

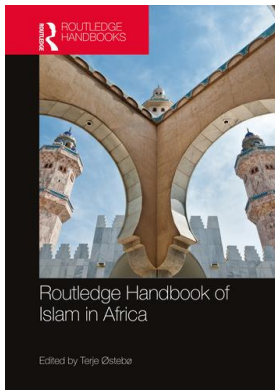
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16

PEOPLE'S QUEST
FOR WELL-BEING

Tracing Islamic healing practices in Africa

*Benedikt Pontzen***Prologue: Malam Hussein**

In front of Malam Hussein's chamber, I met a woman holding an infant with a heavily swollen leg.¹ She had been at the hospital all day, where the doctors had treated the child with an injection and given her some medicine to treat the infection with. Thereafter, she had come directly to the *malam* (Islamic scholar), as the medicine could cure the infection, but the deep causes for her child's suffering lay with the jinn. From her perspective, the medical treatment at the hospital was a necessary but insufficient step to heal her child, as the jinn "go deeper" than any medicine could reach. So, she had come to the *malam* to ensure that the jinn were dealt with, lest they continue to harass her child.

Malam Hussein is an Islamic scholar in his early fifties and a renowned *malam* in his community – mainly thanks to his *malam adwuma* (work of a *malam*) for which he receives about 50 petitioners a day. The people come with various requests – love or family affairs, illness, business, travel plans, etc. – for him to "look inside" their matters and work on them "in spirit". When one enters his chamber, one is enveloped by pleasant smells from smoldering incense sticks and the soaps, perfumes, and herbs his aides use in the manufacture of *magani* (remedies). As Malam Hussein told me, these pleasant smells keep evil spirits at bay, so that they cannot interfere with his doings. Some wooden writing boards and tin bowls that he and his aides use for writing Quranic liquids (*rubutu*) and amulets (*laya*) are stacked in a corner, and several of these amulets and the state license for his *Traditional Healthcare Facility* are pinned to the rear wall. Malam Hussein sits behind a wooden table covered with a prayer rug. On his right, he has piled up several books and papers with writings in Arabic. On his left, there is a pile of Cedi banknotes (the Ghanaian currency) that his petitioners leave as *sadaqa* (pious donations) during the consultation. In front of him lay his phones, on which his petitioners might call him, and the 50 cowrie shells he uses for his divination.

The petitioners² enter his chamber one by one, take a seat in front of him, and drop some money as *sadaqa* on the table. Meanwhile, Malam Hussein places his right hand on the cowries and utters a prayer over them "to get God's hand into it". With a *basmala* (in the name of God), he invites the petitioners to grab and remove some of the cowries so that he can count and sort out the remaining ones, uttering some further prayers. This procedure is carried out four times, leaving between zero and eight cowries on the table and thus establishing the house of

jinn involved in the matters of his petitioners. After the divination, Malam Hussein chats with his visitors about their issues and counsels them on how to deal with them in a God-pleasing way. In the process, he thus consults with God, the spirits, and his petitioners to establish the likely causes of their matter and to find the corresponding remedy. For the latter, he might also turn to the pile of writings on his right, but from his formation as a *malam*, decades of *malam adwuma*, and thanks to his “spiritual insight”, he usually already knows what to do.

As Malam Hussein elaborated, the jinn, curses, or witchcraft could harm one “only by the leave of God” as stated in the Qur’an (*sure* 2:102).³ It is his work as a *malam* to expel these forces and to assure God’s presence and blessings (*baraka*) for his petitioners. Therefore, his petitioners should share out *sadaqa*, offer prayers, and repent from their wrongdoings to “come under God again”. To support them in this, he prays on their behalf, and he or his aides manufacture *magani* for them, using “nothing but the word of God” in the procedure. To manufacture Quranic liquids, they write Quranic verses, invocations, and prayers in specific designs on the wooden boards and wash them off as liquids for the petitioners to drink and bath with. To manufacture amulets, they write Quranic verses, invocations, and prayers in specific designs on sheets of paper, fold these, and lace the parcel up for the petitioners to wear on their body. Using these *magani* and realigning their social relations according to Malam Hussein’s Islamic advice, his petitioners strive to bring themselves under God and to assure a divine presence in their lives which should expel and protect them from the evil or harmful spiritual forces harassing them.

For Malam Hussein, these doings are part of his workings as a *malam*. He derives his practices from the Islamic tradition and knowledge (*ilm*) and carries them out using the spiritual insight bestowed on him by God and refined by the training from other *malams*. Performing Islamic healing practices, he looks into the matters of his petitioners and deals with the spiritual forces that cause their afflictions. Malam Hussein identifies as a *nkramo* (the generic Asante Twi designation for Muslim) and adheres to locally established traditions of Islam which he was brought up with and trained in by his Islamic teachers. Many of his *nkramo* and Tijjaniyya peers (see below) are engaged in similar doings which they perceive and frame as Islamic. But for the reformist Malam Hamidou⁴ and other Muslim critics, these doings are nothing but *boka* (“traditional” spiritual healing practices), and the other *malams*’ interactions and consultations with the spirits come tantamount to *shirk* (joining others to Allah in worship) for them. Furthermore, they blame Malam Hussein and the other *malams* for turning Islamic healing practices into a “business” and accuse them of demanding *sadaqa* as a payment for their services. Accordingly, the critics perceive and reject Malam Hussein’s healing practices not only as un-Islamic but also as opposed to God and his religion.

Meanwhile, these (reformist) critics also perform Islamic healing practices for their petitioners, as Malam Hussein would point out in our conversations. In fact, Malam Hamidou and his peers also manufacture *magani* and pray for their petitioners, but he and the other critics draw a sharp line between their doings and those of Malam Hussein and his peers, scorning any association with them. As they object mainly to the spiritual aspects of Malam Hussein’s and his peers’ Islamic healing practices, they demarcate their doings sharply from anything spiritual. Hence, they perform no divinations and do not consult with the spirits in other ways, and they do not claim any spiritual insight but base their doings solely on literal readings of the scriptures. In distinction to the *boka* of the others, they frame their practices as *tibb* (prophetic medicine) or *ruqya* (exorcism). In the zongos,⁵ Islamic healing practices are quite contested matters. Nevertheless, they are central to how people engage with the Islamic tradition, relate to God, and live their religion as they provide them with Islamic means to deal with their existential issues.

Introduction

Islamic healing practices and their surrounding debates are anything but peculiar to the zongos. They are a common feature of Islamic societies across the globe and history. Islamic divination techniques and the manufacture of Islamic amulets were already performed during the times of the Prophet (Hamès 2007; Savage-Smith 2004), and their corresponding medical and esoteric sciences are part of Islam's long history (Pormann and Savage-Smith 2007; Saif et al. 2020). Today, various Islamic healing practices are performed across the globe: Islamic healers in the Indonesian highlands employ the word of God in their consultations with the jinn (Bowen 1993); female healers on the Arabian Gulf draw on their Islamic knowledge and perform Islamic rituals to call on God for his healing (Doumato 2000); and Niore du Sahel's Islamic prayer economy is a central feature of life in this Malian town (Soares 2005). In their quests for well-being, Muslims across the world and history invoke Allah and use his word in many different ways to assure God's presence and blessings (*baraka*) as healing for their afflictions or to cope with their existential issues.⁶

Those who perform or request such Islamic healing practices ground them in the Islamic tradition, engage in elaborate Islamic discourses about them, mobilize Islamic semiotics, and draw on their Islamic knowledge to conduct them. However, these healing practices have always been subject to ardent contestations among Muslims (and others) who have repeatedly questioned their Islamic legitimacy (Brenner 2007; Savage-Smith 2004). On the one hand, these practices are quite diverse so that they share no common or agreed upon standard. On the other hand, these practices deal in spiritual powers and are therefore quite ambivalent in their scope and legitimacy. Hence, the diverse Islamic healing practices and their surrounding debates are contributing to and partaking in the "discursive tradition" (Asad 1986) of this religion.

In this chapter, I take a closer look at such Islamic healing practices and their surrounding discussions. First, I review the academic debates about them that have moved from framing these practices as "African Islam" and as motivated by people's beliefs towards more nuanced analyses that consider these doings in relation to their contexts and as part of people's quests for well-being. Then, I present their surrounding debates in the zongos and show how and why they are subject to ardent contestations in these wards. Islamic healing practices are central to how people relate to the divine and embody their religion, and as these practices are diverse and contested, they are part of the open but not ungrounded processes in which people (re)make and live their religion.

Framing Islamic healing practices in Africa

"African Islam"

For decades, scholars of Islam in Africa have considered Islamic healing practices on the continent as a defining feature of African Islam. Considering Islam as originally foreign to and distinct from Africa the proponents of the African Islam approach claimed that Africans have made this religion their own by Africanizing it (Evers Rosander 1997; Robinson 2004; Sanneh 1997). This idea and its corresponding research paradigm were originally articulated in the colonial era by the French colonial officer Paul Marty (1914; cf. Seesemann 2002). According to Marty's evolutionary thesis, Africans adapted Islam by "deforming and diluting" it with "fetishist" beliefs and practices, which he therefore saw as a defining feature of their "Islam noir" or "Black Islam" (Marty 1914). Marty's "African Islam" thesis was to dominate scholarship on Islam in Africa for more than five decades until the late 1960s when it was

heralded by Jack Goody (Goody 1968). Along similar lines but less derogatory in tone and terms of analysis, Humphrey Fisher proposed a three-stage model of quarantine, mixing, and reform as main steps in Africans' appropriation of an originally foreign Islam, wherein the second stage, the "mixing" of "pagan" beliefs and practices with Islamic ones, takes center stage (Fisher 1973a). As for Marty, Fisher also refers to Islamic healing practices as prime evidence that such mixings occurred and presents them as a defining feature of Africans' "mixed" Islam (Fisher 1973b). In a more positive vein, Achille Mbembe (2017, chap. 3) and Lamin Sanneh (1997, chap. 2) highlight the positive achievements of Africans in their "creative assimilation" of an originally foreign Islam, but they thereby also retell the myth of an African Islam, once again referring to Islamic healing practices as one of its distinctive features (Mbembe 2017, 97; Sanneh 1997, 30–31).

Yet, the African peculiarity of an African Islam that these authors propose – albeit with different valuations – fails to do justice not only to the self-perceptions and self-presentations of African Muslims as sharing and living *one* Islam (Launay [1992] 2004, 5; Seesemann 2002, 109) but also to the vast historical and present diversity of their religion (Ahmed 2016). First, Islamic healing practices are not only a common feature of virtually all Muslim societies across the world and throughout history but, as Marty (1914, 329) and Goody (1968, 235–236) have highlighted themselves, Islamic healers in Africa have always consulted texts from across the Islamic world when performing their healing practices while they have also been writing and circulating their own. Consequently, the notion of an African origin or peculiarity of their Islamic healing practices is historically and empirically untenable. Second, the manifold histories and presences of Islam in Africa are too diverse to be subsumed under any single label (Loimeier 2013). Third, these authors posit Islam as a given entity foreign to Africa. Thereby, they take for granted what has actually been a fundamental challenge for Muslims themselves: there quite simply is no Islam apart from "the specific beliefs and practices of diverse individuals in particular communities at precise moments in historical time" (Launay 2004, 6), and these have always been not only diverse but also subject to ardent debates (Ahmed 2016; Asad 1986; Hirji 2010). So, the notion of an African Islam does not hold.

Symbols and people's beliefs

Another major take on Islamic healing practices in Africa was already present in Marty's (1914) and Fisher's (1973b) writings but gained prominence mainly after the interpretive turn in the humanities in the 1970s. During the 1980s, several authors interpreted Islamic healing practices as symbolic treatments of people's afflictions and as motivated by people's beliefs within broader cultural contexts, i.e., they investigated how specific healing practices related to people's different beliefs and how they symbolically applied to people's afflictions (el-Tom 1985, 1987; Handloff 1982; Mommersteeg 1988). Unfortunately, these authors also had recourse to "Africans and their beliefs" in their final analyses and thereby perpetuated the African Islam fallacy. Furthermore, belief proves quite problematic as an analytic concept. Religious belief is a Protestant Christian notion and its applicability to other religious traditions and life-worlds cannot be taken for granted (Ruel 1982). For the Islamic scholars and petitioners in the zongos, their doings are not a question of belief or symbolic treatments of other concerns but actual dealings in divine and spiritual powers that require sophisticated Islamic learning and training to be efficacious. Islamic healing practices are not a matter of mere belief or symbolic plays of the imagination but part of people's quests for well-being.

Hence, the major recent approach in the study of Islamic healing practices in Africa has been to present and consider them in relation to people's existential issues and as part of a broader

Islamic healing tradition (Brenner 1985; Last 1988; Owusu-Ansah 1991, 2000; Soares 2005). Islamic healing practices provide people with Islamic forms of therapy, relate the Islamic tradition to their lives, and enable them to draw on this tradition in their quests for well-being and searches for meaning. Part of their analysis is hence to unpack how these healing practices are informed by and, in turn, respond to people's quests for well-being.

People's quest for well-being

Well-being and health

According to the World Health Organization, “[h]ealth is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO [1946] 2014, 1). Western medicine thus appears as a specific form of therapy devoted to the curing of diseases (cf. Feierman 1978; Mol 2002; Reading 1977), while other therapeutic traditions revolve around other aspects of people's well-being. Correspondingly, medical anthropologists distinguish between disease, illness, and sickness (Kleinman 1978). Allan Young defines disease as “abnormalities in the structure and/or function of organs and organ systems” and illness as “a person's perceptions and experiences of certain socially disvalued states including [...] disease” (Young 1982, 264–265). Whereas diseases require their corresponding cures, illnesses demand a more comprehensive healing (Young 1982, 266; cf. Mol 2002; Vaughan 1994). Sickness refers, according to Young, to “a process for socializing disease and illness” (Young 1982, 270; emphasis omitted), i.e., the diagnostic and therapeutic procedures by which signs are given socially recognizable meanings as symptoms that prompt specific interventions (Young 1982, 270–271). Hence, the therapeutic procedures of healing people's illnesses or curing their diseases can take various forms according to different therapeutic regimes (cf. Feierman 1978; 1985; Janzen 1978; Mol 2002; Vaughan 1994). Therapeutic traditions are hence multiple, dynamic, and changing (cf. Feierman 1978; Janzen 1978; Vaughan 1994). In medical plural settings, various actors and institutions seek to coordinate (Mol 2002) or struggle for control (Feierman 1985) over the healing process. Meanwhile, people draw on and frequently straddle various healing traditions in their quests for well-being.

In line with this, Islamic healing practices can be considered as part of an Islamic therapeutic tradition that socializes, interprets, and treats sicknesses in Islamic terms, drawing on and contributing to the Islamic tradition. In the zongos, Islamic scholars offer diverse Islamic therapies and remedies to heal their petitioners' afflictions. Striving to restore people's well-being (*lafiya*) by the help of God, the *malams* offer comprehensive Islamic therapies that seek to bring their petitioners under God and to reintegrate them as physical, spiritual, and social beings. To this end, the *malams* perform Islamic rituals, manufacture Islamic remedies, and offer Islamic counselling, so that their petitioners acquire God's *baraka* and the state of well-being that comes with it.

Lafiya

The people of the *zongo* refer to their well-being by the Hausa term “*lafiya*” and commonly inquire about each other's *lafiya* upon greeting each other. From greetings and chats, I learned that *lafiya* is a quite encompassing state comprising people's physical health, material provision, peace of mind, spiritual tranquility, the well-being of close ones, and a peaceful coexistence with others.⁷ *Lafiya* thus comprises physical, spiritual, and social aspects, and disturbances in any of these can affect one's well-being, so that its restoration must work likewise on these various aspects.

According to my interlocutors, their *lafiya* ultimately depends on God, who has created every human being by molding their bodies from clay and breathing his *ruh* (spirit) into them. Being endowed with spirit, humans are permeable to spiritual forces or beings who can enter them or affect their relations with others, causing blockages or troubles. As physical *cum* spiritual creatures,⁸ human beings are not only prone to physical diseases like a cold or a headache, which need medical treatment in the hospital, but also to attacks by jinn and to spiritual afflictions like bad dreams, spiritual unrest, or troubled relations with others, which require the Islamic remedies (*magani*) provided by the *malams*. It is the work of a *malam* to expel or appease the jinn harassing one, to heal one from their nefarious deeds, and to reintegrate one as a person and in relation to others. To this end, the *malams* employ the word of God to pray and to manufacture *magani*, seeking to establish a divine presence (*baraka*) in the lives of their petitioners. Furthermore, they counsel them on how to come under God by living with others in God-pleasing ways as, in the end, “it all depends on him”. Islamic healing practices in the zongos thus revolve around people’s comprehensive physical, spiritual, and social reintegration by providing them with Islamic practices, things, and counseling; but how to achieve this reintegration in legitimately Islamic ways is quite a contested matter.

(II) Legitimate practices? Debating Islamic healing practices in a zongo

Struggles for hegemony: Islamic groups and healing practices

In Ghana’s zongos, three Sunni groups struggle for Islamic hegemony. The *nkramo* adhere to locally established yet historically changing Islamic traditions, the Tijaniyya observe and promote the Sufi practices and tenets of their order, and the Sunna⁹ propagate a reformist Islam (Dumbe 2013; Kobo 2012; Pontzen 2021). The Islamic scholars from these groups ground their Islamic discourses and practices in the Islamic tradition, but how they engage with and interpret this tradition differs to a considerable degree. Their divergent Islamic knowledges, practices, and imaginaries feed into ongoing debates about the (il)legitimacy of their diverse Islamic healing practices which, in turn, inform these debates as well.

Malam Hussein stems from a family of *nkramo malams*. He received his basic Islamic education from his father and grandfather before he pursued his studies under other *malams* in the region. Over the years, his teachers instructed him in the *ilm zahiran* (open knowledge) of the Islamic scriptures, i.e., their scriptural content and interpretation, which he mastered by his intellectual efforts. Moreover, his teachers also initiated him into accessing *ilm batinan* (covered knowledge), i.e., the deeper meanings that lie covered in the scriptures, which he can perceive thanks to his teachers’ training and his spiritual insight. According to Malam Hussein, there are two aspects to *ilm*: *ilm zahiran* lies open in the scriptures for everyone who reads and interprets them, while *ilm batinan* lies covered in the scriptures and is accessible only to those with spiritual insight. In his Islamic healing practices, he draws on both aspects of *ilm*. On the basis of his *ilm zahiran*, he consults the scriptures to learn what they have to say about the issues that his petitioners bring to his chamber. Meanwhile, his *ilm batinan* and spiritual insight allow him to perform divinations, to consult with the spirits, and to look into the matters of his petitioners. Being able to perceive the jinn and their workings, he can deal with them and discern the remedies required for the afflictions they cause. Manufacturing *magani*, he employs “nothing but the word of God”, relying on his textual *ilm zahiran* of the scriptures and his *ilm batinan* about their deeper meanings and powers. Counselling his petitioners, he employs discursive *ilm zahiran*, relating the Islamic scriptures to their lives and advising them how to deal with the matter at hand. In turn, the petitioners share *sadaqa* with him and others to acquire God’s *baraka* for the good deed.

My Tijaniyya interlocutors largely agreed with Malam Hussein's rendering of the Islamic tradition, his notion that there are two aspects to *ilm*, and the practices he grounds in these. Hence, the Tijaniyya whom I conversed with also claimed that God has bestowed them with deeper insight, thanks to which they are able to "see God" and his workings in the world. However, my *nkramo* and Tijaniyya interlocutors differed in one central aspect when it came to the question of God's presence in the world. For Malam Hussein, God's presence and *baraka* are solely contained in his word, i.e., the Qur'an, and not in his own person. This was different for the Tijaniyya and their understanding of *baraka* as an embodied and personal quality. As Abdul Razak, a Tijaniyya *malam* from Kokote Zongo, expounded,¹⁰ the Tijaniyya prayer rituals that he performs every day have enabled him to become one with the divine (*marifa*) and allowed him to accumulate God's *baraka* in his very being. Thanks to his repeated prayer rituals and his devotion to God, he has come closer to God than his fellow Muslims – he joins his two forefingers saying this to demonstrate his nearness to Allah. Thus, he takes an intermediary position between them and God. Being close to God and having embodied his *baraka*, he is able to bestow *baraka* on his petitioners or into the remedies he manufactures for them. In turn, the petitioners share *sadaqa* to him for God's *baraka* to flow through him towards them.

For Malam Hamidou, an Islamic scholar of the reformist Sunna, such ideas are unacceptable. He received his Islamic education in a reformist Islamic school in Kumase where he studied under various *malams* and learned about their divergent interpretations of the Islamic scriptures and tradition. Their different interpretations notwithstanding, his reformist teachers jointly refused anything other than literal approaches to the Islamic scriptures and denied that there are any spiritual aspects to *ilm*; and so does he. Accordingly, Malam Hamidou shares the notion of *ilm zahiran* and its scriptural episteme with the other *malams* in the zongo, but he rejects their notion of *ilm batinan* and its spiritual episteme. For him, any claims to *ilm batinan* stand in open contradiction to God's presentation of the Qur'an as "explained in detail" (*sure* 6:114, 16:89, 41:3) and thus come tantamount to *kufir* (rejecting the word of God). Furthermore, neither divinations nor the manufacture of Quranic liquids or amulets are positively referred to in the Islamic scriptures. Hence, they do not derive from the Islamic tradition in a "straight" and positive way, which is why he considers them to be *bida* (illegitimate innovation in the religion of Islam). But the gravest offense he perceives in the other *malams'* doings is their consulting and interacting with jinn which clearly constitutes *shirk* for him, as the other *malams* thereby ascribe powers to the jinn which are God's alone. Accordingly, Malam Hamidou does not include any divinations or other forms of consulting with the spirits in his Islamic healing practices, nor does he claim any spiritual insight. Furthermore, Malam Hamidou objects to the *sadaqa* that the other *malams* allegedly request for their doings and criticizes them for turning Islamic healing practices into a business, while he does not ask for anything from his petitioners.¹¹ He thus sharply demarcates his Islamic healing practices from those of the others. In turn, the accused *malams* heavily resent his critiques and mobilize their distinct Islamic discourses and epistemes to refute his reformist claims. In their ongoing debates, these *malams* thus participate in the discursive tradition of their religion and (re)make it in its open but not ungrounded diversity.

Debating Islamic healing practices: central issues

Several themes are central in the resulting debates on the (il)legitimacy of the diverse Islamic healing practices in the zongo: *ilm*, hermeneutics, and socioeconomics. Hence, these debates touch on numerous topics that are integral not only to how the people of the zongo conceive and live their religion but also to how they live with one another.

As seen for Malam Hussein and the other *malams*, all of them draw on the *ilm* that they have acquired and refined over years of learning for their Islamic healing practices. Whole bodies of Islamic knowledges appertain to the *malams*' divergent Islamic healing practices which cannot be considered apart from the "esoteric sciences" (Brenner 1985; cf. Last 1988; Soares 2005) that inform them. Furthermore, the *malams* in the zongo mobilize different epistemes and draw on distinct aspects of *ilm* in their doings. While all employ scriptural *ilm zahiran* – albeit in different ways – *ilm batinan* and its spiritual episteme are ardently contested among them. Hence, one must consider the diverse traditions of Islamic learning, their distinct epistemes, the *malams*' divergent formations and trajectories, the *ilm* they employ in their practices, and their contrasting discourses about their doings to apprehend the multilayeredness of Islamic healing practices in the zongos. How and where people draw the line on what is legitimately Islamic and what is not differs to a considerable degree and is ardently contested among them. Recently, *ilm batinan* and the esoteric sciences have become highly contentious matters in the zongos, as they imply and sustain several notions that the Islamic reformists reject: the spiritual episteme of *ilm batinan*, certain *malams*' notion of a personified *baraka*, and their spiritual consultations with the jinn (Pontzen 2020). However, such debates are not entirely new either to the zongos or the Islamic world as such dealings in spiritual powers have always been ambivalent and, accordingly, subject to debates among Muslims (Brenner 2007; Last 1988; Owusu-Ansah 1983). The debates about (il)legitimate Islamic healing practices in the zongos are part of the discursive tradition of Islam in these wards and render *ilm* into a contested field that people engage with in different ways as they strive to make sense of their existential issues.

As highlighted in recent studies of Islamic divination across West Africa, Islamic healing practices provide people with an intentional space and a hermeneutic horizon to make sense of their existential issues and to find ways and means to act on and eventually transform these issues (Gemmeke 2009; Graw 2006, 2009, 2012; Jansen 2009). In the zongos, the chambers of the *malams* provide people with a space to air and talk about their personal and social afflictions, and the *malams* counsel them on how to make sense of and act on them. Furthermore, these consultations enable people to bring their matters before God and to call out to him. In the process, the petitioners acquire insights into their situations and begin working on and transforming them. Aiming at people's personal and social reintegration, Islamic healing practices afford people with the means to creatively engage with and transform their existential issues with the help of God. Thereby, they enable and propel personal and social change. However, the *malams* differ in their practices and counselling and thus enable people to make sense of and act on their matters in divergent ways which feeds back into the discursive tradition of Islam in the zongos. How to make sense of one's situation, how to act on it in a God-pleasing way, and how to acquire God's *baraka* is subject to ardent debates in the zongos. Hence, Islamic healing practices provide the people of the zongos not only with diverse means by which to make sense of and deal with personal or social conflicts, but their surrounding debates also fuel such conflicts and thus impact on the social dynamics in these wards.

According to local parlance, the *malams* "speak for Islam" (Pontzen 2017) to the people of the zongo. As they counsel their petitioners on how to deal with their existential issues in an Islamic way, they act as Islamic authorities and thereby exert a certain degree of "social control" (Handloff 1982). However, the measure to which they are able to do so is rather limited as their Islamic healing practices not only respond to broader social dynamics but are also bound up and changing with them (cf. Last 1988; Soares 2005). Whereas Murray Last (1988) and Benjamin Soares (2005) write of veritable prayer economies in Kano and Niore du Sahel, the *malams* of the zongos go to great lengths to avoid any association of their Islamic healing practices with monetization or business. As they would repeatedly exhort in our conversations, "it is all from

God”, and they would not turn his healing into a commodity.¹² Hence, the *sadaqa* that their petitioners share with them and others for their Islamic healing practices is considered neither a payment nor a gift but framed as a good deed that their petitioners make of their own accord in order to acquire God's *baraka* (Pontzen 2021, chap. 5). As the Sunna openly attacked the other *malams* for turning Islamic healing into a business and *sadaqa* into a form of payment, the criticized have gone great lengths to dissociate their doings from these allegations. Accordingly, Islamic healing practices are bound up with the social dynamics that they seek to address. Furthermore, the diverse Islamic healing practices in the zongos are as much affected by their surrounding debates as they inform and propel them, so that Islamic healing practices and socioreligious changes affect one another.

Conclusion

Along these lines, more research on the diverse, contested, and dynamic relations in which Islamic healing practices take shape is needed (Pontzen 2020). Let me shortly sketch out some directions that this research might take. A more nuanced unpacking of these practices requires a closer attention to their gender roles and dynamics. So far, research on Islamic healing practices in Africa has a markedly male bias, and we know little about female healers and their discourses and practices (Frede and Hill 2014; Gemmeke 2009; Hill 2018). Another aspect requiring more detailed study is the affects and emotions that these practices engender (Dilger et al. 2020). As Islamic healing practices relate to people's existential issues, concern their well-being, and aim at their personal and social reintegration, research on these practices and their surrounding debates must take people's "ordinary ethics" (Lambek 2010) into account. Furthermore, as highlighted by Amira Mittermaier, Islamic healing practices are embedded in "landscapes of the imagination" (Mittermaier 2011) that require a more careful unpacking than glossing them over as mere beliefs. Lastly, Islamic healing practices in Africa commonly exist in and are informed by medically and religiously plural settings. Within these plural settings, Islamic healing practices are variously affected by different actors' struggles for control or attempts at coordinating the plural traditions on which they draw in their quests for well-being. For instance, non-Muslims from outside the zongos frequently attend to the *malams* for their Islamic practices, but there is little research on how non-Muslims perceive these doings and integrate them into their lives and communities (Owusu-Ansah 1991; Silverman and Owusu-Ansah 1989) or on how non-Muslims' issues, requests, and narratives impact Islamic healing practices in turn.¹³ Meanwhile, other therapeutic traditions offer different means and answers for people's existential quests which can result in fundamental challenges to those offered by Islamic scholars.¹⁴ How people make use of and straddle various therapeutic traditions in their quests for well-being is as diverse and open as their existential issues are (cf. Janzen 1985), and the resulting dynamics need to be better understood.

As they provide people with a space to make sense of and act on their existential issues, Islamic healing practices are a central feature of people's lived religion. Attending to Islamic scholars like Malam Hussein or Malam Hamidou, the people of the zongo seek divine interventions and Islamic counseling that enable them to heal or transform their existential issues in an Islamic way. In turn, Islamic healing practices provide people with divine presences and enable them to come under God. Via these practices, people relate to Allah and embody his religion. Things like the remedies manufactured by the *malams* or the cowries that they use for their divination; practices like the sharing of *sadaqa* or the performance of prayers; as well as people's existential issues and afflictions matter to how they live their religion (cf. Houtman and Meyer 2012; Meyer 2009; Orsi 2005).

Yet, Islamic healing practices and the relations they take shape in are not straightforward but quite diverse and subject to ardent debates. Malam Hussein and Malam Hamidou not only provide their petitioners with different practices and material means to relate to the divine, but they also hold divergent discourses about them and mobilize disparate epistemes in doing so. In the process, they legitimize their doings by grounding them in divergent engagements with the Islamic tradition and simultaneously challenge those of the other *malams*. Consequentially, their divergent Islamic healing practices are subject to ardent debates among them. Furthermore, their diverse healing practices are also a central topic in ongoing Islamic discourses in the zongos where people discuss the legitimate Islamic practices that would enable them to act on their existential issues and matters of concern. The Islamic (il)legitimacy of these varied healing practices is thus constantly contested and reasserted in ongoing debates, so that their status as Islamic or un-Islamic is not inherently given but subject to shifting demarcations.

In the zongos, people's relations to the divine are not given but constantly (re)made in a plethora of practices and discourses like short invocations, personal prayers, Islamic narratives and debates, the usage of amulets, or the sharing of *sadaqa*. On the one hand, these are open to people's agency, improvisation, and creativity. On the other hand, they are grounded in and thus informed by people's divergent engagements with the Islamic tradition. The concomitant diversity of people's Islamic practices and discourses as well as their mutual contestations are thus informed by and partaking in the "discursive tradition" (Asad 1986) of their religion which Africans are as much involved in and contributing to as Muslims elsewhere in the world.

Notes

- 1 July 2012, Kokote Zongo, Ghana. My ethnographic research on lived Islam in a Ghanaian *zongo* (Muslim ward) was funded by the Berlin Graduate School Muslim Cultures and Societies (Pontzen 2021). During my research, I got to know Malam Hussein well, visited him repeatedly, and we had numerous conversations on his work and formation. My main research language was Asante Twi, but people also used Hausa and English terms in our conversations. Thanks to Terje Østebø, Amelia Anderson, and the reviewer for their helpful comments on this chapter.
- 2 Most of his petitioners are women, as his chamber provides them with a space to air and deal with personal or social conflicts which they otherwise must keep a lid on as these occur mainly within the domestic sphere where open conflicts should be avoided.
- 3 Malam Hussein translated the Quranic verse as "God's hand has left it". The Arabic original goes by the word *idhn* and translates as "only with Allah's permission".
- 4 While doing fieldwork, I lived in Malam Hamidou's house and became friends with him. We interacted and conversed almost daily.
- 5 Zongos are Muslim wards in southern Ghana where immigrants from the northern regions have settled down over the last generations. Islam provides these otherwise quite heterogeneous people with a common ground to integrate into a Muslim community.
- 6 Also see Crapanzano 1985; Flueckiger 2006; Gilseman 1982; Last 1988; Marsden 2005; Mittermaier 2011; Nieber 2017; Østebø 2013. Spiritual healing practices and their surrounding debates are by no means confined to Muslim communities; they are also part of other religious traditions (Engelke 2007; Janzen 1992; Konadu 2007; Turner 1968) and are encountered in secular hospitals as well (Krause 2012; Orsi 2016). Meanwhile, the Islamic scholars in the zongos also receive non-Muslim petitioners who request their Islamic healing practices and seek their Islamic interventions with the spirits in their quests for well-being (Pontzen 2021, chap. 5).
- 7 According to Lewis Wall, who has done research on "Hausa medicine" in northern Nigeria, *lafiya* "denotes balance, order, stability, peacefulness, tranquility, prosperity, normality – well-being in a broad sense. It denotes not only a state of bodily health, but also a state of domestic tranquility, environmental balance, social order, and moral propriety" (Wall 1988, 334).
- 8 Both terms, "physical" and "spiritual", were frequently employed by my interlocutors.

- 9 “Sunna” is the common local designation for Islamic reformists in Ghana. The term is a shorthand derived from the name of their official organization, the *Ahl us-Sunna wa Jama’ah*.
- 10 I got to know Abdul Razak well, and we had several conversations on his Islamic formation and practices.
- 11 Nevertheless, the petitioners also share *sadaqa* with him upon leaving his chamber for his Islamic healing practices to work and to acquire God’s *baraka*. In turn, the other *malams* claim that they do not ask for anything either and that their petitioners share *sadaqa* with them only on their own accord.
- 12 Nevertheless, the *malams* (seek to) make a living from their Islamic healing practices, and the giving of *sadaqa* that these practices entail is part of the circulation and redistribution of wealth in the zongos. As in Kano or Niore du Sahel, one encounters prayer economies in the zongos as well, but it is an important aspect of their dynamics whether and how they are framed as such by their participants.
- 13 In their healing practices and consultations, the *malams* would not perform the same prayers or manufacture the same remedies for Muslims and non-Muslims, and they would not counsel them according to the same Islamic standards.
- 14 Sherine Hamdy describes such challenges with regard to organ transplants and their surrounding debates in Egypt (Hamdy 2012).

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