the other. From the last decades of the twentieth century till the present, several phenomena have intersected to intensify discussions about affliction and healing in relation to Islam and psychiatry with the effect of further pushing the jinn possession/mental disorder pair into the limelight.

The Islamic revival, which since the 1970s has attempted to reshape society along pious lines and has increased reflection on the role of religion in daily life, left its impact on medical realms as well.²⁵ The emergence of Qur’anic healing itself, the type of therapy whose practitioners have been most active in the public debates I discussed above, is part and parcel of this broader religious movement. It is specifically linked to the Salafi strand of the revival known for its followers’ concern with “religiously correct” practices and beliefs in all aspects of life.²⁶ It is out of this concern that, beginning with the 1980s, some Salafis turned to healing as a domain rife with un-Islamic practices and hence in need of reform.²⁷ With that goal, these Salafi-oriented Qur’anic healers have embarked on a project of separating the permitted from the unpermitted within the vast array of Islamic therapeutic practices employed in Egypt.²⁸ Their attempt to create an exclusively orthodox jinn therapy, rooted in the Qur’an and sunna and based on jinn exorcism, was paired, in a process of boundary making, with labeling other therapeutic practices as unorthodox and superstitious.²⁹

²¹ “Law no. 415 from 1954 concerning the Practice of the Medical Profession,” *al-Waqa’i‘a al-Misriyya*, no. 58, July 22, 1954.

²² For an example, see On Barak, *On Time: Technology and Temporality in Modern Egypt* (Berkeley, CA: University of California Press, 2013), 85–114.

²³ Numerous anthropological studies attest to this continuity. For an overview, see Hania Sholkamy, “Conclusion: The Medical Cultures of Egypt,” in *Health and Identity in Egypt*, ed. Hania Sholkamy and Farha Ghannam (Cairo: American University in Cairo Press, 2004), 111–28.

²⁴ For an early example of such discourse, see John Walker, *Folk Medicine in Modern Egypt: Being the Relevant Parts of the Ṭibb al-Rukka or Old Wives’ Medicine of ‘Abd al-Rahmān Ismā‘il* (London: Luzac, 1934). See also Beverly A. Tsacoyianis, *Disturbing Spirits: Mental Illness, Trauma, and Treatment in Modern Syria and Lebanon* (Notre Dame, IN: University of Notre Dame Press, 2021).

²⁵ For instance, see Soheir Morsy, “Islamic Clinics in Egypt: The Cultural Elaboration of Biomedical Hegemony,” *Medical Anthropology Quarterly* 2, no. 4 (1988): 355–69; and Sherine Hamdy, *Our Bodies Belong to God: Organ Transplants, Islam, and the Struggle for Human Dignity in Egypt* (Berkeley, CA: University of California Press, 2012).

²⁶ Roel Meijer, ed., *Global Salafism: Islam’s New Religious Movement* (New York: Columbia University Press, 2009). The presence of Salafism in Egypt predates the Islamic revival even if the movement gained more visibility in the latter context. On Salafism in Egypt, see Aaron Rock-Singer, *In the Shade of the Sunna: Salafi Piety in the Twentieth-Century Middle East* (Berkeley, CA: University of California Press, 2022).

²⁷ On the Salafism of Qur’anic healing, see Ana Vinea, “‘What Is Your Evidence?’ A Salafi Therapy in Contemporary Egypt,” *Comparative Studies of South Asia, Africa, and the Middle East* 39, no. 3 (2019): 500–512. On Salafi-influenced healers in other countries, see Emilio Spadola, *The Calls of Islam: Sufis, Islamists, and Mass Mediation in Urban Morocco* (Bloomington, IN: Indiana University Press, 2014).

²⁸ In scholarly literature, the term “Qur’anic healing” is often used to refer to Islamic therapeutic engagements broadly. Here, following Egyptian usage (which has its own inevitable variations and inconsistencies), I use Qur’anic healing more narrowly to designate this specific Salafi-oriented therapy.

²⁹ Qur’anic healers direct most of their critiques to amulets, Sufi-inflected therapies, and the *zār* ritual based on the appeasement of jinn, which is rejected as unpermitted. Certainly, such therapeutic forms and orientations did not disappear; they are, however, relatively less present in public debates. For an overview of therapeutic engagements with the jinn in Egypt, see Drieskens, *Living with Djinn*; and Gerda Sengers, *Women and Demons: Cult Healing in Islamic Egypt* (Leiden Brill, 2003). For the *zār* ritual, see Hager El Hadidi, *Zar: Spirit Possession, Music, and Healing Rituals in Egypt* (Cairo: American University in Cairo Press, 2016).

These claims of healing orthodoxy have gained increasing publicity due to Qurʾanic healers' savvy employment of mass dissemination tools—first print media beginning with the 1980s, especially books and booklets on the therapy, and then later, satellite television with shows aired on Salafi channels detailing the principles of Qurʾanic healing.

In turn, this mass mediatization has stirred secular and religious anxieties, incentivizing critics of Qurʾanic healing—psychiatrists, some al-Azhar scholars like Shaykh Khalid al-Gindi, and secular intellectuals—to voice their opposition, including on television. Moreover, in the same period, various transformations within the psychiatric field heightened both these professionals' concern with questions of religiosity and the public's awareness of psychiatric practice. The Islamic revival did not leave the psychiatric field untouched. In the 1990s as part of the wider trend of the "Islamization of science and knowledge," some religious-oriented psychiatrists voiced their concerns with the Western roots of the discipline and argued for the creation of an Islamically attuned psychiatric practice.³⁰ Meanwhile, the erosion of the public health system that had started with Sadat's liberalization policies in the 1970s struck particularly hard the already underfunded mental health infrastructure.³¹ Reports of crowding, neglect, even abuse have occasionally made the press, drawing attention to the state of public psychiatry.³² In parallel, as my interlocutors among psychiatrists claimed, the period 2000–10 saw a gradual increase, particularly in urban areas, in the public's familiarity with psy-languages and awareness of mental disorders, aided by state-sponsored anti-stigma campaigns and psychiatrists' presence on satellite television.

If the jinn possession/mental disorder pair's public prominence in the past decades arises from the confluence of these changes in religious, medical, and media realms, it is also linked to the fact that it is "good to think with," as anthropologists like to say. The pair's import extends beyond the previously mentioned onto-epistemic questioning to reflect larger concerns about the progress of society and the formation of citizens.

The *Egypt Today* TV show is a good illustration of this kind of discourse. Mobilizing tropes that date back to the nineteenth century, Shaykh Khalid al-Gindi, the al-Azhar scholar, framed the idea of jinn possession not just as a faulty religious interpretation and medical diagnosis, but also as a societal problem. He deprecated Egyptians for spending "thousands of pounds" in a delusional search for cures to the enrichment of healers, charlatans really. Most of all, he was troubled by the alleged recent increase in the popularity of jinn practices among the "educated class" (*ṭabaqāt al-mutaʿallimīn*). Shaykh Khalid al-Gindi was not alone in this regard. Several psychiatrists and secular intellectuals I interviewed made similar arguments, explaining the phenomenon as a facet of the Saudi Arabization of Egyptian society. Shaykh Ibrahim, the Qurʾanic healer invited to *Egypt Today*, also took the jinn possession/mental disorder pair as a reflection of Egyptian society. For him, the binary opposition of jinn possession and mental disorders was, however, indicative of the secularization of the public sphere that engenders distorted understandings of both Islam and science, negatively affecting Muslim subjectivities.

The ability of the jinn possession/mental disorder pair to gain new valences depending on the historical moment came to the fore in the immediate aftermath of the January

³⁰ Without embracing jinn possession, these psychiatrists did bring an interest in Islam within a mostly secular psychiatric field. On the "Islamization of knowledge," see, for instance, Mona Abaza, *Debates on Islam and Knowledge in Malaysia and Egypt* (London: Routledge, 2002).

³¹ Mariz Tadros, "State Welfare in Egypt since Adjustment: Hegemonic Control with a Minimalist Role," *Review of African Political Economy* 33, no. 108 (2006): 237–54. According to a World Health Organization report from 2006, total mental health expenditure amounts to no more than 2 percent of the health budget; resources are concentrated in large urban hospitals at the expense of community care and rural regions; mental health is poorly integrated in primary care; and the incidence of mental disorders is on the rise. See *WHO-AIMS Report on Mental Health System in Egypt* (Cairo, Egypt: World Health Organization and the Ministry of Health Egypt, 2006).

³² See Michael Fawzy, "Quality of Life and Human Rights Conditions in a Public Psychiatric Hospital in Cairo," *International Journal of Human Rights in Healthcare* 18, no. 4 (2015): 199–217.

2011 revolution, when I conducted most of my research. During that period of hope and uncertainty, interlocutors among both Qur'anic healers and psychiatrists invoked the pair to draw analogies to political events, particularly to Islamists and secular-oriented groups vying for power. They did that within an imaginative horizon in which the revolutionary promise was the dismantling of the dichotomy—either by delegating jinn possession for good into the realm of untrue cultural beliefs, as psychiatrists desired, or by creating the conditions for the coexistence of the two categories, as Qur'anic healers wished. It was a similar escape from the related secular/religious binary that some recognized in Tahrir Square and wanted to cultivate in the new Egypt.³³

Healing Dilemmas

If the emergence of Qur'anic healing has drawn increased public attention to the jinn possession/mental disorder diagnostic pair, the actual size of this unregulated practice is harder to gauge. Ethnographic research provides a qualitative indication. Despite my early worries about locating healers in a twenty-million-people metropolis, it proved easier than I thought. Almost everybody I asked seemed to have heard of one healer or another, regardless of their opinion or engagement with jinn possession. Acquaintances, mosque imams, and psychiatric patients were conduits for such word-of-mouth recommendations. Other healers' contact information was available online, as was the case of Shaykh Ibrahim who participated in *Egypt Today* and later became a main interlocutor. While my research was concentrated in Cairo, many described Alexandria, the second largest city, as a Qur'anic healing hub reflecting the predominance of the Salafi movement in that city.³⁴

My Qur'anic healer interlocutors, all male, lived in working- and lower middle-class neighborhoods and conducted healing sessions in their homes, rented storefronts or offices, or spaces adjoining mosques.³⁵ Besides a doctrinal commitment of varying intensities to Salafism, demographically they were quite diverse: some only had a secondary school education, others were al-Azhar graduates, and a few had taken classes at religious organizations like Ansar al-Sunna al-Muhammadiyah or al-Jama'iyya al-Shara'iyya.³⁶ One was a retired engineer, another a small shopkeeper, and for several, healing was their main income source. Sharing common modes of reasoning and practices, Qur'anic healers remain a heterogeneous group, during my research they rarely interacted in person, and were suspicious of each other's claims of orthodoxy.

Attempting to carve for themselves a place in a medical landscape that officially rejects them, Qur'anic healers acknowledge the authority of physicians and psychiatrists over physical and mental disorders, respectively, all the while claiming exclusive expertise over a third category of diseases, those caused by the jinn (*amrād al-jinn*). These include two types of jinn possession distinguished by the agentive conduit: first, jinn possession (variously called *mass*, *talabbus*, *labs*, *lamsa*, or more descriptively, *dukhūl al-jinn*, "the entering of the jinn"),

³³ Charles Hirschkind, "Beyond Secular and Religious: An Intellectual Genealogy of Tahrir Square," *American Ethnologist* 39, no. 1 (2012): 49–53.

³⁴ On Alexandrian Salafism, see Richard Gauvin, *Salafi Ritual Purity: In the Presence of God* (London Routledge, 2013). Some Qur'anic healers saw their therapy as predominately urban, and perceived rural healing as rife with unpermitted practices.

³⁵ Egyptian Qur'anic healing is a male endeavor, in practice and in concept. During my research, I have heard of only one female Qur'anic healer, but was unable to meet her. Adopting a patriarchal gender imaginary in which women are weak, impressionable, and fearful, my interlocutors saw jinn exorcism as men's work. Beyond the world of Qur'anic healing, however, female healers abound especially in the *zār* ritual. A full account of the gender dimensions of Salafi-oriented healing deserves an article of its own.

³⁶ Founded in the 1920s, Ansar al-Sunna al-Muhammadiyah is the leading Salafi organization in Egypt promoting the doctrinal, interpretative, and sociopolitical practices at the core of this diverse movement. With origins in the same decade, al-Jama'iyya al-Shara'iyya is among the largest *da'wa* organizations in the country. Identified by some Egyptians with Salafism, it has had, however, a multifaceted and variable relationship with the movement. See Gauvin, *Salafi Ritual Purity*, 33–47; and Rock-Singer, *In the Shade*.

where the jinn possess the human body out of their own volition; and second, sorcery/black magic (*sihr*, *ʿamal*), where the jinn act on behalf of a third party, a human agent, a sorcerer.

To treat these afflictions, Qurʾanic healers focus exclusively on jinn exorcism through Qurʾanic recitations, a focus that is central to their claim to orthodoxy as noted above. Known in Egypt as *ruqya*, such recitations consist of combinations of Qurʾanic verses that differ from healer to healer while sharing a core set of verses: *al-Fatiha*; the first five and the last two verses, as well as the Throne Verse (*Ayat al-Kursi*), from *al-Baqara*; and the final two suras, *al-Falaq* and *al-Nas*.³⁷ To *ruqya* Qurʾanic healers occasionally add manipulations of the physical Qurʾan (*muṣḥaf*) or the recitation of Qurʾanic verses over water to be ingested, as well as supplications (*duʿāʾ*, pl. *adʿiya*). This centrality of the Qurʾan is explained by healers as reflecting the double power of the Word of God; the power of making the jinn visible in the possessed body, taking it over, paining it, contorting it, even speaking through it, as well as the power to exorcise the jinn, liberating the body from their hold. In other words, Qurʾanic recitation is both a diagnostic and a treatment tool for these practitioners.

As jinn possession experts who recognize the ontological validity of mental disorders, Qurʾanic healers criticize what they see as the negative upshots of the materialist and secularist orientation of Egyptian psychiatry, namely, the negation of the role of the occult in human life and the binary opposition between jinn possession and mental disorders. Instead, Qurʾanic healers adopt a stance of ontological multiplicity, claiming that both jinn possession and mental disorders are equally legitimate disease categories, each with their own symptoms, treatments, and curative experts.³⁸

This raises a conundrum for Qurʾanic healers: How to diagnose those symptoms they see as shared between jinn possessions and mental disorders—nightmares, talking to oneself, or visual and auditory hallucinations. Acknowledging the similarity of such symptoms across categories, healers often summarized it by saying: “Between the two there is a hair’s breadth of difference” (*bin al-itnīn shaʿra*). The expertise of Qurʾanic healers lies in correctly diagnosing the choreography of gestures, movements, and screams produced during Qurʾanic recitation by distinguishing between possession and mental disorders. Here, on the terrain of healing, the dichotomy from public discourses transforms into a dilemma, a choice between two valid options. In telling jinn possession and mental disorder apart—a conceptual and practical issue at once—Qurʾanic healers mobilize a language and concept of “symptom” that is reminiscent of, but unlike, the psychiatric one.

Symptoms are at the center of Qurʾanic healers’ overall diagnostic practices. Typically, Qurʾanic healers begin a healing session by listening to patients’ complaints and asking questions, in a process they frame as akin to medical diagnosis. They do that with a symptomatic-attuned ear, listening more to detect symptoms than to get a full illness narrative. As one of them put it: “Stories are not important; what matters is if symptoms are present or not.” In deciding if a patient’s symptoms indicate jinn possession, Qurʾanic healers rely on checklists of symptoms for each possession type and subtype. Such lists are either self-devised on the basis of their experience of healing (what they call *tagriba*), or are taken from the published books on Qurʾanic healing that have multiplied since the last decades of the twentieth century, part of these healers’ dual goal of combating unpermitted practices and promulgating their own orthodox therapy.³⁹ Some of my interlocutors published such books themselves; others use as guides two volumes by the well-

³⁷ As Qurʾanic healers note several hadiths describe the benefits, including curative and protective, of reciting these verses. They also bring as evidence these verses’ inclusion, alongside the practice of curative recitation more broadly, in Ibn al-Qayyim al-Jawziyya’s *Prophetic Medicine*, a fourteenth-century religious figure central for both Qurʾanic healing and the larger Salafi movement. For an overview of such uses of the Qurʾan, see Kathleen O’Connor, “Popular and Talismanic Uses of the Qurʾān,” in *Encyclopaedia of the Qurʾān*, ed. Johanna Pink, accessed April 10, 2023, http://dx.doi.org.libproxy.lib.unc.edu/10.1163/1875-3922_q3_EQCOM_00152.

³⁸ This does not mean that Qurʾanic healers’ understanding of mental disorders is identical to that of psychiatrists; an issue that is beyond the scope of this article.

³⁹ On the concept of *tagriba* in Qurʾanic healing, see Vinea, “What Is Your Evidence?” 505–7.

known healer Shaykh Wahid ‘Abd al-Salam Bali, first issued in the 1980s and republished many times, becoming a sort of “classics” of Qur’anic healing literature.⁴⁰

The concept of symptom as a pointer to a deeper condition and checklists of such symptoms are thus central in Qur’anic healers’ therapeutic reasoning and practice. In terms of their form (the checklist) and usage (to guide diagnosis), they resemble biomedical and psychiatric employments, even if, as I show shortly, what counts as a symptom does not follow a purely biomedical logic. This confluence, linguistically marked by a shared Arabic vocabulary to refer to “symptoms” (*a’rād*), “diagnosis” (*tashkhīṣ*), or “consultation” (*kashf*), is explicitly emphasized by Qur’anic healers.

The concept of symptom is also key to the detective-like work of discriminating jinn possession from mental disorder. During the time of my research, Shaykh Usama, a main interlocutor among Qur’anic healers, conducted his weekly healing sessions in a rented store space in one of Cairo’s most densely populated informal areas. Each Wednesday, dressed in an impeccable white galabiya, the shaykh opened the healing session with a “protection session” (*galsat taḥṣīn*), a communal recitation of Qur’anic verses and supplications. He then retreated to the back room to conduct individual consultations. On a May evening in 2012, one healing session was interrupted by an agitated, disheveled, rambling man, accompanied by five others, all shoving themselves in the small room, to the disapproving looks and murmurs of the waiting patients. The man was shouting, addressing nobody and everybody, “they are killing me...” In between yells, one of the men managed to tell the shaykh that his brother, it turned out, was hearing voices (*biyismi’ aṣwāt*) and was accusing relatives of wanting to harm him (illusions of persecution, psychiatrists would say). “Is he always like that?” Shaykh Usama asked. “It comes and goes.” “Does this happen when he hears the Qur’an or passes by a mosque?” “Sometimes, but it can happen anytime.” This was enough for the shaykh: “You have to go to ‘Abbasiyya,” he concluded, referring to the largest and oldest governmental psychiatric hospital in the country. “Go, go right now. This is not from the jinn.” He then turned to me, whispering, “He has schizophrenia,” and waited until all five left before resuming the healing session.

Shaykh Usama’s entire diagnostic hinges on this question: “Does this happen when he hears the Qur’an or passes by a mosque?” This is because the context in which symptoms occur is central in telling jinn possession and mental disorders apart. When a symptom appears it is not a coincidence; it is a sign in itself. The fact that one hears voices, becomes agitated, or convulses only during Qur’anic recitations indicates the presence of the jinn, even without reciting the *ruqya*. As one Qur’anic healer concisely put it: “One cannot be mentally ill only when praying or reciting the Qur’an.”

The second element that helps distinguish jinn possession from mental disorders is the content of symptoms. What one recurrently dreams about or what the voices are saying, for example, are not arbitrary details. Qur’anic healers inquire not just about the presence of nightmares, for instance, but also about their content because jinn are considered able to take the form of scorpions, cats, or mice in dreams. The same logic applies to hearing voices, as another Qur’anic healer told me: “What those voices say is very important. When they encourage the person to sin or disbelieve in God, it is a jinni; when they are about the secret services (*mukhābarāt*) or, like in Europe, about aliens, then the person is mentally ill.”

This take on symptoms differs from biological psychiatry, the current dominant trend in Egypt, where it is the occurrence of the symptom and its abnormal form that matters, with the content being relegated to the domain of culture.⁴¹ Thus, if the form and usage of the notion of symptom brings Qur’anic healing close to psychiatric practice, the attention

⁴⁰ Shaykh Ibrahim, the Qur’anic healer who participated in the *Egypt Today* show, published such a book: Ibrahim ‘Abd al-‘Alim, *al-Radd al-Mubin ‘ala Bid’at al-Mu’alijin wa-As’ilat al-Ha’irin fi Majal al-Mass wa-l-Sihr wa-‘Alaqaṭahu bi-l-Tibb wa-l-Din* (Cairo: al-Faruq al-Haditha li-l-Tiba’a wa-l-Nashr, 1998). Shaykh Bali’s books are: Wahid ‘Abd al-Salam Bali, *Wiqayat al-Insan min al-Jinn wa-l-Shaytan*, 11th ed. (Cairo: Dar al-Bashir, 2001) and *al-Sarim al-Battar fi al-Tasaddi li-l-Sahara al-Ashrar*, 11th ed. (Cairo: Dar Ibn Ragab, 2008).

⁴¹ See Anna Bredström, “Culture and Context in Mental Health Diagnosing: Scrutinizing the DSM-5 Revision,” *Journal of Medical Humanities* 40 (2019): 347–63.

given to symptoms' content and context sets it apart. Qur'anic healers appropriate the language of symptoms and reconfigure it to incorporate religious understandings in the form of the agency of invisible beings like jinn and the significance of devotional practices like Qur'anic recitation.

This hybrid notion of symptom also serves the diagnostic role of discerning between cases of jinn possession and mental disorder, as Shaykh Usama did with just a few questions. On a discursive level, it also works to counteract the reduction of jinn possession to mental disorders that dominates public discourses. Here, in the realm of therapeutic practice, the jinn possession/mental disorder pair takes a different shape. The unresolved dichotomy, the "either...or" whereby one term appears to negate the other, transforms into a choice between two valid options. Put differently, if public debates are dominated by ontological exclusivity, the practices of Qur'anic healers are defined by ontological multiplicity.

This stance also encodes a different understanding of the relationship between religion and science that lurks behind the jinn possession/mental disorder pair. For Qur'anic healers the materialism and secularism at the heart of modern medical disciplines means not only the creation of an erroneous binary between jinn possession and mental disorder, but also between religion and science. Their goal is to bring the two back together, where they belong. In Qur'anic healers' eyes, their practice is simultaneously religious and scientific, a take made possible because they do not see these two realms as always already in opposition.

In this way, Qur'anic healers propose a distinctively modern take on jinn possession that is in complex dialog both with long-standing Islamic traditions of healing and with modern medical sciences. They are in good company in this regard. They join practitioners of Ayurveda, of traditional Chinese medicine, and of a host of other so-called traditional healers who, as medical anthropologists have demonstrated, have similarly appropriated, adapted, and assimilated biomedical knowledges and practices.⁴² Certainly, through the incorporation of concepts like symptoms, Islamic healing is transformed, biomedicalized even, one could argue. Yet, it can also be noted how biomedicine and psychiatry also function here as resources for religious healing: molded into religious-based modes of reasoning they contribute to Islamic therapies' novel instantiations and endurance.

Patients' Experiences

Over the course of my research, it became clear that the jinn possession/mental disorder pair has captured many Egyptians' imagination. Not only did my interlocutors recommend I watch TV shows addressing it, but the vocabularies, questions, and approaches from public debates infused people's stories about jinn, stories which have long circulated in Egyptian society.⁴³ It was not that the dichotomy that dominated many public discourses has become hegemonic, but that the consistent pairing of the two categories worked as an incitement of discourse, with opinions pro, against, and everything in between, being articulated in relation to the pair. A few of my interlocutors, like Ahmad, even developed a quasi-theoretical interest in this diagnostic conundrum, advancing theories about the relationship between the two affliction categories. Yet, the pair's traction was at its strongest when people experienced those symptoms from which the dilemma typically emerges: sudden behavioral changes, hallucinations, seizures, withdrawal, insomnia, unexplained anxiety and depression, or aggressiveness.

When I met Maryam in the outpatient clinic of 'Abbasiyya, the same public mental health hospital where Shaykh Usama had sent his patient, she was accompanying her younger brother Mustafa to refill the prescription for schizophrenia he had been taking for about

⁴² For instance, see Jean Langford, *Fluent Bodies: Ayurvedic Remedies for Postcolonial Imbalances* (Durham, NC: Duke University Press, 2002); and Mark Jackson, ed., *A Global History of Medicine* (Oxford, UK: Oxford University Press, 2018).

⁴³ See Drieskens, *Living with Djinn*, 37–57.

a year.⁴⁴ Over the following months, I gradually become familiar with Mustafa's illness trajectory. It all started a few years back when Mustafa, in his early twenties then, became increasingly withdrawn, stopped praying, had occasional anger outbursts, and could not keep any of the menial jobs that his friends and neighbors were finding him, to the great upset of his new wife. Something had to be done, the family felt, even if Mustafa himself was claiming he was fine, just upset about the lack of job opportunities. Yet, family members disagreed on what that "something" was. Maryam suspected that a jealous neighbor, to whom Mustafa had been shortly engaged in the past, had bewitched him, so he was now possessed. Another sister and Maryam husband thought he had a mental illness.

Without conclusively solving the disagreement, the family took Mustafa to several healers in the working-class neighborhood where the family lived and across Cairo, where a particularly skillful (*shāṭir*) healer, recommended by a neighbor, practiced. "He felt better for some time," Maryam reminisced. "Then the condition came back." Later they took him to 'Abbasiyya, a typical sequence in the local "hierarchy of resort."⁴⁵ Yet, everybody in the family was unhappy with the medication, beginning with Mustafa himself, who complained that it made him sluggish and gain weight—in short, it did not cure or at least make him feel better. The psychiatric diagnosis did not put an end to discussions about the cause of Mustafa's illness either. Maryam often told me that jinn have caused her brother's schizophrenia and that while drugs cannot exorcize them, at least they diminish the most bothersome symptoms. She wondered if the healers they had previously consulted were truly skillful and was thinking it might be worth trying a couple more. Meanwhile, her husband thought that the person to blame was none other than the former president, Hosni Mubarak, and his regime: "All this poverty and injustice is literally driving people insane," he often said. The revolution had not changed much; in his view it only heightened economic insecurity, and hence mental stress, for many Egyptians.

In this case, the dichotomy of jinn possession/mental disorder present in public debates and the dilemma from Qur'anic healing practices turns into a phenomenological and practical question concerning the meaning of one's experiences and the practical avenue of action to take. This is a question for which the onto-epistemic questioning, the concern with normative practices, as well as the broader issue of how science and religion relate while not necessarily vanishing lose their intensity and significance. This focus on practical solutions allows patients and their families to switch back and forth between maladies and practitioners, even to hold them together at times, a situation that has been well documented by medical anthropologists.⁴⁶ It is no surprise, then, that Maryam was not troubled by what in a modernizing logic might appear as an ontological contradiction—supporting her brother's psychiatric subjectivation and claiming he is possessed. The "either...or" turns here into "this...and that," a case of flexible ontological commixture that many other patients and kin embraced.

Mustafa and Maryam story is illustrative in another way too. Maryam often criticized the practitioners they consulted over the years, psychiatrists and healers alike. She felt that none had provided adequate solutions to Mustafa's problems. She didn't mean a definite cure—although that was always the hope. What she meant was a fully encompassing understanding and management of his condition in all its ramifications, physical, psychological, and social. Economic insecurity, broken social ties, or inequality—all elements in this family's approach to Mustafa's suffering have been excluded or deemphasized in both psychiatrists' and Qur'anic healers' therapeutic interventions. For Maryam, the two were not so different

⁴⁴ As part of my research, I conducted interviews and observations in the outpatient clinic and the female inpatient wards of 'Abbasiyya.

⁴⁵ John Janzen, *The Quest for Therapy: Medical Pluralism in Lower Zaire* (Berkeley, CA: University of California Press, 1978).

⁴⁶ For instance, see Stacey Langwick, *Bodies, Politics, and African Healing: The Matter of Maladies in Tanzania* (Bloomington, IN: Indiana University Press, 2011).

after all. And both have failed her brother. Overwhelmed by multiple responsibilities of care, not just Mustafa, who was living with her after his divorce, but also her own two children, she felt abandoned.⁴⁷

This family is in no way unique. Often, patients' vocabularies of distress—both psychiatric and Qur'anic healing patients—similarly mingle physical and psychological pains, the invisible world of jinn, social problems (unkind relatives, jealous wives, abusive husbands), and economic and political factors. Much like the kidney-disease patients with whom Sherine Hamdy worked, the patients I encountered during my research adopt political etiologies that highlight the broader sociopolitical and economic conditions behind disease and suffering.⁴⁸ If for some, as for Maryam husband, political etiologies take the front seat, for most, politics and the occult are entangled.

Such a multilayered take on people's ailments is not satisfactorily captured by biological psychiatrists' conceptualizations that reject both the occult as nonmodern and to a certain extent the social, as not in line with the current emphasis on neurochemical imbalances that can be medicated. It is equally not sufficiently captured by Qur'anic healers' insistence in diagnosing and treating jinn possession as their only specialty, a claim of expertise that reinforces the separation between physical, psychological, and occult sources of suffering. Indeed, the Qur'anic healers I interacted with glossed over their patients' social complaints, especially salient in sorcery accusations. As several told me, they saw their role as diagnosing and treating possession, not one of addressing and mending social ties. "I am not an imam," one of them bluntly put it. This is not because Qur'anic healers are unaware of how socio-economic and political processes sustain and beget afflictions, including jinn possession. On the contrary, they include such factors in their conceptualization arguing that poverty, inequality, and injustice make people more vulnerable to possession. Yet, these theorizations do not always translate well in most healers' therapeutic interventions. This is not only because of their focus on jinn possession, but also because of their structural position as urban practitioners who receive patients from all over Cairo and its environs and sometimes lack close social ties within the communities where they practice.

Mustafa and Mariyam's story therefore, as many others I heard during my research, points to the limitations of approaching the diagnostic question I started this article with through the lens of the jinn possession/mental disorder pair, as well as to the limitations of the language of symptoms itself as Qur'anic healers and psychiatrists employ it. No matter what this pair allows, no matter its productivity, it also glosses over, even silences, certain experiences of suffering. To return to the duck-rabbit image that Ahmad's story about a fictional college student brought to my mind, it is as if psychiatrists and Qur'anic healers argue whether the image represents a duck or a rabbit, all the while afflicted people like Maryam and Mustafa just think, "whatever it is, it's wounded and needs care."

Conclusion

Throughout my time in Cairo, I met with Ahmad frequently to discuss my findings, questions, and perplexities. Once, in summer 2012, toward the end of the main period of my research, we started talking again about what he had called the "puzzle" of jinn possession and mental disorder. I shared how some interlocutors thought that my research can provide a definite solution to this diagnostic conundrum, while others assumed my background (a non-Muslim, studying in the US) meant I sided with those who deny the reality of jinn possession. Explaining that, as an anthropologist, I was neither interested in providing such an answer, nor equipped to do so, was not always easy and rendered my research

⁴⁷ Both Maryam and Mustafa were reluctant to provide details about the latter's divorce, though Maryam hinted that Mustafa's mental illness and resulting difficulty in staying employed were the triggering factors.

⁴⁸ Sherine Hamdy, "When the State and Your Kidneys Fail: Political Etiologies in an Egyptian Dialysis Ward," *American Ethnologist* 35, no. 4 (2008): 553–69.

useless for some of them. Ahmad seemed to understand, though, when he mused, “Some puzzles are just meant to remain puzzles...”

Approaching the jinn possession/mental disorder pair not as a puzzle to solve, but to ethnographically understand its social life, allowed me to unveil the different shapes the pair takes and the fluctuating ways in which it is associated with the broader categories of religion and science. What emerges from this analysis is the image of a therapeutic configuration where the practices and categories that count as Islamic or scientific are not predetermined, but contested, where the relationship between these practices and domains is not constant, but debated, and where these categories and traditions appear as connected in some moments, while in others as opposed. This is a therapeutic landscape where sharp modernist distinctions between science and religion are not dominant, but nor are they irrelevant. In this manner, this analysis of the jinn possession/mental disorder pair’s permutations draws attention not just to entanglements of Islam and science, but also to the persistence of a modernist impulse to circumscribe and keep them apart. It also highlights the coexistence, discursive and practical at once, of these two tendencies—to entangle and disentangle, and especially the oscillation between the two, the instability of these positionings themselves.

A focus of such permutations complicates, to an extent, the current analytic emphasis on the commensurability of the Islamic and the scientific, itself part of much broader critical dismantling and rethinking of binaries central to the grammar of modernity, such as science and religion.⁴⁹

If central tenets of modernity, including such binaries, have been in past decades proven factually inaccurate and critiqued for supporting processes of colonialization, racialization, and capitalist extraction, it seems that, to use Emily Ogden’s formulation, modernity retains a sticky quality and is “prone to leaving a residue.”⁵⁰ This article illuminates an instance of such stickiness among anthropological interlocutors in Egypt that skirts framing it as just a Western import. It shows how the desire to untangle and fix science and religion persists precisely because these are unstable, shifting categories of thought and action. Thus, arguing that modernity’s residues also deserve analytic attention is not a call to revert to older approaches that have been convincingly proven to be problematic, conceptually and politically. In fact, it is by adopting an analytic approach that takes the Islamic and the science as porous, that the attempts of some local actors to fix and define them come into focus. What this suggests, then, and what this analysis of the permutations of the jinn possession/mental disorder pair has tried to highlight, is the importance of keeping the analytic focus on both moments of fluidity and of fixity, as well as on vacillations between them insofar as they shape the lives of our interlocutors.

Acknowledgments. I am grateful for the feedback on oral versions of this article that I received from audiences at Middlebury College, Northern Kentucky University, Temple University, Tulane University, The University of Michigan, The University of South Carolina, and the University of North Carolina. Critical engagement, as well as encouragement, were also generously offered by Fadi Bardawil, Mariapaola Gritti, and Nada Moumtaz. My thanks to Helmut Aretz for proofing the article. I am especially thankful for the detailed feedback of *IJMES* editors and anonymous reviewers that helped strengthen and clarify this article.

⁴⁹ See notes 8 and 9.

⁵⁰ Emily Ogden, “Modernity’s Residues,” *The Immanent Frame*, March 22, 2019, <https://tif.ssrc.org/2019/03/22/modernitys-residues/>.

Cite this article: Ana Vinea (2023). “Possessed or Insane? Diagnostic Puzzles in Contemporary Egypt.” *International Journal of Middle East Studies* 55, 260–274. <https://doi.org/10.1017/S0020743823000673>