



Caregiving to Muslims

A GUIDE FOR CHAPLAINS, COUNSELORS, HEALTHCARE
AND SOCIAL WORKERS © 2017



7th Annual National Shura 1438 & In-Service Training for
Chaplains, Imams & Other Service Providers to the
Muslims Community

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Why Write This Book?

- ▶ Offer suggestions for *Islamic compassionate care* to individual healthcare workers and administrators in related institutions
- ▶ These professionals may include clinical chaplains, medical personal, counselors, social workers and others
- ▶ Assist in the development of training modules in the area of *cultural competency*
- ▶ CPE/T, hospitals, schools of social sciences, and clinical pastoral educators are primary targets of this work

Pastoral Care

- ▶ It is a *term of art* used primarily by non-Muslims religious caregivers, specifically Christian chaplains and clergy
- ▶ Some Imams and Muslims caregivers find the term Islamic companionate care more meaningful.
- ▶ Clinical pastoral care is a particular method inquiry and exploration used by some caregivers
- ▶ Each profession has its own vocabulary for describing the recipient of its services.
- ▶ Hospitals may use the term *patient*. Counselors may use the word *client* (ASAM, 2013, p.15)

Chapter Roadmap

- ▶ Chapter 1: Fundamental of Al-Islam
- ▶ *Chapter 2: Basis of Holistic Pastoral Care for Muslims*
- ▶ Chapter 3: Al-Islam, Muslims, and the American Health Care
- ▶ Chapter 4: Culture/Tradition of the Muslim
- ▶ Chapter 5: Identifying the Spiritual Roots of Terrorism
- ▶ Chapter 6: Al-Islam and Clinical Analysis
- ▶ Chapter 7: The Caregiver and Muslim Spiritual Assessment

Possible Issues for Clinicians

- ▶ *Trust Issues*: thinking or believing that you consider client a terrorist, knowing a terrorist, or related to one (Islamophobia)
- ▶ *Foreign-born Muslims*: a) grief over the loss of friends or relatives to US supported drone bombings in their country of birth; and b) knowing someone detained (sometime questionably) by the US; and questions on US foreign policy.
- ▶ *African American Muslims*: a) thinking or believing that the caregiver does not consider them *real Muslims*; b) medical malpractice (historic issues of misuse in experiments).
- ▶ *Domestic Issues*: a) general family confidentiality; b) male hierarchy as spokesperson(s); and c) western attitudes concerning the role of women.

Possible Issues for Clinicians (con't)

- ▶ *Understanding and responding to the cultural difference among Muslim groups:* a) reluctance to shake hands or touch persons of the opposite gender, b) avoiding looking directly into someone's eyes when talking, c) women being alone male medical or housekeeping staff (leave door ajar or open).
- ▶ *Issues of ritual purity (Zeno, 1996):* Salaat (Muslim prayer) is required at least five times a day. Cleanliness is an important component of this process. There is a specific ritual for performing the washing part of the body. There are circumstances under which the ritual may be altered. However, hospitals and the patient's physical condition may present a formidable challenge to an observant Muslims: a) incontinence pads, b) catheter and drainage bags maintenance c) inability to shower following doctor's instruction, and d) blood from IV's, or tubing.

Possible Issues for Clinicians (con't)

- ▶ *Gender issues in treatment:* a) preference for same gender medical staff; b) especially, for personal hygiene bathing, catheter insertion, and c) pre-op procedures such as shaving.
- ▶ *Prayer space:* a) use of the chapel for salaah (prayer) while the room may have uncovered statues and religious images.
- ▶ *Need for modesty in dress such as:* a) patient gown covering the female body from the neck down with long sleeves that reach the wrists, ankle length, covers back, b) desire to wear hijab (head covering) at all times c) trousers for men (at least covered from the navel to the knees)
- ▶ *Dietary issues:* a) request for halaal food (ritualistically slaughtered), b) avoidance of porcine (pork-based) products (including medications).
- ▶ *Loss of control personal control:* art of balancing medications for pain control or anxiety/depressions and the patient's ability to maintain clear mind for meeting prayer obligations during salaah (prayer).
- ▶ *Medical Ethics:* a) prolonging life artificially, b) pain management, c) abortion issues to save a life, d) organ donors.
- ▶ *End of life issues:* a) desire for the reading of Surah Ya Sin (Chapter 36) when dying; and b) ritualistic washing of body upon death, c) Janaaza (funeral) prayer and immediate burial.

Who are the Muslims?

- ▶ The second largest religion in the world.
- ▶ 1.3 billion Muslims world-wide
- ▶ 5 million in the USA.
- ▶ African American Muslims were the largest population at 42%,
- ▶ South Asians 24%,
- ▶ Arabs 12.4%,
- ▶ Africans 5.2%
- ▶ others 16.4%

(Nu'man, 1992, p.13)

Glorious Qur'an

- ▶ Muslims believe that Al-Qur'an (The Recitation) is the last sacred book and final revelations from Allah (swt) to mankind.
- ▶ The Qur'an identifies itself by many names. Some of these include: Al-Kitab (The Book), Al-Dhikir (The Reminder), Al-Ruh (The Spirit), Ar-Rahman (The Mercy), and Al-Haqq (The Truth).
- ▶ Consists of 114 Chapters (Surahs), 30 parts (ajza), and 6247 verses (ayat) (Ali, 1995, i-ii).
- ▶ The angel Gabriel (as) referred to as The Holy Spirit, directly transmitted the message into the heart of the Prophet Muhammad. The first revelation occurred during the month of Ramadan on Lailat Al-Qadr (The Night of Power).

Fundamentals of Al-Islam

- ▶ Belief in Allah *La illaha illallah*, there is no deity/god except Allah.
- ▶ The Supreme, The Merciful, Compassionate:
- ▶ Belief in all the Prophets and Messengers of Allah (swt):
- ▶ Belief in Angel Beings:
- ▶ Belief in Jinn Beings:
- ▶ Belief in the Day of Judgment and the Hereafter:
- ▶ Belief in Predetermination

Importance of Covenant in Al-Islam

- ▶ According to Webster's Dictionary (1966), the word *covenant* is defined as: "A *binding and solemn agreement to do, or keep from doing a specific thing.*" In other words, an agreement is something to which you say "yes;" something to which you give your word, pledge, or commitment. A covenant also implies that there is a binding authority to mediate disputes. In the covenant in Al-Islam, Allah (swt) promises that if we are faithful to Him, He will be faithful to us: "*Then do ye remember Me, I will remember you. Be grateful to Me, and reject not Faith.*" (Al Baqarah 2:152).

Covenant with Prophet Adam and His Mate

After the disobedience, Allah offered a covenant (agreement for obtaining His mercy) as follows:

- ▶ We said: *“Get ye down from here! And if, as is sure, there comes to you guidance from Me, whosoever follows My guidance, on them shall be no fear, nor shall they grieve. but those who reject faith and belie our signs, they shall be companions of the fire; they shall abide therein.”* (Al-Baqarah, 2:38-39)

Covenant with Prophet Muhammad

- ▶ Allah has promised, to those among you who believe and work righteous deeds, that He will, of a surety, grant them in the land inheritance (of power), as He granted it to those before them; that He will establish in authority their religion -the one which He has chosen for them; and, that He will change their state, after the fear in which they lived, to one of security and peace. They will worship Me (alone) and not associate aught with Me. If any do reject faith after this, they are rebellious and wicked. (An-Nur, surah 24:55)

Basis of Clinical/Islamic Care

- ▶ *...Whosoever removes a worldly grief from a believer, Allah will remove from him one of the griefs on the Day of Judgment. Whosoever alleviates [the lot of] a needy person], Allah will alleviate [his lot] in this world and the next. Whosoever shields a Muslim Allah will shield him in this world and the next. Allah will aid a servant so long as the servant aids his brother.*

-Prophet Muhammad (pbuh) - An-Nawawi, Hadith NO. 36

Sigmund Freud's Comment on Religion

- ▶ *Religion has clearly performed great services for human civilization. It has contributed much towards the taming of the asocial instincts. But not enough. It has ruled human society for many thousands of years and has had time to show what it can achieve. If it had succeeded in making the majority of mankind happy, in comforting them, in reconciling them to life and making them into vehicles of civilization, no one would dream of attempting to alter the existing conditions.*
- ▶ *But what do we see instead? We see that an appallingly large number of people are dissatisfied with civilization and unhappy in it, and feel it as a yoke which must be shaken off, and that these people either do everything in their power to change that civilization, or else go so far in their hostility to it that they will have nothing to do with civilization or with a restriction of instinct.*

-Freud, Sigmund, The Future of an Illusion, 1961, p.47

Human Devils

- ▶ The Islamic concept of human devils is an area where psychotherapists, counselors and Imams can particularly work together. Allah (swt) in His Wisdom permits every kind of human behavior. Al-Qur'an revealed that Allah (swt) created humans in the best mold (At-Tin 95:4-5). He then permitted them free-will to make behavioral choices. These choices operate within the limits of His plan. Some behave like saints; others like human devils:
- ▶ ..."verily, one of you behaves like the people of Paradise... and that which has been written overtakes him and so he behaves like the people of the Hell-fire and then he enters it; and one of you behaves like the people of Hell-fire ...and that which has been written overtakes him and so he behaves like the people of Paradise and then he enters it. " (An-Nawawi, Hadith No.4)

Spiritual Roots of Terrorism

- ▶ *Whosoever of you sees an evil action, let him change it with his hand; and if he is not able to do so, then with his tongue; and if he is not able to do so, then with his heart — and that is the weakest of faith.*

- **Prophet Muhammad, An-Nawawi, Hadith, No.34**

- ▶ *Some of these chronically misunderstood people retreat into religion, where they proceed to do exactly as they did before. They complain and commiserate with themselves, shifting the burdens onto the shoulders of a benevolent God. They think only about themselves. It is therefore natural for them to believe that God, this extraordinary honored and worshipped being, is concerned entirely with servicing them and is responsible for their every action.... They approach their god just as they approach their fellow human beings, complaining, whining, yet never lifting a finger to help themselves or to better their circumstances. Cooperation, they feel, is an obligation only for others.*

Abraham H. Maslow, Toward a Psychology of Being, pg. 214

Partial Basis for Spiritual Conflict or Distress

- ▶ Community impression or feeling of being under siege by several enforcement agencies.
- ▶ Muslims seem to be colored by the labels of Islamic terrorist, Muslim Fundamentalist, etc., in the same manner that Black or Latino persons can be tainted by the criminal actions of a few members of their communities
- ▶ Gross ignorance of the general American public of how Muslims view the sanctity life, the religion of Al-Islam, and the building of communities founded on peace and justice, leads to mistrust, cross-talk, and inauthentic communications
- ▶ Destructive actions of mischief-makers (Muslims and non-Muslims) who foment discord for political and/or economic reasons as well as purposes of self-aggrandizement
- ▶ Seemingly government's total disregard and/or denial of the adverse effects of "*collateral damage*" to civilians/non-combatants during "seek and destroy" missions/drone missile strikes
- ▶ Unresolved feeling of grief, pain, anger, and helplessness of some individual Muslims/Communities related to issues of loss of non-combatant life. i.e. family, friends, as well as property
- ▶ Rendition practices and arbitrary or random government surveillance

Persecution is Worse Than Slaughter

- ▶ Oh My servants, I have forbidden oppression (dhulm) for Myself, and I have made it forbidden amongst you, so do not oppress one another. Oh My servants, all of you are astray except those whom I have guided, so seek guidance from Me and I shall guide you... (An-Nawawi. Hadith 24)
- ▶ Fight in the cause of Allah those who fight you but do not transgress limits; for Allah loveth not transgressors. And slay them wherever ye catch them and turn them out from where they have turned you out; for persecution is worse than slaughter...(Al-Baqarah 2:190-191)

Persecution is Worse Than Slaughter (con't)

- ▶ A coward dies a thousand times before his death, the valiant never taste of death but once. Of all the wonders that I yet have heard, it seems to me most strange that men should fear, seeing that death, a necessary end, will come when it will come. (Shakespeare, 1919, p. 36)
- ▶ In essence I am deliberately rejecting our present easy distinction between sickness and health, at least as far as surface symptoms are concerned. ..In a word if you tell me you have a personality problem I am not certain until I know you better whether to say “ood” or “I’m sorry”. It depends on the reason. And, these it seems, may be bad reasons, or they may be good reasons.... Clearly what will be called personality problems depends on who is doing the calling...What is sick then is not to protest while this crime is being committed. (Maslow, 2011, p. 6-7)

DSM 5 Text Revision (TR) Adviso

- ▶ In the United States, clinical mental health analysis primarily is based upon criteria in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5 TM). The American Psychiatric Association published its most recent version in 2013.
- ▶ The DSM-5 TM offers criteria for various psychological disorders including but not limited to schizophrenia, anxiety disorders, personality disorders, and others. There is a question as to whether terrorists generally have a mental disorder.
- ▶ Perhaps, the day will come when there is enough valid data to produce an informed opinion and criteria for identifying and defining a “terroristic personality disorder.” It will be interesting to see whether the final definition of such a disorder will be purely clinical, or whether it will be based on Western cultural bias.

DSM 5 Text Revision (TR) Adviso (con't)

The DSM-5 TM gives us a clue of things to come in future revisions

- ▶ It includes discussions on mental disorders and their relationship to cultural, social, and familial norms and values.
- ▶ It includes narratives on Cultural Formation
- ▶ It and identifies and explains: Cultural syndrome; Cultural idiom of distress; and Cultural explanation or perceived cause. (APA, 2013, p.14)

I recommend the following:

- ▶ The APA immediately begin to involve Muslims in cultural and clinical dialogue in preparation for future revisions (DSM-5 TR) , and
- ▶ That Muslims clinicians/clinical pastoral educators organize and be prepared to engage the APA on the role and limitation of religion and culture in mental health diagnosis.

Carl Rogers' suggestions for being an effective caregiver

- ▶ Be true to yourself
- ▶ Permit yourself to understand the other person
- ▶ Open channels for authentic communication
- ▶ Be accepting of differences/distinctions
- ▶ Allow the patient to tell his/or her own story without interference
(Rogers, 1961, pgs.16-22)

Pruyser's Diagnostic Variables

- ▶ *Awareness of the Holy*: sense of those things that are sacred, revered, inspire awe or bliss, higher power, untouchable, or atheistic
- ▶ *Providence*: divine purpose/intervention, meaning of life, hope, issues of trust, afterlife, heaven/hell, fatalism
- ▶ *Faith*: religious tenets, rituals, beliefs, scripture, spirituality, humanism, magical thinking
- ▶ *Gratefulness*: ability to appreciate and value life, family, people, authentic humility, or lack thereof

Pruyser's Diagnostic Variables (con't)

- ▶ *Repentance*: responsibility for actions, regret, remorse, repairing harm, offense to G-d, understanding of penance, lack thereof
- ▶ *Communion*: relationship with mankind, family, society, church/masjid/temple, peer groups, organizations; and
- ▶ *Vocation*: calling, willingness to participate with others, values interpersonal relationships, sense of mission. (Pruyser, 1963, 61-79)

Relationship of Pruyser's Variables to Al-Qur'an

- ▶ Better understand Muslim spirituality
- ▶ Engage, explore, or evoke comments
- ▶ Explore meaning of spiritual distress
- ▶ Develop a strategy for assisting the patient/client
- ▶ Assist in movement towards improved spiritual wellness

Case 3 Encounter

- ▶ Aisha is a 41-year-old African American female Sunni Muslim. She is married and has an eleven year old son. Her chart listed her condition as having Stage VI Bronchus/Lung Cancer. Doctors informed her that she had less than a month to live. Her husband and son often stay overnight in her room at the hospital. The husband insisted on being present during the chaplain visit. He expressed his displeasure with male staff visiting the room while his wife wears only a hospital gown. The husband insinuated himself into the chaplain's conversation with his wife. The wife appeared annoyed, yet deferred to her husband.

Case 3 Encounter

- ▶ The patient described her feelings concerning various levels of pain she experienced. She wondered aloud whether her suffering would somehow benefit her in the afterlife. She stated that she did not want to die and leave her son without a mother. She reported that reciting Surah Al-Fatiha (opening chapter of Al-Qur'an) gave her much comfort. Aisha expressed concerns about being ritually impure for making prayers. She suggested that because she was confined to the bed, she did not have access to enough water necessary for making *wudu*. Aisha expressed anxiety concerning her remains. She feared that she would not have a proper Muslim burial. She reported that she and her husband did not affiliate with a particular community.
- ▶ During a follow-up visit, the patient reported that her husband was in jail. She stated that he left the son alone at the shelter while he went to the laundry mat. The Agency for Children Services (ACS) took custody of the child.

Case 3 Pastoral Care Concerns

- ▶ Patient's fear of/preparation for death, and concern about the afterlife
- ▶ Inability to adequately discuss fears privately
- ▶ Hospital respect for Muslim religious traditions
- ▶ Husband's interference with best medical and spiritual care for patient
- ▶ Proper Muslim burial services
- ▶ Coordination with social worker
- ▶ Patient's spiritual stress related to uncertainty of future of husband and son

Case 3 Interventions

- ▶ Journeying and spiritually comforting patient during her end-stages of life
- ▶ Provided emotional space for patient to fully express her feelings and fears
- ▶ Pastoral presence to husband as he processed spiritual distress related to loss of his wife
- ▶ Pastoral presence as husband processed spiritual stress related to becoming a single parenthood

Case 3 Outcomes

- ▶ Chaplain able to help patient process her immediate fears and concerns
- ▶ Patient reported that she felt better prepared for death
- ▶ Patient identified an appropriate and comfortable level of ritual purity for prayer given her restrictions
- ▶ Husband received useful burial information and assistance
- ▶ Husband and son better able to begin to address their grief
- ▶ Husband able to identify and accept a supportive role in his wife's end-stage process
- ▶ Hospital and healthcare team better able to provide effective and meaningful service to patient and family

Case 3 Pruyser Variables

- ▶ Awareness of Holy: Islamic traditions held sacred
- ▶ Providence: Meaning of life/death, afterlife
- ▶ Community: Family relationships; Islamic communal burial obligations respected
- ▶ Faith: Desire to practice religious obligations/purity rituals

Case 4 Encounter

- ▶ Encounter
- ▶ Zubir is a 24 year old Arab-American. He was born, raised, and college educated in Northern New Jersey. His family is wealthy. He lived a privilege life. The Bergen County Department of Probation through its Intoxicated Driver's Resource Center (IDRC) mandated Zubir to substance use disorder treatment for driving under the influence (DUI). This is his second offense. His license was suspended for 2 years. He spent over \$2,000 in fines and 90 days in jail. A third offense carries a penalty of 10 years license suspension, 180 days in jail, as well as additional financial obligations.

Case 4 Encounter (con't)

- ▶ Zubir started drinking heavily at age 15. He first used cocaine at age 21. His psychiatrist prescribed amphetamines (Adderall) for attention deficit hyperactivity disorder (ADHD), alprazolam (Xanax) a benzodiazepine for anxiety, and Percocet (opioid) for a severe auto accident related back injury. Zubir reports a 5 years history and current recreational use of cocaine.
- ▶ Patient is separated from his wife. He reported a legal custody battle concerning his 3 year old daughter. Patient reported fear at the thought of losing contact with his daughter. Patient reported being estranged from his family, due in part, to his substance use disorder. Patient stated that he experiences severe shame and guilt because he us a drug-taking-Muslim. Patient reported issues of loneliness and feelings of hypocrisy

Case 4 Pastoral Care Concerns

- ▶ Patient willingness/ability to use faith (theology) and belief (praxis) as part of a recovery strategy from illicit drugs
- ▶ Patient's spiritual distress related to peer, family, and community pressures and rejection
- ▶ Patient's spiritual discomfort addressing mental health and illicit substances challenges
- ▶ Patient's guilt and shame related to challenges with perceived religious obligations
- ▶ Techniques for spiritual recovery, and identify spiritual resources
- ▶ Absence of a spiritual support network

Case 4 Interventions

- ▶ Spiritual assessment of readiness to change
- ▶ Consultation with psychiatrist
- ▶ Active listening
- ▶ Explore available options
- ▶ Reinforce spiritual strengths
- ▶ Recommend strategies for expanding support network
- ▶ Millati Isalmi (Muslim Recovery Program)

Case 4 Outcomes

- ▶ Patient identified next steps on the path to spiritual wellness
- ▶ Patient able to reduce self-hate-speak and focus on spiritual strengths
- ▶ Patient identified and committed himself to the “action” state-of-change
- ▶ Patient able to make amends and begin to improve family relationships
- ▶ Patient stated he planned to initiated a study group for peers with substance use disorders



Qur'anic Comfort and Healing in Contemporary Times

UNFOLDING THE JOYS OF AL-ISLAM

(COMING SOON IN 2017)

Case 4 Pruyser Variables

- ▶ Awareness of Holy: Surrender to Allah (swt) as the higher power
- ▶ Providence: Progressive improvement towards future without drugs
- ▶ Community: Reduced feelings of isolation, study group
- ▶ Gratefulness: Better able to appreciate life and family
- ▶ Repentance: Processed feels of spiritual distress related to guilt and shame for actions,
- ▶ Vocation: Willing to participate un fellowship with others

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Questions/Comments

