

## WOMAN AND SPIRITUAL MEDICINE IN THE SHIITE SPHERE: FROM THEOLOGICAL SYMBOLISM TO MECHANISMS OF EMOTIONAL CATHARSIS: A STUDY IN MEDICAL ANTHROPOLOGY AND PSYCHOLOGICAL TRANQUILITY

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### Abstract

This research examines the pivotal role of women within "Shiite Spiritual Medicine," exploring the profound intersections between doctrinal practices and modern psychological frameworks. The study addresses a central epistemological problematic: how "Sacred Femininity"—embodied by Fatima al-Zahra and Zaynab bint Ali—transcends historical-theological symbolism to become active "therapeutic protocols" that enhance psychological resilience and physical immunity for the contemporary woman. Utilizing a descriptive-analytical approach, the research investigates the rituals of the *Mullaya*, *Nudhur* (vows), and *Sifrat* (ritual tables) as spaces for emotional **catharsis** and mechanisms for collective social support. Furthermore, it highlights the semiotic and preventive dimensions of the system of *Adhkar* (invocations) and *Ahraz* (talismans), particularly in the stages of "fetal fortification" and the management of spiritual disturbances such as envy and existential anxiety. The study concludes that contemporary Shiite spiritual medicine, guided by educated women and rationalist *Hawza* (seminary) trends, has successfully delineated the boundaries between "spiritual intercession" and "charlatanism." It establishes a concept of "equilibrium" where the metaphysical complements rather than contradicts material medicine. The significance of this research lies in bridging the gap between medical *Hadith* heritage and its psychosomatic applications amidst modern challenges, emphasizing the woman's capacity to manage "spiritual tranquility" as a tool for restoring the structural integrity of the personality.

**Keywords:** Sacred Femininity, Spiritual Medicine, Husayni Convocations, Emotional Catharsis, Psychological Tranquility, Spiritual Fortification, Medical Anthropology, Rational Equilibrium.

### Introduction

The subject of women in Shiite spiritual medicine constitutes a complex epistemic structure that transcends mere therapeutic practice, reaching profound anthropological dimensions embedded in religious identity, where doctrine merges with the body and soul within the framework of *Wilayah* (divine authority). Spiritual medicine in Shiite thought is predicated on a fundamental pillar: that healing does not derive from matter alone, but is rather a divine emanation mediated through sacred intermediaries. In this context, the woman emerges not merely as a recipient of treatment, but as a proactive conduit and a bearer of *Barakah* (divine blessing). This is most evident in the centrality of Lady Fatima al-Zahra (peace be upon her), who is regarded in mystical and traditionalist literature as the "Vessel of the Imamate" and the ultimate source of spiritual sustenance. Al-

Majlisi, in his encyclopedic work *Bihar al-Anwar* (Vol. 92, p. 160), illustrates this when reviewing the *Ahraz* (protective talismans) and supplications attributed to her, which are employed to repel ailments and spiritual afflictions. These texts are viewed as "spiritual technologies" designed to calibrate both physical and psychological equilibrium.

From a sociological perspective, the woman plays the role of a "spiritual mediator" within Shiite communities through intricate rituals, such as the *Sifrat Umm al-Bannin* (the ritual table) or "reading circles" (*Majalis*). These rituals represent spaces where spiritual plea-seeking intersects with collective psychological support. Scholar Anne-Sophie Vivier-Muresan, in her studies on Shiite popular piety, argues that these feminine spaces constitute a form of "alternative medicine" that addresses social anxiety and depression through religious symbolism. By invoking the suffering of the *Ahl al-Bayt* (the Prophet's Household) to mitigate personal pain, the psychological resilience of the woman is significantly bolstered (cf. *The Ritual of the Table of Umm al-Bannin*, pp. 45-60). This connection to the concept of *Barakah* renders the female body a site for divine manifestation, particularly during pregnancy and childbirth. Primary sources, such as Sheikh Abbas al-Qummi's *Mafatih al-Jinan* (pp. 580-595), are replete with spiritual recommendations and specific litanies recited over women to ensure protection against the "Evil Eye" and "Envy," both of which are classified in spiritual medicine as metaphysical causes for physical maladies.

Furthermore, Shiite spiritual medicine intersects with anthropology in the manner women manage talismans and *Ruqya* (incantations). The woman is often the "guardian" of the family's spiritual fabric; she is the one who places the *Turba Husayniyya* (sacred soil from Karbala) under pillows for healing or applies it to sites of pain, operating with a firm conviction in *al-Istishfa' bi-l-Turba* (healing through sacred soil). This practice is extensively discussed by jurists, as seen in Ibn Qulawayh's *Kamil al-Ziyarat* (p. 275), where the soil is treated as a material substance charged with transcendent spiritual energy. Anthropologist Robert Fernea examines this dimension within Shiite societies, noting that women exercise informal spiritual authority by managing these healing rituals that link the material body to the sacred sphere (cf. *Guests of the Sheik*, p. 112).

Crucially, this therapeutic system does not seek to abolish modern medicine; rather, it functions as a parallel in the realm of "Meaning." While the physician treats the physical body, spiritual practices address "spiritual alienation." This is manifest in the widespread use of *Du'a al-Mashlul* or *Du'a al-Tawassul* in feminine circles, where the emphasis on "crying" serves as a mechanism for Catharsis. Dr. Ali Shariati highlighted this in his analyses of the woman's role, asserting that Shiite emotion directed toward the *Ahl al-Bayt* acts as a catalyst for psychological resistance against collapse (cf. *Fatima is Fatima*, pp. 120-135). Thus, Shiite spiritual medicine—conducted for and by women—remains a complex web of symbols that transforms *Wilayah* into an existential antidote, transcending the narrow materialist interpretations of health and disease.

### **Literature Review**

Studies examining the role of women in Shiite spiritual medicine and its associated sacred representations span distinct chronological periods, beginning with classical anthropological features and culminating in contemporary socio-psychological and mystical approaches.

Prominent among early foreign scholarship is the work of Edward G. Browne in his book *Arabian Medicine* (1921), which provided preliminary insights into the intersection of traditional medical practices and spiritual beliefs in the Levant, noting the role of *Barakah* (divine blessing) in folk healing. This was followed in the mid-twentieth century by the seminal work of the French Orientalist Louis Massignon, *La Muezzin d'Allah*

(The Muezzin of Allah, 1947), in which he analyzed the metaphysical symbolism of Lady al-Zahra as a source of cosmic intercession and spiritual sustenance, paving the way for an understanding of "Sacred Femininity" in Shiite thought.

In 1965, Robert A. Fernea, in his pioneering ethnographic study *Guests of the Sheik*, explored in depth the role of women in managing healing rituals, incantations, and talismans within private feminine spaces in Southern Iraq. In the same year (1965), Dr. Ali al-Wardi published *A Study in the Nature of Iraqi Society*, offering a sociological analysis of spiritual practices and vows (such as the vows of the *Alawiyyat*) and their impact on alleviating the psychological and social pressures of the individual, categorizing them as psychological "safety valves."

By the 1970s, specifically in 1977, Henry Corbin published *Spiritual Body and Celestial Earth*, elevating the research to a mystical and theosophical level by analyzing the persona of Fatima al-Zahra as a "Divine Manifestation" and a source of healing emanation linking the material world to the celestial realm. The 1990s witnessed an accelerated interest in the ritualistic aspect of femininity; David Pinault published *The Shiites: Ritual and Popular Piety* (1992), documenting how "lamentation" and intercession through Lady Zaynab and Umm al-Bannin transformed into collective therapeutic protocols and organized emotional catharsis. In 1995, Geraldine Brooks, in her book *Nine Parts of Desire*, addressed the marginalized aspects of the Muslim woman's relationship with her body and spirituality, noting the recourse to spiritual fortifications during pregnancy and childbirth. At the dawn of the new millennium (2001), Grand Ayatollah Sayyid Muhammad Husayn Fadlallah published *Al-Zahra: The Role Model*, presenting a reformist vision that sought to institutionalize the relationship between spirituality and health consciousness, while rejecting superstition in spiritual medicine.

In the last two decades, scholarship has moved toward more specialized "anthropology of space." Sabrina Mervin published *Shi'i Worlds* (2010), followed by Edith Szanto's 2012 study on the rituals of Lady Zaynab in Syria; both focused on the "spiritual space" of the woman as an alternative psychological clinic. In 2013, Anne-Sophie Vivier-Muresan published a specialized research on the ritual of *Sifrat Umm al-Bannin*, analyzing it as a space for feminine sociology and spirituality *par excellence*. Finally, in 2021, Dr. Abdul-Jabbar al-Rifa'i, in his book *The Theology of Healing*, provided a profound philosophical and critical approach linking the spiritual tranquility derived from sacred feminine archetypes with mental health in the modern era, emphasizing the necessity of balance between science and faith.

### **Summary of Previous Studies and the Research Gap**

Previous literature addressing the role of women in Shiite spiritual medicine can be categorized into several key trajectories. Historically, it began with foreign ethnographic and anthropological approaches (e.g., Edward Browne and Robert Fernea), which documented folk practices and incantations as rural folkloric phenomena linked to *Barakah* (divine blessing). It then transitioned toward mystical and theosophical analysis (e.g., Henry Corbin and Louis Massignon), focusing on the metaphysical symbolism of Lady al-Zahra as a source of universal cosmic emanation (*Fayḍ*).

In the contemporary era, scholars such as Sabrina Mervin, David Pinault, and Anne-Sophie Vivier-Muresan have shifted toward interpreting feminine convocations (*Majalis*) and ritual tables (*Sifrat*) as psychological spaces for emotional catharsis and mechanisms for bolstering psychological resilience. Conversely, modern Arabic studies (e.g., al-Rifa'i and al-Qurashi) have provided a theological grounding that links spiritual tranquility to sacred feminine archetypes.

The Research Gap emerges clearly in the absence of an "interdisciplinary" study that synthesizes medical *Hadith* texts attributed to the Infallible female figures with their semiotic applications in the "spiritual preventive medicine" for the contemporary woman. Previous efforts remain bifurcated between doctrinal historiography and field description, failing to offer a structural explanation of how "Sacred Femininity" evolves from a theological symbol into a conscious therapeutic protocol that balances modern scientific data with the spiritual support of *Wilayah*. This research seeks to bridge this gap by analyzing the dynamics of healing in relation to feminine identity amidst modern challenges.

### **Research Problematic and Research Question**

The Research Problematic resides in the cognitive gap between the traditional perception of Shiite spiritual medicine as a spontaneous "folkloric" or "blessing-based" practice, and the contemporary woman's modern need for a rationalist healing model that equilibrates scientific consciousness with spiritual sustenance. The dilemma lies in how to transform "Sacred Femininity" from historical symbols into a therapeutic protocol capable of confronting modern disorders while remaining distinct from charlatanism.

From this problematic, the Central Research Question arises:

*How do the textual and ritual systems associated with women in Shiite heritage contribute to formulating a healing model that integrates "spiritual certainty" with modern psychosomatic data?*

### **Research Methodology**

This research employs a Descriptive-Analytical Method as its general framework, supplemented by the mechanisms of Medical Anthropology and Semiotic Deconstruction. These tools are used to trace the textual roots of supplications and talismans (*Ahras*) attributed to the Infallible ones (PBUT) and to analyze their symbolic and functional dimensions in contemporary Shiite consciousness.

The methodology adopts an "interdisciplinary" approach that links historical *Hadith* material to modern psychosomatic data. It monitors the transformation of spiritual ritual (such as *Sifrat* and *Nudhur*) from a purely devotional practice into a "therapeutic protocol" that enhances psychological resilience and facilitates emotional catharsis, while adhering to a critical analysis that distinguishes between doctrinal authenticity and popular charlatanism.

### **1. Epistemological Foundation: Woman as a Source of Healing (The Supreme Archetype)**

In the Shiite consciousness, Fatima al-Zahra transcends the boundaries of mere historical description to settle at the center of the existential and healing circle as the "cornerstone" of spiritual medicine. She is not merely an ethical role model, but the *Kawthar* (The Abundant Fountain) that represents the overflowing source of blessings and life. In Shiite mystical literature, al-Zahra is viewed as a "Manifestation of Divine Mercy." Given that illness in spiritual philosophy is often interpreted as a form of detachment from the Divine Source or an imbalance in the soul, intercession (*Tawassul*) through al-Zahra represents a return to the "existential origin" to restore health and tranquility. Al-Majlisi notes in *Bihar al-Anwar* (Vol. 43, pp. 12-15) that her light was created from the "Light of Grandeur," which endows the invocation of her name in litanies and amulets with an ontogenic power (*Taqwini*) capable of influencing both matter and the physical body. This is further substantiated by Sheikh al-Saduq in *Ilal al-Shara'i* (p. 160) regarding the etymology of her name from *al-Fitaam* (weaning), signifying a weaning from ignorance and evil, and by extension, a weaning from spiritual ailments and afflictions.

From the perspective of the "Anthropology of the Sacred," the French scholar Henry Corbin, in his work *Fatima et le Souffle*, posits that the persona of al-Zahra in Shiite mysticism performs the role of "Sophia" or Divine Wisdom that grants life and healing. He contends that the "Divine Emanation" flows through her to regulate the psychological world of the believers (cf. Corbin, *Spiritual Body and Celestial Earth*, pp. 51-70). This conception renders "Fatimid Spiritual Medicine" an integrated system; thus, when a Shiite woman resorts to the "Tasbih of al-Zahra" following each prayer, she is not merely performing a devotional rite, but practicing a form of Spiritual Mindfulness that grants the body immunity against psychosomatic disorders. This is noted by Grand Ayatollah Sayyid Muhammad Husayn Fadlallah in his book *Al-Zahra: The Role Model* (p. 95) as a reinforcement of the individual's spiritual immunity.

This pivotal role of al-Zahra as a source of healing is also manifest in the link between the *Kawthar* and "Water" as a purificatory and curative element; in both folk and doctrinal heritage, it is believed that the water of blessing and healing is linked to her metaphysical dowry (*Sadaq*). David Pinault, in his study on Shiite symbols, explains that representing al-Zahra as the "Mother of the Imams" grants her the authority of "Intercession through Status" (*al-Shafa'a al-Wajahiyya*) in recalcitrant medical cases. The plea "O my Lady, O Fatima, aid me" serves as a call to descend the healing Divine Emanation (cf. *The Shiites: Ritual and Popular Piety in a Muslim Community*, p. 102). Thus, al-Zahra's presence in spiritual medicine remains a structural presence that merges doctrine as *Wilayah* and medicine as *Barakah*, transforming human suffering into a therapeutic journey through the sacred gate of the *Kawthar*.

### **Healing through Intercession (Tawassul)**

The models of "Sacred Femininity" in Shiite thought—embodied in Fatima al-Zahra, Lady Zaynab, and Lady Fatima al-Ma'suma—constitute structural pillars in the concept of "Healing through Intercession." Here, there is a transition from the material diagnosis of illness to the invocation of metaphysical intermediaries who possess "status" (*Wajaha*) before God. This intercession is not a mere devotional act, but a practice of "Spiritual Medicine" based on the belief that these women are the "Gates of Needs" (*Abwab al-Hawa'ij*), a title that transcends symbolism to become a functional description of their role in alleviating human suffering. Al-Majlisi provides the basis for this in *Bihar al-Anwar* (Vol. 102, p. 215) regarding pilgrimage and healing at the shrine of Lady Ma'suma in Qum, noting that the "Emanation" originating from these sites acts as a purifier for both soul and body.

From an anthropological viewpoint, scholars Franklin Lewis and Yannis Ioannides, in studies on Shiite sacred geography, analyze how the shrines of these ladies are transformed into collective "spiritual clinics." The Shiite woman practices the rite of *al-Dakhil* (binding oneself to the shrine) as a means of seeking immediate recovery, believing that Lady Zaynab—due to her "existential patience" in Karbala—is the most capable of understanding and treating the pain of body and soul (cf. *The Sacred Landscape of Shi'ism*, pp. 180-195). This curative role of Lady Zaynab is strongly invoked in the vows (*Nudhurat*) offered by women in Syria and Iraq, where "Umm al-Bannin's Table" serves as a material conduit for transferring blessing from the sacred space to the ailing body. This is documented by Dr. Ali al-Wardi, who explains that intercession through the *Alawiyyat* represents a psychological safety valve protecting society from collapse during epidemics and crises (cf. *A Study in the Nature of Iraqi Society*, p. 240).

On the level of "Contemporary Spiritual Medicine," the link between Lady al-Zahra and healing takes a mystical turn; al-Zahra is the "Secret of Existence," and seeking her intercession is a return to the sound

primordial nature (*al-Fitra*) in which the body only falls ill through the spirit's separation from its source. In this context, Ayatollah Javadi Amoli, in his book *Woman in the Mirror of Majesty and Beauty* (pp. 155-170), points out that the Divine Femininity represented in Fatima is a "Merciful Compassion" that treats hardened hearts and weary bodies by activating the energy of certainty. References to foreign sources, such as Geraldine Brooks in *Nine Parts of Desire* (p. 115), draw attention to the fact that Muslim (specifically Shiite) women's adherence to these feminine archetypes during illness, childbirth, and grief is not a retreat from modernity, but rather the utilization of "Spiritual Capital" that grants them agency over their bodies in the face of pain.

### **Attributed Supplications**

The therapeutic practice in Shiite spiritual medicine is vividly manifested through the supplications attributed to Fatima al-Zahra, who is regarded as the personification of "Sacred Femininity," imbuing healing with a metaphysical maternal care. The *Du'a al-Nur* (Supplication of Light) serves as the preeminent model in this context; traditional *Hadith* heritage relates that Lady al-Zahra taught this invocation to Salman al-Farsi to seek recovery from fever. This is noted by al-Qutb al-Rawandi in his work *al-Khara'ijwa al-Jara'ih* (Vol. 2, p. 534), where he contends that the words within this supplication are not merely linguistic texts but "remote representations" of the Divine Power deposited within the persona of al-Zahra. Reciting this supplication with the intention of healing reflects a profound belief that femininity, in its most perfect spiritual form, is a source of life and protection. This is further established by al-Majlisi in *Bihar al-Anwar* (Vol. 91, p. 7), who links the Lady's articulation of the prayer to the "healing ontogeny" (*al-Taqwin al-Shifa'i*) that occurs within the believer's body.

From an anthropological perspective, researchers suggest that this type of "feminine spiritual medicining" creates a sacred space around the female body and its suffering, transforming the woman from a target of disease into a being capable of transcending material symptoms through connection with the spiritual source. Edward G. Browne, in his studies on Islamic medicine and spirituality, points out that the Shiite community's adherence to al-Zahra's supplications represents a continuity of the concept of "*Barakah* healing" that bypasses purely materialist explanations (cf. *Arabian Medicine*, pp. 88-92). Similarly, Dr. Baqir Sharif al-Qurashi, in his book *The Life of the Lady of Women, Fatima al-Zahra* (p. 210), clarifies that these supplications were not merely devotional texts but "spiritual prescriptions" offered to women to bolster their psychological and physical immunity in the face of crises, positioning "femininity" as the axis around which cosmic and bodily equilibrium revolves.

This therapeutic practice takes on a deeper symbolic dimension when considering the structure of the supplications attributed to her. They often commence with the glorification of the Divine Essence through the attributes of "Light" and "Mercy"—qualities that align with the Shiite conception of al-Zahra as a "Light" created before the worlds. Louis Massignon, in his research on the "Mubahala of Medina" and the persona of Fatima, posits that the woman in this thought represents "Intercession through Status" (*al-Shafa'a al-Wajahiyya*), making the plea for her intercession a means of restoring lost order within the ailing body (cf. *La Muezzin d'Allah*, p. 145). This sacred feminine presence at the heart of spiritual therapy reinforces the idea that the "Womb" (the etymological root of *Rahma* or Mercy) is the origin of healing. Returning to the Lady's litanies is, therefore, a return to the "Origin" that grants tranquility and recovery, rendering the *Du'a al-Nur* an existential talisman linking the patient to the celestial realm (cf. Sheikh Abbas al-Qummi, *al-Baqiyat al-Salihah*, supplement to *Mafatih al-Jinan*, p. 412).

## 2. The Functional Roles of Women in Spiritual Medicine

Historically, the role of women in this field has been multifaceted, categorized into several levels:

### A. The "Mullaya" and Religious Memory

In the Shiite sociological sphere, the *Mullaya* (female religious orator) performs a pivotal role that transcends traditional religious guidance, entering the realms of "Spiritual Guardianship" and collective memory. She emerges in feminine Ashura circles as a leader of rituals for Emotional Catharsis. This profound psychological role is predicated on the *Mullaya's* ability to invoke "oppression" (*Mazlumiyya*) as a mechanism for the participants to confront personal traumas. Through vows (*Nudhur*) and ritual tables (*Sifrat*)—particularly the *Sifrat Umm al-Bannin*—an intensive symbolic environment is created to reorder the psychological chaos of the attendees. Scholars Sabrina Mervin and Edith Szanto, in their studies on religious anthropology in the Levant, argue that these gatherings represent a "Safe Space" allowing women to express private grief under the guise of "Sacred Mourning" for the *Ahl al-Bayt*, thereby transforming the circle into an informal communal psychological clinic (cf. Mervin, *Rituals and Popular Piety*, pp. 112-115).

From a modern psychological perspective, these rituals can be classified as a form of spiritually-inflected Group Therapy. The woman participating in the *Sifra* does not merely seek healing or sustenance; she practices "shared pain" within a group that holds the same value system. Dr. Ali al-Wardi, in his work *The Farce of the Human Mind* (pp. 180-185), explains that weeping in these gatherings serves a "purificatory" function, granting the individual internal balance against social and material life pressures. The *Mullaya*, through her rhetorical style and control over vocal cadence and the timing of the lamentation (*Na'i*), manages what is known in social psychology as Affective Identification. The woman identifies with the patience of Lady Zaynab or the sacrifice of Umm al-Bannin, thereby bolstering her Psychological Resilience. Anne-Sophie Vivier-Muresan describes this as a mechanism for managing health and social crises through symbolism (cf. *The Ritual of the Table of Umm al-Bannin*, p. 55).

Furthermore, the *Sifra* is linked to the concept of "Curative Material Blessing" (*Barakah*). The food distributed (*Murad*) is perceived in the Shiite folk consciousness as being charged with a sacred energy capable of repelling illness. David Pinault, in *The Shiites* (p. 88), notes that these practices create a "Somatic Memory" linking healing to belonging within the religious community. References to classical sources, such as Sheikh al-Saduq's *Man la Yahduruhu al-Faqih* (Vol. 4, p. 410), emphasize the merit of feeding others with the intention of healing. However, contemporary feminine practice under the supervision of the *Mullaya* has added a psychological dimension of Social Support, which strengthens the woman's psychological immune system, making these gatherings a cornerstone of "Spiritual Preventive Medicine" (cf. Baqir Sharif al-Qurashi, *The Life of Imam Husayn*, Vol. 2).

### B. Folk Healing (Khiyara and Ruqya)

Specialized women have emerged in:

**1. Al-Khiyara (Bibliomancy/Divination):** In Shiite spiritual medicine, *Khiyara* represents a metaphysical consultative mechanism aimed at dispelling existential confusion and achieving Mental Tranquility by delegating matters to the Absolute. It is a practice that transcends future prediction to become a tool for regulating the believer's emotional balance. This "delegation" (*Tafwid*) serves as a spiritual treatment for Anxiety, where the *Khiyara* (via the Quran or prayer beads) is a means of eliciting the Divine Will during moments of hesitation that might otherwise lead to psychosomatic ailments. Sheikh al-Tusi, in *al-Khilaf* (Vol.

1, pp. 515-520), establishes the legitimacy of *Istikhara* (seeking the best option), while al-Majlisi, in *Bihar al-Anwar* (Vol. 88, pp. 222-285), details various types of transmitted *Istikhara*, emphasizing that its effect manifests as "relief of the chest" and certainty in the outcome, thereby neutralizing the chronic stress resulting from fateful decision-making.

Scholar William Chittick and Seyyed Hossein Nasr analyze how *Khiyara* acts as a bridge between the "Visible World" (*'Alam al-Shahada*) and the "Unseen World" (*'Alam al-Ghayb*), granting the individual a sense of Divine Presence (cf. *The Heart of Islam*, pp. 130-145). In the Shiite feminine context, *Khiyara* is often practiced through experienced women who provide "Spiritual Counseling" derived from Quranic verses, which Edith Szanto describes as a method that reduces psychological alienation during domestic or health crises (cf. *Shi'i Rituals and Social Space*, p. 160).

**2. Al-Ruqya and Amulets (Incantations and Talismans):** *Ruqya* and Incantations constitute an integrated therapeutic system based on investing in the metaphysical power of the Sacred Word and the traditions of the Shiite Imams to confront "non-material diseases" such as Envy (*Hasad*), the "Evil Eye" (*al-Nafs*), and spiritual disorders that manifest physically. This treatment is not viewed as magic, but as a form of Immunization that redraws the spiritual boundaries of the self against external threats. Sheikh al-Kulayni, in *al-Kafi* (Vol. 2, p. 567), notes that the Quran is the "Greatest Healing" and that specific verses, like the *Mu'awwidhatayn* and *Ayat al-Kursi*, act as energetic shields. Anthropologist Michael M. J. Fischer, in *Debating Muslims* (pp. 230-245), observes that the use of *Ahraz* (written prayers) represents an attempt to manifest *Wilayah* in a tangible, material form worn on the body.

In this context, Envy is treated as a primary pathogen—a destructive negative energy managed by talismans attributed to Imam Ali and Imam Ja'far al-Sadiq. Al-Majlisi (Vol. 92, pp. 125-130) lists dozens of specialized incantations for neutralizing the "Eye." Gérard Wiegers argues that Shiite amulets (such as the *Hirz* of Imam al-Jawad) function as a Psychosomatic mechanism that provides the individual with absolute security, reducing physical tension resulting from fear (cf. *Islamic Magic and its Practices*, pp. 150-162). Furthermore, David Pinault explores this as an "Embodiment of the Text" on the female body to protect it during vulnerable stages like pregnancy (cf. *The Shiites*, p. 95). Ibn Bastam's *Tibb al-A'imma* (Medicine of the Imams, pp. 108-115) reveals a taxonomic precision in diagnosing pains and linking them to specific verses, transforming *Ruqya* into a "classificatory" science rather than random murmurs.

### **3. Woman as a Subject of Spiritual Medicine (Prevention and Treatment)**

Shiite spiritual thought has devoted significant attention to the biological and psychological specificities of women, dedicating a specialized framework of litanies and rituals for her:

#### **A. Fetal Fortification (Immunization of the Fetus)**

"Fetal fortification" in Shiite spiritual medicine is considered an extension of the theory of "Spiritual Ontogeny" that commences before birth. The womb is perceived as a space susceptible to spiritual and luminous vibrations. This system relies on an arsenal of litanies and verses aimed at creating an "Energetic Shield" to protect the fetus from negative metaphysical influences (such as Envy or demonic touch) and to ensure its physical and psychological integrity. Sheikh al-Kulayni, in *al-Kafi* (Vol. 6, pp. 10-25) in the "Chapter on the Newborn," establishes a set of recommended acts (*Mustahabb*) beginning from the moment of conception, emphasizing the impact of "Naming" and reciting specific Surahs (such as *al-Ikhlās* and *al-Qadr*) over the mother's abdomen. This reflects a belief that the Sacred Word penetrates material barriers to reach

the consciousness of the fetus and shape its primordial nature (*Fitra*) (cf. al-Majlisi, *Bihar al-Anwar*, Vol. 101, pp. 78-90).

From the perspective of Religious Medical Anthropology, researcher Robert Fernea argues that these practices represent a "Protocol of Care" that grants the mother a sense of agency over a complex and risky biological process (cf. *Guests of the Sheik*, p. 140). In this context, the Shiite woman relies on the "Fetal Amulet" or the "Pregnant Woman's Refuge" (*Uwdhat al-Hamil*)—transmitted texts from Imam Ja'far al-Sadiq that are sometimes written and pinned to clothing, containing protective verses. Sheikh Abbas al-Qummi, in *Mafatih al-Jinan* (p. 530), notes that reciting *Surah al-Anbiya'* with the intention of easing childbirth and preserving the fetus provides the mother with Spiritual Tranquility, which positively affects the fetus's physiological state by reducing cortisol levels resulting from maternal anxiety.

Furthermore, Shiite spiritual medicine links "material nourishment" with "spiritual nourishment"; pregnant women are advised to consume "Frankincense" and "Quince" while reciting specific prayers to enhance the "fetus's intelligence and character," as mentioned in *Tibb al-A'imma* (pp. 120-125). David Pinault analyzes this phenomenon as an "Embodiment of the Sacred," where verses become part of the newborn's biological construct (cf. *The Shiites*, p. 105). This fortification system transforms pregnancy into a mystical journey parallel to the biological one, where "Divine Succor" is invoked through the gateway of femininity (cf. Baqir Sharif al-Qurashi, *The Family System in Islam*, pp. 160-175).

### **B. Spiritual Treatments for Disorders**

Spiritual treatments for psychological disorders in Shiite thought constitute an integrated system based on the "Psychology of Patience" as a defensive and transformative mechanism. Affliction is not viewed as a punishment but as a process of "Spiritual Refining" leading to self-perfection. Emulating feminine archetypes of patience, foremost among them Zaynab bint Ali, emerges as the most potent therapeutic tool for confronting Anxiety and Trauma. Invoking the model of Lady Zaynab in "Karbala" transforms individual pain from absurd suffering into "Meaningful Suffering," aligning with Viktor Frankl's theories of Logotherapy. Al-Majlisi (Vol. 79, pp. 131-140) founds the concept of "Beautiful Patience" (*al-Sabr al-Jamil*), citing the Household of the Prophet as a means to restore physical and psychological peace. The famous statement attributed to Lady Zaynab: "I saw nothing but beauty" (cf. Ibn Tawus, *al-Luhuf*, p. 160) represents the pinnacle of Cognitive Therapy, altering the patient's perception of painful reality.

From the standpoint of Psychological Resilience, David Pinault argues that feminine rituals reviewing Lady Zaynab's life function as a collective "Therapeutic Protocol"; empathetic participation in her sorrows alleviates the woman's personal crises, reducing the likelihood of nervous breakdowns. Similarly, Sabrina Mervin notes that "Lamentation" and "Remembrance" act as mechanisms for Catharsis. Those afflicted find in the "Zaynabian Model" a pillar for a robust identity that remains unshaken by catastrophe (cf. *Rituals and Popular Piety*, p. 145).

Additionally, spiritual medicine includes "Behavioral Treatments" linked to patience, such as maintaining the "Night Prayer" and the supplications of *al-Sahifa al-Sajjadiyya*, specifically the "Prayer of the Grieved" and the "Prayer for Repelling Anxiety." Dr. Baqir Sharif al-Qurashi explains that "Worship amidst severe affliction," practiced by Lady Zaynab on the night of the 11th of Muharram, represents the highest degree of Psychosomatic Stability, as connection with the Absolute induces a state of biological calm that inhibits stress hormones. Traditional sources like al-Kulayni's *sal-Kafi* (Vol. 2, pp. 87-93) confirm that despair exacerbates

illness, while patience "begets good," rendering the emulation of sacred feminine models not a mere intellectual luxury, but a medical necessity for repairing psychological fractures and rebuilding spiritual and physical equilibrium (cf. *Mafatih al-Jinan*, p. 480).

#### **4. Social Dimensions and Contemporary Transformations**

Recent eras have witnessed a prominent epistemological shift in the role of the Shiite woman, moving from the sphere of "spontaneous traditional practice"—based on the oral transmission of supplications and amulets—to a conscious attempt at theorization and bridging modern psychiatry with Shiite spiritual values. This transition is not merely a formal modernization but a reconfiguration of *Wilayah* as an integrated psychological support system. Anthropologist Sabrina Mervin, in her studies on Shiite modernity, observes that the contemporary Shiite female intellectual utilizes "sacred symbols" (such as Zaynabian patience) as tools to bolster Psychological Resilience, transforming spiritual ritual into a conscious mechanism for confronting depression and existential anxiety (cf. Mervin, *Shi'i Worlds and Iran*, pp. 210-225).

From the perspective of "Spiritual Psychiatry," pioneering attempts have emerged to link concepts such as *Tawakkul* (reliance on God) and *Rida* (contentment) with the theories of Cognitive Behavioral Therapy (CBT). Dr. Abdul-Jabbar al-Rifa'i, in his discourses on "Saving the Humanistic Tendency in Religion," suggests that the contemporary Shiite woman practices "Spiritual Intelligence" when utilizing litanies and prayers as techniques for Mindfulness, thereby mitigating the intensity of psychosomatic disorders. This connection is further substantiated by Andrew Newberg's research in "Neurotheology," where feminine Shiite meditative practices (such as *Munajat*) are viewed as biological catalysts for restoring neurological balance, provided they do not substitute for professional medical consultation (cf. *How Enlightenment Changes Your Brain*, pp. 140-160).

Furthermore, feminine institutions affiliated with the *Hawza* (religious seminaries) have contributed to institutionalizing this link. Instead of the traditional *Mullaya*, the "Spiritual Counselor" has emerged—often possessing a background in sociology or psychology—offering consultations that blend the "Psychology of the Self" (*Fiqh al-Nafs*) found in the works of al-Ghazali or al-Fayd al-Kashani (cf. al-Kashani, *al-Mahajja al-Bayda'*, Vol. 5, pp. 110-120) with modern psychological schools. Grand Ayatollah Sayyid Muhammad Husayn Fadlallah, in his pedagogical vision for women, asserts that faith is a "psychological driving force" that grants the patient the will to heal, considering openness to modern medicine a religious and rational duty (cf. *Dunya al-Mar'a*, pp. 180-195).

#### **Balance: Complementary vs. Alternative Medicine**

The concept of "Balance" in contemporary Shiite discourse represents an epistemic and ethical necessity aimed at protecting the essence of faith from the impurities of superstitious interpretation. Religious seminaries and female intellectuals strive to draw clear boundaries between "Spiritual Intercession"—based on legitimate texts and principles—and "Charlatanism" that exploits health crises for suspicious material or moral gains. This rationalist orientation establishes the idea that spiritual medicine is "Complementary" and not an "Alternative" to modern material medicine, aligning with the jurisprudential rule that mandates consulting specialists. The *Hawza* in Najaf and Qum, through the edicts of their senior jurists, emphasize that "healing through prayer" proceeds hand-in-hand with "treatment via pharmaceuticals." Grand Ayatollah Sayyid Ali al-Sistani, in his rulings on "Medicine and Medical Practice" (pp. 15-20), stresses that abandoning material treatment when danger is present is considered a sin, thereby rendering "spirituality" as a psychological fuel that supports the

efficacy of material medication.

From the perspective of the "Sociology of Religion," scholar Wajih Kawtharani analyzes how the discourse of the *Hawza* has moved toward "Religious Rationalism" that rejects turning religion into magical "talismans" that negate the role of science (cf. *History of the Shiite Imaginary*, p. 112). Shiite female intellectuals play a vital role in this balance; Dr. Abdul-Jabbar al-Rifa'i, in *An Introduction to the Theology of Healing* (pp. 45-60), points out that contemporary Shiite spirituality focuses on the "tranquility of the soul" which strengthens the immune system. This proposition intersects with Western studies in Neurotheology discussed by Andrew Newberg in *How God Changes Your Brain* (pp. 85-110), where he proves that prayer and remembrance induce positive biological changes, yet do not replace surgery or antibiotics when medically necessary.

Moreover, the warning against "charlatanism" in modern Shiite literature serves to protect *Wilayah* itself; charlatans who claim absolute healing through "amulets" of unknown origin are viewed as distorting the image of the *Ahl al-Bayt*. Sheikh Murtada Mutahhari, in *The Hussaini Epic* (Vol. 1, pp. 140-155), emphasizes the need to purify Shiite thought from "superstitions," asserting that true intercession is that which elevates the patient's awareness and will. Foreign references, such as Sabrina Mervin's research on "Shiite Religious Reform," draw attention to the fact that this balance is part of a "Religious Modernity" seeking to reconcile the Unseen with Science. This positions the educated Shiite woman as the guardian of this consciousness, practicing her spiritual rituals with certainty while strictly adhering to medical recommendations, thus achieving a unity of "Body and Soul" (cf. Mervin, *Shi'i Worlds*, p. 205).

### Conclusion

This study concludes that the presence of women in Shiite spiritual medicine represents a profound existential and sociological structure that transcends marginal ritualism to sit at the very heart of doctrine and the healing process. The research has demonstrated that "Sacred Femininity," embodied in Fatima al-Zahra and the ladies of the *Ahl al-Bayt*, are not merely historical symbols but "conduits of emanation" and vital sources of *Barakah* (divine blessing) and spiritual sustenance. These elements reconfigure the concepts of health and recovery through the prism of *Wilayah*.

The findings indicate that feminine spiritual practices—ranging from the role of the *Mullaya* to the rituals of *Sifrat* and *Nudhur*—function as collective psychological support mechanisms. These practices intersect remarkably with modern psychotherapeutic theories, particularly regarding emotional catharsis and the enhancement of psychological resilience in the face of crises and afflictions. Furthermore, anthropological analysis reveals that the system of *Ahraz* (talismans), *Ruqya* (incantations), *Khiyara* (divination), and fetal fortification constitutes a preventive arsenal that grants women spiritual agency over their bodies and futures. This, in turn, mitigates existential anxiety and creates a unique psychosomatic equilibrium.

In closing, it is evident that contemporary Shiite thought—driven by the consciousness of female intellectuals and the rationalist orientations of the *Hawza*—has succeeded in formulating a "balanced" model. This model rejects superstition and charlatanism while establishing spiritual medicine as a complementary and reinforcing branch of material medicine. Invoking the spirit and the sacred text remains a means to bolster the will to heal and maintain an openness toward science simultaneously. Consequently, the experience of women in this field serves as a living model for reconciling the Unseen with Reason within the contemporary human experience.

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