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Beyond the Treatment Room: The Psyche-Body-Society Care Politics of Cairo's El-Nadeem

This article examines the care work developed by El-Nadeem Center for the Psychological Treatment and Rehabilitation of Victims of Violence and Torture in Cairo.[1] It shows what it looks like to provide care when violence, especially torture, is immanent and an everyday possibility. I had long admired the organization's focus on healing individual bodies and psyches in tandem with publicly addressing "the street"—or the political and economic conditions of the larger society. In addition to treating survivors of torture and sexual assault, El-Nadeem has publicly challenged state and social practices that perpetrate and normalize violence, especially against marginalized categories of people.

El-Nadeem is widely known and respected in Egypt for its work and independence. It was established in downtown Cairo in 1993 by a small group of leftist politically active psychiatrists, Aida Seif al Dawla, Suzan Fayyad, `Abdullah Mansour, and Magda `Adly. Three of the four are women, and

I dedicate this essay to my beloved late partner and devoted co-parent Jeffrey Dillman, who died unexpectedly in January 2022; he spent his life fighting injustice and representing the disfranchised, including torture survivors and refugees. I am indebted to the people at El-Nadeem for carving out precious time in difficult times to share their analysis and experiences and to Aida Seif al Dawla and her colleagues for reading the essay, correcting and updating my information, and answering my continuing questions over email. A Faculty Research Grant (2013) awarded by the Duke University Arts and Sciences Council supported my 2014 fieldwork. I was honored to present initial thoughts on the research in Cairo ("Reflections on Remembering, Forgetting, and Denial in Egypt") at the Institute of Women Studies at Birzeit University, Palestine, in March 2014. My brilliant friend and former Oberlin colleague Zeinab Abul-Magd consistently helps me understand and emotionally navigate Egypt. I am grateful to Minoo Moallem for inviting me to present the first draft of this essay at UC Berkeley in October 2017. I thank Hadeel Abdelhy, then a Duke undergraduate, who worked with me in 2017 to split Arabic to English translation of *Al-Nafs Tashku Wal-Jasad Yu`ani*. I am grateful to Elizabeth Manley, Rachel E. Greenspan, and Kimberly Lamm, who were kind enough to carefully read and comment on presubmission drafts, and Lucia Sorbera, who also read and shared her own research on El-Nadeem. *Signs* reviewers and editors provided much appreciated advice and motivation to complete the essay in my own painful times.

[1] Markaz al-Nadim Li Ta'hil Zahaya al-`Unf wal-Ta`thib, also Markaz al-Nadim Lil-`Ilaj wal Ta'hil al-Nafsi Li-Zahaya al-`Unf wal-Ta`thib (El-Nadeem Center for the Psychological Treatment and Rehabilitation of Victims of Violence and Torture), https://www.alnadeem.org.

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Figure 1 Aida Seif al Dawla, Suzan Fayyad, and Magda `Adly. February 21, 2016, at a press conference at the Journalists' Syndicate after the government ordered the closure of El-Nadeem on February 17. Photograph by Mohamed el Raai for the Associated Press: https://tinyurl.com/y95prbh7.

all were born between the late 1940s and mid-1950s (fig. 1). Because its care work treats psychic and somatic suffering within the sociopolitical conditions that produce it, El-Nadeem's leaders regularly publicly speak out or otherwise intervene to challenge those conditions. In addition to treating torture and sexual assault survivors, El-Nadeem trains people in all Egyptian provinces interested in establishing units to counsel female victims of violence (El-Nadeem 2013b, 3–4), supports survivor-clients in lawsuits, and engages in research-based media campaigns that document violence. The organization does not charge fees and continues to stand out in Egypt for its support of noncitizen (two-thirds of its clients) as well as Egyptian survivors (*al-nagiyyin/al-nagiyyat*), about two-thirds of them men.[2] Its activist-professionals participate in numerous Egyptian, Arab, and South-South collaborations.

[2] El-Nadeem does not accept funding from the US government or its agencies and avoids donors that push for normalized relations with Israel (Jadallah 2015; interview with Magda `Adly, Cairo, February 4, 2014). Its work is largely supported by Egyptians. Acknowledgments on reports and information on the internet indicate that funders have also included the Swiss government, the European Union, Sigrid Rausing Trust, the Global Fund for Women, and the International Rehabilitation Council for Torture Victims.

Aida Seif al Dawla, a widely published professor of psychiatry at `Ain Shams University, initiated El-Nadeem with her colleagues after three male leftist labor activists affiliated with the Egyptian Organization for Human Rights were released from prison. They had been arrested and extensively tortured for their support of a 1989 labor strike. As psychiatrists who documented the men's situations after their release, they realized that their friends were "not simply heroes." They were angry and felt humiliated and guilty "that they did not resist enough."[3] El-Nadeem cofounder Suzan Fayyad, also a psychiatrist, was interested in what she called the "social aspects of medicine" and the "ecology of illness." She and Seif al Dawla had both been active in the Egyptian student movement in the 1970s.[4] Fayyad tapped Magda `Adly, another psychiatrist and longtime leftist activist who had served a substantial stint as a political prisoner, to join the El-Nadeem group in late 1993 (Borg and Mayo 2007, 50–51).[5]

El-Nadeem's psychiatrists realized early that healing torture survivors requires a multifaceted, radical care politics that supports the individual and addresses systemic causes in their context (Hobart and Kneese 2020, 2, 13). Specifically, clients taught them that psychological healing often requires public interventions combined with individual psychological treatment. They understand the psyches and bodies of violence survivors as painful sites where multiple social and situational realities and experiences work themselves out. Their therapeutic strategies validate the connections between individual experiences of violence and the systems that produce and reinforce this violence.

[3] Interview with Aida Seif al Dawla, Cairo, February 15, 2014; interview with Suzan Fayyad, Cairo, February 4, 2014; see also Sorbera (2021, 179–80).

[4] Seif al Dawla, who graduated from `Ain Shams University in 1978, cofounded the leftist New Woman Research Centre in 1984 and continued as a member of its board for a few years. Before that she was a member of the Egyptian Workers Communist Party (Sorbera 2021, 170). Fayyad practiced medicine in the Red Crescent–sponsored Palestine Hospital in Cairo before helping to establish El-Nadeem. Interview with Aida Seif al Dawla, Cairo, February 15, 2014; interview with Suzan Fayyad, Cairo, February 4, 2014; see also Sorbera (2021, 179–80).

[5] `Adly joined the ruling Arab Socialist Union (affiliated with the Republic of Egypt's first postcolonial leader, Gamal `Abd al-Nasser) after the 1967 War (Six-Day War) between Israel, on one side, and Egypt, Syria, and Jordan, on the other. Israel's victory resulted in its colonization of the remainder of historic Palestine and expulsion of hundreds of thousands of additional Palestinians, many of whom had already been made refugees by its establishment in 1948. The Gaza district (which had been administered by Egypt) and the so-called West Bank and East Jerusalem (which had been annexed by Jordan) came under Israeli military rule after the war. `Adly quit the ruling part in 1970 when the government imprisoned her elder sister for eight months. She joined an independent socialist group after entering university in the early 1970s. The state imprisoned her for fifteen months for her involvement in the January 18, 1977, Bread Strike in Egypt, and then rearrested and imprisoned her for two additional months. She completed her medical training in 1983. Interview with `Adly, 2014.

Thus, substantial dimensions of El-Nadeem's work confront the institutions that produce violence and challenge the paradoxical coexistence of the collective normalization and disavowal of violence. El-Nadeem's work developed dialectically over decades in response to client needs and sociopolitical conditions in the Egyptian, African, and Arab context in which it works. These conditions include class and gender inequality as well as the miseries produced by war, imperialism, militarism, and a deeply carceral state.

Part of my goal is to show how historical context and material conditions shape forms of suffering and care politics. Contexts and conditions are often projected in universal terms, evacuated, or superficially addressed in feminist concepts produced in the Anglophone imperialist core but exported or taken up globally. Indeed, as I prepared this essay to be considered for the special issue "Complexities of Care and Caring," I knew that what counts as feminist theorizing must be legible within the neoliberal Western academy and that such legibility depends on universalizing abstractions produced in knowledge systems complicit in reproducing inequality.

The primary objects of analysis in this essay are my interviews with four of El-Nadeem's psychiatrists, El-Nadeem's organizational publications, and a guidebook published in Arabic for Arab girls' and women's psychological health, *Al-Nafs Tashku wal-jasad yu`ani: Dalil al-Mar'a al-`Arabiyya fi al-Siha al-Nafsiyya* (The psyche ails and the body suffers: The Arab woman's guide to psychological health; Seif al Dawla 2003), that was field-tested in multiple countries and authored by one of El-Nadeem's founders in collaboration with Arab feminist psychiatrists and psychologists in the region. Of the interviewed psychiatrists, three were founders of El-Nadeem (Seif al Dawla, Fayyad, and `Adly) and the fourth was a younger male psychiatrist, Hani Mustafa `Ali.[6] As part of my interest in embodiment and critical feminist geography, the interviews focused on the organization's approach to bodies in its therapeutic practices as well as the daily work and challenges faced by its staff. The article is also informed by five weeks of wide-ranging fieldwork in Cairo on post-revolutionary dynamics in early 2014, when xenophobic militarist nationalism was the dominant sentiment in the country. Despite keeping up from a distance, I was shocked and at times terrified at how badly the political situation had devolved in comparison to my previous research visit in late spring 2011.[7]

[6] Mansour, the fourth founder, was out of the country during my fieldwork. Hani `Ali, the male psychiatrist I interviewed in 2014, had been working with El-Nadeem for three years at the time. Other crucial members of El-Nadeem's staff I did not interview include Dr. Mona Hamed, the director of the center in the past decade; Ms. Dai Rahmy, a translator and administrator; and Dr. Raghda Sleit, a longtime and popular therapist.

[7] The January 25, 2011, mobilization in Egypt emerged as revolutionary upheaval in Tunisia unfolded in December 2010. Millions of Egyptians came out and stayed out in a massive

When I conducted field research in 2014, El-Nadeem was composed of ten full-time professionals and dozens of trained volunteers. I was able to gain entrée after establishing some trust, given my status as a foreign researcher. During this period, the immanence of crisis within the organization and more broadly in Egypt shaped everything, including my sense of gloom. These were no longer hopeful revolutionary times in Egypt or the region. Before connecting with folks at El-Nadeem, I naively thought I would be able to attend some counseling sessions. That was clearly out of the question. Moreover, I no longer felt comfortable with my research desire to observe how therapists addressed the misery of clients. My interviews with key informants are central to my project of challenging a reigning dichotomy in the academy between the "raw material" we gather in our fields of study and our privileged analytical or theoretical voice, and I generously draw on them.

The next section discusses El-Nadeem's development and evolution, including its expansive understanding of violence and trauma in its therapeutic practices. The second section, titled "The psyche ails and the body suffers," focuses on El-Nadeem's nonabstract orientation to embodiment and the group's understanding of psychic, somatic, and societal health as closely connected. The third section considers El-Nadeem's understanding of the temporalities of trauma, which differs from hegemonic psychiatric and psychological approaches. The final section explores El-Nadeem's radical activist care work, which challenges the collective normalization and disavowal of violence.

El-Nadeem's evolving care protocols in a setting of immanent violence

> Torture is inhumane and unnatural because it violates the body, mind, and psychic situation of a person. No person expects to be tortured, so there is nothing in our system that offers knowledge or a reference. As a result, the human response will be unnatural. The society deals differently with the ill person and the person whose body has been violated by a person protected by power.[8]

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uprising that led to the resignation of President Hosni Mubarak in February. The military installed the Supreme Council of the Armed Forces to lead the country. The Muslim Brotherhood came into political power with the election of Mohamed Morsi as president in June 2012. Morsi was deposed in July 2013 by a military coup led by General Abdel Fattah Sisi, Morsi's minister of defense. For background on the Egyptian revolution and its gendered aftermaths, see Abu-Lughod and El-Mahdi (2011), Amar (2011), Sholkamy (2011), Ghannam (2012), Hafez (2012, 2014), Abdel-Fadil (2014), Mourad (2014), Hasso (2015, 2018, 2020), Naber and Said (2016), Kabesh (2017, esp. chap. 1), Hamzeh (2020), Naber (2021), and Zakariyya (2021).

[8] Interview with `Adly, 2014.

This section shows how endemic crises and political twists and turns over three decades in Egypt dialectically shaped El-Nadeem's work and treatment protocols for survivors of violence, including torture. Notably, its practitioners quickly learned from their clients that healing often required public interventions on a client's behalf, not simply individual psychological treatment. Psychotherapeutic care has multiple histories in colonized, previously colonized, and imperialized settings, including in Egypt. Such care is less likely to have the luxury of ignoring ongoing social, economic, and political violence. Patients in such contexts often "bear witness to a collective history, a history larger than [their] own and that attests . . . to both [their] madness and [their] pain," which is often entangled "with the machinery, exclusions, and phantasms of collective life in a postcolonial nation" (Pandolfo 2008, 75, 82). Practitioners, moreover, often "work in a permanent state of emergency" (105) even as they receive patients "with hope, with sadness, and sometimes with a sense of impotence" (75). As Stefania Pandolfo shows for postcolonial Morocco, in Egypt overwork, limited resources, and impoverished clients are the daily reality of providing therapeutic care in violent and unequal settings.

In addition to providing psychological care, El-Nadeem's staff document clients' experiences of torture, sexual assault, and beatings for lawsuits against perpetrators, and attend autopsies to build an evidentiary record for lawsuits by family members. To address the material power relations and ideological systems that produce and normalize violence in Egypt, El-Nadeem conducts field research, produces easy-to-understand Arabic educational pamphlets and books using vernacular testimonial language, and mobilizes other organizations in specific campaigns (e.g., El-Nadeem 2012, 48, 59, 111, 189). Its leaders regularly use media to discuss the violence perpetrated by state and nonstate actors, a strategy they "gradually reduced after 2014" in response to a "crackdown on public space and civil society."[9]

The founders licensed El-Nadeem with Egypt's Medical Association and registered it as a clinic with the Ministry of Health and Population and as a civil not-for-profit company to avoid the restrictive regulations they would have faced if they had registered it with the Egyptian Ministry of Social Affairs. Nevertheless, different arms of the Egyptian state challenged El-Nadeem's registration and categorization, raided its libraries and offices, sealed its doors, assaulted and imprisoned its workers, and constrained the mobility of its leaders over the years. El-Nadeem's work has often elicited such repressive

[9] Email correspondence with Aida Seif al Dawla, November 30, 2021. By 2014, the state had crushed most independent television, online, and print media outlets; activists understood the remaining major outlets to be "directed" (*muwajjaha*) by military and oligopolistic forces.

responses.[10] In addition to harassment, closures, travel bans, imprisonments, and media whisper campaigns, in 2005 Seif al Dawla and `Adly were part of a group of professional women sexually assaulted in a mass attack by state-sponsored forces against a peaceful demonstration.[11] The shocking event led El-Nadeem to initiate a public campaign in tandem with other Egyptian organizations called "The Street Is Ours" (*al-shari` lina*).[12] One of El-Nadeem's pro bono lawyers, the (male) labor activist Haytham Mohamadeen, was arrested on May 15, 2018, and finally released on September 15, 2022.[13]

El-Nadeem's psychiatrists initially believed they would largely be counseling politically active torture victims and producing what they call "medico-legal reports" for their court cases. However, they learned from hundreds of nonactivists who knocked on their office door every year that most victims of torture in Egypt were regular people, usually poor, targeted for graft and abuse by officers of the state. They quickly came to understand, in Fayyad's words, that "violence is an institution embedded in law and all social structures."[14] When I conducted my research, El-Nadeem's clients were people who had survived torture, rape, beatings, and sexual assault in police stations, neighborhoods, workplaces, and during home invasions and demonstrations; medical neglect in detention; and domestic or intimate violence. Clients also included families of the detained, disappeared, beaten, or killed. Refugees who sought out support included Sudanese, Eritreans, Ethiopians, Iraqis, and Syrians, among others, who come into or through Egypt in periods of human displacement produced by wars, massacres, and other human-made

[10] The Ministry of Health first invaded and ordered El-Nadeem closed in 2004, although the organization legally challenged the closure and reopened. In 2016, Seif al Dawla learned that she was banned from travel when she tried to leave for a workshop in Tunisia (*Mada Masr* 2016). In 2017, Fayyad learned she was banned from leaving when she tried to attend a conference in Tunisia (*Mada Masr* 2017). In November 2016, the government froze El-Nadeem's bank account and reallowed access a week later when the center proved it was not subject to the restrictive 2002 Law 84 on Non-Governmental Organizations. In February 2017, the Ministry of Health again banned El-Nadeem from operating, ostensibly because it was doing work outside its "health mandate" (*Al-Monitor* 2017).

[11] Plainclothes men and boys used a policing technique called "cauldroning" or "kettling" in a coordinated attack against a protest attended largely by journalists and other prominent Egyptian professionals outside the journalists' union office. This carceral method, which has been used repeatedly against protestors in Egypt since 2005, encircles and traps protestors into an increasingly small area, within which uniformed and plainclothes perpetrators use their hands and "white weapons" (*sakakin baytha'*) such as swords, to undress, molest, physically injure, and penetrate victims (interview with Fayyad, 2014).

[12] Interview with Fayyad, 2014; interview with Seif al Dawla, 2014.

[13] See Lawyers for Lawyers (2018) and Front Line Defenders (2022); email correspondence with Seif al Dawla, 2021.

[14] Interview with Fayyad, 2014

disasters.[15] Noncitizens experience multiple layers of structural and situational violence in Egypt.[16]

El-Nadeem expanded individual treatment protocols within a year or so of its establishment as former clients explained that even when psychological symptoms resolved, many of them dwelled on what others thought of them. They suggested, in the English terminology `Adly used during the interview in Arabic, that El-Nadeem's clinical "indoor work" was insufficient and asked them to connect with political movements, lobby to change laws, engage publicly in campaigns against torture, provide legal assistance in lawsuits, and participate in demonstrations and sit-ins.[17] For example, Hani Mustafa `Ali explained that survivors occasionally ask El-Nadeem to assist them in taking cases to court to hold torturers accountable, "even if the case does not win," because the process of having their story heard and known helps them heal. Seif al Dawla similarly explained that "many people did not require psychological rehabilitation but rather needed to retaliate (*intiqam*) against their abuser in some way or be exonerated (*rad*)," since family and community members often blamed them for being victimized.[18] As part of its outward-facing advocacy for clients, El-Nadeem recruited and trained lawyers and physicians in "client-centered advocacy."[19] They collaborated with each survivor to develop an individual treatment plan. Some plans included components that allowed the survivor to hold a specific institution or perpetrator to account for violence, which often required El-Nadeem to turn to the judicial system to seek relief.

El-Nadeem's workers came to understand that "psychological treatment must also address the structural factors, the relationships, the people who produce pain and suffering."[20] These demands were one reason the organization published survivor testimonies, which helped clients "get access to the media, which at the time was still possible."[21] Therapist relationships with survivors had to be a "partnership, not only because it better respects the individual but because the individual will suffer the consequences of any remedy we suggest. Our clients come to the center and are then forced to

[15] El-Nadeem is the main organization in Egypt that works with people applying to the UN refugee agency to document their refugee status when seeking asylum, usually in a third country.

[16] See El-Shaarawi (2015); interview with `Adly, 2014.

[17] Interview with `Adly, 2014.

[18] Interview with Seif al Dawla, 2014.

[19] Interview with Fayyad, 2014.

[20] Interview with `Ali, 2014.

[21] Interview with Seif al Dawla, 2014.

return to their neighborhood, the same neighborhoods with the police who tortured them."[22]

In 2002, El-Nadeem counselors began to treat a substantial number of activists victimized by politically motivated state-sponsored torture and sexual assault. Collective action had revived in solidarity with the second Palestinian intifada and later to protest the US invasion and occupation of Iraq.[23] In the same year, the organization established a Women's Unit (*wihdat al-istima` wal-irshad lil-nisa' al-mu`anafat*) that specialized in assisting victims of domestic violence. It also set up a hotline solely for women and girl victims of sexual assault and domestic violence staffed 24/7 and another for any victim of torture and sexual assault. In 2004, El-Nadeem established a Legal Aid Unit. They had learned from survivors that legal assistance:

> improves psychological rehabilitation. He either gets his rights or redress, or he is able to let off steam [*fasha ghilu*], or a clash with the legal system might allow him to gain a sense of dignity. [When they did get legal assistance on their own, many survivors were] being acted upon [*maf`ul bihi*] [rather than] being an agent [*fa`il*] in the process. If I ask the lawyer about a client's case, he will tell me that everything is going great. Well, you need to tell the client! This is his right to know. Doctors in Egypt work the same way. They do not feel they need to tell the client anything. . . . Thus, the ill survivor in our offices will say they know nothing about their illness. While not every professional is like this, the system is. This is why we established a legal unit, which required training lawyers to work appropriately with traumatized survivors of violence, coordinating with the IRCT [the International Rehabilitation Council for Torture Victims].[24]

The flow of clients victimized for political activity continued to increase in the 2000s, and the organization's office became the main conduit for medical supplies and support to spaces of resistance in downtown Cairo during the Egyptian Revolution that began in January 2011 (fig. 2). El-Nadeem remained active as one violent event superseded another in public squares and prisons, providing legal documentation and medical reports, observing autopsies, facilitating first aid, and documenting testimonies of sexual torture targeting men and women activists (on the latter, see El-Nadeem 2013b). El-Nadeem continued its work with refugees, a group excluded

[22] Ibid.
[23] Ibid.
[24] Ibid.

Figure 2 El-Nadeem's client waiting room, Cairo. February 18, 2014. Photograph by the author.

from the Egyptian citizenship discourse of the 2011 revolution.[25] Indeed, refugees and noncitizens in general were not part of the national visions of "the people" who demanded "the fall of the regime," as the most resounding chant of the Arab uprisings went (*ash-sha`b yurid isqat an-nizam!*).

In late 2014, El-Nadeem closed the Legal Aid Unit in anticipation of a "new state crackdown on civil society," according to Seif al Dawla. Its leaders decided to focus the organization's limited resources on "providing psychological support to torture survivors," a service no other organization provided. To do this, they needed "to secure the clinic and limit our [other] activities." The decision to close the Legal Aid Unit was influenced by the July 3, 2013, military coup "and the criminal crackdown by the government on the Muslim Brotherhood and its partisans, especially during the [August 14] massacre in Rabi`a Square [ending a six-week sit-in] and the subsequent arrests." The founders found that the majority of lawyers in the unit "were reluctant to represent these prisoners in interrogations because of their ideological and political affiliations with the Muslim Brotherhood. We had stormy discussions at the center and finally decided to close

[25] Interview with Seif al Dawla, 2014.

the unit after we secured willing lawyers in other organizations who could represent them."[26]

The following section considers the interdependence of soma, psyche, and society in El-Nadeem's theory and praxis, which extends care beyond the private treatment room because they understand individual suffering to be substantially produced by the sociopolitical institutions and pathologies that produce and reinforce violence.

The Psyche Ails and the Body Suffers

El-Nadeem's therapeutic methods are based on a theory of the embodied psyche. They understand bodies in their fleshy relations to social conditions and psychic life, a dialectical approach that subtends their clinical protocols for survivors of violence. In addition to the interviews, this section relies on a close reading of *The Psyche Ails and the Body Suffers: The Psychological Health Guide for Arab Women* (Seif al Dawla 2003), an Arabic guidebook for psychological health for girls and women. El-Nadeem's psychiatrists brought it to my attention and provided it, given my questions about embodiment in their treatment protocols.

When I asked Fayyad about El-Nadeem's understanding of the bodies of its survivor clients during our 2014 interview, she responded that to assist a person who is suffering psychologically, one must first "know what is going on in their soma" and ease physiological problems they may be experiencing. Stefania Pandolfo, whose rich research oeuvre focuses on Indigenous, Islamic, and psychiatric explanations and approaches to psychic healing in postcolonial Morocco (see, e.g., 2008, 2018), quotes an imam who in a more spiritual vein than El-Nadeem's explained that "'maladies of the soul' are not located in the body but are often manifested as, or lie at, the origin of physical illnesses." Pandolfo continues, "The Imam points to the passion of anger [*al-ghadab*], and the sentiment of grief [*al-ka'ābа*] as prime causes of illness—a malady of the soul that also affects the body, and that can lead to madness, melancholy, or suicide" (2010, 34–35).

El-Nadeem's dialectical understanding of the relations between body, psyche, and society is expressed in a 2003 Arabic-language guide, a kind of feminist *Our Bodies, Ourselves* for women's psychological health primarily authored by Seif al Dawla but produced with a collective of women psychiatrists and psychologists from Syria, Egypt, Tunisia, Jordan, Sudan, the United Arab Emirates, Lebanon, and Palestine. *The Psyche Ails and the Body Suffers* (Seif al Dawla 2003), was published by the Nour Arab Women's Association, which at least at the time had branches throughout the region and

[26] Email communication with Seif al Dawla, 2021.

was registered in Lebanon. The group worked on creating the guide between May 2000 and September 2003, meeting to discuss structure and drafts, sending chapters to expert readers in multiple Arab countries, workshopping the manual in Beirut in 2002, and field-testing it in Lebanon and Jordan before publication.

The guide uses research-based plain language to explain how society normalizes and legitimates violence against girls and women. It denaturalizes and delegitimizes such violence, in the process challenging gendered divisions between public and private spaces and concerns, consistent with El-Nadeem's work. For example, the guide explains that women are taught "to be responsible both for our behaviors and the behaviors of others so we first blame ourselves for violence committed against us, following the lead of the society" (131). It challenges the idea that "what happens inside the family is a private matter," as well as women's acceptance and silence around such violence (121). It explains that while studies in the region indicate that many women accept sexual violence within the home because they feel "it is their husband's right to ask for his sexual desires to be fulfilled at any time" (124), "sexual relations require the agreement and willingness of both sides in order to enjoy them and increase intimacy" (125). It discusses incest, arguing that rape of girls "within the family is much more widespread than we'd like to admit and more dangerously is kept quiet because to discuss it would shake the entire structure of the family" (125). It insists that "humiliation, terrorization, terrifying, minimizing others or reducing their self-confidence" is psychological violence (126) and challenges typical explanations for remaining in violent marriages (130–32).

The Psyche Ails counters dichotomies between the normal and the abnormal, the natural and the unnatural, arguing that they often reproduce an unjust sexual status quo, by implication between girls and boys, women and men, and it points to the powerful imprinting of such dichotomies on the unconscious. Using general but effective language, it argues for understanding and treating bodily/psychic suffering in its context: "Our childrearing teaches us that every behavior is between the banned and the respectable." It is difficult to transform "years and years" of being taught what is "natural" or "unnatural" despite our behaviors having little to do with nature (6). It explains that it takes "even longer years to change the feelings and thoughts that produced these understandings because they are embedded in the rearing of men and women" (7). The guide highlights gender inequalities when social norms are violated, "While men also have restrictions and roles, women who violate them are likely to have them imposed on their spirit and body, whereas men are left some leeway and more opportunities to follow their individuality" (7, 37). Transformation requires "actively working against these

matters"; otherwise, "they will continue even if we are no longer consciously convinced of them and have stopped actively applying them in our lives" (7).

One aim in *The Psyche Ails* is to destigmatize the expression of psychological pain and the act of seeking treatment: "We [as women] have many feelings and thoughts that we do not share because we worry that they would makes us seem 'unnatural' (*ghayr tabi`iyya*)" (8). "How many of us have visited a doctor for symptoms and felt depressed when he said to her: 'You are not suffering from anything, this is a psychological situation'?" (11). While we see physicians for illnesses, we avoid them for psychological suffering because "the line between what is psychologically normal and not normal is unclear" to most of us. The guidebook glosses: "What is known to be normal has a wide range and includes many differences that number as many as the individuals who exist, age, countries, cultures, customs, traditions, and so on" (12). Moreover, people do not exist or emotionally respond in a present that is historically and socially neutral: "Everything we feel, think about, and live with in every moment is a result of past experience, which we use to interact with the present" (14).

The guide explains the biological and psychological consequences of social deprivation: "The pregnant woman who is undernourished shall give birth to an ill child, physically and psychologically. Despite the fact that lack of nutrition is a biological factor, we will find that it is also a result of poverty, lack of awareness of necessary nutrition, or deep stress, which are all caused environmentally and socially" (15). It frames such social deprivation in political and systemic terms: "Psychic suffering is produced by the ruling economic policies in a particular country, which significantly hurt the less privileged sectors and produce short-term psychological symptoms in response to strong pressures on daily life. To treat such suffering requires not psychological explanations or researching women's internal struggles but fulfilling their political requirements and providing support as they demand their rights for a dignified life" (32).

The Psyche Ails presents somatic suffering as sometimes having psychological or unconscious origins. For example, psychic suffering produces bodily changes, reduces immunity, and has the potential to aggravate existing illnesses (74). Long-term psychological pressures can cause physiological disorders. Many people express psychological distress through their bodies, for example with headaches or difficulty breathing (108). Alternatively, sometimes physical illness is an unconscious defensive response to regain balance, linked to childhood causes, although "it buries the original cause and converts the anxiety into a motor or sensory symptom where this symptom is visible and the center of attention" (113). Such "conversion symptoms" are like a "psychic strike" in which the psyche "announces that it is no longer able

handle the extreme inner struggle so it moves the burden to the body," including biologically inexplicable symptoms such as vision loss and paralysis, "which are more likely to be taken seriously by those around us" (113). The guide acknowledges as well that sometimes psychological illness is caused by physiological factors: "Just as psychological symptoms can disguise themselves as bodily symptoms, several bodily symptoms can start or be accompanied by psychological symptoms related to the presence of organic illness," affecting brain functioning, awareness, emotional wellness, and memory (117–18).

While El-Nadeem's psychiatrists likely would agree with one of their Egyptian predecessors, Yusuf Murad, that "above all . . . the psyche was forged in the vortices of the social body" (El Shakry 2014, 116), El-Nadeem's treatment always begins with the actual physical body of a survivor, which they do not treat "as an abstraction."[27] Fayyad explained this best:

> Unlike how we were taught in medical school, there is no psyche without the body and no body without the psyche (*nafs*). We are very concerned with the psychosomatic [expression] that physicians call "hysterical." For us, the body has a special internal language with the psyche. We accept any case we receive as it is. We do not judge the person or over-identify but try to be understanding. We maintain completely neutral and professional expressions when people explain their situations to us. We take each person as they are. When people are tortured, they feel psychologically and physically humiliated. If a client says he is not sleeping or not eating, you respect that. We first examine the physical conditions. Is the client constipated, has he eaten, does he have enuresis [involuntary discharge of urine] resulting from *sadma*? Our priority is to address these physical symptoms early. If he is agitated, we ask what is behind it, whether psychosis, depression, or lack of sleep. For four or five days my concern is addressing and improving a client's physical condition because it is integrated with the psyche. If he has been tortured or raped, he is not only psychologically dealing with the trauma but dealing with it bodily. We never require a victim to tell his story and are not pushy [she used the English word] in this respect, neither for documentation or treatment.

[27] In her analysis of the 1940s and 1950s work of the Egyptian intellectual and psychologist Yusuf Murad, Omnia El Shakry shows that he developed an integrative psychology that "presented the self not solely as a body, or a psyche, or even a psyche added to a body; but rather as *wihda nafsiyya, jismiyya, ijtima`iyya*, the unity of psychic, bodily, and societal aspects" (El Shakry 2014, 97). He drew on medieval Arab philosophy to introduce the widely used Arabic word *al-la-shu`ur* to refer to the unconscious (El Shakry 2017, 21).

> Next, we ask a very important question: "What do you want from Nadeem?" [*inta `ayez eeh min Nadeem?*]. In some cases, clients appear physically and psychologically fit, but they ask us for help to raise a case, "I want a lawyer." We consider this rehabilitation. . . . My condition is that he cannot go to the lawyer until his agitation is resolved. We also require that he think in steps. We propose priorities and are very concerned that each meeting has a success for each client. If I feel I am not the best person to handle an issue, I ask someone in the Women's Unit to help me, for example, in cases of rape, which I personally have difficulty with, . . . it could be Farah, or Amaney, or Magda.
>
> We do not all work on deep psychotherapy. Such cases are assigned to Dr. Basma, Dr. Mona. We select which cases would benefit from deep psychotherapy because not all survivors require it. People need to live. Our Sudanese or Eritrean women refugees need to work every day and come and go for support; for them, cognitive psychotherapy works. Other methods work with other clients. I have a case of a man who has trouble with defecation and living his daily life. This person needs deep psychotherapy. In cases where a client is afraid to walk in the streets or meet with authorities, we take them by the hand [accompany them] to General Security Services or send with him a lawyer for support and protection. A victim often improves without psychotherapy because a respected person listened to him, believed him, and helped him gain benefits at the legal level. There are cases where clients put all their hopes in you, and you cannot help them. This is difficult for us, and we try to be clear to clients about what we can and cannot accomplish.[28]

Hani Mustafa `Ali discussed the impact of torture on the relationship between a person's psyche and body, his therapeutic goal with survivors in "sittings" (therapy sessions), and the overarching challenge he and other therapists face in providing care:

> You think of your body all your life as an instrument through which your needs in life are fulfilled, but torture introduces something else. It makes the victim hate their body, want to detach from it and the load it carries. He wants to end this attachment to the body as the instrument through which he is exposed to such pain. Often that leaves only suicide as an option. Part of my treatment is to get him to reconnect with his body, to remember the days when he enjoyed his body and received pleasure through it and its sensations. I have him narrate moments of play, happy memories so that he can think of his body

[28] Interview with Fayyad, 2014.

> again as a source of fulfillment, not only harm and pain. But then we go back to the issue that the torturer is determined to re-expose that body to pain.[29]

Elaine Scarry similarly writes that regardless of the setting or cause of suffering, the person "in great pain experiences his own body as the agent of his agony. The ceaseless, self-announcing signal of the body in pain, at once so empty and undifferentiated and so full of blaring adversity, contains not only the feeling 'my body hurts' but the feeling 'my body hurts me'" (1985, 47).

El-Nadeem's protocols take embodiment and identity differences seriously without essentializing men. In response to my questions regarding possible differences in how males and females are tortured, `Ali explained that boys and men are generally more brutally beaten by security forces because their bodies are considered stronger. Girls and women are also beaten, sexually assaulted, or threatened with sexual assault. However, if a "girl or woman is perceived to have no protection from family outside, she is more likely to be violated sexually," although "younger boys report sexual violations as part of their torture experiences."[30] As Seif al Dawla explained, culture structures how differently embodied people experience violence. Acts of violence, how they are experienced, and how they are read and responded to are culturally and socially encoded into psyches and bodies:

> The importance of the body in torture is that it is as private as you can get. The body is more than muscles and blood, it holds particular values, for example, the body of a woman should not be uncovered, gazed at, or hurt. When these boundaries are broken during torture it challenges the mental setup of a woman, and she is split into before and after. The same is true for men violated by forced intercourse. This is a taboo area and the basis of social rejection and many insults for men. Protecting against such violations is an important aspect of masculinity, maleness, and *ġad`ana*. To put a man in these situations as a captive explodes his male integrity and pride, even if he is not conscious of this or does not express it this way. Ultimately, this is the goal of torture—it is not pain, pain is a byproduct. The goal is to break the spirit. This is our expression in Arabic, *kasr al-nafs*, breaking the spirit.[31]

During our 2014 interview, Fayyad mentioned a case where a male torture survivor preferred to be counseled by a woman rather than a man. She

[29] Interview with `Ali, 2014.
[30] Ibid.
[31] Interview with Seif al Dawla, 2014.

asked me to elaborate on my response of, "that makes sense to me." I replied, "because they were humiliated by the torturer, I think." She explained, "He doesn't like to feel lower before another man. Before a woman, it's easier."[32] I asked Seif al Dawla more recently about the gender politics of women psychiatrists caring for male victims of torture and whether men perceived themselves to be "feminized" by such violence because victimization status is associated with women. She explained that most psychiatrists in El-Nadeem are women because men psychiatrists are less likely to remain in the work and that sexual assault is less a feminizing dynamic for men than degrading their sense of manhood, which by implication largely exists in relation to other men:

> The fact that we are all or mostly women at this stage is a coincidence to a great extent. We did not start out like this. We were three women and a male colleague who had left in the meantime. We also had several younger male colleagues working with us throughout the years. Now our staff has shrunk a lot, partly because of the security concerns of younger therapists for whom El-Nadeem was an experience early on in their career, and for others it was because they wanted to move on to broader fields of therapy beyond healing torture trauma. I don't think men who are subjected to sexual assault are being feminized, although this may be the target of their [male] torturers. It is not so much that victimization belongs to women. Rather, degradation through sexual attacks [which is implemented by other men] seeks to deprive men of their "manhood." I am sure that women are more likely to talk about sexual torture than men do because of such stigma.[33]

El-Nadeem's therapy protocols and radical care praxis recognize the social immanence of different forms of violence, which differs from allopathic psychiatric training that treats trauma as caused by a past event or events. Thus, an empirically grounded theory of continuity and context shapes how El-Nadeem understands violence, trauma, and healing practices, the focus of the next section.

Temporalities of trauma, suffering, and healing

Their classical training in psychiatry in the 1970s and 1980s, El-Nadeem's founders believed, did not prepare them to deal with the specificities of

[32] Interview with Fayyad, 2014.

[33] Email correspondence with Aida Seif al Dawla, November 15 and 17, 2021. Kim Lamm posed this question to me first.

suffering from torture.[34] They learned through experience that torture survivors were not "like any other psychiatric patient. Psychiatrists had no sense that there is a specific context [*siyaq*] to torture that produces specific psychological defense mechanisms that lead to acute trauma and stress. This person is not ill in the depressed sense."[35] Moreover, "the concept of violence was unclear in psychiatry, particularly with respect to the bodily and psychic consequences of torture and domestic violence."[36] They found that clinical psychotherapy often failed for survivors "because the people who came to us were not ill in any classical meaning. Their responses are normal, and the situation they are responding to is abnormal."[37]

For El-Nadeem, the goal of therapy is to respect each survivor's embodied experiences and knowledge and to protect them, although they are "very sincere" with clients about their inability to guarantee a positive outcome.[38] Survivors need protection from police and military forces as well as "moral and customary authority [*sulta adabiyya*]" or hegemonic cultural judgments that may blame or stigmatize them for becoming victims. As `Adly explained, El-Nadeem works "from the premise that a human being's body and mind should be inviolable [*hurma*]. Torture survivors require treatment that allows them to go back to living after experiencing such violation. In many cases a survivor cannot readjust to life or even stand their families, children, or work, and sometimes their personality even changes. The work is to help that person overcome the shock of torture and understand they are not a criminal who needs to feel ashamed or guilty."[39]

El-Nadeem's therapists do not treat a client's experience of violence as an "encounter" with an isolated past event, to use Lamia Moghnieh's phrasing with regard to Lebanon, where war, dislocation, and political instability punctuate life, requiring "living-in-violence" (2017, 25, 26, 30; see also Das 2015). The assumption of pastness built into Western psychiatric understandings of trauma came up when I asked `Ali about his challenges as a therapist. He noted that the *Diagnostic Statistical Manual of Mental Disorders* (*DSM-III*) of the American Psychiatric Association (APA) "assumes that the torture has ended and the treatment is regarding onset of symptoms in response to a past event. In reality, any appointment with Egyptian police has a high probability of being attached to torture, which the young

[34] Interview with `Adly, 2014.
[35] Ibid.
[36] Interview with Fayyad, 2014.
[37] Interview with Seif al Dawla, 2014.
[38] Ibid.
[39] Interview with `Adly, 2014.

men must anticipate. And if imprisoned, at the minimum he will suffer '*haflat al-istiqbal*' ["the reception party," a euphemism] where he is beaten on different parts of his body. So, my psychiatric treatment plan in any given year is irrelevant when the patient is continuously reexposed or expecting to be reexposed to torture. This makes my work difficult."[40]

`Ali explained that the ongoing potentiality of torture affects "the entire family of the tortured person, there is no logic, system, or reason that underlies the possibility of being tortured, and that changes the person. . . . No matter how much we treat individual symptoms through talk, pharmaceuticals, and medical care, it is difficult to get at the survivor's core suffering. He knows his potential of being tortured. He knows friends being tortured. He sees torture in the news. He knows that torture is on the increase. . . . Sometimes as a physician, I am struck silent (*ya`ni ba`giz `an al-kalam*)."[41]

The continuity of social and political violence, in the words of Rachel Greenspan, "complicates the Western psychiatric fantasy that trauma exists or is experienced as an isolated past event. Torture may be a discrete event, but it is also a social condition that shapes lived experience in many ways."[42] While El-Nadeem helps torture victims work through experienced and ongoing sources of pain and trauma, these experiences and their attached affective states are not buried, repressed, or forgotten, to draw on Freudian terms (Freud [1914] 1958).

El-Nadeem therapists in fact rarely used the English words "trauma" and "PTSD" (posttraumatic stress disorder) in interviews. More often, they employed the Arabic term *sadma*, which I imperfectly translate as "shock" but which more accurately describes psychic, spiritual, and physiological suffering occurring together. The 2003 psychological guide discussed in the previous section similarly does not use the term "PTSD" in English transliteration or in Arabic. Instead, specific sections discuss symptoms such as "sadness," "worry," "awareness" (hearing or seeing things), "thinking" (distractions,

[40] Ibid. In *Empire of Trauma* (2009), Didier Fassin and Richard Rechtman argue that 1980, the year when the APA published the *DSM-III* classification of mental disorders, marked an "end of suspicion" regarding claims of "traumatic neurosis" (77). The *DSM-III* introduced the category of posttraumatic stress disorder (PTSD) after many years of debate. The diagnosis relies on a "clear event" to which the patient was exposed, "recurrent intrusive recollections," "avoidance of events that aroused recollections of the event," "hyper-alertness," and "exaggerated startle response" (77).

[41] Interview with `Adly, 2014.

[42] I am grateful to Rachel Greenspan for making this point in fall 2021 in response to reading an earlier draft.

unwanted thoughts, confusion), "obsessions," and "remembering and forgetting" (Seif al Dawla 2003, 82–88).

As I discuss in the next section, El-Nadeem uses news media, research publications, and public campaigns to confront respectability discourses, patriarchal laws and cultural norms, moral panics, and the valorization of the military. Their goals are to educate people from the perspectives of survivors and to challenge and transform the violent dimensions of hegemonic structures, institutions, and discourses.

To change the society: Challenging militarism and collective disavowal

El-Nadeem's leaders recognize that at psychic levels social violence is scaffolded by the disavowal and abjection of the "foreign"—sex workers, unruly girls and women, nonheteronormative subjects, and Muslim Brotherhood partisans. Securitization through surveillance and policing, as well as sexual respectability politics, often work together to legitimate the targeting of abjected groups.[43] El-Nadeem's public work challenges the concomitant denial and normalization of violence made possible in part by the spatialized and classed distribution of death and suffering in Egypt; the latter is the case in most of the world. Officers employed by the Egyptian state use beatings to recruit informers, punish whom they please, or extort money, but largely in the neighborhoods of the poor and working classes. In these quarters, the police "are present 24 hours, whereas we barely see them in our neighborhoods."[44]

For El-Nadeem, publicizing organized violence embarrasses the culprits and challenges its social acceptance: "Even physicians we worked with after a torture victim died would first say, 'of course, he was a criminal, dangerous and deserving of this violence. If he were a good person, he would not have been in jail or tortured.' Each person feels she or he is a good person distant from being exposed to such a hard experience and whoever is exposed to it is no good. They do not understand that torture reaches everyone and sometimes for no reason. . . . Torture is practically a courtesy in Egypt. But the Egyptian who does not experience this cannot believe it."[45]

[43] See Amar (2011, esp. 310–13) for a discussion of the overlap between securitization and sexual and gender policing; interview with Seif al Dawla, 2014. For a psychoanalytically informed exposition on disavowal and indifference in post-2011 Cairo, see also Kabesh (2017, esp. chap. 7).

[44] Interview with Fayyad, 2014.

[45] Interview with `Adly, 2014.

Monica Luci, an analyst who has counseled asylum seekers and refugee survivors of torture, argues that environments of social emergency, amplified by dominant political and media systems, produce "bystander" denial, lack of acknowledgment, and even minimization or justification of torture (2017, 64–66, 38). For Seif al Dawla, torture is met with either denial or rationalization in Egypt despite being widely experienced because

> people do not like to admit things they do not defend and cannot change. It is easier to find a justification that allows them to have no responsibility. So, either torture does not occur, or it occurs to people who deserve it, keeping in mind that we do not have a global rejection of torture by people or governments. The violence against the Muslim Brotherhood currently is harm in every meaning of the world. But to comprehend these harms without feeling guilt you have to tell yourself they are definitely terrorists or they are definitely something else, guilty. This denial is part of the issue. If a foreigner asks, we also deny because of maintaining an image and so on.[46]

She explained that although "everyone was discussing torture and human dignity" during the 2011 revolution, after President Mubarak was forced to step down in February, "once again, people did not want to believe us that violence [had] intensified. We were condemned on Facebook and other social media sites. People wanted to believe that Mubarak stepped down and the problems are over. After they came to believe again, many once again reconciled themselves with torture, imprisoning, and killing because the victims were Muslim Brotherhood" (in Arabic, *ikhwan*, for "brothers").[47]

The government did its part to mobilize the population to "find its enemies," using television, which transformed entire groups into "an enemy in a few days."[48] Seif al Dawla reported personally taking four calls on El-Nadeem's hotline from confused Egyptians trying to reach the police to inform on individuals they suspected to be members of the Ikhwan. In widely publicized cases, women turned in their sons or husbands, and televised fatwas encouraged men to divorce their wives on the basis of suspicion for being "*ikhwaniyya*," or sympathetic to the Muslim Brotherhood.[49]

By the time I arrived in Cairo in January 2014, military control was the dominant motif in downtown public spaces as indicated by police presence, walls, and barricades, which coexisted with revolutionary political art (fig. 3),

[46] Interview with Seif al Dawla, 2014.
[47] Ibid.
[48] Ibid.
[49] Ibid.

Figure 3 An example of ubiquitous artistic political expression on downtown Cairo's streets three years after the January 25 Egyptian uprising. This piece of wall art (apparently by Ahmed Ragab based on a signature on the leg cast of a fuller image) on Muhammad Mahmoud Street draws on ancient Egyptian symbolism and Leonardo da Vinci's fifteenth-century Vitruvian Man to present a multi-armed and -legged young male Egyptian who has sustained many injuries from beating and torture. He is stripped to his underwear and elevated from the ground, attached to a wall shackled by one wrist. January 27, 2014. Photograph by the author.

much of it of martyrs and political prisoners whose faces were smeared with black or white paint as a sign of disrespect. The majority of Egyptians seemed to support President Abdel-Fattah el-Sisi's military leadership, including women.[50] An Egyptian woman acquaintance in her mid-thirties, a feminist, pondered out loud to me that Sisi was popular with Egyptian girls and women because he effectively presented himself as the patriarchal ideal of a male leader: pious, nice, yet strong. Partly driven by pragmatism, many feminists stuck with the state as its violence was brought down on Muslim Brotherhood partisans. In a choice between "*sharayn*," or two evils, the military or the Muslim Brotherhood, many Egyptians came to believe that the lesser of the two was the military. A substantial proportion of leftists,

[50] Sisi was elected president in June 2014 and reelected in 2018.

feminists, and LGBTQ folks feared the gendered and sexually repressive dimensions of partisans who had been empowered by the Muslim Brotherhood's electoral victory in 2012. In examples that stoked cultural anxieties across class and religion, Ikhwan men partisans had entered salons and barbershops, respectively, to demand that men not work in a field serving women and that male customers retain beards and remove mustaches.[51] El-Nadeem was part of a "third trend" that considered both sides repressive and insisted that ideological erasure would not work, although this led to rumors that they were "agents for outsiders," especially the United States.[52]

The Egyptian military effectively manipulated popular desires for stability to cast itself as the savior and protector of the people and of Egyptian national sovereignty from real and imagined foes. Commitments to militarist and patriarchal forms of governance were often understood as necessary to avoid "chaos," a common sentiment in Arab countries cultivated by a number of government leaders fearful of losing seats of power (Hasso and Salime 2016). In this discursive deployment, Egypt was so diverse and complicated that it required military control, especially to resist terrorist formations—an amorphous category that, depending on who was using it, referred to actual armed gangs, the Muslim Brotherhood's institutions, or leftists (Kabesh 2015, 354, 347). A male activist from the Sinai area whom I cannot identify for his safety told me in a 2014 interview that externalized enemies are useful for distracting people from fundamental problems, which include security forces trained and funded by the US government; privatization and lack of investment in public education, transportation, health, water, sewage, and housing; daily electrical cuts in most neighborhoods; nonresponsive bureaucracies; and capitalist and military labor-extraction and siphoning of public resources.

Some of the interlocutors during my five weeks of fieldwork defended national forms of religious and ethnic plurality while expressing animosity toward "outsiders" such as non-Egyptian Arabs (Palestinians, Syrians, and especially the Qatari state, which truly is a reactionary force in the region), Africans from surrounding countries, and Islamists of any nationality. A male taxi driver in his mid-fifties who picked me up from the airport on the auspicious evening of January 25, the third anniversary of the 2011 revolution, shared that he was a non-Egyptian Arab national married to an Egyptian woman for thirty years and yet unable to receive Egyptian citizenship (which can only be passed by Egyptian men to their spouses and children). When I

[51] Interview with `Adly, 2014.

[52] Ibid.

asked him about the quietness of the roads as we entered Cairo, the conversation moved to the political situation. He explained that Mohamed Morsi's brief presidency had been very dangerous, he worried about the economic instability posed by "terrorists," he argued that the Muslim Brotherhood had destabilized Egypt's territorial sovereignty, and he asserted the need for the military to protect the country.

The appeal of Sisi's imagined ability to resolve chaos and instability had conscious and unconscious force during the liminal period after the military coup and before new elections were held, which Sisi and his team skillfully used in public performances, symbolism, and rhetoric. As Seif al Dawla reminded me in 2014, the millions of Egyptians who showed up on the streets in early 2011 always had different aspirations and were not united by any single ideological program. Moreover, millions more belonged to what Egyptians humorously called the "*canaba* (couch) party"; they stayed home for a variety of reasons, one of them fear of the unknown. Seif al Dawla explained that the militarized Egyptian state has implanted the logic of fear for decades, and it worked to convince many people that they have no value. Moreover, fear of the unknown was justified, she continued, not imagined or a result of cowardice, since authorities use every terrorizing method at their disposal, including punishing the family members and associates of activists. The intensification of state violence after the 2011 revolution was designed to punish the millions of Egyptians who broke the fear barrier and to reimpose it.[53]

El-Nadeem's public radical care politics resembles what Nancy Hollander (1997) terms the practices of "liberation psychology" that collectively developed over time, beginning in the 1940s, to treat survivors of state-sponsored torture and terror that included murdering and disappearing family members and comrades in the Southern Cone countries of Argentina, Uruguay, and Chile. Many of the themes I found in my research on El-Nadeem resonate with Hollander's findings in her much deeper study with and about a group of leftist psychoanalysts who were survivors of state violence. For example, from liberation psychology's inception as a field in Uruguay, these theorists and practitioners understood psychoanalysis as "more than a methodology for treating mental illness." Practitioners extended it to "social and cultural concerns," in contrast to "classical psychiatry" (60–61). In Argentina, activists understood psychoanalysis "as an explosive weapon in the ideological war against class, ethnic, and gender oppression" (68). They challenged the PTSD diagnosis that was later developed in the United States as inadequate

[53] Interview with Seif al Dawla, 2014.

for understanding "state terror" and oriented their work toward "the social sources of the psychological suffering" (110).

These liberation psychology practitioners also addressed the collective psychic consequences of the "repetitive trauma" and the "culture of fear" produced by governments (Hollander 1997, 110–11). They found that people commonly responded to violence as a social condition by silencing, inhibiting, and censoring themselves (111). When a person was disappeared in Argentina, the assumption was "he or she must have been up to something" (111, 114). Denial and disavowal are common defensive coping strategies developed under conditions of repressive rule (Hollander 1997, 113; also Luci 2017, 166). Even within families, disavowal and silence was a common response to "terrifying uncertainty" (Hollander 1997, 115, 117), manipulated and exaggerated by media (113). In such conditions, "identification with the aggressor was an important defense against the fear and anxiety stimulated by the continuous flow of disappearances and rumors of torture" (114).

Conclusion

Following Eve Kosofsky Sedgwick (2003, 123–24), mine is a "reparative" rather than suspicious or "paranoid" reading of El-Nadeem and its radical care politics. I prefer to position myself "beside" rather than "beneath," "behind," or "beyond" El-Nadeem as I address how its people work in their "internally complex field" (8–9, 128). Feminist theory defined as such too often seems to require flattening out politics and context while universalizing the particulars of being academically positioned in the global North in predominantly white Anglophone institutions, even when the scholarship focus is "over there." Being "*beside* permits a spacious agnosticism about the linear logics that enforce dualistic thinking" but "does not depend on a fantasy of metonymically egalitarian or even pacific relations" (Sedgwick 2003, 8) or false universalisms. El-Nadeem's work, it seems to me, reminds us to consider feminist theorizing and scholarship in its "productive relation" to "activism," keeping in mind that Sedgwick's friendly-critical appraisal is about the vexed relationship between queer theories and sexual lives (13).

This article about El-Nadeem highlights the work of an iconic organization committed to a democratic politics of radical care that extends beyond the individual therapeutic subject or the classically private and bounded space of the therapy room. It invites more feminist consideration of how embodied vulnerabilities are created by systems and more critical praxis focused on transforming those systems. One violent powerful system largely

missing from Western feminist scholarship and unmarked in the call for papers on the complexities of care and caring is striking: Western and especially US imperialism. With respect to the focus of this article, it is the United States, after all, that has funded and trained the leaders of the Egyptian military in return for Egypt's normalization of relations with Israel in the late 1970s. Moreover, US-sponsored wars and sanctions on dozens of resistant countries continue to produce devastating levels of death, hunger, illness, and forced migration around the world: that is, crises of survival and care on a massive scale. Racial capitalism "at home" and its dependence on policing and incarcerating the underclasses and extracting their labor and property—while exploiting or killing nature and non-human life—is another violent system that produces millions requiring care who will not be provisioned for because the system considers them disposable. It seems past time for more feminist scholars to follow the lead of activists who challenge the actual agents and systems of misery. Otherwise, we are left refereeing largely irrelevant theories and concepts at the margins, or more accurately, on a sinking ship.

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