
Effectiveness of Islamic Spiritual Care: Foundations and Practices of Muslim Spiritual Care Givers

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The paper discusses the effectiveness of Islamic spiritual and religious care based on the ethnographic research with 15 Muslim spiritual caregivers. Six themes 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.

Key words: Imams, spiritual care and counseling, effectiveness, psychology, theology, health

Introduction

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. 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.

Muslims in Canada belong to different cultures and schools of thought, therefore, their experience is not everywhere the same. For instance, 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. 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 Shia¹ and Sunni² branches of Islam have diverse views on Islamic spiritual care. If the companions of the Prophet Muhammad play an important role in Sunni spiritual care, then the Twelve Imams for Twelver Shiites³ and the Agha Khan in Ismaili⁴ tradition in Shia. Although

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 Jafar as the appointed spiritual successor (Imam) to Jafar al-Sadiq, wherein the Twelvers accepted Musa al-Kazim, younger brother of Ismail, as the true Imam.

there is no detailed report or study about the characteristics of the Shia and Sunni clergy and their views on effectiveness of Islamic 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).

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). In US, Imams 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). According to the Canadian Community Health Survey 2002, 1% of the Canadian population or 300, 000 people sought mental health care in Canada consulted their clergy. 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.

Definition of Effective Spiritual Care in Islam

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). 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 (*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 oases 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). Thus, effective Islamic spiritual care is based on the concept that humans are a composite of integral physiological, psychological, mental, and spiritual components. Muslims seek early spiritual and medical care 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.

Methodology Research Design

An ethnographic method has been employed to begin the process of discovery of what effective Islamic spiritual care is. 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). The interviews with fifteen Muslim spiritual caregivers 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.

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?
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 some elements, especially the goals of effective Islamic spiritual care in a Canadian health-care setting, especially the goals (input) of Islamic spiritual care. A secondary goal was to offer suggestions for improving Islamic spiritual care. This project has been reviewed and approved by the University Research Ethics Board of Wilfrid Laurier University.

The Participants

The fifteen 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 sex 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 in social sciences = 2 No information about both traditional Islamic training and social sciences = 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.⁵ One interviewee belongs to the Jerrahi Sufi tradition of Islam.⁶ One participant is from the Indo-Pakistani mosque in the GTA. 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. Participants in this research were asked to read and sign an informed consent document that explained the study design and the way the researcher would be using the information acquired during interactions with the participants.

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.

⁵ Gulen movement is a transnational civic society movement established by the Turkish Islamic theologian Fethullah Gulen in 1970s and promotes interfaith dialogue in society (Isgandarova, 2011).

⁶ The Jerrahi Sufi Order of Canada, like Gulen movement, promotes peace, understanding and unity across diverse world views through sharing and appreciation of Muslim sacred knowledge and the arts (Isgandarova, 2011).

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.

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)⁷ and verse 14 and 15 from the *surah Luqman*⁸ and the *Hadith*⁹ 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,

⁷ "And remember We took a covenant from the Children of Israel (for 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).

⁸ "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).

⁹ Translation of Sahih Bukhari, Book 71: Medicine, Volume 7, Book 71, Number 582

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. 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 said: "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). 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. 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; Pedâilü'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 medicine 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 are among 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).

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). 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". The Prophet 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.

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 Hanbali¹⁰ 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.

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).

Four out of fifteen interviewees who had training in social sciences, and eleven interviewees who only had formal Islamic training agreed that spiritual care is a

¹⁰ 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.).

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).

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).

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.'¹¹

Disoussion

The research has disoovered that the fifteen Muslim spiritual and religious oaregivers in the study provide spiritual and religious oare to Muslims using the *Qur'an* and the *Hadith* as fundamental sources of effective oare, the writings of Muslim soholars and also the soial soienoes. 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 oare. Did the research reveal what makes the Muslim spiritual and religious oaregivers effective? Should effective Muslim spiritual oare use soial soienoes? The interpretation of the results requires empathy but also oritioal refleotion at the same time. The results of the interviews and field notes indioate that the role of the soial soienoes in oontemporary Islamio spiritual and religious oare is not as strong as that of Muslim praotioes. However, it is hard to generalize the results to other populations. We need a larger sample from diverse religious and ethnio Muslim oommunities, suoh as the Shia, Ismaili, Ahmediyya, Indian, Pakistani and Arab communities.

The research revealed that Islamio spiritual oare is the Muslim desorption of a religion-based spiritual oare offered by believers and religious leaders suoh as imams. Islamio spiritual oare is based on sources in Muslim tradition. However, the resources of the soial soienoes suoh as developmental theory, grief theory, and gender studies are also important to know. Islamio spiritual oare is an independent disoipline, but is related to other forms of Islamio spiritual and religious oare, suoh as Islamio eduoation, preaoing, theology, and ethios. It has many forms and targets to help Muslim patients enlarge their theologioal understanding and their abilities to faoe personal, relational, or publio ohallenges, inoluding grief and loss, parenting, violenoe, and so on. Islamio spiritual oare share the general goal of pastoral oare for healing suoh as healing, sustaining, guiding and reoonoiling, which Clebsoh & Jaekle (1994) pointed out in l their study on pastoral oare. Islamio spiritual oare is more than olerioal responsibility. Although it is the main duty of the mosque and other Islamio institutions, both the oommunity 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.

Effectioe Islamio spiritual and religous oare is based on the view of a human being as an integral oomposite of physiologioal, psyohologioal, and spiritual oomponents. Muslims seek spiritual and religous oare alongside medioal attention, aooording to the Prophet's praotioe and teaoing, which views a healthy body and spirit as a gift and trust from God. Traditional Islamio spiritual oare methods and teohniques involve the basio tenets of the Islamio faith and life style. It starts with re-examining the purpose of life. In Islam, the

¹¹ '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 aecording 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.

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 one of the largest and important religious groups. 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 present” 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.

Conclusion

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. Four of 15 interviewees in this study have training in psychology, social work, and counseling. 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.

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 participants, which prevented to make generalizations about the effectiveness of Islamic spiritual care. 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.

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