A guide to the book and film

This book includes a feature-length ethnographic film produced as part of my research on Islamic exorcisms and psychiatry in Denmark. The film introduces the reader to the dynamics of possession and psychosis through concrete examples of the interactions between Quranic healers, Muslim patients, and psychiatrists. The film scenes act as catalysts for questions I then analyse and discuss in the chapters of the book. In addition the film provides a form of analysis in its own right, allowing insights into emotional and existential dilemmas among both patients and healers that complement the written analysis but also invite the reader to think beyond the conclusions of the book. Jinn possession and psychosis are concepts that describe essentially invisible forms of suffering. Taken together, the book and film explore the possibilities of juxtaposing text with film material which, in combination, may create a space for the invisible in scholarly analysis. I recommend watching the film before reading the book (see p. viii for online access). In addition I invite the reader to revisit individual scenes as they are referenced throughout the chapters. Below I provide an overview of the topics and the arguments addressed in the chapters of the book and how they might be read together with the film.

I begin the book by outlining how the invisible has been dealt with in the social sciences, in Islamic theology, and in public debates in Western media on the question of whether Islam is in fact the underlying invisible cause of ‘integration problems’. My exploration of the invisibility and hypervisibility of Muslims in the West leads to a discussion of invisibility in relation to theories about human perceptual agency. While a number of influential studies in anthropology and psychiatry have been concerned with how best to account for human agency, I suggest that both psychiatric treatments and Islamic healing point primarily to the idea of human agency as an obstacle that needs to be overcome in order to access either the invisible healing of God, or that of psychotropic medicine. Finally I discuss my approach to ethnographic film and how I have applied the cinematic gaze as a methodological and analytical tool for displacing my own perception when studying the invisible among Danish Muslims.

The second chapter begins with a discussion of recent anthropological debates about how to take the viewpoints of others seriously, even when
doing so implies accepting the existence of invisible beings and phenomena such as angels, jinn, God, schizophrenia, psychosis, or depression. I describe a number of critical experiences and conversations with interlocutors that occurred during the course of my engagement with this project. In the chapter, I also introduce several of the people in the film, including Nour Aziz and his nurse Esther Isaksen at the psychiatric hospital in Risskov (Scenes 3, 8, and 14) and Shaykh Abu Bilal (Scenes 2, 5, 9, 10, and 12) as he tries to exorcise a jinn spirit. In addition, I discuss the methodological and personal dilemmas of conducting long-term anthropological fieldwork in a highly politicised context.

In the third chapter, I analyse Scene 7, which provides an example of how young Muslims use the increasing number of jinn exorcisms on YouTube as a form of entertainment, but also as a way of cultivating an awareness and an ethical disposition of the self in confrontation with the invisible. I describe how these exorcisms produce doubt and discuss the ways in which doubt is an integral part of these young Muslims’ practices of faith. In addition I explore how the recurrent discussion of the value of images in anthropology could find new answers by examining the way these Muslims use and respond to visual media. In conclusion I point out how the visual display of the photographic image shares a peculiar resemblance with the bodies of people possessed by invisible jinn. Like the possessed body, the image as a failed example or model of reality makes certain things visible, but simultaneously amplifies the sense of invisibility, pointing towards that which cannot be seen, depicted visually, or represented in writing. This suggests a negative epistemology in which images obtain their value not from the adequacy of their correspondence to perceived reality, but rather from the ways in which they fail to exemplify that which they appear to depict.

Chapter 4 takes a further step into the specific healing interactions between Muslim patients, psychiatrists, and Quranic healers by introducing the story of Feisal, whom I met during my fieldwork when he was going through a long series of exorcisms. In addition I take a close look at Scene 5 in which a young woman is being diagnosed for jinn possession and Scene 6 in which I discuss the film recordings of the young woman together with the nurse Esther Isaksen and the psychiatrist Jørgen Aagaard. I analyse how Islamic exorcisms and psychiatric healthcare depend on an oscillation between making visible and keeping invisible – between giving a tangible visual form to the suffering of patients and to possible paths for their healing, and yet simultaneously disabling and dismantling other possible visualisations. Iconoclastic practices in both psychiatric healthcare and Islamic exorcism are related to the issue of faith in healing and the necessity of doubt in order to attain faith. Both in psychiatric encounters and in Islamic exorcisms, an effort is made to produce doubt as the condition for submission in faith to the healing agent. Here the widely disputed notion of ‘patient’ is of key
importance. In contrast to recent user-oriented and holistic approaches in psychiatry, as well as a number of studies in medical anthropology that tend to emphasise healing as an effect of human self-creativity, the issue in the treatments I studied was not framed in terms of how to gain agency; rather, the main concern was ‘how to become a patient’, which involved the surrender of individual agency in favour of allowing something else to do the work of healing.

The fifth chapter explores the sacrifices expected from patients in both systems of treatment. Taking the near-sacrifice of Abraham’s son as a model for healing, I explore the ways in which patients – through leaps of faith – dismantle those parts within themselves perceived by the healer as the core of their suffering: psychotic delusions, jinn, or the desires of what in Islamic theology is referred to as the lower self. In conclusion I argue that self-sacrifice of this kind enables the patients to submit to their treatment, and thereby to be reinstated as moral and healthy subjects in the structural order implied by the two systems of healing: biomedicine and Salafi-oriented interpretations of Islam. The chapter expands on the analysis of Scenes 5 and 6 presented in Chapter 4, but also explores the interaction between Aziz and his psychiatrist as seen in Scenes 3 and 4.

Chapter 6 moves on to describe the aesthetic forms applied in the healing encounters in order to facilitate the possibility of self-sacrifice, and to move beyond the boundaries of the immediately visible. I explore the healing encounters as ritual events that aim at the dissolution of the subject. Inspired by recent attempts to apply the film theory of Eisenstein, Vertov, and Deleuze to the theorisation of ritual and religious art, I analyse the exorcism of Abu Omar (in Scenes 2 and 12) and the treatment of Aziz by his nurse Esther (in Scenes 8 and 14) as a ritual dialectic moving towards dissolution by way of disruptive montage. I conclude that submission to a particular form of healing is facilitated by the healers’ ability to conjure the sense of an all-encompassing world of knowledge and total vision to which the patients’ limited and partial perspectives must subject themselves.

The final chapter of the book concludes on the findings of the preceding chapters, and critically discusses to what extent the analysis as a whole has adequately accounted for the work of the invisible in Islamic and psychiatric healing. If the invisible is indeed invisible, as claimed both by existential phenomenologists like Maurice Merleau-Ponty and Emmanuel Levinas, as well as in Islamic theology, it would be problematic if my weaving in and out of Islamic exorcisms and Danish psychiatry had succeeded in outlining and visualising the work of the invisible in any finite or exhaustive way. For this reason I have dedicated the final chapter of the book to those aspects of the treatments that – as pockets of still unexplored invisibility – stubbornly refuse to fit within the analytical scheme of the book.