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Published in:
Contemporary Islam

DOI:
10.1007/s11562-022-00506-5

Published: 01/10/2022

Document Version
Final published version

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Contemporary Islam (2022) 16:277–294
https://doi.org/10.1007/s11562-022-00506-5

The practices of a *raqi* (Islamic exorcist) in Stockholm

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Accepted: 21 October 2022 / Published online: 18 November 2022

Abstract

This article investigates in depth the practices of a Stockholm-based *raqi*. In the first section, the principles and methods of his version of *ruqya* (Islamic exorcism) are described: which Qur'anic passages he perceives as being most suitable to read in the cases of different afflictions, how he complement his reading with the use of his right palm to detect the possession, and his use of the "satanic meridians," i.e., pressure points to use to facilitate the eviction of stubborn djinns. Later, the cases of five patients are discussed in order to shed light upon those who seek out his services. One particularly interesting example concerns a patient who regularly takes *ruqya* against sorcery. Despite the fact that she does not believe in sorcery herself, she considers *ruqya* more beneficial for her well-being than Western treatments. Next, the r*aqi*'s perspective on psychotherapy and on mental illness in general are then presented. Finally, the problems of non-contextualized interviews versus ethnographic observations carried out as part of fieldwork for the purposes of gathering information are illustrated.

Keywords Djinn · Exorcism · Islamic healing · Jinn · Muslim mental health · *Ruqya*

> Say: I seek refuge in the Lord of the Daybreak
>
> From the evil of that which He created;
> And from the evil of the darkness when it is intense,
> And from the evil of malignant witchcraft,
> And from the evil of an envier when he envieth.
> (The Qur'an 2021 113)

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Introduction

Despite the significant increase in the Muslim population of Europe throughout the last decades, only a few scholarly works have been published on *ruqya* (Islamic exorcism) and *sihr* (sorcery according to Islamic traditions) in Europe.[1] Even more surprising is the fact that, with the exceptions of Khedimellah (2007), Muslim Eneborg (2013), Oparin (2020), and Suhr (2019), there is a lack of detailed academic ethnographic descriptions of the actual performance of *ruqya* in Europe.

What is also striking is the fact that almost all academic technical descriptions of *ruqya* focus on its theological aspects, how it is performed with reciting extracts from the Qur'an, and what it does with the possessed clients and djinns. What seems to be left out are the corresponding physical and embodied aspects of the ritual of *ruqya*, how the *raqi* is using his hands and limbs, ritual paraphernalia (sticks to strike the djinns and blessed water to "burn" the satanic djinns), and recipes from the prophetic medical tradition used to, for example, assist in the extraction of *sihr* or remedy the issues that led to the possession in the first place.

Suhr (2019: 82, 188) reveals in two instances that the two *raqi* in his study place their palms on the forehead of their clients when reciting. Muslim Eneborg (2013: 1093) explains that the *raqi* in his article also touches the head of the clients but in this case do so to diagnose the client based on their heat, in a way that resembles the pulse diagnosis in the *Unani* tradition. He also highlights the importance of herbal medicine in assisting his informant's version of *ruqya*. Unfortunately, Muslim Eneborg does not provide any actual examples of either the diagnosis or the use of herbal remedies. Oparin (2020: 734) mentions how one of his informants had learned in "Arabia" how to blow on his clients during *ruqya*, "under their shirt over their chest and into their eyes." Khedimellah (2007: 396–397) describes how his *raqi* uses mostly blessed water, fortified with basic prophetic medicine (olive oil, honey, etc.) to assist the healing process after the *ruqya* has been performed. I have explained in two earlier articles on the technical aspects of *ruqya* the use of sanctified water, beating clients with a stick to force out stubborn djinns (Marlow, 2023a), the use of purgative or laxative potions to remove digested *sihr*, and how to evict possessing satanic djinns with injections of sanctified antidotes into the afflicted person's bloodstream (Marlow, 2023b).

From the perspective of ritual theory, I find this general lack of in-depth descriptions surprising based on the importance of evident and undeniable self-embodied experiences to counter the doubt of the efficacy of a ritual (Thomas, 2008: 338). Another aspect of adding embodied experiences of the clients, next to the recitations of the Qur'an during *ruqya*, is how it strengthens the ritual's performative vertical effects by adding several simultaneous horizontal components, monotoneous and

[1] Studies on *ruqya* in Europe have been published regarding Bangladeshi Muslims in east London (Dein, Alexander and Napier, 2008; Muslim Eneborg, 2013); on Muslims in France (Khedimellah, 2007); on Muslims in the Netherlands (Hoffer, 1992); on Central Asian Muslims in Russia (Oparin, 2020); on Somali Muslims in Finland (Mölsä, Hjelde and Tiilikainen, 2010); on Muslims in Denmark (Suhr 2019); and on Somali Muslims in Sweden (Johnsdotter et al., 2011). Unpublished PhD-studies on *ruqya* include Bououne (2005) and Cherak (2007).

repetitive recitations, the volume of the *raqi*'s voice during the *ruqya*, the sensations of the *raqi*'s breath when reading or blowing, pressure and heat from the *raqi*'s palm, moisture from the *raqi*'s saliva, or his spraying of blessed water on the client (cf. Tambiah, 1979: 114, 140). I have found that to convince an afflicted "lived" body that it is restored from an external assault by djinns, the experienced *raqi* utilizes several methods of "the somatic component of ways of knowing" (McGuire, 1990: 286) during his practice of *ruqya*.

This paper is based upon three days of observations of Raheem[2] conducting *ruqya* in a Stockholm mosque. The observations were followed by short interviews of the participants and Raheem after each session. The aim was to get both parties' perspectives on what had occurred during the sessions.[3] Later, two longer interviews were carried out with Raheem, during which we had more time to discuss my preset questions on his practices at length.

Dupret et al. have addressed the tendency within the anthropology of religion to search for "big explicative schemes" that attempt to formulate generalizations regarding the field that one studies. Such a theoretical approach might mean that "researchers often lose the actual object of interest and propose new narratives in its place that are devoid of the contextual and praxiological specificities of any actual situation" (Dupret et al., 2012: 1). Another tendency that one finds among scholars who search for grand schemes is an idealization of the field's adherence to the discursive traditions of Islam. This approach risks hiding the actual ambivalent deviations within lived religion. Moreover, it might result in "too much Islam in the anthropology of Islam" (Schielke, 2010: 1).

The primary purpose of this paper is to describe a specific informant's practice of *ruqya* in greater detail than what has been the case in earlier studies in order to compensate for the ethnographic lack outlined above. Special attention will be paid to embodied techniques used by the *raqi* to affect the possessed clients during *ruqya*. Observations of the practices preceded the interviews. The purpose of this method is to reduce the risk of the social context being lost in the subsequent questions and descriptions.

In order to clearly separate the different perspectives presented in this paper, my informant Raheem's general techniques of *ruqya* will be presented in the first section. All explanations of the rationale behind the practices will be presented from Raheem's perspective. In the second section, five separate cases will be discussed. In passages printed in smaller fonts, my observations of the *ruqya*-session combined with Raheem's and the patients' perspectives will be shared for each case. Next, in passages printed in regular-size fonts, my theoretical reflections on the case will be discussed.

[2] Several of the disclosed practices are or might be illegal in Sweden according to The Patient Safety Act (2010:659, chapter 5, https://lagen.nu/2010:659#K5. Therefore, to protect the informant, I asked him to choose a pseudonym.

[3] Most of the patients reacted positively to the fact that a Western and non-Muslim researcher was interested in studying *ruqya*. Therefore, they allowed me to observe their session. However, a few of them spoke neither Swedish nor English. In those cases, I could only get Raheem's perspective of the sessions.

The fieldwork

Raheem was thirty years old in late 2013 and early 2014 when the fieldwork upon which this paper is based was conducted. A mutual friend suggested that I contact him. When I told him about my earlier research on *ruqya*, he agreed to let me observe and interview him.[4] Raheem works mainly from a mosque and has an academic understanding of my fieldwork, based on his Bachelor of Arts degree, too. Raheem's background is so unique here in Sweden that anyone can find him on Google if I disclose his background information (active Muslim, his academic degree, his mix of ethnicity, and his teacher's origin).

At that time, he had been active as a *raqi* (a performer of *ruqya*) for four years. *Ruqya*[5] is the Islamic ritual practice of casting out djinns[6] and other negative metaphysical influences on humans. It resembles the Christian practice of exorcism. The methodology primarily consists of recitations from the Qur'an and secondarily of the use of prophetic medicine and various forms of paraphernalia.

Raheem was first exposed to *ruqya* when he joined his mother on a trip to her native country when he was sixteen years old. He told me that she had been tormented by djinns for as long as he can remember. Therefore, he decided to learn *ruqya* to help her. His primary teacher is a Central-Asian *raqi*. When Raheem returned to Sweden after his training, several people approached him and asked for his help with *ruqya*. He was not aware of any other *raqi* practicing in Stockholm at that time, so he decided to help people outside his family as well. He later found out that there were several other *raqi* practitioners. For this reason, he has chosen to limit his *ruqya* sessions to Fridays so that he can focus on completing his Western academic studies.

Raheem's principles and methods of *ruqya*

Which Qur'anic passages to read in *ruqya*

> And when they had cast, Moses said: That which ye have brought is magic. Lo! Allah will make it vain. Lo! Allah upholdeth not the work of mischief-makers.

[4] Before meeting Raheem, I had studied a North West African *raqi* (Marlow, 2023a and Marlow, 2023b) and three West African *marabouts* (Marlow, 2013 and Marlow, 2015) regarding their methods of casting out possessing djinns and countering sorcery in Stockholm, Sweden.

[5] For references to *ruqya*, see Fahd, T., "Rukya", in *Encyclopaedia of Islam, Second Edition*. Retrieved June 22, 2021.
http://dx.doi.org.ezp.sub.su.se/10.1163/1573-3912_islam_SIM 6333.

[6] In the Qur'an, it is stated that God created djinns before humankind from smokeless flames of fire (15: 26–27, 55: 14). Although djinns are invisible to the human eye, they can see us (7: 26). The purpose of both djinns and humankind is to worship God (51: 56). In broad terms, djinns resemble human beings—they eat, build families, have fixed dwellings, procreate, and die, just like we do (Henninger 2004: 10–17). There is a consensus among my informants that djinns possess human beings for reasons related to love, revenge, *sihr*, or malice.

> And Allah will vindicate the Truth by His words, however much the guilty be averse.
> (The Qur'an 2021 10: 81–82)

Raheem uses *ruqya* to treat patients suffering from afflictions caused either directly by djinns or those primarily caused by humans. Usually, djinns possess out of love. Afflictions caused by humans mainly constitute *sihr* (which in Raheem's terminology translates as sorcery[7]) and *ayn* (the evil eye, i.e., negative effects caused by envy).[8]

According to Raheem, the essential Qur'anic passages for all kinds of *ruqya* are sura al-Fatihah (1), Ayat al-kursi (2: 255, The Verse of the Throne), and the last three suras (112–114). Against *sihr*, he most frequently uses sura Yunus (10: 81–82). He repeated it seven or eleven times in a row during several of the *ruqya* sessions I observed. Against *ayn*, he prefers two verses from sura al-Qalam (68: 51–52). For patients who are disturbed by *waswasa* (satanic seductive whisperings),[9] Raheem recites suras Ya-Sin (36) or al-Saffat (37). He explains that there are different kinds of *waswasa*: the one that causes OCD (obsessive compulsive disorder), one that gives you negative visions, and another that will disturb your thoughts. However, Raheem tries to develop his *ruqya* skills continuously, based upon the effects he notices on the djinns when making use of different methods and Qur'anic passages.

How Raheem detects metaphysical influences with his palm

> Allah! There is no God save Him, the Alive, the Eternal. Neither slumber nor sleep overtaketh Him. Unto Him belongeth whatsoever is in the heavens and whatsoever is in the earth. Who is he that intercedeth with Him save by His leave ? He knoweth that which is in front of them and that which is behind them, while they encompass nothing of His knowledge save what He will. His throne [*kursi*] includeth the heavens and the earth, and He is never weary of preserving them. He is the Sublime, the Tremendous.
> (Ayat al-kursi, The Qur'an 2: 255)

Raheem has been taught to place his right palm on a patient's head when performing *ruqya*. Usually, he explained, he will sense that the head becomes cooler during the recitation. In the next stage, he can notice that some areas of the head get hotter. More serious afflictions generate higher temperatures, which makes it easier for him to detect them. The location of these areas reveals to Raheem what kind of affliction the patient is suffering from. According to the Sunna, he explained, the

[7] However, from my earlier fieldwork among *marabouts* (West African Sufi healers) in Stockholm, *sihr* is better understood as esoteric Islamic practices (Marlow, 2013 & 2015).

[8] For the concept of the evil eye in Islam, see see Marçais, Ph., "Ayn", in *Encyclopaedia of Islam, Second Edition*. Retrieved June 22, 2021.
http://dx.doi.org.ezp.sub.su.se/10.1163/1573-3912_islam_SIM 0908.

[9] For the concept of *waswasa* in Islam and the discourse of Shaytan, see Fahd, T. and Rippin, A,, "Shaytan", in *Encyclopaedia of Islam, Second Edition*. Retrieved June 22, 2021.
http://dx.doi.org.ezp.sub.su.se/10.1163/1573-3912_islam_COM_1054

Prophet Muhammad blew on his hand and then placed upon the head of the afflicted when performing *ruqya*. He stressed that, based on Islamic, psychological, and therapeutical perspectives in general, he believes physical contact is vital during healing.

Raheem stated that some patients experience a sensation rising through the body up to the head. Other patients feel nothing. Usually, Raheem explained, he can diagnose the affliction with his palm while reciting. For instance, if it is *sihr* intended to separate people, he feels it in the center of the patient's head, from the hairline towards the neck. He added that he can judge how old the *sihr* is with his fingers. If it reaches three fingers from the hairline, it is three years old—the more intense the *sihr*, the hotter the area, and the easier it is to diagnose it. According to Raheem, the heating sensation is not present from the beginning of the session but starts after he has begun reciting. Sometimes, Raheem does a fast "check-up" by only reciting a few powerful verses, e.g., either 2: 32 or Ayat al-kursi. If he does so, he will feel the heat more quickly, but there will be no healing. For healing to take place, he must read much more than just a few verses.

Raheem subsequently informs the patients about the cause of the *sihr* that has afflicted them because that is the way his teacher taught him. The patients usually confirm and understand the origin of the *sihr* that has struck them when they are told when it began. However, he never tells them who caused it even if he sometimes can figure it out. He does not want the patients to focus on negative emotions towards other people, which he considers will harm the beneficial effects of the *ruqya*.

The satanic meridians: how to physically hurt the djinns

> Say: I seek refuge in the Lord of mankind,
> The King of mankind,
> The God of mankind,
> From the evil of the sneaking whisperer,
> Who whispereth in the hearts of mankind,
> Of the jinn and of mankind.
> (The Qur'an 114)

I noticed that, Raheem, after diagnosing the heated areas, used his fingertips on different pressure points. At first, he was reluctant to talk about it, but he later disclosed that the pressure points are called "satanic meridians." He was first secretive about this practice because it can harm the patients if misapplied. He explained that if a djinn resides in the patient's body, for example, he can feel the heat from the temple and around the ear. If it is *waswasa*, he will often find it in the cavity under the ear. If he wants to confirm the presence of a djinn, he puts pressure under the larynx for half a minute and then observes the reaction.

If Raheem has encouraged the djinn several times to leave the body during the *ruqya* but it refuses, applying pressure on a certain point can, according to him, force the djinn to do so without hurting the patient. He reported having seen several *raqis* strike a patient's body with a stick in order to force the djinn to leave. Although he stated that this method will harm only the djinn, and not the possessed patient, he still does not use this method when in Sweden because it might be illegal.

Therefore, he prefers the pressure points when force is needed to cast out a djinn. Raheem related that several *raqi* in Sweden apply pressure to the throat.[10] However, according to him, he is the only one who uses the other pressure points.

In an earlier paper on the practice of *ruqya* (Marlow, 2023a), I have discussed that the lesser degree of violence used by *raqis* outside the Arab countries probably is an adaptation to local norms and customs. The *raqi* informant described in that paper uses a *siwak* (a small dental stick) instead of a big stick when applying the striking method of *ruqya* in Sweden (ibid.: 9). Further, the findings of a study based upon interviews with sixteen *raqis* (from Egypt, Saudi Arabia, Bahrain, Pakistan, India, and Trinidad) indicate that the practice of striking djinns with a stick is more common in Arab countries than in India or Pakistan (Philips 2007: 165–166, 199). Raheem's statement here strengthens my earlier assumption of local adjustments to European norms and laws of the practices associated with *ruqya*.

How to cast out djinns

> Two weeks ago, I [Raheem] made an emergency visit to a woman in the [Stockholm] suburbs. I think it [the djinn] was there because of love. It is usually much stronger when a djinn possesses because of love. Furthermore, sometimes they will reenter after they have been extracted. I always make sure that they [the afflicted] sit because if they lie on the floor, they have more freedom to react the way they want to [enact the possession physically]. Then I came to a section [Qur'anic verse] where the djinn reacted. I immediately pressed a point [of the satanic meridians] before I addressed it [the djinn] to demonstrate that I could hurt it. With great authority, I told it: "Listen to me"! I never gave it a chance to respond. "You have a choice to make. You can leave the easy way, I will tell you how, or you have to [...]". Sometimes I do the *Shahada* [the Islamic creed], too. "You can become Muslim, so it is easier for you [to leave]. If you want to leave the easy way, the righteous way, raise your right hand". I then told it: "First, we have to break your contract out of safety". I was not sure at that time whether or not there existed any [*sihr*-related] contract [with a *sahir*, a human sorcerer], or what the reason was for the djinn being there […] "I will then read something for you which will make it easier for you to leave". When it finally tried to leave, it was a very persistent djinn, and I had to leave the afflicted person alone for a while for it to leave through the legs.
> (Interview with Raheem January 21, 2014)

My experience when interviewing both other Sunni *raqi* and West African *marabouts* is that they often instruct the djinns to exit through the patient's big toe or thumb. However, Raheem usually uses the left leg and seldom the hand or thumb. When I asked him why the mouth is not used, he told me that there is no manageable

[10] The method of indirectly strangling the djinn by grasping the client's throat is quite commonly found in connection with performing *ruqya* in the Arab world (al-Subaie & Alhamad 2000: 213).

exit channel. According to Raheem, the patient will occasionally feel the djinn in his teeth but nowhere else in the mouth. However, Raheem explains, the djinns can exit if you make the patient vomit. He is, on the other hand, unsure if "the vomit is pushing them out" or "if they reside in it." He also told me that djinns can exit through the hair.

As described in other studies (cf. Philips, 2007; Maarouf, 2007; al-Subaie and Alhamad, 2000), the *raqi* traditionally interrogates the djinns for the purposes of arriving at a diagnosis. Raheem was initially taught this method, but he is very skeptical of it because he considers the djinns to be unreliable and, moreover, that it is immoral to cooperate with them instead of relying solely upon the Qur'an. His aim is to develop an enhanced method of *ruqya* in which there is no dialogue with the djinns. His diagnostic method using his palm should be so precise that there is no need for him to ask the djinn why it is there. The sensations felt by the palm when reciting and then later interviewing the patients about their symptoms and dreams should be enough, according to Raheem.

Sihr with and without djinns

Raheem explains that, often, when *sihr* is involved, the djinns reside outside the victim's body and try to find an opening through which to enter. For example, if the *sahir* binds the djinn to a physical substance, he makes the victim swallow it. According to Raheem, this phenomenon can even happen in a dream and will still attract djinns. He added that humankind has three emotional levels: the physical (everyday), the ecstatic or dreaming, and the spiritual level. It is common for djinns to possess people in the second level, either in a dream or in an exalted state (caused by extreme joy or sorrow) or when they are intoxicated. In dreams, djinns often attack people in the shape of dogs or snakes. If one dreams of falling or drowning, it is the way one's subconcious reveals that one has been attacked by *sihr*, according to Raheem.

Raheem occasionally experiences that no djinns are involved at all, only the negative energy of the *sihr*. He believes that those negative energies might create cancer or mental illnesses. Another example given by Raheem of *sihr* without any djinns involved is cursing. The *sahir* will curse an object (like a shirt) that has been in contact or will be in contact (like a comb) with the intended victim. Another method of *sihr* is cursing a picture of the victim.[11]

I asked Raheem how he gained knowledge of the practices of *sihr*. He told me that a *sahir* will occasionally regret his wrongdoings and try to return to the *umma* (the Muslim community). In that case, he will speak about his experiences afterward. However, Raheem has gained most of his knowledge of the practices of a *sahir* from other *raqi* during his training.

[11] This is similar to the effects of cursing with *ayn*, i.e., the evil eye, which causes negative effects due to envy or pure malice.

Five cases of Raheem performing *ruqya*, field notes, and discussion

The long-term patient

> The patient (P1) suffers from visions of birds flying around in his bedroom at night. P1 is convinced that the birds are in reality djinns. His troubles started about forty years ago in North West Africa when he was a young boy. He suspects that he was first struck by *sihr* at that time, but his difficulties increased when he moved to Sweden. Here, he had several relationships with Christian and Jewish girlfriends and drank alcohol, all of which he believes further exposed him to *sihr*. For the last fifteen years, he has followed an Islamic way of life, and the effects of the *sihr* have decreased. He explained that a physical sign of *sihr* was that his hands and feet became blackened by poison. This sign has now disappeared completely. However, his loss of hair, which he blames on *sihr*, has not reversed. Other signs of *sihr*, according to P1, were that he perceived that he always was misfortunate, and he often quarreled with his friends and former girlfriends for no apparent reasons. He also frequently used to roll his eyes with no discernable cause. The eye-rolling also disappeared after he changed his lifestyle and had several *ruqya* sessions. P1 speaks Swedish fluently and is very social, charming, and talkative. I have the impression that he liked the attention of me being present.[12]
>
> During the *ruqya*, P1 sits on the floor in the direction of the Kabah in Mecca. Raheem placed his palm on the crown of P1's head and recited for half an hour. At the end of the session, he blows in his hands and on P1's head. Afterwards, Raheem concludes that no djinns are residing inside P1. They are only sometimes whispering to him (*waswasa*). Raheem tells P1 to continue his daily recitations of one thousand repetitions. He adds two new suras to the ones given earlier (112, 113, Ya-Sin and Ayat al-kursi). He should combine the reading with digesting honey mixed with vinegar each morning.

On a later occasion, I asked Raheem if P1 is a "*ruqya* junkie".[13] Raheem told me that P1 used to visit several local *raqi* before they met. He also spent much time reading the Qur'an. Raheem thought that this made him "go around in circles" instead of progressing. He initially instructed P1 to read *Salawat* (blessings of the Prophet) instead in order to counter his earlier behavior. That initiated a radical change for P1, according to Raheem; both his depression and his physical symptoms disappeared. He believes that P1 had previously read the Qur'an in an obsessive way, without any heart, and had done so with the sole purpose of solving his problems. Now, Raheem

[12] P1 had also met my other *raqi* informant, "Didan," and praised his work (Marlow, 2023a). However, Didan only wanted to treat him once, according to P1, for reasons having to do with envy, perhaps because they are from the same country and know each other's families. P1 confirmed some of the stories that Didan told me regarding his more successful cases.

[13] Resembling someone who alternates between various Christian charismatic churches in order to get a "deliverance fix" from all the attention they receive and katharsis they experience when they are exorcised (Hunt 1998: 221–228).

explained, P1 has started to read the Qur'an again in a more sensible and heart-felt way. Raheem does not believe that djinns caused the rolling of P1's eyes but that he instead unconsciously does it himself.

Raheem informed me that he has had several patients who felt that they needed additional sessions of *ruqya* after he considered the procedure completed and the symptoms gone. However, he explained that he does not think that they do so because they want to re-experience a feeling of katharsis. Instead, he believes that they crave a sense of safety and security.

The case of P1 also indicates (as was also found in my earlier studies of *ruqya*) that the structure of a European *ruqya* implies that a return to Islam (not assimilation in the diaspora) is the solution for issues regarding one's health and safety. Turning to Islam and the Qur'an is the cure, and adhering to Islamic practices in the diaspora is the vaccine needed to prevent future health problems, according to the two *raqis* I have observed and interviewed. From my outsider perspective, as a side effect, *ruqya* might function as a method of bringing secularized European Muslims back to the *umma* by increasing their awareness of reciting the Qur'an and conducting daily prayers for their overall well-being.

The patient whose ability to work was affected

P2 is in her late twenties and is of North African descent. Her problems started three years ago, and she was diagnosed with "rheumatism in the blood" by a physician. She claims that Western medicine had no effect on her. However, she believes that *ruqya* and prophetic medicine have provided some relief in regard to her rheumatic problems. "Before, I felt well 10% of the time, and now it is 90%." She also experiences "mental blocks" at work. Before the session begins, she asks Raheem for a new kind of prophetic medicine because the previously given one makes her vomit. P2 speaks fluent Swedish. She passionately insists that *ruqya* and prophetic medicine are far superiour to Western treatments. She tells me that her mother is convinced that she [P2] has been affected by *sihr*. However, P2 does not believe in the existence of *sihr* herself.

Before the session begins, Raheem opens the door towards the main prayer room in the mosque because P2 has no close relatives present at the *ruqya*. During the recitation, she experiences both the rheumatism and mental blocks making her head feel heavy. Raheem, therefore, continues reciting until the heavy feeling starts to fade. However, it does not disappear completely, according to P2. After the session, her pulse is checked to diagnose if any new *sihr* has affected her. She has been instructed by Raheem to ingest a mixture of honey, vinegar, and olive oil as a preparatory measure for expelling the sickness. She should also read Al-Fatiha and Ayat al-kursi combined with the last three suras once after each prayer session and before she goes to bed. She receives another sura recommendation from Raheem that she is supposed to read thirty-three times after the others. Finally, she should read a *dua* (prayer)

asking God for forgiveness seventy times every night. Raheem then tells her to return in six weeks for a follow-up.[14]

Raheem calls the prophetic medicine an *oxymel*. He explains that it is initially based on Greek medicine but that it is recommended in the Sunna.[15]

From a Western academic perspective, one might be surprised that P2 told me that she does not believe in *sihr*. Despite her disbelief, she reported regularly coming to the mosque for Raheem to perform *ruqya* to heal her from *sihr* specifically. This is an example of the dichotomy of lived religion vs. idealized religion as discussed at the beginning of this paper.

Within the study of religions, an individual's faith (or religious beliefs) has most often been approached as a static attribute and from a mono-cultural context. My view is that this is erroneous and based upon a Christian concept of what constitutes "religion." Unlike the Roman, Greek, or Jewish "religions," which were primarily based upon ethnicity, Paul introduced Christianity as a shared community of faith (cf. Colossians 3 in the Christian Bible). Instead of constituting ethnic traditions and practices, "religion" primarily became a faith and belief system.

If faith is an essential factor for the success of a therapeutic ritual, do the patients need to either adhere to faith in their local cultures (local remedies) or faith in one universal biomedical culture (the enlightenment version of modernity)? My earlier studies on exorcism in new religious movements in Stockholm (Marlow, 2011) have shown that a patient often switches between several alternative therapies in a multicultural setting instead of only choosing one. One day, they may visit a conventional health-care provider; the next day, they may visit a local shaman or New Age-inspired healer. They may also combine the prescribed pills bought at the pharmacy with homeopathic medicines and individually created diet plans inspired by the Internet and other popular media. Drieskens (2008) describes a similar phenomenon among her Egyptian informants.

The logic behind these, from my perspective, contradicting faiths may instead be what Coleridge termed the "willing suspension of disbelief." For "modern" individuals (i.e., someone educated according to the principles of Western enlightenment modernity) to collectively participate in and fully experience either a religious therapeutic ritual, an entertaining 3D-movie, or a scary roller coaster ride, it is essential for them to be "united by a willingness to momentarily suspend certain critical observations in favour of something prevented by those observations" (Jackson, 2012: 299).

With this mindset of a willing suspension of disbelief combined with sufficient time, it can probably be explained why the same person can have the necessary faith in two or more contradictory therapeutic systems. Alternatively, like P2, they can have faith in a form of therapy but not in the diagnosis given. This positive thinking

[14] Unfortunately, I did not have time to ask Raheem after the *ruqya* which *dua* and sura he recommended.

[15] For further information about Islamic and prophetic medicine, see Savage-Smith, Emilie, Klein-Franke, F. and Zhu, Ming, "Tibb", in *Encyclopaedia of Islam, Second Edition*. Retrieved June 22, 2021. http://dx.doi.org.ezp.sub.su.se/10.1163/1573-3912_islam_COM_1216.

and result-oriented mindset of the ritual actors is coherent with the theoretical focus that the important issue when studying ritual is what it does, not what it means (Seligman et al., 2008: 15).[16]

The dramatic patient

> P3 is a tall young man of East African descent who is not very talkative when I meet him. He is an active basketball player who lives in northern Sweden. He has previously been treated for *sihr* in his knee. Since then, he has experienced new problems with *sihr* in one foot. During the interview, he admits that he stopped reading his prescribed prayers when the *sihr* in the knee disappeared. He also complains about recurring nightmares invovling being bitten by snakes. During the *ruqya*, the affected foot trembles intensely.
> During the *ruqya*, Raheem bends P3 forward and taps him on the back. After the session, he explained to me that he did so in order to draw the possessing djinn out of the foot. With his palm, Raheem feels the strong presence of several djinns tormenting P3, one inside and the others around him. He draws the possessing djinn up to P3's head and then applies intense pressure with his fingers to the cavity under the ear and the bridge of the nose. While reciting, he holds a receptacle with water close to his mouth. After that, he sprays the blessed water on P3's affected body parts. Whenever P3's left leg starts to tremble intensely, Raheem calms him down. [During the subsequent interview, Raheem explained that he disapproves of too much "drama" taking place during the *ruqya*.] Finally, P3 is told to read Ayat al-kursi and the last three suras three times at each of the five prayer times and before going to sleep. He is also given tea bags to drink and is instructed to bathe in the used tea leaves for protection.

When Raheem first met P3, he spent time converting and then interviewing P3's possessing djinn as he found the djinn very interesting. It told him how it interacted with Swedish [non-African] djinns, e.g., with dwarves [in contrast to P3, who is very tall; my reflection].

According to Raheem, the first djinn was a lion djinn. He explained to me that non-religious djinns from Africa usually identify themselves as lion or snake djinns. The people who had performed the *sihr* on P3 were also of East African descent and adhered to a local religion Raheem did not recognize. After the djinn was cast out, P3 did not return for a long time. Raheem was surprised when P3 came back because he had taught him how to protect himself against *sihr*.

After this experience, Raheem decided to minimize his attention to the djinns when performing *ruqya* in general. Instead, he would focus on the cause, e.g., *sihr*. He explains that *sihr* works "like a magnet" that will attract new djinns if not

[16] This is similar to the risk of a 'descriptive gap´ in the social sciences, i.e., "the tendency to seek for the nature of things instead of their workings" (Dupret et al., 2012: 1).

neutralized. One must therefore treat the reason that djinns are attracted to the person and not just evict them.[17]

According to Raheem, one reason not to focus on the djinns when performing *ruqya* is that they usually lie and, if *sihr* is involved, they do not have as much power or knowledge as they claim to possess. Raheem will command the first djinn to bring the others if more than one is involved. He has specific Qur'anic verses to facilitate this. He told me that it generally is relatively easy to cast out the other djinns after the first djinn has left.

Raheem also suspects that it might be psychologically unhealthy for the patient if he pays too much attention to the djinns residing in the patient's body during the *ruqya*. Therefore, in contrast to when he started as a *raqi*, he is more direct nowadays and evicts them as quickly as he can.

The preschool patient

> P4 is roughly three years old and is accompanied by her mother and grandmother. None of them speak Swedish or English, only the language of Raheem's mother's native country. P4 sits in her mother's lap during the session. Raheem gives her candy and makes sure she smiles before starting the *ruqya*.
> Raheem is gentler during the session than he is with adults. In the beginning, he only blows around her. He also abstains from spraying water. He only touches her head lightly at the end of the session. There is no veil separating her hair from Raheem's hand as is the case with the adults he treats. Finally, Raheem recites verses twice over the water and then P4 and her mother drink three sips each.

One might suspect that this gentler version of *ruqya* is an adaption to Swedish laws because a child is involved. Moreover, it is impossible for me to know if Raheem adapted any of his practices because I was observing him. However, based upon my fieldwork with Raheem, my subjective opinion is that this gentler version reflects Raheem's personality as a healer. Raheem claims that he has carried out r*uqya* on a three-year-old child, which is most probably illegal according to Swedish law.[18]

The training of A female *raqi* apprentice

> P5 is thirteen years old and is dressed in a pink hoodie, pink sweatpants, and a veil. She is accompanied by A, who is the aunt of P5. They both speak fluent Swedish and are Muslims of Roma descent. P5 is very shy but agrees to let me

[17] This is analogous to the connection discussed previously (see P1) between living a secularized, non-Muslim life in the diaspora and attracting djinns on the one hand and the protection from evil influences provided by a Muslim lifestyle on the other.

[18] The Patient Safety Act (2010:659, chapter 5).

observe her session. She regularly comes to Raheem. All the females in the family seem to be afflicted with *sihr*-related problems. P5's mother and grandmother are also regular patients of Raheem. For this reason, he is providing A with training to allow her to perform *ruqya* on her family every day between the sessions with Raheem. P5 has been diagnosed as a victim of a case of evil eye that has been untreated for five years as well as a being affected by a weak curse connected with their apartment.

A explains that P5's head shakes when she is performing *ruqya* on her at home. Raheem is very gentle with P5 and, before starting the *ruqya*, he explains that it can be hard in the middle of the treatment but later it will become easier. He tells her to let him know if she wants him to stop at any time during the session. Raheem blows after each sura, first at her head and then over a bottle of water. She has her hood over her head when the session begins but removes it after five minutes to expose her veiled head.

During the *ruqya*, Raheem asks A if she can feel the afflicted area on P5's head. A has her hand on P5's head and locates a spot she describes as being hot and having a hole in the center. It is four-and-a-half finger-widths from the hairline on the left side. Raheem confirms that she has found the correct *sihr* spot. He shows her two other affected spots, one above the temple and the other at the center of the neck. Raheem explains that one of the last two spots indicates that the evil eye has evolved into *sihr*.

He continues reciting and blowing on P5. At the end of the session, he asks permission to sprinkle water on her. After P5 agrees, he asks her to close her eyes. Then, he sprinkles water on her head, hood, and face three times and asks her to open her eyes. P5 giggles. She is then told to drink three sips of water. She is given the bottle with the rest of the blessed water and is instructed to drink the remainder for three days at home. Further, P5 should recite Al-Fatiha seven times each morning and evening and listen to sura 36 and 27 for forty days.

After the mid-day prayer, Raheem performs *ruqya* on A. As in the sessions with his other patients, he sits on an office chair and they sit on a prayer rug on the floor. A complains that she sometimes feels a negative sensation in her right wrist. Raheem explains that it is caused by performing *ruqya* on her family members in order to draw all negative influences from the rest of the body up to the afflicted head. Therefore, she is told that it is crucial to always blow at her hand afterwards. This is similar to the requirement to perform *wudu* (the ritual washing) but needs to be done only once after each session. Because of her perceived personal djinn-related problems, she is advised not to perform *ruqya* on more than three people each day. She also tells Raheem that when she stops reading, she has nightmares. However, she has learned to perform *ruqya* on the djinns when sleeping. She often wakes up with her palm on her stomach after she has had this experience.

Raheem explained after the session that A has brought several family members to him for *ruqya*. She once phoned him in the middle of the night on behalf of one of her cousins. Raheem then told her what passages to read over water and to then give

her cousin the water to drink until Raheem could get to their place. A later brewed tea with some of the remaining water and, she claimed, "Allah [the word] appeared in the cup." When he arrived, her entire family was excited because of this wondrous event. Already before Raheem had heard about the teacup incident, he had a feeling that A would be a good *raqi*. Raheem told her to pray to God seven nights in a row and then decide if she would like to become a *raqi* to help her kin.

It will take two months of training for her to get to a basic level of proficiency. After that, additional training will be needed to teach her how to evict more stubborn djinns. She has already participated in several *ruqya*-sessions with Raheem and has performed sessions for family members as well.

While in training, she will assist him one day each week, during which he will observe and instruct her. Raheem told me that he thinks all large families need someone who knows basic *ruqya*. According to Raheem, there is a great need for more female *raqi* in particular in Sweden. He shared with me that he had encountered several female *raqi* abroad while he was in training. However, he said that he does not know if they treat both male and female patients outside their family or only the latter.

A *raqi*'s reflections on non-djinn-related psychological afflictions

Raheem expressed a great interest in psychotherapy and in how to integrate it with Islam and *ruqya*. He explained that several people have approached him for help without any *sihr*- or djinn-related problems, most commonly because of gambling problems or watching pornography excessively. Several of his patients suffer from depression but do not feel comfortable with Western psychiatry. He made a comparison between *ruqya* therapy and cognitive behavioral therapy and psychoanalysis. The common ground, according to him, is that the goal is to change negative behavior, remove bad influences, and make the patient healthy and socially functional.

Raheem told me that he is convinced that some of his patients who claim that they see djinns are in fact psychotic. He suggested that it might be *sihr* that has caused the psychosis. Another reason for their condition might be that they have taken drugs. Raheem described *ruqya* as being very beneficial for most people. However, according to Raheem, becoming obsessed with listening to the Qur'an without any need for *ruqya* is an indication of psychosis. They escape their underlying problems by continuously listening to the Qur'an. He explained that he in such cases tries to comfort them in ways other than carrying out *ruqya*. He compared the situation with how a Western physician might use their psychological experience to cure patients with problems that are not of a physical nature. He also stressed that listening to patients is helpful in itself even when no other treatments are given.

Raheem insisted that one should be careful when offering religious therapy not to encourage what he termed "unbalanced behavior" since this, according to him, might cause conditions such as OCD. However, he clarified that he does not work with ritual symbols despite his interest in secular psychotherapy. He said that he sincerely believes in djinns, *sihr*, and other "hidden illnesses not yet recognized by Western medicine."

Concluding methodological remarks

Before I met Raheem I had only interviewed one other *raqi*, Didan, to ascertain the details of his way of performing *ruqya* (Marlow, 2023a; Marlow, 2023b). After my first observation of Raheem's personal performance of *ruqy*a, I returned to Didan and asked him if he also uses his hands during *ruqya*, which he immediately confirmed. For Didan, this practice was not in any way secret; he had just either forgotten to tell me about it or considered it less important with the complementing embodied techniques than discussing the theological and ritual theories behind his performance of *ruqya*. One could perhaps regard this omission as an example of too much focus being placed on the textual dimension of Islam in discussing the lived practices of Islam as seen from a ritual specialist insider's perspective and too little attention being given to the universal techniques of healing with bodily contact. This omission also demonstrates the limitations of interviews as an ethnographic tool to "collect *ex post* accounts of practices that were performed in another context" (Dupret et al., 2012: 2).

At first, Raheem was also very hesitant to explain why he squeezed and pressed on various points on the body during the *ruqya*. However, since he had promised to answer my questions, and I had observed these practices repeatedly, he finally disclosed his use of the "satanic meridians."

The case of P2 is an example of the dangers of presuming that someone who regularly visits a *raqi* unreservedly adheres to the full theological worldview of the ritual of *ruqya* (cf. Schielke, 2010). Despite her claims of not believing in the Islamic diagnosis of *sihr*, she still, in her pragmatic identification as a Muslim, preferred *ruqya* against *sihr* as a more potent Islamic therapy for her illnesses than competing secular therapies.

Finally, I hope that this paper has exemplified that, although detailed descriptive work may be criticized for its limited capacity for providing a general explanation, in comparison with grand-scheme theories, it has a deeper explanatory value, capturing human ambiguity, as "a thorough analysis of a chunk of the world as it actually functions" (Dupret et al., 2012: 1).

Author's contributions Not applicable.

Funding Open access funding provided by Abo Akademi University (ABO).

Data availability Not applicable.

Declarations

Ethical approval Not applicable.

Competing interests The author declares no competing interests.

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