

An effective framework for Muslim spiritual care

by

Mahmoud Haddara

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Introduction

Many authors, both Muslims and non-Muslims have argued about the propriety of using the terms ‘pastoral care’ and ‘chaplaincy’ to describe the activities which Muslims undertake to provide spiritual care to patients in hospitals, students on campuses, or inmates in prisons. The term “pastoral” refers to the metaphor of the shepherd present in Jewish and Christian scripture. The term “chaplain” started as a Christian term but became associated with other faith traditions. As Gilliat-Ray (2013) and others argue, chaplaincy is now a “multi-faith” endeavor, (p.6). Long and Ansari (2018) disagree with the opinion that the term ‘pastoral care’ can only be used in reference to the “Christian and Jewish religious traditions and cannot include Islam or the spiritual care provided by Muslim chaplains.” Isgandarova (2018) is of the opinion that the word ‘chaplain’ is misleading and does not represent aspects of non-Christian spiritual care practices. She suggests that it is more accurate to use the expression ‘Islamic spiritual care’ rather than using the terms ‘pastoral care’ or ‘chaplaincy.’

I argue that although the term ‘spiritual care giver’ may reflect more accurately the work of a Muslim Chaplain, however in the society we live in, the term Chaplain is more common and easier to understand by professionals working in hospitals, prisons, and schools. However, if we want to add the adjective ‘Islamic’ then we are limiting it to Muslim clients. This term would be equivalent to the term ‘pastoral care’ used by other faith groups.

The picture is further complicated by the fact that Islamic spiritual care givers usually include Imams and volunteers who are designated by the community to perform these tasks. In this paper we will use the terms Chaplain and care giver interchangeably; and we will use term ‘client’ to designate the person who is receiving the care.

Irrespective of what terminology one uses, we need to agree on a definition for the tasks performed by a chaplain, or a spiritual care giver.

Gilliat-Ray et al. (2013) outlines Islamic specific tasks which a British Muslim chaplain usually undertakes. These include organizing and leading Friday prayers, ensuring that halal-food is available for hospital patients and prison inmates, negotiating Ramadan fast issues depending on the setting and the needs, explaining Islam to non-Muslims, performing supplications and recitation of the Qur’an, dealing with personal issues, performing family and community liaison, administration work, training staff in the particular setting they are in, and acting as translators and interpreters for clients. (Chapter 4). This is not a comprehensive list, but can be considered representative of the tasks that Muslim chaplains would generally perform in the West. One can add to this list a task which can be classified as counseling/guidance, see Snodgrass (2015) and Lee (2002).

According to El-Aswad (2017) “Islamic counseling is a process in which the counselor helps people to understand the causes for their problems and guides them through the process of knowing or learning how to make effective decisions and changes.” He also defines informal Islamic counseling as the use of “ritual healing practices in which a religious leader (imam, ‘alim

or shaikh) provides advice and performs rituals for the purpose of helping individuals or groups of people.”

Ali et al. (2005) conducted a study about Imam’s roles in the United States. Out of the 730 questionnaires which were sent to Imams, only sixty-two were completed and returned to the researchers. They concluded, on the basis of the responses they received, that Imams practice counseling duties in their congregations. These duties include counseling in the areas of family disputes, social needs of congregants, and psychiatric symptoms. Most Imams are not professionally trained to deal with these issues.

Padella et al. (2011) conducted a survey of leaders of the Muslim community in southeast Michigan about the perceived role of Imams. Their findings suggest that Imams play a significant role in helping their congregants in making health decisions. The Friday sermon can be a tool to educate Muslims about diseases and to help the congregants understand the choices available to them. In addition, Imams perform other tasks which can be classified as pastoral care tasks. The authors also outlined possible reasons for the lack of presence of Imams in formal chaplain roles. They cautioned against confusing the roles of Chaplains and Imams; while the roles of the two may overlap, but Imams are not necessarily professionally qualified as Chaplains.

The need of qualified Chaplains to provide spiritual care to prison inmates, patients in hospitals, students in educational institutions, and members of the armed forces is increasing both in the United States and Canada. The pioneering initiatives by Professor Mattson which culminated in establishing an Islamic Chaplaincy program at Hartford Seminary in the United States in 2000, and a Master’s degree program in Theological Sciences at Huron University College in 2013, will contribute to the creation of a critical mass of qualified Muslims in the areas of counseling and psychotherapy. There is also a number of other educational programs which train qualified Chaplains as well. Those in Canada will have to be licensed by the CRPO before they can earn the title of psychotherapist (Isgandarova, 2014). However, the needs for the provision of spiritual care in congregations will continue to be addressed by traditional Imams and volunteers. It thus important to provide these providers with a framework to help them in their endeavors and to guarantee a safe and ethical delivery of this service.

The objective of this paper is to propose a framework for an effective and ethical spiritual care program for Imams and volunteers, especially those who are not professionally qualified as counselors, but are engaged in providing spiritual care and counseling services to members of the community. This framework is grounded in the tenets of the religion of Islam and includes elements of professional scientific counselling knowledge. Some of the problems that may face a spiritual care giver who lacks the counseling expertise will also be highlighted.

Fundamentals of Islamic Chaplaincy

Islam did not establish an institutionalized system of clergy or chaplaincy. However, it lays down the general outlines for choosing Imams and for providing help to those who need it. Islamic theology strongly supports what might be called ‘pastoral care.’ (Gilliat-Ray et al., 2013). To understand the basis for Islamic spiritual/counseling care, we need to look at the Qur’an, the Sunnah (prophetic traditions) and the practice of the early Muslim scholars.

Qur'an

I believe that the verse which makes without doubt the strongest case for pastoral care/spiritual care in Islam is verse 36 in the Chapter 4, 'women.' The verse says

"And worship God and do not associate anything with Him and be good to parents and to the near of kin and the orphans and the needy and the neighbor of your kin and the neighbor who is not kin, and the fellow traveler and the wayfarer and those whom your right hand possesses; certainly God does not love him who is arrogant and boastful." (al-Nisa': 36)

Starting with the fundamental principle of the belief in the Oneness of God, lends importance to the text which follows: good treatment of others. The verse lists the people whom God identifies as the important beneficiaries of the goodness of a Muslim. First let us explain the meaning of the term 'goodness' referred to in the verse. According to Al-Maraghi (1946: vol. 5, p.33) being good encompasses a range of duties. These include kind and honorable treatment, service, striving to accommodate the needs, financial support, and soft speech. The obligation to serve and strive hard to accommodate the needs certainly encompass all the duties of a spiritual care giver. Prophetic traditions explain further the types of service expected. We will discuss this further in the next section.

The verse draws a map for the priorities of the individual to perform these tasks. It starts with the parents, followed by members of the immediate family. A number of categories are then listed; ordered in terms of their closeness to the individual. The last one of relevance here is the wayfarer, a traveling person whom we don't know. A parallel can be drawn between this person and a hospital patient or a prison inmate whom we visit without previous acquaintance.

Another note that one can make is that the list includes all members of the society, Muslims and non-Muslims. That brings up the concept of communal duty. The verse is very strong in emphasizing that these are obligatory duties that need to be fulfilled by each and every Muslim. Priorities are identified, recognizing that individuals vary in capabilities, yet these tasks must be performed. If a group of individuals are able to perform these tasks and do fulfill the obligation, then they earn the reward. If someone on the list needs help and no one in the society addresses this need, however, then the whole society will be held responsible for this deficiency and will be punished accordingly. The verse establishes a societal framework where the basic needs of all individuals are met.

Hadith (Prophetic Traditions)

Prophet Muhammad (PBUH) said¹, "Feed the hungry, visit the sick and free the captive." (Sahih al-Bukhari, Book 70, Hadith 1)

Al-Bara' ibn 'Azib (RA) said², "Prophet Muhammad (PBUH) ordered us to do seven things and forbade us to do other seven. He ordered us: to follow the funeral procession, to visit the sick, to accept invitations, to help the oppressed, to fulfill the oaths, to return the greeting and to reply to the sneezer saying, 'May Allah be merciful on you,' provided the sneezer says, 'All praise is for Allah,'. He forbade us to use silver utensils and dishes and to wear golden rings, silk (clothes),

¹ Narrated by Abu Musa (RA) and reported by al-Bukhari.

² Narrated by Al-Bara' Ibn 'Azib (RA) and reported by al-Bukhari

Dibaj (pure silk cloth), Qissi and Istabraq (two kinds of silk cloths).” (Sahih al-Bukahri, Book 23, Hadith 3)

The Prophet (PBUH) said³, “Allah (SWT) will say on the Day of Resurrection, ‘O son of Adam, I fell ill and you did not visit Me’. He will say, ‘O Lord, and how would I visit You when You are the Lord of the worlds?’ Allah (SWT) will say, ‘Did you not know that My servant so-and-so had fallen ill and you did not visit him? Did you not know that had you visited him you would have found Me with him? O son of Adam, I asked you for food and you fed Me not.’ He will say, ‘O Lord, and how could I feed You when You are the Lord of the worlds?’ He will say, ‘Did you not know that My servant so-and-so asked you for food and you did not feed him? Did you not know that had you fed him you would surely have found that (the reward for doing so) with Me? O son of Adam, I asked you to give Me (water) to drink and you did not give Me (water) to drink.’ He will say, ‘O Lord, how could I give You to drink when You are the Lord of the worlds?’ He will say, ‘My servant so-and-so asked you to give him (water) to drink and you did not give him to drink. Had you given him to drink you would have surely found that with Me.’”

These traditions and others show that there is a strong tradition for visiting the sick. The most reliable opinion of the scholars is that visiting the sick is a collective obligatory duty (Pasha 2011). The protocol for visiting the sick includes making supplications for the sick person, making the visit short, saying nice things, and showing compassion (p. 406).

It has been narrated that the Prophet (PBUH) used to visit the sick, make supplications for them and encourage them. He visited both Muslims and non-Muslims.

The Scholars

Isgandarova (2018b) presented an extensive review of the history of Islamic counseling and healing of psychological ailments. Sebastiani (2019) explores the contribution of Islam to psychoanalysis by studying the works of Ibn al-Qayyim (d. 1350). Books by Al-Razi (d. 925 C.E.) (1978), Al-Ghazali (d. 1111 C.E.), Ibn al-Qayyim (d. 1350 C.E.) (2003) dealt with the purification of the soul, the healing of psychological illnesses, and the change of personalities. They provided advice for the teacher as well as the student on how to improve personality and remedy deficiencies.

Framework for an Effective Islamic Spiritual Care

In this section we discuss the elements of a framework for the provision of Islamic spiritual care. We start with describing the conditions for an effective process for the encounter between the care giver and the client; and the skills and qualities which a care giver should have. We will then relate the framework to Islamic values. See Figure 1 for a diagrammatic sketch for the framework.

Process of Encounter

The process of encounter is the main domain of the interaction between the chaplain and the client. This is the domain in which the chaplain will listen to the client and then will provide his/her suggestion for a solution. The success of this process is a measure of the success of the

³ Narrated by Abu Hurairah (RA) and reported by Muslim

chaplain in achieving her/his goal in helping the client. It is thus extremely important for the chaplain to understand the process and to be equipped with the skills that will help him/her achieve success.

Lynch (2002) suggests that the process of pastoral encounters has four elements that need to be understood by the chaplain. These are the context of the relationship between the chaplain and the client, the boundaries of this relationship, the quality of the relationship, and the content of the conversation between the chaplain and the client.

This is a logical framework, and useful for any Muslim engaged in the process of providing spiritual care or counseling to consider. However, in this work we will modify the content of these elements to suit Islamic spiritual care processes.

The Context

The spiritual care giver should be fully aware of the values of the community, the cultural background of the client as well as her/his own values. We will come back to the issue of self-awareness when we discuss the attributes of the effective care giver.

The Boundaries of the Relationship

It is necessary to set clear boundaries to the relationship between the care giver and the client. Clients are vulnerable because they are usually in need for a resolution of a problem which they are unable to deal with. In addition, there is a power differential between the care giver and the client (Petersen 1992). In addition to rules and regulations, the care giver has to set clear boundaries that guarantee the safety and welfare of the client and minimize any chance for abuse.

The Quality of the Relationship

Research has indicated that a close relationship between the care giver and the client is imperative for the success of the counseling process. However, a balance needs to be maintained between the requirement of a close relationship and the need for having clear boundaries in such a relationship. Lynch (2002, n7, 5) suggests the term 'moderated friendship' to describe such a relationship. In this type of relationships, there is mutual regard between the care giver and the client. Such a relationship allows the care giver to provide emotional and spiritual support to the client without expecting the client to return the same.

The Content of the Conversation

Open and honest discussions with the client are important, however, the care giver should be cautious of making personal value judgements that may inadvertently harm the client. The language should be clear and unambiguous.

Skills of the Muslim Care Giver

There are three necessary skills for a care giver to be able to conduct an effective counseling session. These are the necessary and sufficient conditions for therapeutic change introduced by

Carl Rogers⁴ in 1957 as part of his theory of person-centered psychotherapy. These are congruence, unconditional positive regard and empathy (Rogers, 2007). However, different versions for these conditions are mentioned in the literature. The conditions are given as genuineness, acceptance, and empathy (Hazler, 2016); authenticity, congruence and transparency (Lietaer, 1993); and congruence, positive regard, and empathy (Al-Thani, 2012).

We propose that an effective Islamic spiritual care giver should have the attributes of: authenticity/ congruence, positive regard/acceptance, and empathy.

Authenticity/Congruence

Ryan and Ryan (2019) argue that authenticity has two essential components: autonomy and genuineness. Autonomy implies that a person's actions are done willingly and free of any compulsion or coercion. Genuineness means that the person's behavior fully reflects the values which he/she believes in. The essence of authenticity is being oneself while also professional. It forms the basis for what Carl Rogers call congruence. Congruence is the close matching between what is being experienced at the gut, what is present in awareness, and what is expressed to the client.

Positive regard/ Acceptance

The care giver should entertain warm acceptance of all aspects of the client's experience whether good or bad. This also implies a feeling of caring for the client however, this feeling should not be entertained in a possessive way. The care giver may not approve some of the client's action, nevertheless, he/she will accept the client.

Empathy

This refers to the ability of the care giver to understand accurately the client's experience and to be sensitive to his/her feelings without being sympathetic. Rogers (2007) describes this as, "to sense the client's anger, fear, or confusion as if it were your own, yet without your anger, fear or confusion."

Ethical Principles

Imams and volunteers involved in counseling members of the congregation very often have to face issues in the process of making decisions. In addition to regulatory standards with which a practicing counselor should abide by, there are ethical principles that can help the care giver in making the right ethical decision (Cottone & Tarvydas 2016, p. 93). These are

1. Autonomy
This principle guarantees the right of the client to make autonomous decisions. It allows the client to have the opportunity for self-determination.
2. Non-maleficence
The care giver should do no harm
3. Beneficence
The care giver actions should benefit the client.

⁴ The original paper which was published in 1957 in the Journal of Consulting Psychology was reproduced in 2007 in the Journal of *Psychotherapy: Theory, Research, Practice, Training*.

4. Justice
The care giver should treat the client with justice. The client should have access to resources and treatments without discrimination.
5. Fidelity
The care giver should act in good faith. He/she should keep promises, commitments and loyalty.
6. Veracity
The care giver should deal truthfully and honestly with the client.

Qualities of the Muslim Care Giver

In order to design an Islamic framework for an effective Islamic spiritual care, we need to connect the components of the counseling process discussed above to Islamic values and principles. There are two fundamental values/qualities which shape an Islamic personality. These are: doing good (ihsan) and God-consciousness (taqwa). These are qualities that each Muslim should endeavor to acquire, especially when they are serving the community in positions of leadership or in positions of responsibility. The Prophet said⁵, “Each of you is a shepherd and each of you is responsible for his flock. The ruler (amir) is a shepherd and is responsible for the people in his trust; a man is a shepherd in charge of the members of his household and he is responsible for those who are in his trust; a woman is a shepherdess in charge of her husband's house and children and she is responsible for them; and a man's slave is a shepherd in charge of his master's property and he is responsible for it. So each of you is a shepherd and each of you is responsible for those who are in his trust.”

It is extremely important for spiritual care givers to inculcate in themselves these two qualities. Decisions made by spiritual care givers do not only shape their own lives but they have impact on the lives of those who confide in them and trust them with their problems.

Doing Good (Ihsan)

Verse 36 in surat al-Nisa’ which we discussed earlier indicates clearly that treating people with goodness is an obligatory communal duty. Treating people with goodness encompasses a wide range of actions. Examples are treating people kindly, making sure that the needs of people are being met, performing chores to help them, and providing spiritual care when needed. Another practical dimension for treating people with goodness is for the spiritual care giver to excel in his or her task. In addition to the normal result of having people perform well in their tasks, this value is the guarantee that care givers will be aware of their own professional limitations. Whenever one is faced with an issue or a problem outside the expertise of the individual, one should refer the client to an expert. Many of the problems that result from bad counseling decisions emanate from the fact that the spiritual care giver is not qualified to deal with the issue.

The quality of doing good guarantees the principles of beneficence and non-maleficence. The care giver should only do the things that benefit the client and should not do anything that may cause harm to the client.

⁵ Narrated by 'Abdullah bin 'Umar (RA) and reported by Abi Dawud

God-Consciousness (taqwa)

This is a necessary quality for the care giver to have because it provides a guarantee against crossing the boundaries of the encounter between the care giver and the client. We discussed earlier the power differential between the care giver and the client. This power differential may create an environment which tempts the care giver to cross the boundaries of the encounter. Most of the abuse cases are grounded in the fact that a power differential (whether real or perceived) exists between the care giver and the client. This renders the client vulnerable (Petersen 1992). Codes and supervision are necessary to make sure that abuse will not happen but having an inner motivation against it provides a stronger guarantee that it will not happen.

It is interesting to note that the three verses in the Quran which end by the phrase “God loves those who are God-conscious,” (al-‘Imran: 76; and al-Tawbah: 4 and 7) (The Qur’an, 2004) all deal with the obligation to honor a promise, a contract, or a treaty. One can think of the relationship between the care giver and the client as a kind of contract that has to be honored by the care giver. The contract in this case is to provide a counsel within the framework of Islam. This is a motive to avoid improper behavior or abuse and to recognize the professional limitations of the care giver. This also includes the principle of autonomy. Two partners in a contract participate in the contract willingly, without coercion, and on equal footing.

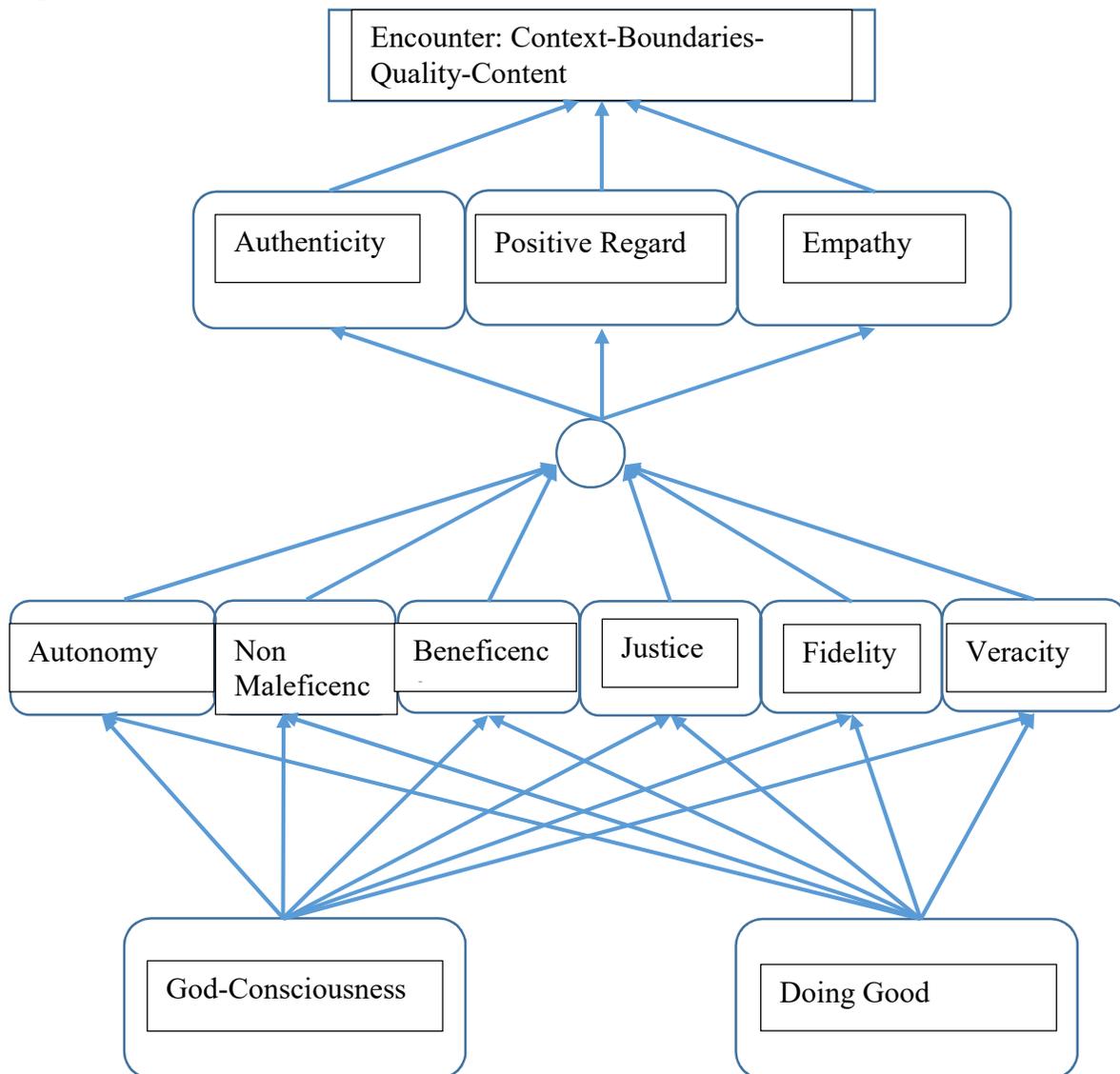
The quality of God-consciousness guarantees the ethical principles of autonomy, non-maleficence, justice, fidelity and veracity. Several verses in the Qur’an connect these principles to God-consciousness; fidelity and veracity (al-Nisaa: 9, al-Tawbah: 119, al-Zummar: 33, and al-Ahzab: 70); justice (al-Ma’eda: 8).

Fundamental Principles of Jurisprudence

There are a number of fundamental principles on which jurisprudence rulings are based. These would also guarantee the ethical principles outlined above. The relevant principles are

- No one should harm another nor be harmed by others (Al-Zuhayli 2007, p.199).
- A person who harms someone is responsible for removing this harm (Al-Zuhayli 2007, p. 210).
- Avoiding harm is preferred over gaining benefit (Al-Zuhayli 2007, p. 238).

Figure 1



Tricky Situations

There are some situations which may portray misleading symptoms. Spiritual care givers who are lacking professional knowledge in the area of counseling may make faulty decisions as a result of misunderstanding the apparent symptoms. Some of these are particularly related to family disputes.

The identified patient

When a family is faced with problems, one member may portray obvious symptoms, not because he /she is the one who is causing the problem but because he/she is the one in whom the family's stress is reflected. This person acts like a weak link in a chain. In this case, one has to look for the real cause of the problem. Such cause may be the result of a problem related to a different family member. The term "identified patient" has been introduced in family system theory in order not to confuse the real patient with another member (Friedman, 1985, p. 19). The identified patient is the family member who portrays the symptoms but is not necessarily the cause.

The Emotional Triangle

Whenever two family members become uncomfortable with each other, a third person will be dragged into the relationship to form an emotional triangle. In these situations, the two family members are not interested in taking measures to change the relationship but they bring a third member to stabilize the relationship that needs to be changed. An unaware care giver may be caught in the middle in these kinds of family disputes (Friedman, 1985, p. 35).

These are only two examples of many pitfalls that untrained care giver might face. A care giver must then recognize the limits of his/her own professional capabilities.

Conclusions

This paper is intended for Imams and volunteers who engage in the process of providing spiritual care for members of the community. The paper aims at helping those who do not have professional training in the areas of counseling or psychotherapy. The proposed framework will hopefully allow these volunteers to navigate the difficult and sometimes tricky obstacles that may meet.

The paper outlines a framework for an ethical and effective framework for spiritual care based on Islamic values and principles. The framework describes the conditions for an ethical and effective process for the encounter between the care giver and the client; and the three necessary and sufficient conditions needed for producing a successful provision of the service. The paper describes the basic elements of an ethical system that a care giver should abide by. These components are then connected to the Islamic values of doing good and God consciousness.

The ethical principles developed to apply in bioethics are supported by the fundamental principles of Islamic jurisprudence and the two values of God-consciousness and doing good.

One should note that these values and principles are not acquired by reading or study alone. I suggest that congregations should hold workshops and training programs for their Imams and volunteers to inculcate these values. In addition, a system of supervision and follow up should be established to make sure that such framework is being adhered to.

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