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Effective Islamic Spiritual Care: Foundations and Practices of Imams and Other Muslim Spiritual Caregivers

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EFFECTIVE ISLAMIC SPIRITUAL CARE: FOUNDATIONS AND PRACTICES OF IMAMS AND OTHER MUSLIM SPIRITUAL CAREGIVERS

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ABSTRACT

In Canada, Muslim communities turn to Muslim spiritual caregivers, especially to imams, for help with various problems. Research has shown that many Muslim spiritual caregivers are familiar with the Arabic language and Islamic values but have limited practice in Islamic counseling and psychotherapy. This study is intended to examine the effectiveness of Muslim spiritual caregivers in the context of Canadian Muslims' health care. Cross-sectional ethnographic research with fifteen Muslim spiritual caregivers and interviews with them were conducted.

Our results show that even though the majority of Muslim spiritual caregivers have no formal training in Western psychotherapy intervention, they nonetheless play a major role in the promotion of Muslims' health. However, they can be more effective if they apply social sciences in their practice. Results of the study show that it is necessary to bridge the gap between Islamic intervention and contemporary psychotherapy paradigms in order to make Islamic spiritual care more effective.

Chapter I: Introduction

1. Research Question

The major question which directs this thesis is "What do Muslim spiritual caregivers see as effective spiritual care?" This question has also directed me as the only female Muslim spiritual caregiver in Canada who works in a multi-faith setting and provides spiritual and religious care to seniors from different religious, ethnic and cultural backgrounds. I come from Azerbaijan, speak Azerbaijani, Russian, Turkish, Arabic, and English. By faith, I am a Muslim and belong to the Sunni branch of Islam, which I accepted when I was 23, and it inspired me to pursue my PhD in the theology department of Marmara University in Turkey. Unfortunately, at that time, the Turkish government's headscarf ban, which was very discriminatory against women like myself, prevented me from completing my degree and forced me to immigrate to Canada. Some of my teachers suggested that I open my headscarf, but I refused because it was an important part of my Azerbaijani Muslim identity. I had experienced this kind of pressure before from my family, who were worried that I might lose my place in the workplace and at university if I insisted on wearing a headscarf.

In Canada, as a new immigrant and with children, I had to work hard, either by using my education or going into another field. I chose chaplaincy, because it involved skills and knowledge with which I was familiar. The warm and loving environment at the Spiritual and Religious

Care Department in St. Joseph's Hospital in Hamilton and in the Clinical Pastoral Education (CPE) Department, under the supervision of Roy Dahl, Professor Thomas O'Connor, E. Meakes, Professor Peter VanKatwyk and others, helped me to love this profession. I enjoyed the fusion of horizons. As a Muslim woman, I enjoyed the trust in and encouragement of my knowledge and skills. The inspiration they gave helped me not only to balance my family life and education but also to find a job as a chaplain.

One of the most enlightening aspects of CPE was to discover that every major religion in the world preaches on the basis of "love your neighbor" and holds a belief in the brotherhood and sisterhood of all humanity. This belief helps me provide spiritual and religious care not only to Muslims but also to elders and their families at two institutions that include residents with Jewish, Christian, Hindu and many other backgrounds. I was educated at the Canadian Association for Pastoral Practice and Education (CAPPE), now called the Canadian Association for Spiritual Care (CASC), in 1,600 hours (4 units of Supervised Pastoral Education – SPE) in multi-faith spiritual care. CASC is a multi-faith professional association. On a daily basis, I reflect on my practice as a spiritual and religious caregiver and ask whether I have been effective in a particular situation and what I need to be effective in a spiritual and religious care context that involves understanding and working with various cultural, ethnic and religious dimensions of patients' illness experience and coping behaviors. This implies taking off my own cultural

and religious shell to avoid ethnocentrism, religiocentrism and cultural and religious imposition on clients of different cultural backgrounds. It is about considering diverse values and beliefs in a cultural and religious context in order to provide enlightened, relevant spiritual and religious care that is consistent with the clients' cultural and religious value systems. While I work as a spiritual care coordinator, I try to organize more ecumenical or multi-faith celebrations, so that we can get accurate information about other religions and demonstrate respect for all world faiths without diminishing the values and truths found within our own spirituality. Being aware of all these diverse dimensions of spiritual care, my goal is to maximize the advantages of diversity, such as improving communication skills, understanding and being aware of diversity as a part of our lives, and minimizing disadvantages such as confusion, mistrust, anger and discrimination.

I will never forget an incident when one dying resident asked to see a chaplain. I entered the room, and the resident, whom I had known for many years and escorted her to the church services, said that she was suffering from pain that neither she nor the doctors could control. She then asked why humans should suffer and how she could stop pain. I realized that she did not expect me to answer; she wanted to share with me her vulnerability. She did not expect me to stop her pain; she wanted to talk to me as a person who was her companion in the home. As a companion on her spiritual journey, I tried to help her by responding with a similar

question: "You survived the Holocaust, which caused great pain to millions... I remember that you mentioned many times why you were a subject of this kind of suffering." She said: "Yes, but I never found an answer..." I agreed with her and said: "I feel powerless in finding an answer to the suffering of humanity. I still feel helpless and puzzled." These kinds of encounters turn my attention from personal suffering to global suffering. I never find an answer, only more questions, and I wonder whether God is just a "Watcher" over us or "Victim" like us or both.

We also have many Muslim patients and seniors who are unable to find meaning, hope and connection and are in spiritual pain because of it. Meeting with them, observing the Muslim spiritual caregivers' actions, and listening to stories of effective and ineffective spiritual care, ignited a desire in me to do research on how to be an effective spiritual and religious caregiver. There have been no definitive studies that produced empirical evidence showing the effectiveness of Islamic spiritual care in the Canadian health-care setting. Many studies concentrated on whether or not basic Islamic clergy functions have changed, especially since 9/11, which caused great damage, trauma, consternation, confusion, grief, and sadness to the collective psyche of both Muslims and non-Muslims. There are many reports of symptoms suggesting post-traumatic stress disorder (PTSD) in many people. Muslims have been directly affected by the

tragedies, and many will still have some symptoms of post-traumatic stress.

Although it is still unclear what the actual and desirable functions of traditional and contemporary tasks of Muslim spiritual caregivers are, my personal observations are that Muslim clergy functions that are regularly performed such as the Friday prayers may not always be those which ought to be performed. Less attention has been paid to the role of Muslim clergy in the effectiveness of Islamic spiritual care in health-care settings. In order to determine what is and what should be, we need sociological and theological analyses of the effectiveness of Islamic spiritual care providers in the health-care setting. The kinds of studies that would identify, which Islamic spiritual functions are desirable in Canadian health-care institutions, would be possible only with the aid of forward-looking Muslim leaders and scholars providing the theological and sociological analysis.

2.Context of Study

Muslims in Canada belong to different cultures and schools of thought and their experience is not everywhere the same such as Muslims in Quebec has to deal with the provincial government's ban on the *niqab* or a *burka* under the Bill 94 and related debates on immigration and accommodation, whereas Muslims in Ontario do not have this problem. To examine all of these is beyond the scope and purpose of this thesis. I

did not intend to give a detailed description of the differences in spiritual care in these schools of thought. I have tried to focus on similar beliefs and observances with regard to health care, illness, and death and dying among Muslims in Canada. However, it is acknowledged that denominational variance among Muslims may affect the nature of studies on effectiveness of Islamic spiritual care in a health-care setting. The historical and contemporary practice of spiritual care by Muslims indicates that Shia[1] and Sunni[2] branches of Islam have extremely different views on Islamic spiritual care. The companions of the Prophet Muhammad play an important role in Sunni spiritual care, the Twelve Imams for Twelver Shiities[3] of Shias and the Agha Khan in Ismaili[4] tradition in Shia. Although there is no detailed report or study about the characteristics of the Shia and Sunni clergy and their views on effectiveness of Islamic

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[1] The word "Shia" in Arabic means a group or supportive party of people. The commonly-known term is shortened from the historical "Shia-t-Ali," or "the Party of Ali."

[2] The word "Sunni" in Arabic comes from a word meaning "one who follows the traditions of the Prophet."

[3] Imam Ali bin Abi Talib - al-Murtaza (AS)
Imam Hassan bin Ali - al-Mujtaba (AS)
Imam Hussain bin Ali - al-Shaheed (AS)
Imam Ali bin Hussain - al-Sajjad (AS)
Imam Muhammad bin Ali - al-Baqir (AS)
Imam Jaffer bin Muhammad (AS) - al-Sadiq (AS)
Imam Musa bin Jaffer - al-Kazim (AS)
Imam Ali bin Musa - al-Riza (AS)
Imam Muhammad bin Ali - al-Taqi (AS)
Imam Ali bin Muhammad- al-Naqi (AS)
Imam Hassan bin Ali- al-Askari (AS)
Imam Muhammad bin Hassan- al-Mahdi (AS)

[4] the second largest branch of Shia Islam. The Ismailis accepted Ismail ibn Ja□far as the appointed spiritual successor (Imam) to Ja□far a□-□adiq, wherein the Twelvers accepted Mūsa al-Każim, younger brother of Ismail, as the true Imam.

spiritual care, we expect such characteristics would be very different in the two traditions.

As with Christian and Jewish clergy, the traditional roles of Muslim spiritual care providers in the health-care setting are to lead prayers, deliver sermons, conduct religious ceremonies, and provide religious and spiritual guidance (Haddad & Lummis, 1987). Many imams use as reference and interpretation of the *Qur'an* (sometimes transliterated as *The Koran*) and the *Hadith,* which are the two main sources of Islamic theology and practice. These are used not because the imams have limited knowledge of other sources but because many Muslims expect them to refer to these two important sources. However, there has been no research conducted which would indicate "if imams are well prepared to identify, treat, and, when necessary, refer congregants with emotional, behavioral, or psychosocial problems to psychiatric services" (Ali, Milstein, & Marzuk, 2005). It suggests that imams address counseling issues in their communities that "reach beyond religious and spiritual concerns and include family problems, social needs, and psychiatric symptoms," but they do not have the comprehensive counseling training that might help them to effectively address their communities' multidimensional needs (Ali, Milstein, & Marzuk, p. 204). Thus, Muslim clients choose traditional services of imams, but when they fail, the clients may prefer secular services as an option (Hodge, 2005).

One of the important challenges of effective Islamic spiritual care is that in Canada, many imams' primary language is not English, and they may be overburdened with obligations toward the needs of young and converted Muslims. However, the U.S. Surgeon General report (1999) showed that minority communities, including Muslims, ask health providers to address the problems of stigma, discrimination, distrust, and differences in culture-specific experiences when they respond to the mental health problems of persons from minority communities. Christie-Smith and von Brook (2002) showed that Muslims have faced increased discrimination as a minority group since the events of 9/11. The Muslim minorities have fears, hopes and problems in the West (Ahmed, Akbar S. 1993).

This exploratory research has sought a broad range of experience. The imams and other Muslim spiritual care providers are the professionals who provide supportive spiritual care through empathetic listening and demonstrating an understanding of people in distress. They usually give information or advice to help Muslims enhance their personal development, provide emotional support and promote spiritual growth. They often serve as front-line mental-health care providers and facilitators to help communities gain access to a larger network of mental-health services (Veroff, et al, 1981) and even provide more care than psychiatrists do, including treatment of people with serious mental illnesses, but the role of religious providers depends on the presence and

severity of mental-health problems (Wang, et al, 2003). However, not being regulated by one body and representing different organizations, Muslim spiritual care providers have limited resources available to meet those needs and may have less accountability to the public.

Thus, this study explores what Islamic spiritual care effectiveness is from point of view of Muslim spiritual caregivers. The findings of this study can help Muslim spiritual and religious caregivers better understand the effectiveness of Islamic spiritual care and their Muslim patients' needs. Muslim spiritual and religious caregivers can make use of this information when serving Muslim patients while showing respect for and understanding of the diversity of Muslims in Canada. This study can educate them about the connection between traditional Islamic sources and Western-based social sciences.

This study also contributes to the existing studies and publications about effectiveness of Islamic spiritual care in three particular ways. First, the understanding of the effectiveness of Islamic spiritual care in traditional sources is analyzed. Second, it will add to the current literature on the effects of social sciences in Islamic spiritual care. Third, the study presents the consequences of misunderstanding, misinterpreting, and improperly practicing Islamic spiritual and religious care. However, the thesis has limitations: it is impossible here to fully explore the effectiveness of spiritual care from all Muslims' point of view. Therefore, Muslim spiritual care providers and mosque officials, together with

theologians, need to identify the specific behaviors or functions which are crucial to effective Muslim spiritual care.

3. Definition of Spiritual Care in Islam

The word "Islam" is derived from the Arabic root *salema*, which means peace, purity, submission and obedience. In the religious context, Islam means submission to the will of God and obedience to His law. Muslims believe that divine laws administer everything on the earth and in the universe. However, the human being possesses intelligence and choice, which makes him/her different from other creatures. Muslims believe that Islam is not a new religion introduced by the Prophet Muhammad but a religion that has existed since the time of the prophet Adam. The messengers after him, including Abraham, Moses, Jesus and Muhammad (peace be upon them) conveyed the same message, which is a belief in the One and Only Eternal God, Creator of the Universe, Lord of all lords, King of all kings, Most Compassionate, Most Merciful. Muslims believe that God has no father nor mother, no sons nor daughters. He has not fathered anyone nor was He fathered. None are equal to Him (the *Qur'an*, 112: 1-4).

Muslims also believe in all messengers and prophets of God without any discrimination. However, they also believe that all messengers were human beings endowed with divine revelations (*vahy*) and appointed by God to teach mankind (the *Qur'an*, 2: 286). The *Qur'an*

mentions that God sent prophets to all nations, but the names of only 25 messengers and prophets are known. These include, among others, Noah, Abraham, Jacob, Ishmael, Isaac, Moses, David, Solomon, Jesus, and Muhammad. Their message was the same one that came from God. They submitted to His will and to obey his law. Among the 25 messengers, only five were given divine books, which are the divine pages to Abraham, the Torah of Moses, the Psalms of David, the Bible of Jesus, and the *Qur'an.* Belief in angels, in life after death, including resurrection, and in the divine destination are also among the important tenets of the Islamic faith. There are four major applications of Islam: prayer *(salat*), fasting (*sawm),* almsgiving (*zakat),* and pilgrimage (*hajj).*

Islam is not a segment in a Muslim's life, but a code of life, that affects spiritual, intellectual, personal, family, social, economic, political and international understanding. This code of life is based on the unity of God and the core values of compassion, justice and benevolence. We will try to shed light on the spiritual life of Muslims from the perspective of health and well-being, although other aspects of life are also important in providing spiritual care in Islam.

The effectiveness of Islamic spiritual care is based on the Qur'anic concept of spiritual care in Islam. The *Qur'an* addresses various diseases, especially of the heart, which often lead to direct or indirect physical and mental ailments. It mentions blindness, deafness, lameness, and leprosy, as well as mental disorders, including psychoses, and neurotic diseases, such

as sadness and anxiety (Isgandarova, 2005). However, the primary focus of the Divine message is on moral and ethical diseases. It is one of the main reasons that the *Qur'an* itself is referred to as a book of healing (the *Qur'an*, 41: 44) and emphasizes that there is reward from God for those who patiently persevere in suffering (the *Qur'an*, 39:10 and 31:17).

In many situations, Muslim clergy usually start their care with the recitation of certain chapters from the *Qur'an*, especially *suras al-Fatiha, Baqarah, Saad, Falaq, Naas,* and so on, for the purpose of healing (Rahman, 1998, pp. 74-75). The narrations of the Prophet Muhammad demonstrate that the special chapters from the *Qur'an* have been revealed for the purpose of healing. For instance, "*Fatihat al-Kitab* [the chapter of *al-Fatiha*] contains healing for every disease" (Sahih - al-Bukhari, p. 2704). Prophet Muhammad also taught special supplication for healing. Whenever he paid a visit to a patient, or a patient was brought to him, he used to invoke God, saying, "Take away the disease, O the Lord of the people! Cure him as You are the One Who cures. There is no cure but Yours, a cure that leaves no disease." He used to treat with a *Ruqya* saying, "O the Lord of the people! Remove the trouble, the cure is in Your Hands, and there is none except You can remove it [the disease]" (*Sahih al-Bukhari*, p. 1232). During the Prophet's fatal illness, he himself also used to recite the *Mu'auwidhaat* [chapters *al-Falaq* and *an-Naas*) and then blow his breath over his body" (*Sahih al-Bukhari*, p. 1232).

The traditions of the Prophet Muhammad also emphasize the importance of healing and sickness. He considered health to be one of the greatest blessings to have been given to human beings: "There are two blessings which many people do not appreciate: health and leisure" (Bukhari, 1232): "No blessing other than faith is better than well-being" (Bukhari, 1232).

There are different forms of spiritual care in Islam. *Iyâdah* (visiting the sick) is the practice, *rifq* (exemplary kindness/care) is the approach, and *ihsân* (doing what is beautiful) is the optimal state in which spiritual care should be offered (Baig, 2007). The Prophetic words "Doing what is beautiful (*ihsân*) means that you should worship God as you see Him, for even if you do not see Him, He sees you" (Isgandarova, 2010). This points towards the state of vigilance and self-awareness known as *murâqaba*, which is essential in spiritual care work.

The Arabic *iyâdah* comes from the root that means 'to return.' This kind of visit is brief in order not to put a burden on the patient (Baig, 2007). The Prophet Muhammad affirmed such visits by saying "The most rewarding visitation of the sick is the one that is appropriately brief" (Baig, 2007). This kind of spiritual visit is rewarding because it takes into account the condition and state of the patient. The reward of *iyâdah* is twofold. It is purification for the visitor and one of the important sources of hope for the sick. In the former, the Muslim spiritual caregiver may ask the patient to pray for him/her, since the prayers of patients are very

effective according to *Hadith* literature. God is also near to those who suffer and are confronted with pain and anguish. In this concept of sickness, sickness and pain is understood not as the wrath of God (as some suggest); God states that these afflictions are to test and try humans. This view calls to mind Charles Gerkin's (1984) "fusion of horizions," which is:

> the fusion of horizons of understanding may offer a clue. That way of imagining the relationship offers the possibility that it is in the richness, the delicate balance and respect experienced intersubjectively with both counselee and counselor open and vulnerable to the intrusion of the new that some fresh possibility for a changed way of being a person ... may be opened (p. 46).

Gerkin suggested that it is not the pastoral caregiver who brings God to the patient but that God is already present there. This is why Muslim spiritual caregivers ask the patient to pray for the caregiver. The *Qur'an* also affirms it by saying: "God is with those who patiently persevere" (the *Qur'an*, 2:153) and "Be not sad, surely God is with us" (9:40). The verse that indicates that God is always with those who are afflicted, and it is He who regulates natural and cosmic laws (the *Qur'an*, 13:2). Prophet Muhammad also said that when "you visit an invalid tell him to make supplication for you, for his supplication is like that of the angels" (*Sunan of Ibn Majah*). Another narration from the *Forty Qudsi Hadith* reminds me of Gerkin's understanding of God's presence as well:

> God will say on the Day of Judgment: "O son of Adam, I was sick but you did not visit me." "My Lord! How could I visit you when You are the Lord of the whole world," we will reply. God will say:

> "Did you not know that so-and-so from among my servants [i.e., human beings] was sick, but you never visited him or her? Did you not know that if you had visited, you would have found me there?" God says: "O my servant! Health unites you with yourself but sickness unites you to me" (al-Nawawi, 1997, pp. 15-17).

This recalls Jesus' parable in which he spoke of the separation of the goats and sheep to the left hand and to the right in Matthew 25: 37-46:

> Then the righteous will answer Him, saying, "Lord, when did we see You hungry, and feed You, or thirsty, and give You drink? And when did we see You a stranger, and invite You in, or naked, and clothe You? And when did we see You sick, or in prison, and come to You?" And the King will answer and say to them, "Truly I say to you, to the extent that you did it to one of these brothers of Mine, even the least of them, you did it to Me...." Then He will answer them, saying, "Truly I say to you, to the extent that you did not do it to one of the least of these, you did not do it to Me. And these will go away into eternal punishment, but the righteous into eternal life.

The role of prayer between the spiritual and religious caregiver and the sick is important so that:

> The inhabitants of the heavens carry along the sincere prayers of such needy people, who are deprived of any other solution. These destitute people, who are in a state of desolation and demise, know what they are asking for and are aware of what they are doing. They turn to Him and unburden themselves of all thoughts. Such prayers would make the heavens burst into tears; hurricanes threatening the world would change its course, waves overturning everything would calm down, and peace would rise on the horizon. Broken fault lines would surrender to unexpected rulings, and released gases would easily evaporate into the atmosphere. The breeze of such a prayer enlivens Earth and brightens the skies. Hearts beat with exhilaration, and nature rises in order to dance and to send forth smiles... Through prayer, people offer their sacred requests, which are beyond causes, to the Most Glorified One, and acknowledge that God sees whatever is hidden or open. Humanity, as well as the *jinns* and the angels, pray to Him, especially about issues that subjugate their strength and control,

> and expect a remedy from Him. However, such a remedy is forthcoming only if we take all of the required measures and fulfill all of the necessary conditions (Gulen, 2003).

4. Some Ideas about Effectiveness in Muslim Spiritual Care

This thought of Gulen's can give Muslim spiritual caregivers courage as they seek to try new ways to be more effective for the clients they serve. Effectiveness becomes the match between stated goals and their achievement (Fraser, 1994, p. 104). Effectiveness then has become a major driving force for change in Islamic spiritual care and its contribution to the modern health-care system, too. For Muslim clergy, it is always possible to achieve easy, low-standard goals. However, quality in Islamic spiritual care is not only a question of achievements and outputs but also of judgments about the goals, or "inputs." In this regard, effectiveness of Islamic spiritual care is "the extent to which objectives are met ('doing the right things')" (Erlendsson, 2002). It is "a measure of the extent to which a specific intervention, procedure, regimen, or service, when deployed in the field in routine circumstances, does what it is intended to do for a specified population. In the health field, it is a measure of output from those health services that contribute towards reducing the dimension of a problem or improving an unsatisfactory situation" (Wojtczak, 2002).

Effectiveness of Islamic spiritual care is not self-evident because effectiveness in itself "is not a neutral term ... criteria of effectiveness will

be the subject of political debate" (Sammons, 1996, p. 117). In order to evaluate Muslim spiritual caregivers' effectiveness, there are specific questions such as: Are Muslim spiritual caregivers effective in promoting outcomes? In this regard, effectiveness of Islamic spiritual care is a relative term, which is dependent upon time, outcome and the population served (Sammons, 1996, p.143). Therefore, I also tried to evaluate effectiveness using a comparative value-added criterion, which is a comparison of Muslim spiritual caregivers to Islamic institutions.

The goal, or intention, plays an important role in the effective Islamic spiritual care,. Visiting the sick and offering spiritual care is the basic goal because it is a fundamental duty of one Muslim to another, and it is not reserved only for close friends and family. Prophet Muhammad encouraged people to feed the hungry, visit the sick, and set free the captives. He said: "He is not one of us who does not care for others" (*Sahih al-Bukhari*, p. 1232). He also ordered his companions to accompany funeral processions, visit the sick and greet everybody: "There is not any Muslim who visits another in sickness, in the forenoon, but the seventy thousand angels send blessings upon him till the evening; and there is no one who visits the sick in the afternoon, but that seventy thousand angels send blessings upon him till daybreak, and there will be a pardon for him in Paradise" (*Sahih al-Bukhari,* p. 1232). It is incumbent upon Muslim spiritual caregivers to instill hope about the future and to comfort the sick by saying: "When you go to visit the sick, comfort his

grief and say, 'You will get well and live long,' although this saying will not prevent what is predestined, it will solace his soul" (Isgandarova, 2005, p. 92). The *Qur'an* and narrations of the Prophet Muhammad also clearly indicate how to answer to the concerns within the context of spiritual care about death, dying, the meaning of life, loss of self-esteem, powerlessness, emptiness and faith in God and how to instill hope and find meaning in cases which are very painful and emotional. Muslim spiritual and religious caregivers are guided by the belief that death is a departure from the life of this world, but that eternal life is to come. They are comforters and reminders of God's mercy and forgiveness, they recite verses from the *Qur'an* and encourage the dying Muslim to recite words of remembrance and prayer, especially the declaration of faith, which is: "I bear witness that there is no god but Allah" (Aziz Sheikh, 1998, p. 138).

Imam Bukhari, a Muslim *Hadith* recorder, also reported that the Prophet said: "Bear only what you can cope," or "Be keen to do what is of benefit to you" (*Sahih al-Bukhari*, p. 1232). Regarding this, Muslim spiritual caregivers encourage Muslims to benefit from the state of sickness, since "the sick person's sleep is considered as worship and his moaning as a litany of praise to God. He is rewarded as though he is performing his usual prayer when he was healthy although he is unable to do so now. His supplications are accepted, his sins are forgiven, all his mistakes and wrong-doings recorded in his book are deleted, and he is told

'Very well, start your new life with an absolutely clean book!" (*Sahih al-Bukhari*, p. 1232).

Therefore, visitation of the sick is a social obligation in the Muslim community and the requirement of the Qur'an, and for this purpose, many imams go to local hospitals to visit the sick. It is considered one of the basic forms of worship to bring one closer to God. In times of distress or illness, the Muslim finds the greatest solace and comfort in the remembrance of God. The severely ill person, who might be distracted by his pain, greatly appreciates a companion who can read the *Qur'an* to him and remind him of God. In this regard, Muslim spiritual caregivers help Muslims to obtain peace during illness by praying and asking for forgiveness.

There is different terminology in Islamic literature to express those attitudes. One of them is *sohba*, a term denoting companionship and presence. It is not used in the secularized context. The effective and fruitful *sohba* happens when uplifting comfort, inspiration, love, encouragement, strength, exhortation to fortitude and healing are achieved. The *Qur'an* says that it is important to "give glad tidings to the patient..." (2:155), "seek help in patience and the prayer" (2:45) and promise relief because "with every difficulty, there is relief. Verily, with every difficulty, there is relief" (94:5-6).

The Prophet also encouraged Muslims to say good words to a patient for the sake of God. Although it does not prevent any harm, it still brings relief to the patient's heart (Canan, 1993). The Prophet Muhammad himself once visited an old woman who used to throw rubbish at him daily when he passed her street on his way to the mosque without saying a word. One day he noticed that there was no rubbish thrown on him. He asked a neighbour about the old woman's well-being, found out that she was sick and asked permission to visit her. This tradition teaches Muslims to visit the sick regardless of religion, gender, intimacy or friendship in order to say good words and show compassion. Jawziyyah (1999) defined good words as prayer, words of hope, good news, or advice and all these relieve the anxiety of the sick person and bring relief to his or her heart. Good words also add strength to the spirit of the sick person, further encouraging the body to fight disease (p. 109).

Muslim spiritual caregivers distinguish between *mualija* (medical cure) and *shifa* (spiritual healing). Prophet Muhammad said: "There is no disease that God has sent down, except that He has also sent down its treatment" (Sahih al-Bukhari, p. 1232).

The Muslim tradition of spiritual healing, or *shifa*, is based on the recognition of the effect of spiritual health on the physical body, which is seen as a mere receptacle for the spirit. The *Qur'an* emphasizes that: "And [Allah] shall heal the breast of the believers" (9:14). Notable Qur'anic scholars such as at-Tabari (1995, p. 117) and ibn Kathir (1995) interpreted

shifa as a remedy for spiritual diseases of the heart (p. 169). These diseases are defined as greed, haughtiness, and selfishness. Michael Lerner also supported this kind of definition of healing. For him, the goal of medicine is "curing," but the goal of mind-body effort should be "healing," which comes from "inner resources" (in Shrer, 1996, p. 305). Healing "through supplications, prayers, and fasting is a well-established tradition among Muslims" (Iqbal, 1998).

The *Qur'an* is the first source of healing because in it are "such things that have healing and mercy for the believers" (15:82). However, there are different views about the scope of Qur'anic healing. For Canan (1993), Qur'anic healing involves both physical and spiritual diseases (p. 78), including hypocrisy, doubts, and other spiritual diseases of the heart. Nursi (2005, p. 153) stated that the *Qur'an* is a healing force for those who believe in and practice its message. For Qutb (1976), healing in the *Qur'an* is mainly about spiritual healing – the *Qur'an* can remove doubts, greed, temptation, and hopelessness from the hearts of the believers and can also give believers security, confidence, and patience in the face of adversity and illness. However, verse 16:69 describes the healing powers of honey, which is a physical process (Yucel, 2007).

5. Practice of Islamic Spiritual Care in Islamic Institutions in the Past

Muslims' contemporary understanding of spiritual care is limited to mosques. However, the early Muslims extended the boundaries of the

theology to the practical life of Muslims. They have not only repeated but also put the orders of the *Qur'an* and *Hadith* into action by building mosques within the hospitals for this purpose. In medieval times, the ten years (634-644) under the rule of the second caliph, Umar ibn al-Khattab, Muslims established many public welfare institutions. Caliph Umar was so concerned with the welfare of ailing people that he had a team of physicians accompany the army proceeding towards Persia (Isgandarova, 2007, p. 95). Following his example, another Umayyad caliph, al-Waleed (ruled 705-715 CE), was the first to set up institutions for lepers and the blind, where servants and guides were employed to help the inmates. However, it was the Abbasids (750-1257) who set up hospitals with their proper and modern function. For instance, Caliph Harun Rashid ordered the establishment of the first hospital in Baghdad, and at the end of the ninth century, there were many hospitals in the caliphate. Many famous hospitals were established, such as *al-Nuri* Hospital in Damascus in the eighth to fourteenth centuries; *al-Salahani* Hospital in Jerusalem, built by Crusaders and expanded by Salah al-Din; *al-Muqtadir* Hospital and *al-Adudu* Hospital in Baghdad; *al-Fustat* hospital in Cairo; and Ahmad ibn Tuluin founded one of the early Islamic hospitals near his famous mosque in the southern quarter of Cairo around 873 (Dols, 1984, p. 135). These provided not only medical but also spiritual care (Isgandarova, 2007, p. 95).

Benjamin of Tudela, a Jewish historian, visited at least sixty medical institutions in Baghdad in 1160. He described them to Sultan Salah al-Din, the head of the Muslim state: "All are well provided for from the king's stores with spices and other necessaries. Every patient who claims assistance is fed at the king's expense until his cure is complete" (Elgood, 1951, p. 172).

The Ottoman era was a period during which an extreme emphasis was placed on the regulation and protection of the hospitals. the great Ottoman Sultan Mehmet, Fatih the Conqueror ordered to:

> donate 136 shops which I personally and rightfully own in Taslik suburb of Istanbul with the following conditions: have assigned two persons for every street in Istanbul to be paid from the profit earned from these shops. These persons are to walk along these streets at specific times of the day with a bucket in their hands which contains limestone and coal powder. They are to conceal any spit found on the streets with these powders and be paid 20 akçe (Ottoman currency) per day. Furthermore, I have assigned 10 surgeons, 10 doctors, and 3 nurses. They are to walk through the streets of Istanbul on certain days of each month, knock on each and every door and find out whether there are any sick people in that household. If there are, they are to treat them. If this is not possible at the time, they are to be transferred to Darülaceze (nursing homes/hospitals) and be treated there.
>
> Additionally, the families of the soldiers who are fallen martyrs and the poor people of Istanbul are to be fed in the soup kitchen which I have built. However, those who are not able to personally come and eat there or collect their food will be provided with alternative service. Their food is to be sent to their homes in concealed containers after sunset without it being seen by others" (Ozdemir, 2009, pp. 598-610).
>
> The Islamic model of hospitals (*bimaristans)* was based on Greek-

Arab medical science or the Byzantine model of hospitals (Dols, p. 145). However, the practice in early modern European hospitals was "inapplicable to the Islamic institutions because of the nature of the

hospitals and of medieval Islamic society generally. Islamic hospitals were not intended to be 'cruel and unusual punishment' but were a pragmatic solution to a difficult social responsibility..." (quote from Michel Foucault, p. 148). Patients of all backgrounds were treated free of charge. Many great hospitals were built by rulers and by private individuals throughout the Islamic world. Dols argues that the medieval hospitals in both Europe and the Muslim world were basically "civilian charitable institutions, which more closely resembled present-day convalescent or nursing homes" (p. 145). Hospitals were either constructed for a particular physician or later put under the direction of a particularly eminent doctor with full equipment to treat the patients. Hospitals facilitated the diffusion of Islamic medicine among non-Muslims, had separate wards for male and female patients and were staffed with nursing and other ancillary staff of the same sex. Only qualified and licensed physicians were allowed to practice medicine. On discharge, the patients were given five gold pieces each to tide them over until they could support themselves. Although Dols argues that the Islamic hospitals were generally secular institutions and their legal status was markedly different from that of the Christian (Byzantine and European) hospitals (p. 143), but the hospitals in Muslim countries provided facilities for performing prayers (Syed, 2003). The hospitals also often had wards for the insane, where drugs, music therapy and Turkish baths, among other things, were used.

Since medieval times, some Sufi shrines have specialized in the treatment of psychiatric disorders. *Rifq (*kindness, gentleness, mildness and friendliness*)* was the main concept in practicing and expanding spiritual care. Sufis also established *zâwîya*, *rabât*, *khanqah*s, and *tekke*s (all mean spiritual hospices in various languages), where both spiritual training and caring for the poor and sick were combined and the true implementation of *rifq* was accomplished (Baig, 2007). Agha Hussain Hamadani, quoting from Sayyid Ali Hamadani (d. 1385), a Kashmiri Sufi and philosopher, describes hospices in Kashmir and Central Asia:

> All lived, slept and ate together. The sacred book was open and accessible to all, demonstrating the Islamic idea of *tawhid* as a working principle in social life, the medieval *khanqah's* of the Musulmans in the subcontinent, conciliation and concord between the various culture groups was not only a moral and intellectual demand but an urgent social necessity. The Muslim mystic contributed much to liquidate social, ideological and linguistic barriers between the culture groups of the subcontinent and helped in the development of a common cultural outlook (Hamadani, 1984 cited in N. Baig, 2007).

The therapy also included spiritual and religious care. Music therapy was one of the methods of spiritual care. The *Qur'an* does not mention music directly one way or the other, although it looks upon a melodious voice with favor. Al-Dhahabi (d. 1348 CE), an author of *Prophetic Medicine*, wrote that "Singing is the soul's pleasure, the heart's delight and food for the spirit; it constitutes part of the most exalted spiritual medicine. It is pleasurable even to some animals. Its moderate

enjoyment kindles natural warmth, strengthens the activity of the various faculties, slows down aging, and repels many diseases" (al-Dhahabi, 1961, 139-140). He also said that the benefits of the Islamic ritual prayers, which involve changing certain physical postures, are fourfold: spiritual, psychological, physical, and moral. Prayers heal pain of the heart, stomach and intestines; they produce happiness and contentment in the mind; they suppress anxiety and extinguish the fire of anger. They increase love for truth and humility before people; they soften the heart, create love and forgiveness and dislike for the vice of vengeance. As well, sound judgment often comes to the mind (due to concentration on difficult matters) and one finds correct answers to problems. One also remembers forgotten things and can discover ways of solving both worldly and spiritual matters. And one can effectively examine oneself, particularly with the help of much praying. Abu Nu'am (d. 1038), theologian and man of piety, reported the Prophet as saying that "music beautifies and refreshes the body; apart from the beauty of its words, the soul benefits from its lofty idea (Isgandarova, 2005, p. 96)" The Prophet also said, "embellish the *Qur'an* with your beautiful voices" (al-Dhahabi, 139). There was no religious or gender discrimination because the hospitals' policy was based on the fact that the Prophet visited sick non-Muslims (*Sahih al-Bukhari*, p. 59).

The historical Islamic institutions were the centers of true healing, providing not only physical cures but also spiritual healing. The mosques

functioned as places of worship and health. The famous Muslim leaders considered it important to build mosques alongside hospitals. The spiritual and religious care providers were active and important employees of these centers.

Thus, Islamic medicine is based on the concept that humans are a composite of integral physiological, psychological, mental, and spiritual components. Muslims seek early medical attention according to the Prophet's practice and teaching, because our healthy body and spirit is a gift and trust from God. Visitation of the sick is a social obligation in the Muslim community, so many imams go to local hospitals to visit the sick. However, the Prophet's definition of *ihsan* – doing what is beautiful – sets out the criteria for effective Islamic spiritual care and points towards vigilance and the highest level of self-awareness and professional awareness in spiritual and religious care.

In the next chapter, the effectiveness of Islamic spiritual and religious care is described according to Western and Islamic literature. In Chapter III, we explain the methodology used for this study, including the research design and participants. Chapter IV describes the findings of the research – six themes which emerged from the interviews with fifteen Muslim spiritual caregivers. These six themes describe what the spiritual care providers see as effective Muslim spiritual care: 1. The most effective Muslim spiritual care is rooted in the *Qur'an* and the *Hadith*; 2. Effective Muslim spiritual care also means creating a caring relationship with the

patient; 3. Muslim scholars are one of the important sources of effective Islamic spiritual care; 4. The insights of psychology and the social sciences are a necessary part of effective Islamic spiritual care; 5. There is a need for continuing education; 6. Styles of effective Muslim spiritual care are varied. Chapter V includes a discussion of why these themes emerged and how they can be used in developing effective spiritual and religious care. Did the research uncover what makes Muslim spiritual and religious caregivers effective? Should effective Muslim spiritual care use the social sciences?

Chapter II: Literature Review

1. Muslim Scholars on Effective Spiritual Care

The effectiveness of Islamic spiritual care emerges in broad outline within the Islamic and Western literature, but we are handicapped by the inadequacy of the sources. Apart from the medical texts of medieval and contemporary writers, references to the effectiveness of Islamic spiritual care are difficult to locate, few in number, and often impossible to apply directly to spiritual care. However, the historical references are very significant for reviewing the effectiveness of Islamic spiritual care.

At the beginning of Islamic history, Muslim scholars produced literature on effective spiritual care. Abu Bakr Muhammad ibn Zakariya al-Razi (865-925), Abu Yusuf Ya'qub ibn Ishak al-Kindi (d. 873), Ibn Sina, or Avicenna (d. 1037), Shams-ul-Din al Dhahabi (1274-1348), Ibn al-Qayyim Al Jawziyyah (d. 1351), and Jalal Ad-Din Al-Suyuti (1445-1505) were among the most prominent and earliest writers on religion and health (Yucel, 2007, p. 12). Ibn Sina[5] treated spiritual and physical well-being of his patients and described it in his philosophical encyclopedic work, Kitab ash-Shifa (The Book of Healing), which was based upon Aristotelian traditions and the al-Qanun al-Tibb, the Greco-Arabian thoughts on Medicine. His book was used as the primary medical text in the Middle East and Europe. Ibn Sina supported

[5] Ibn Sina was born in 980 C.E. in the village of Afshana near Bukhara which today is located in the far south of Russia

the view that effective spiritual care starts with prayer; however, he also mentioned that such spiritual care should follow proper medical treatment (Dogan, 1997, p. 7).

Al-Dhahabi (1996), a prominent Muslim scholar and historian, defined effective spiritual care in the light of the benefits of Islamic ritual prayers that contribute to the spiritual, psychological, physical, and moral well-being of the client. For him, effective spiritual care with ritual prayer is a form of worship and has a psychological benefit by helping to divert the mind from pain by concentrating on prayers. A ritual prayer also involves certain bodily movements, which cause some parts of the body, such as the muscles, to relax. An effective prayer also produces happiness and satisfaction; prayers reduce anxiety and extinguish anger (p. 140). Adnan al-Tharshi (1992) investigated the relationship between prayer and healing and employed empirical methods. He found out that prayer, which includes *salat*, *du`a*, recitation of the *Qur'an*, and *dhikr*, has physical, psychological and spiritual benefits that are important parts of effective spiritual care (p. 6). He mentioned that five daily Islamic prayers (*salat)* involve around 280 varied body movements, including standing, bowing 36 times, prostrating 72 times, deep breathing, neck movements, raising the hands, moving the digits, and sitting, which can be considered as light exercise, improving blood flow, gives the muscles a workout, and decreases calcification (pp. 97-123). For him, the movements of *salat* are similar to yoga movements and exercises recommended for pregnant

women because each position in prayer activates all seven *chakras*, or energy fields, in the body and correlates to the five major nerve ganglia in the spine (pp. 67-70).

Badiuzzaman Said Nursi (1994), the famous Turkish scholar of the 20th century said that spiritual caregivers should know that medicine is a science and also an art; its final point and reality rely on one of the important attributes of Allah, which is Healer. For him, medicine finds its full potential in seeing God's compassionate manifestations in the vast pharmacy of the mother earth. He interpreted the verse "I shall heal the blind and the leper and I shall quicken the dead, by God's leave" (the *Qur'an*, 3:49) in this way:

> The verse "... concerns a miracle of Jesus (Upon whom be peace)" (the *Qur'an*, 5: 116-120). Just as the *Qur'an* explicitly urges man to follow Jesus' (upon whom be peace) high morals, so too it allusively encourages him towards the elevated art and Dominical medicine of which he was the master. Thus, the verse indicates this: remedies may be found for even the most chronic ills. In which case,'O man! and O calamity-afflicted sons of Adam! Don't despair! Whatever the ill, its cure is possible. Search for it and you will find it. It is even possible to give a temporary tinge of life to death.' And in meaning Almighty God is saying through the figurative tongue of this verse: 'O man! I gave two gifts to one of My servants who abandoned the world for Me. One was the remedy for spiritual ills, and the other the cure for physical sicknesses. Thus, dead hearts were raised to life through the light of guidance. And sick people who were as though dead found health through his breath and cure. You too may find the cure for every ill in the pharmacy of My wisdom. Work and find it! If you seek, you will certainly find.' Thus, this verse traces the limit, which is far ahead of man's present progress in regard to medicine. And it hints at it, and urges him towards it"? (p. 232).

Fethullah Gulen (2003), a well-known Turkish scholar and founder of the famous *Nur* (Light) schools, says that prayer is an important

element of an effective Islamic spiritual care because it is a mysterious key to divine treasures, a point of support for the poor and hurt, and the most secure shelter for those in distress. Those who step into this shelter are considered to have obtained this key, and the poor, weak, and needy who join this governance attain that for which they had hoped. Rahman (1987) also supported the importance of spiritual care and role of prayer in effective Islamic spiritual care but also mentioned that making *du`a* (prayer) without seeking medical treatment would not contribute to the effectiveness of spiritual care; thus it is obligatory for Muslims to seek medical treatment (p. 48).

S. H. Nasr, one of the most famous Muslim thinker contributed a lot to explain the Islamic spirituality. He writes that "Islam consists of a Divine Law (al-Shariah), a spiritual path (al-Tariqah), and the Truth (al-Haqiqah) which is the origin of both the Law and the Way. It also possesses many forms of science of a juridical, theological, philosophical and esoteric nature related to these basic dimensions... The Divine Law contains instructions for Muslims how to act, not how to make things, " (Nasr, *Islamic Art and Spirituality,* 1987, p. 5). He then writes that the inner dimension of Islam , or *batin* is inextricably related to Islamic spirituality which means *ruh*, spirit *ma'na* or a meaning and "in both cases the very terms imply inwardness or interiroty. It is within the inner dimension of Islamic tradition that one must seek the origin of Islamic art and the power which has created and sustained it over the ages ... " (p. 6). He suggests that Islamic spirituality has two sources: "the Qur'an, in its inner reality and

sacramental presence, and the very substance of the soul of Prophet which has remained as an invisible presence within the Islamic world, not only through his *Hadith* and *Sunnah* but also in an intangible way within the hearts of those who have sought and who still seek God as well as in the very air which the invokers of His Blessed Name have breathed and still breathe" (p. 6). Nasr also invited Muslims to seek the inner realities (*haqaiq*) of the Qur'an which are also the principal realities of the cosmos and the spiritual reality of the Prophetic Substance from which flows the "Muhammad grace (*al-barakat al-muhammadiyyah*)" (p.6). The role of the Qur'an is providing the doctrine of Unity and the role of Muhammad is providing manifestation of this Unity in multiplicity and witness to this Unity in His creation (p.6). S. Nasr also elaborates the role of Ali, Prophet Muhammad's cousin and the fourth Caliph, in Islamic spirituality because Ali was the inspiration for many craftsmen of Sufi orders.

Shahid Athar, M.D., (1993) writes in his article "Health Guidelines from *Qur'an* and *Sunnah*" that the human body can be compared to some degree to a machine created by man. As electricity gives life to many mechanical and electronic parts of a machine, similarly, the spirit (soul) gives life to the components of a human body – the anatomic parts and fluids. As the care of a machine requires keeping it clean, giving it some rest, using electricity of the proper voltage, and using the machine carefully and wisely, so are the requirements for the body and of the body as whole. Thus, for Athar, spiritual care is an act of worship. Therefore, the spiritual care provider should identify the problem, which is not literal

translation of *Iman* into belief, nor *Salaat* into prayer, nor *Wudu* into washing hands, face and feet, nor *Sawm* into fasting, nor *Zakat* into charity, nor *Hajj* into pilgrimage to Mecca. They are more than the translation offers.

Dr. Muzammil Siddiqi (1998) elaborated the idea of *spiritual medicine*, although spiritual medicine and medicine as an act of worship are allied and sometimes confused. The former refers to the belief in a spiritual, ethical or psychological cure for diseases that may have physical or spiritual (or psychic) dimensions. A physical illness may be cured, for example, by the recitation of the *Qur'an* or other prayers *(Du'a)*. Some medical men, even in the scientific tradition of medicine, recognized this belief to an extent and spiritual prescriptions for cures exist in Islam. For Siddiqi, such care will promote relaxation which yields many long-term benefits in both health and well-being and can be brought on with *salat* (five daily prayers in Islam), *zikr* (divine chanting) and recitation of the *Qur'an*, which are related and lead to very simple mental focusing. The effectiveness of such spiritual care should lead to the power of self-care and the healthy things that individuals can do for themselves:

> Our bodies are wired to benefit from exercising our beliefs, values, thoughts, and feelings. Patients who suffer from anxiety and panic after surgery or from a terminal illness have documented that they experience the wonderful physical solace after making *du'a* (supplication) to God. This experience is the opposite effect of the edgy adrenaline rush we experience in the stress-induced fight-or-flight response. Through *du'a*, patients have gained both emotional and spiritual balm. This tender comfort and soothing gained every day makes one regain confidence both in body and one's ability to face the twists and turns of life. *Salat, du'a* elicits the relaxation

> response in patients, resulting in mental equilibrium and helps them to ward off disease by doing something to calm the body and the fears (Iqbal, 1998, pp.3-5).

Iqbal (1998) suggests that Muslim spiritual caregivers see both health and illness as coming from God, and thus closely link the art of healing to worship. For Iqbal, spiritual caregiving and all its practices are the art of healing which is for the sake of God's pleasure. The physician and the patient are thus united through a spiritual bond (pp.3-5).

In this regard, the spiritual caregiver should make a distinction between healing and the cure of the mental state of a patient. Islamic spiritual care may be helpful, as it is a system of thought and actions by Muslims that give the Muslim patient or client a frame of orientation and an object of devotion. Such a system of spiritual healing is related to the cosmic order of the universe through the basic doctrine of the correspondence between all levels of reality, as Syed Hossein Nasr (1987) has pointed out in his book, *Science and Civilization in Islam*:

> There is in the Hermetical-alchemical natural philosophy, which was always closely tied to medicine in Islam via the basic doctrine of the correspondence between all the various orders of reality: the intelligible hierarchy, the heavenly bodies, the order of numbers, the parts of the body, the letters of the alphabet, which are the "elements" of the Sacred Book, etc. (p. 120).

Faiz Khan, a member of the Board of Directors of the ASMA (American Society for Muslim Advancement) and the Society for Islamic Spirituality as well as an MD and assistant professor with dual specialization in emergency medicine and internal medicine, has said there

is no essential demarcation between sacred and mundane, or the spiritual and the secular. For Muslims, all life's activities are infused with a spiritual dimension that is characteristic of not only Islamic tradition, but also of every traditional civilization. The spiritual caregivers who visit with and minister to the ill, therefore, should be sincere and provide a holistic presence. Such care is a reciprocal dynamic and exchange of Divine Grace and Mercy through which both parties are hopefully transformed and may result in wholesome and fulfilling care.

Postmodern Islamic literature offers a new interpretation of the prophetic practice of spiritual care and counseling and focuses on the techniques used in contemporary spiritual and religious care practice. The published research of Esmat Danesh, an assistant professor of Shahid Beheshti University, entitled "The Efficacy of Islamic Counseling on Improving Marital Adjustment Levels of Incompatible Couples" is experimental research conducted to determinate the degree of effectiveness of Islamic counseling and marital adjustment levels. She defines effective methods in Islamic care and counseling as totally based on self-cognition, or self-awareness, and Islamic psychology. In her research, she has conducted the Islamic counseling method in three stages over ten sessions of two hours each. In the first stage, she prepared married couples for cognition of moods of self/ego by explaining moods of ego so that they can recognize their moods of self/ego quite well and identify them. In the second stage, she taught them how to obtain and

practice faith skills for reaching a place of self-assurance and self-esteem. This stage included methods such as: 1. observing balance and moderation in all affairs; 2. forgiveness and acceptance; 3. repentance and return to God or rebirth; 4. timely silence; 5. a feeling of being before God; 6. being hopeful and determining goals; 7. affection, friendship and attachment; 8. sympathy and condolence; 9. resistance with self or therapy through paradoxes; and 10. finding jobs suitable for a man and not remaining jobless. The last stage of the experiment was a stage of application and constant follow-up of learned skills. The couples in the experiment learned methods of calculation and cure-taking through statements of Ayatollah Morteza Motahhari, an Iranian scholar and cleric. The couples were given sheets for self-guidance and self-calculation.

The findings of Danesh's research showed that using the Islamic counseling method increased compatibility of incompatible couples in three stages. The first stage helps to prepare clients for understanding the states of self/ego and God. The clients usually change their faulty attitudes towards the existence and aim of creation, find new meaning in their lives, know the seductions and temptations of their ego and find insight into their behaviors. The second stage is a stage of acquisition and practice of belief that provides skills for reaching assured ego and self-building. The therapist teaches ten principles of belief and methods, including observing moderation in life, forgiveness and acceptance, attachment to each other and thinking about the goal of creation and adjusting their responses and

behaviors to harmony with this. At the end, clients are expected to constantly attend to self-calculation by constant application and follow-up of new skills; determine a correct method of countering temptations of self and behave themselves; at the end of each day take themselves to account and perform thanksgiving; and constant vigilance of oneself to overcome ignorance. The research also showed that counseling Muslims will be effective if the counselors use Islamic teaching alongside counseling and psychotherapy.

Azizah Othman, Mimi Iznita Mohamed Iqbal, and Hawa Rahmat in their article "Islamic Psychotherapy and Counseling Processes: An Alternative Approach to the Helping Relationship" discuss how to advance an Islamic psychotherapy and counseling process. They define the nature of the Islamic therapeutic relationship. For them, Islamic psychotherapy is psychological intervention that aims to treat and heal people's emotional and cognitive distress by using the *Qur'an* and *Sunnah*. This is an important therapy model for Muslims.

S. Abdullah (2002) agrees with this definition, and her research on "Islam and Counseling: Models of Practice in Muslim Communal Life" suggests that interventions comparable to Western counseling methods are evident in Islam and can be located in three sources of Islamic doctrine and practice. For her, the major sources in Islamic counseling are Muslim Personal Law (MPL), which regulates Muslim family life; Islamic traditional healing based on a model of spirit (*jinn*) possession; and

Sufism, the mystical tradition of Islam. These sources not only provide a framework for counseling in Islam, but also provide knowledge of Islam's basic tenets. Abdullah focused on two primary components of Islamic counseling: a theoretical framework and the counselor-client interaction. She also surveyed forms of counseling in Muslim communities and suggested that using Qur'anic texts, the Prophetic example (*sunnah*), and Islamic law (*shari'ah*) as important aspects of Muslim spirituality that can be merged with traditional secular counseling methods and understanding to support counseling outcomes with Muslim clients.

Osman M. Ali, Glen Milstein, and Peter M. Marzuk's (2005) work, "The Imam's Role in Meeting the Counseling Needs of Muslim Communities in the United States" elucidates the roles of imams, the Islamic clergy, in meeting the counseling needs of their communities. The authors have mailed an anonymous self-report questionnaire to 730 mosques across the United States. Although, only sixty-two responses were received from a diverse group of imams, the research indicated that only a few Muslim spiritual caregivers had received formal counseling training. Despite the lack of training in social sciences, imams are the main spiritual and religious caregivers to Muslims. The study showed that Muslims turn to imams for help most often for religious or spiritual guidance and relationship or marital concerns. There has been an increase in the need for counseling, especially since September 11, 2001. The study covered Arab-American, South-Asian American, and African-American

Muslim congregations in the U.S. Ninety-one percent of imams (50 of 55 respondents who answered this question) reported that their mosques' Islamic affiliation was Sunni, and 53 percent (30 of 57 respondents) reported that their communities had more than 100 families.

It is not surprising that no imams in this study reported having a degree in psychiatry (0 of 55 respondents). Five percent reported having a degree in psychology (3 of 55 respondents), 9 percent in social work (5 of 55 respondents), and 7 percent in counseling (4 of 55 respondents). Given a list of possible counseling training experiences, 13 percent (7 of 56 respondents) reported having had a formal clinical pastoral education, 21 percent (12 of 56 respondents) reported having taken a course on counseling given by an Islamic organization, and 25 percent (14 of 56 respondents) reported having consulted with or worked under the supervision of a mental health professional. Thus, the study also showed that imams have little formal training in counseling, which means that if they are asked to help congregants who come to them with mental health and social-service issues, imams need more support from mental health professionals to determine the needs of their Muslim clients and fulfill a potentially vital role in improving access to services for them.

Muslim scholars have made remarkable contributions to the theoretical framework of Islamic spiritual and religious care and its effectiveness. The development of science and technology, including medicine, also challenged Muslims to update their knowledge and

information and understand the modern developments according to the sacred Book of Islam and narrations of the Prophet Muhammad and to make spiritual care effective in Islam. The Muslim scholars see effective Islamic spiritual care as a very important intervention to bring complete cure for Muslim clients.

Western Muslims need more effective Islamic spiritual care, especially after 9/11, because of increased Islamophobia, xenophobia, and so on. Interventions used by Muslim spiritual care providers may be comparable to Western counseling methods but are mainly located in three sources of Islamic doctrine and practice: *fiqh* (Islamic jurisprudence), Islamic traditional healing based on the practice of the Prophet Muhammad, and Sufism, the mystical tradition of Islam.

The works of Abdullah (2002), Ahmad & Ahmad (2001), Alawi (1996), Badri (1998), and others, also support the idea of not only modeling a framework for spiritual care and counseling in Islam, but also provide knowledge of Islam's basic tenets. However, literature review also revealed that Muslim spiritual care providers, especially imams, who are the main spiritual caregivers to Muslims, have little formal training in counseling, which decreases their effectiveness in Islamic spiritual care and response to the psychosocial needs of Muslims. Thus, postmodern Muslim scholars try to integrate Western counseling techniques with the traditional Islamic spiritual and religious care tools.

2. Western Scholars on Effective Spiritual Care

According to Blizzard (1956a) and Fichter (1961), there is a difference between "effectiveness" and "success" in spiritual and religious care in any religion. For Blizzard, success is dependent upon denominational approval, but effectiveness is oriented toward the parish and people's perception of the minister's character, personality, and spiritual maturity. Fichter, on the other hand, defined success as a general concept which covers effectiveness and competence in professional practice and is judged from three different directions – superiors, peers, and clients. The clients measure success with the popularity of the service, peers and colleagues judge technical competence; and superiors judge on the basis of conformity to institutionalized regulations (Fichter, 1961, p. 178). According to Mark May (1934), the question of effectiveness can be measured according to two factors: the person and the nature of the work. Douglas (1957) defined effectiveness as "the absolute amount of energy (including skills and personal qualities) at work in the system, and the matching of this distribution to the 'power needs' of the parish situation" (p. 63).

As Allen Nauss (1972) mentioned, for some people, the validity of conventional or social criteria and true success in the ministry "is measured in terms of souls saved, lives changed, problems solved, prayers offered, comfort and cheer delivered, doubts dispelled, fears abandoned, hopes established, attitudes changed, beliefs strengthened, and the like," as

well as the evaluation of a minister's work by God (p. 143). Measures of success are symptoms, or evidences, or manifestations of inner values that can never be recorded on questionnaires nor reduced to statistics (May, 1934, pp. 249-250); however, measures for the more hidden spiritual criteria can be defined by the results of the spiritual caregivers' work (Nauss, p. 142).

Critical incidents in spiritual and religious care of effectiveness were the foundation of the Ministerial Function Scale (MFS). Nauss (1970) defined ministerial functions as pastoral care, counseling, interpersonal relationships, evangelism, religious education, preaching, conduct of worship, and administrative activity (p. 335). According to this definition of the ministry, we will try to understand Muslim spiritual caregiving in terms of six items, including 1. preaching sermons, leading public worship and working with congregational boards; 2. participation in community organizations, including hospitals, prisons, and so on, as a part of the community and social involvement function; 3. administration, which includes managing the mosque office and finances and planning strategy and programs; 4. personal and spiritual development, which emphasizes the Muslim spiritual caregiver's maintaining a disciplined life of prayer and personal devotion, following a definite schedule of reading and study, and cultivating home and personal life; 5. the visitor-counselor function, which includes visiting Muslims for the purpose of counseling, fostering fellowship, and recruiting and training lay leaders; 6. teaching,

which includes only two items – teaching and working directly with children and young people (Nauss, p. 335).

In his article "A Map with many Tributaries: A Phenomenological Study of Ministers' Experiences of Using Psychology in Ministry," T. O'Connor et al. examines how ministers integrate psychology and theology into their ministry. The phenomenological study showed that ministers use many psychological theories, especially those relating to family systems, in three different ways. Some ministers emphasize psychology as the primary tool and theology second; the second group integrates psychology and theology equally; and the third group uses theological discourse as primary and psychology as secondary. The data show the results of the work of Christian ministers in mainly urban settings. Although it does not include Muslim or other faith groups' work, it is worthwhile to use the article to see how Muslim clergy integrate psychology and theology in their spiritual care practice.

H. Newton Malony and Laura Fogwell Majovski (1986) studied the role of psychological assessment in predicting ministerial effectiveness. Their research investigated "the relationship of psychological assessments to ordination decisions and to measures of ministerial effectiveness in a sample of church pastors. Results indicated that while psychological assessment recommendations were significantly related to ordination decisions, they were not found to be significantly related to measures of ministerial effectiveness" (p. 29). The study was an

attempt to contribute to the selection of professional religious leaders, which has been a concern for a long time.

Many religious institutions attempt to use various sources of information such as academic performance, interview, work-samples, supervisor evaluations, as well as psychological evaluations. Malony and Majovski (1986) suggested that the Minnesota Multiphasic Personality Inventory (MMPI), projective tests, and other vocational tests could be used to determine personality and interest differences between those who chose to enter the ministry and those who did not. They then contributed to the Ministerial Effectiveness Inventory (MEI), which was developed to gather primary measures of ministerial effectiveness (i.e., specific observable behaviors). The MEI is a 59-item likert-type questionnaire and describes the eight main characteristics of effective ministry, which are rated as "quite" or "highly important" or as "quite" or "highly detrimental" (p. 31). The eight areas included are: 1. having an open, affirming style; 2. caring for people under stress; 3. evidence of congregational leadership; 4. being a theologian in life and thought; 5. undertaking the ministry from a personal commitment of faith; 6. developing fellowship and worship; 7. having denominational awareness; and 8. not having disqualifying personal and behavioral characteristics (p. 31).

According to Dittes (1966), the religious organizations, especially individuals who are in authority as leaders of those organizations, should

establish the criteria for effectiveness of spiritual care, since they are regarded as the people who set the direction for their organization and its leaders. Educational institutions and the people in them, such as seminary faculty members, on the other hand, should assist them in developing these kinds of criteria. However, it seems that the criteria of effectiveness and success still remain problematic. Menges (1965) invited the researchers to engage in more collaboration with religious organizations to define the criteria for effectiveness (Menges, p. 5). Later on, Rader (1969) developed the Pastoral Care Index, but it was limited to a specific area of ministerial functions, and very often the order of lay and theologian involvement was reversed.

For Nauss (1970), the task of measurement is "a matter of collecting and tallying information, and assigning, with some degree of arbitrariness, levels of effectiveness to categories or groupings of salaries, membership sizes, and total budget amounts" (p. 144). Fiske (1971) defined six modes of measuring personality as "the way a person characteristically is observed to interact with his environment" (p. 37). These modes include 1. giving a self description of his past behavior; 2. reporting his immediate experiencing, such as in registering perceptions, judgments, or preferences; 3. taking a test of his own ability, achievement, or cognitive style; 4. ratings by others; 5. impressions through interviews or situational tests; and 6. identification of certain psycho-physiological responses with the help of a pneumograph or psychogalvanometer. For

Fiske, the first three modes require the participation of the individual himself. The other three modes involve collecting impressions obtained about the individual.

Summary

In this section, I reviewed the literature focusing on the effectiveness of Islamic spiritual care from the Muslim and non-Muslim perspectives both theologically and empirically. I summarized the literature: the *Qur'an* and *Sunnah* of the Prophet Muhammad, historical and current Islamic sources, and the western literature. According to both Islamic and contemporary Western perspectives, illness has to do with not only disease within organs, but with the social, psychological and spiritual condition of the person as well. Both the current Islamic and Western sources suggest that although Muslim spiritual and religious caregivers play a significant role in the physical, mental and spiritual health of Muslims, they have relatively little training in social sciences, including marriage and family therapy, counseling, and so on. When mental or emotional problems arise, some Muslim spiritual and religious caregivers may interpret these problems as spiritual, and use traditional styles of spiritual and religious care, such as prayer, reading of scripture and other inspirational works, rather than formal counseling and therapy models. These studies also suggest that many Muslims turn to religious providers first for help with their mental, spiritual or emotional problems, but the

role of religious providers depends on the presence and severity of mental health problems. Thus, spiritual and religious caregivers need to use effective tools to care for all the dimensions of the lives of their clients/patients.

There are also differences between Islamic and Western literature. In traditional Islamic sources, the effectiveness of Islamic spiritual caregivers depends on three aspects of religion: 1. a strong belief in the *Qur'an* and the *Sunnah*, as well as taking the Prophet as a role model; 2. participation in the Muslim community such as attendance at mosques and other Islamic institutions; and 3. spirituality. Other themes important to this study from the review of Islamic sources are:

1. it is *fard* (a religious obligation) for Muslim spiritual and religious caregivers to make their intervention effective;

2. effective Islamic spiritual care is evident when the patient/client seeks proper medical treatment besides praying, and so on;

3. the *Qur'an* and the *Sunnah* present many tools and techniques for effective Islamic spiritual care. The most common and most used techniques are to recite the *Qur'an* and read the supplications of the Prophet Muhammad.

What imams and other Muslim spiritual and religious caregivers need to learn from Western-based literature on the effectiveness of spiritual and religious care are:

1. there is a positive relationship between spiritual, physical, psychological, and emotional health;

2. effective spiritual care generally gives comfort and reduces fears and anxieties;

3. there is not a definite way to measure the effectiveness of Islamic spiritual care. Such a tool might be helpful to scale and measure the effectiveness of Muslim spiritual and religious caregivers;

4. social sciences, such as family therapy, couples counseling, and so on, help make the spiritual care effective.

Thus, the problem of measuring the effectiveness of spiritual and religious caregivers represents a major challenge in research because effectiveness is a highly elusive concept which must be distinguished from mere outward success and popularity. Spirituality is an important aspect of Islam. For Muslims, spiritual care for the sick is not an option but an obligation. However, literature on effective Islamic spiritual care is inadequate. The reviewed literature suggests that the study of effective Islamic spiritual care does not include a comprehensive treatment of the subject. It only serves as a foundation for clarifying what effectiveness is in Islamic spiritual care. Further research is needed to shed light on the definition of effectiveness in Islamic spiritual care. The literature suggests that criteria to measure effectiveness depend on the size of the religious institutions, the number of Muslims who pray in mosques, the budget of Islamic institutions, the rate of membership increase, and salary. The MEI

could be modified and developed in order to measure the effectiveness of Muslim clergy. It could be called the Islamic Effectiveness Inventory and measure style, leadership, academic performance, awareness of community problems, and the political, social, religious and spiritual behaviour of Muslim clergy. The MEI can be a helpful tool for studying some observable behaviours of Muslim clergy, especially in areas of style, working under stress, denominational awareness, and personal and professional characteristics. Although the measure of effectiveness is related to performance, the researcher must take care to consider the effect of salary and budget factors, because very often Islamic institutions pay less because of limited financial resources, although effectiveness may be higher than expected. In this research, we attempt to resolve the problem of the criteria needed to measure the effectiveness of Islamic spiritual care and identify specific education, behaviors or functions of Muslim spiritual caregivers.

The subject of the effectiveness of Muslim spiritual and religious caregivers needs further study. There are few empirical studies, especially in the area of medicine. Further studies should also use scientific methods to examine the effectiveness of Muslim spiritual and religious caregivers.

CHAPTER III: METHODOLOGY

1. Research Design

A qualitative design is used. Specifically, an ethnographic method has been employed to begin the process of discovery of what effective Islamic spiritual care is. Ethnography is derived from a Greek word meaning folk/people (*ethno*) and the French for writing (*graphie*). It is being used as a research strategy in the social sciences and more recently by those who research spiritual care (Meakes & O'Connor, 1993; O'Connor, 1994; O'Connor & Meakes, 2009) and family therapy and counseling (O'Connor et al., 1997). According to Boaz and Wolfe (1997), this type of research is known as "field study".

Ethnographic studies are usually holistic, which is a " philosophy of nursing practice that takes into account total patient care, considering the physical, emotional, social, economic, and spiritual needs of patients, their response to their illnesses, and the effect of illness on patients' abilities to meet self-care needs" (BioMed, online quotation).

One of my values is a strong belief in holistic spiritual care, which means that Muslims can be best understood in their own context, which is about place, time and situation. Ethnography also gives more opportunity to gather empirical data on Muslim societies or cultures. The ethnographic research model helped me to see that Islamic spiritual care is improving and changing through a movement that aims to transform individual and relational life experience to one that is free of traditional limiting constraints. Ethnography may seem emancipatory.

The interviews helped the researcher to identify the main themes that define what effective spiritual care is in Islam. The findings reflect the views of

Muslim spiritual caregivers in their understanding of effective spiritual care and how and why they provide this kind of spiritual care. According to Spradley (1979), ethnographic studies are "the work of describing a culture" (p. 3). The ethnographic researcher wants "to understand another way of life from the native point of view" (p. 3). Ethnographic research is a useful tool for understanding how Muslim spiritual caregivers see their experience (p. iv). The ethnographic method also means not only studying Muslim spiritual caregivers, but also learning from them (p. 3). Through the methods of ethnographic research – interviews, observations, and studying documents, we planned to examine closely the Muslim spiritual caregivers who participated in this research and spend time with them in the natural context of their daily lives, watching, listening, taking field notes, and learning in the context of where Islamic spiritual care took place – in their homes and their workplaces (mosques, hospitals). Such study not only helped me identify the strengths and weaknesses of effective Islamic spiritual care but also provided a holistic description of the phenomenon. The observations and interviews were a baseline for this study.

In true ethnographic form, I am a participant-observer in this research. I engaged the participants in interviews, spoke informally to many Muslim spiritual caregivers, and I am also part of the field. I am a Muslim spiritual care provider who works in two nursing homes in the Greater Toronto Area. I offer spiritual care to Muslims, Christians and Jews and any other person who desires it. I am different in that most of the Muslim spiritual caregivers that I interviewed offer spiritual care only to Muslims.

In my study, I asked the participants to answer the following questions:

1. What do you think are the elements of effective Muslim spiritual/religious care? Name the components and give an example.
2. Describe ineffective Muslim spiritual/religious care.
3. What are the roles of the *Qur'an* and the traditions of the Prophet in this care?
4. What ideas and approaches of contemporary Muslim thinkers do you use?
5. Is there a role for psychology and the social sciences in contemporary Muslim spiritual/religious care? If so, what is it?
6. Are there areas in Muslim spiritual/religious care that you need more education in? If so, what are they?
7. Choose a text from the *Qur'an* or traditions of the Prophet that describe effective Muslim spiritual/religious care for you.

The primary goal of the research was to discover what effective Islamic spiritual care is in a Canadian health-care setting. A secondary goal was to offer suggestions for improving Islamic spiritual care.

Seven points about this research are important to note. First, there is a lack of research about effective spiritual care to Muslim clients in a health-care setting. Many Muslim spiritual care providers are aware of the importance of new approaches to Islamic spiritual care and believe that there are ways to increase the effectiveness of Islamic spiritual care. Second, the participants and I, as researcher, had a common understanding of the importance of change, and the interviews encouraged them to actively question their effectiveness in Islamic spiritual care. Third, the participants had a lot of ideas about

essential aspects of their experience and an increasing awareness in effective Islamic spiritual care. Fourth, the research invited the participants to reflect on their practices and led them to understand themselves and others better and improve the traditional ways of Islamic spiritual care. Fifth, I explored with the participants their interpretations of the analysis of their practices as Muslim spiritual caregivers. Common themes emerged that were reflected in the interpretations that the group members were making.

Qualitative research concepts were utilized for this fifth point. One is triangulation (Berg, 1995; Denzin, 1978; O'Connor et al. 1997b), which is viewing the phenomenon, in this case, the practice of Muslim spiritual care, from a number of perspectives. In this research, data and geographical triangulation are utilized. Different Muslim spiritual caregivers from a variety of cultures were interviewed, and this provided a variety of perspectives. These included both genders, Sunni and Shia, and urban and rural mosques. Two forms of data were used: interviews and field notes.

Another concept is investigator triangulation (Berg, 1995). I interviewed all the participants and transcribed the interviews. However, I discussed my findings with my two thesis advisors who offered me both similar and different perspectives on my initial findings. This interchange with my advisors strengthened my interpretations of the data. Another qualitative research concept is the constant comparative method for analyzing the data (Newfield et al. 1996; Strauss & Corbin, 1990). This means comparing what one interviewee says with another in order to develop some order and themes from the data. Similarities and differences in the interviews are noted in this approach.

The sixth point is the tension created by the dynamic interplay of self-reflection and dialogue. However, it led to approaches to Islamic spiritual care that differed from

the traditional ways in order to make it more effective. Action-based alternatives may become possible such as integrating Islamic theology with the social sciences. Seventh, I strongly believe that the subject would motivate Muslims to examine their own experiences of the effectiveness of Islamic spiritual care, so that they will begin to see themselves, their relationships and their community differently.

I made a distinction between primary and secondary criteria (Guion, 1965, pp. 115-116): as primary criteria, specific observable behavior of Muslim spiritual care providers, such as the frequency or intensity of their work with Muslim clients/patients, and social aspects of their work such as their participation in community, interdenominational and denominational affairs, mosque activities and social effectiveness. The secondary criteria were observable with regard to other work-related aspects of spiritual care providers, such as salary received (Allen, 1955), type of mosque served and its record in programs and financial support (Ham, 1960), desirable characteristics of spiritual care providers (Harrower, 1963, 1964, 1965), and the general objective of the ministry (Nauss & Coiner, 1971). I also tried to include spiritual or mystical factors such as type of worship, prayer, and spiritual music. This project has been reviewed and approved by the University Research Ethics Board of Wilfrid Laurier University.

2. The Participants

The participants, recruited from the Muslim community, are those who provide spiritual and religious care to diverse groups of Muslims in a hospital setting. The participants belong to different ethnic, cultural and sect groups. Four are women who provide

spiritual counseling in the mosques, five work as imams in different local mosques, four work in different positions in Islamic institutions, and two are Muslim chaplains. Most of them have formal religious education, three have PhDs in Islamic studies, and some of them are trained in counseling and family therapy. They perform different types of roles, such as elder, counselor, chaplain, and traditional healer. Although in general Muslim men dominate the leadership positions in the mosque, the female participants have an important role in providing spiritual care to the members of their local mosques. Regardless of the difference in roles, most provide end-of-life support, emotional support to the clients and staff, pray with clients or relatives, provide ethical consultation, serve as Liaison to Staff, serve as a client's advocate, perform religious rituals, and conduct religious services and worship.

TABLE 1 - Demographic Characteristics of Study Participants

Age	Over 60 = 4 Between 40 and 60 = 8 Late 30s = 3
Gender	Female = 4 Male = 11
Education	PhD in Islamic Studies = 3 MA in Social Sciences = 1 BA in Islamic Studies = 3 BA in different subjects = 2 No formal training = 2 No information = 4
Ethnic Background	Indian =1 Turkish = 9 Pakistani = 2 Azerbaijani = 1 Canadian convert = 2
Denominational Background of Spiritual Caregivers	Sunni = 11 Shia = 1 Sufi = 1 No claim of denomination = 2

The groups that they serve have diverse needs in terms of ethnicity, family status, gender, age and sect. The most common reasons for providing spiritual and religious care are religious or spiritual guidance, relationship or marital concerns, parent-child concerns, death and dying, doubts or weakness in faith, depression or sadness, fear of being discriminated against, having been discriminated against, physical or medical symptoms, anxiety or nervousness, and so on.

The participants in the study practice spiritual and religious disciplines every day, try to live according to the tradition of the Prophet Muhammad – for example, by fasting Mondays and Thursdays, and praying the late night prayer (*tahajjud*), and three follow the spiritual direction of prominent Muslim scholars and Sufi leaders and engage in life-learning processes. Two Muslim chaplains who agreed to participate in the research project work in Canadian institutions. One is a military chaplain, and the other was the director of spiritual and religious care in one of the prominent mental-health institutions in the Greater Toronto Area (GTA). Both provide spiritual care not only to Muslims but to clients from different religious backgrounds.

Five interviewees belong to the famous *Nur* movement, and in particular, are supporters of the well-known Muslim thinker Fethullah Gulen, whose movement started as a Sufi community but later became a civil institution aiming to develop an effective educational program in Turkey. The supporters of the movement were able to establish more than 300 schools around the world. The members of the movement in Canada also established two well-known schools in Ottawa and Toronto, as well as after-school and weekend schools in various Canadian cities.

Gulen, a leader himself, supports democracy, tolerance, and moderation and rejects radical ideals. In this regard, the movement may seem to follow the ideals of liberalism. However, it is worth mentioning that Gulen's ideas on education, tolerance and inter-religious dialogue and unity made the movement and its members courageous enough to overcome baseless accusations and place more emphasis on dialogue between religious communities. Gulen's ideas help many young Muslims in the West to shape their identity and integrate with the modern world by reconciling modern and traditional values.

Gulen has also contributed to the relationship between science and religion, just as Anton Boissen, a founder of the contemporary CPE education, felt a calling to "break down the dividing wall between religion and medicine." Although in the history of Islam we do not see a serious clash between religion and science, in the contemporary age, Gulen felt it would be helpful to be clear about "science and religion as two manifestations of the same truth" – God's existence and purpose (Gulen, 2004, p. 82). Gulen suggests that if Western civilization is based only on science and technology, it will be paralyzed. If it claims to be the civilization of the future, it should combine science with Eastern faith and morality in order to establish true civilization (Gulen, 2005c. p.56). He elaborated the notions of compassion, love, and tolerance, and his vision of the movement is felt not only in his ideas on politics and international relations, but also in the health-care setting and in any kind of relationships. Gulen criticizes religious bigotry in the form of religious extremism and favors modernism, nationalism, tolerance, and democracy without sacrificing religious precepts. He opposes the politicized Islam

imposed by radical Muslims, and emphasizes that no individual or group has a monopoly on interpreting Islam or manipulating the emotions of Muslims.

One interviewee belongs to the Jerrahi Sufi tradition of Islam. According to the website of the Jerrahi Sufi Order of Canada, the organization "strives to promote peace, understanding and unity across diverse world views through sharing and appreciation of sacred knowledge and the arts." The name of Jerrahi comes from the name of the famous Sufi leader Pir Nureddin al-Jerrahi, who said:

The heart's abode it purifies
The dervish into phoenix it transforms
To the Realm of the Divine it leads
'Tis the Remembrance of the Lord.

The order is a branch of the Halveti-Jerrahi Order of Dervishes, which is a traditional Sufi order. The Halveti-Jerrahi Order of Dervishes is not just a mystical organization but a worldwide cultural, educational and social relief organization that promotes the advancement of spiritual and religious knowledge, social justice and the sacred arts. The Jerrahi Sufi Order of Canada promotes Islamic education and spirituality by holding weekly gatherings, where attendees gain knowledge about Islam through participating in discourses and discussions, observing the art of Sufi music and poetry, and celebrating the praises of God through prayer and Zikrullah (remembrance of God) which the final goal of all Islamic worship (Nasr, 1987, p. 4).

One participant from the Indo-Pakistani mosque in the GTA likes the teachings of well-known Muslim thinker Sayyid Abu'l-A'la' Mawdudi (1903-79), who was founder of the *Jama'at-i Islami* (JI) organization in Pakistan. Mawdudi was called "without doubt, the most influential of contemporary Islamic revivalist thinkers," for he "influenced Islamic revivalism from Morocco to Malaysia and controlled the expression of revivalist thinking in Southwest Asia and South Asia since 1941" (Nasr, 1996). Mawdudi tried to assimilate Western ideas into his interpretation of Islam and the Islamic state. His purpose was to make Islam more operational. The Muslim world, which became "Westernized" in his time, was of concern to him: "Mawdudi called Muslims back to Islam but to an Islam that was rationalized and streamlined so that its social expression would be able to support a viable political order" (Nasr, 1996).

Participants in this research were asked to read and sign an informed consent document (see Appendix) that explained the study design and the way the researcher would be using the information acquired during interactions with the participants. This research was approved by the Research Ethics Board at Wilfrid Laurier University, Waterloo, Ontario.

CHAPTER 4: FINDINGS

The results of the interviews and field notes are rich. Six themes emerged that describe what these fifteen Muslim spiritual care providers saw as effective Muslim spiritual care. These are, first and foremost, that Muslim spiritual care is rooted in the *Qur'an* and the *Hadith*. The life of the Prophet is the model and inspiration for Muslim spiritual care. Within this first theme, certain verses from the *Qur'an*, especially, are used to bring healing and to address evil. The second theme is that effective Muslim spiritual care means creating a caring environment with the patient. This is mostly the responsibility of the imam or spiritual caregiver. This caring environment requires connecting, listening and compassion and celebrates and endorses the values of Islam. A sub-theme of this is that ineffective Muslim spiritual care does not correspond to the values of Islam. In this case, failure to listen, lack of compassion and disrespect for the patient's personal faith are not part of effective Muslim spiritual care. The third theme involves using the ideas of Muslim scholars. Certain scholars are specifically mentioned by the participants as the most helpful. Fourth, the insights of psychology and social sciences are a necessary part of Muslim spiritual care. Counseling skills are especially important, which relates to the Muslim values of respect, listening and compassion. A fifth theme that emerged from the data is the need for continuing education. The participants recognized that it is part of Islam to continue learning, especially in area of counseling. The sixth and final theme was the recognition that there are different styles of effective Muslim spiritual care. There are many ways of doing effective Muslim spiritual

care, and they are influenced by knowledge of the *Qur'an*, the caregiver's specific culture and the integration of the ideas of Muslim scholars and social sciences.

The goal of Muslim spiritual care is noted too, mostly in the field notes from some of the interviews. The goal is to seek the healing of the sick person. They agreed that effective spiritual care happens when the visitor inspires hope and joy in the sick, which starts with encouraging medical treatment as well as spiritual. Interviewee 2 mentioned that "the Prophet (peace and blessings be upon him) said: "No one of you should wish for death or pray for it before it comes to him, for when one of you die, his good deeds come to an end, and nothing increases a believer's lifespan but good." Effective Islamic spiritual care reminds the person of the Islamic commandment about honoring the sick and one's parents or elders, and it is accompanied by the command to believe in Allah alone and the prohibition found in many verses against associating other gods with Him (An-Nisaa': 36; Al-Israa': 23). The goal of Muslim spiritual care is to help the sick to find the sacred and holy, which give meaning and purpose to life. Effective spiritual care helps the person integrate his or her physical, mental, spiritual and social dimensions. Its main sources are Islamic texts, rituals, and traditions. But the Muslim community is also a powerful source of healing, as it provides spiritual or faith-based coping mechanisms to the sick.

A more detailed presentation of the six themes follows:

Theme 1: Effective Muslim Spiritual Care is Rooted in the *Qur'an* and the *Hadith*; the Life of the Prophet Muhammad is the Model and Inspiration for Effective Spiritual Care

All interviewees agreed that the *Qur'an* and the life of the Prophet Muhammad are two important and basic sources of inspiration for practicing effective spiritual care. For instance, interviewee 3 said that verse 83 from the Surah al-Baqarah (the Cow)[6] and verse 14 and 15 from the *surah Luqman*[7] and the *Hadith*[8] narrated by Abu Huraira reminds us that "There is no disease that Allah has created, except that He also has created its treatment." These quotations inspire him to encourage those who are sick to seek treatment. On military expeditions, the Prophet himself provided people with water, served them and brought the dead and the wounded back to Medina, which is an example for Muslim spiritual and religious caregivers.

Interviewee 14 said:

> The *Qur'an* is a true healing for all kinds of physical, moral and spiritual diseases. I also mean healing for magic, worries, anxieties, etc. Perhaps some people will doubt what I say here. However, science has already proved that the brain cells vibrate and send electromagnetic and magnetic waves. Brain cells are also affected by vibrations from different sources. Sound is also a wave and reciting the *Qur'an* for the sick is a positive and divine vibration sent to the brain of the sick. The *Qur'an* makes a reference to humans' hearing ability and mentions it before sight. It shows the importance of hearing in the *Qur'an.* The recitation of the *Qur'an* is a special reading emphasizing the *tajweed* (the science of reciting the *Qur'an*) of the Arabic alphabets and their sources and the harmony of the voice. As we know, the source of the sound is the throat, and the waves that come out of the throat diffuse in the air and reach the ear and all the cells in the body. Muslims believe that when we read the *Qur'an*, the waves from the person who recites the *Qur'an* destroys the sick cells and strengthens the healthy ones. Some Muslim communities, Sufis for instance, recite some verses from the *Qur'an* or the names of Allah (God) in certain numbers to heal the body, mind and soul.

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[6] "And remember We took a covenant from the Children of Israel (to this effect): Worship none but Allah. Treat with kindness your parents and kindred, and orphans and those in need; speak fair to the people; be steadfast in prayer; and practise regular charity. Then did ye turn back, except a few among you, and ye backslide (even now)" (the *Qur'an*, 2:83).

[7] "And We have enjoined on man (to be good) to his parents: in travail upon travail did his mother bear him, and in years twain was his weaning: (hear the command), 'Show gratitude to Me and to thy parents: to Me is (thy final) Goal. But if they strive to make thee join in worship with Me things of which thou hast no knowledge, obey them not; yet bear them company in this life with justice (and consideration), and follow the way of those who turn to me (in love): in the end the return of you all is to Me, and I will tell you the truth (and meaning) of all that ye did'" (the *Qur'an*, 32:14-15).

[8] Translation of Sahih Bukhari, Book 71 Medicine, Volume 7, Book 71, Number 582

> They also use water, honey and olive oil and recite the verses and then blow on the liquids, then wipe the liquids on the body. Perhaps, blowing on them after recitation means that the energy inside them is increased and stores the healing message. Perhaps you may ask "Why use water, honey and olive oil?" Our body consists of 70 percent water. Honey and olive oil are the healing foods mentioned in the *Qur'an.*

The interviewees agreed that the main thing is to focus on Qur'anic values and the traditions of the Prophet along with the recitation of the *Qur'an.* The Prophet Muhammad was an effective spiritual caregiver in the way he showed respect and care for others. This took different forms such as helping them in their day-to-day chores, speaking to them with a great degree of politeness, ignoring their harshness, following their advice, looking after their socioeconomic needs and saving them from physical hardship:

> ...the Holy Qur'an and the Prophet Muhammad teaches children to *respect elders.* The Prophet saying: "If a young man shows respect to an old man on account of his old age, Allah will create for him at his old age someone who will show him respect, too." Once a man of the tribe Banu Salamah came to the Holy Prophet and asked him if there were any rights of parents after their demise. "Yes," the Prophet replied and advised him to pray for them seeking forgiveness for them, to fulfill their instructions after their death, to keep affinity with those who aren't connected except through parents and to respect their friends. In order to maintain peace, cordiality and fraternity in a society, Islam advocates a system of social interaction in which juniors are loved and seniors are respected. The Holy Prophet explained this cardinal principle of his teachings in the following immutable words: "He is not with us who is not kind to our juniors and shows no respect to our elders...!" (Interviewee 3).

Interviewee 4 said:

> The healing in the *Qur'an* is twofold: moral healing and physical healing. According to Yashar Nuri Ozturk, the *Qur'an* in itself is the source of a moral healing (Ibn Maje, Medicine, 7) and the best medicine (Ibn Maje, Medicine, 28). However, there are some conditions that make the *Qur'an* a source of healing. First of all, the person should have a strong belief in God and also believe that it is only God who bestows cures and healing to the sick. Moreover, it is also important to believe in the prophethood of the Prophet Muhammad and the revealed book, the *Qur'an.* If the person does not have a strong belief in the *Qur'an,* he/she cannot use the miraculous healing of the *Qur'an* (the *Qur'an,* 17: 82). Those who believe

> in the *Qur'an* increase their faith by its recitation (the *Qur'an*, 8: 2). The *Qur'an* divides the moral diseases into two categories: one is superstitious beliefs and bad temper and characteristics such as adultery, lies, etc. The *Qur'an* is also a source of healing for physical ailments. This is possible by using the foods such as milk, honey, fruits, meat, etc., which are mentioned in the *Qur'an.*

Besides the Prophet Muhammad, the prophets whose names are mentioned in the *Qur'an* are also sources of inspiration for Muslim spiritual and religious caregivers:

> They [Muslim spiritual and religious caregivers] can take as a role model every single prophet mentioned in the *Qur'an*. Especially in the life of the Prophet Jesus. The *Qur'an* mentions how he made visitations to sick people and how he healed people by the permission of Allah. When we look at our Prophet Muhammad's life, we see that he was a unique role model in terms of caring for people, especially elderly people. He was visiting elders in his community and told his companions to do so. He was reminding elders that this life is finite and real, and infinite life is the coming life after this. He was telling them that they can be young forever when they are in heaven, and offering prayers for them, asking forgiveness and the mercy of Allah (Interviewee 5).

One interviewee mentioned that effective Islamic spiritual care also depends on the human factor and the understanding of Islamic spiritual care in which "it is extremely important to differentiate between "Islamic" and "Muslim." Islamic is the ideal, while Muslim is the practical implementation of the ideal. Muslim allows for flexibility and takes other factors into consideration –such as culture" (Interviewee 10).

Interviewee 6 mentioned that we have to learn from the past and present how to be flexible and culturally sensitive:

For instance, Tariq Ramadan teaches how to be an effective Muslim in the postmodern era by being able to reinterpret the *Qur'an* and other Islamic texts, which empowered Muslims in their establishment of "European Islam." It means that Muslims who live in Europe are different from those Muslims in Asia and Africa in their culture.

Being aware of the context makes it possible for Muslims to contribute to European society. As a European Muslim, Tariq Ramadan does not see a conflict living in non-Muslim state. Although, he rejects the division of states according to the religion of Islam, his ideas coincide with Imam Hanafi and Imam Shafi's definitions of *Dar ul-Harb* the (Abode of War) and *Dar ul-Islam* (the Abode of Islam)[9].

Interviewee 6 said that this encourages him to live effectively in Canada, to contribute to society and to empower Muslims not to feel alien. [Tariq] Ramadan calls Muslims "witnesses before mankind," which means they must continue to review the fundamental principles of Islam and take responsibility for their faith. This kind of responsibility starts with a Muslim's responsibility the community, whether it is Islamic or not.

Almost all participants quoted from the *Qur'an* and the narrations of the Prophet. All participants recited from these two important sources to describe an effective Islamic spiritual care. For instance, interviewee 1 said that the prophet did not consider the one a true Muslim whose neighbour sleeps hungry.

Interviewee 2 said:

> And we have enjoined on the human being in (regard to) his two parents – his mother bore him in weakness upon weakness, and his weaning was two years. Give thanks to Me and to your parents. To pray to Me is the goal. But if the parents strive with you to associate with Me other gods you do not know about, and then do not obey them.... But keep company with your parents both in the world and after their death in an honorable manner and follow the path of those who repent to Me, then I will tell you what you have worked (The *Qur'an*, 31: 14-15).

[9] See Tariq Ramadan's books, *Islam, the West and the Challenges of Modernity*, Islamic Foundation, (2001) and *To be a European Muslim*, Islamic Foundation, (1999).

Interviewee 3 mentioned that Islam criticizes a person who wishes that others stand up for him to show respect. The Prophet warned: "Whoever is pleased that people should show him respect by standing, let him seek his abode in the fire." Gratitude towards Allah and towards parents has been urged in the Holy *Qur'an* side by side. It says: "... thank Me as well as your parents..." (31:14). Maltreatment of parents has been deplored severely. The Holy Prophet cautions: "The Almighty Allah may pardon all sins. He is pleased except for disobedience to parents, and He hastens (punishment) in this life before death for one who commits it." No Muslim is allowed to join the battlefield without parents' permission. Once a companion of the Prophet came to him and said: "O Messenger of Allah! I intend to join holy war (Jihad) and have come to you for consultation." The Prophet asked him: "Have you got your mother's permission?" The companion replied: "No." At that, the Holy Prophet advised him: "Then keep yourself near your mother, because Paradise is under her feet.[10]"

Interviewee 4 quotes from the *Qur'an* according to the place and time. If it is the time of Ramadan, then he recites the verses regarding fasting and *fitrah*. If it is the time of *Hajj* (pilgrimage), then he recites the *hajj* verses and the sacrifice.

Interviewee 5 said: "And remember We took a covenant from the Children of Israel (to this effect): Worship none but Allah. Treat with kindness your parents and kindred, and orphans and those in need; speak fair to the people; be steadfast in prayer; and practice regular charity. Then did ye turn back, except a few among you, and ye backslide (even now)" (The *Qur'an*, 2: 83); "And We have enjoined on man (to be good) to his parents: in travail upon travail did his mother bear him, and in years twain was his

[10] Hadith by Ahmed and Nasa'i quoted by Muhammad Imran in his book "*Ideal Woman In Islam*". Lahore: Islamic Publications, 4th Edition , 1989

weaning: (hear the command), "Show gratitude to Me and to thy parents: to Me is (thy final) Goal. But if they strive to make thee join in worship with Me things of which thou hast no knowledge, obey them not; yet bear them company in this life with justice (and consideration), and follow the way of those who turn to me (in love): in the end, the return of you all is to Me, and I will tell you the truth (and meaning) of all that ye did." (the *Qur'an. Luqman*: 14-15).

Interviewee 6 noted: "*Man la yarham laa yrham*," which means "He who does not show mercy, then mercy will not be shown to him/her." The *Qur'an* and *Sunnah* provide different role models for Muslim spiritual caregivers – every single prophet mentioned in the *Qur'an*, especially the Prophet Jesus, who made visitations to sick people and healed people by the permission of God. The life of the Prophet Muhammad is also a unique role model in terms of caring for people. Prophet Muhammad not only visited Muslims but also Jews and Christians. On one occasion, he visited a Jewish boy who used to serve him and visited his uncle, who was a polytheist. However, he suggested his companions not to stay long with the patient in order to not put pressure on him/her. For his mercy and kindness to all he knew, Prophet Muhammad was known as the mercy prophet.

Interviewee 7 said:

For the evil eye, some Muslims recite verse 56 of *surah al-Hud*; verse 14 of *surah al-Tawbah*, verse 57 of *Yunus*, verse 69 of *surat al-Nahl*, verse 82 of *surah al-Isra* for every disease. The *surah al-Layl* is for pregnancy, verse 22 of *surah al-Qaf* for eye diseases, the *surah al-Inshirah* for heart problems, the *surah al-Rad* for palliative care patients, and so on. These are recommended verses from the *Qur'an*.

Interviewee 15 mentioned that this example encouraged him to visit not only Muslims but also non-Muslims from different communities, such as the Pakistani, Bangladeshi, Christian Arab, Bosnian, Italian, and so on.

Interviewee 14 recited chapter 17, verse 82:

> We sent down (stage by stage) in the *Qur'an* that which is a healing and a mercy to those who believe: to the unjust it causes nothing but loss after loss.

b) Special Verses from the *Qur'an* as Important Components: Healing and Addressing Evil

All interviewees mentioned that the most important components of Islamic spiritual care for Muslims are to recite certain chapters from the *Qur'an*, especially chapters *al-Fatiha, Baqarah, Saad, Falaq* and *Naas*, and to make supplications from the Prophetic tradition. This practice is for the purpose of healing, including exorcising a spirit, which then frees the person from an affliction (Bukhari, Medicine 33,39; Fedâilu'l-Qur'ân 9; Muslim, Salâm 66). Using the *Qur'an* as a source for healing demonstrates the Muslim spiritual caregiver's skills in effective spiritual care (Interviewee 14). However, the social sciences also play an important role in effective spiritual care:

> Effective Muslim spiritual care is implementing the *Qur'an* and the traditions in a health-care setting. Without proper knowledge of traditional theological education and the theology of health, it is impossible to provide effective Muslim spiritual care to Muslims. The theology of health starts with considering health to be one of the greatest blessings to have been given to human beings (Bukhari, 1232). The Muslim scholars also emphasized "holistic medicine," involving spiritual, psychological, physical, and moral aspects of being. The essence of Islamic medical tradition was founded on the revealed Book of God, the *Qur'an*, and the *Hadith*, the sayings of the Prophet Muhammad (PBUH). The *Hadith* book of Imam Bukhari, who is the most authentic collector of prophetic sayings, narrates

> 129 *Hadiths*, which directly relate to medicine and devotes two books to medicine and patients (Interviewee 4).

> The most important components of effective spiritual care are understanding (listening), respect, connecting, and compassion. By understanding, he (the Muslim spiritual and religious caregiver) meant to give a message to the client or patient that "they are expecting to be listened and valued." Respecting means "unless aged elders areamong you you would expect God's punishments upon you (*Qur'an*). They are the cause of God's mercy among us." For instance, although Muslims prefer to respect the gender boundaries, the tradition of the Prophet Muhammad shows that male Muslim spiritual caregivers may visit female clients. However, as Interviewee 2 mentioned, one must be respectful of gender boundaries: "...if women express that they are uncomfortable dealing with men, this decision should be respected and arrangements should be made to provide all-female care" (Interviewee 5).

Interviewees agreed that many people call them for supplication. Mostly those visits are for guidance for belief and prayer. They use the Qur'anic verses and believe that the holy verses have a great effect on the soul. Interviewee 7 said:

> One of my patients suffered from mental disturbance, I recited some verses. A nurse observing it said that the patient's heartbeat was different than normal. This [incident] shows that the *Qur'an* is a source for healing and guidance that overcomes anxiety. It is very effective. If the person understands it, it is a true healing, a comfort and a tool to restore stability. If the client asks for a tape of the *Qur'an*, I provide one (Interviewee 7).

Interviewees 8 and 11 mentioned that imams usually recite the *Qur'an* and Prophetic supplications to conduct treatments for different purposes. One of them is the exorcism of a spirit, but not many imams in Canada practice it. Those who practice exorcism select from a range of ritual techniques, including communication with the spiritual world, dialogue with the spirits, invocation of saints for assistance and visiting their tombs, and prayers and Qur'anic recitation to facilitate the healing process. Interviewee 8 mentioned that "the beliefs and practices of witchcraft, black magic and exorcists, charms, etc., are not supported by the *Qur'an* and the traditions

of the Prophet." Muslims believe that some mental problems can be cured by studying the *Qur'an* and the prayers in the *Hadith*. He usually suggests his clients "perform five daily prayers *(salat)*, fasting *(sawm)*, repentance (*tawabah*), and recitation of the *Qur'an* (*zikr)* to promote healing."

The most recited prayer from the *Qur'an* is Job's prayer: "(O my Sustainer! Indeed harm has afflicted me, and You the Most Merciful of the Merciful) in the *Qur'an*" (21:83). The interviewees mentioned that it is a perfect verse and prayer which describe the wounds and sores of the wounded, and where God provides the best care, which includes not only physical but also spiritual well-being. It also reminds the patient that a life passed in illness is counted as worship for the believer – on condition he does not complain about God. Therefore, they use this prayer with the sick.

One of the important components of effective Islamic spiritual caregiving is also about providing a theological reflection. For instance, interviewee 12 mentioned that she never forgets to ask what the patient thinks of the theological reflection, whether it applies to his/her situation. For her, appropriate theological reflection is possible only through the best listening manner and telling the stories of the prophets in the *Qur'an*:

> I find the stories of the prophets and interpretations of prayers more powerful for providing effective spiritual care. Reciting prayers or invocations as a mere mechanical repetition of religious rituals reduces the effectiveness of Islamic spiritual care. Therefore, I try to make it more meaningful by remembrance, which is consciously acknowledging the Presence of God, opening up to the full force of the Divine revelation and savoring its manifold tastes. The *Qur'an* and *Hadith* (sayings of Prophet Muhammad) indicate that prayer, including *salat*, *du`a*, *dhikr*, and Qur'anic recitation, brings a person closer to God (the *Qur'an*, 2:152, Riyadhus Saliheen, 883)" (Interviewee 12).

Interviewees did not make it clear how Islamic spiritual care would be different from counseling itself. Only one interviewee mentioned that there is a lot of research on

the effectiveness of counseling, and not much on spiritual care. However, much ends up depending on the caregiver's abilities at empathy, and so on.

For instance, the Holy Prophet (SAW) said: "He isn't of us who isn't kind to our youngsters, and shows no respect to our elders...[11]" To grow old is rightly said to pass from passion to compassion. Many people in the Muslim communities are finding more spiritual, personal and innovative ways of experiencing their faith. This comes at a time when religious observers say the country appears to be on a spiritual quest. The *Qur'an* classes are the main guide to understanding the challenges and responding to them. Friday service in a study lounge, where worship would include lively singing and swaying to the music of guitar, bass, tambourines and drums. This can be a renaissance in which nursing homes and hospitals will have an important role in transforming the way we see our communities.

Depending on cultural and ethnic background, those who practice a certain way of healing are known by names such as *shaykh, derwish,* and *pir*. They help clients who are believed to be possessed by the devil and *Jinn*, and are affected by black magic and the evil eye, and so on. Medical terminology describes these problems as hallucinations, delusional beliefs and disorganized behavior.

However, the interviewees have differences in their assessment, intervention and evaluation of spiritual care. For instance, for interviewee 1, effective care is divided into four phases. In the first phase, he uses clarification as an way of understanding, especially in terms of the problem area; in the second phase, he plans his visit; in the third stage, he

[11] Hadith quoted in *al-Jāmi' al-□a□ī□*, popularly called Sunan al-Tirmidhi, one of the six canonical hadith compilations in Islamic literature.

intervenes to make a difference, which includes making referrals; and at the end, he terminates his visit with prayer.

2) Theme 2: Importance of a Caring Environment

All interviewees agreed that connecting is also very important because it is impossible to provide effective care unless the provider joins the world of the patient, who is sensitive and vulnerable. A caring environment starts with common values amongst Muslims which are based on the religious teachings of the *Qur'an* and *Sunnah*. Some of these include the importance of religion in the lives of Muslims; for example, five practices of prayers, fasting and so on; no hierarchy, which allows the practices to be left up to the individual; the importance of the community; the importance of the family and its preservation; well-defined roles and expectations of parents and children, such as respect for elders, courtesy and obedience on the part of children, and charity and caring for those in need, such as *zakaat* and *sadaqa*.

Connecting starts with building trust. The spiritual and religious care provider should also demonstrate compassion and love to the patient so that they do not feel alone in this vulnerable time of their life. Interviewee 2 mentioned the importance of a caring environment and defined it: "Freedom of religion is of utmost importance. Muslims should be given free time to conduct their daily prayer activities, even if it conflicts with the center's own activities or schedules." Interviewee 3 said that the caring environment means "reaching out with open arms, a warm heart and an understanding spirit; we make a commitment to share their suffering. As we nourish their spirits, offer comfort,

friendship and consolation, we must bring a sense of wholeness and connection to the Muslim community, repairing and healing our world."

Nearly all interviewees agreed that the caring environment is also about compassion, mercy and forgiveness, since

> Islam is the religion of compassion and justice, a religion that teaches perfect morals and forbids bad conduct, a religion that grants man his dignity if he adheres to the laws of Allah (Interviewee 9).

> Mercy and forgiveness, listening and consulting are the key characteristics of spiritual care, and both the *Qur'an* and *Hadith* are replete with the virtues and guidance about these qualities. This is our guide, and the implementation lies in the tested and scientific studies and guidelines the pastoral and psychotherapy fields have provided (Interviewee 6).

A caring environment is also about respecting and honoring the clients/patients:

> The theology of respect and honoring is laid down in many verses of the *Qur'an* and mentions that "Man is an honored creature and has an honorable status in Islam. Allah says: 'And indeed We have honored the Children of Adam, and We have carried them on land and sea, and have provided them with lawful good things, and have preferred them above many of those whom We have created with a marked preferment'" (Al-Israa': 70); "Muhammad is the Messenger of Allah. And those who are with him are severe against disbelievers, and merciful among themselves" (Al-Fath: 29); "Then he became one of those who believed (in the Islamic Monotheism) and recommended one another to perseverance and patience, and (also) recommended one another to pity and compassion. They are those on the Right Hand (the dwellers of Paradise)" (Al-Balad: 17-18). The Prophet (peace and blessings be upon him) described the believers as being like a single body. He (peace and blessings be upon him) said: "The likeness of the believers in their mutual love, mercy, and compassion is that of the body; if one part of it complains, the rest of the body joins it in staying awake and suffering fever". Respecting the elderly and honoring them are characteristics of the Muslim society. The Prophet (peace and blessings be upon him) said: "Part of glorifying Allah is honoring the grey-haired Muslim" (Abu Dawud). The Prophet is also reported to have said: "None of you truly believes until he loves for his brother what he loves for himself" (Al-Bukhari). He also said: "The Most Merciful has mercy on those who are merciful. Be merciful to those who are on earth so that the One Who is in heaven will have mercy on you" (At-Tirmidhi) (Interviewee 9).

Interviewee 14 noted:

> Religious institutions such as mosques play an important role in providing effective spiritual and religious care and reinforcing Islamic values which are mentioned above. Islamic spiritual care is more than clerical responsibility. It is the duty of the mosque and other Islamic institutions and community towards their fellow Muslims. He mentioned that effective Muslim spiritual care responds to the needs of the "whole person" as a physical, social and spiritual being and suffers from illness, loss and grief. Muslim spiritual caregivers play an important role in inspiring them spiritually. They also help them to nurture spiritual growth and draw inner strength, optimism and hope.

The caring environment is also evident in the cooperation and mutual support between the Muslim spiritual caregiver and the client/patient, and both learn these qualities from the Muslim society, which is "a society of co-operation and mutual support" (Interviewee 9). Many quoted from the *Hadith* to define co-operation and mutual support for Muslims. For instance, Ibn Abi Ad-Dunya narrated from Ibn `Umar that the Prophet (peace and blessings be upon him) said: "The most beloved of people to Allah is the one who brings most benefit to people, and the most beloved of deeds to Allah is making a Muslim happy, or relieving him of hardship, or paying off his debt, or warding off hunger from him. For me to go with my Muslim brother to meet his need is dearer to me than observing *i`tikaaf* (retreat) in this mosque [meaning the mosque of Madinah] for a month.... Anyone who goes with his Muslim brother to meet his need, will be made by Allah to stand firm on the Day when all feet will slip.[12]"

2b) Ineffective Muslim Spiritual and Religious Care

The interviewees did not significantly differ in responding to the question about ineffective spiritual care. They all agreed that it means care that does not correspond to

[12] Reported in Tabarâni's books Al-Mu'jam Al-Kabir, Al-Mu'jam Al-Awsat, and Al-Mu'jam As-Saghir.

the values of Islam. As Islam is congruent with the principles of human rights – compassion, social justice, equality and equal treatment – these are what should guide the interaction between the caregiver and the care receiver:

> There are common values amongst Muslims based on the religious teachings of the *Qur'an* and *Hadith*. Some of these are: importance of religion in our lives, such as the five practices of prayers, fasting, and so on. There is no hierarchy, and the practices are left up to the individual. The community, family and its preservation are important. The role of parents and children can be well defined; therefore, the expectations are often articulated – for example, respect of elders, courtesy and obedience on the part of children. Charity and caring for those in need, such as *zakaat* and *sadqa*. Islam puts a lot of emphasis on patient/individual values. For her, there should not be any assumption that each Muslim will believe or practice in any homogenous way. What this means is that any caregiver should *ask* the individual and not make assumptions or judgments. (Interviewee 3).

> There is a vast range/spectrum of beliefs and practices amongst caregivers, just as there is in the Muslim communities. Any caregiver, no matter what religion, sect, race or ethnic origin MUST do a lot of soul searching about how their values cannot be imposed on those of their clients/patients. It should be a cardinal rule that the values of the caregiver direct their own actions but not those of the patient. This means no element of judgment or condemnation of the patient (Interviewee 10).

For some of the interviewees, it was about the poor model of the person's character which is reflected in the care given:

> If a Muslim caregiver does not demonstrate the skills of a good listener, respecting, connecting and showing his or her compassion to the sick, then his/her visit is ineffective. Such visitation will not only embarrass him as a person but also the institution which he/she represents. The skills of good listening and the character of the person. Judging the sick and being authoritative is the result of bad listening (Interviewee 6).

For some interviewees, it was demonstration of a lack of cultural sensitivity:

> Muslims fall under a variety of national backgrounds, and not all Muslims are from the same ethnicities, so generalizations should not exist; for example, "all Muslims are Arabs." If the facility did not provide some sort of Muslim

> "sanctuary" or at least a multi-faith prayer room setting, where Muslims and subscribers to other religions can conduct their religious obligations, it will result in ineffective Islamic spiritual care. Religious books and imams should be available for their use. Imams or other spiritual leaders should be present at least every Friday to lead the prayer, if not every day. They should have the opportunity to consult and do counseling with religious leaders (Interviewee 2).

The interviewees quoted from the *Qur'an*, in which disobeying and disrespecting a person's faith, religious practices and worldview is considered an ineffective way of providing spiritual/religious care and preaching. In these verses, kindness towards people is an important character trait of the Muslim spiritual caregiver. For example, interviewee 3 quoted from the *Qur'an*, which provides detailed instructions in the matter:

> "Your Lord has decreed that you should worship none but Him, and show kindness to your parents..." (17:23). Although the verse is about the parents' right, it also instructs the professional to be kind to all people. The Prophet said: "Duties towards parents consist of maintaining them, giving them gifts, speaking to them gently, and taking their permission before going abroad. Even the difference of faith and religion doesn't absolve the progenies from their duties towards parents. These duties are the natural corollary of the back-breaking, unrequited struggle that the parents have to undergo in bringing up their children."

One interviewee mentioned that to make the visitation long may result in fatigue in the patient and thus make it ineffective. He said:

> The Prophet usually made his visitations to the sick short and never made a distinction between Muslim and non-Muslim. He showed the same compassion and kindness to all the sick that he visited. For instance, he visited the Jewish boy and *mushrik* (idol-worshipper) old woman when they were sick (Interviewee 4).

Ineffectiveness is also about promising care but not delivering: "Your response to the patient/client sabotages the care the patient receives, if you are not genuine with the person" (Interviewee 7).

3) Theme 3: The Role of Contemporary Muslim Thinkers in Effective Islamic Spiritual Care

Almost all interviewees use the *Qur'an* and the *Hadith* of the Prophet Muhammad; however, they also benefit from the writings of past and contemporary Muslim scholars. Eight interviewees mentioned that they use the works of Bediuzzaman Said Nursi, Mawdudi, Rumi and M. Fethullah Gulen. Three use the works of the four great imams: Imam Abu Hanifa, Imam Malik, Imam Shafi and Imam Hanbali[13] to answer different juristic questions related to ablution, prayer, supplication, reading the *Qur'an* while in hospital or prison and how to make burials. Only one interviewee mentioned Abduldaeem Alkahee's articles and lectures for understanding the theory of healing and disease in the *Qur'an*. One interviewee tries to help his clients to understand their dreams using Ibn Sirin's (654-728) *Ta'bir al-Ru'ya and Muntakhab al-Kalam fi Tabir al-Ahlam*, (the Interpretations of Dreams), a book on dreams.

The interviewees said that the reason they use the works of these scholars is because they address the temporary nature of life and bring good tidings about new and everlasting life. They also mentioned the rights of the elderly and the rights of the sick. Most of these ideas are still applicable in modern times. The interviewees said that what made their work so valuable was that they themselves had suffered from worldly afflictions and experienced the positive effect of prayers, supplications, and so on. For instance, interviewee 8 said:

> Mawdudi was in prison and sick and had a positive experience with prayers. However, he also made it clear that "prayer is not treatment. But if destination allows, prayer helps. It will give courage to survive in a desperate situation, and it sometimes happens that when doctors say medication will not help, prayer will

[13] The four great imams are Imam Malik (93 A.H. - 179 A.H.), Imam A'zam Abu Hanifa (died in 150 AH/767CE), Imam Shafi (150 A.H. - 204 A.H.), and Imam Hanbali (164 A.H. - 241 A.H.).

help." Mawdudi also said: "Detailed law derived from the *Qur'an* and the *Hadith* covering the myriads of problems that arise in the course of man's life have been compiled by some of the leading legislators of the past. Muslims should be forever grateful to those men of learning and vision who devoted their lives to gaining a mastery of the *Qur'an* and the *Hadith*, and who made it easy for every Muslim to fashion his everyday affairs according to the requirements of the *Shari'ah*. It is due to them alone that Muslims all over the world can follow the *Shari'ah* easily even though their attainments in religion are never such that they could themselves give a correct and authentic interpretation of the *Qur'an* or the *Hadith* (Mawdudi, 1972).

Interviewee 12 said:

I use the books of Badiuzzaman Said Nursi, especially his booklet *Message for the Sick* as the main source for my visitations. Said Nursi was one of the well-known contemporary Muslim thinkers whose ideas influenced the establishment of the Nur movement in Turkey. Nursi mentioned that worship consists of two kinds, positive and negative. Positive worship is obvious. As for negative worship, "this is when one afflicted with misfortune or sickness perceives his own weakness and helplessness, and turning to his Compassionate Sustainer, seeks refuge in Him, meditates upon Him, petitions Him, and thus offers a pure form of worship that no hypocrisy can penetrate" (Nursi, 2001, p. 53). Illness is one of the life events that show the value of life. Without illness, life is flat and monotonous. Illness brings richness and moves life forward. Illness also encourages the broken soul to connect with God and be aware of his/her powerlessness. So, he/she takes refuge in God. Nursi compared the sickness to a veil that shields the human from the reality of death. Without illness, death is a more scary and horrifying reality because illness prepares humans psychologically for the reality of the death. The wounded soul of the sick gets healed with prayer. I share with those who I visit the model of Job who prayed constantly with humility and trust in God. Sometimes I hear the patients complain, but Nursi's teaching delivers a message that complaining implies a criticism of God's nature as sustainer of life. Therefore, my role is to remind the patients to place confidence in God. If I cannot convey this message, then my visit is ineffective. Although, I know that the complaining may be result of anxiety and impatience due to feeling of helplessness and the inability to change the situation, the traditions of the prophets from the *Qur'an* teach that my role is to help the sick to accept his/her afflicted state and remember that illness reminds them to appreciate God for the health which she/he enjoyed before.

4) Theme 4: Practicing Psychology and the Social Sciences in Contemporary Muslim Spiritual Care

Eleven out of fifteen interviewees use the social sciences, especially psychology, to structure their visitations because

> the role of psychology and the social sciences in contemporary Muslim spiritual and religious care is very important. It helps Muslim spiritual and religious caregivers to know how they first cope with their own problems and help people around them deal with these problems (Interviewee 1).

> The study of the self and the ways of thinking of the human is important, as it further elaborates the message of what Allah says: "Within you are signs" and the famous saying "He who does not know himself does not know God" (Interviewee 6).

Nine of the interviewees try to draw on models of pastoral care, brief psychotherapy, and supportive counseling to provide effective Islamic spiritual care:

> It is important to use social sciences along with traditional theological education because the Prophet encouraged his companions to know the psychology of people and the society in which they live; otherwise, effective care would not happen. This means that any spiritual caregiver who does not have a proper education in religious studies and social sciences cannot provide effective spiritual care... I use family therapy, counseling, and psychotherapy in my practice. When I studied in a theological institution in Turkey, these sciences were required for graduation. I think that many families in the mosques try to solve their marital problems by seeking advice from imams. In Islam, religious education is important, but it does not say that the rest is less important. The imams must know sociology and psychology because they work with individuals in the society. The *Qur'an* was revealed to instruct people in how to deal with their individual and social problems. The great imams also used these sciences to give *fatwas* (jurisdictions). Imam Shafi mentioned in his *ar-Risalah* that an imam or *mujtahid* needs to know these subjects: 1. the *Qur'an*; 2. the traditions of the Prophet; 3. psychology: and 4. sociology. When the Prophet sent his companions to different parts of the world, he instructed them to talk to people according to their level of education and spirituality and know the traditions of the people (Interviewee 3).

Fifteen of the interviewees agreed that spiritual care is a treatment designed to reconnect the person to God by using traditional supplications in Islam, but the majority of Muslim spiritual and religious caregivers not only practice supplication with their clients, but also help them to understand different problems in their lives. However, "Islamic traditional healing works mainly for treating neurotic symptoms and minor ailments, but it will be failure to use these techniques to treat severe mental or physical illness" (Interviewee 4).

Almost all interviewees use a spiritual care plan which includes prayer, ritual observances and objects, meditation, poems and music, because Islam offers many techniques to offer on the journey of spiritual healing. One interviewee mentioned that he finds Sufi methods more effective in Islamic care. When he was asked what he means by Sufi methods, he said:

> Sufi care is the mystical tradition of Islam in care and is related to Islamic psychology. The therapeutic process in Sufism is called *Tazkiat Al-nafs*. Chaudri (1969) said that masters of the Sufi orders are traditional religious healers who treat instances of possession and other ailments by recitations of the *Qur'an* as a prescription for behavioral and ritual instructions. It is said that the Mogul emperor Jahangir once suffered from some illness which his doctors were unable to cure. Frustrated, he went to the tomb of the Saint Mu'in al-Din Chishti at Ajmer and was cured. Ever since then, he wore earrings in the name of the saint as a token of being his follower (Interviewee 11).

Only one interviewee said that she was not sure how Islamic spiritual care would be different from counseling itself. She thinks that what this is about are the added elements of religion and spirituality and not the effectiveness of the counseling itself. She also mentioned that although there is a lot of research on the effectiveness of counseling and that so much ends up depending on the caregiver's

skills of empathy, and so on, there is a lack of research on an effective counseling style for Muslim spiritual caregivers. Two of the fifteen interviewees had these comments:

> ...use the social sciences, but as long as they do not collide with Islamic duties and obligations. Islam encourages its followers to seek knowledge, and the study of medicine, psychology and social sciences does not usually collide with Islamic belief (Interviewee 2).

> Modern psychology and social sciences are one of the resources for ultimate Islamic spirituality. Those sciences and spirituality have to work together. One is not complete without the other. As spiritual caregivers, we value the findings of social sciences and benefit from them to understand the complexity of people's lives and spirituality. I think Muslim spiritual care is a new entity for many caregivers and scholars. We need more research and publications on the topic. I want see works dedicated to the *Qur'an* and *Hadith* (Islamic tradition) and how they refer to spirituality and practices in the past. The other interesting point is to differentiate Islamic spirituality from other faiths... (Interviewee 5).

5) Theme 5: The Importance of Continuing Education in Effective Islamic Spiritual Care

Twelve of the fifteen interviewees agreed that it is important to improve knowledge in different fields, including religion and social sciences, to improve the effectiveness of Islamic spiritual care, to learn how to deal effectively with their own problems and fulfill their own spiritual needs. Improving listening ability is also an ongoing process of learning strategies for spiritual care, as is knowing the cultural sensitivities of Muslims and contemporary jurisprudence along with traditional issues, confidentiality and privacy.

> The social sciences are very important to use in religious and spiritual care. We have normal regular understanding, but sometimes the imams need specialized knowledge. Continuing education is always necessary. The spiritual and religious caregiver must continuously learn both religious and social sciences. They must know that, for instance, people misunderstand the *jinn* [demon] and the influence of *jinni* [demonic] issues. The spiritual caregiver must know whether the problem

is a mental disturbance or not. Some people are very much occupied with *jinni*; it may help to recite verses, but at the same time, medical treatment is necessary. Therefore, knowledge of psychology and social sciences is important (Interviewee 8).

Religious training along with social services training is very important in spiritual and religious care: anyone who does any counseling must understand the difference between counseling and advice-giving, between helping the person make their own decision and providing too much guidance. Between being empathetic without being judgemental... (Interviewee 10).

Heidegger's notion of *aletheia* of Being is very relevant here. *Alatheia* of Being refers to the gradual *unfolding* of things. For instance, if we do the job only for the sake of routine, then it becomes static and we cannot be effective. We need to learn new things to be effective and at the same time enjoy what we do. Otherwise, we will become bored and lose our interest. For Heidegger, new disclosures of Being are learning new things. The Muslim spiritual caregivers' state of Being is precisely to give meaning to their clients by inviting themselves and their clients to reflect and pay attention and unfold "secrets of their lives" (Interviewee 11).

One of fifteen interviewees reminded us that it is also important to know and improve the skill of recitation of the *Qur'an*, which is *tajweed* in Arabic. He said:

> *Tajweed* is about the special recitation of every Qur'anic letter from its articulation point and giving the letter its rights and due characteristics. It is one of the Islamic Law sciences related to the Glorious *Qur'an*, and the founder of this science was the prophet Muhammad (PBUH) himself. Its knowledge is *fardh kifayaah*, meaning some of the Muslim community must know it, and its application is *fardh 'ain*, required by all Muslims who provide spiritual and religious care to the Muslim community. They should continuously increase their knowledge of four essential rules of *tajweed*, which are knowledge of the articulation points of the letters, knowledge of the characteristics of the letters, knowledge of what rules change in the letters due to their order, and exercising the tongue and doing a lot of repetition (Interviewee 14).

6) Theme 6: Different Styles of Muslim Spiritual Caregivers

Interviewees practice and follow different styles in their spiritual and religious care to Muslims. Different cultural practices and expectations affect the style of spiritual caregiving. Gender is another issue that makes a difference, as does knowledge of the social sciences. However, all interviewees agreed that the style of helping, self-awareness, empathy, trust and compassion are important features of effective spiritual care:

> The Muslim caregiver should be a good listener, respectful and connecting and showing his or her compassion to his or her patients. Because of the role he/she holds, he/she should act in the way that's expected by them. The role is given them by the institution as well as by his/her spiritual position (Interviewee 7).

All participants also agreed that effective spiritual care depends on ethical issues and for Muslims, ethical issues start with intention. As the Prophet Muhammad said: 'Indeed all deeds are according to the intention.[14]'

This interviewee emphasized the importance of respect for client values and not proselytising:

> There should not be any assumption that each Muslim will believe or practice in any particular way. A caregiver should ask the individual and not make assumptions or judgements. As Muslim clients are diverse in terms of their religious and spiritual needs, the style and education of Muslim spiritual caregivers are also diverse. There is a vast range of beliefs and practices amongst caregivers, just as there is in the Muslim communities. However, the Qur'anic verse on "no compulsion in religion" makes it clear that Muslim

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[14] 'Umar b. al-Khattab narrated that the Prophet (S) said: Deeds are [a result] only of the intentions [of the actor], and an individual is [rewarded] only according to that which he intends. Therefore, whosoever has emigrated for the sake of Allah and His messenger, then his emigration was for Allah and His messenger. Whosoever emigrated for the sake of worldly gain, or a woman [whom he desires] to marry, then his emigration is for the sake of that which [moved him] to emigrate." Narrated by Bukhari and Muslim.

spiritual caregivers, regardless of their sect, race or ethnic origin, must do a lot of soul-searching about how their values cannot be imposed on those of their clients/patients. The values of the caregiver direct their own actions but not those of the patient; therefore, the beliefs and values of the client and patient cannot be judged and condemned. If a Muslim spiritual caregiver is judgmental and makes assumptions about his/her client, then he/she takes the role of advice-giving not counseling... Anyone who does any counseling must understand the difference between counseling and advice-giving, between helping the person make their own decision and providing too much guidance. Between being empathetic without being judgemental... Augsburger [(1986)] mentioned that spiritual caregivers must encounter the bias and prejudice within themselves so that differences are eliminated with regard and respect rather than assumptions of superiority or inferiority. Thus, Muslim spiritual caregivers must educate themselves in Islamic and professional ethics (Interviewee 10).

> The ethics of Islam in spiritual care giving is one of the important areas in which Muslim spiritual caregivers need more education... The ethics of Islamic spiritual caregiving is congruent with the principles of human rights – compassion, social justice, equality and equal treatment – these are what should guide the interaction between the caregiver and the care receiver... The role of the Islamic institutions lies in protecting Muslims who are being proselytized or acting in the role of proselytizer because effectiveness depends on the intention, sincerity, and manners of those who visit Muslim clients/patients on behalf of Islamic institutions. Sincerity is praying, living, and working for God as the prophet Ibrahim [(Abraham)] proclaimed before (the *Qur'an* 6:162). It also means not following the lust of the heart but to visit and provide spiritual care without expectations, inviting the person to live completely according to the *Qur'an* and *Sunnah* [(the *Qur'an* 38:26)] (Interviewee 11).

Summary

The results of the data are rich. From the interviews and field notes, these six themes emerged regarding effective Muslim spiritual care. First, the participants indicated that effective spiritual care is using the Islamic tradition of healing derived from the *Qur'an* and *Sunnah* (traditions of the Prophet) and is rooted in the *Qur'an* and *Hadith*. This includes certain verses that emphasize healing and address evil. Second, effective Muslin spiritual care means creating a caring environment between the spiritual caregiver and the patient. This means

listening well, compassion, respect and connection, which are values important to Islam. Ineffective Muslin spiritual care is viewed as the opposite of the values of Islam. Third, various sayings of the scholars are also used to have a positive effect on an individual's physical, mental, and spiritual development. They use the *Qur'an* and the S*unnah* (the sayings, actions and approvals of the Prophet Muhammad) to encourage healthy eating and forbid all substances that cause bodily harm, which include intoxicants, drugs, and so on (the *Qur'an*, 2: 168; 5: 4, 91; 93 and 2:219). The traditions of the Prophet Muhammad (PBUH) also emphasize healing and sickness. Fourth, there is an emphasis on the integration of body, mind and spirit in Islam, and so social sciences are included in effective Muslim spiritual care. Fifth, the participants in this study also believe that there is much to learn yet about spiritual care, and so they advocate for continuing education. Finally, there are differences in style in Muslim spiritual care based on culture, gender, education and the demands of the mosque.

Almost all participants agreed that the result of effective spiritual and religious care is that at the end of the visit the client feels and knows that she/he has a companion who listens and guides. Some of the results of effective Islamic spiritual care are an increase in hope, which acknowledges the fact that Allah is omnipotent and omnipresent and is the ultimate recourse. Such care gives hope and strength to the distressed soul, eliminates or reduces despair and brings the supplicant closer to the Creator, strengthening the bond between them, and returns the client to the community. Thus, it is important to visit the client, who then may also start attending the mosque frequently, which may result in better socialization within the Muslim community, where he/she can

receive emotional and spiritual support. Since the mosque is primarily a place for remembrance of God, for the purification of the soul, refinement of morals, and strengthening the ties of mutual cooperation among Muslims, the Muslim spiritual caregiver who visits Muslims in hospitals, prison, and so on, has to give this essential message to the visited person.

The next chapter will discuss some of the theory behind these themes. There will also be a comparison with what is present in the review of the literature and a critique of the literature on effective Islamic spiritual and religious care.

CHAPTER V: DISCUSSION

The research has discovered that the fifteen Muslim spiritual and religious caregivers in the study provide spiritual and religious care to Muslims using the *Qur'an* and the *Hadith* as fundamental sources of effective care, the writings of Muslim scholars and also the social sciences. Six themes emerged from the data and the literature review. It is of interest to know more about why these themes emerged and how to use the findings to provide effective spiritual and religious care. Did the research reveal what makes the Muslim spiritual and religious caregivers effective? Should effective Muslim spiritual care use social sciences?

The interpretation of the results requires empathy but also critical reflection at the same time. The results seem to relate to the literature especially, both the modern and the historical Muslim scholarship. The results of the interviews and field notes indicate that the role of the social sciences in contemporary Islamic spiritual and religious care is not as strong as that of Muslim practices. Only the historical Muslim scholars such as Al-Dhahabi and Ibn Sina and post-modernist Muslim scholars, such as Esmat Danesh (online citation), Azizah Othman, Mimi Iznita Mohamed Iqbal, and Hawa Rahmat, Osman et al. (2005), S. Abdullah (online citation) and Badri (1998), strongly support the notion of integrating the theology with the social sciences in effective Islamic spiritual care. However, it is hard to generalize the results to other populations. We need a larger sample from diverse religious and ethnic Muslim communities, such as the Shia, Ismaili, Ahmediyya, Indian, Pakistani and Arab communities.

Given these limitations and areas for further research, I will try to answer the questions about why effective Islamic spiritual and religious care is rooted in the *Qur'an* and the *Hadith,* what the limitations of these sources are in regard to time and place, why some outdated messages may become popular in the practice of Islamic spiritual and religious care, and finally, whether Muslim spiritual care should include the social sciences.

Theme 1: The Reason that Effective Muslim Spiritual Care is Rooted in the *Qur'an* and the *Sunnah*

This ethnographic research indicates that the fifteen Muslim spiritual and religious caregivers were passionate about using traditional sources of Islamic spiritual caregiving. The traditional Islamic texts and the life of the Prophet Muhammad are the essential components of Islamic spiritual and religious care; otherwise, it is not Islamic.

There are many reasons for this approach. First of all, the *Qur'an* and the *Sunnah* (the actions, sayings and silent permissions or disapprovals of the Prophet) are the two fundamental sources of Islam. Muslims accept the *Qur'an* as a source of guidance and inspiration and the unchanged word of God since its revelation. Muslims also accept it as a source of healing, the cure for illness and a source of comfort and peace. The *Qur'an* has always been treated with great respect among Muslims, who usually take ablution before touching and reading the *Qur'an.* They also expect others to follow special rules before they handle the *Qur'an.* Second, the Qur'anic verses and prophetic traditions emphasize a humane and scientific approach to illness. They do not contain moral censorship of the

sick, and they positively influence social attitudes towards sick people. Third, the *Sunnah* has always been treated as an important source for understanding the *Qur'an* because the Prophet provided its practical demonstration. He was the living *Qur'an*, carrying out its ideals and values. Muslims not only read the *Hadith*, but are also eager to learn it and follow the prophetic teachings. However, the *Hadith* should be related to the *Qur'an*. Fourth, as the Prophet showed the details of how to perform the five daily prayers, fast during *Ramadhan*, make *hajj* (pilgrimage) and pay *zakat* (alms), he was also a perfect model of a spiritual and religious caregiver. As a result, Muslim spiritual and religious caregivers take it as an obligation to follow the Prophet's morals and characteristics. Fifth, the *Qur'an* also emphasizes that Muslims should follow the Prophet as their model: "And verily in the messenger of Allah ye have a good example for him who looks unto Allah and the last day and remembers Allah much" (the *Qur'an,*33:31). How then could the Muslim spiritual and religious caregiver overlook and neglect these two important sources in their practice?

While there was confidence in traditional Islamic spiritual and religious care, there was also awareness of its limitations in time and place. Al-Dhahabi and Imam al-Ghazali stated that Muslims should seek healing when one is sick. The Prophet's command to get medical treatment makes such treatment obligatory (Al-Dhahabi, 1996, pp. 103-104; Rahman, p. 38). The Prophet himself emphasized the value of other methods of healing and cure. On one occasion, he advised his companions to artificially fertilize palm trees. Later, some of the companions informed

him that his advice led to a bad crop, to which the Prophet replied, "You know better than I matters pertaining to this world" (Rahman, 1987, p. 33). According to this story, the Prophet's role was as a messenger to guide people from spiritual disease to spiritual perfection. Although the *Qur'an* as the word of God is beyond the limitations of time and place, we cannot regard the *Sunnah* in the same manner. The *Hadith* collections are written by men, and therefore there is disagreement among Muslims about the accuracy and authenticity of many *Hadiths*, which were seen as invented, fabricated, faulty or too weak to be recorded. The Prophet himself never commanded his companions to write down his words or actions (although he permitted recording of some of his sermons), but he commanded them to learn the *Qur'an*. He even ordered some companions to burn their recordings for fear his sayings would be confused with the *Qur'an*. Taking into consideration time and place, the Muslim scholars made eighteen classifications within three basic categories of the *Hadith*. Not many Muslim spiritual and religious caregivers are familiar with them, especially *Hadith,* those relating to spiritual and physical illnesses and their treatment.

Theme 2: What Is a Caring Environment and its Importance in Effective Islamic Spiritual and Religious Care?

A caring environment is about respect, empathetic listening, and a non-judgmental approach. For Muslim spiritual and religious caregivers, it is an environment in which Islamic values are dominant. As one spiritual

and religious caregiver mentioned, "religious institutions such as mosques play an important role in providing effective spiritual and religious care and reinforcing Islamic values" (Interviewee 9).

The Islamic institutions are responsible for effective Islamic spiritual and religious care. In the past, Islamic institutions were an integral part of the health-care system. In Canada, however, Muslims do not operate their own hospitals, although different organizations try to meet the spiritual and emotional needs of Muslims. The Muslim community has several large organizations, including the Canadian Islamic Congress, the Islamic Society of North America, the Muslim Association of Canada, the Canadian Council of Muslim Women, the Canadian Council on American-Islamic Relations (CAIR-CAN), the North American Muslim Foundation (NAMF), the Muslim Canadian Congress, the Canadian Muslim Union, the Islamic Circle of North America, and so on, which have now become leading advocacy and civil liberties organizations. However, many ethno-cultural organizations also serve as spiritual and religious institutions for Muslims in Canada. These organizations vary in what they offer in terms of spiritual and religious care, unlike the services found in mosques, which include the components of leadership, membership, ethnic elements, attendance at *Jum'ah* (main weekly worship service); mosque school (weekly attendance, all ages); salary (including allowances); and giving (annual total, by mosque).

Many Muslim spiritual caregivers represent the mosque, which is an important place of faith for Muslims. The *Qur'an* also emphasizes the importance of the mosques in Muslims' lives: "In the houses, which Allah has permitted to be exalted and that His name may be remembered in them, there glorify Him therein in the mornings and evenings" (the *Qur'an*, 24:36). Besides the five daily obligatory prayers, there is the weekly Friday prayer, which is compulsory and is offered in a mosque. In practice and content, the *Jum'ah* is like any other prayer, but as a large number of people gather, a *khutbah* (sermon) giving religious guidance, is preached by the imam before the prayers begin. In this sermon, the imam reminds worshippers of their accountability to God, the characteristics of a good Muslim, and proper conduct in society. In this way, the Friday sermon refreshes the memory about religious commitments. For Muslims, the congregational prayers and the Friday and *Eid* (holiday) prayers are strong examples of the nature of the Muslim community and of the unity of their opinions and goals. Mosques are also used for social gatherings, such as wedding ceremonies, funeral services, courts of law, and other religious ceremonies. It is sad to note that there has been little essential change in the basic functions of imams and other Muslim spiritual and religious caregivers over a decade, and sometimes we do not witness flexibility in response to unexpected changes. Muslim spiritual caregivers must act as facilitators of social action. There have been some superficial

alterations, but by and large, the religious institutions are still organized and conducted as they have been in the past.

Currently, Islamic spiritual care covers a wide variety of ministerial and administrative functions and is easily observable by the outsider. It usually includes various specialized functions, such as teaching, institutional chaplaincy, *da'wah* (teaching Islam to non-Muslims) work, and so on. Depending on the time and situation, it would seem to be best if Islamic spiritual care is concentrated upon one form at a time. However, the question is whether functions within the mosque have changed over the years. Is there enough stability in the important activities of Muslim spiritual and religious caregivers to allow an evaluation of a common set of them or do Muslim spiritual and religious caregivers need to adopt new skills to perform their activities effectively, especially in health care?

It is important to point out that contrary to common assumptions, Islamic spiritual and religious care is not basically in the hands of the imams, who are dependent on mosque administration and the elected board of directors. However, imams have been the main professionals in the Muslim community for providing spiritual care and serving as community leaders since the time of the Holy Prophet. Imams mainly work in mosques, which have been gradually reduced to a place of worship and spiritual and religious care. Resources of the mosques, their

space, their income from *waqf*s and donations provide a base for their activities and functions. The mosques establish or encourage a committed team of local youth and other members of the community to establish Information and Service Centres on their premises, to build a network with general public and acquire confidence and experience.

Depending on the importance of a problem in a special context, the mosques may give priority to different functions in Islamic spiritual and religious care. Islamic institutions hire Muslim spiritual and religious caregivers with the following qualifications: a clear understanding of Islam; a comprehensive knowledge of the *Qur'an, Hadith*, and *Fiqh*; the ability to recite the *Qur'an* in accordance with the rules of *Tajweed*; *hafiz-e-Qur'an* (those who know the *Qur'an* by heart) is highly preferred; excellent command of the English and Arabic languages; the ability to participate in interfaith activities; the ability to lead or organize five daily prayers; the ability to lead or organize Friday, *Eid*, *Taraweeh* and *Janazah Salah*; to set the curriculum for an Islamic studies program for all ages; perform marriage ceremonies according to *Shariah*; provide religious guidance and conduct necessary classes; perform counseling to youth, adults and families as required; assist in raising funds for construction and operation of the mosque; be responsible for outreach programs; advance the cause of Islam, including *Dawah* work, to the local community; and conduct himself in a respectable manner at all times.

In some cases, the validity of certain functions may be questioned. My special concern is about awareness of the community, the mosque, and social issues. Awareness is consciousness shared within a society and religious community. It means to be aware of the problems that our society and Muslim communities encounter today. It is about being conscious of the difficulties and hardships of the society and community. Awareness of the community, mosque and social issues arose as a response to social injustice towards Muslims and social injustice within the Muslim community, including gender issues, AIDS, and poverty.

Muslim spiritual and religious caregivers are engaged in different dimensions of service, which are spiritual care to a diverse community and workplace, social justice advocacy, and the development, through education, of social justice and its integral relationship with faith. The *Qur'an* says:

> O you who believe! Stand out firmly for justice, as witnesses to Allah, even as against yourselves, or your parents, or your kin, and whether it be (against) rich or poor: for Allah can best protect both. Follow not the desires (of your hearts), lest you swerve, and if you distort (justice) or decline to do justice, verily Allah is well acquainted with all that you do (4:135).

This kind of service is for diverse population groups, including women, people with disabilities, ethnic groups, unfortunate people, and so on. However, Muslims do not have enough financing or institutions to investigate dissatisfaction with traditional emphases in terms of spiritual and religious care to Muslims. Such investigations and research could be helpful in suggesting some resolutions to the concerns of Muslims.

Investigations may result in enhancing the training of Muslim spiritual and religious caregivers as spiritual and religious counselors or care providers and clarify and document the frequency of the use of specific functions in mosques.

Muslim spiritual caregivers are expected to demonstrate emotional and spiritual maturity. Emotional maturity lies in understanding the caregiver's own strengths and weaknesses and in possessing the ability to be open and responsive to feedback and evaluation by Muslims. Muslims spiritual caregivers should be aware of their own personal problems, especially family-of-origin issues, and how they influence their work with others. Emotional maturity and self-understanding also mean awareness of one's own biases and cultural values. Spiritual maturity is about an ability to think critically and engage in self-examination and theological reflection. It is also important to have a significant improvement in the skills of Muslim spiritual and religious caregivers so that they are ready for unpredictable change under the pressure of time and place.

Theme 3: The Critical Reflection of Contemporary Muslim Thinkers in Effective Islamic Spiritual Care

The Islamic tradition of healing has long been based on integrating different approaches to health. This is derived from the *Qur'an* and *Sunnah*, as well as from various sayings of the scholars. In this regard, the writings of Muslim thinkers play an important role in the practice of

effective Islamic spiritual and religious care. The fifteen participants mentioned a few names of the Muslim spiritual leaders, such as Bediuzaman Said Nursi, Mawdudi, Fethullah Gulen, Tariq Ramadhan, and Sayd Husain Nasr, who are the voices of Islam and summon Muslim spiritual and religious caregivers to work within an Islamic framework and apply the principles of the *Qur'an* to the practice of spiritual and religious care. However, I wonder how these scholars differ from Western scholars or share similar outcomes?

These Muslim spiritual leaders have much in common with their Western fellows in their non-violent approach to problems and in connecting spirituality and praxis, which is a continuous commitment to creating knowledge out of experience. They inspire the Muslim spiritual and religious caregivers to be spiritually, emotionally, and physically responsible for the problems of Muslims, to give an active ear to the unspoken feelings of Muslims and to have a constructive approach to them. In this regard, they have a person-oriented style, which focuses on how the person's entire life is affected. However, there are also differences, especially when some of them use a task-orientated style and focus only on the presenting problem and is directive, demanding expert knowledge and competence, and follows the symbolic roles in traditional Islamic spiritual and religious care. Sometimes, you also read in their works (such as *The Message to the Sick* by Nursi) about the interpretation of illnesses or affliction as punishment for sin and the grace given by God

to wipe out the sin and provide the assurance of salvation. Such an interpretation of sickness may leave the sick with feelings of guilt over the weakness of their faith.

There is also a strong emphasis on traditional gender roles, and women are seen as background employees in Islamic spiritual and religious care. The general tendency in some classical Muslim scholarship is that Islamic spiritual and religious care is controlled and run exclusively by adult male Muslims. For them, ideal Islamic spiritual and religious care should be guided by the *Shariah* as a complete scheme of life, including family relationships, social and economic affairs, administration, rights and duties of citizens, the judicial system, and so on. However, the *Shariah* was developed roughly from the seventh to the eleventh century, when Muslim society reached the peak of its political, social, legal and economic maturity. After that, the development of *Shariah* slowed down or stopped, so that in many cases it cannot address the needs of Muslim families in the modern Canadian context.

With regard to the role of women in the society, we read from Mawdudi (1991) that:

> ...the real place of women is the house, and she has been exempted from outdoor duties...She has however been allowed to go out of the house to fulfil her genuine needs, but whilst going out she must observe complete modesty. Neither should she wear glamorous clothes and attract attention, nor should she cherish the desire to display the charms of the face and the hand, nor should she walk in a manner which may attract the attention of others. Moreover, she should not speak to them without necessity, and if she has to speak, she should not speak in a sweet and soft voice... (p. 140).

Thus, women's helping roles in Islamic spiritual and religious care are still influenced by the gender roles of the past. A particular area of concern relates to the access of Muslim women to spiritual and religious care programs, especially in hospitals, prisons and the army. Many still think that male imams can serve much better than Muslim women in this field. This has discouraged many Muslim women from applying for chaplaincy positions in hospitals, prisons and the army. However, there are a few success stories to encourage Muslim women.

How, then, do some Muslim spiritual and religious caregivers use contemporary scholars as a source for Islamic spiritual and religious care? The root problem is in the nature of both societies – the Muslim and the North American. The culture of entitlement, consumerism, Hollywood's emphasis on sex and violence, and the underclass gang culture represent the too-liberal side of the North American society; radicalism is the opposite side. Compared to the West, which is highly industrialized and world-dominating, the Muslim world is pre-industrial, impoverished and disunited because of different languages and cultures. On the other hand, modern Western society is pluralist, heterogeneous and contingent in multiculturalism; however, nationalism and Islamophobia are rising; Muslims are seen as threats to the state. In this regard, the Muslim world and the West seem like two totally different societies. Each world is reluctant to participate in active dialogue with the other and appears to be challenged by certain cultural and intellectual aspects of globalization. Thus, Western society

resists supporting the integration of Muslims into the society, which leads to poverty, deprivation, and the alienation of Muslims, who then respond to it by rejecting Western life-styles and the culture of individualism. This is the main reason why radical Muslim scholars are sometimes famous among some Muslim groups.

Theme 4: The Role of Psychology and the Social Sciences in Effective Islamic Spiritual and Religious Care

The data show that Muslim spiritual and religious caregivers are excited and hopeful about the use of the social sciences with their clients. However, the field notes indicate that there is room for growth. Why is it important to use the social sciences in Islamic spiritual and religous care? Should effective Muslim spiritual care use social sciences? The data suggest that Islamic spiritual care has been multidimensional in the past. The Muslim scholars emphasize 'holistic medicine,' which involves the spiritual, psychological, physical, and moral aspects of being (Isgandarova, 2005). The attitude of wanting to transcend the focal function is changing for the positive, because the care is holistic, person-centred, and there is mutual support among the professions.

Early Muslim scholars contributed many works in the realm of natural and social sciences, including psychology. The theological and philosophical debates on spiritual and health issues in the *Qur'an* exhorted Muslim scholars and spiritual caregivers to think about existence, nature, the qualities of God, the hereafter, and their influence on human nature. The concept of the unity of God

was dominant in the *Qur'an* and *Hadith*. In the past, Muslim mental health professionals and spiritual care providers used science and religion as one entity and connected them in healthy ways. Muslim health professionals have never seen religion and spirituality as an illusion, and they have never believed science to be ungodly. This attitude fostered the tradition that spirituality and social sciences were relevant and encouraged the holistic approach to health by seeing the person as a whole, consisting of mind, body, and spirit.

The literature review and results of the interviews showed that the theological understanding of the Muslim community lacks the practice of the traditions of earlier generations, especially with regard to using the social sciences in Islamic spiritual care. Many imams have little or no background in psychological issues or have false beliefs about mental illnesses (Josephson & Peteet, 2004, p. 122). Unfortunately, in contemporary Muslim countries, the old, traditional biomedical model is dominant in universities. This model focuses on disease and is based on the French philosopher-physician-mathematician Descartes' seventeenth-century idea of the separation of body, mind, and soul into fragments. Contrary to the earliest Islamic approach of the unity of body, mind and soul, students study the body as a biomechanical machine and believe that medicine's domain is over the body and religion's is over the soul. Currently, very few Islamic theology schools include health sciences in their curricula. An education system that includes both will allow Muslim clergy to use the holistic approach efficiently in spiritual care work,

increase the number of Muslim mental health professionals, and better meet the needs of Muslim patients. The proposed Islamic spiritual care is a new tradition of Muslim chaplaincy, which requires the Muslim spiritual caregiver to be well-versed in both Islam and social sciences in order to look after the pastoral, spiritual and religious needs of the sick. Moreover, Canadian clinical pastoral education also involves praxis, which has two sources. One source is pastoral training, the second source is the clinical, which involves disciplines other than theology such as medicine, psychiatry, psychology, social work. and marriage and family therapy (O'Connor, 1998, p. 2).

As the literature review and the results of the interviews suggested, spirituality and psychotherapy have never been at odds in the history of Islam. There is a strong relationship between social sciences and Islamic theological sources. For instance, the Sufi technique in Islamic spiritual and religious care especially emphasizes repentance. It is reminiscent of modern psychotherapeutic techniques which aim at overcoming the feeling of guilt associated with one's failure to fulfill internal aspirations (psychoanalysis) or external expectations (behaviorism) (Othman et al, online citation). Roman Catholic priests also use these techniques for releasing the feelings of guilt and shame resulting from committing sins through "confessions." In this process, their goal is to reconcile the person with human weakness and to achieve adaptation. In the counseling process, the imams do not expect their clients to reveal all problems. As

imams understand this, they only encourage clients to deal with some issues on their own. In both the Roman Catholic sector of Christianity and Islam, the importance of repentance as spiritual care is based on the idea of forgiveness of sin to restore the person's relationship with God and with other people.

The historical legacy of Islamic spiritual care demonstrates that theological studies are not enough to provide effective spiritual care, simply because the health of the whole person requires the services of adequately trained spiritual and religious caregivers. A few decades ago in the health-care setting, many assumed that the clergy should take care of the soul without touching on other professions' areas, but now many scholars encourage the clergy to integrate psychology, family therapy, counseling and theology in their work. The family systems approach includes the use of post-modern family therapy approaches such as narrative, solution-focused therapy, the resiliency approach of Walsh and feminist family therapy (Walsh, 2003). The old school of therapy includes the modernist approaches such as structural family therapy, contextual therapy, Bowen's ideas, Satir's ideas, and family-of-origin concepts. However, spiritual and religious caregivers also use the grief theory of Kübler-Ross and other grief theories, the Myers-Briggs approach, the ideas of Jung, Peter VanKatwyk's Helping Styles Inventory, the Enneagram, the works of Rogers, Maslow's hierarchy of needs, and so on.

If the social sciences have never been alien to the historical legacy of Islamic spiritual and religious care, then why do the contemporary Muslim spiritual caregivers concentrate on theological studies and fail to seek knowledge of social sciences? This is because of the belief that some important sources of the Western social sciences – Freud, for example – are against revelation, which is the main source of knowledge for every Muslim, and put emphasis on human efforts alone. However, the majority of the Muslim spiritual and religious caregivers agreed that the failure to use social sciences suggests that Muslim spiritual caregivers also fail to "create an epistemological framework that conforms to their belief. Failure to do this will keep them in a perpetual dilemma" (Shehu, 2002). As O'Connor (2008) notes, the psychology becomes a "problem" in spiritual care when the spiritual and religious caregivers define psychology in terms of the ideas of Freud, humanistic psychology, family systems and a variety of other non-theological concepts and let them be dominant. Yahnke (1998) also expressed his concern that among some of clergy, there is still a stunning ignorance about basic medical facts and medical emergencies because there is false impression that God's Word precludes or discourages psychiatric care. This worldview prevents the client from profiting from any additional support.

Why do Muslim spiritual and religious caregivers need to use psychology and social sciences in their practice? First, we use psychological terminology in everyday language in the North American

culture, although that does not mean that spiritual and religious caregivers manipulate psychology or have moved too much into psychology. Second, the theological schools in North America introduce psychology courses to their students in order to better equip them for the work of spiritual and religious care in a health-care setting. I have myself been trained in family therapy and theology at the Waterloo Lutheran Seminary of Wilfrid Laurier University and benefit from it. Third, Muslim spiritual and religious caregivers have theological context everywhere in their service, but in a health-care setting, the context must be much broader. If a Muslim doctor has theological knowledge, he will then be a knowledgeable doctor, understanding the religious and spiritual concerns of his/her clients. Similarly, a spiritual and religious caregiver with special knowledge of social sciences can identify problems of his/her client beyond religion and spirituality. For instance, the Muslim spiritual caregiver may treat anxiety differently than the psychiatrist, but the theory of anxiety is same. The psychiatrist may also interpret sin differently out of its theological context using language borrowed from Freud but with some critical adjustments, a spiriual caregiver can allow the client/patient to use theology to understand it.

The review of the history of the integration of theology with social sciences in Islamic literature and the field notes suggest that Muslim spiritual caregivers need to develop empirical studies and Islamic ways of treating psychological and spiritual problems that address crisis

counseling, family counseling, school counseling and marital therapy. Muslim spiritual caregivers may develop an Islamic paradigm which can provide them with a way of making sense of the world and of their practice and formulate their distinctive perspective of psychology and combine it with Muslim spiritual care. While taking these different techniques into account, the fifteen Muslim spiritual caregivers in this study tried to instill good mental and spiritual health in their clients by encouraging them to give up materialistic, selfish, and asocial desires, by practicing to restrain and control the *nafs*, the ego, and by providing the client with a sense of security, recognition, and self-worth. The purpose is to achieve a balanced personality in the client by helping them create an equilibrium between physiological, rational, emotional, and spiritual factors through consciousness of Allah's existence. However, it is still disputable if Muslim caregivers, especially imams. manage to take into consideration all the four factors – biological, psychological, social, and spiritual – that can predispose, precipitate, and perpetuate psychiatric disorders. But the research and practices indicate that using Islamic principles actively with modern techniques can be very effective.

Theme 5: How Continuing Education Affects Effective Islamic Spiritual Care

Many Muslim spiritual caregivers are not well trained in counseling skills. although many use theological language while using the

social sciences approach. Muslim spiritual caregivers basically use religious or prophetic medicine to interpret human suffering within a wider spiritual, emotional, and ethical framework in order to provide effective spiritual care.

If Muslim spiritual and religious caregivers do not have a formal education in social sciences, how do they use them in their spiritual and religious care practice? My assumption is that inadequate assessment and inappropriate treatment may often be the result. Both traditional and modern techniques of care and counseling require Muslim spiritual caregivers to achieve the process of self-examination, confession, and awareness in their clients. This process requires the Muslim spiritual and religious caregiver to be aware of the person's inner feelings, inner wounds and vulnerabilities. This is a learning process that enables the Muslim spiritual and religious caregiver to provide spiritual and religious care in gentle and compassionate ways without projecting their feelings on their clients.

During Islamic spiritual and religious care, Muslim spiritual and religious caregivers encounter people in everyday settings. They try to spread the love of God to people at the point of their deepest need, to relieve their sores and grief. They try to address human needs in hospitals, prisons, nursing homes, and so on. They also perform the keys to spiritual and religious care almost every day. They listen hard to people, get to

know their histories, rejoice with them in their achievements and affirm them, say a few morning prayers, read the scriptures, and so on. While performing all these duties, they also encounter significant ethical issues because they work with people and know their sensitive secrets, which they share or witness. These people, especially those in long-term care facilities, are more vulnerable in this case.

Ethics in the realm of spiritual care and counseling is often called "ecclesioethics" to describe a new branch of professional ethics focused on religions (Battin, 1990). The religion ethic has similarities to and differences from secular ethics. The importance of this topic is that pastoral counselors and care professionals should practice the systematic application of principles of professional ethics when using religious practices. This kind of application is especially important when the Muslim spiritual and religious caregivers provide care for the client from a different religious and cultural background. Perhaps Muslim spiritual and religious caregivers can find the importance of ethics, especially in the field of bioethics, by bringing to their work their own curiosity about how to ensure the ethical practice of organized religion.

I think that it is worthwhile to be challenged with this kind of question because it also challenges the traditional ways of thinking about the relationship between ethics and religion and invites us to look at ordinary everyday religious practices and analyze them through the lenses of professional ethics.

Theme 6: Different Styles of Muslim Spiritual Caregivers

The relationship of Muslim spiritual caregivers with a client is a face-to-face individual interaction that is based mainly on the "therapeutic relationship," which involves the most essential techniques of talking, modeling, and creating awareness in the client. Muslim spiritual and religious caregivers take on different roles during this process. They act as elders, counselors, or just traditional healers. Like elders, imams and Muslim spiritual caregivers often offer important support networks and resources to help to solve the problem. Muslim spiritual caregivers, especially imams, deal with mental health and social service issues and facilitate some sort of problem resolution, acting in a role comparable to that of a counselor. Methods used are listening and then assessing the client's situation. However, instead of the counselor's avoidance of being advisor, in many cases, Muslim spiritual caregivers take on precisely that role, especially with regard to "the Qur'ānic principles and teachings of the Prophet on sincere advice (*nasihah*), which emphasizes a responsibility among Muslims to offer constructive advice to one another" (Abdullah, online citation). Despite the different forms and structures, the essence of Islamic spiritual care has always been the same because the theology critically releases itself from the past and constructively develops a theology for today's challenges and needs (Baig, online citation).

Muslim spiritual caregivers also use the techniques of traditional healers. Traditional healers exorcise an evil spirit, which then frees the person. There are categories of traditional healers in the Muslim community, including herbalists, who use the Prophetic tradition of applying herbs, and there are healing clerks who sometimes use "shock therapy," prayers, and so on. Among Muslims, these healers are known by names such as *shaykh, derwish*, and *pir*, depending on their geographical location. They treat clients who are believed to be possessed by the devil, *Jinn*, and are affected by black magic and the evil eye, etc., to help them recover from an affliction (Ypinazar & Margolis, 2006, p.780). They usually write charms and read incantations, although Muslims believe that their success depends on God's will.

Muslim spiritual caregivers also use Sufi (the mystical tradition of Islam) methods of care, which are the main basis of Islamic psychology (Abdullah, 2002). This therapeutic process in Sufism is called *Tazkiat Alnafs* (Mohit, 2001), which starts with repentance (*tawba*), the conscious resolve to abandon the worldly life and commit oneself to the service of God. Repentance starts with seeking forgiveness (the *Qur'an*, 3:17; 73:20; 110:1-3; 11:1-3; 41:6, etc.). Prophets such as Adam and Jonah discovered and reflected the divine attributes by repenting, redressing, and reflecting on their praxis.

Muslim spiritual and religious caregivers may also receive requests for exorcisms, but only those who are trained in the *Ruqya* (in Arabic, this

means a charm, spell, or incantation) can practice it. They make a distinction between madness and curable possession, and unlike the exorcists, they do not claim to have the power of intercession with God to help the person nor to have knowledge of the spirits or communicate with them. However, *Ruqya* has been used as a means of seeking a cure for any illness by reciting the *Qur'an* and making *du`a* to God. Not many Muslim spiritual care providers make amulets for this purpose because the Prophet Muhammad had forbidden the use of all such things. Later on, the Prophet allowed limited use of amulets if their contents were verses or *Hadiths* and if the person expected healing from God and not from the amulet itself (Jawziyyah, 1999, p. 29). The verses, or *Hadiths*, on the amulets can then be read as prayers, and thus "the prayers in the amulets are not the source of negative results, but rather, it is the reliance on amulets as possessing curative power that may lead to an adverse outcome" (Yucel, 2008, p. 45). Thus, Muslim spiritual and religious caregivers emphasize peace of mind in a person by offering treatment from the *Qur'an* and the *Hadith* for relieving tension and anxiety. Misunderstanding or ignorance of proper religious practices in Muslim spiritual care can lead to negative consequences: the use of amulets and superstitious practices may lead to adverse psychological and physical consequences. It should be mentioned that the *Qur'an* repeatedly emphasizes in diseases such as blindness, lameness, and illness, that the person does not bear blame or guilt (*haraj*) for their affliction (the *Qur'an*, 24:60). The same attitude is demonstrated

in another Qur'anic verse and enjoins a benign attitude to the insane: "... speak to them honorable words" (4:4).

Why do the Muslims sometimes prefer to use Islamic traditional healing not only for treating neurotic symptoms and minor ailments, but also for severe mental or physical illness? Why have Muslim spiritual and religious caregivers been seen as attractive potential sources of assistance with mental health problems? For many reasons. First of all, Islamic traditional healing may seem effective in addressing particular needs in a short period of time. Second, Muslims in Canada seek assistance from the Muslim spiritual and religious caregivers' treatment for mental disorders because they are more available than psychiatrists or psychologists. They may also be seen as more approachable than the psychologists or psychiatrists, who may be hostile to religion or God. Third, those who consult with Muslim spiritual and religious caregivers for treatment of their mental problems belong to various socio-demographic groups, meaning that some groups always go to the imam for help, whatever the problem, and do not think of Western approaches at all. Fourth, Muslims see the members of Muslim spiritual and religious caregivers as mental health professionals for various reasons – if they act as leaders or are seen as exemplars for the religious community. Fifth, when medical professionals fail to treat the mental disorders, Muslims turn to them for assistance. Sixth, Muslim spiritual and religous caregivers also develop long-term relationships with individuals and their families, and are

believed to be effective when offering emotional support and encouragement because they are perceived to have significantly higher interpersonal skills, including warmth, caring, and stability.

Whatever the reason is, it is evident that in some Muslim communities, the Muslim spiritual and religious caregivers appear to be an important source of mental health assistance for people who know the caregiver on a personal, one-on-one basis and are more familiar with their attributes and skills, and therefore, turn to them to seek counseling and assistance. However, the Prophet emphasized that correct methods of healing and cures for serious problems were important and encouraged people to seek professional help. Muslims should seek help from psychologists, psychiatrists, counselors, doctors, and so on, for mental and physical problems. The *Qur'an* and the *Hadith* should not be viewed as medical textbooks.

Thus, Islamic spiritual and religious caregivers are popular as "mental health workers"; however, they have significant limitations in identifying emotional distress or the likelihood of suicide. If the person poses a danger to others, Muslim spiritual and religious caregivers need to use evaluation of diseases and referral skills as additional sources of assistance for certain types of mental health problems. Muslim spiritual caregivers may help client/patients by decreasing their symptoms with traditional healing techniques, but people who are psychotic, suicidal,

have addiction or substance abuse problems, are severely depressed or confused should be referred to other professionals such as counselors, social workers, psychiatrists and psychologists for additional help.

CHAPTER VI: THEOLOGICAL REFLECTIONS

In the search for true knowledge, the Prophet Musa (Moses) set out with his servant boy to find al-Khidr, his spiritual teacher. They had forgotten about the fish they had brought to eat, and when they reached a rock at a junction, it became alive and took itself out of the basket and into the sea: "Then, as soon as they passed over, he said to his page, 'Bring us our dinner; indeed we have already encountered fatigue from this, our journey'" (the *Qur'an*, 18:62). The reply was: "Have you seen (that) as we sought our abode on the rock, then surely I forgot the whale (large fish) and in no way did anything make me forget it except ash-Shaytan (Satan) so that I should not remember it, and it took its way into the sea in a wondrous (manner)" (the *Qur'an*, 18:63). Satan, as a representative of worldly barriers to true knowledge, did not want this journey to materialize because this meeting would bring forth a lot of knowledge and its implementation. When Musa meets al-Khidr, "to whom We [God] had brought mercy from Our Providence, and had taught him knowledge from very close to Us" (the *Qur'an*, 18:65), the Prophet Musa asked al-Khidr if he would be his teacher. Al-Khidr replied, "Verily! You will not be able to remain patient with me." However, Musa insisted and said "You will find me, in case Allah (so) decides, patient; and I will not disobey you in any command" (The *Qur'an*, 18:69). Al-Khidr and Musa then made an agreement that Musa was to follow him, provided that he did not ask about anything until al-Khidr explained it to him. However, in three events of

seeing people's suffering, Musa lost his patience in his journey with al-Khidr and broke the agreement by denying the wisdom behind the suffering and projected his and his own family's tragedy and unresolved feelings to others. Al-Khidr then explained the unseen wisdom behind the sufferings in the story.

The analysis of the responses from the participants in the project and the literature review suggest that, like Musa's training, Muslim spiritual and religous caregiving is a special and ongoing training, one that should include the social sciences. The great models of this never-ending training are the prophets in the *Qur'an*, especially in the Qur'anic story about Moses and al-Khidr, which is told in twenty-two ayahs of the Chapter *al-Kahf* (the Cave). According to this story, Musa's training started in the basket with the fish. Later on, he became the leader of *Banu-Israel* (Children of Israel) and emancipated them from slavery. Although he was a leader and teacher of his nation, he was also a true learner, which was not so easy in the beginning.

I am in *tafakkur,* which means to think on a subject deeply and systematically, and *tadabbur* (contemplation, remembrance of God, thoughts of God) on Musa's story in the *Qur'an*. Both words are very often used in the *Qur'an*. The Prophet Muhammad said: "*Tafakkur* for an hour is better than a whole night's *salah* [prayer]. So reflect on the bounties of God and the works of His Power. But do not attempt to reflect

on His Essence, for you will never be able to do that (al-Khumayni, online citation.)"

The story emphasizes how a true learner must achieve the four merits of a true scholar: profound patience, humility, serenity of soul, and the desire to acquire beneficial knowledge. Musa's journey with al-Khidr taught him the virtues of patience, mercy and contentment. This training equipped him with the necessary knowledge to complete his missionary work with the Israelites.

Muslim spiritual and religous caregivers today are like Musa, challenged to be experts and a learner searching for wisdom beyond the personal and community suffering of Muslims. They need training that can equip them with the tools and skills they need to be effective in their spiritual and religious care to Muslims.

The theological reflection on these arguments suggests that Muslim spiritual and religious caregivers need to read, understand, and interpret the "living human document." Boisen (1960) suggested that spiritual and religious caregivers must view and practice understanding of a "living human document" as a unique life story in conflict. The books may help to understand the theories, but the spiritual and religious caregivers must study and interpret these stories as sacred texts. Such interaction is the heart of healing, since the spiritual and religious caregiver needs to demonstrate the skill of integrating theoretical and clinical knowledge (Boisen, p. 191). From the Christian perspective of

spiritual and religious care, pastoral practice is a reading of sin and salvation, or fall and grace. From the Islamic perspective, the practice supports a client in the direction of liberation from evil, or the destructive forces of trauma, and the re-establishment of personal communication with the Creator and self. It is the "seeing the same differently," which is "the moment of enlightenment in a living human document: a life story capturing its moment of truth when seen differently" (VanKatwyk, 2008, p. 20). The duty of the spiritual and pastoral caregiver is to help the client see his problem differently and transcend it through creative imagination or theological reflection. For Boisen, it starts with "don't be afraid to tell." The spiritual and religious caregiver encourages the patient/client to allow him/her to read the life story. The prophetic tradition also started with the *Surah* of *Alaq* (The Clot) or Iqra (Read):

> Read in the name of your Lord, who created; Created man, out of a clot of congealed blood: Read! And your Lord is most bountiful, He who taught you to write, taught man that which he knew not" (the *Qur'an*, 96: 1-5).

The Prophet Muhamamd started to receive the revelation in sleeping dreams that came true. Then his seclusion followed. He went to the cave of Hira' and devoted himself to worship. This continued until the revelation suddenly came to him while he was in the cave. The archangel came to him there and said, "Read!" The Prophet said: "I am not one who reads." The angel seized him and pressed him until he could no longer bear it. Then he released him and said: "Read!" The Prophet again replied: "I am not one who reads." The angel pressed him a second time until he

could no longer bear it. Then he released him and said: "Read in the Name of your Lord who has created." The first listener and counselor of the Prophet was Khadijah, his beloved wife, who said: "By God, God will never disgrace you. You keep good relations with your relatives, you speak the truth, you help the poor and the destitute, you serve your guests generously, and you help the deserving calamity-afflicted people." Then Khadijah's cousin Waraqah, who was Christian and scribed the Scriptures in Arabic, said, "This is An-Namus (Jibrael) whom God had sent to Moses. I wish I was young and could live until the time when your people would drive you out." The Prophet said, "Will they drive me out?" Waraqah affirmed this and said, "Anyone who came with something similar to what you have brought was treated with hostility and enmity; and if I should remain alive till that day, then I would firmly support you" (Ibn Kathir, vol. 10).

That was the begining of the Prophet's sharing the revelation with the rest of the world. God's "divine counseling" encouraged him to heal from his distress of the days of ignorance (*jahiliah*), which was the condition of pre-Islamic Arabia, and heal others by sharing the revelation to awaken people to their true selves by reminding them of the gift of life from God, the Source of life, and the necessity to transform thoughts and behaviours, to heal the self and help others to heal. S. Qutb (1981) expained it thus :

> "When a person embraced Islam during the time of the Prophet, he would immediately cut himself off from *jahiliah* [the state of

> ignorance of guidance from God.] When he stepped into the circle of Islam, he would start a new life, separating himself completely from his past life under ignorance of the Divine Law. He would look upon the deeds during his life of ignorance with mistrust and fear, with a feeling that these were impure and could not be tolerated in Islam! With this feeling, he would turn toward Islam for new guidance; and if at any time temptations overpowered him, or the old habits attracted him, or if he became lax in carrying out the injunctions of Islam, he would become restless with a sense of guilt and would feel the need to purify himself of what had happened, and would turn to the *Qur'an* to mold himself according to its guidance" (p. 19).

The Prophet offered public theological practice of spiritual and religious care, which is "to identify those truths about religious and spiritual care that are helpful to a wider public in those moments of personal and social crisis." The Prophet's approach was systems-based and included "a wide range of activities, from the mutual conversation and consolation between individuals to addressing the impact of mass disasters or events that affect entire communities" (Pfrimmer, 2008, p. 56-57). Boisen diagnosed this kind of problem as the sense of estrangement and isolation; for Tillich, it was, "losing your self and personal centre in a frantic and disordered world, and shutting yourself within yourself without finding your place and true objectives in the world" (VanKatwyk, p. 29).

The theology of the living human document "includes but goes beyond the insights of the social sciences as it fathoms the depths of a life story" (VanKatwyk, 2003, p. 29), because this kind of praxis involves transformation in such a way that theory "offers to practice a critical, reasoned reflection that outlines various interpretations of the practice....

and "challenges the practices of ministry to act and think in new ways. Practice offers to theory various ways of acting" (O'Connor, 1998).

CHAPTER VII: CONCLUSION AND RECOMMENDATIONS FOR THE FUTURE

The research revealed that Islamic spiritual care is the Muslim description of a religion-based spiritual care offered by believers and religious leaders such as imams. Islamic spiritual care is based on sources in Muslim tradition. However, the resources of the social sciences such as developmental theory, grief theory, and gender studies are also important to know. Islamic spiritual care is an independent discipline, but is related to other forms of Islamic spiritual and religious care, such as Islamic education, preaching, theology, and ethics. It has many forms and targets to help Muslim patients enlarge their theological understanding and their abilities to face personal, relational, or public challenges, including grief and loss, parenting, violence, and so on. Its main goal is healing, sustaining, guiding and reconciling (Clebsch & Jaekle, 1994, p. 32). Islamic spiritual care is more than clerical responsibility. Although it is the main duty of the mosque and other Islamic institutions, both the community and the ordinary Muslim individual are also responsible for the spiritual health of their fellow Muslims. It relieves the patient of feeling isolated and gives him/her a sense of companionship.

Effective Islamic spiritual and religous care is based on the view of a human being as an integral composite of physiological, psychological, and spiritual components. Muslims seek spiritual and religous care alongside medical attention, according to the Prophet's practice and

teaching, which views a healthy body and spirit as a gift and trust from God. Traditional Islamic spiritual care methods and techniques involve the basic tenets of the Islamic faith and life style. It starts with re-examining the purpose of life. In Islam, the purposes of life are: 1. to inhabit the earth, "to be"; 2. to worship God (the *Qur'an*, 51:56-58); and 3. to represent God on earth (the *Qur'an*, 2:30). Islam teaches that when a human being forgets these purposes, the heart becomes corrupted, and when the heart is corrupted, the physical body cannot operate well. Therefore, *tazkiyah* (purification) becomes necessary. The Muslim spiritual and religious caregiver's role is to help the client to go through the re-examination process without feeling guilt and achieve good mental and spiritual health through natural balance within the individual and through the practice of social and religious obligations.

In Canada, Muslims are a large and important group. Muslims have specific values, beliefs, and ways of life. All aspects of Muslim life are influenced by the Islamic concepts contained in the Holy Book (the *Qur'an*). Islamic spiritual caring is an important aspect of caring for Muslim clients. However, every Muslim, too, is expected to care for their sick family and community members. Visiting the sick is a social obligation in Islamic tradition, and it is also common to most traditions. We see how the Prophet Muhammad visited the sick and offered them prayer and words of comfort. He also encouraged healthy people to ask the sick to pray to them. These things are indeed a source of blessing, as

Islam teaches us. It is similar to the incarnational theology of Gerkin, who insists that "God already presents" with the sick (O'Connor, 1998).

Muslim spiritual caregivers need to understand not only the Islamic theology but also the cultural and psychosocial aspects of care to be effective. Effective Islamic spiritual and religious care is an integral part of "holistic medicine," involving the spiritual, psychological, physical, and moral aspects of being. The essence of the Islamic tradition of care based on both theology and social sciences was founded on the revealed Book of God, the *Qur'an*, and on the *Hadith*. That was clear in the exploration of the six themes that emerged from the interviews and the literature review.

Muslim spiritual and religious caregivers implement different techniques to provide effective care. These techniques include the more traditional ones such as dream interpretation, exorcism of spirit, recitations of the traditional supplications, and contemporary counseling skills. Taking the Qur'anic and prophetic traditions as main guidelines, the Muslim traditional healers see illness as an opportunity to serve, clean, purify and balance the physical, emotional, mental and spiritual domains. As doctors take care of the body, spiritual and religious caregivers engage with the soul compassionately. In this regard, they are the physicians of the soul, experts in the patient wounded by sin and by mental and emotional problems; they are professionals who know how to apply the

powerful medicines of a loving Lord and the powerful tools of science so that each redeemed life can be restored.

The findings of the research suggest that the effectiveness of Islamic spiritual care depends on several factors. First, education in Islamic theology is the essence of effective Islamic spiritual care. Muslim spiritual caregivers usually receive strictly religious and Islamic training, which is based on the study of Arabic, the *Qur'an* and the sayings of the Prophet of Islam. The study also includes memorizing the sacred texts, *Hadiths* and *fatwas* (juridical pronouncements). Second, the social sciences are an important component of Islamic spiritual and religious care. Depending on the country of study, many Muslim spiritual caregivers, especially imams, may or may not receive training in sociology, psychology, non-Arabic literature, and second-language training. The limited understanding of Muslim spiritual care prevents Muslim spiritual caregivers from receiving education in social sciences, which makes their work unsatisfactory, even though the traditional understanding of spiritual care included human sciences such as psychology.

Adequate training of Muslim spiritual and religious caregivers can help them assist Muslims with emotional and family problems which cannot be dealt with by the theoretical approach alone but require practical training and experience in social sciences. Thus, it is necessary to develop a clear articulation of the relationship between social sciences, particularly

psychology and theology, and a style of Islamic spiritual and religious care that takes into consideration both action and theological reflection on experience. The process of constructing an integral approach calls for 1. the explicit or implicit role of Islamic theology; 2. a relationship with various fields and disciplines outside of religion or theology, especially the social and behavioural sciences; 3. the awareness of the importance of Muslim communities in the Canadian context; and 4. the integration of theory and praxis.

Future Direction

Taking into account the literature review, data from the interviews and analyses, and theological reflection on the story of Moses and al-Khidr, the following are recommended:

1. Muslim spiritual and religious caregivers need to practice praxis, which means critical reflection or awareness. It is important in spiritual and religious care practice because Muslim it is needed to provide religious and spiritual care to those who are in physical, mental, or spiritual distress. This is not an easy or a simple task and should not be minimized; rather, they should seek and obtain specialized clinical training to enhance their competence in providing such help.

2. The special training in Islamic spiritual and relgious care must borrow elements from Clinical Pastoral Education, which focuses on specific knowledge and skill development and awareness of ethical issues. Many imams and other Islamic spiritual care providers are often aware

that their intervention perpetuates particular values, and sometimes those values may be counter to the values they or their clients hold. It is essential to support the values of Muslim patients. How well have the Muslim spiritual care providers articulated their own values on spiritual care in Islam? How congruent are the values that underlie their clinical intervention? How clearly have Muslim spiritual care providers in a health-care setting articulated personal values and the values of their clinical interventions to Muslim clients so that their clients can freely choose whether or not to work with them? Do they have enough training, not only in theology but also in social sciences such as counseling and psychology to provide counseling to Muslim clients to increase the effectiveness of Islamic spiritual care?

Cultural sensitivity in the context of spiritual and religious care means understanding and applying the relevant cultural, ethnic and religious dimensions tothe patients' illness experience and coping behaviors. It is a concept that implies removing the Muslim spiritual and religious caregiver's own cultural and religious shell in order to avoid ethnocentrism and religiocentrism and imposing conflicting cultural and religious values on Muslim clients of different cultural backgrounds. It is about considering diverse health and illness values and beliefs in a cultural and religious context in order to provide enlightened, relevant spiritual and religious care which is consistent with the clients' cultural and religious value systems.

3. The therapeutic relationship between the Muslim spiritual and religious caregiver and the client requires the Muslim caregiver to develop an awareness of ethical issues, which means to be conscious of a problem or situation and requires them to choose between alternatives that must be evaluated as right (ethical) or wrong (unethical). It is about being conscious of ethical principles such as autonomy (respect for a client's right to be self-governing), beneficence (promoting a client's well-being), non-maleficence (avoidance of harm), justice (fair and impartial treatment of all clients and the provision of adequate services), and self-respect (fostering the practitioner's self-knowledge and care of self).

Clear standards of professional ethics should be worked out and applied to Muslim spiritual and religious caregivers' work generally; they would be compatible with professional standards that are increasingly being developed and recognized in other professions. This is especially important in work with a diverse Muslim community. Muslim spiritual and religious caregivers benefit a lot from secular ethics to guide them through professional practice. However, the religion they practice makes them accountable. First, they are accountable in a secular way. Second, they are accountable to the God or Higher Being they believe in. Third, they are also accountable to CAPPE [Canadian Association of Pastoral Practice and Education] now CASC [Canadian Association of Spiritul Care], if they are members of the organization, by affirming the dignity and value of each individual; respecting the right of each faith group to

hold its own values and traditions; advocating for professional accountability that protects the public and advancing the profession; and respecting the cultural, ethnic, gender, racial, sexual-orientation, and religious diversity of other professionals and those served and striving to eliminate discrimination (CAPPE Revised Code of Ethics, 2008). In this regard, for Muslim spiritual and religious caregivers, it is very important to acquire a variety of sensitivities based on culture, language, religion, and country of origin. Although culture and religion are related to each other, some questions and issues are more cultural than religious, so cultural and language sensitivities are as important as religious sensitivities. Muslim spiritual and religious caregivers are involved in a profession that requires awareness of ethical as well as legal standards of practice. We all deal with issues such as informed consent, confidentiality, multiple role relationships, sexual prohibitions, competence, and legal implications.

4. The style of Muslim spiritual and religous caregivers is often a directive and imperative one. They need to develop a more facilitative style. However, they should also be aware that giving advice or rejecting a client do not mean that the spiritual and religious caregiver should not use expert knowledge, symbolic role, and clinical competence.

5. Providing Muslim spiritual care is not only about doing spiritual activities but also about being spiritual with the client. Being spiritual means developing traits that influence the ability to be an instrument of

healing (Taylor, 2002). Examples of spiritual traits and characteristics are: appreciation of self-healing as a constant process; openness to self-discovery; clarity of life purpose; awareness of areas for personal growth so that insight can be gained and shared; self-nurturing and the ability to model self-care for clients; a perspective that recognizes that time with clients is an opportunity for sharing and serving (Young & Koopsen, 2004, p. 33).

Limitations of the Research

The research also has some limitations. First of all, the reviewed texts did not directly answer to the research questions. They dealt with other topics. I searched the literature for underlying assumptions, values, and sources that might answer my research questions. The historical sources did not disclose the answers easily, but the recent research works did.

A second limitation of the research is the inadequate number of female participants. As well, I was not able to recruit enough participants from other denominations of Islam. I wished to interview at least four Muslim spiritual and religious caregivers from the Shia branch of Islam.

A third limitation is my ability to interpret what I found. My training as a female chaplain received equal shares of theology and social sciences, and it limits my interpretation of the data. I realized that my approach was one of special interest, especially with regard to the use of social sciences in Islamic spiritual and religious care. I intended to invite

the participants to reflect on the practices that led to understanding oneself and others. The purpose was to make suggestions about improving Islamic spiritual care by adding social sciences as an important component of it.

In terms of further research, I am interested in finding out more about the effectiveness of using social sciences in Islamic spiritual and religious care and the adequacy of the training of Muslim spiritual and religious caregivers. It would also be interesting to know more about the effectiveness of Islamic spiritual care with the dying and disabled. The interviewees focused more on healing in body, mind and spirit, but they did not say how they work with the dying and disabled. Only one interviewee mentioned the rites for the dying, which are to pray for them, to seek forgiveness for them and to fulfill their instructions after death. The literature review of the works of Muslim scholars suggests that the healed spirit after death is in peace and at rest. It is difficult to say how effective spiritual care is in these instances.

Three approaches to effective Islamic spiritual and religious care are evident. These approaches include the social sciences approach, the theological approach, and the style of the Muslim spiritual and religious caregivers. This research is a basic starting point for the investigation of the effectiveness of Muslim spiritual and religious caregivers.

APPENDIX: CONSENT FORM

INFORMED CONSENT STATEMENT
for expedited and full review studies
WILFRID LAURIER UNIVERSITY
INFORMED CONSENT STATEMENT
MEASURING EFFECTIVENESS OF ISLAMIC SPIRITUAL CARE
Principal Investigator: Nazila Isgandarova
Research Advisor: Prof. Thomas O'Connor

My name is Nazila Isgandarova, and I am a Doctor of Ministry candidate in the department of theology (Waterloo Lutheran Seminary) at Wilfrid Laurier University. I am conducting a study to examine the effectiveness of Islamic spiritual caregivers.

You are invited to participate in a research study. The purpose of this study is to discover what effective Islamic spiritual care is. A secondary goal is to offer suggestions to improve Islamic spiritual care.

Imams and other Islamic spiritual caregivers are often unaware that their intervention perpetuates particular values, and sometimes those values may be counter to the values they or their clients hold.

I believe that the research will lead to a new awareness of the importance and effectiveness of Islamic spiritual care and to the development of methods of enabling new ways of implementing and increasing the effectiveness of Islamic spiritual care in hospitals, prisons, long-term care homes, and so on.

INFORMATION

The research involves ethnographic observations of Muslim spiritual caregivers, as well as surveys and interviews with fifteen selected Muslim spiritual caregivers. The information collected will be used in a Doctor of Ministry project at Waterloo Lutheran Seminary.

The ethnographic observational component of the study includes a continuous documentation of the interactions of participants in the research for approximately two hours. Participation in the study is on a purely voluntary basis.

Participants are entitled to a free copy of the report that summarizes the study and its key findings. The study report is expected to be available in April of 2010. You may also choose to receive a copy of the full study. I

will send an email to you when the research is available. If at any time and for any reason you prefer your participation in the research not to be documented, your wishes will be honoured. If at any time you would like to stop the observation, do not want to answer any or all interview questions and surveys, please tell me. We can stop and continue at a later date, or stop altogether.

Pseudonyms will be used to mask the identity of participants. Observational data collected will be stored securely in the locked area held by my research advisor, Prof. Thomas O'Connor, and encrypted to avoid a potential breach of confidentiality. Interviews and surveys are confidential and anonymous. All the procedures of this study, as described above, were approved by the Social & Behavioral Sciences Institutional Review Board at Wilfrid Laurier University.

RISKS

There are no psychological or emotional risks; however, in case of regret or sadness over not performing well while providing Islamic spiritual care, or loss of self-confidence while answering interview questions, the participant will be referred for counseling.

BENEFITS

The research will raise awareness of the importance of culturally sensitive spiritual caregivers in hospitals, long term-care homes, prisons, and so on. It will help participants identify areas that need improvement. It will also encourage the social institutions, especially Islamic institutions, to deliver active Islamic spiritual care to their members.

The benefits will reach the community as well as the participants in the research. The participants may want to improve their skills or contribute to the process of improving the effectiveness of Islamic spiritual care.

CONFIDENTIALITY

The documents will be stored in the locked area of the office of my research advisor Prof. Thomas O'Connor. Pseudonyms will be used to mask the identity of participants. Observational data collected will be encrypted to avoid any breach of confidentiality.

COMPENSATION

The participants will have a chance to review their skills and knowledge with regard to providing effective Islamic spiritual care.

The participants will be provided with the findings of the research upon request.

CONTACT

If you have questions at any time about the study or the procedures (or you experience adverse effects as a result of participating in this study), you may contact the researcher, Nazila Isgandarova, at 911-755 Steeles Ave West, Toronto, Ont., M2R 2S6, 416-913-0602. This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468 or bmarr@wlu.ca.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed. You have the right to omit any question(s) or procedure(s) you choose.

FEEDBACK AND PUBLICATION

The results of the research will be used in the research project for the Doctor of Ministry degree at Waterloo Lutheran Seminary. Participants may obtain information about the results of the research upon request, and the researcher will send the report of findings by e-mail and regular mail. Feedback will be available within three months.

CONSENT

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature_____ Date _____

Investigator's signature_____ Date _____

GLOSSARY OF KEY TERMS

'aql (in Arabic: عقل). An Islamic term for intellect or "id". Theologically, it is a concept referring to natural human knowledge in Islam. It is also associated with using reason as a source for *Shari'ah.*

Aletheia (in Greek: □λήθεια). Means "truth" and implies sincerity and reality. Martin Heidegger used it to describe the notion of "disclosedness."

Al-tibb al-ruhani. In Islamic philosophy, it means the "healing of the spirit," or "spiritual health."

Bimaristan. Hospitals.

Caliph (khalifa). A representative or successor; the title adopted by the rulers of the Islamic community indicating that as successors of Muhammad, they were both spiritual and temporal leaders. After the destruction of the Abbasid caliphate in 1258, the title was held by various rulers, including the Ottoman sultans. The office is referred to as the caliphate or *khilafat.*

Chakras. The "force centers" or whorls of energy on the physical body. Seven major chakras, or energy centers, are believed to exist within the subtle body.

Dar-Ul-Harb. "Abode of War." A land ruled by non-Muslims.

Dar-Ul-Islam. "Abode of Islam." A country where Islamic laws are followed and the ruler is a Muslim.

Dawah. An Arabic word which denotes the preaching of Islam. It means literally "issuing a summons" or "making an invitation."

Derwish. A Sufi Muslim who follows an ascetic path and is known known for extreme poverty and austerity. In Christianity, they are similar to mendicant friars or Hindu/Buddhist/Jain *sadhus. Derwishs* also practiced wisdom, medicine, poetry, enlightenment, and witticisms.

Du'ah. Prayers of supplication for use in a range of situations.

Ethnography. Derived from Greek, literally meaning "folk/people" (ethnos) and "writing" (graphein).

Fard. An Islamic term which denotes a religious duty. In Persian, Turkish, and Urdu, it is pronounced *farz*.

Fiqh. Islamic jurisprudence, or the science of interpreting the *Shariat* (q.v.). There are four orthodox schools: Hanafi, Hanbali, Maliki, and Shafii. The sources of *fiqh* are the *Qur'an*, *Hadith*, *ijma*, and *qiyas*.

Fitrah. An Islamic term to express human nature.

Fusion of horizons. Gadamer used it as a dialectical concept resulting from the rejection of two alternatives. He defined the concept of "situation" by saying that it represents a standpoint that limits the possibility of vision.

Hadith. Sayings or reported actions of Muhammad that are not found in the *Qur'an*, but that are accepted as a source of *fiqh*.

Hajj. Annual pilgrimage to Mecca; every Muslim is supposed to make the journey at least once in a lifetime.

Ihsan. An Arabic term meaning "perfection" or "excellence". As a concept, it means to obtain perfection, or excellence, in worship, such that Muslims try to worship God as if they see Him, or have a strong faith that He is constantly watching over them.

Ilm al-Nafsiat. The science of the *Nafs* ("self" or "psyche"), which flowered during the Islamic golden age (8th–15th centuries).

Irada. In Arabic, it is both a verb and a noun. As a verb, it means to choose between two things, to desire. As a noun, it means "mental power" or "will."

Imam. A leader of the Islamic community. Among the Shias (q.v.), a descendant of Ali.

Iman. An Islamic term usually translated as "belief" or "faith." In Sunni Islam, the fundamentals of the *iman* are: belief in One God, Angels, Prophets (including Adam, Abraham, Noah, Moses, Jacob, David, Solomon, and so on, all the way to Jesus and Muhammad), scriptures (the Torah, the Psalms, the Gospels, and the *Qur'an*), the day of Judgement and the *akhirah* or afterlife, and predestination. Shias also believe in the *imamate* (a divine institution which succeeded the institution of prophethood).

Islamic revivalism. A revival of the Islamic religion throughout the Muslim world. As a religious and political movement, it began in the 1970s and is manifested in greater religious piety and community feeling.

Janazah Salah. A collective Muslim funeral prayer before the burial and after the shrouding of the body. The prayer is performed in the congregation to seek pardon for the deceased and all dead Muslims.

Jahiliah. An Islamic concept of "ignorance of divine guidance." It refers to the historical situation of Arabs in pre-Islamic Arabia before the prophethood of Muhammad.

Jinn. A supernatural being in Islam.

Khanqahs. A building designed specifically for Sufi gatherings and a place for spiritual retreat and character reformation.

Living human document. Anton Boisen considered suffering souls to be the "living human documents" of theology. He taught that just as we read the sacred texts and interpret them, humans are also sacred texts and we need to read and interpret them as well.

Murâqabah'. A Sufi word for meditation meaning "to watch over," "to take care of," or to "keep an eye on."

Mushrik. In Islamic theology, it is someone who commits *shirk* or ascribes partners to Allah by his polytheistic beliefs or idolatrous practices.

Nasihah. Sincere advice.

Praxis. A process by which a theory, lesson, or skill is enacted or practiced, embodied, or realized. It is the practice of applying knowledge to one's actions.

Pir. A title for a Sufi master.

Reductionist or mechanistic view of medicine. A traditional health-care model which focuses on disease and is based on French philosopher-physician-mathematician Descartes' 17th-century idea of the separation of body, mind, and soul into fragments, and studying the body as a biomechanical machine. This model emphasizes that medicine's domain is over the body and that religion's is over the soul. Physicians who subscribe to this model tend to be less religious than their patients.

Rifq. An Arabic word for "gentleness." In Islamic theology, it refers to the gentleness in the life of the Prophet Muhammad. Very often, Muslims quote this verse from the *Qur'an*: "It is by Allah's mercy that you are gentle to them; had you been harsh and hardhearted, surely they

would have dispersed from around you. Therefore, excuse them; plead for forgiveness for them and consult them in their affairs" (3:159).

Shari'ah. The law of Islam, comprising all the rules that govern life.

Shaykh. In Arabic, it means an "old man." A term used for a Sufi who guides disciples. A Sufi who is authorized to teach, initiate and guide aspiring dervishes. Also used to denote a head of a caste or class of tribal Muslims.

Sunni. The Muslim sect that asserts that the leaders of Islam must be elected.

Shia. The Muslim sect that asserts that the leadership of Islam is hereditary. The descendants of Ali, the son-in-law of the Prophet, are considered the proper leaders. It is the dominant group in Iran and Azerbaijan and is well represented in India.

Sufi. An Islamic mystic. Sufism, with its emphasis on the possibility of unity with the divine, was of special importance in winning converts to Islam in India.

Sadaqa. An Islamic term that means "voluntary charity."

Sunnah. An Arabic word that means habits or usual practices of the Prophet Muhammad.

Tafakkur. In Islam, the main practice of *tafakkur* is through recitation of the divine Names.

Tadabbur. An intellectual process to seek explanations for the questions or problems in the world.

Tajweed. The word *tajweed* means to improve, make better. *Tajweed* of the Holy *Qur'an* is the knowledge and application of the rules of recitation ensuring that every letter is recited correctly, according to its original pronunciation.

Taqwah. An Arabic word which means "to guard against, preserve, shield and prevent." In Islamic theology, it means "the fear of God" or "God-consciousness" and guarding against those things which bring Allah's displeasure.

Taraweeh. In Arabic, it literally means "to rest." In Islam, it is the special prayer performed during the Ramadhan.

Tawhid. A theological term that refers to the oneness of God.

Tazkiat Al-nafs. In Sufi practice, it is the purification of the soul from the inclination towards evil and sin.

The *Qur'an.* For Muslims, it is the final Word of God. The fundamental source of *fiqh* (q.v.) and all the rules governing human relationships.

Tibb Nabawi. In Arabic, it means prophetic medicine. It is the words and actions of the Prophet that have a bearing on disease, treatment of disease, and care of patients. The Prophet's medical teachings were specific for place, population, and time.

Wudu. In Persian and Turkish, it is spelled *abdest*, and it means the act of washing parts of the body with water. It is an important part of a Muslim daily obligatory prayer which requires Muslims to be clean.

Zakat. A tax collected from Muslims for charitable purposes.

Zikr. An Islamic devotional act which involves the repetition of the names of God, supplications of the Prophet Muhammad, and the verses of the *Qur'an*. It is usually performed individually, but in some Sufi orders, it is a ceremonial activity.

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