
A Redefinition and Model of Canadian Islamic Spiritual Care

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The criteria for a new definition and model of what constitutes one approach to Canadian Islamic spiritual care is provided. The authors believe that to be an effective profession, Islamic spiritual care givers need to use both the Qur'an and Sunnah and adequate holistic concept from the social sciences. This involves coherent scientific knowledge based on evidence and serving diverse Muslim populations that also could include a multi-faith approach. The model based on a Canadian context is person centered, sensitive to theological and cultural environment, open to female Muslim spiritual caregivers with a concern for Muslim youth at risk.

Key Words: Muslim, Religion, Spirituality, Counseling, Psychotherapy, Health.

Introduction

Islamic spirituality seeks to achieve integrity of soul, mind and body, and is an important element of patient care in Islam (Isgandarova, 2010). Islamic spiritual care is going through a major epistemological revolution which also affects the other branches of arts, humanities, and social sciences (Laird, 1993). The political, economic, cultural, and ideological views of our postmodern era dramatically affect how Islamic spiritual care is defined and practiced. Although, there are not many scholars and practitioners in Islamic spiritual care who revisit debates about how to conceptualize the Islamic spiritual care, the postmodern changes in society, which affect the basic concept of what constitutes treatment and outcome, put the Muslim spiritual care givers in a challenging position to reformulate theory, practice, and research in spiritual care. Despite of these challenges, Muslim spiritual caregivers, especially Imams are important members of the health care team in meeting the counseling needs of their communities by delivering mental health services to Muslims (Ali, Milstein, & Marzuk, 2005).

After the close of *Ijtihad* as a result of vanishing pro-reason Mu'tazila movement in the 10th century and the victory of the traditionalists (Watt, 1998), the traditional spiritual care practice became solely based on the Qur'an and the Sunnah and was defined and practiced from a traditional perspective. *Ijtihad* is the decision making process in Islamic thought by utilizing the traditional Islamic sources and personal thought (Wehr & Cowan, 1976). However, the criteria for what constitutes an Islamic spiritual care in contemporary era are not fixed to tradition. Rather the criteria are redefined "as society's need for and definition of professions change in response to societal conditions and values" (Humphreys & Dinerman, 1984, p. 182).

In essence, like many other professions, Islamic spiritual care practice is always shaped by the needs of the times, the problems of Muslims, the fears they experience, the solutions that appeal, and the knowledge and skill available (Isgandarova, 2011). The societal change after 9/11 is one of the strongest factors shaping the Islamic spiritual care. Christie-Smith & 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, 1993). The 9/11 event poses important questions to Muslim identity in the West around how members of Muslim community and Muslim spiritual care givers perceive and define themselves: “what they are doing or trying to do—their goals, knowledge, and techniques” (Bartlett, 1970, p. 9). Soon after 9/11, Muslim spiritual care givers questioned the relevance of their practice in postmodern era which demonstrates the fact that professional goals of Muslim spiritual care givers have not always been congruent with societal and community expectations (Isgandarova, 2011). This produces a tension regarding Islamic spiritual care’s mission, aims, and definition. In this paper, we offer a light on the contemporary definition of what Islamic spiritual care is and propose a model rooted in the Qu’ran and Sunnah and based on our Canadian experience including the social sciences and a multifaith approach.

Challenges in Islamic spiritual care in the Canadian context

The *sunnah* (practices and words) of Prophet Muhammad showed that Muslim spiritual care givers should strive to transform their practice as an occupation into a profession recognized by society and community. For instance, 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 (Isgandarova, 2011). One of the most pervasive challenges facing the Islamic spiritual care in past and today is the question: How to attain the balance between unity and diversity in the conceptual definition of Islamic spiritual care practice in Muslim community?

Muslims are very diverse in terms of their culture, tradition, nationality, ethnicity and spiritual practices. In Canada, their experience is not everywhere the same. For instance, if “Muslims in Quebec have 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”(Isgandarova, 2011, p. 6). Canadian society is made up of two diverse cultures: French and English which recognize both cultures and languages as official in law. There is also an acknowledgement that the aboriginal community was the founding nation with the English and French (Saul, 1997). Given the diversity of cultures between the three founding nations, other cultures in Canada tend to keep their identities for long periods of time (Saul, 1997; O’Connor & Meakes, 2006). Canada is known as a cultural mosaic. Sometimes, tensions and conflicts flare up between various cultures in Canada especially between French and English. Canada also has a publicly funded health care system that serves all Canadians through the Canada Health Act. Spiritual care providers are often hired by hospitals and nursing homes that are paid through public funds. These spiritual care givers are required to be multi-faith in approach and open to the diversity of spiritualities that exist in Canadian society.

The Canadian Muslim community is very diverse and rich. According to Statistics Canada, Islam will be the fastest-growing religion in the next two decades with its numbers expected to triple and encompass about seven per cent of the Canadian population by 2031. This means that Muslim spiritual care givers provide spiritual care to diverse Muslim communities. Very few Muslim spiritual care givers have been educated and trained through the Canadian Association for Spiritual Care and serve in multi-faith contexts. Given the diversity of the Canadian Muslim population and the whole of Canadian society, a number of questions arise. Do Muslim spiritual caregivers have sensitive approach to these differences with in Islam? Can they engage other Muslims in spiritual communication? Do they understand and respond to a range of culturally-sensitive service delivery issues among Muslims? Can some specially trained Muslim spiritual care givers work in a multi-faith context? The quest for answers to these questions requires a new definition of Islamic spiritual care in order to be culturally competent, to value differences, and to avoid of measuring every client by a single standard (Greene, 1994).

It is impossible here to give a detailed description of the differences in spiritual care in the various Islamic schools of thought. My personal experience (NI) with diverse Muslim groups

showed that many of them have similar beliefs and observances with regard to health care, illness, and death and dying. 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" (Isgandarova, 2011, p. 6). One of the important differences among Muslims on definition of Islamic spiritual care is the historical formation of two important branches of Islam which are Shia¹ and Sunni² branches. The practices of the companions of the Prophet Muhammad play an important role in Sunni spiritual care; however, the tradition of the twelve imams is important for Twelver Shiites³ and the Agha Khan tradition in Ismaili⁴ spiritual care practice. The societal changes further stretched the boundaries of Islamic spiritual care in terms of involving Muslim women in profession. In redefining, developing a model and practicing Islamic spiritual care, a spiritual maturity is needed by scholars and professionals who must attempt to unify the differences in respect of the unity and diversity in Islamic spiritual care. Further questions arise:

- What is our overarching purpose in Islamic spiritual care?
- What is the evidence based practice in Islamic spiritual care? (O'Connor, 2002; O'Connor and Meakes, 1998)
- Can Muslim spiritual care givers claim there is a common base to Islamic spiritual care practice? What are the different theologies of Islamic spiritual care?
- What are the generic competencies in Islamic spiritual care? How important are academic degrees, level of clinical training, and continuing education in Islamic spiritual care?
- What is the impact of socioeconomic forces on Islamic spiritual care practice and education? Do Muslim spiritual care givers feel competent to offer culturally and denominationally-sensitive spiritual care services?
- How do we understand and define the effectiveness in Islamic spiritual care?
- How can Muslim scholars and spiritual care givers and community agents come together to define the major purpose of Islamic spiritual care? Can some Muslim spiritual care givers serve in multi-faith context?

Common ground for Islamic spiritual care providers

A common ground for the Islamic spiritual care is the Qur'an, which sets the foundation for Islamic spiritual care's study, diagnosis, and treatment approach. This is used not because the Muslim spiritual care givers have limited knowledge of other sources but because many Muslims expect them to refer to these two important sources (Isgandarova, 2011). At the same time, some Muslim spiritual care givers are using theories of psychology and social sciences together with the traditional sources of Islamic spiritual care. The need for such additional but important sources in Islamic spiritual care shows the revival of historical trend in Islamic spiritual care. This postmodern trend is greatly influenced by the development of family therapy and

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 aṣ-Ṣādiq, wherein the Twelvers accepted Mūsa al-Kāzīm, younger brother of Ismail, as the true Imam.

solution focused and narrative approaches. However, the traditional roles of Muslim spiritual care providers in the health-care setting still remains to read the Qur'an, to lead Friday prayers, deliver sermons, conduct religious ceremonies, and provide religious and spiritual guidance (Isgandarova, 2011).

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). Imams often 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). Muslim clients choose traditional services of imam. However, if that fails, the clients may prefer secular services as an option (Hodge, 2005). The professional counselors and society often view clergy as less appropriate sources of help in cases of certain specific problems, e.g., psychiatric illness like schizophrenia, and for persons who are perceived danger to self and/or others (Ellision et al, 2006). These needs in Muslim communities necessitate using other theories which better explain human nature aware of physical, psychological, cognitive, social, and cultural variables. Furthermore, Islamic spiritual care is more than clerical responsibility. Although it is the main duty of the mosques and other Islamic institutions to provide a professional spiritual and religious care, both the community and the ordinary Muslim individuals are also responsible for the spiritual health of their fellow Muslims (Isgandarova, 2011).

In the quest for an Islamic spiritual care identity, it is necessary to unify the traditional approaches with social sciences and develop an integrative model for Muslim spiritual care givers, especially as it relates to specialization of Islamic spiritual care in health care setting. This integrative model must take into account the practice specializations, such as Imams in the mosques, hospitals, prison, family mediation, community organization, etc. In Christian tradition, as Gula (1994) points out, pastoral ministry not only requires the knowledge of the religious tradition but also the pedagogical skills for communicating this knowledge and the knowledge of dynamics or personal and interpersonal growth. Moreover, many Christian spiritual care givers are specialists in a certain area, e.g. canon law, counseling, social work, etc. Hence, in Islamic spiritual care we still do not have specified requirements and agreement for performing these specializations due to the traditional religious education of Canadian imams in Muslim countries. Only very few imams are interested in studying clinical pastoral education in Canada, which incorporates the social sciences and theology. This challenges why the effectiveness of the Islamic spiritual care. A common ground is needed in method, field of practice, problem areas, population groups, methodological function, geographic area, size of target, specific treatment modalities, etc.

Elements of a Model of Canadian Islamic Spiritual Care

Person-centered and Environment Focused

Although the historical development of Islamic spiritual care had concern for the person-in-environment, in latter centuries, it was more focused on environment. The recent tendency in healthcare setting is that any profession's basic mission is a dual focus on the person and the environment in a helping relationship (Gordon, 1962). This means the Muslim spiritual care giver should not only concern for the person but also take into account situation, assess and intervene in both (Bartlett, 1972; Germain & Gitterman, 1980). However, such approach also expands the boundaries of Islamic spiritual care so that each practitioner struggles to "be expert in understanding individuals, their environment, the society, and the transactions among people and environments. One might ask, what else is there?" (Goldstein, 1990, p. 43).

The person-centered approach in spiritual care means supporting a client in the client's goals. This could include liberation from evil, or the destructive forces of trauma, and the re-

establishment of personal communication with the Creator and self (Isgandarova, 2011). 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 Muslim spiritual care giver is to help the client see his/her problem differently and transcend it through creative imagination and/or theological reflection. 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). This kind spiritual care involves transformation in such a way that theory “offers to practice a critical, reasoned reflection that outlines various interpretations of the practice....challenges the practices of ministry to act and think in new ways. Practice offers to theory various ways of acting” (O’Connor, 1998). On the other hand, taking the environment into account 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 (Isgandarova, 2011).

Providing Muslim spiritual care is not only about doing spiritual activities but also about being spiritual with the client (Isgandarova, 2011). Being spiritual means developing traits that influence the ability to be an instrument of healing (Taylor, 2002). The Muslim spiritual care givers new approach to person and environment requires a spiritual capacity which must focus on lived experience and journey of the client about issues of life, faith, and hope in ways that are less tied to religious differences and do not give ready-made answers.

Theological Challenge

According to Shank (2008), religious leaders, chaplains, etc. often struggle with “how to provide ministry among diverse aspects of a congregation, to people within their own group who have conflicting theological and religious views...” (p. 195). Theology of Islamic spiritual care is based on oneness of God. However, as we have mentioned above, Shia and Sunni branches of Islam have extremely different views on Islamic spiritual care. There is a need for a theology that undergirds spiritual care that can be sensitive to both the Shia and Sunni traditions. Also this theological challenge ought to include new understandings of the multi-faith context. I (NI) serve as a Muslim spiritual care giver in a multi-faith long term facility. I also serve Christian and Jewish patients if they desire it. Muslim, Christians and Jews stem from Abraham and share many stories that are similar in our sacred texts. I have participated in a multi-faith dialogue between Christians, Jews and Muslims at local school of theology and university (Waterloo Lutheran Seminary at Wilfrid Laurier University). I have taught a course on Muslim spirituality at Emmanuel College at the Toronto School of Theology. I have also offered spiritual care in my nursing home to persons with no faith affiliation. In none of this have I comprised my Muslim beliefs and spiritual practices nor have I imposed my faith on others. On the contrary I have been enriched by non-Muslim colleagues, students and patients. I have learned that the Muslim spiritual and religious care givers can enjoy the presence of God through the Hymn Sing from the Psalms. It was explained with the fact that Muslims believe Zabur, or Psalms of Prophet David, which is one of five holy books alongside with Suhufi-Ibrahim, Torah, Bible, and Qur’an.

Gender Issues

The Qur'an and Hadith describe men and women as equals, but some cultures of Muslim men use self-serving attitudes and patriarchal belief systems to justify abusing their wives (Haj-Yahia, 2002). According to Isgandarova (2011), “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” (p. 88). Such attitude prevented many Muslim women to enter into the Islamic spiritual care practice. However, more and more Muslim women are being educated and beginning to serve in this area and there are a few success stories to encourage Muslim women.

Youth Issues

One concern of a Canadian model is around youth issues. Muslim youth may be at higher risk for anxiety and depression, but religiosity appears to be a protective factor (Vasegh & Mohammadi, 2007), especially against the negative impact of acculturation (Amer & Hovey, 2007). While religiosity is a protective factor for mental disturbance, perceived religious discrimination has been shown to influence sub-clinical paranoia in Muslim American youth (Rippy & Newman, 2006). However, many imams' primary language is not English, and they may be overburdened with obligations toward the needs of young and converted Muslims (Isgandarova, 2011). One challenge of Islamic spiritual care practice will be to design services for diverse Muslim youth.

Islamic Spiritual Care Delivery System and the Social Sciences

Many Imams and Muslim spiritual care givers are reluctant around the social sciences and counseling within the Canadian health care system. The majority of Muslim spiritual care givers do not refer their clients to other mental health professionals despite the fact that Muslims have a historical culture of acceptance of religiously and scientifically compatible medical care. It seems that some Muslims view mental health interventions with suspicion, or only applicable to problems in Western societies. Many of those who do seek mental health care prefer a counselor with an understanding of Islam (Isgandarova, 2011). However, the Prophet himself emphasized on other methods of healing and cure. In one occasion, the prophet had 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). Muslim spiritual care givers deal with issues such as grief, youth and parents, unemployment, poor health, poverty, cultural and spiritual alienation, mental health, etc. In the Canadian context, they also face issues such as informed consent, confidentiality, multiple role relationships, sexual prohibitions, competence, and legal implications. Some of this is quite different from their countries-of-origin. The profound changes in shape, delivery, and financing of health and human services has dramatically changed over the past decades (Laird, 1993) especially for Muslims in Canada and contribute to the redefinition of Islamic spiritual care as a profession.

The social sciences also can help especially in the area of family therapy. Family is an important area for Muslims that cuts across Shia and Sunni branches as well as the many cultural variations in Islam. Muslim spiritual care givers continually face family issues when providing spiritual care to Muslim individuals. Family therapy sees the client(s) within the context of their family and culture and assumes that an individual problem is a family problem. (Walsh, 2003) Family therapy seeks to strength the family. Knowledge and training in family therapy would help Muslim spiritual care givers. Also short term approaches like solution focused (de Shazer, 1990) and narrative (White, 2007) are helpful. The flexible use of SFBT allows the therapist to empower Muslim families to feel less vulnerable when expressing their grief (Aambo, 1997; Wahida, 2003). Allah mentioned in the Qur'an that "in whatever you are occupied when you recite the Quran, and in any other work you may be doing...We are witness to you actions...And even the smallest things that you do, do not go unrecorded" (Quran 10:61). These short term social science approaches focus on client's strengths, hearing the stories of clients and developing stories and interpretations that are helpful and not oppressive. These approaches from the social sciences can be integrated into Islamic spiritual care. A strong tradition within Islam has been to integrate science and religion just as body, mind and soul are integrated.

Conclusion

The practice of Prophet Muhammad showed that Muslim spiritual care givers need to take up the struggle to transform their practice as an occupation into a profession which is recognized and demanded by society and the Muslim community. One of the most pervasive

challenges facing the Islamic spiritual care in past and today is the question: How to attain the balance between unity and diversity in the conceptual definition of Islamic spiritual care practice in Muslim community? In this regard, Islamic spiritual care needs a new definition in terms of theory, practice, and research in spiritual care in order to meet the spiritual needs of Muslim. To achieve a new working definition of Islamic spiritual care involve the macrosocial processes of history, human ecology, social sciences and economics and recent changes in health care delivery system.

CASC [Canadian Association of Spiritual Care] (2011) made it clear in its Revised Code of Ethics that spiritual care givers must affirm the dignity and value of each individual; respect the right of each faith group to hold its own values and traditions; advocate for professional accountability that protects the public and advancing the profession; and respect the cultural, ethnic, gender, racial, sexual-orientation, and religious diversity of other professionals and those served and striving to eliminate discrimination. CASC also affirms and educates students in integrating the social sciences in the provision of spiritual care. 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 (Isgandarova, 2011).

The research and practices indicate that using Islamic principles actively with modern techniques can be very effective. In past Muslim spiritual care givers successfully integrated theology with social sciences. In contemporary Islamic spiritual care practice Muslim spiritual caregivers need to develop empirical studies and Islamic ways of treating spiritual problems of Muslim clients. 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. We propose also that this model might help in multi-faith spiritual care.

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