

# Conceptualising Islamic Spiritual Care: Between Traditional Guidance and Modern Practices

## e-Proceedings of International Conference on **Islamic Spiritual Care** 2021

27 - 28 DECEMBER 2021

**Editors:**  
**Khairil Husaini Bin Jamil**  
**Muhammad Adli Bin Musa**  
**Arnold Yasin Mol**



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## **e-Proceedings of International Conference on Islamic Spiritual Care 2021**

### **Conceptualising Islamic Spiritual Care: Between Traditional Guidance and Modern Practices**

International Conference on Islamic Spiritual Care 2021

27 – 28 December 2021

on Zoom platform

organised by Department of Qur'an and Sunnah Studies, AbdulHamid AbuSulayman Kulliyah of Islamic Revealed Knowledge and Human Sciences, International Islamic University Malaysia

and

Islamic University of Applied Sciences, Rotterdam.

Editors:

Khairil Husaini Bin Jamil

Muhammad Adli Musa

Arnold Yasin Mol

The e-Proceedings of INSPIRE 2021 is an electronic publication for revised and extended papers presented at the INSPIRE 2021 conference via the online Zoom platform on 27-28 December 2021. All papers in the e-Proceedings correspond to communications submitted and accepted for the INSPIRE 2021 conference. All proposals went through a review process by two reviewers prior to being accepted. Approximately 50 proposals were shortlisted, of which 32 were accepted for presentation, 21 were presented and in total 20 papers are included in the e-Proceedings. Summaries of presentation by keynoters as well as main and invited speakers are provided too.

All proposals were prepared after the review of the abstract and all presenters were assigned to two main discussants who should have offered their feedback to the proposals during the conference. Subsequently, some revisions were made to the proposals included in the e-Proceedings.

On the whole, the e-Proceedings represent a comprehensive overview of the multifaceted concepts of Islamic spiritual care. It involves presenters from various countries namely Malaysia, Netherlands, Indonesia, Turkey, United Kingdom, Denmark and United States of America. This book represents the current interests and areas of emphasis amongst the academics and practitioners who are engaged with the subject of Islamic spiritual care.

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## Foreword

بسم الله الرحمن الرحيم

With the rise of psychology and therapy in the 20<sup>th</sup> century and the thereby reduced role of Christian clergy within the fields of healthcare and society at large, a new specialisation arose which lies between the psychologist/therapist and clergy: the spiritual/pastoral care worker. Elements of this new religious specialisation were taken from the already existing role of the pastoral worker, but also required new dimensions to work in the new marked out spaces in society. Combining the new fields of psychology, therapy, and counselling with the traditional fields of religious and spiritual guidance and consolation, the spiritual care worker shows that the search for transcendent meaning in the difficult moments of life is very much alive in the modern world. With the integration of both Muslims in the West, as well as the integration of psychology and therapy in Muslim societies, the Islamic spiritual care worker was born. With this new religious role which lies between imam/alim and psychologist/therapist, a specialized form of Islamic guidance adapted to specific settings (hospitals, prisons, mental health institutions etc.) has been formed. With this new role, new forms of education are required that combine the traditional with the new. The Department of Qur'an and Sunnah Studies at IIUM, for instance, has proposed a new course on Revelation and Spiritual Counsel. To create effective Islamic spiritual care education and practice, a clear conceptualisation of its function and requirements is needed.

This online conference aims to explore what is the old and new of Islamic spiritual care, how to formulate effective education, and how it differentiates itself from other religious authority roles such as *imām*, *ālim*, and *muftī*. The following are the themes of interest for this conference:

- Different Islamic perspectives on spiritual guidance and counselling:
  - Guidance and counselling through the Qur'an and Sunnah
  - Guidance and counselling through *fiqh* and *iftā'*
  - Guidance and counselling through *kalām* and *falsafah*
  - Guidance and counselling through *ādāb* and *taṣawwuf*
  - Guidance and counselling through other Islamic sciences
- The different conceptualization of Islamic spiritual care:
  - The similarities and/or differences between chaplaincy, spiritual care, pastoral care, and theology of care
  - The traditional and modern Islamic terms for spiritual care
  - The similarities and differences between Christian and Islamic spiritual care
  - The differences between psychology/therapy/counselling and spiritual care
  - The differences between *fatwā* and spiritual care
  - How to explain and promote the role and benefits of Islamic spiritual care to Muslims and non-Muslims laity and professionals
- The specialisation requirements for effective Islamic spiritual care:
  - What elements of spiritual care already existed in Islamic traditional seminary training (*‘ālimiyyah*)?
  - What are new qualities needed for effective spiritual care?
  - The development and status of Islamic spiritual care education in Europe and America

- The development and status of Islamic spiritual care education in Muslim societies
- What are the differences between traditional Islamic roles (*imām/muftī*) and the Islamic spiritual care worker?
- What requirements (knowledge, skills) do the main settings of spiritual care work (hospitals, prisons, mental health institutions etc.) create for the Islamic scholar?
- The cooperation between psychologist/therapist and Islamic spiritual care worker
- Interreligious cooperation between spiritual care workers
- Between textual theory and human reality:
  - The differences between textual and psychological hermeneutics
  - How to explain Islamic theological theory in an effective way it becomes a source of care and consolation?
  - The subjects of spiritual care (suffering, illness, loss, imprisonment, rehabilitation etc.) and the subjects of the Islamic sciences
  - The intellectual and social diversity of recipients of Islamic spiritual care

### Conference Programme

MYT – Malaysian Time, TRT – Turkey Time, GMT – Greenwich Mean Time, CET – Central European Time (Netherland etc.), PST – Pacific Standard Time (California etc.).

DAY 1 – 27 DEC				
				Main Discussants
1	15:45 – 16:00 MYT 10:45 – 11:00 TRT 07:45 – 08:00 GMT		Welcoming remark Muhammad Adli Musa	
2	08:45 – 09:00 CET 11:45 26DEC – 00:00 PST		Opening speech Director of the Conference Arnold Yasin Mol	
Keynote				
1	16:00 – 16:50 MYT 11:00 – 11:50 TRT 08:00 – 08:50 GMT 09:00 – 09:50 CET 00:00 - 00:50 PST		Keynote Speech 1 Engaging Contemporary Muslims with Traditional Mental and Spiritual Health Recep Şentürk Professor, İbn Haldun Üniversitesi	
	10 minutes		Q & A	
Session 1 - Invited Speakers				
1	17:00 – 17:20 MYT 12:00 – 12:20 TRT 09:00 – 09:20 GMT 10:00 - 10:20 CET 01:00 – 01:20 PST		Islamic Spiritual Care as Urbanised Theology Arnold Yasin Mol Islamic University of Applied Sciences Rotterdam	
2	17:20 – 17:40 MYT 12:20 – 12:40 TRT 09:20 – 09:40 GMT 10:20 – 10:40 CET 01:20 – 01:40 PST		The Concept of <i>Naşîhah</i> as the Philosophy of Islamic Spiritual Care Khairil Husaini Bin Jamil AHAS KIRKHS, International Islamic University Malaysia	
3	17:40 - 18:00 MYT 12:40 – 13:00 TRT 09:40 – 10:00 GMT 10:40 – 11:00 CET 01:40 - 02:00 PST		Divine Name Theology as Spiritual Care: Divine Care through Allah's Ra'fah Mohammed Amin Kholwadia Director, Darul Qasim Institute, Chicago	
	10 minutes		Q & A	
	10 minutes		Break	

Session 2				
	18:20 – 20:20 MYT 13:20 – 15:20 TRT 10:20 – 12:20 GMT 11:20 – 13:20 CET 02:20 – 04:20 PST		Session 2 Moderator: Khairil Husaini Bin Jamil	
1	18:20 – 18:35 MYT 13:20 – 13:35 TRT 10:20 – 10:35 GMT 11:20 – 11:35 CET 02:20 – 02:35 PST	T101	<b>An Analytical Comparison of Christian and Islamic Spiritual Care</b> Tayyaba Razzaq Visiting Lecturer, Sheikh Zayed Islamic Center, University of the Punjab, Lahore, Pakistan	Muhammad Fawwaz Bin Muhammad Yusoff Khairil Husaini Bin Jamil
2	18:35 – 18:50 MYT 13:35 – 13:50 TRT 10:35 – 10:50 GMT 11:35 – 11:50 CET 02:35 – 02:50 PST	T102	<b>The Similarities and Differences Between Islamic and Christian Spiritual Care: A Comparison between Turkey and Germany</b> Zuhal Ağıkaya Şahin Istanbul Medeniyet University	Arnold Yasin Mol Muhammad Adli Musa
3	18:50 – 19:05 MYT 13:50 – 14:05 TRT 10:50 – 11:05 GMT 11:50 – 12:05 CET 02:50 – 03:05 PST	T105	<b>Receiving Spiritual Care through Mindful <i>Ṣalāt</i> Procedures</b> Intan Aidura Alias AHAS KIRKHS, International Islamic University Malaysia	Tessie Bundgaard Jorgensen Samir Mahmoud
4	19:05 – 19:20 MYT 14:05 – 14:20 TRT 11:05 – 11:20 GMT 12:05 – 12:20 CET 03:05 – 03:20 PST	T103	<b>The Psycho-Spiritual Journey of Knowing God: From the Cradle to the Grave</b> Samir Mahmoud Cambridge Muslim College	Khairil Husaini Bin Jamil Zuhal Ağıkaya Şahin
5	19:20 – 19:35 MYT 14:20 – 14:35 TRT 11:20 – 11:35 GMT 12:20 – 12:35 CET 03:20 – 03:35 PST	T104	<b>Reinforcing Meaning in Life as a Mental Health Protective Factor through Islamic Theology: Elaboration on <i>ʿAdālah</i>, <i>Qanāʿah</i>, and <i>Ikhtiyār</i></b> Ahmad Shidqi Mukhtasor International Islamic University of Malaysia Naura Safira Salsabila Zain and Hastinia Apriasari	Tayyaba Razzaq Muhammed Sabith T.P.

6	19:35 – 19:50 MYT 14:35 – 14:50 TRT 11:35 – 11:50 GMT 12:35 – 12:50 CET 03:35 – 03:50 PST	T106	<b>The Effect of Death Remembrance and Death Readiness Quotient (DrQ) on the Muslim Community in Malaysia</b>	Arnold Yasin MOI Ahmad Shidqi Mukhtasor Rabia Dasti
			Jamiah Manap	
			Universiti Kebangsaan Malaysia	
			Suzana Mohd Hoesni, Salasiah Hanin Hamjah, Salina Nen, Fazilah Idris, Mohammad Rezal Hamzah, Maziah Ahmad Marzuki, Farhah Hanun Ngah.	
	19:50 – 20:20 MYT		Discussion - 5 minutes for each presentation	
	10 Minutes		Break	
Session 3				
	20:30 – 22:10 MYT 15:30 – 17:10 TRT 12:30 – 14:10 GMT 13:30 – 15:10 CET 04:30 – 06:10 PST		Session 3	
			Moderator: Nur Fiqah Mohd Qari	
1	20:30 – 20:45 MYT 15:30 – 15:45 TRT 12:30 – 12:45 GMT 13:30 – 13:45 CET 04:30 – 04:45 PST	T201	<b>Therapy for People with Mental Disorders in Pondok Tetirah Dzikir, Yogyakarta</b>	Intan Aidura Alias Jamiah Manap
			Hendro Prabowo	
			Gunadarma University, Jakarta, Indonesia	
			Nur Aziz Afandi	
2	20:45 – 21:00 MYT 15:45 – 16:00 TRT 12:45 – 13:00 GMT 13:45 – 14:00 CET 04:45 – 05:00 PST	T202	<b>A Qualitative Survey on The Views of Experts Regarding Spiritual Care Among Muslim Nurses in Worship-Friendly Hospitals</b>	Hendro Prabowo Harris Shah Abd Hamid
			Mohd Arif bin Atarhim	
			Universiti Kebangsaan Malaysia	
			Jamiah Manap; Khairul Anwar Mastor; Azlina Yusof	
3	21:00 – 21:15 MYT 16:00 – 16:15 TRT 13:00 – 13:15 GMT 14:00 – 14:15 CET 05:00 – 05:15 PST	T203	<b>Spiritual Elements for Future Physicians: Pedagogy at the Interface of Revelation and Medicine</b>	Jamiah Manap Rahmanara Chowdhury
			Muhammad Fawwaz Bin Muhammad Yusoff	
			Faculty of Qur'anic and Sunnah Studies, Universiti Sains Islam Malaysia	
			Nur Izah Binti Ab Razak	

4	21:15 - 21:30 MYT 16:15 - 16:30 TRT 13:15 - 13:30 GMT 14:15 - 14:30 CET 05:15 - 05:30 PST	T204	<b>Introductory Demonstration of How Discursive Practices Are Used to Produce Islamic Psychology</b>	Zuhal Ağilkaya Şahin Muhammad Fawwaz Bin Muhammad
			Tessie Bundgaard Jorgensen	
			Copenhagen	
5	21:30 - 21:45 MYT 16:30 - 16:45 TRT 13:30 - 13:45 GMT 14:30 - 14:45 CET 05:30 - 05:45 PST	T308	<b>Spiritual Care and Counselling in Turkey: Institutional, Academic and Practical Developments</b>	Samir Mahmoud Muhammad Adli Musa
			Zuhal Ağilkaya Şahin	
			Istanbul Medeniyet University	
	21:45 - 22:10 MYT		Discussion - 5 minutes for each presentation	
DAY 2 - 28 DEC				
1	14:55 -15:00 MYT		Opening	
			Moderator: Dr Zunaidah Mohd Marzuki	
2	15:00 - 15:50 MYT 10:00 - 10:50 TRT 07:00 - 07:50 GMT 08:00 - 08:50 CET 23:00 <b>27DEC</b> - 23:50 PST		Keynote Speech 2	
			<b>The Mental Health Crisis Among Western Muslims</b>	
			Dr. Rania Awaad	
			Clinical Associate Professor of Psychiatry at the Stanford University School of Medicine	
			Director of the Muslim Mental Health Lab and Wellness Program	
	10 minutes		Q & A	
Session 4 – Invited Speakers				
1	16:00 - 16:20 MYT 11:00 - 11:20 TRT 08:00 - 08:20 GMT 09:00 - 09:20 CET 00:00 - 00:20 PST		<b>The Role of the TIIP Therapist</b>	
			Hooman Keshavarzi	
			Executive Director/Founder, Khalil Centre, United States	
	10 minutes		Q & A	
	10 minutes		Break	

Session 5				
	16:40 – 18:30 MYT 11:40 – 13:30 TRT 08:40 – 10:30 GMT 09:40 – 11:30 CET 00:40 – 02:30 PST		Session 5 Moderator: Arnold Yasin Mol	
1	16:40 – 16:55 MYT 11:40 – 11:55 TRT 08:40 – 08:55 GMT 09:40 – 09:55 CET 00:40 – 00:55 PST	T301	<b>Muslim Spiritual Care During Pandemics: A Study of Muslim Early Works</b> Salah Machouche International Islamic University Malaysia Benouda Bensaid	Tayyaba Razzaq Nazrul Affandi bin Jani
2	16:55 – 17:10 MYT 11:55 – 12:10 TRT 08:40 – 09:10 GMT 09:40 – 10:10 CET 00:40 – 01:10 PST	T302	<b>Towards Stewardship Compassion for the Helping Professions</b> Harris Shah Abd Hamid Faculty of Education, Universiti Malaya Alizi Alias, Mohamad Safik Sahrudin	Jamilah Hanum Binti Abdul Khaiyom Rahmanara Chowdhury
3	17:10 – 17:25 MYT 12:10 – 12:25 TRT 09:10 – 09:25 GMT 10:10 – 10:25 CET 01:10 – 01:25 PST	T303	<b>The Potential of Islamic Art in Enhancing Spiritual Experience Among Muslim Artists</b> Nur Fiqah Mohd Qari Idrissi International School, Malaysia	Harris Shah Abd Hamid Taha Tarik Yavuz
4	17:25 – 17:40 MYT 12:25 – 12:40 TRT 09:25 – 09:40 GMT 10:25 – 10:40 CET 01:25 – 01:40 PST	T304	<b>A Randomised Controlled Trial to Evaluate the Effectiveness of an Islamic Psychospiritual ACT-Based Prevention Program for At-Risk Young Adults During the COVID-19 Pandemic</b> Jamilah Hanum Binti Abdul Khaiyom AHAS KIRKHS, International Islamic University Malaysia Amani Fadzlina Abdul Aziz, Ahmad Nabil Md. Rosli, Che Amnah Bahri, & Nur Sakinah Thomas Abdullah	Arnold Yasin Mol Samir Mahmoud
5	17:40 – 17:55 MYT 12:40 – 12:55 TRT 09:40 – 09:55 GMT 10:40 – 10:55 CET 01:40 – 01:55 PST	T305	<b>A Psycho-Spiritual Analysis of a Prophetically Prescribed Supplication for Anxiety and Depression</b> Muhammed Sabith T.P. Jamia Madeenathunnoor, Calicut, Kerala	Zunaidah Mohd Marzuki Khairil Husaini Bin Jamil

6	17:55 – 18:10 MYT 12:55 – 13:10 TRT 09:55 - 10:10 GMT 10:55 - 11:10 CET 01:55 - 02:10 PST	T306	<b>Prophetic Guidelines on Anger Management: Suggestions for Islamic Spiritual Workers in Managing Elders' Anger at Welfare or Educational Institutions</b>	Nur Fiqah Mohd Qari Jamilah Hanum Binti Abdul Khaiyom
			Nazrul Affandi bin Jani	
			Kolej Islam Darul Ulum (KIDU)	
			Nor Zatu Amni binti Mohamad	
	18:10 – 18:40 MYT		Discussion - 5 minutes for each presentation	
	15 minutes		Break	
Session 6 – Invited Speakers				
1	18:55 – 19:45 MYT 13:55 – 14:45 TRT 10:55 – 11:45 GMT 11:55 – 12:45 CET 02:55 – 03:45 PST		Session 6	
			Moderator: Nur Fiqah Mohd Qari	
			<b>Applying Islamic Spiritual Care in Minority Context</b>	
			Yunus Dudhwala Head of Chaplaincy and Bereavement Services to Barts Health NHS Trust	
2	19:15 – 19:35 MYT 14:15 - 14:35 TRT 11:15 – 11:35 GMT 12:15 – 12:35 CET 03:15 – 03:35 PST		<b>Developing A Degree Programme for Islamic Spiritual Care</b>	
			Hassan Bouyazdouzen	
			Islamic University of Applied Sciences Rotterdam	
			Q & A	
	10 minutes			
	10 minutes		Break	
Session 7				
1	20:00 – 21:20 MYT 15:00 – 16:20 TRT 12:00 – 13:20 GMT 13:00 – 14:20 CET 04:00 – 05:20 PST	T307	Session 7	Zunaidah Mohd Marzuki Nur Fiqah Mohd Qari
			Moderator: Syamilah Heng Kamal Koh	
			<b>Mediating Role of Forgiveness: Attachment to Allah, Attachment with Parents and Depressive Symptomatology in Young Adults</b>	
			Rabia Dasti	

			Centre for Clinical Psychology, University of the Punjab, Lahore	
			Amina Tariq/ Hajra Fareed	
2	20:15 – 20:30 MYT 15:15 – 15:30 TRT 12:15 – 12:30 GMT 13:15 – 13:30 CET 04:15 – 04:30 PST	T309	<b>Spiritual Care for Children with Cerebral Palsy: An Experience-Based Research</b> Zunaidah Mohd Marzuki AHAS KIRKHS, International Islamic University Malaysia	Taha Tarik Yavuz Tessie Bundgaard Jorgensen
3	20:30 – 20:45 MYT 15:30 – 15:45 TRT 12:30 – 12:45 GMT 13:30 – 13:45 CET 04:30 – 04:45 PST	T310	<b>The Positioning of Muslim Chaplaincy Related to Different Services in Correctional Facilities in Lower Saxony</b> Taha Tarik Yavuz University of Osnabrueck	Arnold Yasin Mol Rahmanara Chowdhury
4	20:45 – 21:00 MYT 15:45 – 16:00 TRT 12:45 – 13:00 GMT 13:45 – 14:00 CET 04:45 – 05:00 PST	T107	<b>Between Textual Theory and Human Reality in Pastoral Care: The Intersection of The Psychologist with The Traditionally Trained <i>Ālim/Ālimah</i></b> Rahmanara Chowdhury Head of the MIHE Centre for the Study of Wellbeing	Arnold Yasin Mol Salah Machouche
	20 minutes		Discussion - 5 minutes for each presentation	
1	21:20 – 21:30 MYT 16:20 – 16:30 TRT 13:20 – 13:30 GMT 14:20 – 14:30 CET 05:20 – 05:30 PST		Closing session Moderator: Khairil Husaini Bin Jamil Remark of the Director and Resolution	

# Keynote and Main Speeches

## Keynote Speech 1

### Engaging Contemporary Muslims with Traditional Mental and Spiritual Health

**Recep Şentürk**

Professor, İbn Haldun Üniversitesi

#### The Summary of the Speech

When engaging Muslims' mental/spiritual health in the contemporary world the main question is *"How can Islamic spiritual care remain connected to the tradition while connecting to Muslims who have lost any connection with their tradition?"* The answer to this question is *"by employing the multiplex conception of the self and theory of action, we can integrate psychology and Islam and bring them into dialogue."* To clarify this answer, the concept of the self, multiplex human ontology, human action, multiplex theory of human action, multiplex psychotherapy has to be considered.

Islam as a religion and Islamic intellectual traditions embrace a multiplex concept of the self, and explain, understand, and regulate human actions through this conception. By taking on the multiplex concept of the self and theory of action, Islamic spiritual care remains connected to the tradition. The multiplex human ontology has three major levels: mind, body, soul. Multiplex human existence stands like a bridge between the physical and metaphysical worlds. Human beings consist of a physical body. The body is controlled by the metaphysical soul, which is the ultimate control center and is also called the heart. The mind functions as an intermediary between body and soul. Mind represents the emerging qualities and functions of the brain. The type of the self-changes depending on the state of the heart. According to Islamic understanding it is possible for the self to move from lower to higher stages. The levels of the self are the key to understand and explain human actions as there is causal relationship between intentions and actions (multiplex theory of action).

Multiplex psychotherapy is grounded on a conception of a multiplex self and action. It aims to find out the root causes of the psychological disorders and mental distress by taking into account the state of the heart. It focuses on the health of the heart and soul. This is because cognitive, behavioral, and emotional well-being is more about the health of the heart than about the mere mental health. What is diagnosed as "mental illness" by psychology is usually a spiritual illness for multiplex psychotherapy. And yet, purely physical-mental illnesses are not subject of *taşawwuf*. Multiplex psychotherapy searches for how to elevate a person from lower states of the self to higher states and how to reform the self from discontent egoism to content altruism.

In conclusion, by taking on the multiplex concept of the self and theory of action, Islamic spiritual care can remain connected to the tradition. Multiplex human ontology thus offers an alternative model to explain human action and psychotherapy based on the following premises:

1. Human ontology is multiplex: body, mind, soul
2. The self is multiplex: ruling appetitive, critical, content
3. The different states of the heart cause different intentions which in turn cause different actions

Therefore, the states of the heart are the root causes while the intentions are the causes of actions. Reforming actions requires reforming the heart, and thus, the therapy must focus on the heart. A healthy heart is the one ruled by reason which manifests itself in one's inner life as contentment and peace and in observable actions as coherence, moderation, and stability.

The recording of the speech can be accessed online via:

<https://conference.iium.edu.my/inspire/index.php/videos/>

## Keynote Speech 2

### The Mental Health Crisis Among Western Muslims

**Rania Awaad**

Clinical Associate Professor of Psychiatry at the Stanford University School of Medicine  
Director of the Muslim Mental Health Lab and Wellness Program

#### The Summary of the Speech

Suicide is one of the major outcomes of mental health crises. Although suicide rates are lower among faith communities, recent research reveals that Muslims reported higher suicide attempts compared to other faith groups (almost two times more than Protestants) and other Muslim majority countries regardless of their self-reported religiosity. The study underscores the importance of further research regarding social, cultural, and spiritual factors in suicide and mental health among US Muslims. In face of this situation a team of researchers and mental health practitioners introduced an initiative called “Maristan” following the traditional Muslim idea of “Bimaristan”, the mental health centers in Islamic civilization. These first institutions of healing were a trademark in the Muslim world in major metropolitan cities from the 8<sup>th</sup> century. At these centers environmental and personal factors were considered for diagnosis and treatment. The three branches of Maristan consist of clinical care, education, and research.

As a response to the incidents, the team developed “The Muslim Community Suicide Response Manual” - an evidence-based, over 100 pages work of many years. The manual which is customized for the Muslim community consists of four sections:

Section 1: **Introduction** to the manual

Section 2: Suicide **Intervention** in the Muslim Community

Section 3: Suicide **Prevention** in the Muslim Community

Section 4: Suicide **Postvention** in the Muslim Community

Additionally, a “Suicide Response Training” was developed. This training consists of four modules:

Module 1: **Introduction** to suicide prevention, intervention and postvention for faith leaders

Module 2: **Prevention** - expert-derived recommendations and strategic community planning to reduce suicide risk.

Module 3: **Intervention** - expert-derived strategies and techniques for what to do in the aftermath of a suicide

Module 4: **Postvention** - expert-derived strategies and techniques for what to do in the aftermath of a suicide

Additional resources can be found on Maristan’s website [maristan.org/muslimsuicideresponse](http://maristan.org/muslimsuicideresponse).

The recording of the speech can be accessed online via:

<https://conference.iium.edu.my/inspire/index.php/videos/>

## Main Speech

### Divine Name Theology as Spiritual Care: Divine Care through Allah's Ra'fah

Mohammed Amin Kholwadia

Director, Darul Qasim Institute, Chicago

#### The Summary of the Speech

Allah's name has role in the creation. When we read the Qur'ān, most of the verses speaking of a certain ruling will end with the mention of Allah's names. Look into the names and you will find the underpinning wisdom (*ḥikam*) behind those (*ḥukm*). We need to engage contemporary issues with original thinking. Supplicating through the divine names is a very Islamic practice and deriving knowledge from Allah's names is also a practice in the Muslim ummah, at least previously. The origin of the Muslim scientific endeavour in the past is the understanding and the spreading of *rahmah*.

I will be speaking of spiritual care by discussing two of the divine names which are *ra'ūf* and *rahīm* – they are usually mentioned together in the Qur'ān. Affection and compassion are required in every type of care.

*Al-Ra'ūf* indicates someone who is deeply concerned and compassionate. This name carries a stringer meaning than *rahmah*.

*Al-Rahīm* generally refers to someone who processes *rahmah* through all phases of creation, however, does not always manifest through 'mercy.' The *Rahīm* sometimes brings difficulties while processing *rahmah*, whereas *al-Ra'ūf* usually removes difficulties through concern and compassion.

Administering these two names through compassionate care, can be observed at: 1- spiritual level, 2- intellectual / mental level, 3- psychological level, 4- physical level, 5- ethical level, 6- social level, and 7- civilisational level.

The recording of the speech can be accessed online via:

<https://conference.iium.edu.my/inspire/index.php/videos/>

## **Main Speech**

### **The Role of the TIIP Therapist**

**Hooman Keshavarzi**

Executive Director/Founder, Khalil Centre, United States

## **The Summary of the Speech**

The talk addresses the role and scope of an Islamically Integrated Mental Health Practitioner. Significant research in North American population demonstrates that Muslims tend to be more reluctant in seeking mental health treatment for their psychological distress relative to other groups (Sheikh & Furnham, 2000; Pilkington, Msetfi & Watson, 2012). Muslims have been shown to avoid seeking psychotherapy services if the therapists are not providing it within a religious or spiritual context (Amri & Bemak, 2013; Killawi, Daneshpour, Elmi, Dadras & Hamid, 2014). The preferred therapist characteristics: 1) religiously understanding and integrated into psychotherapy, 2) professionalism.

Both mental health professions and religion identify the need to assess the inner ailments of individuals and ultimately reform human in beliefs and thinking, emotions and behaviours.

TIIP is a structured articulation of an emerging Islamic orientation to psychotherapy. TIIP is an integrative model of mental health care that is grounded in the core principles of Islam while drawing upon empirical truths in psychology. TIIP is situated within an Islamic epistemological and ontological framework, providing a discussion of the nature and composition of the human psyche, its drives, health, pathology, mechanisms of psychological change, and principles of healing.

Theologians also agree on the notion of going to a practitioner or an expert in order to be able to rehabilitate some bad behaviours. Al-Ghazālī stated: The loftiest is that one sits in front of a *shaykh* [*taṣawwuf*] from the *mashāyikh*. And one shall be preoccupied with what the *Shaykh* instructs him to do. Sometimes during this, discoveries [of the self] will occur and at other times the *Shaykh* will [explicitly] make things apparent to him. This is the noblest path.

There are common terrains between psychospiritual and psychological domains. Range of exogenous psychological functioning: Clinical range – spiritual pathology – normal range – saintly rank.

The recording of the speech can be accessed online via:

<https://conference.iiium.edu.my/inspire/index.php/videos/>

## **Main Speech**

### **Applying Islamic Spiritual Care in Minority Context**

**Yunus Dudhwala**

Head of Chaplaincy and Bereavement Services to Barts Health NHS Trust

#### **The Summary of the Speech**

The speaker shares his experience in managing a chaplaincy department. It attempts to bring a different angle to Islamic spiritual care. Even though the Muslim community is a small minority in this region, there are positions which are being taken by the Muslim community which are quite prominent and that shows the generosity of the community that we are living in as well. Yes, they are issues such as Islamophobia and various kinds of challenges, but we must also recognise and acknowledge when there are good accommodations for the Muslim community.

In 1948 at the inception of the NHS, a circular issued by the Ministry of Health specified that hospital authorities 'should give special attention to provide for the spiritual needs of both patients and staff' (Woodward, 1998, p.90). Approximately, 28 Whole Time Chaplains, mostly working in Teaching Hospitals, became NS employees. All of these were Christians.

The first of nine National Patient Charter Standards specified the right of patients to 'respect for privacy, dignity, and *religious and cultural beliefs*' (1991). For the first time, a concern for the spiritual and religious welfare of patients was incumbent on all NHS staff, not just chaplains, and no distinction was made between Christian and non-Christian patients.

The development of multifaith chaplaincy in several steps: 1) 'HSG(92)2' – meeting the spiritual needs of patients and staff, 2) 1<sup>st</sup> Multi-Faith Joint National Consultation with Department of Health and Secretary of State participation, 3) 1997-2000 – Working Party set up to consider Multi-Faith Issues, Chaplaincy Spiritual-Care Teams and Departments, 4) 2002 – Working Party completes its recommendations to the Department of Health on Chaplaincy-Spiritual Care, and 5) First minority faith Head of Chaplaincy appointed in the NHS. All this led to the formation of Multi-Faith Group for Healthcare Chaplaincy (MFGHC). The Department of Health also issued the new best practice guidance – *NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff*.

Amongst the challenges of delivering spiritual/religious care to Muslim patients: 1) No proselytising, 2) End of life issues, 3) Dietary requirements, 4) Prayer spaces, 5) Gender modesty, 6) Funeral paperwork and quick burial, and 7) Teaching and raising awareness to staff.

Challenges as a Manager experienced by the speaker: 1) Managing Christian and Jewish Chaplains, 2) Delivering Bibles and Torahs to patients, 3) Organising a Christmas Carol Service, 4) Reading Qur'ān at St. Paul Cathedral for Remembrance Service, 5) Request to conduct funeral for a non-Muslim colleague's husband, and 5) Reciting prayers and sharing thoughts for Hospital Board meeting.

The recording of the speech can be accessed online via:

<https://conference.iiium.edu.my/inspire/index.php/videos/>

# Proceedings

M101

### Islamic Spiritual Care as Urbanised Theology

Arnold Yasin Mol<sup>1</sup>

#### Abstract:

Spiritual or pastoral care is a form of practical theology aimed at the fostering of faith, existential meaning-making, and the mental wellbeing and character development of the individual believer. This person-centred approach requires the combination of psychological hermeneutics, moral theology, and spirituality, and can be found in almost all major religious traditions. With the disenchantment of the Western worldview and the urbanisation of social life, the (post-)modern experience of the world was formed which mainly entailed the fragmentation of existential meaning-making, and thereby the ability to foster faith and mental wellbeing. As a response, Christian spiritual care adapted to the new needs and cognitive paradigms while at the same time adopting the new insights from modern psychology. This shift eventually triggered, especially in Northern Europe, a reconceptualization of much of Christian spiritual care into a form of (post-)modern theology, and thereby also decreased its effectiveness to respond to the fragmented (post-)modern Self. With both the presence of Muslims in the West and the globalization ('urbanisation') of the Muslim world, this fragmented experience of reality has also entered the Muslim worldview. Islamic spiritual care therefore has to respond to the new needs and cognitive paradigms of the increasingly urbanised Muslim communities. For Islamic spiritual care to be an effective practical theology it must provide an integral form of Muslim meaning-making that speaks to the urbanised experience without mimicking it, as a fragmented self can only be 'defragmented' by a worldview that is not itself fragmented. For Islamic spiritual care to remain a faithful representation of the traditional Islamic worldview, which provides the most coherent and established form of Muslim meaning-making, it must differentiate between adapting its psychological hermeneutics to the urbanised setting and adopting the cognitive paradigms of the urbanised setting itself, as the latter would entail a similar reconceptualization into a (post-)modern theology as has occurred in Christian spiritual care.

**Keywords & phrases:** Islamic spiritual care; hermeneutics; cognitive paradigms; urban Muslims; (post-)modern theology.

#### Introduction

Spiritual or pastoral care is a form of practical theology aimed at the fostering of faith, existential meaning-making, and the mental wellbeing and character development of the individual believer. This person-centred approach requires the combination of psychological hermeneutics, moral theology, and spirituality, and can be found in almost all major religious traditions. With the disenchantment of the Western worldview and the urbanisation of social life, the (post-)modern experience of the world was formed which mainly entailed the fragmentation of existential meaning-making, and thereby the ability to foster faith and mental wellbeing.

#### Terminologies

##### i. Spiritual Care

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Modern English terms: Pastoral/Spiritual Care, Chaplaincy, and recently Theology of Care.

Form of practical theology (anthropological theology) that exists in almost all world religions in some form that is focused on the individual.

Contemporary specialisation developed with the rise of psychology and therapy in the 20<sup>th</sup> century and the thereby reduced role of Christian clergy within the fields of mental healthcare.

Elements of this new religious specialisation were taken from the already existing role of the pastoral worker, but also required new qualities to work in the new marked out spaces in society.

The field of Spiritual care combines the new fields of psychology, therapy, and counselling with the old fields of religious and spiritual guidance and consolation.

It represents the practical theology that combines metaphysical, hermeneutical, and psychological discourse.

## ii. Islamic Spiritual Care

Modern Arabic terms: *al-ri'āyat al-rūḥiyyah/al-dīniyyah* (الرعاية الروحية / الدينية).

With the integration of both Muslims in the West, as well as the integration of psychology and therapy in Muslim societies, the Islamic spiritual care worker was born.

With this new religious role which lies between *imām/ālim* and psychologist/therapist, a specialised form of Islamic guidance adapted to specific settings (hospitals, prisons, mental health institutions, etc.) has been formed.

## iii. Urbanised Theology

This presentation focuses on the setting or situational aspect of Islamic spiritual care, i.e., what is the context that we are working in and responding to?

We observe three cognitive paradigms or worldview frameworks: Traditional, Modernist, & Postmodernist.

Contemporary spiritual care is a practical theology of 'urbanised' societies, i.e., it engages with (Post-)Modern humans.

The phenomena:

- Increased fragmentation and secularisation of life areas.
- Reduced and focused areas of suffering, for instance, prisons and hospitals become centres of meaning-crises.
- Increase of welfare = increase of self-centredness.

## Frameworks

### i. Traditional Worldview Framework (dominant framework since rise mankind)

- Metaphysics: God/transcendence + supranatural + nature (philosophy + revealed religion).
- Nature: Generic science (sense observation + philosophy).
- Man: Own community in relation to environment (community defined by tradition (inherited metaphysical identity) + cooperation/rivalry other communities).

Hence,

- God(transcendence)-centric worldview
- Metaphysical anthropology/Religious Humanism
- Top-down worldview = Metaphysical order

**ii. Modern worldview framework (starting 16th century)**

- Nature: Generic science + scientific method (instrumental observation + controlled experimentation + philosophy)
- Man: Own civilization in relation to environment (community defined by nature (race) and culture (constructed historical-physical identity) + subjugation other races/cultures)
- Metaphysics: God + nature (philosophy + natural religion)

Hence,

- Nature(secular)-centric worldview.
- Naturalistic anthropology/humanism.
- Top-down worldview = Natural order.
- Metaphysics is reduced to observable nature = rise Materialism / Naturalism / Atheism.

**iii. Postmodern worldview framework (starting 20th century)**

- Man: Global community in relation to environment (collective community of individuals (multiculturalism).
- Nature: Generic science + scientific claims (facts = dominant opinions in paradigms).
- Metaphysics: Subjective experience (philosophy + self-constructed religion ('spirituality')).

Hence,

- Human(subject)-centric worldview.
- Radical Anthropocentrism/Humanism.
- Bottom-up worldview = Subjective order.
- Anti-metaphysical traditions = Metaphysical traditions are meta-fables and have totalitarian tendency.

**Urbanised Theology**

- Metaphysics: Existential experience that transcends Self-centred experience.
- Nature: Nature as co-creation with rights (*ḥuqūq al-maklūqāt*) vs radical anthropocentrism.
- Man: The need for community (belonging) and tradition (transhistorical guidance).

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M102

### The Concept of *Naṣīḥah* as the Philosophy of Islamic Spiritual Care

Khairil Husaini Bin Jamil<sup>2</sup>

#### Abstract:

This paper proposes the Islamic concept of *naṣīḥah* as the core concept for the philosophy of Islamic spirituality and by extension Islamic spiritual care. *Naṣīḥah* in this context is not treated as merely verbal advice, rather it is elaborated in such a way that it covers the actualisation of the *tawḥīdīc* paradigm, and methodologically, as permitted by its semantic, embraces synthesis, integration, purification, filtering, relevantisation as well as Islamisation or Islamicisation. Hence, *naṣīḥah* represents the crux of religion and the *raison d'être* of Islam as declared by the Prophetic *ḥadīth*. The paper discusses its postulation by addressing two main concepts: first, *al-ri'āyah* as the idea of Islamic spiritual care, second, *naṣīḥah* as the conceptual framework of *al-ri'āyah*. Its arguments are based mainly on the interpretation of related Qur'ānic verses, Prophetic *ḥadīths* and the Islamic intellectual tradition. The paper concludes that *naṣīḥah* suits as a unifying concept, moreover if appreciated as a key philosophical and civilisational concept of the Islamic worldview.

**Keywords & phrases:** Islamic spiritual care; *naṣīḥah*; *ri'āyah*; Islamic philosophy; Islamic psychology.

Spiritual care is not new in Islam, although the modern professionalised form of it has not received adequate attention in Islamic literature. Modern spiritual care has often been associated with chaplaincy in hospitals, prisons, correctional centres, palliative care, or end-of-life care. On the other hand, other close terms such as spiritual counselling, intervention, etc., have also been frequented at an individual or institutional level.

The Arabic word for care is *al-ri'āyah* and the proposed translation for spiritual care is *al-ri'āyah al-rūḥiyyah*. As I have explained elsewhere, the concept of *al-ri'āyah* itself is one of the most crucial concepts in the Islamic worldview or thought. Not only that it forms the basis of Islamic teleology, it also represents a key stage in Islamic epistemology.

The Qur'ānic reference to the concept of *al-ri'āyah* appears in verse 27 of sūrah al-Ḥadīd which translates: “And monasticism they invented – We did not ordain it for them – only to seek God's contentment. Yet they did not observe it with proper observance (*famā ra'awhā ḥaqqā ri'āyatihā*).”

Also, in al-Baqarah, verse 104: “O you who believe! Do not say, “Attend to us (*rā'inā*),” but say, “Regard us (*unẓurnā*).” And listen! And the disbelievers shall have a painful punishment.”

And the derivatives of the root such as *wa-r'aw an'āmakum* and *akhraja al-mar'ā*, allude collectively to several concepts such as physical care, rational observation, shepherdhood, etc.

Epistemologically, a *ḥadīth* reported the Prophet as receiving inspiration via his *rū'* (a form of direct inspiration to the innermost heart) (Ibn Abī Shaybah, *al-Muṣannaf*, no.

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35335). *Al-Ilqāʾ fī al-rūʿ* (being taught ideas in the innermost heart) was also expressed by Ibn ʿUmar, Abū Saʿīd al-Khudrī and ʿAmru ibn ʿAbasah, amongst the Companions of the Prophet (Muslim, *al-Musnad al-Ṣaḥīḥ*, no. 2811b; Ibn Ḥanbal, *al-Musnad*, no. 11080; al-Ṭabrānī, *Musnad al-Shāmiyyīn*, no. 806).

Another *ḥadīth* evokes an interesting conception when it indicates that every person is a *rāʿī* (master) and is responsible for his/her *raʿiyyah* (subjects) (al-Bukhārī, *al-Jāmiʿ al-Ṣaḥīḥ*, no. 5188; Muslim, *al-Musnad al-Ṣaḥīḥ*, no. 1829a). Consequently, every *raʿiyyah* is a *rāʿī* (as indicated by the word *kullukum*) and vice versa. The analogy of a shepherd who should answer to the owner of the cattle and at the same time acts as the master of the cattle is brought forward by the vocabulary of *riʿāyah*. It coalesces soundly with the role of man as the inbetweenner or as the Sufis would say, the isthmus. Furthermore, another *ḥadīth* maintains that every Prophet was once a shepherd. The elaboration of the wisdom of shepherdhood is not permitted by the limitation of this paper. Additionally, the notion of shepherdhood was also embraced by Judaism and Christianity.

The above *ḥadīth* conveys that every single Muslim individual is involved in spiritual care since the highest form of *riʿāyah* is the *riʿāyah* of the rights of God. An early Sufi luminary, al-Ḥārith al-Muḥāsibī composed a dedicated treatise titled *al-Riʿāyah li-Ḥuqūq Allāh*. Also, Sufi literature reported some saintly accounts associated with Shaybān al-Rāʿī, who was said to be a spiritual master.

Having seen the connection between the Prophets who are the greatest spiritual masters and the concept of *al-riʿāyah*, the mission of the Prophets when they take the role as Messengers is identified as conveying *naṣīḥah* as repeatedly indicated in *sūrah al-Aʿrāf*. In addition to the allusion towards *naṣīḥah* as epistemological apparatus, the *sūrah* also places *naṣīḥah* at the crux of spiritual mission.

This is further asserted in the *ḥadīth* of *naṣīḥah* that defines religion as *naṣīḥah*. In other words, *naṣīḥah* represents the crux of religion and the *raison d'être* of Islam. Any religious establishment or institution, then, should formulate or subscribe to a certain framework of *naṣīḥah*.

From the semantic point of view, *naṣīḥah* comes from the Arabic root *na-ṣa-ḥa* (*nūn* - *ṣād* - *ḥāʾ*) which indicates the act of merging between two entities, i.e., two things, two good, two elements, etc, or bringing the two, including two individuals, two groups, etc, together and making both arrive at a certain good state or condition. In the Arabic usage, a tailor or seamstress is called *nāṣiḥ* because he/she stitches the fabric fragments and puts them together as if he/she unites them and hence, turns them into a fine cloth. It is initially used to refer to this act without necessarily indicating any imperfection or lack of goodness on one of the sides. Then, the word *nāṣaḥa* is used to refer to a repaired, transformed or improved object that has no defects or gaps in it. In the Qurʾān, the term *tawbah naṣūḥā* refers to sincere and pure repentance, i.e., with no defects such as returning to the sin. Likewise, *naṣḥ al-ʿasal* denotes an act of filtering honey from impurities and getting the pure extract.

It is convincing and useful as well to refer to the integration between religious or traditional guidance and modern scientific paradigm or treatment related to spiritual care as an act of *naṣīḥah*. Essentially, *naṣīḥah* encompasses all activities of integration of knowledge in general or all acts of de-extremising human epistemological endeavours.

In brief, the *ḥadīth* of *naṣīḥah* provides the main principles for the mechanism of *naṣīḥah*. In this paper, I shall highlight only the first part of the *ḥadīth*. As the wording mentions that *naṣīḥah* is first and foremost, *liʾl-Lāh* (literally, for Allah), *ḥadīth* commentary tradition interpret this as delivering advice “for the sake of” Allah, presumably to maintain certain theological concerns. Even those who embrace allusive commentary method such as

al-Taftāzānī adopted the same interpretation as in his commentary of the 40 *ḥadīths* of al-Nawawī. Ibn ʿArabī (2017) in his *Futūḥāt* comes with a unique perspective with regard to this part. According to him, when it comes to the punishment of a sinner in the hereafter, *al-naṣīḥah li'l-Lāh* means to praise Allah with the attribute of forgiving that His forgiveness would be bestowed upon the sinner. In other words, it is an allusion to the exercise of *shafāʿah* (intercession). For Ibn ʿArabī, *al-naṣīḥah li'l-Lāh* means *al-naṣīḥah fī ḥuqūq Allāh* (concerning His rights). I would humbly suggest here that the part should be understood in the similar sense to verses 12 and 54 of sūrah al-Anʿām (*kataba ʿalā nafsīhi al-raḥmah* and *kataba rabbukum ʿalā nafsīhi al-raḥmah*). God has prescribed mercy upon Himself. Additionally, a *ḥadīth* reads “When Allah created the creation as He was upon the Throne, He put down in His Book: Verily, My mercy predominates My wrath,” (Muslim, *al-Musnad al-Ṣaḥīḥ*, no. 2751a) and in a *qudsī ḥadīth*, Allah says “O My servants, I have forbidden oppression for Myself and have made it forbidden amongst you, so do not oppress one another (Muslim, *al-Musnad al-Ṣaḥīḥ*, no. 2577a).” Since *al-ʿadl* (justice) and *al-raḥmah* (mercy) are the subject of *kitābah* (prescription or ordainment) of Allah upon Himself, they should be appreciated as the subject of *naṣīḥah* of Allah for Himself too. Hence, we establish here that amongst the main pillars of the *dīn* are *al-ʿadl* and *al-raḥmah* and by extension, they form the pillars of *naṣīḥah*. We shall remind again here that *al-naṣīḥah* does not necessarily entail the imperfection or the lack of goodness on the side of the receiver or the object of *naṣīḥah*. In fact, *naṣīḥah* applies to the Messengers of God and His Books too as declared by the *ḥadīth*. One may also argue that it is a broader term that encapsulates the modern notion of both Islamization and Islamicisation of knowledge.

Since *naṣīḥah* should be treated more in the sense of an active constant endeavour towards the aim of *dīn* rather than a temporary treatment of certain “imperfect” condition, *naṣīḥah* as the philosophy of Islamic spiritual care indicates that it involves every individual and every time. It is a form of sustenance rather than a treatment. For psychological discourse, we may term it as *psychopraxy* (active practice of the development of psyche from physiological to psychological and psychospiritual range), in contrast to psychotherapy. This proposition sits well with the abovementioned conception of *riʿāyah*. At the theoretical level, every single individual requires spiritual care and should offer spiritual care, for Islamic spirituality reflects the care of al-Raḥmān upon His creation and there is no achievement of spirituality without the love for others. The *ḥadīth* says that the people will not enter the Heaven until they affirm their faith, and they will not be able to affirm their faith until they love for each other (Muslim, *al-Musnad al-Ṣaḥīḥ*, no. 54a). The Islamic concepts of *riʿāyah* and *naṣīḥah* advance that even philosophers would require spiritual care, and it is not confined to health conditions or behavioural interventions. Nevertheless, modern or post-modern or contemporary urbanised and professionalised forms of spiritual care can be located on the plateau of *situational ijtihād* to exemplify and manifest the act of *naṣīḥah*.

In relation to *situational ijtihād*, it is interesting to note that in his commentary on the *ḥadīth* of *naṣīḥah*, Ibn ʿArabī outlines four main essential sciences to implement *naṣīḥah*. They are *ʿilm al-sharīʿah* (the knowledge of the management of people’s *aḥwāl*/states, as explained by him), *ʿilm al-zamān* (the knowledge of the time), and *ʿilm al-makān* (the knowledge of the space). For him, there is nothing else aside from *ḥāl*, *zamān* and *makān*. The fourth science, then, is the science of navigating alongside these three which is *ʿilm al-tarjīh* (the science of measuring the *maṣlaḥah*, the best interest or priorities). And *naṣīḥah*, for him, is the *dīn* itself (*ʿayn al-dīn*) and it is not just for those mentioned in the *ḥadīth*, but encompasses everything including animals. On a side note, *naṣīḥah* plays a significant role in the concept of *akhlāq*. Ibn ʿArabī stated that there is none that belongs to *makārim al-akhlāq* which is more precise, more subtle and more magnificent than *naṣīḥah*.

I will humbly propose here a revised framework that will also include the above scheme. The mechanism of *naṣīḥah* should involve all the theocentric, anthropocentric and socio-ecocentric dimensions. The first *‘ilm* is the *‘ilm* for *ma‘rifat al-Raḥmān*, that is to recognise Allah as the God of *raḥmah*, that He takes care of His servants and their states (the above *‘ilm al-sharī‘ah* is implied), and that His mercy encompasses everything. In other words, it argues for philanthropical Sufism. The second *‘ilm* is *fiqh al-insān*, that requires the understanding of human ontology, human psychology and human action. The understanding of *jasmānī*, *naḥsānī* and *rūḥānī* ontological dimensions will help in dealing with others, especially in complex psychological and psychospiritual issues. The third *‘ilm* is *fiqh al-akwān* that addresses the socio-ecological, time and space dimensions (the above *‘ilm al-zamān* and *‘ilm al-makān* are included), areas of scholarship and disciplines of sciences, etc. We must not ignore the role of the society, culture and environment on spiritual care. Another two sciences that connect these three sciences and put them into actions are *fiqh al-mīzān* (measuring; and the abovementioned *tarjīḥ* and *maṣlaḥah* are implied) and *fiqh al-bayān* (communication), for *al-naṣīḥah* requires the beauty of deliverance be it in the form of verbal, written, visual or non-verbal communication.

I believe that this brief exposition of the concept of *naṣīḥah* has adequately placed it at the crux of the philosophy of Islamic spiritual care. To learn from the spiritual masters of the past, let us consider this statement of al-Fuḍayl ibn ‘Iyāḍ: “Those amongst us who have reached it (in another version: reached the rank of *abdāl* - a certain level of sainthood) did not reach it by the virtue of frequent prayers or fasting, but due to the generous self (*sakhā’ al-naḥs*), the considerate heart (*salāmat al-ṣadr*) and the *naṣīḥah* for the community (Abū Nu‘aym, no. 11772, al-Bayḥaqī, no. 10392).

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T101

### **An Analytical Comparison of Christian and Islamic Spiritual Care**

**Tayyaba Razzaq<sup>3</sup>**

#### **Abstract:**

Like all other expressions of human life, religion has spiritual and theoretical domains as well as physical and practical realms. Humans are spiritual beings and pursue to be closer to the mighty power. The concept of spiritual care deals with people at individual and collective levels. The perception of spiritual care deals within personal or communal and congregational rituals. Most social scientists view religious or spiritual care as mainly or exclusively having a constructive social force or entity. Religions have their stereotype and ceremonial spirituality system that mostly consist of external rites. The core concept of spiritual care is concerned with internal rather than superficial purification. The study will briefly cover both Christianity and Islamic concepts of spiritual care in the light of their sacred texts. The purpose of the study is to examine and determine the importance of spiritual care, the spiritual perspectives of both religions on spiritual guidance and counselling and also methods that religious scriptures outline for their followers to adopt. The study explores similarities and differences between Christian and Islamic spiritual care. The research methodology adopted for this study is primarily descriptive with an analytical tone. The study concludes that the major purpose of religious practices such as fasting, sacrifices, charity, etc., are all to free men from evil deeds, purifying themselves in line with Divine will.

**Keywords & phrases:** Stereotype; spiritual; congregation; religious scriptures; ceremonial purity.

#### **Introduction**

The purpose of the study is to examine and determine the importance of spiritual care within a person and the spiritual perspectives of both religions on spiritual guidance and counselling and also methods that religious scriptures have mentioned for their followers to adopt to achieve and attain spiritual care.

The study also identifies the similarities and differences between Christian and Islamic spiritual care.

#### **The Problem Statement**

Spiritual care is the core element of both religions; Islam and Christianity. The world has become cultural global village. A spiritual care provider is a person who offers spiritual care or guidance to a person of any faith or none. It is a more inclusive term. Spiritual care system has accommodated certain tools and methods found in both religions. This paper is an attempt to analyse and make comparison of Christian and Islamic spiritual care. The research is not based on merely imaginal philosophy but is grounded in facts.

#### **Research Methodology**

The research methodology for this study is primarily descriptively with an analytical nuance.

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## Discussion

The personality of human being comprises of three core dimensions: body, soul and mind. The spirit is the essence of life. In the Hebrew text of Genesis, this is the beginning of creation where God breathes into the first human beings. This is equivalent to “spirit”; in fact, the word used here is “*ruach*” which means spirit in Hebrew, giving human beings life. Islam has given also the same meaning to spirit. Spirit is the source of all things. For me, spirituality is the practice of engaging and remembering what gives us life. That is different for each of us, but essentially it is the same. It is the source that keeps us breathing, keeps us going.

A spiritual care provider focuses on the psycho-spiritual aspect of a person that is the framework of religion, faith or sources of meaning that the person draws strength from. Self-awareness is a vital key point for those engaging in spiritual care. Through spiritual care, one becomes able to address problems and provide spiritual support for other people, offer space and care for them and heal them.

Christian spirituality is centred on how a person’s relationship with Jesus Christ informs and directs one’s approach to existence and engagement with the world. Christian scripture differentiates between the body and soul, and more precisely, between the inner and outer man. This distinction does not imply opposition. If one is by nature good, the other by nature bad - both belong together; both are created by God (Philosophy of Religion p: 472) According to Christianity the inner self of a man without the outer has no proper and full existence. It requires a body. Otherwise, it is like a dead in *Sheol*, as is in the Old Testament, which is not a genuine life. Christianity defines what defiles a person; within and out of a person’s heart, which are evil thoughts, greed, sexual immorality, deceit, theft, murder, cheating, malice, slander, lewdness, envy, arrogance, adultery and folly. All these evils come from inside and defile a person. (Mathew 5:8, Luke 11:34-35) As Bible teachings says; purify your heart and your senses; eye to be closer to the Lord. Bible says; create in me a clean heart, O God, and renew a steadfast spirit within me. Purify me with hyssop, and I shall be clean; Wash me, and I shall be whiter than snow. (Psalm 51:7, 10)

According to Islam, senses correspond to the spiritual entity. As such the training of senses is emphasized in Islam. It is an integral part of spiritual growth. Rewards are promised by Allah to those who purify their soul by practicing obedient devotion and staying away from distractions of sins and evil. The purpose of the spiritual purification process is to be closer to Allah and that can be attained by following the path of the Holy Prophet (SAW). The five basic pillars of Islam were also to strengthen the connection with Allah and to live a purposeful life. Devotional practices lead to higher levels of ecstatic state. In Islamic mysticism; Sūfis realized themselves as direct communion with God. Ultimately, a Sūfi feels his soul absorbed into God - known in “*taṣawwuf*” or Sūfism as “*fanā*”, the Mystical Union with God.

## Challenges or Limitation

The first challenge is to answer the question: Is spiritual care separate from religion? Spiritual care is not confined to religion but can be a part of it. These notions are getting more attentions these days; One can be religious and spiritual, but not necessarily spiritual and religious. A lot of people identify themselves as being only spiritual, and spirituality does encompass all aspects of life.

As a practitioner, spiritual care would help to tap into those things that bring them meaning, strength, and comfort, such as religion or painting, or nature. Ultimately, the two can go together, but they don’t have to; it can distinguish what brings comfort to the client that is the key to spiritual care.

### The Contribution of the Paper to the Conceptualisation of Islamic Spiritual Care

The theme of effective Muslim spiritual care is rooted in the Qur'ān and the *ḥadīths* and Muslim mysticism, which are of the important sources of effective spiritual care. An effective Muslim spiritual care creates a caring relationship with the patient. In particular, spirituality and spiritual practices have commitment to values, beliefs, practices, or philosophies which may have an impact on the patients' cognition, emotion, and behaviour. Thus, personal spirituality in this sense may influence the patients' ability to cope with stress, loss, and illness. Spirituality can also have an influence on patients' health behaviours and healthcare decision making, and it can critically enable people to reframe their situation. Spirituality can also affect how people relate to meaningful others who may be significant in their lives.

The theme of effective spiritual care in Christianity is rooted in the Bible and monasticism, which are important sources of effective spiritual care. An effective spiritual care according to Christianity also creates a caring relationship with the patients. For Christian healthcare providers, spiritual care is a natural extension of their faith and life. Although not all patients have Christian beliefs, healthcare providers, when appropriate, can provide Christian perspectives to bring patients comfort during stress and illness.

In Christianity, health care is spiritually associated with the spirit of Jesus as *al-Masīḥ* and Christian workers and practitioners are persuaded to become spiritual caretakers.

The study has found out a few similarities and more differences in relation to spiritual care from the perspectives of both religions but in practice the motivational level of spiritual care of Christians seems much higher than Muslims.

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T102

### **The Similarities and Differences Between Islamic and Christian Spiritual Care: A Comparison between Turkey and Germany**

**Zuhal Ağilkaya Şahin<sup>4</sup>**

#### **Abstract:**

This paper aims to reveal the similarities and differences between Islamic spiritual care and counselling and Christian pastoral care and counselling based on two countries, namely Germany and Turkey. These two countries have different theoretical, practical, and religious starting points and implementations of spiritual/pastoral care and counselling. Pastoral care and counselling are deeply rooted in Christian tradition and history as well as in German history. Religiously, it is grounded on Christian creeds and accepts Jesus as the prototype for any kind of pastoral care and counselling. Historically, early church fathers are recognized as the first practitioners of pastoral care. In Germany, as a constitutional right for German citizens, pastoral counselling is performed widely in and outside Church institutions, such as hospitals, prisons, universities, counselling centres, etc. Professional and educational standards are also very well grounded in the German context. For voluntary pastoral caregivers, certain courses on the subject are sufficient and accepted, while generally, professional pastoral counsellors must undergo a clinical pastoral training. The standards for clinical pastoral training are set by the German Association for Pastoral Psychology (DGfP). On the other hand, Turkey as a Muslim majority country is relatively new in the field of spiritual care and counselling. In 2015 Turkey initiated steps to professionalise and institutionalise spiritual care and counselling. As the official leader and provider of spiritual care and counselling the Turkish Presidency for Religious Affairs (the Diyanet) started to train spiritual counsellors and to employ them first at hospitals followed by prisons, student hostels, and other governmental institutions. Although the nature of spiritual/pastoral care and counselling is not strange to Islamic religiosity and spirituality, Muslim countries - except Turkey - do not yet have professional and institutionalised spiritual care and counselling services, neither in the past nor present. But developments in Malaysia and Saudi Arabia raise hope. Actually, as in Christianity, it is possible to set the religious fundamentals for spiritual care in Islamic tradition and sources, such as the Qur'an and the traditions of Prophet Muhammad. In this paper, Christian Germany and Muslim Turkey will be compared in terms of definition, religious foundations, legal status, training programmes, public perceptions, practical principles, and practitioners' perceptions of spiritual/pastoral care and counselling. The comparison will be made on the basis of review of available literature and interviews with professional German - Christian pastoral counsellors and Turkish - Muslim spiritual counsellors.

**Keywords & phrases:** Islamic spiritual care; counselling; pastoral care; Turkey healthcare; Germany healthcare.

#### **Introduction**

Pastoral care in Germany is a very professional service. It has deep roots in Christian tradition as well as in German history. As a form of churchly spiritual/religious help in times of crises and conflicts, pastoral care is appreciated in German public sphere and therefore appears as a right for citizens. Pastoral care in Germany is widely performed by members of the clergy. However, there is also a great number of lay pastoral care givers who work under

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the supervision of the Church. Spiritual care and guidance, as it is named in Turkey, is a service provided by the Presidency of Religious Affairs, the Diyanet. Volunteers amongst the Diyanet employees join a training given by the Diyanet and work in state institutions (Ağılkaya Şahin, 2021).

### Definition

Pastoral care (PC) is one of the main churchly services within Christianity. Literature review concerning the term *Seelsorge*, the German word for pastoral care, shows that the theological meaning of pastoral care is to preserve or establish belief; the social meaning is the need and nearness of all Christians for/to each other; the ethical meaning is to help people in times of crises and conflicts (Ağılkaya Şahin, 2015). These three meanings can be summarized in the notion of *safety for life*. It is the task of a pastoral counsellor to strengthen one's safety in life, to encourage, to raise hope, to console, and to help find solutions for conflicts and problems (Ağılkaya Şahin, 2021). The pastoral counsellor fulfils these duties by means of a personal conversation in which she/he accompanies the counselee in her/his pain or problem. Thus, in short, a close human relationship or friendship - can be construed as pastoral counselling in the widest sense (Klessmann, 2010). German pastoral counsellors mostly emphasise the concept of accompaniment to describe their pastoral work (Ağılkaya Şahin, 2021). This accompaniment covers hard times (diseases, crises), problems, religious doubts, promote the relationship with God, leading life, assessing life, daily issues, etc.

Turkish SCC literature and practitioners mention similar points (Ayten, 2017). Additionally, literature as well as practitioners emphasise the spiritual counsellors' role in the search for meaning. In contrast to German practitioners, Turkish theorists assign a religious/spiritual function or task to SCs. For Turkish scholars the SC's function is to strengthen the spirituality of the counselees, guide them in their worship, support them in their religious self-actualization and improve their religious life. This religious/spiritual emphasis is not that strong on the Christian/German side (Ayten, 2017).

### Religious Foundations

Pastoral care has deep roots in Christian tradition. However pastoral care as such is not mentioned in Christian Scriptures. The German word combination soul - care (Seel - sorge) neither appears in the Old nor New Testament. But traditions and stories in the Scripture reveal that many people made PC voluntarily motivated by their religious beliefs. PC finds its roots, motivation, description, aims in the Scriptures, in which God and Christ are described in terms of their love, care, and being a shepherd. As a Christian term "pastor" points to the role and function of the shepherd, who protects, cares and guides his herd. In this sense Jesus Christ is accepted as the first pastoral caregiver, because he loved, cured, helped, and consoled people. His crucifixion is seen as the deepest pastoral foundation. Hence, Jesus is accepted as the prototype of each PCC. This prototype is still recognised in contemporary pastoral care givers, who especially mention traditions of Jesus as their motivation for visiting the sick, prisoners, etc. Additionally, Biblical expressions such as to console, regulate, stand by, care for each other, serve each other, encourage, advise and hospitality explain general human, social functions and describe general social solidarity practices. Thus, we understand, that PCC in early Christianity was a natural and spontaneous practice in the community (Ağılkaya Şahin, 2016; 2021).

Although PCC is not a professionalised and institutionalised profession in the Turkish-Islamic context, the essence of it can be found very vividly in it. In Islam there are Qur'anic expressions and Prophetic traditions, that can be accepted as religious foundations for spiritual care, e.g., the Qur'an itself as a cure and guide for the believers, visiting the sick,

respecting and caring for the elderly, Allah's consoling, care and mercy for people, the meaning of creation, life and death - these are all sources that can be implemented to develop, motivate, explain, and define an Islamic soul care (for the concept of hope see Ağilkaya-Şahin, 2020).

### **Public Perception and Reactions**

Among German people, pastoral care and counselling is perceived from two very different perspectives. While some glorify pastoral care as the last duty of the Church, a duty that maintains the church's social importance, others disparage pastoral care services as an out-of-date instrument that manipulates those who receive them. Studies as well as professional pastoral counsellors report that requests for pastoral counselling and church ceremonies have decreased in the last 25 years. However, the incidence of people who expect to be encountered in a religious manner in crossroads of their lives (special events like baptisms, confirmations, marriages and burials) is quite high. Even though pastoral care is sometimes offended as a practice with maliciously hidden missionary intentions or latent control attempts, the title "pastoral counsellor" (*Seelsorger*) nevertheless generally evokes trust and positive associations - even among non-churchgoers. Generally, German people have an acceptance and expectation of the presence of pastoral counsellors (Ağilkaya Şahin, 2021).

On the contrary in Turkey, neither the knowledge nor the acceptance of such a service is granted. As it is a newly emerging and developing field it is not publicly well known. Mostly it is hard to explain the words "spiritual counselling", as people cannot or do not differentiate between spiritual and religious; others criticise the service by highlighting the existence of psychological counsellors or social workers in their institutions. However, after getting in touch with spiritual counsellors, getting information about the service, and most effectively experiencing this service, people's bias, misunderstandings, and misperceptions change rapidly and they provide positive feedback. Those who show a positive attitude towards SCC affirm this service, express the necessity and their gratitude for it (Özkan, 2017).

### **Practical Principles**

PCC in Germany is performed according to certain principles: free offer, go-structure, official discretion (Ağilkaya Şahin, 2015; Klessmann, 2010). These principles can be seen as generally accepted basic practice characteristics without which a pastoral care practice in Germany could not be imagined.

Even though there are no formal regulations, Turkish spiritual counsellors act according to the same principles in practice. One important missing factor is that there are no legal regulations relating professional discretion, yet.

### **Legal Status**

As a form of churchly spiritual/religious help, pastoral care is important in the German public sphere. The German constitution states that in public institutions religious communities are permitted to perform religious practices. According to the agreement between the Church and the federal states, the Church accepts the responsibility to provide people with pastoral care (Ağilkaya Şahin, 2015).

There are no equivalent legal regulations on the Turkish side. Turkish spiritual care givers are officially Diyanet employees. They work at state institutions such as hospitals, prisons, student dormitories, etc. In 2019 the Diyanet succeeded in obtaining the official approval of the National Profession Standards for spiritual counsellors. One essential gap in

Turkey is regarding professional discretion. Whilst German professionals are protected by law, there are no legal regulations in this matter for Turkish professionals. Christian professionals also benefit from Church regulations which prescribe an absolute discretion for pastors. In Islam similar religious concepts can be found that would protect counselees and their secrets, such as keeping the secrets of others, the concept of *amānah*, not backbiting and gossiping (*ghībah*), not explore or expose mistakes, shortcomings or failures of others, instead covering and not disclosing them.

### Training Programmes

As PCC is performed mostly by clergy in Germany, they possess the needed skills and knowledge from their theological education and their practice as pastors or priests. However, with the pastoral counselling movement professional training standards and programmes evolved. Clinical pastoral training (CPT) programmes are the most widespread and developed trainings for PCC in Germany and other Christian countries (Ağılkaya Şahin, 2014; 2018). The training standards for clinical pastoral training are set by the German Association for Pastoral Psychology (DGfP). Although the Church had reservations and objections against this training at the beginning, in the meantime most churches require participation and graduation from a CPT programme.

In Turkey the trainings are not (yet) standardized. There are few training opportunities for the Diyanet employees. One is given by the Diyanet itself. A 4–5-week programme of 140-150 hours delivered by scholars from various fields is an obligatory training programme for the Diyanet personnel who want to work as spiritual counsellors. Another option is to attend a Master's programme in SCC. Most of these programs are non-thesis programmes and offered at theology faculties.

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T103

## The Psycho-Spiritual Journey of Knowing God: From the Cradle to the Grave

Samir Mahmoud<sup>5</sup>

### Abstract:

The Islamic tradition places a huge emphasis on knowledge as central to *ʿīmān* (faith) and the journey to God. It also emphasises its stages, challenges and associated pedagogies of learning. These are dispersed in a wider variety of different sources ranging from texts on paediatrics, psychology, mysticism, theology, and philosophy. The aim of this paper is to develop a preliminary view of how these fields of knowledge approach the question of human development over one's lifespan. Looking at the various stages of our life journey from before birth until death, this paper considers the distinct challenges and opportunities for knowing and connecting to God by drawing on al-Ghazālī and other luminaries of the Islamic tradition in addition to contemporary psychology.

**Keywords & phrases:** Islamic spiritual care; spirituality; life journey; mysticism; psychology.

### Introduction

Looking at the various stages of our life journey from before birth until death, this paper considers the distinct challenges and opportunities for knowing and connecting to God by drawing on al-Ghazālī and other luminaries of the Islamic tradition in addition to contemporary psychology.

### Statement of Problem

Knowledge of God is a religious and spiritual imperative in Islam. Yet, so many obstacles and challenges lie in the path of the would-be seeker along one's lifespan.

### The Aim of the Paper

To explore the various stages of our life journey from before birth until death and the distinct challenges and opportunities for knowing and connecting to God along the way.

### Research Methodology

The author will draw on various Islamic theories of psychological and religious development in the Islamic tradition in addition to contemporary developmental psychology. It will be exclusively focused on textual analysis and theorising.

### Some of the Questions the Paper Will Explore

1. What is the Islamic understanding of the arc of descent (*mabda'*) and arc of ascent (*ma'ād*)?
2. How are we connected to God before birth, in the womb, and after birth until death?
3. What are the distinct stages of our psycho-spiritual growth over our lifetime?

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4. What are the unique possibilities and challenges of connecting and knowing God at each stage?
5. How are our psychological dispositions connected to our spiritual potentialities at each stage?
6. What levels of knowledge of God are there?
7. What varieties of *ʿīmān* are there?
8. What role do our cognitive, emotional, and moral developments play in this?
9. What is the difference between vertical and horizontal psycho-spiritual development?
10. What is the difference between experiential states and developmental stages?

### Challenges or Scope and Limitation

The paper focuses exclusively on outlining the stages of psycho-spiritual development and their relationship to knowledge of God rather than considering the type of experiences that are granted by God's grace or spiritual/mystical ecstasy. While all knowledge is ultimately granted by God, what the paper will focus on is stage-related affordances in terms of *ʿīmān* and knowledge of God.

### The Contribution of the Paper to the Conceptualisation of Islamic Spiritual Care

Part of Islamic Spiritual Care is helping the seeker understand how to better develop their relationship with God. By exploring the various stages of the development of the individual over one's lifespan, it is hoped that more nuanced and stage-specific care can be provided to the would-be seeker.

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T104

### **Reinforcing Meaning in Life as a Mental Health Protective Factor through Islamic Theology: Elaboration on *‘Adālah*, *Qanā’ah*, and *Ikhtiyār***

**Ahmad Shidqi Mukhtasor,<sup>6</sup> Naura Safira Salsabila Zain,<sup>7</sup> Hastinia Apriasari,<sup>8</sup>**

#### **Abstract:**

The grasp of meaning in life positively impacts an individual's resilience in facing the challenges of life that potentially harm the quality of mental health (Fry & Debats, 2010). Without grasping a positive and consistent meaning in life, individuals will tend to be fragile and unmotivated to live (Lu et al., 2021). But currently, the development of human understanding in grasping meaning in life actually leads towards a direction that is counterproductive to the stability of this meaning as a consequence of postmodernism that causes uncertainty in understanding it, i.e., the human understanding of the meaning in life becomes very arbitrary and superficial (Bauman, 1993). If this philosophical trend strengthens, it will negatively affect the world of psychology in overcoming mental health disorders that are related to the meaning of life. Therefore, Islamic thought that is rich with traditions to articulate the meaning in life is expected to offer solutions. This research attempts to demonstrate the relevancy of God's justice (*‘adālah*), contentment (*qanā’ah*), and effort (*ikhtiyār*) in Islamic theology to solve the crisis of meaning in life that is related to mental health disorder. This research employed a qualitative methodology by conducting a literature review of books and journals on topics related to the issue of meaning in life crisis psychologically and philosophically, and the meaning of God's justice in life, *qanā’ah* and *ikhtiyār* within Islamic theology. This is to establish the role of those concepts in constructing meaning in life as a protective factor that is able to enhance the mental well-being of individuals. The result of this research indicates that life is indeed meaningful and this could be demonstrated theologically and its benefits could be implemented psychologically. These findings can be used as a conceptual basis in the application of psychological research such as constructing psychological measurement and offering a new discourse in Islamic psychology.

**Keywords & phrases:** Islamic spiritual care; meaning; justice; contentment; effort.

#### **Background**

People who are faced with chaos and challenges in their lives are often challenged with their conception on meaning in life, that they have to reconcile the purposes of live that (arguably) need to be strived for, while at the same time they broke down due to the chaos that they face, rendering them in hardship to find the connection between the chaos and the virtue of striving to live. While many are incited with the questions due to the chaos that they face, many also begin to question their meaning in life due to the ambivalence caused by the secular worldview that neglects stability in *qat’ī* meaning that should become a guidance (revelation), leaving it all alone to man with their limited capacity to answer the purposes of mankind. The ignorance of such, thus faced with the not-ending chaos caused by man, will

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aggravate the crisis upon the meaning in life. In this case, it is important to address this crisis from the Islamic worldview relating with how Muslim shall understand the chaos of the world and relating it with the role of God and how Muslims shall behave.

In *kalām* discourse, *mutakallim* scholars defined *al-‘adl* as an attribute of God not to do injustice, violence, and burden His creation without any interest (*maṣlahah*) or purpose (*al-Faḍlī*, 1993). Hence, it is clear that Allah creates everything with a purpose. Believing in Allah’s justice will increase man’s faith to establish noble morality, including contentment (*qanā‘ah*). According to Hamka, *qanā‘ah* is feeling content and accepting the provision that was allocated to a person while having trust in Allah (Ulfa & Puspita, 2020). Therefore, *qanā‘ah* will increase patience and decrease anxiety because patience and anxiety are anticorrelations in a person. *Qanā‘ah* can also be defined as a feeling of satisfaction when people believe that Allah fulfils everything they need. For this reason, the characteristic of *qanā‘ah* defines a person who is mentally well (Azkarisa & Siregar, 2018). On the other hand, *qanā‘ah* is also defined as trusting entirely in Allah, but it does not mean that one can free themselves from responsibilities. One still has to evaluate themselves to be better than before by reviewing the wrongdoings and promising for the correction in the future (Rashid, 2020). The process of choosing what is good during self-reflection is known as *ikhtiyār*. According to al-Attas, *ikhtiyār* is defined as human freedom in choosing what is right based on *sharī‘ah* (Putra & Zikwan, 2021). In the context of mental health issues, people are highly encouraged to apply *ikhtiyār* in their lives as it will help them to fulfil their hopes and make wise decisions in life. As a result, the understanding of the concept of *al-‘adālah* (Allah’s justice) and practicing it through the concept of *qanā‘ah* and *ikhtiyār* can positively affect one’s mental health. Hence, the discussion of *al-‘adālah*, *qanā‘ah*, and *ikhtiyār* is deemed important in current psychological discourse.

In various studies, religiosity has become a protective factor for mental health. For the Muslim community, mental health stigma is a barrier in seeking for psychological assistance (Koeng & Shohaib, 2018). Practically, there are various forms of worship such as reading the Qur’an, praying to Allah and performing *sharī‘ah* obligations. The Qur’an can neutralise the psychological order and increase well-being (Koenig & Shohaib, 2018). Research by Babemohamadi et al. (2017) has also found that reading the Qur’an can decrease the symptoms of depression for those who are suffering from hemodialysis. The study of religiosity in terms of mental health becomes a continuously developing discourse and considered by psychological clinicians. Nevertheless, Muslim scholars must clearly discuss religiosity in relation to mental health. Abdul-Khalek and Ahmed (2011) asserted that the constructs of the research regarding religiosity must be adequately explained between Islamic religiosity and general religiosity, where often religiosity depicted by secular academics do not fully represent the understanding of religiosity in Islam (*tadayyun*) that could lead to misunderstanding on the findings and the validity of variables. Hence, there is an importance to extend the conception of religiosity, including the worldview of the believers relating with the phenomenon of the world according to their actual creed, rather than only basing the concept of religiosity upon ritualistic manner alone.

This understanding will help the Muslim psychologist comprehensively understand that religiosity is a protective factor of mental health. Religiosity as a protective factor is not only understood in terms of rituals. However, the proper understanding and knowledge about the concept of *‘aqīdah* will become a life guide as a protective factor of an individual’s mental health. This research will mainly discuss the idea of God’s justice, *qanā‘ah*, and *ikhtiyār* as an individual’s protective factor.

### Problem Statement

The problem that this research tries to elevate is the lack of a theological work that directly links the Islamic concept on God’s justice, *qanā‘ah*, and *ikhtiyār* with its practical

implication in the fields of psychology especially to be used for therapy and to mitigate mental health crisis due to the absence of contentment with the world in the midst of their personal chaos. This research will thus try to unearth how Islamic theology (*kalām*) relating with its view upon the world could practically be beneficial for mankind to cope with their mental health challenges.

### Methodology

This is a qualitative research that relies on literature reviews on the crisis of meaning in life among people amidst chaos, the theological concept on God's justice, *qanā'ah*, and *ikhtiyār* and how it could be related within psychology as a protective factor for mental health resilience. We will mainly focus on *ahl al-sunnah* references when referring to Islamic theological concepts and also empirical research that highlights the absence of meaning in life within people with mental health chaos. This research will also often refer to the works of philosophers on the challenges of modernity and post-modernity towards meaning in life.

### Expectations, Limitations, and Contribution

We hope that this research will shed light on the Islamic worldview on God's justice, *qanā'ah*, and *ikhtiyār* that could be directly linked to their roles as protective factors. The recognition of God's ultimate Knowledge that precedes man's knowledge which is derived from the limited experience may instil humility in man. Hence, it is easier for mankind to mitigate themselves and focus more on things that man can do through *ikhtiyār*. These propositions will be explored further in the research. The limitation of this research is attributed to limiting, this paper to Islam's view on the chaos experienced by man through God's justice. Ideally, a more comprehensive *istiqrā'* of all of God's attributes should also be accounted in providing a comprehensive understanding on the nature of the world as God's creation. Nevertheless, we hope that this research could still contribute to establishing practical understanding to appreciate God's justice and to conceptualize it as a protective factor in facing mental health challenges.

We also hope that this research could contribute in conceptualising the Islamic worldview in answering the chaotic views upon life. This is the contribution that is expected to furnish the Islamic spiritual care.

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T105

### Receiving Spiritual Care through Mindful *Ṣalāt* Procedures

Intan Aidura Alias<sup>9</sup>

#### Abstract:

The paper discusses how to receive spiritual care through mindful *ṣalāt* by applying cognitive psychology and physiological psychology concepts. The *ṣalāt* is a religious ritual performed obligatorily five times a day according to certain procedures. The procedures are a coordination of a total of thirteen physical, verbal and spiritual *arkān* consisting of physical movements (*rukn fi'li*), recitations (*rukn qawli*) and feeling/emotions (*rukn qalbi*). Each serves a certain function. Considering that all *rukn* has its own function, it is imperative that they be performed with full consciousness or mindfully. A mindless *ṣalāt*, even though not rejected, will certainly not be effective in meeting its purpose in shaping one's behaviour as mentioned in the Qur'anic verse, ... Indeed, 'genuine' prayer should deter 'one' from indecency and wickedness ... (*al-'Ankabūt*: 45). The *ṣalāt* has to be performed in such a way that can help control one's behaviour. Examining the recitations in the *ṣalāt*, we find that they are mostly about giving praise to Allah and glorifying Him. It is through this holy connection, that we can feel Allah's care, the spiritual care that we need. It is said in the Qur'an that Allah is the Saviour, the Help that we need. In addition, some recitations are in the form of *du'ā'* and statements of repentance. However, these can only be realized if the mind is attending to them closely. The ability to attend can be understood and enhanced by the application of certain cognitive concepts in cognitive psychology. Cognitive psychology explores the processes involved in the thinking process from the basic core process of attending to higher order processes such as decision-making. Other relevant cognitive concepts are attentional blinks, working memory, cognitive inhibition, episodic memory. All these concepts would be relevant in achieving a mindful *ṣalāt* and will be deliberated in the paper.

**Keywords & phrases:** Islamic spiritual care; prayers; recitation; mindfulness; cognitive concepts.

#### Background

The *ṣalāt* has been shown to provide benefits in terms of physical health and mental health. However, most importantly are the benefits in spiritual care. It is proposed that such care can be attained through a mindful *ṣalāt*. The paper discusses how to perceive receiving spiritual care through mindful *ṣalāt* by applying cognitive psychology and physiological psychology concepts. The procedures of mindful *ṣalāt* begins from the answering of the call for prayer (*adhān*), taking the ablution and performing the *ṣalāt* itself. As the *ṣalāt* is very much a cognitive-emotional task, the paper will explore all the processes involved based on the recommendations of the scientific research findings. As such, the method for the research is a literature search in areas of cognitive psychology, cognitive science and neuroscience particularly on sensation and emotion. It also examines Islamic resources that discuss these matters.

The ability to be mindful can be understood and enhanced by the application of certain cognitive concepts in cognitive psychology. The paper will deliberate on these concepts such as attention, attentional blinks, working memory, cognitive inhibition and episodic memory.

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Based on these findings, the paper will also propose specific steps to follow in order to achieve mindful *ṣalāt*. It is believed that when one is mindful of the gestures and recitations of the *ṣalāt* and the accompanying tasks, he will be able to connect with the Almighty. He will be reminded of the purpose in life and the missions to be accomplished as an *‘ābid* and *khalīfah*. He will be reminded of Allah’s Mercy and Care that could be granted while fulfilling these missions. The resulting effect is the perception of receiving spiritual care from Allah. It is with this care that one would have the strength to pursue life’s daily challenges and guide his behaviours accordingly.

### **The Statement of Problem**

The current world is full of challenges with the pandemic, economic instability, leading to increased number of mental health issues. Combined with poor lifestyle, existing health problems, people are more vulnerable. One of the cares that people need is spiritual care. Spiritual care has been the interest of many stakeholders such as doctors, psychiatrists, nurses. And spiritual care studies have shown positive impact of spiritual care in patients’ lives and recovery.

One way to attain spiritual care is the perceived care received from God. In Islam this can be achieved through the *ṣalāt*. The *ṣalāt* has been shown to provide benefits in terms of physical health and mental health. However, the *ṣalāt* has to be performed with full attention and consciousness, in short, being mindful. In a world that is very fast-paced, we are easily distracted and so being mindful is an arduous task.

The ability to attend can be understood and enhanced by the application of certain cognitive concepts in cognitive psychology. Cognitive psychology explores the processes involved in the thinking process from the basic core process of attending to higher order processes such as decision-making. Other relevant cognitive concepts are attentional blinks, working memory, cognitive inhibition and episodic memory. All these concepts would be relevant in achieving a mindful *ṣalāt*.

Another perspective in consideration is the physiological aspect. This is also important as the *ṣalāt* involves the physical body which is managed by the physiological system. Movements of the body can affect the physiological response and likewise the physiological state (e.g., emotion) can affect body movements. Besides, the gestures also involve touching certain surfaces, as in the *sujūd* and *rukū’*. Thus, the sensory systems will be activated. Mindful *ṣalāt* attends to these sensations to ensure the mind does not go astray.

### **The Aim of the Research**

The paper aims to delineate the way to perform a mindful *ṣalāt* so as to achieve spiritual care. It first looks at the cognitive and physiological concepts within the areas of cognitive psychology, cognitive science and neuroscience. It will be guided by the Islamic concept of *murāqabah*.

### **The Methodology of the Research**

This is a library research examining the findings related to cognitive processes in attention and working memory. Studies examining the role of physiology in the performance of the *ṣalāt* behaviour will also be included. The main references would be cognitive and neuroscience research articles, Qur’anic verses, *ḥadīth*, Islamic articles pertaining to *khushū’*/mindfulness in *ṣalāt*.

### The Expected Output or Theory or Discussion

The output is a guideline on the cognitive tasks to be performed in achieving a mindful *ṣalāt* to attain spiritual care.

### Conclusion

In conclusion, the prescribed *ṣalāt* can also act as a source for spiritual care, achieved through conscious effort by the person. Hopefully, the understanding of the technicalities of performing a mindful *ṣalāt* as presented in this paper helps to meet this objective.

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### **The Effect of Death Remembrance and Death Readiness Quotient (DrQ) on the Muslim Community in Malaysia**

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#### **Abstract:**

The number of deaths is increasing every day. Thus, the research aims to explore the effect of death remembrance and Death Readiness Quotient (DrQ) on the Muslim community in Malaysia via a descriptive approach adopting a mix-method research study. 664 respondents were involved in this study. Most of them are Malay and aged between 15-51 years old. The result indicates that death remembrance raises mixed feelings among members of the Muslim community: sad, fear, worry, and happy. Death Readiness Quotient (DrQ) encouraged the Muslim community to appreciate life, be aware of the reality of death, enhance God-remembrance, live in peace, have God-consciousness, practice good ethics of conduct and repent. Death remembrance tolls them with sadness, trauma, fear and anxiety. Nobody will escape from death. Thus, the best option is to face death with peace and wisdom in pursuit for a meaningful life.

**Keywords & phrases:** Death Readiness Quotient (DrQ); Muslim community; spiritual care; family well-being; educational psychology.

#### **Introduction**

Every day, people die. From 7.8 billion of the human population, on average, 36,000 people die every day. This year, 44 million people died (Worldometer, 2021). During the Covid-19 pandemic, the number of deaths increased rapidly. Many people die suddenly, and some people die unprepared for death. According to the World Health Organization (WHO) (2021), besides Covid-19, millions of people die due to ischemic heart disease, stroke, chronic obstructive pulmonary disease, lower respiratory infections, neonatal condition, trachea, bronchus and lung cancer, Alzheimer diseases and other dementias, diarrheal diseases, diabetes mellitus, and kidney diseases. This situation boosts human remembrance of death.

#### **Statement of Problem**

Since the Covid-19 pandemic in Malaysia, the counting number of deaths in each state has become a new norm. Every day, via mass media, social media and MySejahtera App, complete statistics of Covid-19 patients and death rates are being discussed openly. All of a sudden, many people lost their family, friends, neighbours, and significant others. At the same time, the spreading of deadly viruses multiplies the risk of death for everybody. Death awareness increases and this has implications on the community especially Muslims. Thus,

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there's a need to understand the effect of death remembrance and Death Readiness Quotient (DrQ) to enhance the well-being of the Muslim community in Malaysia.

### **The Aim of the Paper**

The research aims to explore the effect of death remembrance and Death Readiness Quotient (DrQ) on the Muslim community in Malaysia.

### **Methodology**

704 completed forms were collected via an online survey, of which 664 were Muslim respondents. Meanwhile, others are Buddhists, Hindus, Christian and atheists. The survey included quantitative and qualitative research questions. The question addressing the qualitative component of the study is: What is the effect of death remembrance on you? Each answer was analysed and coded line by line. Each code was then organised into twenty categories. The categories were then merged into eleven main themes.

### **Initial Findings**

The result indicates that most of the respondents remember death every day (67%). However, only 18% of the respondents are ready to face the reality of death. Death remembrance also gives mixed feelings to the Muslim community: sad (21%), fear (45%), worry (29%), and excitement (0.7%). Death remembrance and Death Readiness Quotient (DrQ) leads them to be more pious (20%), show kindness and give charity (19%), share knowledge (3%), dedicated (7%), make financial preparation for their heirs (25%) and prepare their family members to survive after their death (20%).

For the qualitative component of the study, eleven main themes emerge. The themes are divided into two, positive and negative impacts. Positive impact includes appreciation, awareness, God-remembrance, peace, God-consciousness, good ethics of conduct and repentance. Meanwhile, negative impact includes sadness, fear, trauma and anxiety.

### **Positive Effect of Death Readiness Quotient (DrQ)**

#### **1. Appreciation**

In remembering death, 19 respondents feel blessed for having the chance to do good deeds, give charity, serve parents, appreciate the existence of others, and cherish each moment of life with joy, happiness, and mercy. They feel grateful for having the chance to live in this world. For example, Nadir (Contractor, 47) said: "Always feel grateful for what I have and appreciate each moment left."

#### **3. Awareness**

Death remembrance enhances the respondent's death consciousness. As a result, they always prepare to face death, re-evaluate themselves (*muḥāsabah*), pray for goodness and accept the reality of death. For example, Nurul (student, 21) said: "Self-evaluation and remember, anybody will go away first, no matter their age."

#### **4. God-remembrance**

90 respondents felt that death remembrance brings them nearer to Allah. They become motivated to be more obedient, remember Allah, do charity, search for religious knowledge, pray on time, read the Qur'an, cover their 'awrah and do good deeds for the sake of Allah. For example, Atira (Student, 19) said: Bring me closer to Allah and prepare me to face any possibility". Meanwhile, Irdina (Student, 21) said: "Give the effort to keep (up with) obligatory prayer, keep my relationship with Allah, human being(s) and universe."

## **5. Peace**

113 respondents felt peaceful when remembering death. The remembrance of death empowers them to become better people, do good deeds, serve others, forgive others, benefit others, develop maturity and optimism. For example, Hani (Medical Officer, 28) said: "When thinking about death, the world becomes small, feel nothing to be worried, feel at peace because, in the end, there are rewards for each of our patient (in facing) Allah's trial".

## **6. God-consciousness**

Death remembrance acts as a natural alarm clock for 28 respondents. When remembering death, they become more conscious of their own behaviour, avoiding any sinful act. They become more alert with life, rethinking again before committing any crime and afraid to commit unlawful actions in their strife to please Allah. For example, Hakim (Safety Officer, 29): "(I) Avoid forbidden thing(s) each time the remembrance of death come."

## **7. Good Ethics of Conduct**

16 respondents opine that God remembrance beautifies their good ethics of conduct. They control their words and behaviour, become positive role models, become more responsible and humbler. For example, Aina (Student, 22) said: "Always aware with my act(ions) and my tongue towards others."

## **8. Repentance**

104 respondents felt regretful when death comes to their mind. They feel that they should repent immediately, become better, always remember Allah and do not become negligent due to this worldly life. For example, Naqi (Businessman, 26) said: "Always repent and regret any wrongdoing. Always remind (myself) to fulfil religious duty in this world".

## **The Negative Effect of Death Remembrance**

### **1. Sad**

48 respondents felt sad when discussing death. It is very difficult for them to hear any news about death, especially from their close relations. Some of them feel so lonely, grieve and miss their beloved. For example, Ina (student, 22) said: "So sad because we know that we can't meet and talk with them anymore". Some of them feel sad because they perceive themselves as having low religiosity levels. For example, Azri (Construction staff, 21) said: "(I) Feel sad because I feel my religious practice is not enough."

### **2. Fear**

Some of the respondents embrace their fear of dealing with death. They feel they are not ready to die because they have many sins, they do not leave enough sustenance for their family, and they can't go back to the world. For example, Nizam (student, 22) said: "Always remember my sin and fear if (I) will be punished in the grave."

### **3. Trauma & Anxiety**

22 respondents were traumatised and anxious when remembering death. Some suffer from extreme conditions and need help. All of them experienced losing their spouse or family members. And most of them are not ready to face death. For example, Nizar (Self-employed, 27) said: "Afraid, worry, and last time (I) can't sleep. My body trembling."

## **Limitation**

The research is limited to the Muslim community in Malaysia. It is more meaningful if the research could be expanded to other regions and religions.

**The Contribution of the Paper to the Conceptualization of Islamic Spiritual Care**

The paper indicates the importance of death remembrance and Death Readiness Quotient (DrQ) as a part of the spiritual care concept, model, or theoretical development.

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T202

### **A Qualitative Survey on The Views of Experts Regarding Spiritual Care Among Muslim Nurses in Worship-Friendly Hospitals**

**Mohd Arif Atarhim,<sup>14</sup> Jamiah Manap,<sup>15</sup> Khairul Anwar Mastor,<sup>16</sup> Azlina Yusof.<sup>17</sup>**

#### **Abstract:**

Spiritual care is an important aspect that needs to be considered in the healthcare sector. The impact of spiritual care on issues related to health, healing and coping with illness are undeniable. Nurses are among the frontliners who play a vital role in ensuring that the spiritual needs of patients are met. The nurses' own spirituality can contribute to the ability of spiritual care provision to patients. To understand this issue, our study examined expert views on spiritual care among Muslim nurses in worship-friendly hospitals. The purposive sampling method was used to recruit experts in the field of nursing and spiritual care in worship-friendly hospitals. Semi-structured interviews were conducted. The interviews were transcribed verbatim and analysed manually. Data were analysed to identify the important themes that had been mentioned by experts. Based on experts' interviews, the following key themes were identified: 1) importance of spiritual care; 2) perspectives on Muslim nurses in spiritual care and 3) the need for personal spiritual assessment of Muslim nurses. The findings of our study indicate the importance of spiritual care to patients. Most of the experts agree that the patients are in dire need of spiritual support in the process of treatment and healing. This spiritual support can have a positive effect on the patient. The expert panel also agreed that Muslim nurses play an important role in assessing the spiritual aspects of patients and become spiritual counsellor agents. However, it depends on the readiness and attitude of the nurses towards the spiritual care of the patient. To ensure a nurse is able to provide spiritual care to patients, a nurse's spiritual personality needs to be considered. The personal spirituality of the nurse needs to be measured and assessed for the character building of the ideal Muslim nurse. This personal spiritual assessment also can assist management to conduct screening in employee selection as well as monitor the effectiveness of spiritual training given to Muslim nurses. All experts see the spiritual aspect as very crucial in the healthcare sector. Muslim nurses have an important role to play in ensuring the continuity of spiritual care in hospitals. The personal spirituality of Muslim nurses needs to be developed through measurement and evaluation to strengthen their ability in providing spiritual care to patients.

**Keywords & phrases:** Islamic spiritual care; Muslim nurse; spiritual care; patient care; illness.

#### **The Statement of Problem**

Nowadays, the healthcare system is moving towards providing holistic services. The holistic healthcare system takes into account a variety of factors including theology, physical, emotional, social, economic and spiritual aspects of human beings (Ventegodt et al.2016; Zamanzadeh et al. 2015). From the perspective of *tasawwuf*, human consists of spirits and bodies, and the spiritual nature of a human being is more important than the physical aspect

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because the former is closely related to their relationship with God (Mostafa Kamal 2003). The philosophy of holistic care based on the idea of holism emphasises that human events are synergistic, in which intellect and spirit affect the body (Tjale & Bruce 2007). Therefore, an individual should not only be concerned with physical needs, but also spiritual needs must also be given due consideration to offer holistic cure for the patient.

Healthcare workers are aware and understand that a patient's religious and spiritual beliefs are an important aspect that should not be overlooked in providing health services (Hamilton et al. 2020; Herlina & Agrina 2019; Zimmer et al. 2016). Government bodies at the national and international levels also stressed that the provision of spiritual care for patients is a necessity (International Council of Nurses. 2012; Ministry of Health Malaysia 2011). Many studies prove that spirituality is a very important component in promoting health and well-being (Panzini et al. 2017; Burkhardt & Nagai-Jacobson 2013; Koenig 2012). This explains how significant and beneficial spirituality is in the healthcare system. As such spiritual care is one of the critical elements of nursing (Burkhart & Hogan 2008; Cockell & Mcsherry 2012; Badanta et al. 2021).

The spiritual dimension in nursing has been studied since the late 1980s to help researchers understand the concept and since then, there has been increasing research in this field (McSherry & Jamieson 2011; Chiu et al. 2004). In the 19<sup>th</sup> century, the forerunner of western nursing, Florence Nightingale recognised that spirituality was an important component of nursing education and that this concept should be developed in nursing practice (Dossey 2000). However, although nurses are aware of the patient's need for spiritual care (Cooper et al. 2020) and there are many empirical research resources that have provided the best methods in providing safe spiritual care to be applied in cultural diversity (Memaryan et al. 2020; Sankhe et al. 2017; Moosavi et al. 2020), in reality, the practice of spiritual care among nurses is still lacking (Taylor et al. 2017; Neathery et al. 2020; Balboni et al. 2014). Nurses also do not focus on assessing aspects of spiritual health to provide care to their patients (Molzahn & Shields 2008) and see spiritual care as not a priority (Chen et al. 2020). Since the provision of spiritual care is seen to be time-consuming and requires long-term effects, nurses burdened with works tend to make physical care a priority (Baldacchino 2006; Shamsudin 2002; MacKinlay 2008; Rushton 2014). Spiritual care can only be provided to patients if the nurse is not too preoccupied with physical care and the patient's condition is stable (Shamsudin 2002).

### **The Aim of the Paper**

The purpose of this study is to explore the views of experts on spiritual care among Muslim nurses in worship-friendly hospitals.

### **The Methodology of the Research**

This is a qualitative survey that involves semi-structured interviews using open-ended questions for gathering expert views. The use of qualitative survey is to determine the meaningful variation (Boyatzis 1998) of expert views on the role of Muslim nurses in providing spiritual care at *'ibadah* friendly hospitals. A purposive sampling method was used to recruit the experts. The selection of experts is based on the diversity of expertise and affiliations, years of work experiences and their involvement in developing worship-friendly hospital in their institution and/or has nursing background. The researcher contacted the experts by telephone. Explanation on the purpose of the study was given and the discussion on the time and date for the appointment was held after the experts agreed to take part in the study. In-depth interviews with four experts based on the above criteria were conducted.

The analysis of this study was done through the process of data preparation until interpretation. The data was categorised into related themes used to interpret the data to obtain information based on the objectives of this study. The process of analysing this data

was conducted manually. The analysis of the research was based on the themes identified based on the objective of the study, which was to explore the views of experts from the field of nursing and spiritual care in worship-friendly hospitals. All of the themes selected in this study were substantiated and can be interpreted using a narrative approach (Suriati & Colonius, 2008).

### **The Expected Output or Discussion**

The discussion will focus on the importance of spiritual care to the patients admitted to the hospital in relation to their condition, the needs during sickness and its positive effects. The perspectives of the experts on the nurses and spiritual care will be explained further in terms of nurses' role and their preparedness and attitude towards spiritual care. Finally, the need of measurement and evaluation of nurses' spirituality for self- development and management use.

### **Challenges or Limitation or Scope**

This study emphasises on the views of experts on spiritual care among Muslim nurses at the *'ibādah* friendly hospitals. The current study was subject to several limitations. First, we included mainly experts working in *'ibādah* -friendly hospitals and only one expert with a background in academia. However, this expert has vast experience in nursing both in clinical practice and education. A second limitation of our study is the focus on the need analysis of the instrument development to measure spiritual intelligence of Muslim nurses to enhance their practice and competency in spiritual care provision to the patients.

### **The Contribution of The Paper to The Conceptualisation of Islamic Spiritual Care**

This paper will contribute to the aspect of application of spiritual care in a clinical setting specifically among Muslim nurses.

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**Spiritual Elements for Future Physician: Pedagogy at the Interface of Revelation and Medicine****Muhammad Fawwaz Bin Muhammad Yusoff,<sup>18</sup> Nur Izah Binti Ab Razak.<sup>19</sup>****Abstract:**

This paper explores the current revival of interest in the spiritual significance of the Qur'an and Sunnah in medical programmes, particularly at the undergraduate level at Universiti Sains Islam Malaysia (USIM). Medical school education has historically been a significant factor in defining the kind of practitioner that doctors become. It is highly regulated and institutionalises societal norms and attitudes via the essential competencies required of every practising physician in Malaysia. While the role of Islamic spirituality in individual practises varies according to educational level, personality, speciality, informal learning experiences, and other factors, there is a growing consensus that all physicians would benefit from a basic level of what might be termed as Islamic spiritual competence to serve their patients and possibly their own needs. Hence, the present paper documents one such compulsory course of USIM's Faculty of Medicine and Health Science on the study of the Qur'an and Sunnah, undertaken by second-year undergraduates. A selected reading of classical and modern Islamic literature like the genre of *al-tibb al-nabawī* is aimed at inferring Islamic spirituality principles from the Qur'an and Sunnah. Although several factors may explain the insufficiency of this integrated approach, the primary hindrance for undergraduates in the Malaysian context is plain to see: the paucity of related sources in Malay and English. While this impediment remains a constraint for all but a few undergraduates who have a reading knowledge of Islamic languages, the publication of several translations of the Islamic literature has begun to open the door for Islamic spiritual care education in the medical undergraduate context. Suppose the Islamic universities are to provide the students with rich Islamic spirituality experiences, teach them how to be true Muslim medical doctors in the era of information overload, the planners must be more specific about what is the meaning of Islamic spirituality. The most effective method of teaching the students is to see the Qur'an for the education of the self and to create learning opportunities that enable them to comprehend the Qur'an through their creative inspiration.

**Keywords & phrases:** Islamic spiritual care; pedagogy; medicine; health sciences; Islamic education.

**Introduction**

The Islamic spirituality in medicine and healthcare curriculum has grown and developed considerably over the past decade, thanks to the tireless efforts of its advocates. Much has been written in this area on various dimensions of Islamic spirituality, largely from an outsider's perspective and some from medical professionals themselves. Nonetheless, Islamic spirituality has rarely been taught as a separate course in the medical programme of higher education institutions. The present paper may, in a sense, be considered preliminary discussions on Islamic spiritual care topics in an academic course. This absence of precedent caused several difficulties and obstacles during the course's development and implementation. Furthermore, in present-day discussions of Islamic spirituality and medicine, far too little attention has been paid to the curriculum development in higher education institutions that have established an academic course in light of such fundamental

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questions: “Where are we bringing students to?” “What are the relevant topics or subjects?” “What is the best approach?” Professors have formulated the elaborate educational goals of the course that, while remaining faithful to the core roots of faith and their entelechy, serve as a framework for creating not only Islamic spiritual care but also the holistic Islamic worldview. Hence, this study addresses both pedagogical concepts and practical applications of Islamic spiritual care in higher education, particularly in Muslim medical schools, and an attempt to contribute to a framework for developing an integrated or solitary course of Islamic spiritual care in higher education. This exploration includes their potentiality and academic curriculum experienced by medical undergraduates in Malaysia today.

### **Islamic Spiritual Care as Integrated and Solitary Course**

In 1985, several courses at Harvard Medical School included spirituality, and the former dean Daniel Tosteson established a drastically redesigned preclinical curriculum known as the “New Pathway” (Peetel & Michael, 2011, p.248). In plain sight, a medical curriculum that integrates Islamic spirituality is one strategy to meet the educational demands of Muslim physicians. Islamic, moral, and ethical principles must pervade all teaching-learning activities, particularly during preclinical and clinical training. Obviously, Islamic input is included in the medical curriculum at various medical schools in Malaysia and elsewhere, including Indonesia, Brunei, and other Middle Eastern nations. In 1995, Omar Hassan Kasule proposed an Islamic Input Medical Curriculum or IIMC that the International Islamic University Malaysia (IIUM) Senate approved (Jamilah et al, 2014). Through the philosophy “the integration of *Naqli* (revealed) and *Aqli* (rational) knowledge,” the Faculty of Medicine and Health Sciences of Universiti Sains Islam Malaysia designed a medical curriculum that is integrated with Islamic sciences (Jamilah et al, 2014).

In Universiti Putra Malaysia (UPM), the spiritual element such as honesty, integrity, accountability, responsibility, and professionalism, are being exposed during the first year of medical undergraduate study, which is included in the Professionalism and Personal Development Module. Medical students at Universiti Kebangsaan Malaysia (UKM) receive early exposure to professionalism and spirituality formally beginning in the preclinical year, where they are taught the core values of spirituality as well as the fundamental elements of professionalism. According to Abdus Salam, most students stated that professionalism means having a positive attitude and behaviour at work, the experience recognition and role-modelling should be prioritised to encourage future medical professionals’ development through formal education (Salam et al, 2012). In line with the previous two medical schools, Universiti Sains Malaysia (USM) is committed to emphasise a wider scale of awareness among students with regards of the spirituality elements in medical curriculum such as responsibility, leadership, skill to resolve individuals and community problems in a society and to have a sense of social accountability. Meanwhile, according to the Malaysian Medical Council’s Standards for Undergraduate Medical Education, the medical programme must adhere to a few clusters of Malaysian Qualifications Framework (MQF) learning outcomes such as leadership, responsibility, ethics, and professionalism. The art of medicine, rather than the science itself, is responsible for some of the fundamental spiritual elements of professionalism, which include accountability, altruism, caring, compassion, honour, integrity, leadership, responsibility, and respect (Malaysian Medical Council, 2019).

Comparing these arrangements of spirituality and medicine in the medical curriculum, there are two distinct approaches to include Islamic spiritual care into medical school curricula: one possibility is to incorporate it into pre-existing courses on professionalism, medical ethics, and similar topics; and the next option is to create a distinct course on Islamic spirituality care in the medicine and health sciences academic programme. This method is advantageous from a logistical and philosophical standpoint. Using the resources of other courses alleviates much of the administrative burden associated with administering a new course, such as hiring teachers and reserving space on the curriculum.

Additionally, it demonstrates its applicability to other medical practice facets rather than isolating the subject. However, the shortage of spiritual education within academic medicine complicates the implementation of this technique. Separate seminars and workshops are a more common method of imparting Islamic spiritual care to medical students and practitioners. This strategy has the benefit of giving instructors greater control over the content and allowing them to use instructional strategies that would not work well in a typical classroom.

### **Integration of Islamic Sciences in Medical Curriculum of USIM**

This paper proceeds from the potentiality of Islamic spiritual care course to the practice of the Faculty of Medicine and Health Sciences of USIM, which arises from the same worldview that formed the basis of the development of contemporary Muslim education. The second-year medical students in the Science and Medicine in the Qur'an and Sunnah course are exposed to the spiritual significance with potential medical work settings to discover and develop new insights into their career's spiritual, scientific, cultural, and educational aspects. A selected reading of classical and modern Islamic literature is introduced to obtain the Islamic spirituality principles from the Qur'an and Sunnah. Typically, strategies include reading the Qur'an, or listening to it being read aloud, and then participating in a discussion led by a group leader. Likewise, a suggested framework includes prereading, guided reading, post-reading discussion, and follow up activities. In this framework, the instructor first assists students activate their background knowledge about "life, health and illness" to make predictions about the Qur'anic worldview on medicine and health. Students are exposed to a thorough overview of the ontology of Qur'anic concepts centred on context-based search tools, along with reading suggestions for these verses in light of the unfolding of Qur'anic principles. Most importantly, before students go into detail about the various interpretations, the purpose of scholarship in the Islamic tradition must be observed in the vision, which is deemed as spiritual growth. It is essential to recognise that both Islamic spirituality and the Islamic scholarly tradition are still very much alive.

### **Final Remarks**

At any rate, we may uncover useful new knowledge and innovative methods to integrate spirituality and medicine, particularly in classrooms. It would be right to say that Islamic spiritual care as an academic course may create a discourse that value diversity, assisting students in developing positive relationships with one another through mutual understanding, enabling students and instructors to draw meaningful connections to ideas and people on a local and global scale, and even contemplating questions framed in Martin Ling's *A Return to the Spirit*, what is the spiritual significance of tears and of laughter? These are just some of the transformational outcomes we should expect when promoting spiritual growth and working to instil Islamic principles in the students. Suppose we are to provide our students with rich Islamic spirituality experiences, teach them how to be true Muslim medical doctors in the era of information overload, we must be more specific about what we mean by Islamic spirituality. The most effective method of teaching our students is to see the Qur'an as we see it and to create learning opportunities that enable them to comprehend the Qur'an through their creative inspiration. The thing is, the style in which a Muslim tertiary educational institution or university is designed should be a deliberate attempt to dedicate and sustain the pursuit of integration and advancement of all branches of knowledge. To conclude our brief remarks, let us quote Syed Naquib al-Attas as he famously argued, "the core knowledge at the university level, which must first be formulated before at any other level, must be composed of ingredients pertaining to the nature of man (*insān*); the nature of religion (*dīn*) and man's involvement in it... This core knowledge, integrated and composed as a harmonious unity and designed at the university level as a model structure and content

for the other levels, must invariably be reflected in successively simpler forms at the secondary and primary levels of the educational system.”

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**Muslim Spiritual Care During Pandemics: A Study of Muslim Early Works****Benaouda Bensaid,<sup>20</sup> Salah Machouche.<sup>21</sup>****Abstract:**

The study of spirituality continues to draw increased academic interest, especially in the way it defines the meaning and purpose of life, mould both thinking and emotions, motivates and drives actions, shapes human relations, and sustain life balance and wellbeing. In the context of the Muslim faith, Muslims are encouraged to nurture their moral character, cultivate their spiritual discipline, and engage in the overall betterment of their quality of life. The methodical individual and collective religious practices which feed and at the same time sustain Muslim spirituality represent an ever-evolving state proportionately resonating with one's spiritual commitment, dedication, and actions. During times of tribulations, crises, or pandemics, however, spirituality appears to play a critical role in Muslims' processes of coping, managing, and community support. This study investigates the works of early Muslim scholars with regards to the conception and approach to pandemics, and the categories of spiritual support and practices they prescribed for coping and mitigating the many adverse effects of crises related stress and anxiety on mental health and wellbeing.

**Keywords & phrases:** Islamic spiritual care; pandemic; Islamic literature; Covid-19; Islamic scholarship.

**Background**

The historical pandemic events have sparked the interest of Muslim scholars to the examination of many related issues from the perspective of religion, spirituality, theology, law, and medicine. The literature is replete with works on pandemics which sought to accommodate the religious understanding of the issues but also help curb the negative effects of plagues and pandemics on people and communities. During the plague of 'Amwās (693/17-18 AH), and following discussion with Abū 'Ubaydah, the caliph 'Umar instructed him to return to Madīnah to avoid death. Their discussion led Muslims to turn to *ḥadīth* in pursuit of health and preventive measures and to turn to God through acts of worship such as congregational prayer at the time of plague. Perhaps, one of the earliest writing attempts on plagues is by al-Imām Mālik (d. 179 AH). In his famous magnum opus *al-Muwatṭa'*, Mālik devoted two chapters on the subject, "On the plague of Madīnah" and "On the account of the plague in the traditions of the Prophet". Ibn Abī al-Dunyā (d. 281 AH) also compiled a book on "The plagues" (*Kitāb al-Ṭawā'in*). Muslims' earliest attention to the phenomenon of plagues caused them to debate it from various angles of examination and consequently produced a significant amount of interdisciplinary works, especially with regards to having a good understanding of the problem and ways to repel it. Moreover, the recurrence of plagues has also resulted in the investigation and discussion of pre-Islamic medical works besides the data they collected from their own experience (Dols, 1974). However, in the discussion of plagues, Muslim scholars were not only restricted to medicine or translation of work on health and diseases. Instead, they have opted for a holistic perspective on health and immunisation, applying interdisciplinary approaches to benefit from the various branches of

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knowledge and experience, while highlighting the effective role of spirituality in coping with and managing pandemics.

The world today is still enduring complex Covid-19 related issues and problems. Research continues to advance a fresh perspective on how to better cope and live in post-normal times. In particular, the field of spirituality appears to have drawn increasing interest, as it has helped people cope with the difficult conditions due to the pandemic. This study seeks to examine the works and practices of early Muslim scholars, especially on the shaping of an Islamic conception of coping mechanisms in response to pandemics, and the spiritual support and practices needed for coping and mitigating its adverse effects on mental health both at individual and community levels. The research seeks to highlight Muslim early scholarly debates and examinations of outbreaks from the standpoints of theology, morality, law, and spirituality, and to advance a broader Muslim introduction on the effective role of spiritual coping during pandemics.

### **Early Debates**

Perhaps one of the earliest debates on plagues (*tā'ūn*) and pestilence (*wabā'*) can be traced to the period of the Caliph ʿUmar Ibn al-Khaṭṭāb and his interesting debate with Abū ʿUbaydah Ibn al-Jarrāḥ (d. 639 AD). Their debate was about the occurrence of pandemic versus the theological principle of predestination; in other words, is the pandemic a predestined fate in human life leaving us no choice to escape or mitigate even when resorting to spiritual and medical treatment? Following consultation with some other companions, ʿUmar decided that turning back to Madīnah would be the wisest as it will save people's lives and strictly ensure the eventual risk of disease contraction. Muslim discussions of pandemics show that they sought to provide a variety of answers, whether in the context of theology (*ʿaqidah*), law (*fiqh*), medicine (*ṭibb*), politics (*siyāsah sharʿiyyah*) or spirituality, and that they did not largely confine their response to pandemics to medical treatment or economics. They appear to have placed significant focus on how spirituality can guide, motivate, and sustain people's spiritual immunity. They strongly believe that offering the needed spiritual care is a crucial factor in managing this type of crisis.

### **Spiritual Support and Practices**

Islamic spirituality is both a personal and collective experience achieved primarily through submission and surrender to the commands of God. Given the complexity and sophistication of the human association and its ever-changing nature, Islamic spirituality seeks to meet and adapt to human needs while responding to all of arising problems and challenges. In the context of health, the asset of Islamic spirituality offers many potential remedies and strategies, each corresponding to specific needs. Hence, a quick perusal of early Muslim works on spiritual support shows that they provide a multitude of approaches, methods, and strategies concerning the effectual application of spirituality during pandemics and health crises. Besides, the spiritual health decisions adopted by different parties of Muslim society, whether religious scholars, physicians, rulers, preachers, and counsellors, or laypeople could not escape the multi-layered discussion of pandemics. However, with its rich yet flexible domain, both the theory and practice of Islamic spirituality continue to represent a viable remedy for Muslim communities in devising coping and management strategies of pandemic-related problems.

### **Re-definition of Illness**

The review of early Muslim works points to a redefinition of concepts of illness and diseases. This is partly based on the Islamic view that illness should not be interpreted as evil or calamity, but instead, be seen as a purification, opportunity for reward in the face of tests, and a blessing from the divine. Plagues may also be interpreted as punishment for the

disbelievers and for those spreading corruption and mischief. The redefinition of the illness finds support in the fundamental principle of the oneness of God, His attributes, meaning and purpose of life, divine wisdom, and laws in creation (*sunnat Allah*). As such, events of hardship, calamity, and health crises should be viewed as normal stages inherent in the cycle of human association. Through the integration of the meaning of “testing” (*ibtilāʾ*), Islam provides people with the opportunity to change and improve their conditions.

### Medical treatments

Attention to and promotion of spiritual care particularly during times of pandemics, does not show any form of neglect or belittling the efforts of physicians. Even though they chose to reject the contagious nature of pandemics, many jurists helped spread professional medical knowledge and treatment in the community. A case in point is their sharing of treatments of the ancient Greek sources (books of Hippocrates and Gallen) and found in works of Muslim philosophers and physicians like Ibn Sīnā, al-Rāzī, Ibn Nafīs, and others (Ibn ʿAbd al-Hādī, n.d., p.35-44).

### Remembrance and Admonition

Islamic spiritual care drives patients and their family members towards the Creator, His Wisdom and Attributes, and of His Knowledge, love, mercy, compassion, proximity, and protection. Muslim scholars advise detachment from bad habits and embodying good ones, and effectively begin with observing religious duties, abstaining from intoxicants, observing hygiene, balanced diet, working for a balanced lifestyle, among many others. They particularly recommended close attention to increased practice of spirituality during moments of crisis. For that, they drew on a large number of related prophetic prayers and invocations on crisis and calamities which place focus on unconditional submission to God, reliance on Him, acceptance and gratification of the divine decree, gratefulness, and reward (*al-thawāb*) for patience during hardship. Muslim scholars also record and preach particular supplications obtained by pious people through dreams.

### Consoling of the Bereaved (*Tasliyat al-Muṣāb*)

Early Muslim scholars devoted special attention to those in grief. One example in case is the work of Muḥammad ibn Muḥammad al-Manbajī, titled *Tasliyat Ahl al-Maṣāʾib* (Consolation for Those Afflicted by Calamities) in 1373, who lost some of his family members during the plague in Egypt. Another similar work is that of Muṣṭafā Muḥammad al-Banānī (d. 1816 AD) entitled *Salwat al-Ḥazīn ʿalā Faqd al-Aḥibbah wa al-Banīn*. Muslims draw on many verses of the Qurʾān and *ḥadīth* narrations about the virtue of a positive mind, especially in times of calamity. They also benefited from the reports of pious people and from human experiences in general which exemplify qualities of patience, perseverance, resilience, wisdom, satisfaction, and gratitude.

### The Social Dimension of Islamic Spiritual Care

Early Muslim scholars view spiritual care as both individual and collective concern and duty. Muslims are broadly encouraged to improve the quality of their relationship with the Creator through submission to Him, and also discharging their responsibilities towards their households, relatives, neighbours, and the community at large. Some scholars have particularly recorded the changes in social behaviour and relationships of Muslim at the time of the pandemic. Jalāl al-Dīn al-Suyūṭī (d. 1505 AD) for example, described the many positive changes he observed from the people. Qisar al-amal (not giving too much to wishful thinking), improving deeds, being vigilant of negligence, and preparing for the journey are some of those changes. He added that people seize the opportunity to advise their children,

and some even offer farewell to their brothers, while preparing their shrouds after they reconcile any enmities. Others show kindness to their neighbours, expanding their spending on their family, seeking forgiveness from those they have betrayed, some donate their property, free their slaves, mend their manners, and some correct their trading scale (al-Suyūṭī, 1996)."

### Openness to Critical Assessment

Early Muslim works on spiritual support during pandemics point to the application of creative thinking and problem solving (domain of *ijtihād*). Muslim scholars generated broad range of interpretations, justifications, and perspectives about the meaning and causes of plague and strategies to cope with them and mitigate their effects. The spiritual solutions are broadly derived from the primary Islamic sources, however, compiled and delivered in various adaptable formats, mediums and means. In instances, proposed solutions were either rejected or received insignificant recognition. Their contributions were subjected to rigorous criticism. While other unfamiliar and remote inscriptions (texts and cryptograms) promoted by some treatises are rejected and deemed to be a sort of fabricated witchcraft (*sha'wadhaḥ*) (Zadeh, n.d.).

### Evaluation of Islamic Spiritual Care

Majority of early Muslim works lack discussion of the parameters required for evaluation of community spiritual care. They however, in this context provided many relevant facts and events including the behavioural changes people have made during periods of health crisis and maintaining positive attitudes and feelings, showing acceptance of the divine decree, quick recovery, and return to normal life. However, some works have also reported certain isolated cases of opportunism and selfish behaviour that contradicts the main vocation of Muslims community during these hard times. In some famous cities in the Muslim world, the market prices of food and other needs like burial material are dramatically increased. However, the overwhelming generosity of the wealthy people and their donations have played a significant role to ease life of the needy and ensure food security in society.

### Conclusion

Early Muslim scholars have made worthwhile contributions on the role and advantages of spirituality during moments of crises and pandemics. They have elaborated on various mediums of spiritual education, support and care. Their contribution was not limited to the field of spirituality alone, but also to their discussion of managing crisis due to pandemics and crafted solutions via scholarly methods, rigorous discussions, and use of multi-disciplinarity. The different questions they raised also helped them develop a rather holistic perspective leading to mitigating pain and sufferings. This preliminary research on the perception and experience of early Muslim scholars on spiritual support and care will help Muslim communities today to learn from history and think of the future in the light of their values and traditions.

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### Towards Stewardship Compassion for the Helping Professions

Harris Shah Abd Hamid,<sup>22</sup> Alizi Alias,<sup>23</sup> Mohamad Safik Sahrudin.<sup>24</sup>

#### Abstract:

Compassion towards others is identified as an important attribute for professional helpers. Meanwhile, a growing interest has arisen on the importance of self-compassion among professional helpers that may be useful to combat compassion fatigue. These effects were observed among a wide range of helping professionals including the trainees. In terms of measurement, Kirsten Neff conceptualised self-compassion and compassion towards others based on Buddhist principles. Islamic perspectives of humans as a khalifah (steward) offers a potentially more comprehensive conceptualisation of compassion. The present paper aims to broaden the concept of compassion among professional helpers beyond self-compassion and compassion toward others, by including compassion toward the environment. The definition of compassion as used in the psychological literature is analysed to delineate the essential components and subsequently compared to the concept of *rahmah* in Islam. The contrasting of definitions is used to bridge the psychological and Islamic literatures and produce a common ground for conceptualising stewardship compassion. This conceptual discussion adds to the body of knowledge on the desirable psychological attributes to be cultivated among professional helpers. The usefulness of stewardship compassion for the helping profession is presented in the form of proposals to translate the ideas into practical applications such as a new measure and training module.

**Keywords & phrases:** Islamic spiritual care; compassion; stewardship compassion; Islamic psychology.

Compassion towards others had been identified as an important attribute for professional helpers but understudied at least in the context of counselling services in general (Raymond, 2020) and a specific branch like rehabilitative counselling (Stuntzner, 2014). A growing interest has arisen on the importance of compassion among professional helpers that may be useful to combat compassion fatigue. These effects were observed among a wide range of helping professionals including the trainees. With the management of Covid-19 cases in hospital, healthcare professionals are experiencing moderate to high levels of compassion fatigue (Ruiz-Fernández et al., 2020). However, the very term 'compassion' was found to be used differently in specific literature (e.g., nursing) leading to possible confusion in the measurement of its derivative construct, compassion fatigue (Ledoux, 2016). Thus, while compassion had been explored for their potential benefits in the helping profession, more work is needed at the conceptualisation level.

In terms of measurement, self-compassion (Neff, 2004) and compassion towards others (Pommier et al., 2020) are conceptualised based on Buddhist principles. Self-compassion refers to 'being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical; perceiving one's experiences as part of the larger human experience rather than seeing them as isolating; and holding painful thoughts and feelings in mindful awareness rather than over-identifying with them' (Neff, 2004, p27). This conceptualization is used as the basis of the Self-Compassion Scale (Neff, 2003) which

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was validated in various population. Curiously, the scale was not satisfactorily validated among a sample of Buddhists (Zheng et al., 2016). The universal applicability of the scale, and by extension the self-compassion concept itself, is not perfect.

A preliminary examination of the self-compassion concept with a panel of Islamic studies scholars revealed no violation or opposition of the concept to Islamic beliefs, teachings and traditions (Ismail, 2019). The very first verse of the very first chapter in the Qur'an starts with the acknowledgement of God's attributes of being Compassionate and Merciful (In the name Allah, the Most Compassionate, the Most Merciful) (Al-Qur'an, 1:1). And it is a desirable thing for a Muslim to recite this before performing any daily act such as eating, wearing clothes, studying, etc. And indeed, Prophet Muhammad (PBUH) have been sent to spread mercy and compassion to all mankind (al-Qur'an, 21:107). Self-compassion in Islam is tied to God's compassion. God does not obligate anyone beyond his capacity (Al-Qur'an 2:286). Even the three elements of self-compassion outlined by Neff are touched upon in the Qur'an but with a broader meaning that includes the relationship with God: self-kindness (Al-Qur'an 2:286), common humanity (Al-Qur'an, 67:2) and mindfulness (64:4).

Even though, as presented by Neff, compassion is derived from a Buddhist perspective, the concepts and operations are not alien in Islam. In fact, Islamic perspectives of humans as a khalifah (steward) offers a potentially more comprehensive conceptualisation of compassion. The concept of humans as khalifahs entails responsibility towards self, others, and the environment (Al-Qur'an, 2:30; 6:185; 7:74; 10:14; 27:62; 38:26). The present paper aims to broaden the concept of compassion among professional helpers beyond self-compassion (Al-Qur'an, 27:62) and compassion toward others (Al-Qur'an 38:26), by including compassion toward the environment (7:74). It offers a conceptual discussion on the development of stewardship compassion by taking into account the compassion toward oneself, others, and the environment as the professional helpers fulfil their role as stewards (khalifahs) of God in this world.

The definition of compassion as used in the psychological literature will be analysed to delineate the essential components and subsequently compared to the concept of *rahmah* in Islam. The contrasting of definitions is used to bridge the psychological and Islamic literatures and produce a common ground for conceptualising stewardship compassion. For example, for applications in the nursing field, Alharbi and Al Hadid (2019) conducted a literature review and produced a definition of compassion as altruistic kindness towards others.

A definition of stewardship compassion will be offered by examining the Qur'an and Sunnah for the role of khalifah in alleviating sufferings. The scope and instances of compassion, including affect, behavioural and cognitive aspects, are used to identify the sub-constructs and operationalise the definition. The existing theory linking compassion (either for self or others) and psychological outcomes is used to demonstrate the potential contribution of stewardship compassion.

It is argued that stewardship compassion can overcome the existing limitations in the literature especially by clarifying the effect of compassion to outcomes like mental health among professional helpers and their clients. A review of studies using Neff's Self-Compassion Scale show "a large effect size for the relationship between self-compassion and psychopathology" (MacBeth & Gurnley, 2019, p545). In the same article, the authors also emphasised the need to develop measures of compassion with more specific purposes or context.

Self-compassion is postulated to influence mental health via emotional self-regulation (Inwood & Ferrari, 2018). Considering the beneficial effects of interacting with nature on mental health (Tillmann, et al., 2018) inclusion of compassion towards the environment or nature may broaden the concept of compassion meaningfully. The multidimensional and multi-subject (self, others, and environment) conceptualisation of compassion is postulated to improve our understanding of its effects. This conceptual

discussion adds to the body of knowledge on the desirable psychological attributes to be cultivated among professional helpers. The usefulness of stewardship compassion for the helping profession is presented in the form of proposals to translate the ideas into practical applications such as a new measure and a training module.

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### The Potential of Islamic Art in Enhancing Spiritual Experience Among Muslim Artists

Nur Fiqah Mohd Qari,<sup>25</sup> Harlina Md Shariff.<sup>26</sup>

#### Abstract:

This study aims at examining the relationship between artistic creative practice and the enhancement of spirituality among contemporary Muslim artists in Malaysia. Currently, the relationship between Islamic art and spirituality based on the *Tawhīdīc* and 'Unity in diversity' doctrine has been proposed by prominent Muslim scholars who campaign for Islamisation of knowledge. Many proponents of this theory mentioned that artistic practice opens a contemplative pathway that leads artists and viewers to knowledge of God. For Nasr (1987), the construction and potency of Islamic art as a way for the soul to transcend from the physical realm perceived by the senses toward the invisible world is due to the Muhammadan *barakah* and inner dimensions of the Qur'an that inspire and grant the designer the intellectual vision of the archetypal world. Faruqi (2013) alluded to the aesthetic creativity of artists in developing new artistic modes that fulfilled the transcendental and infinite qualities of the divine and enabled percipients to obtain an intuition of truth. Similarly, drawing from a Sufi perspective, Erzen (2007) opined that aesthetic paths to knowledge of God is due to the artist's sensory perception of symbols that transforms them. The author added that creative acts become a "way," a process where artists bring forth the sensible forms through spiritual insight. In this light, the study will explore the subject and its effects on Islamic spiritual care.

**Keywords & phrases:** Islamic spiritual care; Islamic art; Muslim artists; creative acts; art and Sufism.

#### Introduction

A significant body of literature has been written to discuss the aesthetic notion of beauty and its transformative potential within the framework of Islamic thought. Generally, Muslim scholars including Nasr (1987), al-Faruqi (2013) and Erzen (2007) opined that aesthetic creativity allows contemplative pathway that leads artists and viewers to knowledge of God. Although there may be some nuances in the framework of these scholars, they agreed that through practice, artists may bring forth the sensible form through spiritual insight.

This research is interested in the potential of Islamic artistic practice in creating a contemplative space for artists to enhance their spiritual understanding and deepen their relationship with their Creator. At this point it should be clarified that the topic of this discussion should be distinguished from art therapy - where artistic methods are used in psychotherapy programmes for psychological wellness. While it is undeniable that creative techniques may be an effective approach to self-expression and coping mechanism, the art produced in this context deals with the process of making art as a spiritual path for artists. The paper will also focus on contemporary artistic practices among selected Malaysian artists.

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## **1. Current Issues in Contemporary Art Practice Among Muslims in Malaysia**

### **1.1. The Disconnection of Contemporary Artistic Practices from Its Past Tradition.**

Historically speaking, Malaysian fine art practice is a relatively young field that had emerged since the 1930's due to British colonial influences. Although the Islamic revivalism in the 1970's had ignited the quest for Islamic spirit and aesthetic identity among Malay Muslim artists, the past three decades saw a significant intellectual and technical influence of modernism and postmodernism from the West in contemporary Malaysian art. What accompanied this is a dynamic dialogue between Islamic, local, and imported ideas among Malay Muslim artists. However, since the 1990's art historians noted a trend in the shift from traditional and Islamic aesthetic values, to more critical stances aligned with the postmodern period. However, while there is a need for Islamic art to maintain its relevance in modern times, the impact of postmodernism in Islamic art have not been fully understood on a philosophical level.

### **1.2 A Lack of Study Concerning the Phenomenological Experiences of Artists Practicing Islamic Art**

While the scholars present a compelling discourse regarding how Islamic art throughout time and space have been consciously designed to stimulate within viewers aesthetic consciousness of God and therefore serve a spiritual purpose, these opinions were rarely expounded in depth from the perspective of the artists or makers themselves. Moreover, this notion is met with scepticism by historians especially those from the Orientalist tradition that at present is seeking to promote studies of historical artefacts within geo-cultural context, divorced from its universal Islamic spirit and affiliations.

## **2. The Potential of Art Practice in Spiritual Care**

### **2.1. Aesthetic Experience: Senses**

#### **2.1.1. Visual Perception**

According to the Gonzales (2001), several verses in the Qur'an not only articulate matters pertaining to eschatology, but also attests to the role and function of aesthetics as an Islamic mode of knowledge transmission. In particular, Gonzales highlighted that the Qur'an provides an aesthetic framework in several verses including in sūrah al-Mulk (67: 2-5) and sūrah al-Naml (27:15-44). The latter describes the parable of the Queen of Sheba's mistaken visual perception of Solomon's glass-paved floor communicates an aesthetic thought which she termed "the Solomonic aesthetic consciousness." From her analysis of the parable and subsequently the Comrades Hall of Alhambra, Gonzales recognizes the clear distinction made between nature (water) and the art it inspires (the glass-tiled floor), that an artwork is independent from the thing which inspires it. The author also theorises the aesthetic cognitive process based on this parable. Here, the artistic object suggests some aspects of what it signifies and requires to be activated through an imaginative activity during the viewer's experience in the architectural space or with the artwork.

### **2.2. Processes: Principles in Practice and Spiritual Engagement.**

#### **2.2.1. "إِنَّ اللَّهَ يَهْدِي لِمَنْ يَشَاءُ سَبِيلًا"**

The foundation of Islamic art lies in the hadith "God is Beautiful and He loves beauty" and thus, Muslim artists sought to express this through the making of splendid objects that would bring people to marvel and be reminded of God's beauty. Beauty and Islamic art are then synonyms and inseparable.

### 2.2.2. إِنَّ اللَّهَ كَتَبَ الْإِخْسَانَ عَلَى كُلِّ شَيْءٍ

For the Muslim artist, the following *ḥadīth* of Prophet Muhammad: “God has inscribed beauty upon all things,” encourages a purposeful creative practice where artmaking is not only done to create beautiful objects but to also serve as a religious obligation. New ideas and techniques are often explored and executed at the highest level of craftsmanship as an act of *iḥsān*.

### 2.2.3. Tawḥidic expressions

*Tawḥidic* expressions are primarily modelled after the Qurʾān in both form and content. This is evident in several aesthetic expressions, namely abstraction, modular structure, successive combination, repetition, dynamism, and intricacy that reflects the sacred text’s literary style (al-Faruqi).

### 2.2.4. Imagination

Imagination is a crucial principle in Islamic art. The research will further investigate the principle of imagination in Islamic art and how it relates to Islamic spiritual care.

## 3. Case Study

Several contemporary artists will be interviewed by the researchers.

## Conclusion

Several significant points could be highlighted here:

- a. Consciousness of God in practice:
- b. *Iḥsān* in artmaking- Sensual engagement and discipline in moulding the soul and body.
- c. Developing design ideas to convey the transcendental realm and God’s Beauty and Magnificence: The engagement of the artist’s consciousness with the spiritual realm.
- d. Further study is needed to fully grasp the phenomenological experience of contemporary Islamic artists to verify the theories proposed by the scholars mentioned.

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### A Randomized Trial to Evaluate the Effectiveness of An Islamic Psychospiritual ACT-Based Prevention Program for At-Risk Young Adults During the COVID-19 Pandemic

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#### Abstract:

**Objective:** With rising psychological concerns amidst the pandemic, efforts are needed to preserve the mental health of at-risk populations. The present study examined the effectiveness of i-ACT for Life™, an Islamic psychospiritual Acceptance and Commitment Therapy-based prevention program to reduce psychological distress in at-risk young adults in Malaysia during the COVID-19 pandemic. **Method:** The study was preregistered at ClinicalTrials.gov (NCT04870385). Purposive sampling was used to recruit university students studying in Malaysia (n=93, 78% female) aged 18-29 years old. The adapted WHO ACT-based module with the elements of Islamic spirituality was used. The prevention program consists of five weekly modules (Grounding, Unhooking, Acting on Values, Being Kind, and Making Room). Each corresponded to an ACT core process and was supplemented with Qur'anic verses, *hadith*, religious/spiritual activities, and spiritual-relevant poems. The program was designed for delivery through web-based instant messaging platforms. Participants were randomized to either receive the prevention program (n=46) or be waitlisted (n=47), and were asked to complete assessments at pre-intervention, mid-intervention, post-intervention, and 1-month follow-up. The outcome assessed were anxiety, stress, depression, self-compassion, psychological flexibility, and resilience. **Results:** Intention-to-treat analyses using Last Observation Carried Forward reported significant between-group effects at post-intervention and follow-up ( $p < .05$ ), and a significant overall effect of time across the four-time points ( $p < .001$ ), for all the outcome measures. Observations on participants' reflections of the Islamic spirituality elements are generally positive. **Conclusions:** Findings suggest that the i-ACT for Life™ web-based prevention programs effectively preserve the mental health of Muslim young adults in Malaysia during the pandemic. The program was also found to support the integration of Islamic spiritual elements into traditional cognitive-behavioural and mindfulness techniques in improving the acceptability of mental health interventions. Future studies are encouraged to examine the module's effectiveness among different populations.

**Keywords & phrases:** COVID-19; Islamic psychospiritual intervention; Acceptance and Commitment Therapy; prevention programme; psychological distress.

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## Introduction

The global prevalence of mental health issues in the general population has increased significantly since the start of the COVID-19 pandemic. In Malaysia, a majority of those affected are university students. Several protective factors have been identified that can help mitigate the psychological distress associated with COVID-19, including psychological flexibility, self-compassion, and resilience. Acceptance and Commitment Therapy (ACT) targets the development of these resources and heavily features cognitive behavioural and mindfulness strategies, both of which have been emphasised for use during the pandemic. Past research has shown that religio-spiritual integrated psychological treatments have resulted in more significant psychological and spiritual improvements than no treatment controls and standard non-religio-spiritual psychotherapy. Despite conceptual commonalities shared between the principles of ACT and Islam, no existing study has yet to investigate how ACT can be specifically adapted to Muslim populations. Furthermore, the pandemic has challenged the ways of modern healthcare delivery, and remote methods of delivering evidence-based mental healthcare are more important now than before.

## Objective

To investigate the effectiveness of *i-ACT for Life<sup>TM</sup>*, a web-based Islamic psychospiritual ACT-based prevention program in reducing psychological distress and improving the psychological flexibility, self-compassion, and resilience of at-risk young adults in Malaysia during the COVID-19 pandemic.

## Method

**Study design:** The study received ethics approval from the IIUM Research Ethics Committee IREC 2021-047 (01) and was preregistered at ClinicalTrials.gov (NCT04870385) as a randomized controlled trial.

**Participants and sampling:** Purposive sampling was used to recruit university students studying in Malaysia ( $n=93$ , 78% female) aged 18-29 years old. The inclusion criteria include a) young adults aged 18-29 years old, b) obtained moderate and above levels of severity for either one of the stress, anxiety, and depression subscales Depression Anxiety and Stress Scale-21 (DASS) during the screening assessment, c) Muslim, d) owned an electronic gadget with Internet access, and e) and can read and understand English

**Instruments:** The adapted WHO ACT-based module with the elements of Islamic spirituality was used. The prevention program consists of five weekly modules (Grounding, Unhooking, Acting on Values, Being Kind, and Making Room). Each corresponded to an ACT core process and was supplemented with Qur'anic verses, *hadith*, religious/spiritual activities, and spiritual-relevant poems. Refer to Table 1 for the summary of the module. The program was designed for delivery through web-based instant messaging platforms in the form of images, videos, audio files, text messages, and online interactive psychoeducation quizzes. In addition, culturally relatable cartoon illustrations were commissioned to complement the Islamic elements and increase the appeal of the overall program.

**Outcome measures:** The outcome assessed were anxiety, stress, depression (i.e., DASS-21 item), psychological flexibility (Acceptance and Action Questionnaire-II), self-compassion (Self-Compassion Scale), and resilience (Brief Resilience Scale). Participants were asked to complete pre-intervention, mid-intervention, post-intervention, and 1-month follow-up assessments.

**Procedures:** Participants were randomized to receive the prevention program ( $n=46$ ) or be waitlisted ( $n=47$ ).

**Table 1.** Summary of *i-ACT For Life™* Module

No.	Module	Summary/Aim	Example of ACT Exercise	Example of Islamic Psychospiritual Elements
1.	Grounding	Noticing thoughts and feelings, slowing down and connecting with the body, and paying attention to the present moment.	Mindful breathing exercises	<i>Khushū'</i> mindful <i>dhikr</i> and mindful <i>wuḍū</i> exercises
2.	Unhooking	Noticing and naming difficult thoughts or feelings and then distancing from them.	Notice, Name, and Refocus 3-step exercise	Reflections on relevant Qur'anic verses (al-Baqarah 2:216) and authentic <i>ḥadīth</i> (Ṣaḥīḥ al-Bukhārī, <i>ḥadīth</i> 2528)
3.	Acting on Your Values	Choosing important values and picking one small way to act according to these values.	Improving an existing personal relationship by acting on a chosen value	Reflections on relevant Qur'anic verses (al-Baqarah 2:177 and value-setting as a Muslim)
4.	Being Kind	Noticing pain in the self and others and responding with kindness.	Self-talk kindness exercise	Reflections on relevant Qur'anic verses (Maryam 19:47) and authentic <i>ḥadīth</i> (Ṣaḥīḥ al-Bukhārī, <i>ḥadīth</i> 13 & Sunan Abī Dāwūd, <i>ḥadīth</i> 494)
5.	Making Room	Noticing and naming difficult thoughts or feelings and allowing them to come and go.	Making room breathing exercise	Reflection on authentic <i>ḥadīth</i> (al-Nawāwī, Riyāḍ al-Ṣāliḥīn, <i>ḥadīth</i> 927 & Ṣaḥīḥ Muslim, <i>ḥadīth</i> 924)  Reflection on Rumi's 'The Guest House'

## Results

Intention-to-treat analyses using Last Observation Carried Forward reported significant between-group effects at post-intervention and follow-up ( $p < .05$ ), and a significant overall effect of time across the four-time points ( $p < .001$ ), for all the outcome

measures. Observations on participants' reflections of the Islamic spirituality elements are generally positive.

### Conclusions

Findings suggest that the *i-ACT for Life*<sup>TM</sup> web-based prevention programs effectively preserve the mental health of Muslim young adults in Malaysia during the pandemic. The programme was also found to support the integration of Islamic spiritual elements into traditional cognitive-behavioural and mindfulness techniques in improving the acceptability of mental health interventions. Future studies are encouraged to examine the module's effectiveness among different populations.

### Acknowledgments

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T305

### **A Psycho-Spiritual Analysis of a Prophetically Prescribed Supplication for Anxiety and Depression**

**Muhammed Sabith T.P.<sup>32</sup>**

#### **Abstract:**

This paper discusses the effectiveness of Islamic approaches to spiritual well-being, based on ethnographic studies of Islamic spiritual caregivers. Modern science has recently been keenly interested in the wisdom of ancient oriental traditions such as Buddhism, Confucianism, Taoism and Hinduism. In a relatively new field of positive psychology, many of these oriental traditions are used to improve general well-being. The Buddhist practice of mindfulness meditation is a great example of modern psychological intervention coming directly from the East. Browsing the literature reveals numerous studies examining its neurobiological effects and therapeutic benefits. The promising results of these studies have led to the integration of mindfulness meditation into various treatment protocols for both physical and mental illness. The present research argues that the psychic dimensions found in Prophetic supplications must be highlighted. However, the researcher does not intend to minimize the biological approach to treatment. The balance was already acknowledged by Islamic scholars such as Ibn Qayyim centuries before the advent of modern psychiatry. Nevertheless, given the neuroplasticity of the brain, severe changes in thoughts, attitudes, and emotions often cause cognitive and psychological treatments to trigger neurochemical changes, necessitating extensive pharmacological intervention. However, the tradition of spirituality in Islam is arguably the least studied of the world's greatest spiritual philosophies in terms of its potential impact on well-being. Historically, many Muslim scholars have devoted their lives to exploring the spiritual and psychological problems of human well-being and prosperity.

**Keywords & phrases:** Islamic spiritual care; Prophetic tradition; prayers; Islamic psychology; rituals.

#### **The Aim of the Research**

This paper discusses the effectiveness of Islamic approaches to spiritual well-being, based on ethnographic studies of Islamic spiritual caregivers. Modern science has recently been keenly interested in the wisdom of ancient oriental traditions such as Buddhism, Confucianism, Taoism and Hinduism. In a relatively new field of positive psychology, many of these oriental traditions are used to improve general well-being. The Buddhist practice of mindfulness meditation is a great example of modern psychological intervention coming directly from the East. Browsing the literature reveals numerous studies examining its neurobiological effects and therapeutic benefits. The promising results of these studies have led to the integration of mindfulness meditation into various treatment protocols for both physical and mental illness.

The present research argues that the psychic dimensions found in Prophetic supplications must be highlighted. However, the researcher does not intend to minimise the biological approach to treatment. The balance was already acknowledged by Islamic scholars such as Ibn Qayyim centuries before the advent of modern psychiatry. Nevertheless, given the neuroplasticity of the brain, severe changes in thoughts, attitudes, and emotions often cause cognitive and psychological treatments to trigger neurochemical changes, necessitating

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extensive pharmacological intervention. However, the tradition of spirituality in Islam is arguably the least studied of the world's greatest spiritual philosophies in terms of its potential impact on well-being. Historically, many Muslim scholars have devoted their lives to exploring the spiritual and psychological problems of human well-being and prosperity.

### **The Methodology of the Research**

The research is divided into sectoral studies of Islamic spirituality and discussed alongside the following subtopics.

### **The Role of Spirituality in Emotional and Mental Well-Being**

The maintenance of emotional balance and the dissolution of anxiety is indeed universal, pervasive and constant till now. Despite the rapid scientific progress and medical advancements that have been witnessed in very recent centuries, there seems to be a decline in mental health. Depression has dramatically increased between 1988 to 2008 in the United States. It has been found that large amount of anti-depressant drugs consumed in the population rose 400 percent within this time span. Suicide rate has also tripled in the young (ages 15-24) between 1950 and 2000. For the middle-aged population, rates of suicide have increased 40 percent from 1999 to 2016.

Perhaps astonishingly, suicide rates are much higher in wealthier nations than in poorer countries. A cross-cultural study pertaining 132 countries and close to 140,000 people found that, although there were higher rates of reported happiness in wealthier regions, there were much lower rates in understanding the meaning in life compared to poorer countries. People in poorer countries like Niger and Togo reported some of the highest rates of meaning perceived but also the lowest rates of happiness and bliss. This suggests that happiness has no role in the disparity in suicide rates. A key factor that could determine the variance between countries is the ability to achieve meaning and purpose in life.

### **Spiritual Surveillance and The Ability to Operation Life Events**

There is a tendency of assuming about mental illness and emotional states in purely biological terms. While it cannot be denied that there are biological components to our emotions and our mind, they are not the only components. Modern psychology has discovered that a core aspect of the human mind involves spirituality. In fact, Dr. Robert Emmons, a leading researcher in the psychology of spirituality, proposed that spirituality should be a separate type of thought in human intelligence. Spiritual intelligence is the aptness of human beings to perceive the world around them and discover meaning and significance. In the Islamic tradition, this process involves resonating the *āyāt* (signs) of God that exist in the world and extracting knowledge to inform us on how to act, think, and feel. For example, when a person observes the changes in trees during the season of fall, he perceives it as an *ayah* from God. Perhaps it reminds them of the temporal nature of this world, motivating them to attempt towering aims in life. Or perhaps the different colours inspire them to recognise the beauty of the diversity of humankind. When a person with high spiritual intelligence goes through life, his mind is continuously abstracting positive meaning and significance from the chain of events that unfold around him. This boosts positive spiritual states such as inspiration, optimism, gratitude, and perseverance.

### **The Neurophysiology of Worship**

Interestingly, the freedom and relief that accompanies the surrender of our will to God has been found to have a profound effect on the biology of our brains. Some preliminary work focused on the study of the neurophysiological effects of *ṣalāh* and *dhikr*. By performing neuroimaging of Muslims performing both actions, researchers have shown that

these are associated with a decrease in frontal lobe activity as measured by cerebral blood flow. The prefrontal cortex is thought to play a role in executive function, including willpower and decision making. The authors suggested that the act of devotion to God found in Islamic customs may underlie the decline in frontal lobe activity seen in this study. One of the most fascinating features of this study was the comparison of prayers performed automatically without *khushū* (spiritual focus) and prayers consciously performed with *khushū*. Prayer without focus (merely 'mechanical') had minimal effect on patterns of brain activity and was comparable to other daily activities. Only when a person consciously concentrates and prays, he internalises the feelings of dedication and obedience to God, reducing the activity of the anterior cingulate cortex (decreased activity of the frontal lobe of the brain) and increasing the activity of the basal ganglia (decreased activity of the basal ganglia). A serious neurophysiological change affects the reward system of the cerebrum and is observed in the anterior cingulate cortex. Regarding the latter, researchers said, "The anterior cingulate cortex is involved in emotional regulation, learning, and memory, and plays an important role in reducing anxiety and irritability and improving emotional and social awareness."

### **The Neuroscience of Worship**

Worship is often misinterpreted as being contained only within the realm of religious idealism and practice. Modern neuroscience and psychology inform us that worship is universal in humans and appears to be firmly anchored in our biology. Increasing literature supports the idea that the brain appears to have a unique area related to God's spiritual quest. Neuropsychologist Lone Joseph argues that the structure and function of the brain predisposes us to believe in God. He identifies "God's neurons" and "God's neurotransmitters" that are distributed in the limbic system as the centre of emotion in the brain. "The human brain is uniquely designed to sense and create spiritual beings," said Andrew B. Newberg, a leading neuroscientist. This is in line with the Islamic notion of *fiṭrah* as mentioned in the Qur'an: "So [Prophet] as a man of pure faith, stand firm and true in your devotion to the religion. This is the natural disposition God instilled in mankind- there is no altering God's creation- and this is the right religion, though most people do not realize it" (Qur'an 30:30).

### **The Contribution of The Paper to The Conceptualisation of Islamic Spiritual Care**

The current study focuses primarily on *ḥadīth* narrations. Further research is recommended to focus on (1) a more in-depth study of the Qur'an, *ḥadīth*, and *sīrah* traditions related to spirituality and mental health. (2) A critical analysis of mental health, humanistic psychology, and personality theory provided by Islamic classical traditions. (3) Investigate the link between various forms of Islamic worship and Islamic theology, and the underlying mental state and happiness. As the Qur'an (57:20) states, all that we have an attachment to will eventually leave us. Our bond with God must be central and the ultimate anchor of life. When we submit to God and surrender, we are content with what we have lost and are freed from our own psychological slavery. And the neurophysiology of worship states that the freedom and relief that accompanies the abandonment of will to God has a profound effect on our brain biology. Some major studies have focused on studying the neurophysiological effects of *ṣalāh* and *dhikr*. By performing neuroimaging of Muslims performing both actions, researchers concluded that they were associated with reduced frontal lobe activity, as measured by cerebral blood flow.

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T306

### **Prophetic Guidelines on Anger Management: Suggestions for Islamic Spiritual Workers in Managing Elders' Anger at Welfare or Educational Institutions**

Nazrul Affandi bin Jani,<sup>33</sup> Nor Zatu Amni binti Mohamad.<sup>34</sup>

#### **Abstract:**

There are some elders staying at welfare or educational institutions such as elderly homes, *pondoks* and protection centres. These elders come from different backgrounds and they look forward to a better life after the hardships they endured. They may have some feelings that make them angry, sad, or regretful. This paper will discuss Prophetic guidelines to manage anger by reflecting on *aḥādīth* of the Prophet PBUH. The authors use content analysis to find relevant texts from books of *aḥādīth* and derive lessons on strategic anger management. The Prophetic guidelines will be conceptualised by adopting Cognitive Behavioural Therapy (CBT). In this study, the possible key results that could be drawn are: the importance of *isti'ādah* as the combination of remembrance of Allah as the Ultimate Saviour and Satan as the ultimate enemy; changing posture as a quick distraction strategy to manage anger and an instant awareness of the humility; and *wuḍū'* as the combination of the act of worship and cooling strategy or diving effect. Understanding these will help Islamic spiritual workers to appropriately manage elders' anger.

**Keywords & phrases:** Islamic spiritual care; Prophetic traditions; anger expression; anger management; Islamic spiritual worker.

#### **The Statement of Problem**

Elders who are staying at welfare or educational institutions such as elderly homes, *pondoks*, and protection centres, need Islamic spiritual workers who will care for their spiritual improvement and at the same time enhance their anger management. Although a *pondok* has an *Imām* and religious teachers, there are elders who lash out their anger at anyone younger than them due to the generation gap (Felipe, 2017). If this situation remains unattended, the negative behaviour of the seniors will become worse and can lead to abuse of the spiritual workers. Hence, Islamic spiritual workers need Prophetic guidelines on anger management.

#### **The Aim of the Paper**

This paper aims to derive guidelines on anger management for Islamic spiritual workers from *aḥādīth* texts. The application derived from those *aḥādīth* will be conceptualised with Cognitive Behavioural Therapy.

#### **The Methodology of the Research**

Content analysis will be used to investigate relevant texts and infer lessons on how Islamic spiritual workers can strategically manage elders' anger expressions. This method is selected because of its reliability to analyse written and hypertexts. This method is also

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relevant in generating possible solutions since it urges researchers to find answers based on general questions triggered from readings (Lasswell, 1948).

First, to derive the possible lessons and guidelines from the possible *aḥādīth*, the word “anger” is searched online through two websites, namely sunnah.com and hdith.com. Sunnah.com is a website that translates *aḥādīth* from Arabic into English, while hdith.com is a website in Arabic that cites *aḥādīth* from its books. These two websites state the grade of the Prophetic traditions whether it is *ṣaḥīḥ* or not. Only *aḥādīth* graded as *ṣaḥīḥ* or *ḥasan* related to anger management are selected, and then the texts will be analysed to infer guidance from them.

Next, selected articles from journals related to Cognitive Behavioural Therapy (CBT) are analysed to see its relations to anger management and Prophetic traditions. CBT is a strategy used to improve emotion by looking for reasons of changes in behaviour, thoughts, or feelings. By learning these reasons, practitioners could develop strategies to rationalise these changes (Beck, 2011).

### Main References that will be Consulted

For the confirmation of *aḥādīth* texts, the following books will be referred to:

1. Al-Bukhārī, Muḥammad ibn Ismā‘īl. (1987). *al-Jāmi‘ al-Ṣaḥīḥ*, Muṣṭafā Dīb Al-Bughā (edit). Beirut: Dār Ibn Kathīr.
2. Muslim ibn al-Ḥajjāj, (1426H). *Al-Musnad Al- Ṣaḥīḥ*. Riyadh: Dar Al-Taybah.

These two books contain *ḥadīth* graded as *ṣaḥīḥ*. Nevertheless, other books of *aḥādīth* will also be referred if there are other *ḥadīth* graded as *ṣaḥīḥ* related to anger management that are not covered in both records. In addition, these references are referred in analysing relevant *aḥādīth*:

1. al-‘Asqalānī, Aḥmad bin ‘Alī ibn Muḥammad ibn Ḥajar. *Fath Al-Bārī Sharḥ Ṣaḥīḥ Al-Bukhārī*. Beirut: Dār Al-Ma‘rifah.
2. al-Nawawī, Yahyā bin Sharaf. (1994). *Al-Minhāj fī Sharḥ Ṣaḥīḥ Muslim ibn al-Hajjaj*.

These books are crucial in learning the lessons contained within the relevant *aḥādīth*. Besides, other commentary books of *aḥādīth* will be referred to if there are any *ḥadīths* found beyond the records of Al-Bukhārī and Muslim.

The following books and articles would be useful in studying anger management and Cognitive Behavioural Therapy:

1. Askari, Iman. (2019). The Role of the Belief System for Anger Management of Couples with Anger and Aggression: A Cognitive-Behavioral Perspective. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 37(3), 223-240. DOI: <https://doi.org/10.1007/s10942-018-0307-5>
2. Beck, A., Rush, A.J., Shaw, B. F., and Emery, G. (1987). *Cognitive Therapy of Depression*. (1<sup>st</sup> ed.). New York: The Guilford Press.
3. Fernandez, E., Malvaso, C., Day, A. and D. Guharajan. (2018). 21st Century Cognitive Behavioural Therapy for Anger: A Systematic Review of Research Design, Methodology and Outcome. *Behavioural and Cognitive Psychotherapy*, 46(4), 385–404. DOI: <https://doi.org/10.1017/S1352465818000048>

Aaron Beck is a figure in the study of depression, his thesis has been adopted by various studies in cognitive therapy, which later lead to the merging of cognitive therapy with

behavioural studies (Beck, 1987). Referring to the findings in this field should be a good attempt to check if those results are in line with the practice of the Prophet *ṣallallāhu ‘alayhi wasallam*.

### The Expected Outcomes

This study may reveal at least three key findings. First, the combination of remembrance of Allah and protection from Satan. Muslims were taught by the Prophet *ṣallallāhu ‘alayhi wasallam* to practice the *isti‘ādḥah*. This practice reminds them to remember Allah as the Ultimate Saviour and Satan as the ultimate enemy while we are angry. This verbal reminder is useful as therapy to reduce anger. The possible *ḥadīth* text to study for this is: “I know a word, the saying of which will cause him to relax, if he does say it. If he says: ‘I seek Refuge with Allah from Satan’ then all his anger will go away”.

Next, changing our posture when we get angry. This is a strategy to manage anger that Islamic spiritual workers could use as a quick distraction strategy for elders in managing their anger. It is also a visual strategy to instantly awake the essence of being humble. The probable *ḥadīth* statement to study is: “When one of you becomes angry while standing, he should sit down. If the anger leaves him, well and good; otherwise, he should lie down”.

Then, *wuḍū’* as the combination of the act of worship and cooling strategy or diving effect. This act can be practical for everybody to reduce their anger levels, and perhaps an action to overcome any aggressive behaviour, because the time taken for ablution can make a person to reconsider whether his or her anger is something worthy or regrettable. The potential *ḥadīth* text to study is: “Anger comes from the devil, the devil was created of fire, and fire is extinguished only with water; so, when one of you become angry, he should perform ablution”.

In addition, there is a statement from the Prophet *ṣallallāhu ‘alayhi wasallam* which is worth to study: “The strong is not the one who overcomes the people by his strength, but the strong is the one who controls himself while in anger”. This statement encourages us to compare between external and internal strength of a human being and to waive our perception of anger and strength.

### Limitation

The scope of this discussion is limited to deriving lessons from *aḥādīth* graded as *ṣaḥīḥ* or *ḥasan* and limited to managing anger expressions without discussing other emotional expressions.

### The Contribution of the Paper to the Conceptualisation of Islamic Spiritual Care

This paper highlights the importance of Islamic spiritual care by suggesting Prophetic guidelines on anger management for Islamic spiritual workers at elderly care or educational institutions.

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- Askari, Iman. (2019). The Role of the Belief System for Anger Management of Couples with Anger and Aggression: A Cognitive-Behavioral Perspective. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 37(3), 223-240. DOI: <https://doi.org/10.1007/s10942-018-0307-5>
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T307

### **Mediating Role of Forgiveness: Attachment to Allah, Attachment with Parents and Depressive Symptomatology in Young Adults**

**Rabia Dasti,<sup>35</sup> Amina Tariq,<sup>36</sup> Hajra Fareed.<sup>37</sup>**

#### **Abstract:**

The present study aimed to investigate the relationship between attachment to Allah, attachment with parents and depressive symptomatology taking forgiveness as a mediator in young adults. It is hypothesized that both attachment to Allah and attachment with parents are likely to be independently linked with depressive symptomatology and that forgiveness mediates the relationship between attachment to Allah, attachment with parents and depressive symptomatology. 279 Muslim students, both males and females were selected from various departments of different universities in Lahore through convenient sampling. The participants were asked to complete the Muslims Spiritual Attachment Scale (M-SAS) by Miner, Bonab & Dowson (2017), Parental Attachment Questionnaire (PAQ) by Kenny (1987), Heartland Forgiveness Scale (HFS) by Thompson, Snyder, Hoffman, Michael, Rasmussen & Billings (2005) and PROMIS Depression Scale by PROMIS Health Organization (2008-2012). The data was analysed through Pearson Product Moment Correlation and Regression analysis. Significant positive correlation was found between attachment with parents, attachment to Allah and forgiveness while significant negative association was observed with depression. Moreover, there were no gender differences among the subscales of attachment to Allah except in positive model of self with females having a higher mean score. Similarly, forgiveness and quality of secure attachment to Allah was also higher in females than males. Forgiveness significantly mediated the relationship between attachment with parents, attachment to Allah and depression when the rituals were controlled (Prayers, fasting in the month of Ramadan, Reciting the Holy Book, *dhikr* to be done in distress) signifying the importance of forgiveness in the reduction of depression. This research will open ways to understand the role of Allah and the role of parents as an attachment figure in the time of distress and also the role of forgiveness to reduce depressive symptoms in young adults. It will pave pathways for psychological therapies to integrate the concept of Islamic values and teachings in order to reduce depression and other psychopathologies.

**Keywords & phrases:** Islamic spiritual care; attachment theory; Islamic psychology; forgiveness, depressive symptomatology.

#### **The Statement of Problem**

The present study was conducted to explore the potential causes that lead towards depression i.e., attachment with parents, attachment to Allah, and forgiveness proposing that by working on a preventive level, for example, attachment security with parents and Allah and the raised level of forgiveness, one can minimise depression. Therefore, this quantitative study intends to investigate the mediating role of forgiveness between attachment to Allah, attachment with parents and depressive symptomatology. This research is also helpful for those young adults, who have not had childhood attachment security, suggesting them the alternative secure base i.e., attachment to Allah (Kirkpatrick & Shaver, 1990). The purpose

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of the research can be useful for clinicians to focus on attachment security of the depressive patients or by working on positive emotions like forgiveness in therapy while treating depression. This research also may serve as a stimulus for future research in the field of Islamic psychology.

### **The Aim of the Paper**

The aim of the study was to explain the mechanism of how attachment to Allah, attachment with parents, forgiveness and depressive symptomatology are correlated. Further it aimed to investigate the role of forgiveness as a mediator between the attachments and depressive symptomatology.

### **The Methodology of the Research**

#### **Participant**

By employing convenient sampling technique, 279 students (men =120 and women = 159), age ranged from 17 to 24 years, ( $M=20.45$ ,  $SD=1.45$ ) were recruited from different departments of different universities in Lahore, Pakistan. Only those participants whose both parents are alive were included so that they can fill the attachment with parents' scale.

#### **Measuring Instruments**

**Socio Demographic Sheet.** It contained information regarding participant's age, gender, education, field of study, religion, marital status, socioeconomic status, birth order, number of siblings, relationship with siblings and peers. Moreover, some questions related to participant's subjective ratings of themselves, mother, father and religious emphasis at home were asked on 10-point rating scales.

**Parental Attachment Questionnaire PAQ (Kenny, 1994).** A separate mother/father version of PAQ of 55 items instrument estimates subject's conceptualization of parental accessibility, emotional support, acquiescence, and potency to cultivate independence as well as student's contentment with parental help and coping techniques in times of strain. For factor analysis PAQ has derived 3 scales for each parent: Affective quality of relationship, mother/father as a facilitator of independence, and mother/father as a source of support items were laid-out on a 5 points Likert scale. (Where, 5=very much and 1=not at all) Students had to rate the level of attachment separately for their mother and father when responding. PAQ has considerable validity and reliability i.e., 0.92 on test-retest score with a break of 2 weeks in between for the instrument and 0.82 to 0.91 score range for each of three scales. Values for Cranbach's alpha were: 0.96 for affective quality of relationship, 0.88 for independence, and 0.88 for support. The internal consistency of the scale for the present study was 0.95 for females and 0.93 for males.

**Heartland Forgiveness Scale HFS (Thompson, Snyder, Hoffman, Michael, Rasmussen & Billings, 2005).** This scale measures a university student's forgiveness of self, forgiveness of others and forgiveness of situations. The scale comprised of 18 items. It has three sub-scales: forgiveness of self, forgiveness of others, and forgiveness of situations. This scale also gave the total score. It was a 7-point Likert scale where 1 means 'almost always false of me' and 7 means 'almost always true of me.' It has acceptable reliability ( $\alpha = 0.72-0.87$ ).

**PROMIS Depression Short Form (PROMIS Health Organization, 2008-2012).** The PROMIS Depression short form, an 8-item instrument, had an excellent reliability i.e., 0.90.

The participants had to respond to the items by keeping in mind the past 7 days. It was a 5 points scale where 1 means never and 5 means always.

**Muslim Spiritual Attachment Scale M-SAS (Miner, Bonab & Dowson, 2017).** M-SAS was a 16-item scale. It was a 7-point Likert scale with considerable validity and reliability. It had four dimensions: proximity seeking, positive model of self, positive model of God and separation protest with Cronbach's alpha 0.88, 0.80, 0.85 and 0.78 respectively.

### **Procedures**

After approval for conducting the research from the Department Doctoral Program Committee, permission was sought from the authors of the original version of the tools that were to be used in the research study. The pilot study revealed that according to participants, the difficulty level and language of the tools were appropriate and as such there was no need for translation or simplification.

Before the administration of questionnaires, written permission to collect data was sought from the authorities of different public and private universities in Lahore, Pakistan. The set of above-mentioned questionnaires were then administered in a structured class room setting. All the participants were thoroughly briefed about the purpose and ethical considerations of the research.

### **Statistical Analysis**

Data analysis was done using Statistical Package for Social Sciences - Version 20 (SPSS-20). Data analysis consisted of descriptive statistics followed by inferential statistics.

Firstly, the internal consistency of measuring instruments used in the research was analysed. Then Pearson Product Moment Correlation was conducted to investigate the relationship among attachment with parents, attachment to Allah, forgiveness and depressive symptomatology in young adults. Then mediational analysis was used to examine the mediational effect of forgiveness between attachment to Allah, attachment with parents and depression.

### **Discussion**

The findings of the research suggest a significant negative relationship between three dimensions of attachment to Allah i.e., Proximity Seeking, Positive model of God and Positive model of Self with depression. The present study findings can also be supported by previous researches, such as Aifuwa (2016) findings which demonstrate that parent and God attachments have a tendency to offer protection against depression in adolescents. Similarly, Miner (2009) argued that attachment to God has small positive significant effects on life adjustment, which also indicated lower psychological symptoms. This result is also consistent with Miner, Bonab and Dowson (2017) who found negative relationship of attachment to God with depression and anxiety in a sample of Muslim youth. The findings of Miner, Bonab and Dowson (2017) are more relevant to the present research as they explain the relationship of the construct in a Muslim sample utilizing a questionnaire that represents the Muslim conceptualization of attachment to God. This also resonates with the Muslim belief that in times of difficulty, they take refuge and retreat back through attachment to Allah to seek solace and comfort.

Similarly, a negative relationship between parental attachment and depression was found in the present research. This finding adds to already existing voluminous evidence suggesting that depressed individuals demonstrate an anxious pattern of attachment (Pettem, West, Mahoney and Keller, 1993), while secure attachment is related to lower depressive

symptoms (Aifuwa, 2016; Omidvar et al., 2014). In a collectivistic culture where sharing and interdependency is an oft repeated theme, a secure attachment becomes even more important in the psychological functioning to an individual.

Furthermore, the positive relationship between secure attachment to Allah (i.e., proximity seeking, positive model of God and positive model of self) and attachment to parents with forgiveness can be supported by previous research (Mooney et al, 2015; Murphy et al, 2015; Capan, 2017). This emphasizes that individuals who have a secure attachment base are able to forgive much easier than otherwise. In reference to attachment to Allah, Rahidi, Mousavi and Esmaeili (2015) emphasised that secure attachment to God results in greater levels of forgiveness and empathy. Furthermore, Davis et al (2013) in their meta-analytic review found that religion/spirituality can foster forgiveness. Islam as a religion also places significant importance on forgiveness. While discussing the attributes of Allah, Islamic literature spells out Forgiver (*Al-Ghaffār*), Merciful and Gracious (*Al-Rehman and Al-Raheem*) as the most profound attributes of Allah, pregnant with the component of forgiveness as their meaning. The Holy Qur'an emphasises that creatures should mirror the attributes of the Creator and greater rewards in this life and the Hereafter are promised to those who practice forgiveness for themselves and for others as well. Furthermore, with reference to parents, generally with reference to collectivistic cultures and those which emphasise on religious/spiritual values, while raising children, parents often teach their children the art of forgiveness and if they are closely bonded, they are more likely to model them or follow their guidance.

## Conclusion

The present study was conducted to examine the relationship between attachment with parents, attachment to Allah, forgiveness and depressive symptomatology in young adults while considering forgiveness as a mediator between attachment with parents, attachment to Allah and depressive symptomatology. Results indicate that there is a significant positive correlation between attachment with parents, attachment to Allah and forgiveness whereas negative significant correlation with depressive symptomatology. Forgiveness as a moderator was supported by the results of mediation analysis.

## Strengths

The current study was an examination of a combination of variables that, to this point, was unexplored. Each of the variables separately and some combinations had been previously examined but the specific combination of attachment with parents, attachment to Allah and depressive symptomatology represented a noble feature for the area of research.

The use of a diverse sample in the current study to include both government and private students of universities as well as the representation of different field of studies by collecting data from different departments adds a level of richness to the data.

The standardized instruments were utilized for information accumulation in the present research study.

Additionally, the inclusion of both genders allows for comparisons between males and females.

## Limitations and Suggestions

The major limitation is that the tool which was used to measure attachment to Allah, i.e., Muslims Spiritual Attachment Scale (M-SAS), have high social desirability factor which might lead to biased responses. The tools administered was not indigenous and as such cultural differences may affect the results. Moreover, the data was collected from two private

and three government universities, making it difficult to generalise on the mainstream population.

### Future Implications

This research will open the paths to understand the role of Allah and the role of parents as an attachment figure in time of distress and also the role of forgiveness to reduce the depressive symptoms in young adults.

Future studies should be conducted on the development of indigenous tool of attachment to Allah.

In future research, to observe the moderation effect of forgiveness, only participants who evaluate themselves as highly religious on rating scale should be included. Forgiveness is a prosocial mechanism that allows individuals to mitigate stress and negative consequences that may occur as a result of relational transgressions and promotes relationship maintenance. Forgiveness involves a motivational shift from negative to positive emotions, cognitions, and behaviours (McCullough, Worthington, & Rachal, 1997).

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T308

### **Spiritual Care and Counselling in Turkey: Institutional, Academic and Practical Developments**

**Zuhal Ağilkaya Şahin<sup>38</sup>**

#### **Abstract:**

In recent years spiritual care and counselling has been gaining institutional, academic, and practical attention in Turkey. Religious services in Turkey of which spiritual counselling is part of are officially provided by the Turkish Presidency of Religious Affairs, the Diyanet. "Spiritual counselling and guidance", as it is termed officially, is provided in Turkish state institutions such as hospitals, prisons, student hostels, and other governmental institutions. With academic contributions from scholars especially from the discipline's psychology of religion and religious education and a special training program for its staff, the Diyanet developed the framework for spiritual counselling at hospitals since 2015. In the following years, the Diyanet expanded its services to other institutions. Finally, in 2019 the Diyanet succeeded in obtaining the official approval of the National Profession Standards for spiritual counsellors from the Vocational Qualifications Institution. At the same time, Turkish universities, especially faculties of theology, extended their Master programmes with spiritual care and counselling courses. Recently also psychological counselling departments, though yet only one department, also initiated a Master's programme in spiritual counselling and guidance. While students have the opportunity to obtain a Master's degree in spiritual care and counselling, the Diyanet prefers to deploy its own personnel among these students as professional spiritual care and counselling practitioners in the field. There is a great interest of both, psychology of religion students and Diyanet staff to attain a Master's degree in spiritual care and counselling. These institutional and practical developments and the increasing number of training and Master programmes raised academic interest, which led to a growing number of research, publications, and scientific and academic meetings on the subject of spiritual care and counselling. In the last 20 years, Turkish psychology of religion literature increased from only a few works to 207 studies, consisting of Master's and Doctoral theses, papers in academic journals, books, and book chapters on the topic of spiritual care and counselling. This paper will demonstrate the developments at the academic (universities) and institutional (Diyanet) levels, offering an insight into the practice, and scholarly works and meetings on spiritual care and counselling in Turkey from its inception until today.

**Keywords & phrases:** Islamic spiritual care; counselling; Diyanet; Turkey healthcare; psychology.

#### **Developments on the Institutional Level**

The Turkish Presidency of Religious Affairs (Diyanet) is the official provider of spiritual care and counselling (SCC) in Turkey. In terms of SCC the Diyanet developed protocols with different ministries at different times. The most developed field is SCC in hospitals. SCC at hospitals officially started with a protocol with the Ministry of Health in 1995. However, this attempt failed and was repealed by 1996 due to the objections of the chamber of medicine. Actually, this was a good decision because the Diyanet had chosen wrong professionals (*imams*), who had no special training in SCC/hospital, and applied an inappropriate approach.

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In 2015 the Diyanet made a new and essential attempt to provide SCC at hospitals and related training programmes. This time the Diyanet made scientific and professional preparations, conducted research reports from abroad, organized meetings and set principles within the Diyanet, and finally signed a new protocol with the Ministry of Health (Spiritual Support Services, 2015). The purpose of this protocol was declared as "... providing moral, motivation and spiritual support, counselling and guidance services in religious/spiritual issues" for requesting patients, patient relatives, and hospital staff. In the ongoing process the Diyanet organized workshops and meetings with Diyanet authorities, Health Ministry authorities, and scholars from universities (Psychology of Religion, Religious Education). In these meetings the framework, principles, and training programs for SCC were discussed. The first training program started in March 2015, consisting of 5 weeks/200 hours delivered by scholars from fields such as psychology of religion, religious education, psychology/counselling, and medicine/health/hospital. These training programs for Diyanet staff continue until today. The last training was held in November 2021, 4 weeks/140 hours.

From July to October 2015 the Diyanet started a pilot project with 18 graduates of the training who were sent to 6 cities/12 hospitals. After an evaluation meeting of this first phase, the pilot project was extended for another six months. By the end of 2015 another workshop was organized in which practitioners' reports were presented, new training curriculum was discussed, and publications for the field were elaborated.

Finally, in 2019 the Diyanet succeeded in obtaining the official approval of the National Profession Standards for spiritual counsellors from the Vocational Qualifications Institution. With this development the Diyanet adopted the title "Spiritual Counselling and Guidance" (SCG) for this service. Today the Diyanet has 201 employees working as spiritual counsellors in hospitals in 74 cities.

### **Developments on the Practical Level**

The SCG providers in Turkey are only official Diyanet employees, who are assigned voluntarily for this service and joined the training program. Their motivations for this job were personal/professional interest, being in practice, advance/develop professionally; having needed/relevant education (MA), to put this into practice; and to help people. The staff generally evaluated the training as insufficient but as a good start and wanted it to be extended, and demanded more BA, MA opportunities. The required characteristics for SCG professionals were reported as education/training (theology and psychology); counselling skills (theory and practice); personal skills (appropriate/strong personality, love, empathy, tolerance, voluntariness) (Özkan, 2017). In practice, the Diyanet staff made patient visits, in which they introduced and explained this new service; joined ward rounds and offered their service; and followed notifications by nurse/physician. The reactions in the field were more positive from the patients but more negative from the health team (Özkan, 2017).

### **Developments on the Academic Level**

In accordance with institutional progress, developments on the academic level increased, too. Thesis and non-thesis Master programmes were introduced one by one. Today there are 12 universities, offering MA programmes. While most of them are established under theology faculties, a few are under psychological counselling programmes or in corporation with psychology departments. The programmes offer courses in psychological counselling (techniques & principles), psychology of religion (mental health, coping, meaning & religion); SCC (theory, relations with values/culture, crises, institutions); theology (Qur'an and *ḥadīth*). Almost all courses are non-applied courses. Recently also BA courses are available for university students at different faculties/programmes, such as theology, social service, and psychological counselling.

The academic developments at universities entailed a related literature. First examples are MA theses (e.g., Kahvecioğlu Karaca, 2010; Kevser Şahin, 2010) and PhD dissertations (Mollaoğlu, 2013; Ağılkaya Şahin, 2014). These theses are mostly examples from abroad, i.e. how SCC is provided in countries such as Germany, the Netherlands, Great Britain, USA. As Turkey had no experience and no data in this field, examples from abroad were necessary as references. Next to increasing theses a growing number of publications in diverse journals (mostly related to religious sciences) (Söylev, 2013; Ağılkaya Şahin, 2014, 2015, 2016; 2018a, b; Kara, 2016; Güven, 2020) and even journals dedicated to SCC emerged (Journal of Spiritual Psychology and Counselling). Handbooks, edited books, books on a particular SCC field (oncology, end of life, etc.), proceedings of academic meetings and conferences are another category of publications (e.g., Ayten, et al. 2016; Ayten, 2017; Ağılkaya Şahin, 2017, 2021; Söylev, 2019; Demirtaş, 2020; Gürsu & İşbilen, 2020; Gürsu & İnal, 2019; Kılınçer, 2017; 2020; Kurt, 2021). The authors are mostly scholars in psychology of religion and professionals of the Diyanet. The literature in the field is also enriched by academic meetings/conferences. In the last 20 years, Turkish psychology of religion literature increased from only a few works to 207 studies related to SCC (Güven & Güven, 2021).

### Conclusion

SCC is a very new field for all sides - the providers and receivers - and received objections as well as acceptances. The greatest challenge is for the employees (counsellors). To make the service visible and minimise objections, good public relations, advertisement, and explanation are needed. The employees' attitudes will determine public and institutional acceptance. Harsh critics and objections from psychology and counselling circles have to be moderated. Education/training programmes must be improved with applied courses. Practice needs supervision. The lack of supervision is a major drawback and is pertinent for employees. Personnel rights must be protected/defined. Constitutional and legal rules and rights must be defined.

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T309

**Spiritual Care for Children with Cerebral Palsy: An Experience-based Research****Zunaidah Mohd Marzuki<sup>39</sup>****Abstract:**

Cerebral Palsy is one type of disability. It normally falls under the category of physical disability according to the Malaysian Department of Social Welfare's categorisation of disability. However, Cerebral Palsy is unique and complicated. Person with Cerebral Palsy can experience multiple disabilities (MD category) if he/she has other disabilities like deafness (DE category), blindness (BL category), speech impairment (SD category), physical disability (PH category), learning disability (LD category), and mental disability (ME category). Although Zaid's disability in his "OKU" card (disability card), is categorised under physical disability, he has some problems in learning compared to other typical children of the same age. His physical disability here is related to movement particularly due to gross motor skills; as he has normal physical limbs, it is not physical disability due non-existence or deficiency of any part of the body. However, due to his Spastic Diplegic type of Cerebral Palsy he has problems in controlling movement of legs that affects his legs' structure particularly the legs' palms and knees. All these problems and some other issues have effects on his thinking about himself and his existence. Therefore, it is important to take care of his spiritual aspect besides his physical aspect and to make him understand about the worldview; reality of existence, life, being, human being, God, spirit and spirituality, and life in the hereafter. The author, Zaid's mother attempts to share her experience in dealing with spiritual care for a person with Cerebral Palsy. The study includes but is not limited to understanding of the reality of Cerebral Palsy and its problems in general, Zaid's problems in particular, the importance of spiritual care for persons with Cerebral Palsy, and application of spiritual care in the case of Zaid. The study will not only describe the experience between the mother and the child, but also will analyse several literatures on spiritual care, particularly for persons with disability, incorporating Qur'anic and Sunnah teachings. In a nutshell, this paper is perhaps an eye-opener of practical application in understanding the significance of spiritual care for persons with Cerebral Palsy.

**Keywords & phrases:** Islamic spiritual care; cerebral palsy; person with disability; Islam and special needs; psychology.

**Introduction**

Cerebral palsy (CP) is a complicated condition to accurately define. Linguistically, it is derived from two words; cerebral which refers to the brain and palsy which means weakness. Cerebral Palsy is caused by brain damage; whether by brain injury or brain malformation or abnormal development of the brain that occurs while a child's brain is still developing - before birth, during birth, or immediately after birth. Based on the author's own observation, experience and reading, CP also could occur to a normal person due to brain damage caused by accidents such as car accidents, or falling, or drowning. It also can be due to abuse, medical malpractice, negligence, infections, and injury. CP is the most common motor disability in childhood. Recent population-based studies from around the world estimate a range from 1 to nearly 4 per 1,000 live births or per 1,000 children suffering from CP. It occurs ten times more amongst premature or low-weight babies.

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There are many issues and problems for children with CP, amongst the crucial are but not limited to, health, mobility, financial issue (Sazlina et al, 2018), learning, communication, digestive, self-care, and speech. Indeed, every case of CP is unique to the individual, depending on the degree of severity and type of CP. Therefore, CP children need special care in many aspects; physically, biologically, mentally, emotionally, and spiritually. This research attempts to highlight spiritual care for children with CP based on the author's own experience with her child, Zaid.

### **Spiritual Care: Application in the Case of Zaid**

Although Zaid's disability is categorised under physical disability in his "OKU" card (disability card), he has some problems in learning compared to other typical children of the same age. His physical disability here means his disability in movement particularly due to gross motor skills; as he has normal physical limbs, it is not physical disability due to non-existence or deficiency of any part of the body. However, due to his Spastic Diplegic type of CP, he has problems in controlling legs' movement that affects his legs' structure particularly legs' palms and knees. Some other problems also have effects on his thinking about himself and his existence. Therefore, it is important to take care of his spiritual aspect besides his physical aspect and make him understand about the worldview; reality of existence, life, being, human being, the God, spirit and spirituality, and life in the hereafter.

Amongst important techniques applied for Zaid in understanding about the worldview; reality of existence, life, being, human being, the God, spirit and spirituality, and life in the hereafter are: (1) storytelling; (2) thinking/reflection guidance; and (3) looking at visual images.

Meanwhile, amongst important therapies applied to help the growth of the CP child spirituality are:

1. Qur'anic Therapy - recitation and memorisation of the Qur'an. The author believes that the Qur'an is indeed healing and mercy as mentioned in Sūrah Al-Isrā' verse 82, regardless of different interpretations on the meaning of the verse.
2. Prayer - prayer is a specific religious ritual i.e., *'ibādah*, its physical movements are also important as physical therapy for CP children.
3. *Du'ā'*/supplication: ask the child to ask from Allah anything he wants and make him understand that it is up to Allah's decision or will to answer our pleas in this worldly life, as the ultimate life is in the hereafter.
4. Dietary care and therapy - *halāl* and suitable foods and drinks are important, as there are certain foods which are not suitable for the child. Olive products help the child too, especially his/her physical aspects. The guidance on the blessing of *zaytūn* or olive can be found in the Qur'an, Sūrah al-Nūr: 35. Besides that, honey consumption also helps the child. The Qur'anic guidance on honey as a healing agent can be found in al-Naḥl: 69.
5. Bibliotherapy - especially Islamic literature which makes the child to reflect and think and infer moral lessons from stories.

### **The Importance of Spiritual Care for Children with Cerebral Palsy**

Amongst the importance of spiritual care for children with CP are:

1. Self-acceptance: strength to accept the self with disability.
2. Stress Relief: Positive effects on individuals' stress responses – leads to inner peace.

3. Coping Illness: Having strength to cope with illnesses.
4. Physical relaxation: good mind and soul lead to good physical relaxation.

### Conclusion

Spiritual care is indeed very important for children with CP. Based on the author's own experience with her child, it is hoped that caregivers for CP children could give attention to the spiritual aspect in their modules, trainings, therapies, and consultations. As this paper solely depends on just a personal experience of the author with her child, it is hoped that many more parents with CP children could share their experience in this regard, as to enrich literature about spiritual care for those with CP and to help others.

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T310

### **The Positioning of Muslim Chaplaincy Related to Different Services in Correctional Facilities in Lower Saxony**

**Taha Tarik Yavuz<sup>40</sup>**

#### **Abstract:**

"...workers were called, people came." With this saying, Max Frisch points to a reality that did not occur to many people in the 1950s. When people talk and write today about the extent to which Muslim chaplaincy is to be positioned in correctional institutions, one thing is certain: Muslims belong to Germany. The fact that people came also meant that there was a need for spiritual care that was suitable for them. Historically, the first Muslim guest workers satisfied their spiritual needs by building backyard mosques or meeting and visiting. Not least by catching up with their families and socialising in Germany, it became apparent that Muslim families in subsequent generations needed Muslim spiritual care on an institutional level. The establishment of a Muslim chaplaincy is only possible through its localisation and theoretical foundation, which is why this article deals with the following questions: What intersections do care processes of a different nature raise with Muslim spiritual care? In which aspects do Muslim chaplaincy differ from other prison services? How should Muslim chaplaincy be positioned within the correctional facility? The services of the correctional institutions will not be analysed in detail, especially since this has already been done in various publications. Rather, the focus is on the comparison of Muslim chaplaincy and its points of contact and difference with other processes of the correctional system as well as Christian chaplaincy. Addiction and debt counselling, social training or transition management can be subsumed under social work services. Within Muslim spiritual care and its engagement with the needs of the inmates, similarities can be found, for example, with addiction counselling or social training. With regard to the psychological services offered in correctional facilities, methodological points of contact with Muslim spiritual care activities can be identified first and foremost. Due to the common applications, only social and occupational therapy are mentioned in this chapter, which are useful for clarifying points of intersection. Through the group discussions and the frequent normative questions on Islamic issues, points of contact with educational services can be identified, which will be the focus of the third section. Although it may not seem obvious at first glance, areas of cooperation with medical services can also be identified. Especially with regard to cultural differences, which are also of great importance in the context of psychosomatic problems, Muslim chaplains and doctors can cooperate. The comparison with Christian pastoral care, which enjoys a special position within the correctional facility, seems interesting in that both religions operate under the concept of spiritual care, but have significant differences on many levels, which have been explained in this chapter. Institutional or economic differences can be mentioned as examples. Although a strict distinction must be made here between spiritual care and prevention, spiritual care does exhibit preventive characteristics that also fall within the field of research.

**Keywords & phrases:** Islamic spiritual care; Muslim chaplaincy; lower Saxony; correctional facilities; prison; pastoral care.

This paper attempt to identify the position of Muslim chaplaincy within the correctional system and includes an interfaith section, which compares Christian and Muslim

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chaplaincy. Furthermore, the fact that Muslim chaplaincy interfaces with educational and psychological services, represents relevant areas of cooperation with medical services, and in many areas coincides with Christian chaplaincy, is testimony to the necessity, urgency, and need for Muslim chaplaincy in German correctional facilities.

In addition, Muslim chaplaincy fulfils a significant task through its pedagogical character. In addition to normative issues, socialising measures are discussed in group discussions and religious education is imparted. The chaplains' self-image plays a decisive role in imparting religious knowledge, which means that they must be chosen carefully. At the same time, the chaplains' diverse linguistic skills are very welcome in order to be able to do justice to the multicultural reality in prisons. This peculiarity of Muslim chaplaincy can be seen in particular in the fact that here, as a matter of course, chaplains are often required to provide educational services and translation skills as interpreters in addition to their actual chaplaincy work.

The lack of a legal framework - meaning the discussion about the right to refuse to testify - makes it impossible to position Muslim chaplaincy on an equal footing with Christian pastoral care. Cultural and religious differences between chaplains and detainees, on the other hand, are irrelevant within the work activity; rather, they make it possible to expand the work spectrum of Muslim chaplaincy. Finally, it should be noted that professionalisation in the field of Muslim chaplaincy is only possible if the same conditions and access requirements as for Christian pastoral care are met, legally, financially and institutionally.

Klessmann emphasises that pastoral care contributes positively to educational processes. He illustrates this especially by means of the concepts of linguistic differentiation, linguistic ability of faith, education of life, formation of conscience as well as personality and the eschatological dimension. A linguistic differentiation arises through the narration in a pastoral conversation between the person seeking advice and the dialogue partners, in which the latter ask questions and try to concretise what has been narrated. In connection with this, the communication of one's own experiences and life situations enables personality formation. In religious conversations, religious contents are named and put into context with one's own life experiences. Finally, such an approach promotes the linguistic ability of faith. According to Klessmann, images and imagination within a pastoral conversation contribute to the formation of life. Ethical questions enable conscience formation. Last but not least, Klessmann points out the eschatological dimension in that the life beyond is "critically considered" and "ultimately relativised." The latter can also be found in a similar way in Islamic knowledge culture. In a saying of Prophet Muḥammad, said he is reported to have said, "Be in this world as a stranger or a traveller."

Through Qur'anic passages dealing with the life and work of the Prophet Joseph, we can read of a prison stay of the latter in Egypt. Similar is to be inferred also from the vitae of many scholars. The famous late Ottoman scholar Said Nursi (d. 1960) is a prototype. He always tried to learn important lessons even from the most difficult life situations. Among these is his stay in a prison. Based on the story of Joseph in the Qur'an (Qur'an 12/35-52), he considered his stay in prison as 'enrolment' in "Medrese-i Yusufiye" (roughly: "the Joseph school"). His memoirs show that Nursi and his students were imprisoned, but that they knew how to turn this imprisonment to their advantage through readings and reading circles.

Finally, it should be noted that the detainees were very interested in reading the Qur'an and learning to recite it. Against this background, another parallel can be identified between Muslim chaplaincy and educational services.

Social work services are essential within correctional facilities. In many respects, they serve as a bridge to external institutions and prove to be an important vehicle for re-integration into local society. Topics of addiction counselling also come up from time to time in the Muslim group discussions, especially since Islamic law issues often play a role in prisons. Even though this is not addiction counselling in the narrower sense, religious advice

is sought on addiction problems. For example, they ask whether the sale of illegal drugs ("dealing") is forbidden from a religious perspective, even if one does not consume them, or whether one must renew one's ritual purity (*tahāra*) after drug consumption by washing (*wuḍūʿ*).

This is not just about the normative aspect of addiction problems in Islam: recognising religious meaning, meeting spiritual needs, and caring for the soul are especially important in those situations where detainees open up to pastoral caregivers.

Methodologically, transition management and victim-offender mediation cannot be located in the main tasks of Muslim chaplaincy, but related issues can and should be problematised and adequate links made, for example, in group discussions. Nevertheless, it is often said that pastoral care and social services should generally be kept strictly separate. However, whether this makes sense in all cases or is even possible at all can be questioned. Works on character theory (*akhlāq* and *taṣawwuf*, respectively) could be consulted and contextualised for the purpose of offender-victim mediation, especially because they describe and analyse interpersonal interaction. The goal associated with considering these topics in the group discussions is to reflect on offences as well as to reduce, and in the best case avoid, mistakes in conflict situations or interpersonal relationships.

While prisons focus on the period of incarceration, chaplains may also be concerned about the period after release from prison. Since many detainees feel the urge to seek out a religious environment and continue to receive pastoral care after their release, chaplains sometimes refer their clients to trustworthy and constitutionally compliant mosque congregations or faith communities in the area. In parallel, this also promotes the social environment and social integration, for example by maintaining or positively adapting the detainees' circle of friends and leisure contacts. Intersections between Muslim chaplaincy and social work services can also be identified in the methodology. Both sides work with individual counselling as well as with group measures.

Klessmann accentuates the intersections of pastoral care and psychology on the basis of two fundamental points of view: on the one hand, the aspect of knowledge of human nature and, on the other, the question of methodology. On the same level the Muslim chaplaincy can tie up, because in these matters there is no considerable difference of opinion in my view. Furthermore, the relation as well as the tension between pastoral care and psychology or psychotherapy is described as follows:

"The special feature of findings from psychology/psychotherapy/psychiatry is to be seen in the fact that they represent scientifically-methodically reflected insights, which are placed in a theoretical context in order to escape the randomness of subjective introspection or literary descriptions. They provide verifiable and relatively secure knowledge about human beings, about questions of perception and motivation, about communication and its disturbances. Biblical insights about human beings are not necessarily in tension with this: while psychology and psychotherapy describe ways of human behaviour and experience and seek to influence them through specific interventions, biblical-theological anthropology addresses fundamental questions about the origin and purpose as well as the destiny of human beings."

Orientation could be mentioned as a striking difference, especially since pastoral care is ostensibly religious, whereas psychology is grounded in human science. However, this point of view has been processed within Christian pastoral care and has been partially adopted in pastoral care.

Pastoral care also occupies a relevant position in relation to medical services. Through its familiarity, the counselling interview offers detainees the opportunity to open up to the counsellors. In the context of these intensive conversations, shame aspects are addressed, among other things, which are not usually discussed with doctors. Chaplains can encourage detainees to talk about these matters or even seek medical help themselves. This

is the case, for example, with male detainees in particular, in the case of illnesses in the genital area, as they talk to very few people about their sexual life while in prison. The reasons for such reluctance can be many, but the greatest obstacles can be culturally related psychosomatic problems. First and foremost, prisoners who expect to be ostracised or reprimanded by such open interaction have difficulty dealing openly with such issues.

Two intersections also develop from this: First, both medical services and pastoral care can mediate among themselves. Second, most Muslim chaplains have the privilege of being able to communicate in multiple languages. Since the most accurate possible information about the respective illness is essential for medical treatment, and since language barriers between detainees and doctors are sometimes decisive, the chaplains can provide support for both sides.

In the context of this work, the care processes of the respective different theological as well as pastoral approaches were compared with each other. The last pairs of comparisons - both Christian pastoral care and de-radicalization or prevention - can be understood as internal comparisons: the former as an internal comparison of religions, the latter from an internal Islamic perspective. Particularly through the comparison of Muslim chaplaincy and Christian pastoral care, some glaring divergences can be noted, which, according to Ucar, can be summarized as follows:

- a. Theological and scientific structures and concepts: Through the centuries-long tradition of Christian pastoral care, basic theological principles have been established and continually developed over time, so that today different pastoral care concepts and also different basic theological positions can be found. With regard to Islamic theology in Germany, and even more so with regard to corresponding institutions and concepts on the subject of pastoral care, an equal structure is not yet to be found.
- b. Richness of specialised literature: Parallel to the pastoral care activities in the Christian denominations, a large specialised literature on Christian pastoral care has developed within them, both in Germany and internationally. In contrast, publications on Muslim chaplaincy have so far been limited.
- c. Financial support and cross-subsidies: Churches have certain economic resources and also receive governmental aid that enable the formation and consolidation of pastoral activities. In this context, Muslims lack long-term funding and institutionally secured financial support. Moreover, in many parts of Germany, Muslim chaplains are still employed exclusively on a voluntary or honorary basis. Christian chaplains, on the other hand, are regular full-time or part-time employees.
- d. Adequate accredited degree programmes as well as external training opportunities: From the same tradition, teaching institutions developed in which well-founded basic knowledge as well as various training and further education measures for the field of pastoral care are imparted. On the Muslim side, such courses are found only sporadically in theological faculties or in associations and are far from being as elaborate compared to Christian pastoral care. Similarly, supervision of Muslim pastors has so far taken place under the direction of Christian supervisors, since there is still a lack of appropriately trained Muslim supervisors. In connection with training opportunities, it should also be noted that the job market for Muslim chaplains is rather diffuse. For example, only a few corresponding job advertisements can be seen directly from outside or are posted at all. In this respect, too, Christian chaplains can fall back on pastoral care parishes, other counselling services for pastors, and appropriately trained deacons and social pedagogues as sources of information.

There is no question that equivalent work performance cannot be realised until the same conditions, resources, and access requirements are provided for Muslim chaplaincy as

for Christian chaplaincy. This includes both the regular allocation of full-time and part-time positions instead of predominantly voluntary work, which in the near future could be made possible both financially and institutionally either through state funding or through the association of Muslim religious communities in the form of a public corporation. In addition, prison-internal conditions, such as offices and mosques or Muslim prayer rooms analogous to prison chapels, etc., are significant, especially since chaplaincy in its entirety requires appropriate spatial possibilities, financial resources, etc.

As a result, it can be stated that Muslim chaplaincy fulfils or has to fulfil the same tasks as Christian pastoral care, although in reality Muslim chaplaincy in particular is affected by special financial, institutional and structural access difficulties. In order to institutionalise adequate chaplaincy, financial and professional adjustments are necessary.

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