

**Muhammad A. Ali, Omer Bajwa, Sondos Kholaki, and Jaye Starr, eds. *Mantle of Mercy: Islamic Chaplaincy in North America*. Pennsylvania: Templeton Press, 2022.**

Upon being given the opportunity to review this book, I felt excited to find a set of articles that explain chaplaincy from an Islamic perspective. During my clinical pastoral education, I struggled to apply the Islamic legacy of spiritual caregiving in this field due to the lack of resources available on Islamic chaplaincy from experienced Muslim chaplains. This book allows the reader to feel, at any time, as if they are talking to many chaplains, through their experiences outlined in the varied chapters.

*Mantle of Mercy* (2022) comprises thirty-two articles, an editors' introduction, and an epilogue. The valued thirty-four Muslim spiritual caregivers share their experiences and the contexts of their spiritual caregiving. Dr. Ingrid Mattson explains the volume's goal: She "has always believed that sincere Muslims could uncover and discover how to manifest the sacred teachings of Islam in this work. This volume is a witness to the truth of this belief" (p. XVIII). Chaplaincy is a new term for Muslims, one that must be discovered and defined according to Islamic traditions. This profession is in its "infancy" (p. 11), and this book is a baby step on this journey.

With the field of Islamic chaplaincy being so young, some Muslim chaplains may lack official credentials and academic degrees in the profession, leading them to face such challenges as racism, anti-Muslim discrimination, and marginalization from non-Muslim colleagues. The process of acquiring academic studies and credentials in North America has presented Muslim chaplains with many struggles and potential pitfalls, such as centering their studies around only one scholar, being insulated from the "broader academic and faith community," and not recognizing how the American Muslim community differs from Muslim communities "back home" (p. XVII). These inner and outer struggles hinder the development of Islamic chaplaincy; however, if Muslim chaplains have a strong background in caring for and comforting people in need via Islam's two main sources, the Qur'an and the sunnah, this will accelerate the field's development.

The word "chaplain" is derived from the Latin word for "cloak" or "mantle." Every chaplain knows how St. Martin of Tours (d. 397 CE), a soldier, helped a beggar by dividing his cloak in two and giving him one piece. This "cloak" eventually became a symbol of caring and kindness (Pike 2005, 1). Chaplaincy arose from this incident and became a vocation in spiritual caring. The reflection of St. Martin's "cloak" or "mantle" in Islamic history is the "cloak" of Prophet Muhammad (peace be upon him), which was used to comfort his companions. Khadijah (may Allah be pleased with her) also used a cloak to cover the Prophet after he received the first revelation. So, the cloak represents the easing of matters for someone in need (p. 3).

The articles in this book are based upon three themes: the definition of a chaplain in the Islamic context, the structure of Islamic chaplaincy, and personal reflections. Most of the information included in this work derives from the contributors' experiences and reflections.

### **The Definition of a Chaplain in the Islamic Context**

Chaplaincy is the professional practice of compassionate spiritual caregiving in secular institutions. In other words, chaplains have no established specific religion. The editors of the book describe that “Islamic chaplaincy” defines the work and that a “Muslim chaplain” is the one who does “Islamic chaplaincy” (p. 5). “Muslim chaplaincy” alludes to the Muslim chaplain who only serves Muslims. However, chaplains are called upon to also serve non-Muslims in institutions. So, the Islamic chaplaincy term broadens its scope. The Canadian Association for Spiritual Care (CASC) adopted the “spiritual care practitioner” title instead of “chaplaincy” to cover the more universal experience of spirituality. One of the book’s contributors, Bilal Ansari, describes his job as “a chaplain who identifies religiously as Muslim for all” (p. 42). Such a description fits the CASC’s adopted term.

### **The Structure of Islamic Chaplaincy**

A Muslim chaplain should be well informed about Islamic history, sociology, and anthropology as well as interfaith studies in order to serve other faith groups at least at a basic level. The Qur’ān and ḥadīth contain the Abrahamic concepts of shepherding and pastoral care. The editors explain how these concepts can be used in the context of chaplaincy. One of them is “jihād,” defined here as “a process of self-realization, realizing our true nature for self-betterment” (p. 23).

The first thing I learned in my chaplaincy program was to realize our true nature so we could help others in their spiritual journey. Self-realization comes with vulnerability and brings us closer to Allah. So, the jihād here is to enable ourselves to follow the path in which we believe.

Ali Candir brings two terms from the Islamic tradition to our attention for chaplaincy in hospital settings: “suffering and God’s Rahmah (mercy and compassion)” (p. 45). According to a ḥadīth, God’s mercy and compassion comes with visiting patients. ‘Alī (may Allah be pleased with him) said, based on what he heard from the Prophet: “There is no Muslim who visits a sick person, but seventy thousand angels go out with him, all of them praying for forgiveness for him. If he went out in the morning [they continued to do that] until evening comes, and he will have a garden in Paradise. If he goes out in the evening, seventy thousand angels go out with him, all of them praying for forgiveness for him until morning comes, and he will have a garden in Paradise” (Musnad Aḥmad, no. 976, bk. 5, ḥadīth 400). The Prophet (pbuh) also said, “No fatigue, nor disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a Muslim, even if it were the prick he receives from a thorn, but that Allah expiates some of his sins for that” (Ṣaḥīḥ al-Bukhārī, no. 5641-42, bk. 75, ḥadīth 2). So, spending time with patients benefits both parties, the sick and the visitor (in this case, a Muslim chaplain).

Amira Quraishi and Ailya Vajid explain another fundamental reality of Islam related to resolving a conflict between an African American Muslim and white Muslim student in a university setting. The African American Muslim students felt dismissed and not supported by white Muslim students regarding the United Nations’ homeland security policies. Related to this, the authors share these words from the Prophet’s final sermon: “All humanity is from Adam and Eve. An Arab has no superiority over a non-Arab, nor a non-Arab has any superiority over an Arab. Also, a white [person] has no superiority over

a black [person], nor a black [person] has any superiority over a white [person], except by piety and good action” (IIUM 2023). Everyone is equal in front of Allah. Quraishi and Vajid also established two rules for the successful practice of Islamic chaplaincy in these conflicts: (1) “building deep friendships based on trust, understanding, support, and forgiveness;” and (2) “celebrating the diversity of the Muslim community, creating a space where everyone is welcome” (p. 64). They facilitated the practice of “muraqabah (self-observation)” among the students who were offended by their Muslim peers, which led African American Muslims to “slow down, breathe, become present to themselves, to cleanse their souls, to cultivate gratitude, and to let go, and leave difficulties in the Hands of Allah” (p. 66). The spiritual practice of “muhasabah (self-accountability)” for those who offend others helps us to develop virtues and align with our fitrah, and to remember and reflect on Allah’s Names and Attributes (p. 67).

Samsiah Abdul-Majid points out how she learned “to claim her authority rather than waiting for it to be given to her” (p. 72) when confronted with male-dominant customs that hindered her from caregiving. A few of these customs include the idea that a female spiritual care provider cannot provide spiritual care for male patients, or that the female voice is ‘awrah (concealment) so she cannot recite the Qur’ān loudly in the presence of males. She also claims that women can have “invisible fences” (p. 73) that place unnecessary limits on themselves because of being brought up in a male-dominant society. For example, we do not see women religious leaders who lead the supplications for circumcised children. She provides personal experiences and suggests that we jump over such fences and claim our authority.

### **Personal Reflections**

In his essay, Fiazuddin Shuayb attracts our attention by stating that the first Muslim prison chaplain was Prophet Yusuf and presenting the “Yusuf Model of Muslim Chaplaincy” (p. 93). Prophet Yusuf’s life held great lessons that can help chaplains develop a plan of spiritual care giving. This model includes such principles as “deep knowledge of Islam, good character, and doing good to others” (p. 93).

Joshua Salaam represents chaplaincy in mosques and gives great advice, such as the recommendation to be approachable and non-judgmental. Mosques might be the hardest place to function as a chaplain, for his/her role might be confused with that of the imam. Thus, either one of them – imam and chaplain – might find themselves explaining the differences in their roles rather frequently. Salaam notes that care-seekers who generally visit chaplains do not look for “white-and-black answers” (p. 114), for they are mostly aware of the relevant fiqh. Instead, they want to ponder the matter by thinking out loud beside a non-judgmental ear. Abdul-Majid says that we, as spiritual caregivers, should provide them with “a space for reflection” and allow the “dilemmas of their lived experience to be heard and recognized” (p. 76). So, care-seekers often do not need “halal and haram” explanations (p.77). Spiritual care givers in mosques are placed in a key role when it comes to family conflicts and domestic violence in North America. Rather than focusing on ḥalāl versus ḥarām, chaplains are there to ask questions such as, “What burdens are you carrying on your shoulders?” As a result, they might be more helpful than others

in aiding women who experience domestic violence – many of whom find it difficult to speak up about what they are experiencing – by providing a non-judgmental presence.

Lauren Schreiber mentions two terms, restorative and transformative justice, that are most important when the community is confronted with harmful incidents. Rather than forgetting, ignoring harmful incidents, and leading individuals to draw away from the communities in which they happened, spiritual caregivers should provide “spaces where it is safe to talk about the harm we experience and the harm we cause” (p. 125). The restorative and transformative approaches become particularly important when dealing with conflicts in families. Muslim families in North America face many challenges, such as trying to adapt to a new country or culture, without losing their ethnic and/or religious identity, and economic struggles. When these conflicts arise, spiritual care providers should be able to create peaceful islands in which families can express themselves and the issues they are facing freely. After that, the transformative and restorative approach will be effective in healing interpersonal conflicts within the family in these non-judgmental environments.

Ryan Carter, who discusses microaggressions, lists the reasons that hold victims back from reporting such incidents to the relevant authorities, such as the fear of being labelled as “too sensitive” and “playing race cards” (p. 138). People generally experience microaggressions outside of their community. In her essay, Nisa Muhammad mentions a broader discrimination against Black Muslims within some Muslim communities. She suggests that we create a welcoming environment for everyone and be aware of discrimination individually and collectively.

El-Farouk Khaki represents queer Muslims who, he argues, should be accepted as they are in mosques and be seen publicly in these settings. They should not be prevented from entering mosques, for the mosque doors are meant to be open to all. From the chaplaincy point of view, I agree with Khaki, because people who identify as queer should be listened to and heard without any judgment. They should also be given a safe space in which they feel comfortable to process their own dilemmas. However, the article’s language is pushing religious leaders and chaplains to accept and confirm this situation as religiously correct and “ḥalāl.” No Islamic religious authority has the right to convert ḥarām into ḥalāl or, on the other hand, to excommunicate anyone who commits sins. Khaki also indicates that “Islam says nothing; Muslims say a lot” (p. 105). In reality, Islam says many things about this topic; however, nobody should force any belief system on someone else to determine how they should live.

### **The Role of Chaplains in Family-Centered Care**

Rachel Naomi Remen says that “[h]elping, fixing, and serving represent three different ways of seeing life. When you help, you see life as weak. When you fix, you see life as broken. When you serve, you see life as whole. Fixing and helping may be the work of the ego, and service the work of the soul” (Remen 1997). Serving souls is the definition of what spiritual care providers do. They are not with their clients to help them or fix their problems, but to serve them. Particularly, spiritual care providers play a key role in serving in patient- and family-centered care in hospitals.

In this book, Jaye Starr shows the presence that a Muslim chaplain can provide to birthing mothers and fathers at the critical time of the start of a new family. “Women experience loss of their babies while undergoing the labor – the pain, the hormonal shift, and the exhaustion and the need for physical and mental recovery time” (p. 181). This is the space that spiritual care providers arrive at when they attend to families. But Starr reflects that these stressful environments are a “sacred space,” deriving this idea from the saying of the Prophet (pbuh): “Paradise is at the feet of the mothers” (p.181).

When a birthing mother and father lose their baby, they can sometimes struggle with naming their pain and with decision-making about treatment options, consideration of withdrawal of treatment, and other complex ethical issues. At this point, a spiritual care provider walks with the patient and their families in the midst of their pain and serves as the patient’s partner rather than an expert dictating information to them (Puchalski 2001, 352). Regarding this matter, Kamau M. Ayyubi formulated the “A.B.C.s of The Kinder Garden of Meditation” method for his patients, implementing this method on parents and hospitalized children and adolescents (p. 192). This method helps patients and their families name their feelings, emotions, and their struggles in decision-making. Here, A.B.C. stands for awareness (murāqabah), breath (nafas), and compassion (rahmah) (p. 192). This mediation helps those involved to identify what they feel and what situations they are in.

### Conclusion

This book’s audience includes Muslim chaplains, all chaplaincy students, and non-Muslim chaplains who want to have some general understanding about Islam and Muslims. It provides a great deal of practical information and beneficial personal reflections. Additionally, it touches on some issues that are not spoken about frequently in many communities, such as Sunni-Shia relationships and discrimination against Black Muslims. This book is a valuable start in the world of Islamic chaplaincy, and I believe there will be more works coming within this growing field.

### Review by Gulsen Cok

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