

Spiritual Formation: A CPE Chaplaincy Training Model Based on an Islamic Paradigm

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Introduction

Two decades ago, the Association for Clinical Pastoral Education (ACPE) established a task force on Islam to invite Muslims to Clinical Pastoral Education (CPE), a cornerstone in the training of religiously diverse professional chaplains. CPE educators, mainly Christian, incorporate listening skills and theological reflections to examine themes such as empathy and mercy using biblical narratives to help resident chaplains construct theologies of care. A chaplain's spiritual formation includes awareness and integration of one's narrative history, socio-cultural identity, and spiritual/value-based orienting systems (ACPE, n.d.). Chaplains must identify formative and transformative faith experiences and their significance to individual spiritual journeys and articulate how historical narratives inform the relevance of faith in spiritual care. The ACPE standards for spiritual formation expect chaplains to describe how they will integrate faith in providing care, as well as how faith informs spiritual care encounters, one's view of other religions, and how it interacts with other faiths when delivering care. In these residency programs, Muslim chaplains must examine spiritual care themes in the Qur'ān and the Prophetic tradition, and reflect on Islamic normative texts and narratives that are crucial for their spiritual formation and their understanding of Islamic theology, ethics, and law. This essay sets the stage for a thoughtful discussion on integrating an Islamic-based curriculum into the CPE model.

I organized CPE programs for Muslim chaplains in Jordan and Malaysia in 2020, 2023, and 2024 where participants developed a congruent Islamic spiritual care theory and practice that incorporated narratives found in the Qur'ān and Prophetic tradition, to care for vulnerable and diverse people in Muslim-majority countries. The following is a breakdown of the key points that chaplains incorporated as part of their spiritual formation in a CPE training led by US-trained Christian ACPE educators.

Islamic Chaplaincy Formation

Western CPE models often center spiritual formation on Christian theology, drawing from biblical sources to reflect on mercy, spiritual distress, hope, and empathy. However, narratives that associate God with evil, as in the story of Job, run contrary to a Muslim's understanding of divine attributes. CPE underscores training chaplains to become better listeners, provide compassionate presence, and assess and address spiritual needs. Even in Muslim majority countries, being a "sick Muslim" can be manifested in a wide variety of psycho-social, relational, and spiritual needs, emphasizing the importance of further

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expanding care for Muslims beyond pastoral responses. A Muslim chaplain must be able to articulate the relevance of spiritual care in Islamic sources and ground its formation and practice in *tawhīd* (God's Oneness) and the divine attributes of mercy and omnipotence. The Prophet's (peace be upon him) life is rich with examples of how he addressed spiritual pain, suffering, or hope, thereby showing mercy is a divine attribute inseparable from God.

In *Understanding Muslim Chaplaincy*, Sophie Gilliat-Ray and her co-authors highlighted the absence of a formal institutionalized tradition of pastoral care in Islam and a lack of any articulate written account of how Islamic traditions and scriptural texts are accommodated within contemporary chaplaincy practice (Gilliat-Ray et al. 2013). Muslim chaplaincy students in the US are not required to complete formal religious education for admission to a level I CPE unit. Obviously, theological reflections without proper competency in theology, ethics, or law is counterproductive. Therefore, reflections of Muslim students without theological Islamic foundation fall short of offering a theologically grounded perspective on the divine nature and the Prophetic tradition, or exploring what influences a person's response to illness, such as its meaning, divine destiny, mercy, or understanding of life's trials and their relevance to spiritual care.

An Islamic Paradigm for Spiritual Care

God's Oneness (*tawhīd*), God-consciousness (*taqwā*), excellence (*iḥsān*), and companionship (*ṣuḥba*), along with similar principals, inform the practice of spiritual care and promote a holistic understanding of life, illness, and death aligned with Islamic beliefs. A Muslim's understanding of *tawhīd* is very different from the Christian's trinitarian understanding, despite both being monotheistic religions. Muslims consider the invocation of any deity or name other than God theologically reprehensible. Hence, Muslim patients might reject the visits of Christian chaplains since they end their prayer in Jesus's name. In addition, such visits might also trigger fears of proselytization.

There are significant gaps between religious and secular approaches to the ethics of care. The principles of biomedical ethics (including autonomy, beneficence, non-maleficence, and justice) are understood through a secular lens and guide a physician's decision-making (Beauchamp and Childress 2008). On the other hand, Christian ethics, known as moral theology, has experienced several theological doctrinal changes. Many theologians and institutions either tolerated or justified slavery (using verses like Ephesians 6:5 to justify their stances). Catholics and Protestants condemned people's right to choose their religion freely (Syllabus of Errors 1864); however, they later endorsed religious freedom (The Second Vatican Council's *Dignitatis Humanae* 1962–1965). The prohibition on women holding leadership roles in the church (1 Timothy 2:12) was later changed by Methodist, Episcopal, and Lutheran theologians, while Catholics and some Eastern Orthodox Churches still maintain a male-only priesthood. Various Christians changed their attitudes towards war and just peacemaking, abortion, homosexuality, and capital punishment, demonstrating how Christian ethics, while rooted in biblical principles, have evolved in response to new understandings of justice, human dignity, and social progress. Furthermore, a Christian's belief in salvation or approaches to end-of-life care vary theologically from a Muslim's understanding of death and the afterlife or end-of-life rituals

and practices. The *sharī'a*'s primary priority of preserving religion plays the central role of guiding Islamic pastoral care and decision-making, whereas the Islamic legal maxim related to harm makes the prevention, removal, and reduction of harm a priority while emphasizing the greater good for the largest number of people, not necessarily individual interests.

Reflecting on pain, suffering, illness, hardship, and salvation yield various meanings and responses among different faiths and among different Muslims. In Islam, God promises salvation, including at life's end, to those who remain patient and steadfast in faith during hardships, embrace God's decree (*qadr*), lead a righteous life in civic and religious practice, and affirm His Oneness. Prophet Muhammad described pain and suffering as a sign of divine mercy, not a punishment. Hence, most Muslims believe suffering is a test from God, who will reward those who persevere. In addition, Muslims interpret the Prophet's narrative on achieving a good death experience (*ḥusn al-khātima*) to mean that salvation is available to those who declare the testimony of faith (*shahāda*) as a death-bed ritual (Al-Nawawī, *kitāb al-janā'iz*, no. 916). Therefore, some Muslims believe that remaining alert to affirm faith while dying is a major priority, despite the presence of physical pain. As a result, they may refuse to accept any pain-countering measures that lead to sedation.

Training Muslim Chaplains

Muslim chaplains in Jordan and Malaysia completed several level I CPE units organized by Ziyara Muslim Spiritual Care since 2020. Four ACPE educators, including one Muslim, supervised their spiritual care formation and practice. The training underscored the significance of scrutinizing the students' spiritual formation and practice for congruency with the normative Islamic sources. To enhance Islamic competency, the students attended didactics that articulated a succinct Islamic perspective on the theology of care, end-of-life care, hope, and forgiveness.

Islamic theology (*'aqīda*) plays a major role in shaping the chaplains' competency and offers the foundation for their formation. The reflections and prayers of the chaplains and those they serve center on their relationship with God. The belief in the oneness of His divine attributes (*tawḥīd sifāt*) establishes a relationship in which He is the source of compassion, mercy, and justice and humans reflect those divine attributes in their relationships with others. The theology of life, death, and the afterlife influences and shapes the Islamic worldview regarding illness and death. Mercy, trial, and love are types of meanings or interpretations of how Prophet Muhammad understood pain. He responded differently to events such as weeping after his son died, complaining of the pain of abandonment in Ta'if, or embracing the physical pains of his dying. These narratives were instrumental in constructing a care theory that is religiously authentic and culturally sensitive.

Muslim chaplains participating in these CPE units understood spiritual care as companionship and a support system in which their presence witnesses the vulnerability and suffering of patients and the patients' families. They walked alongside patients while sharing stories emphasizing the Prophet's response and highlighting the significance of

following in the Prophet's footsteps. In their reflections on historical narratives, the chaplains shared that the Prophet comforted his companions on several occasions. For example, Abū Bakr showed signs of sadness and anxiety while enroute to Medina during their migration (*hijra*). In response, the Prophet leaned over and reminded him of God's presence. Chaplains explored Qur'ānic verses wherein awareness of His presence is sufficient to calm fears and distress and provide comfort and tranquility.

Historically, the biographies of the Prophet recognize that the Prophet himself was comforted when overwhelmed by the first revelations. Khadīja, his wife, comforted him by maintaining a close physical presence and covering him with a blanket. When the discussion turned theological, she walked alongside her husband and took him to her Christian cousin Waraqa ibn Nawfal, an expert in matters of divinity. In short, Khadīja demonstrated her support of her husband's religious and emotional welfare through her companionship (*ṣuḥba*), an act of love.

Cultural and Religious Sensitivity in Chaplaincy

In the United States, Muslim patients are a very small minority, often feeling marginalized and vulnerable. The tendency for Muslim patients to choose "no religious preference" in healthcare settings highlights the need for chaplains who are competent to the needs of Muslim patients, understand diverse Islamic cultures, and are aware of the barriers to spiritual care that Muslims face when seeking spiritual support. In a Muslim-majority country or even a Western context, chaplaincy must offer culturally sensitive care that reflects Islamic perspectives on life's challenges. In the case of Ziyara's program, integrating Islamic theology into CPE training proved beneficial in aligning normative sources with Islamic pastoral care. As a result, chaplains in Malaysia and Jordan were better equipped to support their patients' diverse needs, thereby emphasizing the importance of grounding such training in Islamic sources and providing opportunities for reflection.

Conclusion

The experiences of Jordanian and Malaysian chaplains in developing spiritual formation and practice in their respective and unique contexts offered a practical lens for understanding the benefits of integrating an Islamic curriculum within CPE curriculum, despite being taught by Christian educators. Didactics and activities, such as role play and culturally relevant case studies, enhanced chaplains' knowledge of Islamic pastoral care and cultural competency, as well as contributed to their ability to apply it in real-life scenarios. Evaluating how Islamic beliefs, ethics, and spirituality informed the practice of student chaplains—imams, nurses, counselors, and physicians—this foundation is crucial for showcasing how culturally relevant CPE models should look. There is a clear need for a curriculum that integrates Islamic theology, ethics, and counseling approaches into the CPE framework, as this would help Muslim chaplains feel more aligned with their own religious and spiritual beliefs while serving a diverse population. Developing such a model

not only addresses the needs of Muslim-majority countries like Malaysia and Jordan, but will also benefit minority Muslim chaplains in Western contexts.

The call for an Islamic-based CPE model is timely and necessary. Integrating Islamic theology, ethics, and pastoral practices can enable Muslim chaplains to provide holistic care that resonates with their beliefs and their patient's needs. By sharing the experiences of CPE students in their specific Islamic contexts, this short essay highlights the transformative potential of incorporating an Islamic-aligned curriculum into a CPE model, regardless of the country in which the care is taking place.

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