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The Islamic theology behind spiritual care and hospital chaplaincy

Abstract: Over the last two decades Muslim chaplaincy in general has emerged into a distinct field of discussion, practise and study at the institutional level in the Nordic countries. There is no identifiable ‘canon’ of original sources that identifies and traces the theology behind Muslim chaplaincy. I argue that a large portion of that theology is derived from the primary and secondary sources of Islam- the Quran and Sunnah. I explore the salient features of spiritual care in Islam and equate them with a Muslim chaplaincy practise that is exemplified through chaplains’ own reflections.

Introduction

At present there is little systematic mapping and investigation within Islamic theology available that addresses spiritual care and hospital chaplaincy. In this contribution I aim to identify and make accessible Islamic theological reasoning behind spiritual care and its use in hospital settings. Furthermore, based on Islamic literature I will give examples of practical spiritual care seen through the lens of Muslim chaplains working in hospitals. I have also used my own work, primarily drawing on my experiences, teachings and written recommendations as a Muslim hospital chaplain for 16 years in a hospital from Denmark, to illustrate the dynamics and complexities of spiritual care.

The whole human being

Everything in Islam is ‘spiritual’. To understand this it is important to dissect the word ‘spirit’ and its understanding from the viewpoint of Islamic tradition. The word *ruh* (spirit or breath of life) has its basis from the Quran where the root of the term is mentioned 19 times (Osama 2005). The term *ruh* is used in the Quran to refer to many metaphysical beings like angels, Archangel Gabriel, revelation and divine inspiration. But often it connotes the most inner essence of humans. Quran commentators have used various meanings for the word *ruh*. For example the Quran-exegetist Al-Zamakhshari (d.1144) interprets it as divine inspiration that gives life to the hearts (heart as an organ of perception and not a psychical

entity) that were dead in their ignorance, and points out that the *ruh* has the same function for the body as the soul (Ansari 2006). The human in Islamic psychology consists of: self, heart, intellect and soul (Rassool 2016).

The relevance of Islamic spiritual care, its content and definitions cannot be understated since their theological foundations, that go back to Islam's early history, are brought into dialogue with prevalent practices and social sciences of today in a variety of ways. It is commonly known that the essence of Islamic spiritual care is based on theology founded on the Quran and the sunnah, (the words, actions, approvals/disapprovals of the Prophet Muhammad) albeit the resources of social sciences such as grief theory, developmental theory and gender studies have a correlation to Islamic spiritual care (Isgandarova 2016). Therefore a 'backstage' look at the Islamic theology of care can give new opportunities for engagement in and with other fields of knowledge.

In this section it is imperative to describe and distinguish between the Quranic terms self, heart, intellect and *ruh*, for the sake of clarity.

1. The self or *nafs*, the humans innate nature has several interchangeable states varying from the animalistic, to the self at peace and the pure angelic form. Therefore, in its untrained state, the self is appetitive and only through *mujahadah al nafs* (combatting the self) can it be refined and advance. Keshavarzi and Haque, 2013 translate *nafs* as 'behavioural inclinations'. The word *nafs* originates from *nafees* meaning valuable and precious but also from *nafas* denoting breathing.
2. The heart or *qalb* is described in detail later in this chapter as 'the spiritual heart' which is the receptacle of all health and pathology (Keshavarzi, Khan, Ali & Awad 2021). This understanding of the heart in Islam, makes it an organ of illumination and wisdom, that is, if the other components of the human work towards that end, otherwise the heart risking decay. The word is derived from the verb *qalaba* which means to tilt, turn, and transform. According to Sufi understanding the heart must constantly rotate around its Creator and be ready to return upon the physical death (Haeri 1997).
3. Intellect or *aql* is a rational faculty by which humans may attain knowledge and reasoning. Derived from the root verb *aqala*, it has different meanings as, 'to confine', 'to understand', 'to restrain a camel by tying its forelegs'. The implication is that true rationality can be cultivated alone by constraining the base and animalistic *nafs* (Haeri 1997). This faculty is necessary for ethical and moral accountability and it allows the human to distinguish between right and wrong.
4. The physical body also called *jism* in Arabic is the biological 'shell' of the faculties of the human. The body and soul are normally seen as opposites

but while the body is material it is also the manifest condition of humans which is seen as a gift from and trust of God (Baig 2010).

5. Spirit or *ruh* is the 'Divine spark' within humans and is limitless. Its origin lies in the realm of non-time and non-space. It is the infinite within and at death it will depart from the body and be imprinted with the 'image' of the body (*jism*). The *ruh* transcends the limits of the intellect (*aqil*) albeit the importance of rationality in this world is undeniable (Haeri 1997).

Even though the Quran has scant information about the *ruh* it does nevertheless, mention humankind being gifted a special position in the universe containing a 'Divine spark': *When I have fashioned him (Adam) and breathed into him of My spirit, fall you down in prostration unto him* (Quran, 15:28–29).

According to Al-Ghazali, the *ruh* is a special faculty for acquiring knowledge and gnosis (Winter 2005). It was a capacity that was given after God fashioned humans physically and biologically. God then announced his decision to create Adam: *Behold thy Lord said to the angels: I will create a vicegerent on earth* (Quran, 2:30). Alongside the characteristic of knowledge given to the *ruh*, there is also the aspect of God consciousness: *Am I not your lord, they said Yes, we testify* (Quran, 7:172).

The above-mentioned verse relates to the primordial event where all souls according to the Quran took a pledge to God acknowledging him as their Lord. Since human beings are 'beings of spirit' according to Islamic teachings, all activities in life have a spiritual value and significance. Although the Quran does not venture into any metaphysical discussion about the spirit it does in detail explain other aspects of the psyche that are more directly related to the human behaviour and its relation to society (Ansari 2006). *Qalb* (heart) has the independent ability to either turn its direction towards the divine unity and order prevailing inside the self and universe at large, or to remain bounded by and into the 'random stimuli' (Ansari 2006). His point is that if the heart is predominantly occupied with the sensory and lower self-inclinations like gluttony, lust, arrogance and the likes, they will ultimately override the faculties and make the human a slave of sensual pleasures. The Prophetic saying 'there is a certain organ in the body, if its wellbeing is secured the whole body is sound, that is the heart', establishes the basis for the heart's unique capacity for a deep spiritual life (Choureif 2011).

***Khidmah* as an integral culture**

Khidmah from the Arabic language, literally means servitude and implies service to humanity (Zaman 1986). The Christian equivalent, as I understand it, is *diakonia*, a Christian theological term from Greek that encompasses the call to serve the poor and oppressed.¹

Care or caring for oneself, parents, family and community is an obligation in Islam (Gilliat-Ray, Ali & Pattison 2013). The concept of viceregency and its functions cover this. Islam's family system brings the rights of the husband, wife, children and relatives into an equilibrium as the decrees of the family are clearly stated in the Quran and hadith literature (Rassool 2014). Moreover, Islamic values attach special importance to the family, and extended family structures are encouraged to maintain and guard the needs of the young and elderly specifically (Rassool 2014). The words used for family in Arabic are *usra* (to bond) and *aa'ila*. (to have needs) (Gilliat-Ray, Ali & Pattison 2013).

The practice of *Khidmah* goes beyond the nuclear family, widening the circles of blood ties, which the Quran calls 'relation of the womb' (*silhah rahm*). The word womb, *rahm* in Arabic, is derived directly from God's name *Al-Rehman*, the most compassionate. (Bukhari 5988) God has filled the mother's womb with His qualities of compassion and mercy and because of these attributes members of families bond with each other (Gilliat-Ray, Ali & Pattison 2013). Besides the family, Muslims see themselves as part and parcel of a global community in faith, the *ummah*. The word *ummah* in Arabic is derived from the word *umm*, meaning mother, denoting values like unity, warmth, compassion and tenderness. While the word *ummah* suggests an 'intra-Muslim fraternity' there is also 'human fraternity' in Islam which encompasses all of humanity. According to Prophet Muhammad's famous words from his farewell sermon: "All people are equal like the teeth of a comb. You are all from Adam and Adam is from dust. There is no superiority of white over black, nor of Arab over non-Arab except for God-consciousness" (Musnad Imam Ahmad 19774 and Hathout 2008 p.82).

Likewise, the Prophet mentioned that the most beloved to God are those most caring to God's creation (al-Mu'jam al-Awsat 6026) and after belief in God the best deed is benevolent love towards people (Choureif 2011). This type of care and benevolence transcends ethnic, cultural and religious boundaries.

Also providing care to other creatures than humankind, including the mineral and plant worlds including the vast nature in general is a recommended

¹ "Diakonia's History: About us," Diakonia Sweden, accessed 01, July, 2021, <https://www.diakonia.se/en/About-us/Organization/History/>.

duty for Muslims (Baig 2007). Hence this concept of ‘theological humanitarianism’ is embedded in the Islamic sources and can be equated with the concept of *khidmah*. The concept of *khidmah* impedes the logic of dependency and reciprocity since – in material terms at least – nothing is expected in return from the *khadim*, literally meaning the service giver (Mittermaier 2014). The thinking behind on a broader level implies that everyone is dependent on God and therefore ‘poor’ or a *faqir*, meaning ‘poor toward God’ – a Quranic term (Quran, 35:15).

An example of *Khidmah*: Visitation of the sick

Visiting the sick or *iyaddah* is a social obligation for Muslims although the visit should be considerate to the patient. (Mazrui 2005). There is a wide range of hadith literature that emphasizes visiting and consoling the sick. Some of the views of sickness in the Islamic tradition are:

1. God’s nearness to the sick person.
2. Sickness as inner purification for the affected – erasure of sins and elevation of one’s ‘spiritual’ rank.
3. The sick person’s prayers being answered by God.
4. The high religious merits of visiting the sick and dying (Fareedi 2008).

Attending to the sick, whoever they might be, is known by Muslims to have high spiritual value (Kowalski 2009). This type of practical spiritual care is engraved in the daily Muslim cultural practise. There are certain dilemmas as well. Can there be too many visitors at hospital wards? How do the families deal with a situation when visitors from the periphery want to come and visit?

During my work at Rigshospitalet, a Copenhagen hospital as the Muslim chaplain, I once encountered a group of 5–6 young practising Muslims outside my office who had some questions. They informed me about their desire to visit the patients at the hospital and wanted access. As they said, we want to console and talk religion with all the patients and give them advice. I had in my mind some considerations and wanted to communicate it to the enthusiastic volunteers.

Since we already at the hospital had an organised and operationalized volunteer corps, I informed them that they could write and sign up to be part of the team which visits minority patients who have cultural, spiritual or religious needs. In addition, I told them that it is always the patients, that summon people of this character from outside if they desire. I also told them that I, even as an employee and chaplain, do not go around the wards freely but visit on request of the patients/relatives.

After they left, many questions emerged in my mind. Firstly, what type of qualifications are needed for supporters/visitors? Who is legible to visit patients in the first place? Are there any human traits and features that are a prerequisite for supporters/visitors to have before visiting? What place does *dawah* (propagation of Islam) or missiology for that sake, have at public, state financed institutions? Secondly questions relating to patient autonomy and ‘protection’ were imminent. What services and information are offered (and how) to the patient through hospital staff? Who decides what services are offered? How does one avoid ‘spiritual abuse’ directed towards patients and relatives?

At one occasion I was called to ICU where a patient was on a life-saving respiratory machine. There were about 35–40 relatives and friends present in and around the ICU. Some were waiting outside and reading the Quran. The doctors had just notified the family members about the irreversible brain death condition of the patient, and family members were very troubled and emotional. Some of them were very vocal in their disapproval over the fact that the respiratory machine would have to be turned off soon. Others were quiet and in sorrow. One family member asked me what the Islamic position was on stopping the respiratory machine since the imam they consulted from a country in the Middle East (over the phone) was of the opinion that it was the heart-death criteria that was to be followed and not the brain-death (hence turning off the machine would not be valid Islamically since the patient was ‘only’ brain dead). This created a lot of confusion amongst the relatives and family members who had different approaches to this ethical dilemma. I informed them, amongst other things, the brain-death criteria to be a valid position in Islamic thinking, and that in the end it was always the physicians’ decision from the ICU to make.

In my reflections after this counselling session there were many central questions. What different roles do relatives play in visiting their loved ones? What is life and its definition? How to help- if possible- relatives and family during their bereavement?

The two cases illustrate different perspectives on visiting the sick including how significant a practise it is in the daily Muslim life. The cases also show that apart from visitation and volunteering (case 1), making important decisions on behalf of the patient (case 2) is considered part of the visiting responsibility. Even though there was controversy over the doctor’s decision in case 2, it was very clear that the relatives wanted to be involved actively in the decision-making process. The thinking behind being, that we exhausted all means, as relatives, to save our dear ones’ life. Also, the collective grief culture in case 2 highlights the importance of being together in times of distress and hardship. There is a ‘doing’ function along with the ‘being’. Thus, visitation of the sick, can also be viewed within the framework of *Khidmah*, and plays a pivotal role in a hospital

setting having implications for patients, relatives, staff, administration and their inter-relations.

The Prophet and spiritual care

Apart from giving Prophet Muhammad meta-physical attributes and qualities, the Quran and hadith literature illustrate a human picture of him. The Quran refers to the Prophet as ‘most kind’, *rauf* and most merciful, *raheem* (Ayad 2008). Several other names of God are used to refer to the Prophet Muhammad as well. The Quran describes the Prophet’s morals as of highest stature and his advent as a “mercy to all worlds” (21:107). His interpersonal and pedagogical skills are numerous, and Islamic traditions record how people were drawn towards his person through his compassion and non-judgemental behaviour. His spiritual care was directed to everyone, his family and friends, followers and adversaries, Muslims and non-Muslims, animals and nature (Quran, 21:107).

There are many stories in Hadith about the caring attitude of the Prophet crossing different boundaries: A bird, belonging to a son of one of the companions of the Prophet, died. The son known as Abu Umayr was upset and when the Prophet found out he visited the boy and consoled him by repeating the words “O Abu Umayr what happened to *al-nughair* (little bird)?” In Arabic this is a play on words because Umayr rhymes with *nughair*. (Sunan Abu Dawood 4969).

A funeral procession was once passing and the Prophet stood up out of respect for it. He was then told that it was a Jew, whereupon the Prophet said: “Was he not a human?” (Ṣaḥīḥ al-Bukhārī 1250)

The *Ta’if* episode: After being stoned and ridiculed by opponents in the city of *Ta’if* who were dissatisfied with the Prophets message of the new faith, his shoes covered with blood, he said the following prayer:

O Allah! I complain to You of my weakness, my scarcity of resources and the humiliation I have been subjected to by the people. O Most Merciful of those who are merciful. O Lord of the weak and my Lord too. To whom have you entrusted me?

To a distant person who receives me with hostility. Or to an enemy to whom you have granted authority over my affair? So long as You are not angry with me, I do not care. Your favour is of a more expansive relief to me. I seek refuge in the light of Your Face by which all darkness is dispelled and every affair of this world and the next is set right, lest Your anger or Your displeasure descends upon me. I desire Your pleasure and satisfaction until You are pleased. There is no power and no might except by You (Mubarakpuri 2002).

This critical incident demonstrates amongst other things how to react to crisis situations and afflictions. This reaction to offensiveness from one’s enemies is

a type of ‘care’ where one does not talk badly or curse but instead directs one’s attention towards God through prayers and God-talk. Prayers, God-talk and other practises/rituals can be described as ‘religious coping’ or ‘coping strategies’ that are particularly defined in the scientific field of psychology of religion. These strategies can be both positive and negative (Pargament 1997).

Once a person approached the Prophet and asked him:

I have committed a grave sin, is there forgiveness for me? The Prophet replied: is your mother alive? The man said: no. Is your aunt alive the Prophet inquired? The reply was yes, to which the Prophet said: do well to her (Sunan Tirmidhi 1904).

Substituting a bad action with a good one is a recommended practice in Islam since it removes the evil (Quran, 11:114) deeds, and the Prophets advice in the above-mentioned story, clearly encourages ‘meaningful action’ and goodness to others. The Prophet is non-judgemental and does not ask of the man’s grave mistake but focuses on what can be done to restore his self-worth and dignity.

At one of the cancer wards at Rigshospitalet, I was called by a male patient for a visit as a chaplain. The middle-aged man was on his death bed and the doctors could not give any curative treatment anymore. The patient was very inward and expressed fear of dying because of his past mistakes and what they would mean for his afterlife. He recited the *astaghfaar* (formula of repentance to God) he told me and gave away money for charity hoping that he would be forgiven by God. He was alone and had no family members that could visit him. Since he was troubled by his past mistakes and was hit by shame and guilt, I spoke to him about his image of God- how did he ultimately perceive Allah? Gods all-encompassing mercy became the center point of our conversation very quickly and he began to narrate different Prophetic stories elucidating Gods infinite mercy and love whilst being touched emotionally. During the end of the session he kept on saying that he loved Allah and his Prophet and that he was “ready to go”. He died later that day.

Making God personal: spiritual care through remembrance of God’s names

In Islamic theology, health beliefs are along with other doctrines based on the concept of *tawheed* or oneness of God (Rassool 2014). Fundamental to Islamic teachings are the connections between knowledge, health, holism, the environment and the Oneness of Allah, the unity of God in all spheres of life, death and

the hereafter. Rassool explains: “*Tawheed* requires that a Muslim lives in a way that reflects the unity of mind and body with Allah; and implies that there is no separation of physical and spiritual dimensions of health. Muslims have a spiritual obligation to maintain health” (Rassool 2014).

Intimately connected to *tawheed* is the term *dhikr*. The Quran encourages few practices to the same degree as ‘*dhikr Allah*’ (Remembrance of God). The word *dhikr* does not only mean remembrance (mentally) but also mentioning (verbally) and reminding that can be done standing, sitting and lying, meaning at any time and place (Murata & Chittick 2005). Practising Muslims remember God through daily prayers, recitation of the Quran and through many other rituals and practises (Rassool 2016). Strictly speaking, remembering God does not require a specific ritual or practise but it can make it easier. The mental form of remembrance of God which consists of a persons’ recollection, that God observes all acts and thoughts, has many stages. (Murray 2016) This type of ‘lived mindfulness’ is also illustrated in the hadith of Gabriel where the Prophet answers thus to the definition of *ihsaan* (to act beautifully and in excellence): “Excellence is to worship Allah as if you see Him, for if you do not see Him, He surely sees you” (Sahih Muslim, 8).

The spiritual heart

“Blessed are the pure in heart, for they shall see God.” (Jesus, son of Mary, Matthew 5:8)

The heart (*al-qalb*) has a variety of meanings in the Arabic language and its Quranic usage. (Baig, 2007) There is a vast literature in Islamic history dealing with the heart and its intellectual and spiritual significance. There are over 130 references to the heart in the Quran and plentiful traditions of the Prophet relating to this subject matter. (Cutsinger 2002). Al-Ghazali points out in his magnum opus that the heart ‘denotes two things, the physical heart and the ‘ethereal spiritual sort’ (Al-Ghazali 2010). He mentions that the ‘spiritual heart’ is the essence of man, the potential seat of God’s illuminations and serenity, to be kept sound for the physical body to operate optimally (ibid).

The Prophet Muhammad explained: “Surely in the breasts of humanity is a lump of flesh, if sound then the whole body is sound, and if corrupt then the whole body is corrupt. Is it not the heart?” (Ṣaḥīḥ al-Bukhari 52, Ṣaḥīḥ Muslim 1599). This statement underlines the fact that the heart can become unhealthy with various ‘diseases’ like lust, anger, jealousy, hate and its remedy is also mentioned by the Prophet: “Verily, everything has a polish and the polish of the heart is the remembrance of Allah Almighty” (Shu’ab al-Imaan 503).

The Quran like other scriptures associates knowledge and understanding with the heart and the blindness of the heart with loss of understanding (Cutsinger 2002). This loss of understanding is also associated with ‘hardness’ and veiling of the heart. The heart can, however, be softened and veils removed through the help of God ‘who is aware of what is in your hearts’ (33:51). As explained above, divine remembrance, *dhikr*, is one way of attaining a pure heart. This remembrance, in the Islamic spiritual tradition – also called Sufism, is the highest level of prayer of the heart and by the heart. It is not only to invoke, but to live at the heart-center which is an abode of spiritual meaning (Cutsinger 2002).

In the daily Muslim prayer life, training oneself in increasing one’s faith, is through the *dhikr* of God’s beautiful names (*asma’ al-husna*). ‘And Allah’s are the most beautiful names, so call on Him thereby...’ (Quran, 7:180)

Al-Jilani (d.1166 AD), the founder of the Qadiriyya sufi order writes regarding remembrance:

The way to free the heart, to purify it, is to remember God. At the beginning this remembrance can only be done outwardly, by repeating His divine names, pronouncing them aloud so that you yourself and others can hear and remember. As the memory of Him becomes constant, remembrance sinks to the heart and becomes inward, silent. Allah says:

Believers are those, when Allah is mentioned, feel a tremor in their hearts, and when they (see and) hear his manifestations their faith is strengthened (Al-Halveti 1992, Page 41).

Tremor here signifies awe, fear and love of God, according to Jilani. In the same treatise he

concludes that when one reaches inner purity, as a result, he/she is beautified with the best of

character and manners. Hence purification of the heart leads to outer change and a reformation of one’s morals (Al-Halveti 1992). Additionally, remembrance of God also gives peace of heart because the heart embraces the love of the divine (Al-Halveti 1992).

God’s attributes

How can these attributes assist the human being in his/her daily life? The answer to this question (which will follow) would lead us to approach a practical theology of God’s attributes. Qualities such as the Patient (*as-Sabur*), the Giver of serenity (*as-Salam*), the Protector (*al-Muhamyin*), the Protecting Friend (*al-Wali*), the Pardoner (*al-Afu*), the Clement (*al-Haleem*), the Merciful (*ar-Rahman*), the

Subtle (al-Latif), the All-embracing (al-Wasi'), the All-responsive (al-Mujeeb), the One Who expands (al-Basit), the Loving (al-Wadud) to mention a few, indicate how significant these immeasurable attributes are and what potential the human has to offer humanity. Here, it should be said, that only God has the 'patent' to these names in absolute terms since God and creature 'never combine' hence no incarnationism in Islam (Winter 2008). Humans can contemplate upon and enrobe these qualities but cannot 'own' them in their entirety. The qualities are already implanted in the human *fitrah* or natural disposition as it is often translated. The word *fitrah* originates from *fatara* meaning 'to split, 'to originate', 'to create'. This alludes to an original blueprint so that this 'bringing into being' may take place (Haeri 1997).

These qualities have to be explored, discovered, identified and polished in the self (nafs) according to the Quran:

By the nafs,
And the proportion and order
Given to it,
And its inspiration
As to its wrong and its right;
Truly he succeeds
That purifies it,
And he fails
That corrupts it.
(Q 91:7–10)

It is God's attributes that are implanted in the self, but they have to be 'known.' A well-known example of this discovering and reflection is the example of Adam who is given knowledge of all the names. (Q 2:30). But to comprehend these at a higher intensity he had to repent, redress and reflect over his actions after the fall. So, the human being through the example of Adam is encouraged to ponder over and actively come to terms with the inner tribulations in order to learn valuable and untold information about the self.

The more divine names and their remembrance fills the individual instead of the daily distractions, usual inner confusion, opinion of others, the more one may begin to experience the breath and pattern of remembrance. Just as God is the Ever-Living, the divine names are understood to be alive and spiritually inexhaustible and are transferred from the tongue where the remembrance initiates, to the mind, deeper levels of the personality and arrive and encompass entirely, the inner being. (Helminski, 1999)

The names of God, which are just one form of *dhikr Allah*, have a spiritual connotation in the Muslim mind. It acts like a *wird* (invocation) where reciting

and hymning the names of God can give patients solace and spiritual soothing. (Isgandarova, 2018) The 99 names, *asma al husna* (minimum 99, the total unknown) refer to the one God in multiple ways (Kowalski 2009).

Muslim theologians and Sufis have written exhaustively on the names of God. In the process they frequently describe the effect that each name may have on the selves that remember them (Al-Ghazali 1999). In practical terms, using Gods names gives Muslims guidance and personal image of God. In his introduction Al-Halveti writes:

The beautiful names of Allah are proof of the existence and oneness of Allah. O you who are burdened and troubled with the weight and suffering of the material world, may Allah make His beautiful names a soothing balm for your wounded hearts. Learn, understand and recite Allahs beautiful names. Seek the traces of Allahs attributes in the skies above, on the earth below and in what is beautiful in your being[...] (Al-Halveti 1983).

For one in need of spiritual care, Al Ghazzali and Al-Halveti's manuals can be regarded as means to retrieve immanence of God into the heart by 'adorning' themselves with the names of God. The names of God are attributes that patients can contemplate upon and make Gods personal in their experience of suffering and crisis. Patients having anxiety of death can for instance call upon *Al-wadud*, the all-loving, *Ar-Raheem*, the most merciful and *Al-qareeb*, the most near. They function, as solace-bringing practises and 'personalized rituals' for patients and relatives where prayer beads are used for recital.

A nurse from a neonatal ward calls me on phone and asks for a set of prayer beads for a mother with Muslim background who is hospitalized alongside her sick daughter pre-maturely born and weighing much under the average. I visit the ward the same day with the beads and some days later have a counselling session with the mother. She tells me that she has been chanting the names of Allah, *Hafeez* (protector), *al-Hayy* (the ever living) and *Malik-ul Mulk* (The owner of all creation) constantly. I ask her what this practice meant to her and she said that holding a prayer bead gave her something to hold on to physically, and the invocations of those particular names gave her a feeling that God would protect and give life to her baby.

I pondered afterwards on how hospital wards could store/make room for religious and spiritual 'merchandise' from different religions and life stance communities. It could be of countless interest to know what impact it had on staff-patient relationship if the nurses/doctors knew more about how their patients struggled and coped in times of tribulation.

A liver patient, once said to me during a counselling session: "In the beginning of my sickness, I thought a lot inside of myself, wrestled with Allah, complained to Him. I asked "why me?" Then I thought I was the cause of my sick-

ness. I had committed an offense. So, I sought forgiveness from friends and family and called everyone. That gave me a feeling of satisfaction. I had a direct line to Allah. I didn't think about anyone else. Read a lot of *Istaghfaar* (reciting the repentance formula)". The patient also mentioned that he recited the Qur'an with translation daily and prayed and recited the *asma al husna* (names of Allah).

The liver patient actively uses the religious practises during hospitalization and makes God personal by using terms as 'wrestling with God' and asking questions directly to God. This form of religious and spiritual practise highlights the importance of finding meaning and significance during calamity.

Until now we have investigated the theology and important concepts behind spiritual care in Islam, concentrating on the holistic human construction, the idea of *khidmah*, the motivation behind visitation of the sick alongside the more practical lived religious rituals as remembrance and its theistic connection. The sections above, even though theoretical in character, give background information and the rationale behind the thinking of spiritual care in Islam. My personal anecdotes from the hospital chaplaincy work illustrate practical and operational spiritual care.

In the next section the focus will be on chaplaincy, its institutionalization and an examination of an American female chaplains' work.

Muslim Chaplaincy in the West- from theory to practise

Dr. Attaullah Siddiqui in his meticulous report 'Islam at Universities in England-meeting the needs and investing in the future' written for the Minister of Higher Education in 2007 expounds these qualities of the Muslim chaplain/advisor:

1. *A good knowledge of Islam, preferably some kind of formal Islamic qualification.*
2. *Understanding of British society and university culture.*
3. *Understanding of other faiths and willingness to engage with them positively.*
4. *Communication and counselling skills and willingness to listen and be approachable.*
5. *Being open to all denominations within Islam. (Siddiqui 2007 p. 53)*

Even though there is a consensus, according to this study about the five qualities needed of a Muslim chaplain, it still leaves the reader pondering over the central question, what is Islamic chaplaincy? How do we define the concept and content of Muslim chaplaincy practice and is it compatible with secular institutions?

These questions are pertinent for discussions pertaining to Muslims and Islamic theology in public institutions also because of the increased interest in care services to citizens with Muslim backgrounds at predominantly monocultural Scandinavian countries.

On 8 November 2020, the world of British Muslim Studies lost one of its most thoughtful founding scholars. Dr. Ataullah Siddiqui worked at the Islamic Foundation in Leicester and its sister institution, Markfield Institute of Higher Education (MIHE), for some 40 years. Dr. Siddiqui was for a period responsible for the Islamic chaplaincy program at MIHE. His vision was very clear as he wanted a comprehensive and holistic alim/alima/imam role in the UK where the chaplaincy function plays a vital role in giving interpersonal skills and theological reflection to this function. His boldness can be exemplified by the fact that other faith chaplains taught at the Islamic chaplaincy program including Catholic and Anglican representatives. Dr. Siddiqui understood that Christian chaplaincy with its long tradition and grounded institution in the UK, could serve as an inspiration and resource for upcoming Muslims working in secular public institutions with inter-faith spiritual care settings, prevalent in the UK. He also understood the intricate and sensitive relationship that Muslim chaplains could have with chaplains with other faiths/life stances and had experience in dealing with that qua his interfaith work and relations.

Dr. Siddiqui mentioned once to me the importance of highlighting the theological spectrum of Islamic chaplaincy which too has its justification. The background information pertaining to ‘Muslim practise’ at hospitals is something which is implored by hospital staff. Why do Muslims do such and such? There has been keen interest from hospital staff in the West, especially in the area of palliative care, thanatology, end of life rituals, mental health issues, view of sickness, bereavement issues, domestic violence, sexual abuse for many years (Ahmed & Amer 2012, Baig 2019). This is also true for other religions and life stances. In this section I will attempt to give the rationale behind Islamic chaplaincy theology; navigating through the theological tunnel of Islamic care and how it is understood today.²

The word chaplain is English and comes from the Latin *cappellani*, which has different meanings. One of them is cloak. The word shows back to a tale of St. Martin, who was a Roman soldier (A.D. 316–397). After one day having

² In my ongoing PhD work at the University of Oslo entitled ‘Muslim patients with COVID-19 at Nordic hospitals- the role of faith and spirituality during times of sickness and tribulations’, I will also investigate the theology behind hospitalization of Muslim patients and its significance. “Naveed Baig: Ph.D. projects,” University of Oslo, accessed 01, August, 2021, <https://www.tf.uio.no/english/research/phd/phdprojects/Baig/index.html>.

helped a poor freezing man by tearing his cloak in two and covering him with one, he had a dream. In the dream he saw Jesus wearing that particular robe, and this vision led to a 'life conversion', through which he devoted his life to God and service of humanity (Farmer 2019).

A 'chaplain' is therefore a person who 'gives a part of himself' to a needy person.

The term chaplaincy is used in English-speaking countries for the employees who provide religious and life stance services at public institutions. These types of services are value based and include, among other things, existential conversations, spiritual support, religious rituals, counselling and often teaching and guidance to staff on ethical and existential issues -also in cross disciplinary settings (Snorton 2020).

Chaplains work closely with institutional leadership to ensure that religious and general services delivered by the institution are culturally sensitive and representative of the diversity of the patients/relatives that the hospital serves. Chaplains are also included on hospital ethics committees, advising on the complex biomedical ethical issues, teach and train hospital staff in topics related to religion, culture, ethics, spiritual care and the interplay between these. Chaplains also counsel patients, families/friends and staff as ethical decisions are considered and made for instance on abortion, ceasing respiratory machines and fasting during the Islamic month of Ramadan (Baig 2019).

The chaplaincy title is used today in English-speaking countries across religion and beliefs, and employees may therefore be Muslims, Catholics, Buddhists, etc. and are named after them: Buddhist Chaplain, Humanist Chaplain, etc. Chaplaincy is a specialist function within spiritual and existential care with special competency requirements (Gilliat-Ray et al. 2014). The Nordic countries do not currently have a similar concept or common word for this type of position called chaplain. Words like *sjælesorger* (soul carer / pastoral care worker) *koordinator* (coordinator), imam and more recently *muslimsk samtalepartner*³ (Muslim counsellor) are used in different contexts for care givers with Muslim backgrounds. (Baig 2019).

Norway, Denmark and Sweden have a deep-rooted and historical connection to their respective Lutheran churches – Protestant Christianity being the majority religion since the reformation. In Sweden, church and state are separated, but at the institutional level including hospitals, there is close cooperation. In Denmark, the Lutheran pastors are the only religious representatives who are formal-

³ "En historisk ansettelse: News," Oslo University Hospital, accessed 01, August, 2021, <https://oslo-universitetssykehus.no/om-oss/nyheter/en-historisk-ansettelse>

ly employed at public institutions apart from a few exceptions and according to the Danish constitution, § 4, “The Evangelical Lutheran Church shall be the Established Church of Denmark, and as such shall be supported by the State”.⁴ In Norway, there is today a formal separation between church and state⁵, but in terms of the historical pastoral services at hospitals for instance, the church still has a marked presence and organizational structure intact. True for these Scandinavian countries is that the church is embedded in chaplaincy services at most of the hospitals in this region (Baig 2019).

Fields of Islamic spiritual care and its understanding

Even though Islamic spiritual care as we have seen, is an independent discipline, it is related to other forms of care and formation in Islamic theology like *bildung* (*tarbiyyah*), preaching (*dawah*), ethics (*ikhlaaq*), spiritual purification (*tazkiyyah*) and prophetic medicine/healing (*tibb un nabawi*). Islamic spiritual care has many forms and levels to help individuals strengthen and reflect upon their life convictions and abilities to face personal, relational, or public challenges which may include grief and loss, emphatic listening, parenting etc. Islamic spiritual care is more than clerical responsibility. The main goal is healing, sustaining, guiding and reconciling (Isgandarova 2014).

Although there is no tradition of institutionalized chaplaincy that goes back to the early formative years of Islam there is an implicit theology that supports and inspires what can be paralleled to Christian pastoral care. Moreover, the long history of organizing and systematizing pastoral care in the West has not been seen in the Islamic theological history (Baig, 2010). There are three primary reasons for that:

- 1) there is no single authority that can define the word of God. The imam role is decentralized and there is no ‘imamhood’ in Islam.
- 2) The family role is superior.
- 3) Social conditions have been changing (Gilliat-Ray et al. 2013).

⁴ “The constitutional act of Denmark: Publications, “ The Danish Parliament, accessed 25, August, 2021, https://www.thedanishparliament.dk/-/media/pdf/publikationer/english/the_constitutional_act_of_denmark_2013-d-.pdf.ashx.

⁵ “Norway Ends 500-Y-O Lutheran Church Partnership, ‘Biggest Change Since the Reformation: News,” Christian Post, accessed 25, August, 2021.<https://www.christianpost.com/news/norway-ends-500-year-old-lutheran-church-partnership-biggest-change-since-reformation-172480/>

The changing religious demography (Islam being the largest religious minority in all Scandinavian countries) has had consequences for public institutions across Western Europe serving a ‘mixed population’ stemming from a wide range of cultures and faith groups (Swift et al. 2016). Today, the facilitation of religious diversity (or the lack of it), the local context of the institution and national socio-economic/political circumstances are determining the degree of recognition of multi-faith chaplaincy in many European countries including Scandinavia.

It is a paradox that chaplaincy – even though a liminal area in religious practise – has had powerful significance on how it’s viewed on legal, political, educational and religious grounds in Nordic countries (Swift et al. 2016). An example of this is The University of Oslo’s (UIO) new Master program in Chaplaincy including Buddhist, Muslim and Humanist modules that made headlines in the press and its launch reception attended by notables including Crown Prince Haakon Magnus of Norway, something quite unique, for University academic programs in Norway.⁶

Spiritual care through institutional chaplaincy

One of the complexities that institutionalized Muslim chaplaincy faces today is the task of excavating and polishing the vast theological material into the chaplaincy services that meet the ‘everyday Muslims’ living ‘ordinary lives’ in vulnerable situations.

An American study led by the University of Michigan Health System, finds positive aspects in Muslim hospital chaplaincy (Padela et al. 2011). The study that was published in the *Journal of Religion and Health* argues that four major types of roles for religious leaders in the healthcare setup emerged in their thematic analysis. They are as follows:

1. Encouragement of healthy behaviors through religious based messages in Friday sermons and lectures.
2. Performing rituals around life events, illnesses and death
3. Advocating for Muslim patients and delivering cultural sensitivity training in hospitals
4. Assisting in healthcare decisions for mosque congregants

⁶ ” Kronprins Haakon deltar når UiO åpner masterprogram for imamer og andre religiøse ledere: News,” University of Oslo, accessed 26, August, 2021, <https://www.uniforum.uio.no/nyheter/2019/03/kronprins-haakon-deltar-under-apningen-av-nytt-stu.html>.

But participants in this study also identified several areas of cultural conflict and challenges for imams. For example, limited medical knowledge, clinical uncertainty, lack of accessibility and availability of imams are some of the barriers that the study finds.

The American findings strengthen the perception that there is a clear need of addressing the issue of involving and integrating Muslim religious figures in health care related matters. But this involvement requires prerequisites such as education and confidence building measures between health care institutions and religious care-givers.

Also, the study elucidates on the taxonomy of imams and describes the categories of imam as sermon-giver (khateeb), spiritual guide (shaykh/imam), Islamic law expert (shaykh/imam), director of mosque(shaykh/imam). The term imam is fluid and imams are not like clergy in Christianity, often having more diffuse, varied and informal roles (Rassool 2016). These types of discussions and classifications are essential for what is in a word? In this case very much. The word imam has a certain connotation but is also understood very differently (for example between shia's and sunni's) and can be a hindrance in employment for Muslim women who wish to work at hospitals and cater for patient needs for instance. The study highlights primarily ritual and educational focused functions of Muslim leaders not addressing the potential roles of counselling, chaplaincy and pastoral care, including its dilemmas in healthcare institutions.

“Musings of a female Muslim chaplain” – a case study

What is clinical pastoral care seen from a Muslim chaplain's lens?

One of the most complex and intrinsic tasks for contemporary Muslim theology is recovering its tradition from that past and making it available for the present. How do Muslim spiritual caregivers extract from the past texts and deliver in the present? In 2003, I was invited to deliver a lecture around the topic of Islamic spiritual care at the Islamic-Christian Study Centre in Copenhagen. I was a novice and had made a power-point presentation with religious quotes primarily from the Quran and *ahadith* literature with some help from colleagues. But I was entangled in the following questions: How to deliver spiritual care in specific clinical situations? How to communicate with patients by bed side? Is there an Islamic equivalent to the Christian pastoral/spiritual care?

In the following pages I have used an example of an American female chaplain who reflects on her chaplaincy work (gives answers to my above mentioned queries) and lays a foundation for a praxis of contemporary Islamic chaplaincy based on theology.

Sondos Kholaki, an American-Muslim chaplain working at a hospital in Southern California describes her encounters in diary form collecting her entries which she posted on social media between the years 2016–2019. It became a publication titled ‘Musings of a Muslim Chaplain’ (Kholaki 2020). She earned her Master of Divinity degree in Islamic chaplaincy from Bayan/Claremont School of Theology and completed her Clinical Pastoral Education residency at a hospital in Southern California.

Kholaki has divided her diary into themes and the book has 8 chapters with headings such as ‘chaplaincy’, ‘heart work’, ‘community’, ‘Gods plan’ and ‘children’. Her writings give readers substantial insight not only into her own abilities and concerns but takes the reader into the deep abyss of patients’ ‘meaning making’ processes. She describes scrupulously her own uncertainties giving the reader an intimate experience of her encounters with patients, colleagues and staff.

One of these concerns is what Kholaki calls ‘leaning into the discomfort’ alluding to the difficulties addressing patient’s hardships and aligning oneself with them. Here she emphasizes her clinical training program (CPE), supervision, clinical experience and self-awareness shaping her to attain competencies and subsequently foothold. Another concern was focusing on ‘being’ instead of ‘doing’ – understanding the importance of holding back from giving advice and offering ‘clear cut’ solutions to patients. Kholaki describes an attribute of the Prophet Muhammad as, ‘being absorbed in the narrative of other’ as an existential tool in her work. Her active use of the Prophetic example as described earlier in this text is not uncommon amongst Muslims – laymen and theologians alike.

Kholaki describes her own God talk and connection to God in a daring experiment. Using Sufi terminology (*Dost* for friend) she explains that Sufis have an unfiltered and candid conversation with God wherein they have the freedom to express their deepest emotions just as friends do. She exposes herself and tells of her own transformation from formal and memorized prayers to more open and frank prayers to God. Due to the emotional pressure from her chaplaincy work she needed to verbalize her pains and longings to a ‘comforting presence’, with ‘a knowledge that someone is a witness to your unbearable pain’ (Kholaki 2020).

Community and colleagues

For Kholaki, community is not only her Muslim network and congregation but her co-workers, the chaplains and neighbours. The intra-chaplaincy spiritual connection and cooperation between Kholaki and her colleagues is mentioned profusely, and one senses the deep respect and humility she has for her seniors

and educators especially from her clinical education program. Some studies have reflected upon the role of the majority church in cooperating and engaging chaplains from other faiths. In one Scandinavian study it was established that all Muslim chaplains (employed and volunteers) had close cooperation with their Christian counterparts at many levels. But it was not just left to cooperation. Muslim chaplains explain that much of their practical pastoral and counselling skills were either learnt from, or inspired, by Christian chaplains (Baig, 2019). Until recently there was no Islamic chaplaincy education in Scandinavia and that can be one of the reasons for this approach and desired learning from Christian pastoral care givers. One Christian chaplaincy manager at a Norwegian Hospital explained that cooperating/working with Muslim chaplains enabled the chaplaincy team's multicultural and multi-faith image to take flight, alluding to the chaplaincy services getting recognition from the institution and society in large, in return (Baig, 2019). Bearing in mind the character of the secularized Scandinavian institutions, it could also prove to be strategically smart to 'join forces' with other faith groups to prove chaplaincy's legitimacy at public institutions.

Kholaki also has a chapter on chaplaincy where she presents five 'whats' of Islamic pastoral care in condensed form. She emphasizes hospitality as a central tenet which involves creating a welcoming environment, using presence, active listening, compassion and connection regardless of the care-seekers faith background. In the chaplaincy team where Kholaki works it is expected that chaplains can speak and chaplain everyone. With hospitals becoming more professionalized and specialization being the trademark at many places, the chaplaincy domain is also under pressure to adopt and 'perform'. The central question today is what are the essential chaplaincy functions and what are their effectiveness? What are professional chaplaincy skills and how do they differ from psychotherapy, trauma psychology, nursing care etc.?

Not only does this diary publication give a starting language to Muslim chaplaincy in a modern setting but it introduces albeit in note form, an Islamic care theology. It's a rare publication that sheds light on the core issues of practical care immersing from a chaplain's mind and heart. Kholaki does not have much theory in her musings but leans on her self-reflection and deep contemplations. This makes the entire booklet very personal, which was the intent. However, it does not give a theoretical exploration of Islamic chaplaincy.

The finest form of theology is that which critically recovers the theology from the past only to constructively renew it for today's needs. Recovering theology is a beautiful, demanding and skilful act that requires insight and knowledge just as much as it requires seeing the world through lenses of the present. It is the interplay of the past and present that stimulate a new language and knowledge

and broaden our horizons. Theology has its relevance for its users, if it manages to give the individual a meaningful understanding of the world and inspiration for a ‘caring engagement’ in the world.

Concluding remarks

Hospital chaplaincy done today has its base, inspiration and legitimacy from Islamic theology and practice. Also, Islamic pastoral care, as seen in the case of Kholaki is contextual, practical, reflective and patient-centered. The interdependency of classical Islamic theology and the contextual lived reality of humans cannot be underestimated. As I have tried to establish in the first section of this chapter, theological humanitarianism as enshrined in the concept of *khidmah* puts the human being in the center of affairs. The whole human being is sacred and needs full attention during times of need and crisis. The humans physical, psychological, social and spiritual needs all must be catered for to bring equilibrium in life.

Here it is necessary for institutions which have the responsibility of delivering care and comfort see the whole human being. Hospitals are places where hospitality flourishes for the sick and their relatives. From decorated and personalized rooms for children at intensive wards, to hospital art exhibitions and gardens at premises, many hospitals are moving towards a more holistic approach to person centered care where the physical, psychological, social and spiritual needs are all part and parcel of the hospital culture and policy. Not surprisingly the Scandinavian word for hospital is *sygehus /sjukehus* meaning a home for the sick. If chaplaincy wishes to stay relevant it must recall exactly that. To make patients feel at home – being hospitable and concerned for them and their wellbeing.

If Islamic chaplaincy wishes to be present and be relevant at hospitals and other public institutions for that sake, it must too address patient needs and ponder over its own *raison d’être*. The process of individualization in the West has forced minority religious traditions- including Muslims, to find way and means to deliver spiritual care in settings where earlier, families partook that function. This institutionalization has resulted in, amongst other things, a kind of renewed and systematic understanding of spiritual care- getting inspiration from the long Christian history and practise of chaplaincy.

Islamic spiritual care is the Muslim term to describe religiously based spiritual care offered by religious and spiritual leaders to congregations and individuals. Its essence is founded on the Qur’an and the Sunnah as we have discussed earlier in this chapter. Even though Islamic spiritual care is an independent dis-

cipline, it is related to other forms of Islamic care such as Islamic education, preaching, ethics and spiritual healing. It has many forms and levels to help Muslim patients to broaden their understanding of life and abilities to face the personal, relational or public challenges, which include grief and loss, emphatic listening, parenting, etc. Islamic spiritual care today is more than clerical responsibility since it is a specialized and professional field where training, research, inter-faith, administration, teaching staff and other responsibilities are part of the daily work. Subsequently, there is a challenge ahead, for congregations, hospitals, practitioners, academia and most of all society at large to define the what, who and how of spiritual care. This chapter tried to assess and define the what of Islamic spiritual care and partially the how. These pertinent questions will remain and their importance will increase in the diverse and multireligious societies we are living in.

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