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Editorial: An Introduction to the Journal

The vast majority of published literature on Islam and ethics approaches these topics in an abstract and philosophical manner, rather than practically explaining how Muslims can implement their faith's ethical principles in their own lives. This has led to a disconnect between what Islam asks of its followers and their actual ethical practices. Practicing Islam as it was intended to be practiced requires a heightened level of ethics and should be embedded into the practice.

The changes in societies across the globe, which began during the twentieth century and continue today, have been more significant than at any other period in the history of the Muslim *ummah*. We are living in a very complex and confusing time. While humanity is making enormous strides in technology and science, making the world smaller and more accessible, we are seeing increasing levels of loneliness, anxiety, and depression among people. In the age of social media where people are "connecting" on multiple platforms, the question is: Why do they feel so disconnected from each other and the world?

According to the Substance Abuse and Mental Health Services Administration, each year about 42.5 million American adults (or 18.2 percent of the total adult population) suffer from some mental illness, enduring conditions such as depression, bipolar disorder, or schizophrenia. In 2016, the Centers for Disease Control and Prevention stated that suicide was the tenth leading cause of death overall in the United States, claiming the lives of nearly 45,000 people. Technological change is transforming how we understand the human body.

While health and disease are being reconsidered, recent advances in genetic engineering and biotechnology are becoming commonplace and affecting our core beliefs about humanity. Questions related to women, gender, family structure, race, and ethnicity have all affected the character and range of applications in society. While advancing in astronomy, astrophysics, and environmental science, scientists continue to discover and emphasize the human impact on creating global environmental problems. This is raising complex ethical, moral, social, and legal questions with which Muslim scholars and communities are struggling. Despite the scholars' efforts to develop competing conceptual and methodological approaches that can successfully engage societal change, the challenges remain significant and the proposed solutions remain limited.

The challenge is not to formulate rules or provide definitive, unproblematic answers; rather, it is to cultivate a knowledge ethos and reconstruct identities that can foster the ability to undertake and engage in creative and critical thinking as well as develop one's ethical problem-solving abilities. As such, this issue of the journal seeks to instigate further discussions and analyses concerning the ethical

questions that our intellectuals, activists, practitioners, and researchers from other fields of knowledge should be asking and trying to answer. Those involved in such discussions also need to raise the difficult issue of how to formulate these critical questions in terms that are familiar to everyone.

Islam's responsibility-based system of ethics invokes reciprocal rights and duties. Thus, a range of social actors – parents, teachers, professionals, all individuals, *including you* – need to become active moral agents.

The Qur'an is the primary source of guidance, as it lays down a unified ethical system anchored in eternally valid and life-enriching moral principles and rules. The Prophetic Sunna represents and applied the ethics, morals, and behaviors outlined in the Qur'an at the highest possible level, as practiced by the Prophet (pbuh). Therefore, the ethical discourses are part of the Qur'an's teachings, the prophetic traditions, juridical literature, theology, mysticism, philosophy, and literature – in short, all of the major disciplines of Islamic thought.

In this issue, we highlight some of the challenges and issues faced by Muslims who want to implement Islamic ethics in their own lives. Muslims in the United States are experiencing a crisis of identity and confusion about their faith's principles and practices. We explore some of these and suggest how we can ameliorate this complex reality by finding ways to make our tradition more coherent and understandable. This approach recognizes the importance of holding relevant dialogues among academics, researchers, religious scholars, practitioners, and those working on the ground. Moreover, we continue to search for a more comprehensive methodology of applied Islamic ethics that remains faithful to Islam's fundamental principles, considers our contemporary context, and allows those who adopt it to remain faithful to their Islamic principles while actively participating in and contributing to their societies. The *Journal of Islamic Faith and Practice* will continue this dialogue in order to build our knowledge and expand our experiences on how to address contemporary challenges in the most realistic manner.

This collective effort sets forth the relationship between Islamic ethics and law, clearly revealing the complexity and richness of the Islamic tradition as well as its responsiveness to these controversial modern issues. The contributors analyze classical sources and survey the modern ethical landscape to identify guiding principles within Islamic ethical thought. Clarifying the importance of pragmatism in Islamic decision-making, they also offer case studies related to specialized topics.

In her "Towards a Muslim Ethics of Care: Leadership in American Islamic Schools," Amaarah DeCuir uses her analysis of qualitative interviews of Muslim women leading American Islamic schools to advance the concept of a Muslim ethics of care that communicates the caring work of school leaders rooted in establishing equity. Her conceptual framework is based on four themes: (a) caring

to lead with equitable school practices, (b) caring as resistance to oppression, (c) caring through nurturing often described as "other mothering," (d) and caring as an Islamic obligation. By placing their voices within the broader context of a critical ethics of care framework, she demonstrates the role of faith-marginalized community leaders as social justice advocates.

In her "Walking Gently on the Earth": An Interview with Nana Firman on Islamic Environmental Ethics," Daniel Hummel, Ph.D., and Mohamed Daassa explore the relatively new field of Islamic eco-theology, defined as realizing the importance of protecting the environment and living a "green" lifestyle. The focus in placed on an interview with environmental activist Nana Firman, director of GreenFaith and the co-director of the Islamic Society of North America's Green Mosque Initiative.

Perhaps the most important take-away of this article in the following quote:

> The word *āyāt* in Arabic means "signs" which are used to describe the verses in the Qur'an. But it can also be used to describe the evidence for our Creator in the environment. Can you imagine if one *āyāt* is taken away from the Qur'an? How would the Muslims react about that? But why don't we feel the same when a species goes extinct? That is one *āyah* for the sign of God which has been erased from the planet because of our behavior. Where is the outrage for this? Those are equal to me.

In their "Navigating Ethical Dilemmas Between Professional Mental Health Ethics and Religious Values," Khalid Elzamzamy and Hooman Keshavarzi discuss the numerous issues that religiously committed Muslim mental health practitioners face when their perceived or actual religious mandates are at odds with their client's values and the mandates of their professional ethical codes of conduct. Examples of such conflicts are dealing with abortion, sexual orientation, gender identity, consensual extramarital affairs, substance and alcohol use, and nominal Muslims – all of which can have serious legal consequences. Refusing to treat such clients or tying to transfer them to other mental health practitioners can also have serious legal consequences. The authors present several strategies to reconcile these potential conflicts, such as bracketing their own views, using certain tools to manage such conflicts, or constructing Islamic ethical codes of conduct that review, integrate, and adapt current professional ethical standards to make them more consistent with a theistic ethical framework of practice.

In her article "Practicing Clinical Bioethics: Reflections from the Bedside," Asma Mobin-Uddin argues that in relation to the American Muslim context, "One thing is clear: What is happening on the ground today is not meeting the desperate need of patients, families, and medical personnel in addressing the ethical dilemmas common in medicine today."

Bioethics, a relatively new discipline that began in the 1960s, focuses on how to "apply moral philosophy and ethical principles to medical dilemmas." Given the increasing number of observant Muslims now living in the United States, this raises important questions among all stakeholders, such as what do the Islamic sources have to say about pursuing modern medical treatments that were unknown to classical-era Muslim medical specialists, how does one become qualified to make decisions about these treatments, and to whom can the parties involved turn for accurate advice when such cases arise?

In an attempt to resolve similar questions about medical dilemmas in the greater community, the position of "clinical ethics consultant" emerged during the 1980s. With regards to the American Muslim experience, the resources and guidance offering Islamic support in medical decision-making have been limited. Mobin-Uddin cites several case studies involving Muslim patients acting on advice they received from Muslim sources that could have been handled differently, had the patients and family members known that there were other religiously sanctioned options available. Although some work in Islamic bioethics scholarship is being done, apparently it is not reaching those who need it the most: Muslim patients and families as well as Muslim medical professionals currently engaged in clinical work. She concludes her article by declaring that this reality must be fixed now, not at some indefinite date in the future.

In her "Transformational Teaching: Prophet Muhammad (peace be upon him) as a Teacher and *Murabbī*," Zainab Alwani argues that the Prophet's (peace be upon him) role as a *murabbī* – a broad term that encompasses the roles of teaching, mentoring, advising, and guiding – was central to his prophetic mission and ultimate success. She applies the hermeneutic of reading the divine text as a structural unity, a concept termed *al-waḥda al-binā'iyya li-l-Qur'ān.*

Given that the Qur'an's message is eternal and directed toward everyone, regardless of time, place, gender, and any other man-made classification or hierarchy, it was never meant to be restricted to its original audience. In contemporary terms, this concept of *murabbī* reflects the ability of all people to help each other advance to a higher level of morality via the strength of their commitment and personality, to inspire one another to change their expectations, perceptions, and <u>motivations</u> so that they can work toward common goals. In short, Alwani contends, we should leverage the method of *al-waḥda al-binā'iyya li-l-Qur'ān* to actualize and present the term *murabbī* by using the Prophet's (peace be upon him) mission as a roadmap for spawning a contemporary social revolution driven by accountability, mercy, and compassion.

As she states:

The Prophet (peace be upon him) embodied and cultivated compassion and mercy through his words *and* his actions (21:<u>107</u>). The Sunna represents the

ethics, morals, and behaviors outlined in the Shariʿa. The Qur'anic notion of *murabbī* reflects a holistic relationship among the Qur'an, the Sunna (the prophetic example), and the hadith (the prophetic tradition). As *murabbī*s, the onus is on us to transform and purify ourselves, which will, in turn, transform our society. As the Qur'an states: "God will not change what is in a people until they change what is in themselves. (13:11)

The purpose of this issue, and of this journal as a whole, is to raise questions that our community needs to think about and formulate realistic answers to so that we can actually begin to bring out lives closer to the roadmap laid out by the Prophet (peace be upon him). Please contribute to our discussion by sending us your feedback. Thank you!

Zainab Alwani
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Toward a Muslim Ethics of Care:
Leadership in American Islamic schools

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Abstract

In this empirical study, I describe how Muslim women leading American Islamic schools enact a critical ethics of care framework in their leadership work. As previous critical studies indicate, this research moves beyond caring as an expression of emotion to the work of caring that transforms a community into one that can challenge inequities by building a climate of cultural affirmation. Through an analysis of qualitative interviews of such women, I advance a concept of Muslim ethics of care that communicates the caring work of school leaders rooted in establishing equity. The following four themes form the foundation of this conceptual framework: (a) caring to lead with equitable school practices; (b) caring as resistance to oppression, (c) caring through nurturing often described as "other mothering," (d) and caring as an Islamic obligation. This study places these leaders' voices within the broader context of a critical ethics of care framework, thereby demonstrating the role of faith-marginalized community leaders as social justice advocates.

Introduction

Ethics roots the teaching, learning, and leadership practices of a school organization (Smith, 2014). This a system of beliefs, values, and attitudes shapes the work priorities of educators by delineating right from wrong, fair from unjust, and urgent from nonessential. Scholars confirm that education leaders are responsible for establishing and sustaining a school's moral and ethical climate (Cherkowski, Walker, & Kutsyuruba, 2015). Schools typically reflect multiple ethical expressions representing the diverse perspectives of their students, teachers, administrators, and community members, all of whom simultaneously influence the school's climate. Ethical leadership is considered a practice of working collaboratively with others to model interdependence and form the guiding principles that communicate excellence within a school (Dufresne &

McKenzie, 2009). This includes demonstrating respectful relationships and effective learning communities across stakeholder groups and being fully engaged in critical inquiry (Klenowski & Ehrich, 2016).

Although education research describes and examines ethical leadership in various school contexts, the leadership work within American Islamic schools (hereinafter "schools") remains an underrepresented context in education scholarship. These schools represent a faith-based school network that advances Islamic beliefs, attitudes, and values as the overarching ethical frameworks of teaching, learning, and leadership practices. This article centers the voices of the women leading them to narrate how they conceptualize ethical leadership in their school contexts. The first section presents the existing literature on the intersections of social justice and ethical leadership, the second section positions the ethics of care framework as a lens for drawing meaning from their leadership work, and the third and final section describes the findings and discussion of the empirical study to advance a Muslim ethics of care framework.

Literature Review

Ethics of social justice leadership. Social justice work is rooted in the establishment of equitable life experiences, specifically education. Integrating the ethical work of school leaders and social justice advocacy reframes ethical leadership in the field of education as one that synthesizes personal ethics, professional values, and legal standards to advance democratic ideals of social justice (Tenuto & Gardiner, 2018). Failure to integrate ethical leadership and social justice advocacy risks implementing ethical frameworks that replicate the structured inequities within schools by reflecting those values, beliefs, and attitudes from the larger society that do not challenge the status quo. As leaders identify unjust systems within their schools, their subsequent decision to replace them with equitable practices advances educational excellence for all (Dantley & Tillman, 2006; Furman, 2012; Gardiner & Tenuto, 2015). This creates an imperative among ethical, social justice leaders to persevere with leadership work that eliminates inequities and fosters cultural proficiency: "Therefore, justice—specifically social justice—is an essential connector for ethical leadership" (Gardiner & Tenuto, 2015).

Ethics of care leadership. Starratt (1996, 2004, 2014) advanced a multi-dimensional framework to organize three related concepts of leadership ethics. This article focuses on the ethics of care because it is a central human emotion, empirical evidence links student achievement with caring, and our current societal norms suggest the existence of a crisis of caring associated with, and inconsistent, marginalized appreciation for, the essential work needed to evoke caring among school leaders (Smylie, Murphy, & Seashore-Louis, 2016). Ethics of care is

defined as the leadership work necessary for developing caring and respectful relationships with staff, students, and community members to construct a positive and welcoming climate that fosters a sense of belonging and meaning (Klenowski & Ehrich, 2016). Each relationship is to be nurtured at the individual level, as well as on a case-by-case basis, to advance ethical leadership (Dufresne & McKenzie, 2009). This is not to be perceived as a "warm and fuzzy" approach to ethical leadership, but rather as a moral imperative rooted in care, attention, and empathy (Noddings, 2012). An ethics of care centers the dignity and worth of all human beings (Starratt, 1996) and motivates leaders to care for the fate of others through their ethical leadership work (Gilligan, 1982).

Critical ethics of care. Applying critical theory to an ethics of care results in a framework that cultivates a strong sense of self and community to overcome those inequities that challenge the humanity of marginalized people and their communities. Going beyond the traditional White female ethics of care that simply stops at the act of caring, a critical ethics of care uses that act to transform a community (Sosa-Provencio, 2016), which causes it to be conceptualized as "political, transformative, and rooted in the collective uplift of those struggling to overcome these forces of oppression in their daily lives" (Sosa-Provencio, 2016, p. 306). Recognizing that the application of ethics is neither apolitical nor post-racial, a critical ethics of care centers the social justice realities of communities of color through the following key elements (Sosa-Provencio, 2016):

- Validating the multiple identities and native ways of knowing of young people of color;
- Cultivating perseverance to challenge the historical and current socio-political inequities faced by young people and their families; and
- Developing the resilience to negotiate and ultimately thrive in the highly racialized and oppressive educational structures of schooling (pp. 303-304).

Another articulation of critical ethics of care emanates from an African American lens integrating both womanism and Black feminist theory. It represents an African American community priority of social consciousness based on resistance to oppression, which encourages a school climate of caring that bolsters attention to social justice (Robinson & Mazid, 2016). As African American women typically operate through the intersectionalities of race, gender, and social class, their leadership work under an ethics of care acknowledges their strong attachment to caring for marginalized and disadvantaged students due to their shared personal experiences and identification with oppression (Bass, 2012). I situate my work of Muslim women school leaders within this critical ethics of care.

Praxis of Ethics of Care. School leaders who operate within an ethics of care sustain a complex set of actions and interactions that organize their daily work. Smylie, Murphy, and Seashore-Louis (2016) categorized the efforts leading to an ethics of care as aims, positive virtues and mindsets, and competencies. One core aim is to help students feel cared for, for this makes them willing to put in the necessary work to increase their academic achievement for fear of disappointing those who care about their future (Mitra, 2004). Those leaders who focus on expressing care for students win their trust and create spaces for them to be heard, which cause students to increase their interest in school and achievement (Bass, 2012). The embodiment of positive virtues and mindsets within an ethics of care enables leaders to be perceived as legitimate role models who make decisions for the best outcomes of the school community (Brown, Trevino, & Harrison, 2005). In addition, students increase their capacity to care for others, and their expression of such caring influences the social relationships and climate across the school organization (Smylie, Murphy, & Seashore-Louis, 2016).

Leading from an ethics of care requires one to demonstrate ethical callings for "social uplift," because it seeks to empower communities marginalized by social institutions (Sosa-Provencio, 2016). This is also referred to as "politicized mothering," for the work of caring extends to advocacy focused on removing the structured inequalities that block student achievement (Beauboeuf-Lafontant, 2005). Leading from an ethics of care prioritizes ongoing and systematic inquiries about student learning in order to identify school-based inequities that school leaders can address (Comber & Kamler, 2009; Klenowski & Ehrich, 2016). At times this work may involve professional risks, from implementing nontraditional or creative strategies to effectively educating marginalized students in the face of the school's unjust policies and practices (Bass, 2012).

Leadership within American Islamic Schools. American Islamic schools were founded to provide an environment for academic achievement in a religiously affirming space for students marginalized by their faith identity. From the early schools of the 1970s founded by African American members of the Nation of Islam to more contemporary schools founded primarily by immigrant communities, these schools provide a refuge from a larger society immersed in anti-Muslim sentiment (Rashid & Muhammad, 1992; Esposito, 2011). Today's school communities, which include indigenous, immigrant, and convert populations, reflect the Muslim population's global diversity (Memon, 2017). Their leaders are responsible for establishing school climates that simultaneously challenge the larger society's socio-political inequities and fashion an American Muslim identity shared by people from around the world (DeCuir, 2016).

Reflecting the priorities of critical Black feminist leadership, the women leading these schools model social justice efforts to challenge the unjust

expressions of anti-Muslim sentiment and create leadership practices rooted in the embodiment of justice and fairness (Khalil & DeCuir, 2018). Their leadership work can also be examined by using the frameworks of a critical ethics of care to identify those beliefs, motivations, and practices of caring used as a conduit for transformative community change. The following qualitative study of this underrepresented school context is conceptualized through a critical ethics of care.

Methodology

Critical feminist scholarship is utilized in education research to make inequities explicit and identify social justice goals (Capper, 2015; Khalifa et al., 2016). Researchers can use this lens to conceptualize leadership as resistance against structures of oppression by culturally sustaining leadership that uplifts marginalized communities (Murtadha & Watts, 2005). As a Muslim woman who led a school for over seven years, I center my examination of school leadership on an indigenous way of knowing cultural practices (Khalifa et al., 2016) that is facilitated by a shared religious identity. This enabled me to articulate the tacit knowledge associated with Islam, Muslim women, and Muslim women's experiences of leading such schools (Khalil & DeCuir, 2018).

I conducted a secondary data analysis of thirteen participant interviews from a larger study of women leading schools. The participants included a national sample of heads of schools, principals, assistant principals, and one school board member drawn from indigenous Americans, immigrants from the Arab world and Southeast Asia, and second-generation immigrants from those two regions. The majority had six to ten years of leadership experience, although some were novices and others had fifteen or more years of experience. Because the national population of school leaders is relatively small and familiar – just over 250 schools – all participant data has been summarized to mask their identities.

Rather than simply describing their leadership work tasks, the participants and I constructed a shared understanding of the meaning of their work by making the implicit explicit in order to advance a complex representation of the roles and responsibilities of school leaders. This study considers the extent to which a critical ethics of care leadership framework can reflect the work priorities of the women leading these schools. In the subsequent sections, I use the participants' first-person voice accounts to describe how they utilize caring to achieve their leadership work.

Findings

The intersecting identities of woman, Muslim, and school leader come together to form a complex identity as a female leader of an American Islamic school in a manner that is distinct from the dominant representations of school leadership. These school leaders constantly navigate external pressures to confront systems of oppression that challenge their legitimacy, while also managing internal systems of cultural biases that question their femininity. Despite the pressures directed toward them individually, they utilize an ethic of care to communicate an affirmation of a community transformed through anti-Muslim sentiment in the larger society and rooted in the practices of their Islamic faith. In the following paragraphs, I outline four attributes of an ethics of care that they expressed while describing their roles and responsibilities: (a) caring to lead with equitable school practices; (b) caring as resistance to oppression; (c) caring through nurturing, often described as "other mothering"; and (d) caring as an Islamic obligation.

Caring to lead with equitable school practices. The women leading American Islamic schools reflected an ethic of caring by seeking to establish schools with equitable practices rooted in their religious convictions informed by the traditions of Prophet Muhammad, who exemplified fairness, equity, and anti-racism. Many families choose to enroll their children despite their limited resources because they are actively pursuing an equitable learning experience in order to uplift their children's religious identity and confront anti-Muslim sentiments that restrict student access to success. Being fully aware of these motivations, these leaders demonstrate a strong ethic of care to ensure that the limited resources are distributed equitably through sound financial stewardship, sharing administrative roles, and increasing their own competencies to envision new pursuits of social justice outcomes.

Several leaders described accepting responsibilities beyond the traditional scope of a leadership role in order to build equitable school experiences for the students, faculty, and staff. Aim[1] supervised students whose parents dropped them off too early. Although she understands that her school discouraged this practice, she cared about their safety from the moment they arrived.

> Supervising the kids, making sure they are here, safe, is one of the biggest responsibilities that we have as an administrator here. Parents have trusted us, as in any school, that during the whole day while they're here, they're going to be safe, and they're going to be taken care of.

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[1] All names are pseudonyms selected by the participants.

Khadija B. understood that she would have to assume multiple tasks to institute equitable functions at her school: "This is really vague, but things happen in our building and we don't have back up like the public school systems…I'm probably doing the work of 10-15 people." Her sentiment is echoed by other participants, who shared that they administer first aid, create the food-service menu, drive the school bus, serve as a receptionist, and take over a classroom when its teacher is absent. These women recognize the comprehensive resources and systems embedded in public schools and demonstrate a strong ethic of caring, for they are motivated to produce equitable school systems in their under-sourced schools.

Many of the leaders reviewed their internal school functions to ensure that they were enacting equitable teaching and learning experiences for all of their students. One participant described petitioning her school board for additional funding to support children with special needs. Another one shared how she advised parents to seek testing in public schools for special needs identification so that they could obtain equitable school experiences outside of the Islamic school context. Jamilah mentioned that she confronts parents seeking special favors based on personal connections and family networks. She then makes these intentions explicit and challenges them as being inequitable and unjust approaches. Sumayyah challenged a board decision to publicly identify students whose families made late tuition payments on the grounds that this inequitable practice wrongfully communicated a student's socio-economic status. In each narrative, the women expressed care for students by working to establish equitable school experiences for all.

Finally, the leaders also demonstrated care in their work to organize equitable school environments for faculty, staff, and board members. Shanti invited the state association of independent schools to train members of her school's board to ensure that the highest level of leadership practices was rooted in fairness and justice. She also described implementing a system of classroom observations based on mutual collaboration and pedagogical support. Instead of confronting typical observational practices based on fear and catching a person off guard, she wanted to observe teachers regularly and produce "an environment in our school where there's no intimidation." S.P. established strong faculty departments to encourage teacher leadership by caring for their sense of empowerment to instill real change in the school's teaching and learning processes. Jamilah supported this by implementing a collaborative leadership system so that teachers could make shared decisions with the administrators.

> So it makes very strong teachers. So if anything happens with administration, I would be very comfortable with having the teachers run the school for a short term…Some administrators are intimidated by strong teachers and staff. But for me, it makes my

life easier if they know their job and they are taking care of business.

Because many of these leaders started out as faculty or staff, they recognize unjust leadership practices that replicate inequities. These women described caring for the school by working diligently to instill equitable practices, even if doing so involved more administrative work or petitioning for additional resources. Their caring did not stop at expressing their emotions, for their sense of caring sought to transform operations to that they would embody the existence of fair and just principles.

Caring as resistance to oppression. A critical ethics of care includes the work needed to resist all forms of oppression. Some of the participants described confronting oppression both inside and outside the school when patriarchal forces challenge their work as school leaders. Jamilah remembered how, when she was asked to speak to a non-Muslim audience, her mere presence challenged their outdated, patriarchal notions of meek and oppressed Muslim women.

> As a Muslim woman who is in a leadership position and who is well-spoken, I am often the one who is asked to address non-Muslim audiences to break stereotypes and fight Islamophobia. I am never asked to speak about Islam; instead, the topic given to me is always "women in Islam"…As a Muslim female who is very clearly identifiable as such, people tend to listen more because part of the stereotype is that we are ignorant and subservient. Being well-spoken and a leader leaves such a strong impression on them, both Muslim and non-Muslim.

One leader's active role in her own job interview challenged patriarchal norms about women working outside of the home despite being married and mothering children. Jamilah noticed that students in her school could distinguish patriarchal, cultural influences on community decisions from religious influences rooted in fairness and justice. She supported this by promoting the open inquiry of religious teachings and community decisions, thereby confronting the norms of teaching children to blindly abide by all religious doctrines. Because many religious institutions are led by men, these women's presence and care to demonstrate excellence in their leadership work challenges the misdirected patriarchy that burdens many Islamic school leaders.

Even within American Islamic schools, patriarchal forces dictate the community's response to women as school leaders. These women choose to lead through an ethics of care to model excellence in an effort to demonstrate their successful leadership practices. Khadijah A. reflected

that she serves a role model for those students in her school who do not have many images of strong Muslim women as leaders.

> So I think that they look at me as a role model, all the way around. But I think that they still think of me as that cool role model, that I can still rollerblade and I can still be a [Muslim woman]. And I can still do this, and yet, still be in the, you know, Islam and stuff.

S.P.'s leadership decisions were challenged so consistently that she would proclaim her own self-affirmations: "I am the leader. I have to be calm. I have to be in charge…but I have to be confident at what I do, and I have to deal with things quickly." When she felt that others were questioning her judgments, she reminded them of her leadership qualifications: "I could make a good school. I could make a difference. I could make a better plan." Even Hawa felt that other board members only acknowledged her reluctance to support a decision when she spoke passionately about their obligation to adhere to Islamic principles of leadership. These women shared numerous stories of gender-based biases rooted in patriarchal forms of oppression. But in each situation, they responded through an ethics of care, advocating for the sustainability and strength of their schools over their own personal sense of affirmation and support.

Caring as other-mothering. These women leaders demonstrated caring in their nurturing of students and staff members, often in an attempt to address injustices or inequities experienced or to provide emotional support during challenging times. Sumayyah shared the importance of leading through caring when she reflected: "We try to be more sweet and nurturing than tough and hard lined." S.P. stated this role succinctly: "[I serve as] "mother [and] grandmother." She illustrated her ethics of care as a form of emotional support by describing the importance of greeting the arriving students, many of whom may have been rushed and feeling uncared for.

> I don't like to see people hurt, and I think it's kind of the mother [in me]. And, like I said earlier, when I'm standing at the front door, really the kids that are coming in are like mine. They're my children. I mean I get hugs. I get, you know. I can influence whether they are happy or sad. I can burst their bubble or not. And it just gives me a good feeling. I like interactions like that. I like being cared for, like I hope people want to be cared for. And I think that's the woman inside of me. I don't see that so much in men.

Sakina described her expressions of care as an attempt to nurture others and necessary to supporting students' academic achievement when they need redirection in the classroom.

> And, we are all women, and we are very nurturing. We have to be nurturing, and if you just show a little compassion, a little this, a little you know, and they go and sit down back in the class again, you know.

Hafsa also described nurturing as a practice of supporting someone emotionally: "I'm usually [trying] to be a nurturer, and when someone has a problem, if a student comes with a complaint or something, [I] try to just nurture him and calm him down." Samantha extended an ethics of care to female staff who need emotional support in an attempt to transform their capacity to meet their students' needs: "You know we hug each other, 'how are you,' 'hi,' 'how are you doing,' 'you look like you're having a bad day, I'll give you a hug.' It makes a difference. A hug makes a big difference."

The leaders demonstrated a sense of caring through nurturing as an attempt to change one's emotional status or establish equitable feelings among students and staff.

Beyond caring to communicate emotional support, some of the leaders mothered in order to create administrative changes. Jamilah found herself mothering the women on her staff by demonstrating care through compassionate responses to their work schedule requests. She recalled a situation in which she needed to create an alternative work schedule to address a staff member's family schedule that she felt would increase this person's work performance and long-term satisfaction.

> Like, when I do schedules, I know this woman has 5 kids, [that] she's going to drive 45 minutes to get home, [and so] I'm not going to overburden her schedule. If she says, "I really can't come in one day a week," I'm going to fit her schedule in four days so she can get that day off and take a break.

In this example, Jamilah utilizes her ethic of care to create an equitable work schedule for a staff member. Hafsa recalled instructing the teachers to change their classroom disciplinary processes by showing the links between caring and their knowledge of child development.

> You need to go back there and really think from the child's perspective also. For example, if you're making a child sit there all day, and if there are times that they [the teachers] are meeting and the teacher says, "Oh, it's been too long," think about your students! …I'm too big on "from a child's perspective," and the compassion really comes down to their level. And I think of that as because I'm a woman.

Hafsa showed her sense of care as an attempt to change how teachers understood the impact of their discipline procedures on their students. Sakina guided a new teacher to use caring more effectively in classroom instruction. He responded positively by telling her, "You are like, you're like a mother to all of us." The roles of mother and other-mother were expressions of leadership work that demonstrated feminine authority to work as nurturing, caring leaders to bring meaningful change within the school community.

Caring as an Islamic obligation. These women leaders shared that their roles as nurturer, mother, and other-mother are not motivated by kindness or compassion, but rather are rooted in their conviction to embody the highest ideals of their faith. Summayah captured this clearly when she explained her motivations to care: "Because we should. That's the Prophet's way. We should love what we do, and we should [love] our *deen* [way of life], and we should care about our children." Hawa recalled an oft-told story of Umar ibn al-Khattab, who exemplified leadership through caring as a reminder that Muslims are obliged to meet the needs of all community members, even those of the most marginalized ones. Recognizing that it is a show of strength to maintain a nurturing environment in the midst of a demanding school context, Sakina said that she does this because "the children are an *amāna* [a trust]." Hafsa shared that nurturing is a trait exemplified through the Prophet's customs and that Islamic school leaders are obliged to emulate his manners: "I really learned from teaching the Prophet's way and leading and discipline with passion and compassion, that's what. And [during] a lot of our meetings we did discuss about compassionate discipline."

Caring as an Islamic obligation also extends to building a school climate that prioritizes the pursuit of social justice and mutual empowerment. Shanti described centering her leadership work on an Islamic model: "And I always told them, this was the [way of] Prophet Muhammad, peace be upon him…and I have created that culture where everybody feels empowered."

Choosing to lead in the Prophet's manner, with an emphasis on caring and nurturing, is an act of resistance. In an era of hyperfocus on school accountability, measurements of student achievement, and community pressures to out-perform local public schools, leading through caring both challenges norms of leading

without emotion and seeks to construct nurturing school contexts based on Islamic traditions. Hafsa reflected this contradiction: "Yes, it is a business that we should be very professional, but at the same time we need to have that human touch, dealing with kids…you need to be a mother to understand these kids."

Women school leaders describe their roles and leadership work in a framework that is consistent with a critical ethics of care framework. They express their caring to establish equity within the school by challenging the injustices they see within it and confronting oppression in multiple forms through their leadership work. And being recognized as mothers and other-mothers in their leadership capacity emphasizes the importance of nurturing as an expression of a critical ethics of care. Moreover, each of them communicated that their caring work is motivated by the Islamic obligation to model the Prophet's practices. The work described by these women is a Muslim expression of an ethics of care framework, as discussed in the final section.

Discussion

These women school leaders embody the characteristics of leaders utilizing a critical ethics of care framework. Their responsibilities extend beyond mere administration, for they are making deliberate attempts to establish equitable teaching and learning practices in small community schools. Given the numerous instances of anti-Muslim sentiment across the country, the leadership needed to both sustain and grow an Islamic school in this country and at this time are examples of strength and resilience. This article considers how a critical ethics of care framework can help make meaning out of their values, behaviors, and practices.

A critical ethics of care framework is rooted in social justice advocacy and displayed by choosing to lead in ways designed to establish equity in the presence of injustice. Anchored by the principles of feminist research, the study of a critical ethics of care includes the analysis of participants' narrations of their own experiences of caring while leading. Although simply leading by caring offers an opportunity to show emotions, a critical ethics of care uses the act of caring to transform the realities and lived experiences of others to advance social justice and equity. A critical ethics of care demonstrates strength against the status quo in order to enact meaningful change that influences the complex lives of others.

The participants described leadership roles and responsibilities consistent with leading through a critical ethics of care framework, shared examples of caring as an effort to construct equitable school practices, and prioritized replacing inequities with equity despite the limited available resources or stakeholder pressure. These women resisted oppression while caring how the larger society perceived their school. Their mere presence and commitment to

community-based social justice work showed that they cared about their school's reputation in a social context. And, each one shared stories of mothering and other-mothering through her leadership practices to evoke caring as a form of nurturing. This sentiment was not simply to be kind to others, but to mother change in another's emotional state, mothering change through operationalizing change in the school, and mothering as a form of nurturing change throughout the experience.

The leadership experiences related above advance a Muslim-centered conceptualization of a critical feminist ethics of care. Consistent with the foundational principles of a Black feminist critical ethics of care, Muslim women are mobilized by a shared priority to establish equitable teaching and learning experiences within their children's schools. This motivation is rooted in the recognition that pervasive anti-Muslim sentiment negatively impacts the community and that their leadership work can be utilized to challenge and confront the ensuing injustices. From the establishment of American Islamic schools as cultural institutions that uplift their students' faith identities to the innovative work of developing leadership practices that prioritize social justice work, a Muslim feminist ethics of care framework helps make meaning of the work needed to bring about equity within these schools.

Future scholarship can continue to explore the core components of a Muslim ethics of care framework and its conceptual associations with other critical ethics of care. As a scholar of the teaching, learning, and leadership practices that impact American Muslim students, I am interested in developing these concepts further to ensure that they effectively describe the work necessary to establish equity for this faith-marginalized community. And, as education research continues to include diverse expressions of school leadership, I hope that this will contribute to a comprehensive global description of leadership. A critical ethics of care leadership framework is grounded in transforming a community, and the women of this study who helped construct a conceptualization of a Muslim ethics of care are trailblazers for their work, their faith-based motivations, and their contribution to new knowledge in the field of education leadership. They continue to shape equity through social justice work for marginalized students within their school communities.

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"Walking Gently on the Earth": An Interview with Nana Firman on Islamic Environmental Ethics

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Abstract

This paper explores Islamic interpretations that contribute to understandings of the importance of protecting the environment and living a "green" lifestyle. These concepts are explored within the wider sphere of eco-theology. In addition to an exploration of these concepts in general, this paper specifically aims to understand how Muslims interpret their role in environmental stewardship. Its focus is an interview with Nana Firman, GreenFaith's Muslim director and the co-director of the Islamic Society of North America's Green Mosque Initiative. This interview provides the basis for explorations into a faith-based environmental activism in the Muslim American community.

Introduction

There is an increasing environmental awareness, a reality coupled with a consensus on human-induced climate change and its consequences. Recent mass

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extinctions have caused alarm across the scientific community. Kolbert has written extensively about these extinctions, referring to them as the "sixth extinction," after five other known major extinctions in Earth's history. Thinking about humanity's ability to coexist with the environment, Kolbert laments that "though it might be nice to imagine there once was a time when man lived in harmony with nature, it's not clear that he ever really did" (Kolbert, 2015, p. 235).

The propensity to destroy the environment is equally matched by a great desire to preserve it. This desire is based within a value system that promotes an environment-friendly lifestyle. Some are inspired to action by warnings from the scientific community. Others are inspired by religious teachings and ethics to care for the environment and to protect nature. This article focuses on these ethics from an Islamic perspective.

These ethics are explored through an interview with Nana Firman, a prominent Muslim activist in the Muslim world who has been involved with environmental causes for more than a decade. A native of Indonesia who currently resides in the United States, she has found great inspiration in her faith for her efforts to defend the environment. Her words serve as further reinforcement of the concepts explored below.

This article explores the sources for faith-based "green," ethics including an early debate on whether religion inspires environment-friendly behavior. In the West, most of this debate has concerned Christianity. The first part of this paper explores this in the literature. Later characterizations of faith-based environmental perspectives have been termed "eco-theology." This eco-theology is explored in Islam.

Literature

The literature has delineated several key predictors for environmental beliefs and behaviors in the West. Those who are younger, better educated, and politically liberal tend to support pro-environment initiatives (Boyd, 1999; Liere & Dunlap, 1980). In the past, this research either discounted the contributions of religion and religiosity or argued that they were actually detrimental to the environment.

Lynn White first argued that those of the Judeo-Christian creed were not environmentally conscious because the Bible taught a "dominate the earth" mentality, as can be seen in Genesis 1:28, where God instructs humanity to "fill the earth and subdue it." White argued that this did not teach coexistence with the environment, but its complete submission to humanity's will. Given the lack of knowledge of complex ecological systems, this attitude had disastrous effects, according to White. She went so far as to argue that the historical roots of the present-day environmental crisis are based within religion (White, 1967).

White's thesis opened the door for further exploration of the connections between religion / religiosity and environmental attitudes. Some research confirmed her thesis (Biel & Nilsson, 2005; Eckberg & Blocker, 1996). For example, Sherkat and Ellison found that increased involvement in the church reduces serious consideration of environmental problems (2007) especially in the fundamentalist traditions of Christianity. Guth et al. noted that most of the denominations in the National Council of Churches had passed national resolutions on environmental issues at the time, except for those in the fundamentalist tradition (1993). The evangelical churches in this tradition have been divided over this topic. Despite this, Danielsen argued that most mainstream versions of these churches are "going green" (2013).

Other studies have found that religion encourages a pro-environment perspective (Kanagy & Willits, 1993; Lowry, 1998). Boyd found that prayer predicted more "green behaviors" (1999). Sherkat and Ellison, who found that a belief in the Bible's inerrancy increased an environmental stewardship orientation, argued that unlike White's assertion, the Bible is replete with examples of pro-environment teachings. They cite the example of Noah and the Flood or specific verses like Matthew 10:29-30, which describe the all-knowing God who cares for His creatures (2007).

Research in this area has increased through the years due to "eco-theology," namely, theological perspectives on environmentalism. Similar to White, Folz, Denny, and Baharuddin argue that understanding the environment and caring for it requires an understanding of the its human inhabitants' religious life (2007). Science, as noted in many fields (e.g., public policy and political science) and to the chagrin of most scientists, does not satisfy mot people's needs and is rarely a motivator of change, for it neither answers existential questions nor considers any form of moral obligations to the future. Wallace describes these as the "so-what" questions. The purpose of life and any type of morals are absent from scientific considerations, unless one is considering the neurological sources of these beliefs (2012).

A transcendental value system rooted in religion encompasses higher intangible goods that. These goods are great motivators to change. This value system and pursuit of these goods help religious people become more authentically religious while also legitimizing the faith (Ellingson, Woodley, & Paik, 2012). Authenticity and legitimacy are core attributes for effective change. One sees the value in protecting the environment because doing so garners the blessings of God. The pursuit of this goal is to express one's religiosity and achieve these blessings. Concordantly, this goal becomes more legitimate in their eyes than similar goals pursued by secular organizations in the same field.

Several core Christian theologians have articulated this perspective. Some of them, such as Thomas Berry, Calvin DeWitt, and Rosemary Reuther, became eco-

theologians and transformed the environmental crisis into a cosmological one (Jenkins, 2009). The goals may be the same as similar secular organizations, but the perspective is entirely different.

Theological perspectives on this topic appeared in Christian communities in the 1970s and 1980s (Eaton, 2012) primarily in the United States, which also happens to be the most religious country among Western democracies. This movement flowered in the late 1990s with the development of three ethics of Christian environmentalism: stewardship, eco-justice (specifically focused on all forms of inequality), and eco-spirituality (with its return-to-nature emphasis) (Ellingson, Woodley, & Paik, 2018).

The Islamic community had a similar awakening in the late 1990s. Muslims in the West were the first to articulate a modern environmental ethics in Islam based solely on the Qur'an and Sunnah. They cited verses that forbid despoiling the earth (7:85) and the emphasis to not spreading corruption in the land (28:77). The Qur'anic scholar Ibn Kathir (d. 1373) interpreted 28:77 to mean that the believer should "not let (his/her) aim be to spread corruption on the earth and do harm to Allah's creation" ("Quran Tafsir Ibn Kathir," 2018).

In addition to specific Qur'anic verses, some members of the Muslim community have interpreted several terms as having "green" implications. One very frequent such term *khalīfa*, which signifies the Islamic concept that humanity is Allah's viceroy on Earth. Within the context of environmentalism (Saniotis, 2011), this term is often translated as "stewardship," which is also one of the three ethics of environmentalism found in Christianity. Another oft-cited term in this regard is *amāna*, which has traditionally been translated as "rights and responsibilities" as they pertain to other people and the environment. However, it also means trust. As explained by Haneef, "technically, *amāna* is every right of one's responsibility either belonging to God or to that of humans or even to other creatures whether in work, words and belief. And in terms of its application, it practically stands for fulfilling one's responsibility in all dimensions of life and relationships" (2002). As it pertains to the environment, this means one's responsibilities to protect it from degradation.

Muslims in the West have been at the forefront of exploring these concepts as they pertain to the environment. The best known of these scholars are Mawil Iz al-Din, Seyyid Hossain Nasr, and Fazlun Khalid. During a 2015 interview, Nasr argued that the Qur'an refers more to the natural world than other scriptures within the monotheist traditions. Based on this, he recommended that a way must be found to reconnect Muslims with this concern for nature in order to avert an environmental crisis. He noted that in Muslim countries these concerns have been mostly secondary to economic development, but that there has been some change. He cited the landmark 2015 Islamic Declaration on Global Climate Change as one example. Still, he observed that Muslims do not think deeply on environmental

issues and associate such concerns with garbage on the street, for example ("A religious nature," 2015; Foltz, 2000).

This observation has been confirmed in some research on this topic. For example, Rice found in Egypt in the early 2000s that even though religiosity was positively correlated with activist behavior regarding the environment, Egyptians typically constructed concerns about the environment around individual health and cleanliness. Concepts like *ṭahāra* (purity in Islam) are typically used in this context; however, they are primarily applied to the individual and rarely to the larger environment (2006).

Despite these observations, environmental activism is popular in the Islamic world. In his comprehensive study, Fish found that Muslims participate in volunteer organizations at a lower rate than non-Muslims, with the exception of "active" memberships in environmental organizations. Although he found this to be a curious revelation, this activism could be rooted in an increasing awareness in the Muslim world regarding Qur'anic exhortations to be responsible and protect God's creation (Fish, 2011).

In an effort to understand how Muslims understand these ethics and how they shape their environmental activism, the next section includes an interview with Nana Firman, a prominent activist who was involved with the Islamic Declaration on Global Climate Change, has worked with the World Wildlife Fund, and is currently working with GreenFaith, an interfaith organization dedicated to mobilizing people of faith for environmental leadership. In addition to this, she has also been active with the Islamic Society of North America and its Green Masjid initiative.

Interview with Nana Firman

Can you tell me about your background as it applies to your work currently on environmental issues? What is your current affiliation?

I got my bachelor's degree in industrial design and my master's degree in urban design. I was an urban designer. That's how I got into environmental work. I was educated in the United States, but I worked as an urban designer in Indonesia. My work at that time was working with geologists. I learned a lot from them about the appropriate design of cities for disaster-prone areas, like [the one] where Indonesia is located.

When the tsunami happened in Aceh, Indonesia, in 2004 I was asked by the World Wildlife Fund (WWF) to evaluate the future of their programs in that area. I was tasked with developing reconstruction guidelines there. I ended up being the program manager for four years. People in Aceh just wanted to [re-]build fast, and at that time there was a scarcity of timber supplies. Around Aceh is [a] really

dense forest, most of which was not touched during the decades-long conflict, so the idea [of] the people was to cut down the forest. This was a major challenge.

I ended up getting involved in protecting the forest [and], at the same time, making sure the reconstruction was done in a sustainable way. A lot of people did not understand what I was talking about. They only cared about rebuilding their homes as fast as possible. This was a major frustration for me. A friend approached me and suggested I engage with the people of Aceh on this topic from an Islamic perspective, since the people there are very religious. Around this time a colleague introduced me to Fazlun Khalid, who is the founder of the Islamic Foundation for Ecology and Environmental Sciences (IFEES). He suggested to me that we have a training program for ulama in Aceh. Despite having some issues [with] giving the presentation because of the restriction on women there, we found a way around it. Afterwards, I stressed with the ulama how memorizing the verses of the Qur'an that emphasize sustainable behavior is not enough. One has to practice it, too. This was a profound moment for the participants, as well as my future in this field. Later, I returned to the United States and began working with GreenFaith. I have been with them for the last five years as a fellow and their Muslim outreach coordinator.

Who was the biggest influence on you to pursue this work, and why?

I would say Fazlun Khalid. When I first met Fazlun, I did not realize how important he was to this line of work. He was my recommendation to GreenFaith, and they were amazed that I had worked with him in the past. It was at that moment that I realized how pivotal he was to this work. Besides him, I must also mention that my own mother was very environment-friendly and helped instill in me some of these "green" virtues. In addition, Prophet Muhammad (pbuh) is also a major influence on me because he was so "green" in his attitude to the environment.

How does Islam inform you to be environmentally conscious and an advocate for environmental issues?

Growing up Muslim, we tend to take things for granted with Islam. You don't really think about it. For example, the term *khalīfa* is usually constructed as a leader in the Muslim community, and this is how I understood it growing up. The more I learn, the term *khalīfa* is actually more nuanced than that. It means the "vicegerent" and the "caretaker." And that is what we need to emphasize with this term. And even little things that are not as complex, like not wasting food or the *ḥadīth* on eating the food that is close to you – we don't really think deeply about … how these teachings have implications for sustainable living.

We do not draw the connections about what we learn in Islam and the practicalities of the faith, especially as it pertains to the environment. For example, there is an *āyah* in the Qur'an that describes the act of walking gently on the earth, but few associate this verse with leaving a small ecological footprint. The interesting thing is that Zaid Shakir at Zaytuna College confirmed this interpretation, that this specifically emphasizes doing the least amount of damage to the environment while one is on the planet.

This is why I emphasize in my talks that when we die, according to the *ḥadīth*, we only collect good deeds in the grave because of our righteous children, the knowledge you gave to others, and any charity that was used that still benefits people, such as the building of a mosque. We can also receive bad deeds if we spread mischief in the land and destroyed the earth while we were alive. I am so passionate about this work because of how closely related sustainable lifestyles are with my faith in Islam.

Can you elaborate on your passion for this work?

We, as Muslims, should not do this because we think it's "cool." Allah has given us the responsibility for this planet, so we need to take this responsibility seriously. The whole earth is the sign of our Creator. The word *āyāt* in Arabic means "'signs' which are used to describe the verses in the Qur'an. But it can also be used to describe the evidence for our Creator in the environment. Can you imagine if one *āyāt* is taken away from the Qur'an? How would the Muslims react about that? But why don't we feel the same when a species goes extinct? That is one *āyah* for the sign of God which has been erased from the planet because of our behavior. Where is the outrage for this? Those are equal to me.

Do you think that the emphasis on the environment is unique to Islam, or do other religions also share a similar concern?

An interesting thing about working on faith-based environmental work [is that] you learn that other faiths also have similar exhortations to care for the earth. People of faith can differ on many issues, but when we talk about the environment we speak the same language. It doesn't matter [about] your faith or even if you don't have faith. Everyone wants clean air, clean water, and healthy food. It's a basic human need.

When people talk about the environment, they can find agreement. Our joke is that when multiple religious communities come together, we should only talk about the environment. From the different interfaith discussions that I have had, I found that many of our teachings are very similar to each other. For example, I was mentioning the *ḥadīth* on planting trees even if tomorrow is the end of the

world, and a Jewish rabbi spoke up and said that they also have that teaching in their religion.

Are Muslims in the United States as environmentally conscious as non-Muslims? Why or why not?

In my observations, when we bring environmental issues into the Muslim community, Muslims often times associate it with white people. There is a disconnection between the religion of Islam and what is being practiced in these communities. When I give presentations, I approach these environmental issues wholly from the Islamic perspective and they are quite surprised. That's why we need to be careful how we construct a narrative around these issues for these communities.

For example, one time I was visiting my friend in Portland, Oregon, and she was complaining about the city requiring her to do composting. Now, I knew she was a very observant Muslim so I described the law as very Islamic. She was taken aback by this because she did not see how Islam applied to that at all. After I explained this to her, I was invited to the local *masjid* to give a presentation on this. This helped the local Muslim community to understand the value of composting as well as educat[ed] them about how Islam teaches them to be environmentally friendly. The Muslims in that community became more accepting of the new law after that. You know, three or four years ago the Islamic Society of North America (ISNA) started the Green Masjid initiative, but now this has been broadened beyond the *masjid* to all aspects of our community through the Green Committee of ISNA. These are examples of how attitudes are changing in the Muslim community.

Why do you think Muslim countries are not as environmentally conscious and/or protecting the environment as actively as Western countries?

I see this as a developing world problem. They are trying to go as fast as possible to catch up with development. For me, I always questioned why must they follow the West. They can have their own standards or targets. The other thing is the shift in economic status with careers that are close to nature, like farmers not garnering as much respect as they used to in these countries. Many people in these countries are staying away from these careers.

When I introduced the concept of urban farming in Jakarta a few years ago, everyone laughed at me. Now people are beginning to do it. I also suggested that those living on the river bank, who are mostly poor, to use that land to grow things. The idea is that they are increasing their food security while also limiting the incentive to throw garbage on this land and in the river. Problems like these

can often be solved in tandem. Every time I go back to Indonesia, I visit the offices of MUI (Majelis Ulama Indonesia) to seek their assistance with promoting these types of things. I am not a religious scholar, so I can't make a fatwa. I am only an activist, so I need them to be on board.

My sister works for the World Wildlife Fund in Indonesia (WWF–Indonesia) and also organizes talks where I speak to youth in Indonesia. They are often surprised that no one has ever talked about this topic with them. The "green" movement is growing in the Muslim world. It's a little bit difficult to talk to the older generations, but the youth are very interested in it. The change is mostly going to come from the *minbar* in the Islamic world.

I just spoke with Fazlun the other day, and he said that it is very tough in the Muslim world because they are facing so many other issues that the environment is not their priority. I try to remind them that [many] of these conflicts are over a lack of resources and that sustainable living can conserve them and potentially reduce these conflicts. Everything is connected, but for sure if the Earth is not livable, then these already pointless conflicts will be even more pointless. Things are changing. For example, a few years ago there was the Islamic Declaration on Global Climate Change. Our goal now is to make this declaration known throughout the Islamic world, which has already started to be implemented with transformations for the future.

Discussion

The interview with Firman highlights many elements of an Islamic environmental ethics. As discussed in the literature, Firman used the concept of *khalīfa* to describe the role of people as "caretakers" of this planet. The most notable use of the term is found in Qur'an 2:30.

> And (mention, O Muhammad), when your Lord said to the angels, "Indeed, I will make upon the earth a successive authority." They said, "Will You place upon it one who causes corruption therein and sheds blood, while we declare Your praise and sanctify You?" Allah said, "Indeed, I know that which you do not know." (Sahih International)

Here the translation of *khalīfa* is authority, which is how Firman understood the term before her environmental activism. Since then, her understanding of it has expanded to encompass its fuller aspects and, one might argue, the fuller aspects of leadership. A leader is both the authority for and caretaker of his/her community and, by extension, the environment. Firman has extended this beyond a central figure to all Muslims, who share a portion of this responsibility. Her

example of not wasting food also has foundations in Qur'an 7:31: "O children of Adam, take your adornment at every *masjid*, and eat and drink, but be not excessive. Indeed, He likes not those who commit excess" (Sahih International).

Firman reinforces this individual responsibility by referring to the concept of *ṣadaqa jāriya* (continuing charity), an Islamic concept is found in the *ḥadīth* (see, for example, *Jāmiʿ at-Tirmidhī*, Vol. 3, Book 13, Hadith 1376). After death, a Muslim no longer has any ability to earn good deeds or bad deeds – except in the three cases she outlined in the interview. Firman explained that any residual effects from one's corruption also compound after death. Qur'an 7:38 describes this in how the nations enter hellfire, with one nation (the earlier nation) preceding the later nations because the earlier nations started the trend.

As discussed in the literature, science fails to provide a moral justification for "walking gently on the earth," as Firman noted in the interview. In Islam, the moral justification is captured by the concept of *ṣadaqh jāriya*. One can start positive trends or negative trends, but in Islam the reward for these does not end with death. The assumption here would be that a sustainable industry that does not violate the rights of others, including the right to clean water and clear air, will serve as an example to others who might choose a similar path. In Islam, the one who does this reaps those rewards even after death.

In the interview, Firman provides a powerful analogy between the *āyāt* (signs) of the Qur'an and of nature. As she pointed out, *āyāt* is traditionally translated as "signs" and the Qur'an's verses are considered signs of God's greatness. Similarly, God's greatness is shown through His creation. She questioned why Muslims are not outraged to the same degree when a species goes extinct due to human causes as would be the case if a verse were to be removed from the Qur'an.

Based on this explanation, Muslims have a strong impetus to protect the environment and the creatures living within it. If their preservation has that much spiritual relevance, then Muslims would be more environmentally conscious than any other religious community. This is especially true because Muslims have been found to be more religious than other communities (*Jāmiʿ at-Tirmidhī*, Vol. 3, Book 13, Hadith 1376).

Firman mentioned that there are some hurdles to making these connections in the Muslim community. For example, she stated that many Muslims in the United States associate environmental activism with "white people." This is likely the result of the segregated nature of social life among some Muslim communities in that country. However, activists like Firman are pushing this issue into the Muslim community from a faith-based perspective with ample evidence from the Qur'an and *ḥadīth*. Her example of the composting law in Portland was particularly relevant to these changes.

It is also interesting that a faith-based perspective on environmentalism seems to have risen across faiths at a similar time. As discussed in the literature, Christian environmental activism really started in the 1990s, which is also when Muslim environmental activism started in the West. As Firman pointed out, faith communities have more in common on environmental values and ethics than anything else. On the contrary, as Nasr said in his 2015 interview, Islam has a firmer stand on these values and ethics than any of the other monotheistic faiths. In fact, this is why the dissonance between her understanding of these values and ethics and actual practice in the Muslim community is most interesting.

Firman not only explained the potential cause of this in the Muslim American community, but also in the larger Muslim world. She observed that that world is largely focused on achieving economic development, one byproduct of which has been a discounting of traditional careers that tended to be more environmentally friendly, such as farming. Extreme poverty coupled with crowding in urban centers has contributed to environmental degradation.

The advice she has given to religious scholars, as well as to politicians and other community leaders in these countries, has not fallen on deaf ears. She felt that changes were slowly occurring, especially among the younger populations. Urban farming is no longer considered a negative activity with some adoption of this practice in Indonesia. Firman also felt confident that these changes will continue in the future, especially as the Islamic Declaration on Global Climate Change becomes better known throughout the Muslim world.

Nasr also mentioned this confidence in his 2015 interview when he observed that Saudi Arabia, for example, has had an environmental policy since the 1980s and that Pakistan created a National Conservation Strategy Unit in the 1990s. In addition, Iran has environmental protection written into its constitution (2015).

Concordantly, it appears that efforts at environmentally sustainable living are taking root in the Muslim world. The UAE is developing Masdar City, which is billed as the first fully sustainable city. Jordan is committed to have all of its mosques running on solar energy. Based on these developments, the beliefs of both Firman and Nasr seem to have reinforcement.

However, the centrality of Muslim religious leaders remains constant in Firman's explanations for environmental activism in the Muslim community. Noting the need for more progress, she explained that change will come from the *minbar* (pulpit). In other words, she is working with these figures in various countries to secure commitments to goals established in the Islamic Declaration on Global Climate Change.

The relevance of Islam to these discussions is the emphasis that it places on articulating those ethics and values that encourage a "green" lifestyle. As Firman pointed out in the interview, concepts such as *khalīfa* and *āyāt* are useful to emphasize stewardship and the sanctification of the environment. Interestingly,

she did not mention *amāna*, commonly translated as "trust" or *ṭahāra*, commonly translated as "purification," both of which also contribute to an Islamic environmental ethic.

It should be added that an academic discussion based within an exegetical approach to the Qur'an and *ḥadīth*, one that fully explores the sources and historical accounts, would be needed to confirm these relationships. There are problems with confirmation bias, meaning that one is looking to confirm one's own beliefs about environmental protection within the sacred texts of Islam. This approach is a double-edged sword, for particularly liberal interpretations of these terms to delineate Islamic environmental ethics and values could backfire with religiously conservative Muslims. Firman has expressly stated that she is not a religious scholar; however, she has emphasized that her interpretations have been confirmed by Islamic scholars such as Zaid Shakir.

Despite these concerns, delineating these ethics is crucial for establishing a sustainable and environmentally friendly practice and behavior in the Muslim community. Ethics and their accompanying values form the core of religion as well as of organizational and professional life. For example, one part of Islam is the *maqāṣid al-sharī'a* (the higher objectives [i.e., the principles or values] of the law. The classical Islamic scholar al-Ghazali (d. 1111) derived five general principles as protections in Islamic law: the protection of religion, life, intellect, family lineage, and wealth. Since then, others have expanded these protections, including the the Islamic scholar al-Shatibi's development of a theory of *maqāṣid* rooted in *maṣlaḥa* (general wellbeing). At its core is the idea that every ruling in Islam is meant to achieve what is good and prevent what is harmful (Rane, 2013; Johnston, 2004; Auda, 2011).

This approach has allowed some flexibility in interpreting Islam as it applies to contemporary issues, including the present environmental crisis. For example, Al-Alwani (d. 2016) and al-Qaradawi (b. 1926)) developed the concept of *fiqh al-aqallīyāt*, Islamic law for Muslims living in pre-dominantly non-Muslim societies. As Parray explains, "*fiqh al-aqallīyāt*, which deals with the daily problems that arise for millions of Muslim individuals living in the West, tries to reconcile conflicting practices with the culture and values of the host societies from within the framework of Islamic jurisprudence" (Parray, 2012). One might wonder if Firman, as a Muslim woman living in the West, has applied this approach in her interpretation of the environmental movement through the lens of Islam.

There are limits to this theoretical approach, however, because people are largely motivated by example. Firman indicated that she was inspired to pursue her work by Fazlun Khalid and motivated by Prophet Muhammad (pbuh), who she considers so "green." Highlighting the latter's "green" practices will have major ramifications for how Muslims interact with their environment. The more

individuals adopt "green" behaviors potentially inspired by these examples, the more others will also adopt them as they follow their lead.

The hurdle, as illustrated by Firman, is convincing Muslims through an Islamic lens that protecting the environment should be a top priority. She pointed out that many of the issues facing the Islamic world have overlapping concerns with the environment, so that protecting it should not be mutually exclusive. There is a similar concern with Muslims living in the West, who are under increasing pressure due to prejudice. For example, the Institute for Social Policy and Understanding, a Muslim research organization that investigates issues related to Islam and the Muslim community, asked an open-ended policy prioritization question in its 2016 election year American Muslim poll. Overwhelmingly, the respondents' top priority was the economy and jobs, followed by bigotry and civil rights. In fact, Muslims were more concerned about bigotry and civil rights than any other demographic group in the poll. Environmental protection was not selected by any demographic group, including Muslims (Mogahed & Pervez, 2016).

Conclusion

This article considers the intersection of religion and environmentalism. Specifically, it focuses on Islam and its environmental teachings as they are understood through eco-theological understandings of people's interaction with their environment. There is an increasing interest in this topic, especially as religion remains an important force in people's lives and within the public policy process. Ultimately, it is about what motivates people to do things that have both short-term and long-term implications.

Unlike in much of the Western world, with the exception of the United States, people in the Muslim world place great stock in their religion. Even in countries with supposedly secular regimes, Islam plays a prominent role in legislation and/or in the people's daily life. It is no surprise that Firman noted that change will come from the *minbar*, which is why she frequently interacts with ulama and *masjid*s.

The Muslim world has many problems, a reality that she articulated as she heard it from Fazlun Khalid. Environmental protection is often at the lower end of social priorities. Still, Firman made the point that many of these problems in the Muslim world and elsewhere are due to environmental degradation. It seems appropriate that if Muslims are inspired most by their religion, then a thorough analysis of its environmental teachings will aid in individuals' adopting recommended "green" behaviors.

This paper is centered around an interview with an Islamic environmental activist in order to better understand some of Islam's environmental ethics and

values that might inform its followers choices and behaviors. There is still a degree of risk associated with attempting to insert one's own objectives into Islam's actual teachings. Firman was already involved in environmental activism before she began using Islam to communicate this activism to Muslim audiences. It is always helpful to approach these teachings from a more objective lens.

Still, religion is lived, even if one wants to argue that there is an objective religious truth or an authentic message. Therefore, this interview reveals a great deal about how Muslims construct their environmentalism. It is telling that Firman found that interfaith interactions are more amicable when the topic is the environment. At the core, as she observed, everyone values clean water, air, and food – all basic necessities that bind people as well as instigate much conflict among them.

For those with an environmentally friendly message, Islam apparently has a robust set of concepts and teachings to facilitate this. At the very least, this interview shows this. One might also observe that there is a growing consensus in the Muslim community on some of the points that she raised. Her interaction with her friend and Portland's composting law is a good example of this.

This article is one effort to understand some of the ecotheological concepts in Islam. More research is needed to see how they are understood on a larger scale and the outcomes of these beliefs. Given the scientific consensus that human-induced climate change is having a dire effect on the environment and the species living within it, including the human species, the impetus is there to understand social motivation for environmentally friendly behaviors. Religion is a major factor in this social motivation. This is especially true in the Muslim world, which now houses more than 1 billion people and continues to grow.

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Navigating Ethical Dilemmas in Mental Health Practice Between Professional Ethics and Islamic Values

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Abstract

Religiously committed mental health practitioners frequently encounter situations in which their perceived or actual religious mandates are at odds with their client's values, leaving them in an ethical conundrum as to how to reconcile these values with the mandates of their professional ethical codes of conduct. Examples of such conflicts include dealing with cases involving abortion, sexual orientation, gender identity, consensual extramarital affairs, substance and alcohol use, as well as working with clients who display a minimal adherence to basic Islamic rituals and tenets. Precedents to such conflicts have led to serious legal consequences in some cases (DeSantis, 2012; Keeton v. Anderson-Wiley, 2010). Such conflicts are commonplace and particularly important for Muslim mental health professionals operating in the United States and other Western European countries that have secular professional codes of ethics. This paper is a "narrative literature review" that attempts to frame the discussion about value conflicts commonly experienced by Muslim mental health clinicians working within the Islamic legal and ethical discourses in the American context. This is done by analyzing the origins of some of these conflicts as well as providing potential resolutions. First, the relevant mental health philosophies, principles, codes, and definitions are examined. Second, the authors highlight how the Islamic *maqāṣid* (the higher objectives of Islamic law) and *uṣūl* (legal maxims), as well as Islamic standard practices, morals, and professional ethics, appear to contribute to the ethical dilemma. Different approaches to conflict resolution and reconciliation between Islamic mandates and ethical dilemmas are presented to help clinicians navigate their professional practice within ethical guidelines while remaining faithful to their religious values.

Case Scenario

Hussain is a 27-year-old man who has experienced same-sex attraction since he was a teenager. He describes himself as an adherent of Islam and subscribes to the belief that homosexual behavior is sinful, religiously illicit, and immoral. He came to a Muslim therapist for help in resolving the conflict he was experiencing with his family, who rejects his sexual orientation and behavior. Hussain reported struggling with feelings of guilt in addition to feeling alienated and abandoned by his family. However, he stated that he cannot imagine giving up his same-sex lifestyle due to his belief that his sexual preferences are not volitional and that he was given no choice in terms of being created this way. Despite this conflict between his religious values and his proclaimed sexual orientation, Hussain said that he performs his five daily prayers and self-identifies closely with Islam.

Introduction

Hussain's case represents a common myriad of issues that arise in clinical settings, particularly mental health settings, when a clinician's personal values conflict with either the client's values or the code of ethics that regulates their professional practice. This case also highlights the interplay between spirituality/religion and mental health.

Religiously committed clinicians and therapists frequently encounter situations similar to the one highlighted above. As a result, they often find themselves forced to make ethical choices in an attempt to reconcile their personal religious values and beliefs with professional ethical guidelines and expectations. Such conflicts could have serious consequences in countries where the legal system plays a strong role in supervising the implementation of such guidelines. Take, for example, the famous case of Julea Ward, a conservative Christian who was attending Eastern Michigan University as a counseling trainee. Her ethics-based refusal to counsel a client on his same-sex relationship led to many years of litigation, after which she was dismissed from the program on the grounds that her choice violated the American Counseling Association's (ACA) Code of Ethics that "counselors may not discriminate against clients on the basis of age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status or any basis proscribed by law" (Rudow, 2013). This case is just one of many in which the court had to be involved to enforce the code of ethics in such cases, and the resulting consequences were harsh (DeSantis, 2012; Keeton v. Anderson-Wiley, 2010).

The ACA Code of Ethics (American Counseling Association [ACA], 2005) further states that counselors are expected to be aware of their own values

and "avoid imposing values that are inconsistent with counseling goals" (Standard A.4.b.). A significant amount of controversy also surrounds value-based referrals that hinge on whether the "inability to be of professional assistance" in Standard A.11.b only applies to issues of competence or to value-based referrals as well. Consensus seems to have been reached on competence-based referrals when the offered treatment lies outside the counselor's competence (Remley & Herlihy, 2010). Thus, some clinicians find themselves in an ethical conundrum: Imposing their values on patients would clearly violate their personal ethical principles, and the alternative of making value-based referrals could render them liable for refusing to provide services for potentially discriminatory reasons.

Some could argue that such conflicts are particularly important for Muslim mental health professionals operating in non-Muslim countries that follow secular codes of ethics. This is a plausible argument, given the underdeveloped mental health services let alone lack of organized professional bodies and codes of ethics, in many Arab and Muslim countries (Al-Krenawi, 2005; Okasha, Karam, & Okasha, 2012). However, many of these same professionals working in Muslim-majority countries were trained in schools, universities, and hospitals that whole-heartedly adopt Western secular systems of education, practice, training, and standards of practice. Even though such codes of ethics might not be enforced in Muslim-majority countries, they are still considered the reference point for such professionals because they often inform the professionals' understanding of their scope, limitations, and role of professional practice.

Value and ethical conflicts are not unique to religious clinicians, for they can emerge in different forms in medical and mental health settings. As Kocet and Herlihy (2014) put it, "counselors must be aware that clients may bring up, at almost any time and in any context, topics that push the counselor's personal 'buttons'" (p. 183). For example,

> (a) a Catholic counselor and a client considering an abortion, (b) a Mormon counselor and a client whose lifestyle includes smoking cigarettes and drinking alcohol, (c) a devoutly religious counselor and an atheist client, (d) a Jewish counselor and a bigoted client who uses offensive and anti-Semitic language to describe Jews, (e) a self-identified liberal or progressive counselor and an evangelical Christian client, and (f) a feminist counselor and a client who is an exotic dancer at a gentlemen's club. (p. 183)

Frequently reported conflicts faced by religious clinicians include cases of abortion, same-sex orientation, gender identity problems, extramarital sexual relations, substance and alcohol use, as well as clients who report being loosely

adherent to basic Islamic rituals and tenets, such as the obligatory daily prayers and the Ramadan fast.

Under pressure from such value conflicts, clinicians find themselves forced to make ethical choices, such as (a) accepting or refusing to work with a certain client, (b) referring a client to a different therapist, (c) self-disclosing their own values, and (d) imposing or bracketing their personal values.

The last few decades have witnessed a plethora of literature addressing these value conflicts and ethical dilemmas. However, most of it addresses general personal value conflicts in various mental health fields (Elliot, 2011; Stewart, 2009; Shallcross, 2010, Allen, 2012; Kocet & Herlihy, 2014; Grimm, 1994, Carlson & Erickson, 1999; Hathaway & Ripley, 2009). Some literature focuses on the experiences of clinicians from certain faith backgrounds, such as Christianity (Scott 2011; Lopes de Jesus, 2016; Morrison & Borgen, 2010).

Very few publications have touched upon Islam or being Muslim as potential contributors to value conflicts in clinical settings. In their study on the intersection of faith, sexual orientation, and gender, Balkin, Watts, and Ali (2014) presented a general overview of the three main Abrahamic faiths' views on sexuality and gender and their role in potentially raising ethical dilemmas in clinical settings.

Patel and Shikongo (2006) interviewed five Muslim psychology students about their understanding of spirituality and its perceived role in therapy as trainees in a secular training program, and Al-Rabae (2009) analyzed different aspects of what it means for Muslim clinicians to operate under "Western" codes of ethics. After dissecting the roots of "Western" counseling philosophy and codes of ethics, Al-Rabae attributed their emergence to secular movements in the West. Although secular and Islamic worldviews are in essence incompatible, he highlighted some commonalities between Islamic morals and secular codes of ethics. But despite his lengthy account on the roots of this particular conflict, he provided scant guidance on how a Muslim counselor can solve these potential ethical dilemmas and value conflicts.

This paper attempts to dissect the nature of the ethical dilemmas commonly experienced by some Muslim mental health practitioners. The authors will shed light on the nature and context of these value conflicts and seek to unpack the origins and foundation of the ensuing tension. They first examine those aspects of the various secular mental health philosophies, principles, and codes considered potentially problematic for the religiously observant and serve as the sources of the perceived or actual conflict with Islamic ethics. Second, they highlight how Islam's ethical worldview, principles, beliefs, morals, and ethics contribute to the dilemma. In their analysis of Islamic ethics, the authors rely on the scholarly works of Sunni theologians ('*ilm al-kalām*), Islamic jurisprudence (*fiqh*), and Muslim physicians from the early medieval period prior to the modern

era of industrialization and the secularization of medicine. Such perspectives provide the relevant authoritative literature that informs Islamic ethics and will orient readers toward an appreciation of the foundations and flexibility of Islamic ethics. Finally, different approaches to conflict resolution are presented and analyzed as potential ways forward.

Terminology

At this point, certain key terms and concepts frequently referenced in ethics literature and used throughout this paper need to be qualified. When referring to value conflicts in clinical settings, a "value" could be defined as "conceptions of the desirable that guide the way persons select actions, evaluate people and events, and explain their actions and evaluations… Values express what people believe to be good or bad, and what they think should or should not be done" (Roccas, 2005). "Value conflict" refers to either a clinician–client conflict over personal values or a conflict between personal and professional ethical values. "Personal values" could "stem from cultural, religious, moral, or personal belief, life experience, or a potential countertransference issue," while "professional conflicts" could stem from lack of proper training or skill in a particular area of practice (Kocet & Herlihy, 2014).

　　Accordingly, Allen (2012) stated that a situation could be called an "ethical dilemma" if three conditions are met: (a) a decision must be made about the best course of action, (b) different courses of action must be available, and (c) any action taken will compromise some ethical principle. In short, no ethical dilemma has a perfect solution and a dilemma exists only in the absence of different courses of action.

　　"Codes of ethics" (COE) are a set of standards and principles of morally right professional conduct that is accepted and considered appropriate to a specific field (VandenBos, 2013, pp. 114, 216). "Standards of practice" (SOP) refer to a set of guidelines that delineate the appropriate interventions to be utilized with individuals experiencing different conditions. They are designed to ensure that clinicians use the most researched and validated interventions and therapies (VandenBos, 2013, p. 558).

Secular Mental Health Ethical Codes and Values

Most medical and mental health codes of ethics include some universal principles. Take, for example, the American Psychological Association's (APA) "Ethical Principles of Psychologists and Code of Conduct" (2017), which is considered one of the major ethical codes in American practice. This code lists five principles: "1. Beneficence and Nonmaleficence, 2. Fidelity and Responsibility, 3.

Integrity, 4. Justice, 5. Respect for People's Rights and Dignity" (pp. 3-4) – all of which converge with many Islamic principles and values. However, due to their general nature, their practicality in terms of addressing more specific value conflicts is very limited.

Additionally, constructing an ethical code originates from how the common good is understood. Even though some Muslim theologians, such as the Maturidis (the Māturīdiyya is a Sunni theological school of thought adopted by the majority of Ḥanafī jurists), would agree on the notion of universally acceptable ethics and values, this often becomes more obscured when greater specificity is involved (al-Taftāzānī, 2000), for one can argue that each universal principle can be invoked to support varying and at times conflicting viewpoints, especially when facing ethical dilemmas.

Although the COE and SOP delineate more specific and operational guidelines, ethical dilemmas sometimes raise questions about their clarity. In addition, the perspectives of both expert clinicians as well as mental health students have indicated the existence of frequent confusion and conflicts when it comes to interpreting and applying certain problematic ethical codes (Burkholder et al., 2014; Burkholder & Hall, 2014).

One of the most critical codes of ethics that is frequently invoked in ethical dilemmas is code A.4.b. titled "Personal Values," which states that

> Counselors are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature." (ACA, 2014, p. 5)

As Elliott (2003) explained, such codes exist to safeguard against any clinician's potential abuse of power, given the nature of the therapeutic relationship.
In addition, code "C.2.a. Boundaries of Competence" states

> Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally

competent counselor in working with a diverse client population. (ACA, 2014, p. 8)

Clinicians who refuse to work with gay clients and refer them to other clinicians frequently invoke this problematic statement to support their action. However, others have argued that it should not be the base for such referrals; rather, clinicians should seek training to become competent enough to meet their clients' needs instead of using their lack of competence to justify such decisions (Elliott, 2011; Shallcross, 2010).

In other words, "The issue of competence cannot be used as an excuse to engage in discrimination" (Martz & Kaplan, 2014). This is based on the ACA's "C.5. Nondiscrimination" code, which states

> Counselors do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/ partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law. (ACA, 2014, p. 9)

Therefore, clinicians are expected not to make referrals based on personal values related to the characteristics listed in the above code, but to put their clients' needs above their personal values (Elliott, 2011). Clinicians, by the inherent qualities of their profession, are supposed to enhance their client's wellbeing instead of re-exposing them to the discrimination they typically experience in other settings.

Competing Scopes of Practice

Considerations for devising more specific guidelines for ethical practice ultimately relates to the mental health practitioner's conceptualization of their role and scope of practice. Those who adhere to the general secular practice of healthcare generally understand that their scope is limited to alleviating pathology while demonstrating sensitivity to the patient's cultural context. This separation might be much clearer when dealing with physical disorders, for in such cases the patient's personal values emerge less often. However, mental health practitioners find this challenge more complicated because the patient's religious and cultural values and beliefs cannot be so easily separated from the expressions of psychopathology that are often intertwined with his or her personal worldviews and identity.

This is due to the fact that psychotherapy exists to modify the patient's worldview, beliefs, and behaviors. For example, Cognitive Behavioral Therapy (CBT), a dominant psychotherapeutic modality, focuses on modifying pathological beliefs which are considered irrational and which maintain psychological symptoms. Religion also qualifies acceptable and pathological beliefs and behaviors, albeit through a different epistemological framework. Thus, there can be a conflict over how "pathology" is defined or determined and the practitioner's associated responsibility in a secular versus religiously oriented construction of health. In the context of a secular behavioral science, as defined by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), those pathological beliefs and behaviors clearly cause dysfunction in one or more of the categories of family, social, and occupational life (APA, 2013, p. 20).

Given the element of social convention and constructivism in classifying mental disorders, the DSM has undergone many changes since its initial publication in 1952. In fact, significant re-classifications and de-classifications have been made of some mental disorders that are consistent with the changing sociopolitical attitudes in the U.S. and Western Europe, such as removing homosexuality from the DSM in 1973. This places certain religiously sanctioned behaviors that could be the subject of psychotherapeutic interventions beyond the scope of a largely secular mental health profession. An Islamic theological lens on the practitioner's scope of practice, however, necessarily includes considering the adverse effects of spiritual pathologies that extend beyond the DMS's three listed domains, for these effects may cause harm in the afterlife. Thus, spiritual pathologies may be seen as extensions of psychopathology.

As a result of this reality, the process of issuing Islamic legal dispensations or disability accommodations for specific patients requires the opinions of morally upright (*ʿadl*) Muslim experts, given the expectation that their recommendations would balance psychological and physical distress in the temporal life with the implications of healthcare decision making in the afterlife (Keshavarzi & Ali, 2018b). Although the "do no harm" principle is shared by the Islamic legal maxim that "harm shall not be inflicted nor reciprocated," the potential point of divergence here is whether this role extends beyond psychopathology or the individual to the community and society at large (Sachedina, 2009, pp. 12-13).

Additional complications may arise when the treatment's very nature conflicts with the practitioner's perceived role. For example, Al-Ghazālī narrated a tradition that asserts that those who assist in sin (even by half a word) are partners in it (Al-Ghazālī, 1993, p. 1). Thus, when Muslim practitioners are called upon to provide relational therapy to patients involved in a religiously defined illicit relationship (e.g., homosexuality, infidelity, or fornication), they may feel at odds with adhering to the secular professional ethics codes that conflict with their

religious codes of conduct. However, a clinician's attempt to intervene and modify such behaviors would be potentially imposing their own values on clients and perhaps using practices that are not evidence-based. These are considered infractions according to the ACA code A.4.b. on "Personal Values" mentioned above, as well as code C.7.a. "Scientific Basis for Treatment" which states: "When providing services, counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation" (p. 10). Against this backdrop, Malik Badri (1979) argues that Muslim psychologists must be critical of modern psychology drawn from the West and beware of the contradictions it poses to their religion and culture. He views Western psychology as a culture-bound discipline stemming from secular anti-religious roots and therefore largely reductionistic in nature, by which he means that it limits its scope to biological, social, and psychological factors and ignores the soul and spirituality as essential ingredients of human experiences (Kasapovic, 2018). Other Muslim psychologists, among them Skinner and Al-Rabae, seem to agree with him (Al-Rabae, 2009; Kasapovic, 2018).

Moreover, many researchers in the field of cross-cultural psychology have asserted that the current body of psychology as a science does not represent the human experience at large, which argues against the universality of some or many of its components (Arnett, 2008; Cole, 2006; Sue, 1999; Kim, 2000). In that regard, Al-Rabae has argued that "Western" codes of ethics are an extension of the culture and philosophy of the secular-born psychology. Although one can find many commonalities between these "Western" codes and Islamic values and morals, several ethical principles and standards of practice could pose ethical challenges to observant Muslim clinicians.

Islamic Ethics: Theoretical and Practical Perspectives

The Islamic Ethical Worldview

The roots of Islam's multi-dimensional ethical worldview draw upon many disciplines, among them theology, jurisprudence, and philosophy (Ramadan, 2018). Thus, the ethical and moral philosophies that underlie Islamic ethics and Muslim practices can vary significantly from those that do not share Islam's unique ontological and epistemological foundations.

While Muslim philosophers and some Islamic sects such as the Muʿtazilites (a rationalist school of Islamic theology) have adopted extensively rational epistemological approaches to ethics, the majority of Sunni Muslim theologians and jurists have relied more heavily on scripture and prophetic traditions (i.e. the Qur'an and Sunna) as the basis informing the core components of faith (Hourani, 2007).

This heavy emphasis on scripture and faith means that Islamic ethical decision making differs significantly in its foundations from similar efforts made within a secular ethical framework. The authors highlight three core features of the Islamic worldview that diverge significantly from secular codes of conduct: Islamic ethics are largely (a) theistic in origin, (b) metaphysical and transcendental in scope, and (c) community-oriented or collectivistic.

From an ontological perspective, most Sunni theological and legal schools view ethics from a lens of "theistic subjectivism," viewing God and revealed texts as the ultimate source of right and wrong. In other words, this divine command framework is held to provide universal ethical principles for a code of conduct and an Islamic worldview. Any infractions are considered immoral or unethical and viewed as interfering with one's success and salvation in this world and the hereafter. Relatedly, the second core feature of Sunni Islamic ethics considers humanity's metaphysical origins and how worldly decision making impacts one's afterlife – a view that establishes the purpose of Islamic ethics and rulings: the ultimate preservation of people's best interests on Earth and, more importantly, in the hereafter (Sachedina, 2009, pp. 30, 34-35).

Thus, one can say that Islamic ethics considers three stages of life in this regard: humanity's (a) prenatal metaphysical origins with an accompanying predisposed ethical compass to know truth and the common good, (b) postnatal life, which stretches from childhood to death, and (c) post-mortem life, which is a direct consequence of decisions made during the second stage. This insight provides the basis for evaluating ethical decisions from an Islamic perspective.

Finally, Islamic ethics are largely community-oriented and collectivistic in nature, for an individual supposedly cannot attain salvation outside a community-oriented legal/ethical system. Islamic teachings do not see the public and the private as separable spheres of existence with the individual having full control of his or her private life, even if it does not conform to socially and religiously sanctioned norms. On the contrary, Muslims are expected to abide by a communal order based on rights and responsibilities even when enacting their individual autonomy (Ghaly, 2016, p. 31; Sachedina, 2009, p. 13). In terms of constructing the ethics of any practice or profession, this orientation widens the scope of "do no harm" to including the ultimate benefit and minimizing harm to all members of society.

In this section, the authors attempt to dissect and navigate ethical dilemmas within the Islamic ethical worldview and from the ethical perspective of Sunni theologians-jurists. The authors will examine multiple Islamic ethical dimensions that might give rise to Muslim mental health clinicians' value conflicts, utilizing these discussions to later inform the case analysis of "Hussain" listed at the outset.

A. Historical Account of Muslims' Professional Ethics

An appreciation of an integrated healthcare system that is more consistent with an Islamic ethical worldview can be observed across history and through the pre-colonial writings of Muslim physicians. Many Muslim medical pioneers have written treatises on a proper physician's character and moral conduct with patients and society in general. Such treatises include (1) *Adab al-Ṭabīb* [*Ethics of the physician*], by Isḥāq al-Ruhāwī (a 9th-century scholar), (2) *Akhlāq al-Ṭabīb* [*Morals of the physician*], by Abu Bakr al-Rāzī (d. 925) and (3) *Al-Ṭibb al-Nabawī* [*Prophetic medicine*], by Abd al-Mālik al-Andalusī (d. 853) (Fadel, 2013). Given the lack of a separate specialization in mental healthcare during these times, mental health (*al-ṭibb al-rūhānī/al-nafsānī*) would generally fall under "medical practice" in such treatises.

In his remarkable treatise on the *Ethics of the physician*, al-Ruhāwī[1] dedicated the whole first chapter to highlighting the faith, belief, and the personal ethics that a physician must hold, such as believing in the Creator and His magnificent attributes, loving Him, believing in the messengers and prophets, and doing good deeds. He emphasized the role of revelation and prophethood in ascertaining good from evil and highlighted the limited nature of reason/mind in such an endeavor. Al-Ruhāwī paints a picture of a religious physician who holds firm to these ethics and qualities and views his/her spirituality and religiosity as a central ingredient in outlining the ethics of the practice of his/her profession and career (Al-Ruhāwī, 1967; Padela, 2007).

This is clearly a very different view on Islamic ethics than the one found in modern healthcare practice, where the essence of healthcare ethical values is derived from Islamic theology in actualizing the mission of serving God's creation. In fact, pre-colonial Muslim physicians would be motivated to enter medicine due to the numerous prophetic narrations on the value and eternal rewards of alleviating the suffering of others. In some cases, such healthcare practice would be viewed as a communal religious obligation (*farḍ al-kifāya*), and hospitals and community healthcare services would be set up and paid for by

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[1] "Ishaq ibn Ali al-Ruhawi a ninth-century physician who resided under the Islamic caliphate in modern-day Iraq." "He was born a Christian, and there is a question as to whether he fully embracedIslam. His audience, however, was predominantly Muslim and his writings contain a religious overtone." (Padela, 2007). His date of death is unknown.

charitable endowments and contributions from both the public and the public treasury (Chaleby, 2001; Ragab, 2015).

This emphasis on belief and religiosity informed the advice al-Ruhāwī offered clinicians when facing value conflicts. In his third chapter, titled "On things of which a physician must beware," he presents Galen's (d. c. 210) idea that the physician should not follow the desires and wishes of patients if they were not beneficial to them. He warned physicians of doing so out of fear of the patient or for monetary benefits and emphasized that they should make their fear and awe of God their top priority and concern. After presenting a practical example of abortion, which resonates with the modern bioethical discourse on the topic, he cautions against elective medication-induced abortions out of "claimed" mercy toward the mother. According to him, fear of the Creator and the greater good of the mother and society are the basis for forbidding elective abortions, unless the pregnancy poses significant harm (*ḍarar*) to the mother.

In Islamic legal (*fiqh*) and ethical (Islamic bioethics) discourses, this scenario is just one of many similar ethical dilemmas discussed in great detail by jurists while negotiating between medical necessity and those normative ethical guidelines that require the weighing and qualification of potential harm and necessity (*ḍarūra*) before granting legal dispensations (*rukhaṣ*) and accommodations for healthcare practice (Ali & Keshavarzi, 2018).

Al-Ruhāwī's portrayal provides a good illustration of the potential value conflicts that a clinician may encounter in clinical practice and highlights religion's major role in creating and maintaining value systems. The recent significant interest in exploring the intersection of these Islamic ethical discourses regarding healthcare practice and modern healthcare dilemmas and scenarios has engendered a new subfield referred to as "Islamic bioethics" (Padela, 2007; Ghaly, 2016).

B. The Higher Objectives and Principles of Islamic Law

The framework of *maqāṣid al-sharīʿa* (the higher objectives of Islamic law) lends a useful tool in providing an overarching schema for understanding broader Islamic values and informing value conflicts.

In his *Al-Mustaṣfā fī ʿIlm al-Uṣūl* [The essentials of Islamic legal theory), Al-Ghazālī, building upon his teacher al-Juwaynī's work, proposed five major essential objectives (*ḍarūrīyāt*) of the Islamic *sharīʿa*: the preservation of religion (*dīn*), life (*nafs*), intellect (*ʿaql*), family/lineage (*nasl*), and wealth (*māl*) (Al-Ghazālī, 1992, p. 174; Kamali, 2011, p. 27).

Although the development of the *maqāṣid* is historically rooted in the disciplines of *fiqh* and law and then extended to philosophy and mysticism, they later became an essential component of the emerging field of Islamic ethics. The

maqāṣid framework has also provided a multitude of concepts and values that have shaped Muslims worldview concerning different aspects of life (Ramadan, 2018, pp. 82-86).

Mental health clinicians, more than any other health specialists, come across situations in their encounters with clients that impact a person's religion, life, mental capacity, family, sexuality, and/or financial situation. Sometimes the client's ailment or illness, or even his/her chosen lifestyle, puts one of the five above-mentioned objectives at stake. Take, for example, a patient with severe depression and suicidal ideas. This patient's life, mental capacity, and social functioning are all at stake due to reasons outside of his/her control. On the other hand, a patient who chooses to drink alcohol socially or engage in extramarital sexual activities is, from an Islamic perspective, violating values that seek to preserve the intellect, family, and possibly wealth, even though the person's behavior raises no clinical concern.

In his letter to one of his student physicians, titled *Akhlāq al-Ṭabīb* [*Morals of the physician*], Al-Rāzī emphasized the unique nature of the physician's position, for they are frequently entrusted with patient's secrets that are perhaps unknown to his/her parents and children. Thus, clinicians are made aware of certain patients' attitudes, behaviors, actions, or deeds that could be considered sinful or immoral according to Islamic normativity. Physicians thus bear the ethical responsibility of confidentiality as emphasized by prophetic traditions and legal maxims, of "Gatherings are characterized by trustworthiness" (*Sunan Abī Dāwūd*: 4869; *Musnad Aḥmad*: 14166).

This trust entails the responsibility of preserving the patient's right to confidentiality, which is consistent with contemporary mental health practice. However, legal necessity (*ḍarūra*) can be cited as an Islamically legitimate excuse and even responsibility to break confidentiality, for confidentiality is not solely limited to imminent threat to a patient's own life or others but also if, in the clinician's judgment, doing so would better serve the patient's overall interests (Bint Abdur Rahman, 2018). An example of this could be any non-consensual disclosures that the practitioner felt would further the patient's treatment, such as involving the imam in order to develop a collaborative care approach, which is clearly at odds with contemporary ethics' practice of limiting disclosure to harming oneself or others.

This difference between a collectivistic Islamic ethical code and a post-industrial individualist conception of harm and benefit to the patient has one significant result: It allows the practitioner to consider harm and benefit both to the patient, their community and greater society as a whole, by exercising their judgment, which is guided by Islamic ideals, while navigating ethical dilemmas that might not be addressed or may at times conflict with mainstream mental health practice.

C. Standard of Practice: "al-Amr wa al-Nahy"

Islamic religious practice is collectivistic in nature and generally aspires for all members of society to maintain social order. Rectifying violations of this order and preserving the five aforementioned objectives (*maqāṣid*) are seen as communal obligations and mandate the principle of *al-amr bi al-maʿrūf wa al-nahy ʿan al-munkar*[2] (enjoining good and forbidding evil). All Muslims are obliged to uphold this principle and preserve orderly conduct, both personally and communally (Al-Umar, 2017; Al-Munajjid, 2013).

This principle has many roots in the Islamic scriptures, including Qur'anic verses and hadith reports (Qur'an 3:104, 7:165, and 11:116). It was narrated on the authority of Abū Saʿīd al-Khudrī, who said,

> I heard the messenger of Allah, peace be upon him, say, "Whosoever of you sees an evil, let him change it with his hand; and if he is not able to do so, then with his tongue; and if he is not able to do so, then with his heart — and that is the weakest of faith. (*Ṣaḥīḥ Muslim*, Book 1, Section 20, Hadith 78).

This hadith establishes what can be viewed as an Islamic "standard of practice" in modern terms. Scholars from different scholarly disciplines have explained this hadith extensively, highlighting its ramifications in the given discipline (Ibn Abī Al-Dunyā, 1997; Ibn Taymiyya, 1983; Rutherford, 2006; Cook, 2001; Farook, 2008; Izadi, Ebrazeh, Drikvand, & Pouladchang, 2014). On its most personal level, it stratifies the standard practice of a Muslim faced with something deemed *munkar* (evil) into three levels/approaches: changing the evil with one's hand (physical), changing it with one's tongue (speech), and rejecting it with one's heart (cognitive disapproval).

According to the hadith, the decision to utilize a given approach is based on a person's capability and capacity to change the evil. The third approach is the last and least ideal resort of a faithful person (Ibn Taymiyya, 1983, p. 30; al-Uthaimin, 2004, pp. 333-338). Early Muslims and scholars went so far as to emphasize the practice's importance that ʿAlī ibn al-Ḥusayn is reported to have said, "The one who doesn't enjoin good and forbid evil is like the one who abandons the book of Allah" (Ibn Kathīr, 1990, p. 115).

Considering the holistic *maqāṣid* lens illustrated above, one must keep in mind that Islamic ideals view the natural preservation of social order as a communal duty. Thus, every individual is responsible for maintaining order not

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[2] Will be referred to throughout this article as *'al-amr wa al-nahy'*.

just for themselves, but also in their capacity to influence others to adhere to ethical conduct. This seriously violates modern individualistic societal ideals of one's personal freedom to choose unethical actions that are not considered illegal. The principle of *al-amr wa al-nahy* does not entail that Muslims must always take some form of action regardless of the setting or nature of their relationships. However, as it pertains to mental health clinicians, there is a significant distinction between the context of a patient's immoral behavior that is directly related to their psychological distress, as opposed to a behavior that is secondary, irrelevant, or unrelated to the presenting problem or diagnosis. In addition, given that the clinician-patient relationship is a fiduciary one contracted upon providing psychological treatment in exchange for a fee, the scope for *al-amr wa al-nahy* or any secondary or irrelevant aspects of the patients' life becomes of lesser relevance to the nature of the relationship. However, this does not eliminate a significant problem that arises when Muslim clinicians encounter patients pursuing Islamically sanctioned behaviors that are directly related to their presenting pathology.

Additionally, even in circumstances when it is of secondary concern, in the spirit of wishing well for their co-religionists, Muslim clinicians may also experience internal guilt in the sense of wondering whether their responsibility of *al-amr wa al-nahy* actually applies to their clinical practice and whether they are responsible for neglecting their personal religious responsibilities with such a client, as doing so would clearly constitute the professionally sanctioned imposition of personal values.

D. Moral Principles

The final important consideration to bear in mind when discussing value conflicts in clinical practice is the Islamic system of internal moral principles, sometimes termed *fiqh al-bāṭin* or the inner dimensions of ethics (Keshavarzi & Ali, 2018a). In balancing the injunctions of "commanding the good and forbidding the evil," several moral principles must be kept in mind. First, the clinician must differentiate between viewing an action as sinful or immoral and judging the patient's character, for Islam prohibits such value evaluations despite external manifestations of sin (Usmani, 2001). Second, the clinician must not deal with their client in a manner that exudes a sense of moral superiority (*takabbur*); rather, they must consider their own flawed human state and recognize that they also commit sins that require admonishment (Usmani, 2001). Third, the therapist must be a well-wisher who possesses true genuine sincerity (*ikhlāṣ*) for the client's welfare. Fourth, the admonisher must believe that the offer of rectification will likely be well received and not further alienate the receiver from their religion (Al-ʿAsqalānī, 1986, p. 272). Islam values the agency of individuals to

choose their faith, belief, and actions. Since mercy, empathy, and compassion are tremendously important in the Islamic system of morals, they are either shared or complementary to the principles of the mental health codes of conduct highlighted above.

Empathy, a particularly crucial qualities for successful clinician-patient relationships (Goldfried, Greenberg, & Marmar, 1990; Coale, 1998), can be defined as

> understanding a person from his or her frame of reference rather than one's own, so that one vicariously experiences the person's feelings, perceptions, and thoughts…. In psychotherapy, the therapist's empathy for the client can be a path to the comprehension of the client's cognitions, affects, or behaviors. (VandenBos, 2013)

Moreover, research on motivational interviewing reveals that empathy is a precondition of therapeutic change and of the patient's willingness to accept feedback (Miller & Rollnick, 2004). However, a study of Christian therapists has shown that such an empathetic connection is greatly hindered when the clients had no faith or were engaging in behaviors contrary to the clinician's belief system. Those clinicians found themselves inclined to challenge, instead of to empathize with, the client's behaviors (Morrison & Borgen, 2010). A similar inclination may exist in the mind of the Muslim therapist to practice *al-amr wa al-nahy*; however, no comparable studies have yet been conducted among Muslim clinicians.

Ibn Ḥazm (d. 1064), author of the renowned treatise *Ṭawq al-Ḥamāma* [*The ring of the dove*] portrayed lovers' experiences without differentiation between same- or hetero-sex lovers (Ibn Ḥazm, 1950). Despite his unwavering commitment to Islam's prohibition of homosexuality in the same treatise, he nevertheless empathized with lovers regardless of the direction their love took. In other words, he asserted that empathy and tolerance do not necessitate acceptance. Therefore, a religious clinician who rejects their client's homosexual or other sinful behavior can still express the highly needed empathy in the therapeutic relationship, given that empathy is not synonymous with agreement.

Ethical Decision Making: Value Conflicts and Potential Resolutions

Reflecting on the discussion presented above, the authors will now attempt to re-examine Hussain's case and propose some reconciliatory solutions for the relevant value conflicts.

Case Formulation

Hussain's case poses several challenges that would pull an observant Muslim mental health clinician in different directions. Enumerated below are some of the ensuing conflicting thoughts:

- Respecting the client's autonomy.
- Offering competent services regardless of the client's background.
- Abiding by the professional and legal reports, declarations, and ordains declaring homosexuality a normal variation of human behavior and calling for a ban on treatments for homosexual individuals (Shear, 2015; Glassgold et al., 2009; The LPS Executive Committee, 2015).
- Empathizing with the client without indicating acceptance of the behavior.
- Referring the client to a clinician who might be willing to work with them.
- Valuing the centrality of the *maqāṣid*, particularly preserving one's faith and lineage, and viewing the client's problems as compromising them.
- The obligation to practice *al-amr wa al-nahy*, at least by not affirming sins and wrongdoings.
- Utilizing their psychological expertise to assess a client's readiness to try changing their sexual orientation using various types of therapies. A clinician might see this in line with *al-amr wa al-nahy* by one's speech.
- Disclosing their personal values to excuse themselves in God's sight (without imposing them).
- Worrying about supporting a sinner/wrongdoer.
- Worrying about the legal consequences of refusing to work with a certain client population.
- Expressing unconditional positive regard and empathy.
- Manifesting the qualities of compassion and mercy.

A. General Considerations

Various ethical decision-making models can help clinicians understand and dissect ethical dilemmas, identify relevant codes of ethics, generate potential courses of action, consider the consequences of each action, and choose and implement a course of action (Kocet & Herlihy, 2014; Forester-Miller & Davis, 1995; Congress, 1999; Dolgoff, Loewenberg, & Harrington, 2009; Reamer, 1995). In the process, they recommend a great deal of self-reflection and awareness, a good grasp of the codes of ethics, seeking the supervision of senior clinicians, and seeking personal counseling, all of which are critical to ascertaining the best course of action when caught in an ethical dilemma.

The practice of *al-amr wa al-nahy* and all forms of advising and teaching are, in general, engulfed within a fold of wisdom (Qur'an 16:125), which has also

been considered critical for effective psychotherapy and multicultural competence in clinical practice (Hanna & Ottens, 1995, as cited in Osterlund, 2014). In her qualitative study, Osterlund (2014) compiled the following holistic and interactive themes as constructs of wisdom in therapeutic relationships: reflective attitude, insight, emotional intelligence, cognitive ability, real-world skills, and concern for others. All of these constructs and qualities could enable clinicians to resolve ethical dilemmas more wisely.

B. Ethical Bracketing

Ethical bracketing (EB) has been proposed as a modality of addressing the value conflicts of religious clinicians when dealing with clients whose behaviors contravene those religious principles. According to Elliot, some ethicists recommended quitting the mental health profession if a clinician feels that they cannot bracket their values and abide by the professional guidelines. Others recommended practicing in settings that do not require professional licensing, meaning that they would not have to adhere to guidelines (Hermann & Herlihy, 2006; Remley & Herlihy, 2007, as cited in Elliott 2011).

Elliot then proposed her own perspective: the "both/and not either/or" approach. Like many others who wrote on the topic, she emphasized that mental health clinicians, just like any other citizens, have the right to hold personal beliefs and adhere to whatever values they wish. However, those who assume this role are expected to adhere to the profession's ethical guidelines. She encouraged clinicians to utilize a client-centered approach, in which they express unconditional positive empathy toward their clients/patients. Instead of projecting their own views or seeing "either" the clinicians "or" the client's realities as acceptable, clinicians are encouraged to accept "both" realities. In conclusion, Elliot argued that this approach will enable them to practice with "congruence and comfort," holding personal beliefs and values without imposing them on clients (Elliott, 2011).

Kocet and Herlihy (2014) suggested a similar approach, "Ethical bracketing," which they defined as

> intentional separating of a counselor's personal values from his or her professional values or the intentional setting aside of the counselor's personal values in order to provide ethical and appropriate counseling to all clients, especially those whose worldviews, values, belief systems, and decisions differ significantly from those of the counselor. (p. 182)

Both of these approaches are, in essence, very similar. But despite having gained wide acceptance among clinicians and mental health ethicists, they do not really encompass the dilemmas experienced by many religious clinicians. These approaches seem to postulate that values are just deeply held beliefs or preferences that have no practical ramifications. However, as highlighted above, Islamic principles such as *al-amr wa al-nahy* call for some form of action and mandate a level of social collectivistic responsibility. They also defy the very conception of "do no harm," as the religiously devout should, in essence, seek their clients' welfare in the afterlife perhaps even more than their welfare in this world.

In his advice, Al-Ruhāwī clearly invoked public interest and theology as the rationale behind not offering an abortion for a patient who demands it if a holistic assessment of harm and benefit warranted this refusal (Al-Ruhāwī, 1967, p. 109). For those values to remain unmanifested in one's actions or practice would seem like an unacceptable passivity for many religiously devout believers and does not solve the conflict. As Al-Rabae (2009) put it, "a professional counselor has an obligation to the code of ethics and as a Muslim has an obligation to the Islamic moral values and ethics" (p. 39).

This being said, perhaps a reconciliatory approach could entail a less optimal solution from an Islamic standpoint but still a compatible one built on the principle of the absence of capacity (*qudra*) to truly fulfill the highest ideals of *al-amr wa al-nahy*. This may indeed be exercising the third level of *al-amr wa al-nahy*, namely, holding one's beliefs and values in one's heart, given the professional ethical sanctions against expressing their concern about their client's immoral behavior. This ultimately amounts to the "both/and not either/or" approach and EB.

However, one must remember that the difference between a purely client-centered approach is the fact that the clinician must still believe it to be sinful and unacceptable. Given that postmodernist theories such as client-centered therapy's conception of multiple relative truths are inconsistent with Islamic theology, to truly tackle the issue from an Islamically acceptable perspective one must construct a reconciliatory response that accords with the Islamic tradition and can be exercised faithfully by Muslim clinicians.

Another possible approach to EB could be to consider that empathy is not synonymous with agreement or affirmation. As mentioned in the section of *al-amr wa al-nahy*, oftentimes the context in which clinicians see their patients may render any discussions of the morality of their decision making secondary to their psychological suffering, whereas a Muslim clinician is focused on alleviating the most central aspect of their suffering. In such cases, the client's presenting problem is not directly related to those conflicted ethical values, but rather is something that the clinician came to know about as a byproduct of a thorough

psychological assessment, such as coming to know that a patient indulges in extramarital affairs, same-sex relationships, or social drinking. Although these are considered Islamically unethical, they might not be central to the client's suffering or complaint and thus beyond the practitioner's scope to discuss, given the fiduciary nature and context of the client-therapist relationship.

The power of being in a compassionate and empathic relationship with their therapist can contain incredible psychological healing capacities. Perhaps this is the most salient feature of the therapeutic alliance. Another consideration is that if a Muslim clinician is working with a Muslim patient, it is likely that they are already familiar with the Islamic religious injunctions surrounding their behavior. Thus, even if the therapist had the liberty to verbalize their disapproval or recommend compliance with Islamic ethics, it would likely have minimal efficacy in promoting such behavior (Miller & Rollnick, 1991).

This was discussed above, for *al-amr wa al-nahy* may contravene clinical wisdom if engaging in this practice would likely do more harm than good, even when their "unethical" behavior is directly related to their psychological distress. If the patient is not a Muslim, Sunni theologians of the Ashʿari school may render this responsibility as irrelevant due to the absence of a shared religious framework. Ashʿari theologians view morality as a byproduct of that particular moral ontological framework (Bazdawī, 2011, p 214).

According to this view, therefore, non-Muslims cannot be held accountable for their actions because Islam's standards for good and evil are inapplicable to them, just as Muslims may tolerate the non-Muslims' drinking of alcohol. However, there may be less scope for this according to Māturīdī theologians who, given their belief in universal good and evil, maintain that the mandates of *al-amr wa al-nahy* may be applicable to non-Muslims, given that they would be held accountable (*mukallaf*) for moral violations that are knowable by the intellect alone (Ibn Abidin, Haskafi, & Nasafi, 2006).

C. *The Collaborative Transparent Approach*

As part of the ethical bracketing framework, Kocet and Herlihy (2014) proposed that a more collaborative approach can be taken, namely, a joint clinician-client exploration of the potential value-based conflicts and their potential impact on the therapeutic relationship. Patterson (1989) seems to have shared a similar view when he wrote,

> The Counselor or therapist should not impose his or her values on clients, but this does not mean that the therapist should refuse to discuss values, ethics, or philosophy. Nor does it mean that the therapist may not at times express his or her values. The therapist may do so at the request of the client. In addition, there may be times when the therapist thinks it is

necessary or desirable for the client to be aware of these values, or times in which the client should know how the therapist stands on certain ethical or value issues. Being genuine or honest in the relationship sometimes means that the therapist should express his or her values. When therapists believe that the therapy relationship or process would be improved by explicitly acknowledging their values and beliefs, they can do so. Such values should be clearly labeled as their own (or possibly sometimes as society's in general). When values are openly expressed in this way, there is no coerciveness about them. (p. 167)

As this approach might indicate, therapists should feel free to discuss conflicts between Islamic ethical codes of conduct and the patient's current behavior while maintaining that direct theological counsel lies outside the scope of their relationship. Thus, spirituality can be a part of the therapeutic dialogue inasmuch as it is related to their client's psychological distress. If the client seems to need theological or pastoral counsel in conjunction with their mental health treatment, the clinician can provide a clerical referral, thereby acknowledging his or her lack of expertise in Islamic spirituality and theology.

This would be consistent with maintaining a genuine relationship with the client. It is plausible to assume that clients may, in fact, appreciate their clinician's genuine desire to be fully present and honest with them. The client has the complete agency to refuse the suggestion, which, in the authors' opinion, would not constitute "imposing values."

This approach largely depends on the clinician's wisdom and evaluation of the situation and thus must be utilized with the utmost carefulness, given the potential risks.

D. Consenting to an Islamically Integrated Therapy Model

According to the ACA code of ethics (2014), "A.2.a. Informed Consent: clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process and the counselor" (p. 4). Recently, a few centers established in the U.S. and the U.K. have adopted an Islamically integrated model of psychotherapy, such as Khalil Center and Ihsan Center, respectively. Clients seeking services in such centers are informed of and agree to utilize the models of therapy that integrate Islamic spirituality and values. In other words, they cater to the needs of religiously devout individuals seeking out clinicians who share and understand their religious values.

But can such informed consent be the basis for clinicians' engagement in certain spiritual and psychological interventions that would otherwise be

inappropriate in other settings? This is a question worth investigating, of course while abiding by the professional code pertaining to "Treatment Modalities" that emphasizes using interventions that are grounded in theory and/or have a scientific foundation; explaining the risks, benefits and ethical considerations of any developing or innovative (non-standard) techniques; and avoiding intervention that are proven to be harmful (ACA, 2014, p. 10). This can be seen as combining the counselor's role with that of an imam/chaplain/religious guide, given the Islamically integrated nature of treatment. This specialty service may be designed to address specific service gaps. Such psychotherapies work within in a shared religious framework, meaning that the terms of the psychotherapeutic relationship can, at times, be built on a common moral platform set as the parameters of the counseling space. Significant data reveal that American Muslims seem to be drawn to such services, and providing Islamically integrated care may reduce barriers for service delivery (Amri & Bemak, 2013; Killawi et al., 2014).

In Hussain's case, regardless of the reconciliatory approaches listed above, one must still consider if there is an actual or a perceived conflict between values and religious ethics. Hussain shows a degree of dissonance and incongruence, for he identifies with normative Sunni teachings' prohibition of homosexual acts and yet feels conflicted between this and his belief that his feelings are beyond his control and that God created him this way. In this instance, there does not seem to be a real value conflict, in that Hussain himself is conflicted. Thus, a competent clinician needs to help him create a space in which he can reconcile his religious beliefs and feelings. According to Islamic theology, people are not responsible for their feelings or impulses, but only for what they actually do. Therefore, working with Hussain might entail exploring how he can remain faithful while accepting the possibility that he may be predisposed to homosexuality.

The question still remains as to whether a client who voluntarily contacted a therapist in an effort to resist such an impulse would constitute reparative therapy, as this is completely banned by most ethics committees and some legislations. Although there is evidence that reparative therapy may not be effective (Glassgold et al., 2009), Muslim clinicians may still find clinically efficacious approaches to acknowledge homosexual desires and religious beliefs that do not entail a rejection of either but rather help clients find avenues to cope with, restrain, or redirect their sexual impulses. If this was also considered unethical, would this contradict those ethical principles that consider the imposition of values or discrimination as unethical, while mandating clinicians to refuse to work with clients that request such services?

E. Legal Considerations

As legal systems and professional guidelines vary from one place to the other, people who struggle with value conflicts and cannot abide by certain codes of ethics could possibly choose to work in different settings, capacities, or countries. Elliott (2011) reported that some ethicists have recommended this as a solution. She gave the example of working in settings that do not require professional licensing, which means that there are no guidelines to which one must adhere, such as non-profit organizations in the American state of Alabama.

In many Muslim countries, however, where Islamic law is a major source of legislation, professional ethics and legal systems take Islamic values into consideration. Therefore, Muslim clinicians have to be aware of the legal context within which they operate. As Allen (2012) put it, "legal obligations usually supersede professional ethics."

Conclusion

In conclusion, although both the Islamic and current secular systems of professional ethics share many ethical principles, significant fundamental differences do exist in terms of the foundational principles upon which they are constructed. Therefore, clinicians may find themselves at odds with the competing requirements of both sets of expectations and thus experience a conflict of values. As a result, their understanding of what constitutes ethical conduct and how to adhere to professional ethics without compromising one's values becomes unclear and confusing. Moreover, the unilateral handling of clinicians' value conflicts from either the professional ethical perspective or a religious perspective poses more challenges to reconciling the emerging dissonance and conflict (Okpara, 2017).

This paper presented several strategies to reconcile these potential conflicts and highlighted some significant differences that may continue to pose significant challenges in finding a bridge between the two systems. In particular, the individualistic and secular nature of Western psychology has apparently affected the development of Western professional ethics' disregard of the metaphysical, social, and public aspects of certain religious values and assume that these can simply be bracketed in order to maintain adherence to these secular codes of conduct. The solutions analyzed within this article provide the tools for managing such conflicts, although a true resolution would entail a deeper evaluation of the two viewpoints' epistemic origins and a more meaningful bridging. Alternatively, Muslims may need to construct their own ethical codes of conduct, codes that review, integrate, and adapt current professional ethical standards so that they are more consistent with a theistic ethical framework of practice.

The current global awakening of the fields of Islamic psychology and mental health means that the time is ripe for such a rigorous investigation. Conversations in these matters should bring together ethicists, jurists, and mental health professionals. Despite recent developments in Islamic bioethics, that field seems to fall significantly short with respect to the concerns of Muslim mental health professionals and focus only on biomedical matters. Perhaps renewed efforts will be directed toward creating an ethical decision-making model for Muslim mental health clinicians.

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Practicing Clinical Bioethics: Reflections from the Bedside

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Abstract

Biomedical dilemmas are becoming more complex as modern medical technologies continue to advance. In my capacity as a clinical bioethicist, I deal with patients and families confronted by ethical issues and questions that arise during medical treatment. Muslim patients often turn to their faith to help them make medical decisions. In their efforts to avoid what is religiously impermissible, they often ask local imams, community leaders, or Muslim physicians for advice. But these groups typically lack sufficient training when it comes to applying Islamic concepts to the medical dilemmas we face in American hospitals today. In fact, Muslim religious advisors who lack the appropriate medical and religious training should not be giving medical advice. Instead, they should refer their questions to the appropriate scholars, professionals, or referral centers. I have noticed that recommendations received from higher-level Islamic scholars with clinical backgrounds are usually more thoughtful, nuanced, and flexible. Clinicians, patients, and families must be able to access thoughtful Islamic scholarship that supports medical decision making in an accessible, timely, and clinically useful way. By intensifying efforts to combine religious scholarship, clinical understanding, and the effective dissemination of information, those in the field of Islamic bioethics scholarship can better help and support patients and families in determining the most appropriate religiously sanctioned options for their particular circumstances. The American Muslim community must prioritize this field of study.

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Introduction

I still remember the phone call. I did not know the desperate voice on the other end or how she got my number. "Please, you've got to help me. My mother is dying of cancer. Her breathing is getting worse and worse. The doctors are asking if I want to put her on a breathing machine and they have to know right now or she'll die. I don't know what to do."

As we spoke, the caller's mother's ability to breathe was deteriorating rapidly. Her cancer had spread and was affecting her lungs. There was no known cure. The doctors had told the caller that if they put her mother on a ventilator, she would never come off it. The caller did not want to contribute to her mother's suffering by hooking her up to a machine in her final days, but she was also terrified that refusing to do so might violate Islamic teachings. Did Islam's focus on the sanctity and preservation of life mean that she had to extend her mother's life with invasive machinery no matter the circumstances, or were other options religiously acceptable? The caller had no place to turn for advice and she had literally minutes, if not seconds, to decide.

At that time, several years ago, I was a pediatrician who was active in the Muslim community but without any formal training in ethics or Islamic approaches to ethical dilemmas. Muslim physicians are often asked for religious advice to help resolve ethical dilemmas, and often they do not know how to respond. Should they simply say that they are not religious scholars and leave the family with no guidance because doing so is better than giving wrong advice? From whom can they seek urgent answers? Is there any way to bridge the gap between Islamic scholarship and medical practice? One thing is clear: What is happening on the ground today is not meeting the desperate need of patients, families, and medical personnel in addressing the ethical dilemmas common in medicine today.

Since I received that desperate phone call several years ago, I have chosen bioethics, in addition to pediatrics, as my field. After completing a fellowship in clinical bioethics, I joined the faculty at a large academic medical center and began providing clinical ethics consultation services at its associated hospitals while developing ethics educational programs for medical staff statewide. I serve on ethics oversight committees for different hospital systems and am currently pursuing a master's degree in bioethics.

Bioethics and Clinical Ethics Consultation

Over the past several decades, clinical bioethics has developed and progressed. This new field addresses an ancient concept in the context of modern medicine: How do we make decisions about what is right and wrong in caring for sick patients? How do we know what is appropriate to do, and who decides? Those who wish to engage with these questions can take different paths to make a contribution. Traditional Islamic scholarship is one way that such questions can be addressed within an Islamic context. In the modern American context, these questions can also be engaged through clinical bioethics, and most specifically as a clinical ethics consultant.

In the modern American context, bioethics refers to an entity that is about 50 years old and encompasses the evolution of a field born and developed in a particular cultural, social, and political milieu. Its development was shaped by many events that converged during the 1960s and '70s. This was a time in which traditional authorities were being questioned and challenged, people were reacting against patriarchal patterns of decision-making in medicine, and there was a growing public awareness amplified by media coverage of unethical practices in research studies. All of these and other factors were mixed with rapid advances in medical technologies that brought to the forefront issues of biomedical dilemmas that previous generations could not have imagined (Eckenwiler & Cohn, 2007, pp. 6-7).

As a discipline in the medical humanities, bioethics began in the 1960s as a multidisciplinary field, starting mostly out of the interests of university-based scholars and clinicians, with a scholarly focus (Kipnis, 2009; Eckenwiler & Cohn, 2007, p. 7). The Kennedy Institute of Ethics at Georgetown University was established in 1971 as an institution that would apply moral philosophy and ethical principles to medical dilemmas (Eckenwiler & Cohn, 2007, p. 5).

In the 1980s, as it became clear that the scholarly focus needed to be supplemented with a practical one, the position of "clinical ethics consultant" emerged. This position drew heavily on bioethics but was practiced in hospitals and had goals, skill sets, and understandings that differed from the academicians' scholarly focus (Kipnis, 2009). Such consultants are specialists who help others sort through conflicts and ambiguities related to values and norms associated with healthcare decision-making as it relates to patient care in a clinical setting, usually a hospital (Kipnis, 2009).

When people ask me what clinical ethics consultants do, I reply that they may be consulted in cases involving medical dilemmas. For example, they might be

called to assist with questions such as how to proceed with end-of-life decision-making, whether to aggressively treat severely compromised newborns, or whether or not curable patients can refuse treatment (Kipnis, 2009). The questions confronting both patients and professionals are complex and becoming more so as the relevant technologies continue to advance and offer new options for diagnosis and treatment. Patients and families facing such situations are extremely emotionally vulnerable, given that stress and distress often accompany such situations and that value-laden concerns and questions are often at the heart of the issues (ASHB Core Competencies For Healthcare Ethics Consultation, 2nd ed., 2011). An ethics consultant's recommendations may result in life and death outcomes, and their memory can affect families for generations.

Clinical bioethics has its roots in, and gains much expertise and knowledge from, disciplines such as philosophy, social services, religious traditions and chaplaincy, legal fields, medicine, and the humanities. Conflicts in bioethics are often the result of foundational differences in philosophy and belief. Religious beliefs, personal mores, values one holds dear, and other similar beliefs are often at the root of an ethical conflict. As such, answers to these questions are often tied to the core of a person's own morality.

The questions we receive are profound, diverse, and fascinating. In many cases, they could not have been imagined in previous times. Some of them highlight differences in values, goals, and beliefs among stakeholders in patient care, whereas others call for conflict mediation because emotions are heightened, the stakes are high, and people disagree on how to proceed.

Some examples of the types of consults that come to our hospital's ethics consultation service follow. Some facts have been altered to protect the patients' identities.

- A previously healthy middle-aged man has received an unexpected diagnosis: He has an inoperable brain tumor and is not expected to live more than six months. Understandably shocked and upset, he has stated that he will not let the brain tumor take him but will instead take matters into his own hands. He is asking to be discharged to his home so he can start putting his affairs in order. His wife is terrified that he might try to harm himself once he leaves the hospital, for he is a gun collector. Should the medical team grant his request once he is medically stable and ready to be released?

- A young mother had infected heart valves due to bacterial contamination following IV drug use. Her infected valves had been surgically replaced

the previous year. Unfortunately, because she relapsed in therapy and began to reuse IV drugs, the new heart valves also became infected. The only cure is another surgical replacement. The surgeon refuses to perform this operation on the grounds that the patient's continued use of IV drugs will not help provide a long-term cure. However, she has two small children and will die if another surgery is not performed. What should the medical team do?

- The hospital's labor and delivery unit calls late at night. A 17-year-old patient is in labor and has shown poor pain tolerance during initial exams. Because she is legally a minor, the medical team reached out to her mother to obtain consent to administer pain medications, including epidural anesthesia, if requested at any time by the patient. The mother refuses to give consent, saying that in her culture women do not take pain medicines during labor and that her daughter should follow this custom. The medical team is distressed because they feel that the views of the patient should be respected and that it is cruel to deny her possible request because her mother holds different beliefs. Who should make the decision about accepting pain medication during a difficult labor, and how does the patient's mother being the legal decision-maker for the patient affect this situation?

These and other questions can seem overwhelming. How can one possibly know what the "right" thing to do is? And how does one approach these questions in light of the fact that we live and practice in a pluralistic society, which means that our patients, families, the medical staff, and the ethics consultants themselves may all have different religious, philosophical, cultural, and/or other beliefs and values?

One Qur'anic verse that influences me greatly in my work is "*Wa laqad karamnā Banī Adam*" ("And We have certainly honored the Children of Adam"[2]) (17:70) In this intimate and profound verse, Allah (swt)[3] is emphasizing to me that He Himself has honored and dignified the Children of Adam. I reflect that Allah did not say that He has honored and dignified the *believing* Children of

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[2] The Qur'an uses *Banī Adam* (*Children of Adam*) to refer to the descendants of Adam [and Eve], namely, humanity.

[3] This stands for *subḥānahu wa taʿālā* (glory be to Him, the Most High), a glorification used after the name of God.

Adam, the *Muslim* Children of Adam, or the Children of Adam who have never made choices that compromise His instructions. I am reminded that God instructs me to interact with each person, fully cognizant of the immense value and worth that He has placed in each human being. The Qur'anic verses that call for us to stand firm for justice as witnesses before God and Prophet Muhammad's (saw[4]) patience, kindness, and love for humanity also inspire me and guide my work ethic.

Ethics Consults Involving Muslim Patients

The vast majority of the ethics consults we do in our hospital do not involve Muslim patients. For the consults that are related to Muslims, however, I have noted some recurring themes. Observant Muslims tend to want to use their faith to help them make medical decisions and they want to avoid that which is religiously impermissible. When complex medical decision-making is needed, they may feel that they do not have adequate support and knowledge from religious sources, and often they do not know where to turn for help. It is especially challenging for them to know how to find reliable answers quickly, as their medical situation may require an urgent decision.

Muslims may seek advice on medical ethics questions from their local imams or community leaders, who usually have no clinical training, or from Muslim physicians, who usually do not have training in Islamic approaches to medical decision-making. Both groups of advisors mean well but are often acting on feelings and vague understandings of religious beliefs and themes. In my experience, both groups usually lack sufficient training when it comes to applying Islamic concepts to the medical dilemmas we face in American hospitals today.

The result is often rigid advice given without engagement, attention to context, or understanding of the clinical situation. I have often seen religious advice given by first-line religious resources actually make the situation much worse, causing more suffering, increased moral distress, and sometimes even chaos.

I would like to share a few examples in which ethics consults were placed by the hospital medical teams questioning if they were doing the right thing due to the distress or dilemmas relating to Muslim patients and the religious advice they had received.

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[4] This stands for *ṣallā Allāhu 'alayhi wa sallam* (may God's blessings and peace be upon him), a traditional prayer said after mentioning the Prophet Muhammad's name.

One patient was a frail, elderly Muslim man with end-stage cancer for whom there were no more treatment options. When I went to see him, he was alone in his room, deep in thought and distress. Even though he was not the one who had called for the ethics consult, he recognized that I was Muslim, seemed relieved to see me, and shared his struggles. He told me that he was wrestling with a particular question: If he committed suicide, would he still be able to have a *janāza* prayer and be buried in a Muslim cemetery? He was close to dying, with a terminal illness and a failed heart. He had been put on a Left Ventricular Assist Device (LVAD), a surgically implanted pump that helps his failing left ventricle pump blood throughout his body. Basically, this machine was doing the work of his heart. But now that the pump had taken over his heart's function, it would stop functioning only if the machine was turned off.

There was no cure for his illness, his condition was deteriorating, and the doctors had recommended that he go home with hospice support to focus on end-of-life care and comfort management. The patient now felt that the burdens of the medical interventions and treatments were greater than their benefits, and he wanted to act on their recommendation. The hospice providers had indicated that before they could accept him, some kind of plan needed to be in place for turning off the LVAD when the time to do so came.

When the patient asked his imam if it was permissible to turn off the LVAD or to make a plan for doing so, the imam replied that doing so would be tantamount to committing suicide and was not allowed under any circumstance. Weak from his illness, he softly voiced his distress to me. He was so tired and wanted to be done with the ineffective treatments. He wanted to have a *janāza* and be buried in a Muslim cemetery after his illness took him. He was not sure if he was allowed to go on hospice care. He felt that the only way to get the medical care he needed was to make a choice he believed would be committing suicide, which might deprive him of Islamic burial rites, incur a major sin, and have negative consequences in the hereafter. He did not know what to do.

This man could have benefited from compassionate and scholarly religious advice on so many issues. The first one was the reassurance that he could have a *janāza* and be buried in a Muslim cemetery regardless of whether he accepted or refused further treatment. And as clear cut as the imam's advice seemed to this patient, the opinions on this question are varied and allow for more religiously sanctioned options than he was led to believe. The advice he received resulted in great distress and a false understanding of other options and their consequences. These were the agonies with which he was struggling when I saw him that night, and he carried the burden of his thoughts and fears pretty much alone during his time of need.

Another case that has stayed with me involved an ethics consult placed by a medical team to help them resolve a question of medical futility.

The patient was a Muslim woman who had had an anoxic brain injury that was believed to have permanently damaged her brain due to lack of oxygen when her heart had stopped. Her kidneys had stopped working and she was on dialysis permanently. Her lungs had failed, and so she had a tracheostomy tube in her neck connected to a ventilator on which she was dependent for her ability to breathe. Her family knew that her brain would not recover, per medical understanding. She had no brainstem reflexes and did not withdraw from painful stimuli. The family knew and accepted that she would have no meaningful neurological recovery, which meant she would never wake up, be able to communicate, be aware of what was happening around her, or be able to breathe on her own.

The family told the medical team that it was their Islamic religious obligation to continue all aggressive medical care because as only God could decide when she would die, they had no right to make any decisions or limit any therapies that might result in her death. Although the patient's young adult son was the legal surrogate decision-maker according to state law, he obviously was not the family's accepted decision-maker, for before making any decisions he regularly consulted his maternal uncle in Saudi Arabia.

This relative had never seen his sister in her current state and had never spoken with her physicians, despite their multiple offers to do so via interpreters. He had, however, asked a sheikh in Mecca if it was allowed to disconnect any life support equipment. The sheikh had told him that doing so was absolutely forbidden regardless of the circumstances and that they would be guilty of murder and incur the resulting sin if they allowed the current treatments to be stopped.

The patient's body and organs were slowly shutting down, despite maximal medical support from machines and medicines. The medical team, especially the bedside nursing staff, expressed their profound moral distress at being ordered to continue the aggressive and painful medical interventions. They perceived these actions as making them impose suffering on the patient in her final days, instead of allowing her a natural death in peace and comfort.

Because the family cited Islamic requirements to justify their decisions, we consulted, with the son's permission, internationally respected Muslim scholars with expertise in Islam and medicine, including high-level jurists trained at al-Azhar, who offered to speak with the family. These scholars were clear that if there was no chance of recovery, then there was no Islamic obligation to continue treatment. They also said that "the family may withdraw treatment, and it will not

be as if they are ending the patient's life." But ultimately, they noted, it was the family's decision.

The son indicated that he was aware that there were differences of opinion among Muslim scholars in such cases, but that he did not want to be responsible for taking actions that he believed would cause his mother's death. The uncle in Mecca refused all of the scholars' offers to discuss the situation by phone.

One of the main issues of concern to me in these cases was not simply that a family might choose to continue aggressive care when there was no chance of recovery, but that they felt obliged to do so due to the religious advice they received in the name of Islam. They felt that they had no choice, despite what they might have felt at the bedside or their doctors' recommendations.

That was an injustice to the patient and family, and it resulted in great suffering. If the patient and family had known that they had other religiously acceptable options that would not be considered a sin, they could have worked with their doctors to make a decision that was appropriate for them and honored their loved one, instead of deferring to a false understanding of an Islamic legal maxim.

Thinking through the Case of Charlie Gard: Insights from the Process

To give more insight into the experience that Muslim patients and families might have when trying to get advice from Islamic resources about ethical dilemmas, I would like to share my experience preparing for an interfaith panel discussing the case of Charlie Gard. Last year, I had the opportunity to present at the Conference on Medicine and Religion, alongside Christian and Jewish colleagues representing their faith traditions, to give an Islamic perspective on the ethical issues surrounding this case.

A British infant named Charlie Gard had an incurable, rare genetic mitochondrial disorder that led to him experiencing progressive, irreversible brain damage and muscle dysfunction. In the summer of 2017, at age 11 months, he required permanent mechanical ventilation. His physicians wanted to change him to palliative care and advised the family to withdraw aggressive medical therapy, which the physicians considered to be too burdensome and not in the infant's best interest. When Charlie's parents refused, the hospital took the case to court. After several steps in the legal process, the British courts ruled in the hospital's favor and ordered the withdrawal of his life support treatment.

This case generated a lot of international media interest and discussion about the bioethical issues involved, including who has authority in end-of-life decision-

making for a terminally ill, neurologically devastated child and if the medical establishment should have the moral and legal authority to withdraw life support measures against the parents' wishes.

I based my approach on looking at the situation from a Muslim parent's perspective, instead of initially going to the most learned Muslim scholars. What if Muslim American parents were faced with having a child with the same diagnosis? How might they try to find religiously sanctioned advice in an American context, and what religious advice were they likely to be given?

Parents would likely first do an internet search to see if they could find any relevant religious rulings. From my experience, they would then approach their local imam, a trusted community leader or elder, or a Muslim physician for advice. A limited number of families might have connections with higher-level Islamic scholars.

In order to re-create the path that the parents might take, I first did an internet search and then interviewed resources to see what type of Islamically based advice the family might receive. My internet search failed to find any mention of Islamic scholars discussing the case of Charlie Gard. I discussed ethical questions related to the case with a community elder who is also the president of a local mosque, gives sermons, and does informal counseling with community members, as well as with a Muslim physician who is actively involved in the field of Islamic bioethics. I then interviewed two imams, both of whom have had several years of formal study to become imams, have extensive experience as Muslim religious leaders in America, and are currently employed as imams at large mosques in the United States. Finally, I interviewed a national scholar who is a permanent member of the fatwa committee of a well-respected and established Islamic jurisprudence council and who is a practicing physician.

Table 1 lists the responses from each resource in answer to the question: Is it Islamically acceptable to withdraw aggressive treatment per the doctor's wishes for the goal of avoiding prolonging Charlie's suffering?

Table 1. Answers to the question: Is it Islamically acceptable to withdraw aggressive treatment per the doctor's wishes for the goal of avoiding prolonging Charlie's suffering?

Source	Answer	Clarifications
Community elder	No	• "Life is far more important than the potential for struggle or hardship" • Also the doctors could be wrong about the potential for improvement
Muslim physician	Not until…	absolutely every avenue to save his life has been exhausted
Imam 1	It could be if…	the body of scholars or the group of parents, Muslim doctor, and council of Muslim scholars agree
Imam 2	Yes	
Jurisprudence/Fiqh Council scholar, also a physician	Yes	If the child is suffering and in pain and the doctors think that it is completely hopeless

In response to the question about the Islamic acceptability of withdrawing aggressive medical treatment to avoid the infant's suffering, the Muslim religious advisors I consulted had vastly different answers. The community elder stated that preserving life is at the core of Islam and that "life is far more important than the potential for struggle or hardship." He noted that Islamically, an involuntary hardship in this life is viewed as a mercy from Allah, the Most Merciful, because it translates into forgiveness of sins and elevation in the ranks of heaven in the hereafter. He also wanted the parents to know that Islam does not consider conditions "untreatable," because God has created the cure for whatever ailments exist. For all of these reasons, he said that it was not Islamically permissible to withdraw support to prevent the child's suffering.

On the other end of the spectrum, the *fiqh* council scholar said that if the patient does not feel or see anything or act willfully (no '*ilm* or *irādah*, he said), then the majority of Muslim scholars say that intervention would not be needed. He said this state lacks the basic qualities of life – to feel and to respond. In other words, no intervention is required if a person is in a vegetative state, provided that there is no hope that he or she will come out of it. However, intervention in such cases is not prohibited.

One thing that struck me while researching my panel presentation was the stark differences in approach between what the typical first-line advisors would usually tell the patients and their families and what the clinically trained, high-level religious scholars would recommend. Both in my preparation and in my clinical experience, the former usually included community elders and imams, neither of whom had been clinically trained, and medical doctors who were not religious scholars. In the vast majority of cases, both groups believed that Islam's stance on the sacredness of life meant that a patient had to "do everything" and could not refuse or discontinue medical treatment under any circumstances. Some even said that doing so was suicide (if the patient made this choice) or homicide (if the family made the choice on behalf of a patient who is not able to make decisions) and that the patient/family would incur the resulting sin.

This also translated into not allowing any discussion of withdrawing support, regardless of the clinical circumstances and whether or not the patient has or is expected to regain consciousness. Some stated that Muslims cannot be on hospice or have a do-not-resuscitate (DNR) order. "God can perform a miracle, and you can't give up hope, you have to do everything," was the prevailing theme among most of the people I interviewed who would most likely represent the religious advisors to whom a Muslim family would first turn to for advice.

However, as I spoke with higher-level Islamic scholars, especially those who served on *fiqh* councils and had clinical training, I was very surprised to hear what amounted to a 180-degree difference in terms of the advice being given. This group's responses were thoughtful, more nuanced, and allowed for much more flexibility. Moreover, they usually offered a range of Islamically acceptable options and were much less rigid in their approaches.

I expressed my surprise to the main national *fiqh* council scholar I interviewed: Dr. Hatem Al-Haj. Dr. Al-Haj is a member of the Permanent Fatwa Committee of the Assembly of Muslim Jurists in America (AMJA), a body of scholars of Islamic law that focuses on issues pertaining to Muslim minorities in the West. He is also a practicing physician in the United States and is board certified in pediatrics.

I asked Dr. Al-Haj why, in most of my years of clinical experience, the imams and Muslim religious advisors to whom my patients have turned at the bedside have most commonly held very rigid beliefs and felt that it was an Islamic obligation for patients to continue aggressive medical therapy and life support regardless of the situation. This scholar and physician acknowledged that this happens, and he felt this was due to the fact that people and even imams are often not well-versed in knowledge or Islamic scholarship, which affects their decision-making advice. He indicated that the religious leaders may be reacting on a gut or an emotional level based on feelings, but that their views are not grounded in appropriate Islamic scholarship. Perhaps, he suggested, they feel that life is sacred and thus must be maintained in any situation.

Dr. Al-Haj thought that the advice I am describing is not backed up by traditional Islamic jurisprudence and is also not the view of the majority of modern Muslim scholars. He clarified Muslim scholars' views on medical treatment, both in classical *fiqh* and in contemporary Islamic law, citing work with the International Islamic Fiqh Organization, which is part of the OIC (the Organization of Islamic Cooperation).

Dr. Al-Haj said that in classical *fiqh,* seeking medical treatment has never been considered to be a general obligation in any of the four major Sunni schools of thought. At best, it has been considered recommended by some and sometimes obligatory in certain specific circumstances (e.g., emergency situations or when contagious diseases threaten societal health and safety). He then stated that contemporary scholars' views have changed, perhaps due to the more effective nature of medical treatments today, such that some of them are warming up to the concept of obligatory treatment.

However, he clarified that even with regard to contemporary Islamic scholarship, accepting medical treatment would only be considered obligatory if certain conditions are met, among them that the disease is harmful, the medication is curative, the medication is safe, and the burden of the medical treatment is not worse than the disease itself. Thus, medical treatment is not required for an incurable disease. Being supported by a ventilator or using a feeding tube is included in medical intervention, and therefore required only if the patient's condition is curable, according to the majority of Islamic scholars, as relayed by Dr. Al-Haj.

If there is any ambiguity about the possible outcome, then one should side with hope. However, he emphasized that it must be a "reasonable" hope based on current scientific knowledge. As to whether a patient has to continue treatment because God could perform a miracle, Dr. Al-Haj answered: "Medical

intervention needs to be based on the knowledge of the doctors, not on the knowledge of God…If God wants to override the decision with a miracle, He doesn't need our help with this."

Current Challenges and Needs in Islamic Bioethics Scholarship within an American Muslim Context

I recently attended a conference in the United States on Islamic bioethics that brought together Muslim scholars, researchers, clinicians, and other experts from around the world to discuss bioethical issues. During this ambitious and much appreciated effort to get Muslims from different fields of expertise in the same room to connect, learn from each other, and tackle issues related to bioethical concerns, I was again surprised at the large disconnect between Muslim scholars and Muslim medical professionals currently engaged in clinical work.

Many clinical questions were directly asked of scholars throughout the conference; however, most of the answers given to these clinical questions did not provide practical, on-the-ground support to medical professionals desperate to know how to proceed when they are with their patients. Many times, specific clinical questions were deflected or avoided. Other times, the answer given was simply that additional study was needed, and it was even suggested that training future scholars and students over the coming years and decades would address the questions. Clearly, many of the scholars did not grasp that clinicians who grapple with these issues every day need help immediately.

To me, this was shocking and extremely disheartening. If one could not receive clinical guidance at this type of conference, where could one turn?

I appreciate that clinical questions are challenging and that scholars want to give thoughtful, researched answers only after careful study. It is understandable and commendable that they want to avoid succumbing to pressure for a quick response that they might later regret. The vast majority of religious scholars have no clinical background or medical training, and many of the issues they face have no precedent in Islamic law or previous cases. Yes, the challenges are vast and great, but knowing that they exist should encourage us to come up with creative solutions instead of paralyzing us.

I hope that my perspectives on the scope of the problem have not been skewed because of the patient population I see, for ethics consults are only called for the most challenging cases, which usually involve moral distress and conflict. Perhaps the overall view is not as bleak and I am just not seeing the larger picture in perspective. I hope that this is the case. However, the more I talk with people,

the more I am convinced that in too many cases Muslim patients are receiving, in the name of Islam, completely inappropriate advice that is not based on sound Islamic scholarship – a great injustice that is leading to immense suffering.

I once heard a very influential imam state at a national conference that he did not know what hospice was, but that as Muslims we could not accept it. Since when is it acceptable in Islamic scholarship to give a directive about something that you have not taken the time to understand? I recently interviewed a Muslim physician who had just given a national talk on Islamic bioethics. He told me that if a Muslim patient refuses the surgical placement of a feeding tube, even if he or she is in the end stages of dying due to a terminal illness, this amounts to committing suicide.

I find this type of statement completely unacceptable on many levels. According to Dr. Al-Haj, such a statement is a complete betrayal of Islam's classical teachings. The medical literature is clear that artificial nutrition and hydration can potentially cause harm by resulting in medical complications and increased suffering for patients near the end of life, while it is unlikely to prolong life in this situation (American Academy of Hospice and Palliative Medicine Statement on Artificial Nutrition and Hydration Near the End of Life, 2013). We should not be burdening families and patients struggling with complex medical decisions with inappropriate comparisons that increase their grief and distress and are a travesty with regards to our scholarly tradition.

I asked Dr. Al-Haj why some people make such statements. He replied that some scholars view ventilators and feeding tubes not as medical interventions, but as a way to deliver air, food, and water. As these should not be withheld from a patient, they feel that the delivery of such items should not be restricted either. This view has led to the belief that a patient cannot refuse to be placed on a ventilator or have a feeding tube inserted. Dr. Al-Haj stated that in his view, as well as in the views of many other scholars, ventilators and feeding tubes are clearly not just deliverers of air or food, but instead are complex medical interventions. As such, he feels that patients and their families have the right to refuse them if the burdens of their use outweigh the benefits.

Patients and families need to be aware of existing differences in Islamic opinions on medical issues and that there may be more Islamically sanctioned options than people are being led to believe. Religious advisors who have no clinical training and/or religious scholarship in this area should not be giving medical advice. Instead, they should refer their questions to appropriate scholars, professionals, or referral centers. If they wish to engage with such questions to

meet the need in their communities, then they should get appropriate religious and clinical training.

We can no longer remain complacent about accepting well-meaning but misguided people giving downright dangerous religious and medical advice in the name of Islam. This sloppy approach causes harm that can last for generations, as the accompanying emotional toll, draining of financial resources, and spiritual guilt takes their toll on both the patients and their families. We have to do better.

I do not mean to be dismissive of the scholarship that is currently being conducted on biomedical issues in the American Muslim context. Instead, I would like for scholars to hear my plea that the work being done is not reaching the patients' bedsides and that the ensuing lack of guidance is causing desperation and great suffering.

Suggestions for a Path Forward

We have to start approaching biomedical dilemmas with more urgency and attention to clinical practicality. We have to develop ways for clinicians, patients, and families to access thoughtful Islamic scholarship. We have to develop means of support for biomedical dilemmas that are accessible, timely, and clinically useful in American hospitals today. Our resources must be strongly grounded in the Islamic tradition while being responsive, adaptable, and nimble. Technology is changing rapidly, and our scholarship needs to adapt to the pace at which our world is moving.

As specialized knowledge is needed, we should build upon the current process of bringing together the expertise of Islamic scholars and the clinical knowledge of medical professionals so that they can address bioethical issues together. But we need to bring them together with a greater urgency, more open channels of communication, better networking, and more discussion. We also need to empower both groups to be more effective and comfortable when dealing with bioethical dilemmas.

This can be done in many ways. For example, the more connections that Islamic scholars have with clinical medicine, the better they will understand the context in which clinicians make decisions and the effects that these decisions have. Interested scholars can increase their clinical awareness in various ways, such as by participating in programs arranged through a hospital's pastoral care or chaplaincy department, volunteering at health care facilities, or serving on their local hospital's ethics committee. Many hospitals welcome diversity of thought in their ethics committees and often include both local clergy from different faiths as

well as community members at large. Scholars who understand the culture and environment in American hospitals are greatly needed, for they can offer contextually appropriate recommendations.

Scholars are doing a lot of work on bioethical issues; however, it is often neither accessible nor searchable by Muslim medical professionals or community members. Attention to improving access to and the dissemination of educational materials about common ethical dilemmas would help the community greatly.

Many Muslim healthcare professionals want to increase their understanding of Islamic bioethical principles and how to apply them in basic clinical situations. Therefore, educational initiatives and training programs devised to help them think through common clinical scenarios using Islamic principles would be very useful. Developing practical and clinically relevant tools to assist Muslim families with Islamic perspectives on medical decision-making, such as decision charts, informational materials, and online resources, would also be a great contribution. Muslim physicians interested in bioethics should consider serving on their local hospital's ethics committees, but only after obtaining the appropriate training themselves.

Another crucial element to improving engagement on bioethical issues is to develop relationships, trust, and better communication between medical professionals and Islamic scholars. An extremely useful service would be scholars making themselves available via Islamic bioethics hotlines to provide timely advice and support to clinicians, patients, and families.

No discussion on empowering stakeholders would be complete without mentioning the American Muslim community. Educational initiatives to encourage family members to think about and discuss common bioethical issues (e.g., end-of-life issues) would greatly ease the burden of making such decisions at a patient's bedside. Access to educational websites and to scholars staffing ethics hotlines for questions and support would greatly empower the community.

We should also encourage the development of centers and groups that are willing to take on the challenges of Islamic bioethics study, research, and education. These centers could then   serve as referral resources with trained providers who can screen the issues, help with basic advice, and know when to refer the questions to higher-level scholars. Some initiatives in this area are already underway, but most of the work has yet to be done. Our community remains in serious need of these and other such resources. I sincerely appreciate and value the vitally important work being done in this field by Dr. Aasim Padela at the University of Chicago, who is truly a leader and pioneer in these efforts. As an example, he is the director of the university's Initiative on Islam and Medicine.

I remember the first day of my clinical bioethics fellowship. I walked into the office of Dr. Robert Taylor, who at the time was the director of our academic medical center's clinical consultation service. He is a neurologist, a palliative care physician, and Catholic by faith. He was also my first ethics mentor. What struck me right away was his bulletin board. I would have expected the expansive sheet of cork behind his desk to be covered with notes, articles, and photos. Instead, it was completely bare, except for a single word pinned to it. That word was "courage." This is the concept he chose to keep in his sight as he worked in the field of ethics and end-of-life care.

Practicing clinical bioethics takes courage – the courage to be present and engage, to make a decision that could have life-or-death consequences, to stand and do the right thing, to question if you even know what the right thing to do is, and to challenge when your witness for justice can endanger your comfort, safety, relationships, or position.

I still think about the Muslim woman who called me years ago, whose mother was literally on the verge of death. Could the same type of call come again, or have we gotten to a point where grasping in the dark is no longer necessary? Last year I received a text asking the following question: If a person had had a massive stroke from which recovery was not possible but was breathing on her own, was it Islamically necessary to insert a feeding tube to feed her? A Muslim ethics colleague sitting with me when I received it was surprised that someone would text this query to me because, as she said, "usually people ask the imam this type of question." I informed her that it was the imam who was texting.

At the present time, we are not meeting the American Muslim community's needs in terms of support for making decisions when confronted with biomedical dilemmas. We need to do better. First, we need to end the era in which local religious advisors who lack the appropriate religious scholarship and medical knowledge and training feel comfortable giving complex medical advice. We have been complacent for far too long in allowing this to happen, and this complacency has resulted in immense suffering, moral and physical distress, and the depletion of financial and emotional resources.

We must turn the tide and refocus our efforts. We must uphold the great values of our faith with regards to truth and scholarship, beneficence to humanity, and courage. By intensifying our efforts to merge excellence in religious scholarship with excellence in clinical understanding and then disseminating this information more effectively, we can better help patients and families navigate the religiously sanctioned options in their particular circumstances. Now is the time to make this a priority.

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Transformational Teaching: Prophet Muhammad (peace be upon him) as a Teacher and Murabbī

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Abstract: This article analyzes the transformative role of Prophet Muhammad as a *murabbī*. I apply the hermeneutic of reading the divine text as a structural unity, a concept known as *al-waḥda al-binā'iyya li-l-Qur'ān*. After defining the concept of *murabbī*, I suggest that a holistic reading of the Qur'an can help us rebuild our concepts from within the Qur'an, a methodological approach that we can use to reshape the current religious discourse. I present the Prophet's (pbuh) mission as a roadmap, a model that envisions a holistic relationship between the Qur'an and the Sunna as its final goal. I then devote special attention to this model by focusing on his teaching strategies and how they impacted the first generation of Muslims. I argue that a strong methodology based on the Qur'an and Sunna can help revive the role of a companionate Muslim community. I close by stressing the significance of developing this traditional role and applying it in all aspects of contemporary life.

Introduction

Over the span of only twenty-three years, Prophet Muhammad (peace be upon him), following God's revelation, transformed the life of countless individuals and gradually led them to develop the best community in human history. The majority of those who accepted the message were among the weak and the poor, the enslaved and the marginalized. But in a very short period, and within the midst of great hostility and resistance among the elites, they changed themselves into role models for humanity by embodying a higher standard of morality,

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standing for justice, advocating for freedom, honoring humanity, and calling for equity for all. What were the distinct characteristics of Prophet Muhammad that helped induce this social, cultural, and paradigmatic change?

In this paper, I argue that his role as a *murabbī* – a broad term that encompasses the activities of teaching, mentoring, advising, and guiding – was central to his prophetic mission and ultimate success in spawning a social revolution. I briefly discuss his transformative role in this regard by applying a holistic reading of the Qur'an. More specifically, I apply the hermeneutic of reading the divine text as a structural unity, a concept termed *al-waḥda al-bināʾiyya li-l-Qurʾān.*[2] My goal is to present the Qur'anic-Prophetic model of *murabbī* by using the Prophet's mission as a roadmap (Q. 2:129; 3:164; 62:2).

The term *murabbī* has many derivatives in the Qur'an. This inspired me to investigate deeper into its meaning in order to understand the role of such a person. I apply the holistic method *al-waḥda al-bināʾiyya li-l-Qurʾān* by reading different applications of this term therein. This method conceives the Qur'an's unity through its linguistic, structural, and conceptual elements, such that the divine text, in its entirety, represents an integrated whole. This approach helped me observe this term's movement and how its meaning changes according to the context in which it is used without violating its original meaning. I discovered that the once-simple meaning in the traditional Arabic language was transformed into a comprehensive divine language, perfectly articulated with eloquence and depth. It is amazing how reading the word conceptually for the explicit purpose of tracing the derivation of words led me to construct the framework of *murabbī*, starting with the Creator as the First and Ultimate *murabbī* who sent messengers and revelation to ensure that humanity would be guided by a fellow human being (e.g., 21:7). God sent Prophet Muhammad (pbuh) as the role model for humanity (e.g., 33:21 and 7:158) and introduced His last Prophet by proclaiming: "And We have not sent you, [O Muhammad], except as a mercy to the worlds" (21:107). The ultimate goal of his mission was to build the well-balanced Muslim personality, one that draws on its thinking, methods, and behavior to enhance harmonious relationships with our Creator, fellow humans, and surroundings. The institution of brotherhood and sisterhood (*ta'ākhi*) was one of the Prophetic strategies for healing and rebuilding the new community.

Prophet Muhammad (pbuh) is the *murabbī* who was guided by the Divine, the ultimate *murabbī*, and God's expectation that humanity would follow his guidance. Many lessons can be derived from this timeless message, including how to leverage this Qur'anic-Prophetic model. This message, the final divine communication from the Creator, is not restricted to its original audience,

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[2] For more details of the classical and contemporary debates concerning the method's genealogy, see my article "*Al-waḥda al-bināʾiyya li-l-Qurʾān*: A Methodology for Understanding the Qur'an in the Modern Day," *Journal of Islamic Faith and Practice*, 1:1 (2018): 7-27.

because, being eternal, it is also immutable, regardless of how much the *umma* regresses, as is the case today. The concept of *murabbī* reflects the ability of people in any position or role to help each other advance to a higher level of morality. Through the strength of their vision and personality, they are able to inspire one another to change their expectations, perceptions, and motivations so that they can work toward common goals.

All of this raises certain questions: Who is a *murabbī*? What are this person's characteristics? How did Prophet Muhammad (pbuh) strengthen the relationships between his community's members at all levels? How can we be an instrument of unity as an individual *rather* than an instrument of division? What are the best practices when it comes to creating healthy relationships, and how can we maintain them? What are the best practices in this model that will help us restore trust among people and embody compassion and mercy at all levels?

After defining this concept, I suggest that applying the methodology of reading the Qur'an holistically is one tool that we can use to rebuild our concepts from within the Qur'an, an approach that will help reshape the current religious discourse. Presenting the Prophet's (pbuh) mission as a roadmap is a model for how it envisions a holistic relationship between the Qur'an and the Sunna. I then devote special attention to his model by focusing on his teaching strategies and their impact on forming the first generation. I suggest that a strong methodology based on the Qur'an and Sunna can help revive the role of a companionate Muslim community. I close by stressing the contemporary significance of developing this traditional role and applying it to today in all aspects of life.

Literal Meaning: Aim and Scope

The root of *murabbī* stems from the same root for *rabb* and its related derivations. For example, God refers to Himself as *Rabb*: the Creator, the Sustainer, and the Cherisher. This term's meaning is so vast that other languages lack an equivalent word for it. Literally, it means to take care of, nourish, sustain, provide for, and raise or bring up. One of its derivatives is *tarbiyya*. According to al-Raghib al-Isfahani (d. 502/1108)*,* the foundational meaning of *rabb* is *tarbiyya*," which means to raise and nourish at every stage until the goal is attained."[3] As the Qur'an attests to the definition of its words and determines their specific meaning(s), it is essential to define any term or concept in the light of its unity

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[3] Al-Raghib al-Isfahani was an eleventh-century Muslim scholar of Qur'anic exegesis and the Arabic language. I wrote about his methodology in my article "*Al-waḥda al-binā'iyya li-l-Qur'ān*: A Methodology for Understanding the Qur'an in the Modern Day," *Journal of Islamic Faith and Practice* 1, no. 1 (2018): 9-10. See al-Raghib al-Isfahani, *Al-Mufradāt fī Gharīb al-Qur'ān,* ed. Muhammad Seyd Kaylani (Beirut: Dar al Ma'rifa, n.d.).

and divine language, as well as to read it conceptually in order to trace the derivation of its words.

God as *al-Murabbī*, the One Who Ensures Everything's Growth and Maturity

The root of *rabb* and its broad meanings of "caring" and "loving" appear in the Qur'an numerous times. However, the surrounding context reveals that this term is most often referring to God, the Creator. As the Most Merciful and the Ultimate *murabbī*, He presents a detailed description of Himself so that there is no confusion or doubt in people's minds as to who and what He is. Although this subject is beyond the scope of this paper, it is important to briefly highlight the major themes that will help us understand and then apply its meaning.

In several Qur'anic passages, God uses "رب العالمين": the Creator, Sustainer, and Cherisher of the Worlds. In the first *sūra*, God introduces Himself with the verse: "All praise and gratitude is due to Allah, *Rabb*/the Sustainer of all the Worlds." To remove any possible misunderstanding, He sent prophets and messengers to explain this concept further. In the first conversation between Pharaoh and Moses, God said: "And go, both of you [Moses and Aaron], to Pharaoh and say: 'We have been sent by the Sustainer of the Worlds'" [26:16]. "Pharaoh asked: 'And what is the Sustainer of the Worlds?'" [26:23]. "[Moses] answered: '[He is] the Lord of the heavens and the earth and all that is between them': if you would but [allow yourselves to] be convinced!" [26:24].

This *āyah* clearly states that God takes care of, nourishes, and fosters everything that exists through every stage of its existence. Hundreds of verses describe God's blessings and illustrate His care. God confirmed that He distributes our means of livelihood and takes care of all His creations, so we do not need to worry about such things.

> And there is no living creature on earth but depends for its sustenance on God, and He knows its time-limit [on earth] and its resting-place [after death]. All this is recorded in a clear book. Enthroned above the waters, it was He who created the heavens and the earth in six days [periods]. [God reminds you of your dependence on Him] in order to test you [and thus to make manifest] which of you is best in conduct. (11:6-7)

In God's capacity as the Owner – *rabb* also means ownership – God entrusted humanity with being His agents and trustees on Earth. The Qur'an maintains the meaning of *rabb* as a caring and loving relationship. For example, the presence of a possessive pronoun, such as "my" Sustainer or "your" Sustainer, mostly reflects a close and intimate relationship between you and your Creator, as in the *ṣalāt* (prayer). Muslims glorify God by bowing down and prostrating saying *"subḥāna*

rabbiy al-'adhīm" and, in each *sujūd, "subḥāna rabbiy al-a'lā"* (87:1 and 56:74 and 96). In the Qur'an, *rabb* illustrates the movement of a word that not only provokes thought and ideation, but also inspires emotion in the reader or listener.

Every language is influenced by a culture and therefore reflects its needs. In some cultures, *rabb* refers to a person who can exert power and control, like a slave-owner. This understanding may lead to a misconception. For example, some dictionaries define "*rabb al-dār*" or "*rabbat al-bayt*" as the master/lord of the house or the lady of the house, respectively.[4] Such definitions emphasize ownership from a materialistic view, rather than the person who takes care of, nurtures, and manages the family's affairs. Therefore, it is essential to use the Qur'anic language as the final arbitrator and the ultimate reference when defining any of its words' meaning(s). This will reframe our understanding and help reduce misconceptions while helping build a positive and constructive understanding of all critical concepts. By defining "*rabb al-dār*" in the latter, as opposed to the former, sense, the familial structure is transformed from a hierarchal model into a compassionate one (e.g., 2:187, 3:195, 4:1, 9:71-72, 17:23-34, 30:20-21, and 31:14-16).

As we follow *rabb*'s movement between the Qur'anic meaning and the cultural explanation, there could be a misunderstanding over what it means to be a slave or servant of God versus being enslaved by another human being. The Qur'an refutes this analogy and clearly explains the difference in the following parable.

> God makes a comparison between [two men:] a man enslaved [and therefore] unable to do anything on his own accord, and a [free] man upon whom We have given plentiful provision, who gives out from it privately and openly. Are they equal? Praise be to God [alone]! But most people do not know it. God makes another comparison between two men: one of whom is dumb, cannot do a thing, and is a burden on his master. Wherever he sends him on an errand, he brings [him] no good. Is he equal to someone who commands justice and follows a straight path? (16:75-76)

Reading the Qur'an holistically shows us that the divine text defines its concepts so precisely that no space is left for any misunderstanding or misconception. God clearly explains the difference between His and the people's measurements, especially when there is a tendency to confuse the two: "Indeed, We have offered in this Qur'an every evidence and lesson by way of parables and examples for people so that they may think and take heed" (39:27) and "So God propounds

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[4] Hans Wehr, *A Dictionary of Modern Written Arabic*, ed. J. Milton Cowan (Ithaca, NY: Spoken Language Services, 1976), 320-21.

parables for human beings, that they may reflect on them and infer the necessary lessons" (14:25). Parables help people understand abstract concepts by alluding to shared experiences and allowing readers to feel as if they are direct observers of these experiences. By using carefully selected or crafted parables, remote and abstract truths can be made more comprehensible. For example, whenever there is a chance that people might confuse or corrupt a concept, the Qur'an uses parables. Qur'an 16:75-76 is a good example of this.

The divine text presents parables in a variety of forms[5] to convey intellectual, spiritual, and moral knowledge and also employs symbolic language to express things that we cannot always put into words. This technique enables people to visualize and gain at least a basic understanding of the knowledge and concepts being conveyed. Given that the subject is associated with something that we already know and thus can be understood within a familiar context, we can better learn and retain that information. Moreover, there is a greater chance that we will reflect upon it.

The purpose of a parable is not to state the obvious, but to illuminate subtle differences or unexpected similarities between two subjects. This is how the Qur'an removes any pre-existing concepts or understandings that may cause confusion between the two issues. Therefore, being a true servant of the Creator is the noblest rank and represents the ultimate freedom that one should seek to achieve, whereas being enslaved to anyone or anything strips the person of his/her free will, namely, the covenant between God and humanity.

God wants us to worship Him by our own free will trust *(amāna)*: "We did indeed offer the trust to the heavens, the earth and the mountains, but they refused to bear it, and were afraid of it. Yet humanity accepted it" (33:72). Once humanity accepted this responsibility, God entrusted us with acting as His trustee/steward on earth: "Remember when your Sustainer said to the angels, 'I am putting a trustee *(khalīfa)* on earth'?" (2:30). With this, the Creator, the One Who owns all knowledge and wisdom, entrusted humanity with maintaining this world's balance, peace, tranquility, fairness, justice, and sustainability. And, of course, humanity will be held accountable for how it carried out this trust. Therefore, being servants or slaves of God is in no way equal to any type of human servitude or enslavement.

God asserts His love and care for humanity: "And [tell them that] I have not created the jinn and humanity to any end other than that they may [know and] worship Me. [Besides] no sustenance do I ever demand of them, nor do I demand that they feed Me, for verily God Himself is the Provider of all sustenance, the mighty One, the Eternal" (51:56-58). In this context, God wants people to

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[5] See Mohammed Jaber al-Fayadh, *al-Amthāl fī al-Qur'ān al-Karīm / The Proverbs of the Glorious Qur'an*, 2nd ed. (Herndon, VA: International Institute of Islamic Thought, 1995). This Arabic-language book can be found online at https://books-library.online/a-2494-download.

worship and devote all acts of worship to Him Alone by their own free will. The Qur'an gives the example of Ibrahim, who announced his submission to God in a beautiful supplication.

> Now [I know that,] verily these [false deities] are my enemies [and that none is my helper] except the Sustainer of all the Worlds, who has created me and is the One who guides me. It is He who feeds me and gives me drink. When I am ill, it is He who cures me and who will cause me to die and then will bring me back to life – and who [I hope,] will forgive me my faults on Judgment Day! O my Sustainer, endow me with the ability to judge [between right and wrong] and make me one with the righteous. (26:77-83)

This passage both articulates the meaning and role of a *murabbī* and presents God, the Most Merciful and Most Gracious, as the best *murabbī*. Not only does it convey the idea of fostering, bringing up, or nourishing, but also the concepts of guiding, monitoring, accomplishing, cherishing, sustaining, and bringing to maturity, via a process of spiritual evolution, from the earliest state to that of the highest perfection. To implement this method correctly, from time to time God the Most Merciful sent prophets and messengers to ensure that humanity would be guided by one of their own who would serve as their role model.

> Indeed, We sent aforetime Our messengers with all evidence of [this] truth. And through them We bestowed revelation with clear signs and sent down with them the Book and the Balance (of Right and Wrong) so that people might behave with equity and stand forth in justice. (57:25)

Prophet Muhammad (pbuh) as a *Murabbī*

God sent Prophet Muhammad (pbuh) as a role model for humanity (e.g., 33:21 and 34:28):

> Say [O Muhammad]: "O humanity, verily, I am the Messenger of God to all of you, [sent by Him] unto whom the dominion over the heavens and the earth belongs. There is no deity except Him; He [alone] gives life and causes death." Believe, then, in God and His Messenger – the unlettered Prophet, who believes in God and His words – and follow him so that you may be guided. (7:158)

This explains that Prophet Muhammad (pbuh) is the *murabbī* guided by the Divine, the ultimate *murabbī*, and that God expects humanity to follow His

guidance. Thus, the Prophet's (pbuh) actions and characteristics embodied the Qur'an. To further solidify this point, when his wife A'isha was asked about his character, she replied, "Do you not read the Qur'an? His character was embodied in the Qur'an." If she had been asked how he had worshipped, parented, conducted his marital affairs and business transactions, and so on, she would have replied the same way: "His ___ was embodied in the Qur'an." This was the Prophet's (pbuh) core mission.[6]

The Prophet was entrusted with a heavy responsibility – building a community firmly grounded in the Qur'an's teachings – as articulated in one of the first revelations: "Soon shall We send down to you a weighty message (73:5)." How could he fulfill this responsibility other than by serving as its living embodiment? Every breath he took, every decision he made, and every word he spoke had to be completely aligned with God's message. For example, how did he teach people that being servants or slaves of God had nothing in common with their current understanding of servitude and slavery?

With the guidance of the Qur'an, Prophet Muhammad (pbuh) wisely and gradually introduced changes to the established culture by presenting its concepts in a way designed to root out the existing misconceptions.

First: He began to deconstruct this particular misconception by emphasizing the concept of *tawḥīd* (Islamic monotheism) and explaining God's attribute of *Rabb*, the Most Merciful. He emphasized the meaning of submitting oneself to God/the Creator alone and employed appropriate pedagogical strategies for teaching everyone on his or her level to make sure that they understood him clearly. Ibn Abbas reported

> One day I was behind the Prophet (peace and blessings of Allah be upon him) [riding on the same mount] and he said, "O young man, I shall teach you some words [of advice]: Be mindful of Allah, and Allah will protect you. Be mindful of Allah, and you will find Him beside you. If you ask, then ask Allah [alone]; and if you seek help, then seek help from Allah [alone]. Know that if all of humanity gathered together to benefit you with anything, they would not benefit you except with what Allah had already prescribed for you. Likewise, if all of humanity gathered together to harm you with anything, they would not harm you except with what Allah had

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[6] It is mentioned in the lengthy story that Sa'd ibn Hisham ibn 'Aamir asked 'A'isha about some matters while he was Madina. He said: "I said: O Mother of the Believers, tell me about the character of the Messenger of Allah (S)." She replied: "Do you not read the Qur'an?" I said: "Of course." She stated: "The character of the Prophet was the Qur'an." I wanted to get up and not ask about anything else until I died…" Narrated by Muslim, 746.

already prescribed against you (35:2). The pens have been lifted, and the pages have dried."[7]

Second: To remove any misunderstandings and misconceptions, the Prophet (pbuh) taught that the human family is one and that all people are created equal in terms of worth and value, regardless of race, ethnicity, gender, or class. All of our ancestral lineages extend back to Adam and Eve, for all human beings are sisters and brothers. Therefore, instead of disdaining, betraying, or humiliating anyone, we should strive to guide them, light their path, and walk with them along the path to heaven. This replacing of old concepts with new ones is clear in the following hadith: Abu Hurayra reported Allah's Messenger (ﷺ) as saying: "None of you should say 'my slave and my slave-girl,' for all of you are the slaves of Allah, and all your women are the slave-girls of Allah. Rather, call them 'my young man' and 'my young girl.'"[8]

Third: To confirm this new compassionate relationship, Prophet Muhammad (pbuh) highlighted the meaning of brotherhood and sisterhood: "Allah has made some of your brothers as servants under your care. So whoever has his brother under his care, then let him feed him from his food, and let him clothe him from his clothes. Do not give him a duty that he cannot bear. And if you [nevertheless] give him a duty that he cannot bear, then assist him with it."[9]

This means that the *murabbī* of the Prophet (pbuh) was the divine guidance and light of the Qur'an. His most distinctive quality, however, was the fact that he was a blessing to everyone in both word and deed. He infused justice, mercy, love, and dignity in all of those around him, spread the meaning of brotherhood/sisterhood to such an extent that it became an exceptional experience in human history. Thus, given all of the above, being a true servant of the Creator is the noblest rank that one should seek to achieve. The Qur'an describes Prophet Muhammad (pbuh) as His *'abd*: "And if you doubt any part of what We have revealed step by step upon Our *'abd* (slave or servant [Muhammad]), then produce a *sūra* of similar merit and call upon any other than God to bear witness for you, if what you say is true" (2:23).

Indeed, being true servants is not restricted to the prophets, for God describes in a beautiful way His true *'ibād* (sing. *'abd*) among the believers: "For [the true] servants of the Most Merciful are [only] they who walk gently on earth, and who, whenever the ignorant address them, reply with [words of] peace" (25:63). Therefore, when Muslims stand before God in prayer and recite the first *sūra*,

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[7] *Sunan al-Tirmidhī,* 2516. He graded it as *ṣaḥīḥ* (authentic).
[8] *Ṣaḥīḥ al-Bukhārī*, 2434; *Ṣaḥīḥ Muslim*, 4275.
[9] Hadith of *Jāmiʿ al-Tirmidhī* , 1945, Grade: sound hadith.

they declare complete submission to their Creator by repeatedly reciting "You alone do we worship, and to You alone do we turn for help" (1:5-6).

God servants are to actively reflect upon and observe His creation (e.g., 3:19, 2:219, 13:3, and 30:21). This critical thinking is what the first revelation called for, for "Read" combines the two readings: that of the revelation and that of reading (and reflecting upon) God's creation: "There are signs in details for those who reflect" (10:24). After ensuring that one gets one's facts straight, one is expected to draw the correct conclusion(s).

> Indeed, in the creation of the heavens and the earth and the alternation of the night and the day are signs for those of understanding, [and] who remember God when they stand and when they sit, and when they lie down to sleep. And [so] reflect on the creation of the heavens and the earth, saying: "O our Sustainer, You have not created all this without meaning and purpose. Glory be to you! Keep us safe, then, from the torment of the Fire." (3:190-91)

God continued inviting humanity to reflect and make sure that its members would submit and worship Him alone with their free will: "Such is the Creation of Allah. Now show Me what is there that others besides Him have created..." (31:11).

The Qur'anic-Prophetic understanding of *murabbī* is purposeful and builds commitment toward positive changes that are inclusive of people and their diverse viewpoints, empowers those involved, is ethical, and recognizes that all of these elements are accomplished by relational and ethical processes. The Prophet's (pbuh) mission outlines the main strategies of a *murabbī*: "Indeed, God bestowed a favor upon the believers in sending a Messenger from among themselves to recite His verses unto them, mentor their growth in purity, and teach them the Book and wisdom, whereas before that they were, indeed, most obviously lost in error"(3:164).

His mission shows us how to implement the Qur'an in our life practically and develop thereby a compassionate community. The Qur'an clearly defines this mission and therefore is considered a significant methodology in terms of presenting both a theoretical and a practical transformative model of *murabbī*. Using this defined mission helps us (1) understand the significance of the Qur'an-Sunna relationship, (2) how Prophet Muhammad (pbuh) followed the Divine instruction and teachings, (3) his main strategies for implementing them in real life, and (4) how the Qur'an assessed and guided him during the process of implementation.

As history shows, these goals were achieved via a several long-term process in which some of the Companions played a leading role.

- *Tilāwa*: Spreading knowledge and providing everyone with access to the Divine knowledge by reciting, conveying, and following the revealed Book of God to acquire purity (*tazkiya*).
- *Tazkiya*: Mentoring the process of people's growth holistically, namely, spiritually, intellectually, and socially.
- Teaching: Demonstrating the Qur'an's implementation in order to gain *ḥikma* (wisdom) (e.g., 2:151, 3:164, and 62:2).

Therefore, the body of knowledge known as "the Sunna" presents a model for applying the Qurʾan to real-life situations and remains a practical experience of living a human life at the highest possible level, as practiced by the Prophet (pbuh). His words and actions must not be examined piecemeal, but in their entirety as an overall phenomenon ordered by universal laws and principles that can be studied and analyzed. In other words, the Sunna can only be understood correctly when it is placed within a larger framework, namely, the Qur'an.

The Derivatives of *Ribbiyyūn and Rabbāniyyūn*

Reading the Qur'an holistically allows us to reflect deeply upon the meaning of its words, like *rabb*, and uncover the vastness of divine guidance. This is how the Qur'an is able to interact with every person on a very personal level while maintaining its integrity as the absolute book of guidance for the masses. As it continues to construct and broaden the landscape of *murabbī* as a communal attribute that facilitates compassion, it introduces the concepts of *ribbiyyūn and rabbāniyyūn,* which are derived from *rabb. Rabbānī* is used in four verses, three of which include *rabbāniyyūn* (i.e., 3:79, 5:44, and 5:63) and once using *ribbiyyūn* (3:146-48). *Ribbiyyūn* came in the context of commending the first generation of believers and supporters of the prophets as role models for later generations (3:146-48). The Qur'an presents *rabbāniyyūn* for those people of knowledge (i.e., scholars) who are devoted to building a close connection with their Creator, practicing what they learn, and spreading His message. After providing a clear description of their characteristics and roles, the Qur'an then analyzes how their actions impact their communities.

These scholars' first step is to hold themselves accountable for reading and interpreting the Book of God in a way that reflects His message and to adhere to its true meaning (3:79-80). The second step is to define this message clearly so people understand what they are accountable for achieving. In this case, the scholars are responsible for developing effective strategies and establishing best practices for learning and teaching God's message, and then for generating the correct tools to assess and evaluate that knowledge and its practical impact upon

people's lives. God-devoted people, by virtue of their submission to *tawḥīd*, are committed to a lifetime of doing what is good and forbidding what is evil in order to fulfil the purpose of life: serving as God's trustees. This process includes observing and mentoring people while they gain knowledge, similar to how the Qur'an corrected behaviors, customs, and unjust practices in real-time. Eventually, this knowledge will be transformed into reality and change people's lives by inculcating the divine teachings into their interests and behavioral orientations as individuals, groups, and cultures.

At the same time, these scholars must evaluate the practices, cultures, and traditions that were established based on what they taught (5:62-63). Once people understand the message clearly and observe their proper role models, the moral community will be established. It is important to remember that doing good and forbidding evil is not the role just of the individual, but also of the community: "And that there might grow out of you a community [of people] who invite unto all that is good, and enjoin the doing of what is right and forbid the doing of what is wrong: and it is they, they who shall attain to a happy state" (3:104). The ulama's most crucial role is to understand a revelation's meaning and then articulate the relevant methodology that would make Islamic principles relevant to any society, one that would fulfill the Islamic obligation to expend one's utmost effort to serve the Creator.

Mothers and Fathers as *Murabbī*

The final cornerstone of this Qur'anic framework concerns parenting. The Qur'an provides several relevant examples to reflect this significant aspect, among them examples of some of the prophets and their relationship with their children, one of which concerns an example of an ordinary man who fulfilled his role as a parent effectively. All such narratives are used to inform people that there is no excuse for being a poor *murabbī*, as pointed out by Luqman's conversation with his son in *Sūra Luqmān*.

The verb *rabba* is mentioned in two places: First, in the context of the child-parent relationship when the parents get older: "And, out of kindness, lower to them the wing of humility, (treat them with humility and tenderness) and say, "O my Lord. Have your Mercy/Compassion on them, as they brought me up (when I was) little" (17:24). Indeed, the Qur'an used the same word (*rabba*) in the second context – that of the parent-child relationship in the case of foster parenting – as Pharaoh reminded Moses: "[But when Moses had delivered his message, Pharaoh] asked: 'Did we not bring you up among us when you were a child? And you remained among us for (many) years of your life?'" (26:18).

In the similar context, the Qur'an uses *rabā'ibukum* (sing. *rabībah*) for the step-daughter or step-son from previous marriages, meaning "those whom you

have raised." By doing so, it emphasizes *murabbī*'s meaning of the moral responsibility of raising a child, therefore forbidding a step-parent from marrying a step-child. This protects the children from certain types of abuse and enables them to be treated as their step-parent's own children.

> Prohibited to you (for marriage) are your mothers, daughters, and sisters; father's sisters and mother's sisters; brother's daughters and sister's daughters, foster-mothers (who gave you suck), foster-sisters, and your wives' mothers; your step-daughters under your guardianship, born of your wives with whom you have consummated your marriage. (4:23)

In conclusion, the Qur'an portrays the trustee (*murabbī*) as an active and God-conscious person who is always mindful of His presence and self-aware. Those who maintain good relations with everybody, respect the surrounding social and physical environment, and see nature as God's signs are responsible for preserving, cultivating, and enhancing the condition of their surroundings (e.g., trees, rivers, and mountains). They envision themselves in this world as travelers moving toward their final destination: the hereafter. Therefore, they spend their time working to disseminate good and eliminate evil as well as making proper judgments on all aspects of life. Fulfilling these aspirations obliges them to develop their rational and spiritual faculties; activate their mind, heart, and body; observe and monitor their feelings and desires constantly; assume full responsibility for their actions and correcting their mistakes; and change their behavior and lifestyle when necessary. In other words, they are humble and good recipients of advice given by the Qur'an and Sunna, as well as other people.

Modeling and Teaching Compassion and Mercy

The Contemporary Relevance of This Prophetic Model

Along with all other communities, Muslims are also facing many challenges due to the sweeping changes, both internal and external, being witnessed in the world. While external challenges come from our surroundings, internal ones occur within their community. The first and foremost internal challenge Muslims need to overcome is disunity. As we know, the Prophet's (pbuh) mission was to bring peace and unity to Arabia's feuding pre-Islamic tribes. Disputes over who would should lead the *umma* after his death eventually led to the most serious – and ongoing – intra-Muslim schism. Such communal disunity reflects more than just its people's internal differences and disagreements over ideas and practices, for history shows that such a reality can easily turn into a chronic disease that negatively affects every part of the community. That is why the Prophet (pbuh)

beautifully described how the *umma* should be united: "The parable of the believers in their affection, mercy, and compassion for each other is that of a body. When any limb aches, the whole body reacts with sleeplessness and fever."[10] With this in mind, how can we really preserve the *umma*'s unity? How can we be an instrument of unity as an individual, *rather* than an instrument of division?

Again, the Prophet (pbuh) showed the Companions how to use the Qur'anic-Prophetic model of *murabbī* to heal and rebuild compassionate communities through his words and actions, all of which embodied and cultivated compassion and mercy (21:107). This means that while outlining the framework, Muslims must take compassion and mercy into consideration before taking any step. In his role as a *murabbī*, the Prophet (pbuh) outlined the main strategies of this transformational mission in a way designed to inspire his followers to both achieve extraordinary outcomes and, in the process, help his followers grow and develop into compassionate and caring individuals.

And how did he accomplish this? By responding to each individual's needs by empowering all of them and aligning all of their objectives and goals, be they a follower, the leader, or the larger community. And how was this accomplished? By building the compassionate community, a process that began with reciting the Qur'an:

> God commanded his Prophet to recite, convey, and follow the Qur'an. Whoever follows its guidance, follows it only for the good of his own soul. As for him who goes astray, just say, "I am only a warner." Then say, "Praise be to God! He will show you His signs and you will recognize them. Your Sustainer is not unaware of what you do." (27:92-93)

The Qur'anic-Prophetic Model of *Murabbī*: The Prophet's (pbuh) Mission

The Prophet (pbuh) began the process of building a moral and compassionate community by actively immersing himself in the lives of people from all backgrounds (one human family), for God instructed him to surround himself with those who accepted the message:

> And recite/convey [to the world] whatever has been revealed to you of your Sustainer's Book. There is nothing that could alter His words, and You shall find no refuge other than with Him. Keep yourself patient [by being] with those who call upon their Sustainer in the morning and the evening, seeking His countenance. Let not your eyes pass beyond them,

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[10] Al-Nuʻman ibn Bashir reported: "The Messenger of Allah, peace and blessings be upon him…" Source: *Ṣaḥīḥ al-Bukhārī* 6011, Book 78, Number 42 and Vol. 8, Book 73, Number 40; *Ṣaḥīḥ Muslim*, Book 32, Number 6258.

> desiring the adornments of the worldly life. Do not obey one whose heart We have made heedless of Our remembrance, because he had always followed [only] his own desires, abandoning all that is good and true. (18:27-28)

During his time in Makka, Prophet Muhammad (pbuh) focused on teaching and applying the Qur'anic vision of *tawḥīd* and infused justice, mercy, love, and dignity into all of those around him. He spread the power of brotherhood/sisterhood to such extent that it became an exceptional experience in human history.

Compassion and Mercy: Divine Attributes

He was guided by the Creator to bring healing and build a compassionate *umma*:

> And it was by God's mercy that you [O Prophet] did deal gently with your followers, for if you had been harsh [in speech] and hard-hearted, they would indeed have broken away from you. Pardon them and pray that they be forgiven. Take counsel with them in all matters of public concern [and] then, when you have decided upon a course of action, place your trust in God, for, verily, God loves those who place their trust in Him. (3:159)

The Prophet (pbuh) was attentive to the role that emotion plays in shaping a compassionate community. This requires a systematic understanding not only of the feelings associated with firsthand experiences of trauma, but also of how these affective reactions can spread and generate collective emotions, thus producing new forms of animosity. Addressing this challenge in the ways that he did showed his awareness of how a conscious and active appreciation of the whole spectrum of emotions — not only of anger and fear, for instance, but also of empathy, compassion, and love — may facilitate more lasting, organic, and honest forms of social healing and reconciliation.[11]

The Prophet (pbuh) acknowledged the roles of forgiveness and reconciliation in social reconstruction. Forgiveness promotes both trustworthy and trusting behavior, which can lead to reconciliation, both of which, when joined together, help heal past memories, restore trust, and thus pave the way for preventing future cycles of trauma. Forgiveness can lead not only to inner peace within an individual, but also to building peace within a community torn apart by conflict and trauma.

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[11] Anas ibn Malik reported: The Messenger of God, peace be upon him, said, **"Do not despise each other, do not envy each other, do not turn away from each other, but rather be servants of God as brothers and sisters. It is not lawful for a Muslim to boycott his brother for more than three days."** Source: *Ṣaḥīḥ al-Bukhārī*, 5718, *Ṣaḥīḥ Muslim*, 2559. *Muttafaqun 'alayhi* (authenticity agreed upon), according to al-Bukhārī and Muslim.

In addition, he offered a conceptual engagement with processes of holistic healing and reconciliation, thereby showing that emotions are central to how communities experience and work through the legacy of catastrophe. The Prophet (pbuh) proposed a comprehensive and profound plan to bring the community together through a process comprising three concepts and goals: *ta'āruf* (getting to know one another genuinely), *ta'āluf* (building harmonious relationships within the community), and *ta'āwun* (collaborating with one another).

One of the interesting steps he took to transform the hostile environment into a compassionate and balanced community (*umma wasṭa*) was to change Yathrib's (rebuke) name to *al-Madīna al-Nabī* (the city of the Prophet) or *al-Madīna al-Munawwara* (the enlightened [or radiant] city). Today, this innovative marketing strategy is called "repositioning" or "rebranding." He enforced a rule that anyone who said "Yathrib" once should seek God's forgiveness.[12] in order to inculcate this cultural shift into the people's hearts and minds. As Makka's Muslim migrants settled into their new homes as refugees, Madina's Muslim inhabitants welcomed them with love and compassion and voluntarily shared their land (59:8-9).

In order to build the system of *ta'āruf*, the Prophet (pbuh) then developed a revolutionary social system based upon brotherhood and sisterhood, whereby the indigenous Muslim inhabitants *(Anṣār* [allies]) opened their homes and businesses to the refugees (*Muhājrīn*). This infusion of a culture of unity dispelled any sense of superiority between the two groups, promoted equality and equity, and led to *ta'āluf*. Moreover, he focused on building a community that prioritized other's needs over one's own, on expelling the diseases of the heart (e.g., greed, selfishness, envy, and hate) and replacing them with love, compassion, and mercy. This foundation of brotherhood/sisterhood was based on mutual economic and psychological support and the principle of being inheritors to each other, which, in turn, sought to provide the homesick migrants with enough support to overcome their sorrow and misery.

This brotherhood/sisterhood arrangement brought prosperity, solidarity, tolerance, and peace to the community. In this regard, the Prophet's (pbuh) goal was to establish that loving and compassionate relations organically not by choosing two random Muslims to become brothers or sisters, but by investigating his followers carefully and then proclaiming their new relationship. For instance, there was

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[12] Ahmad narrated from al-Bara' ibn Azab that he had removed it from Yathrib, so let it be forgiven by Allah. Ṭābah is Ṭābah. "Whoever calls Madina Yathrib, it is necessary for him to repent. Madina is Ṭābah, Madina is Ṭābah." [Narrated by Bara' ibn 'Azin, *Musnad Imām Aḥmad ibn Ḥanbal*, 4:285]. Ṭābah means "the good one" or *ṭayyibah* (the pure), while Yathrib means "to rebuke, reprimand, and blame." See al-Raghib al-Isfahani, *Al-Mufradāt fī Gharīb al-Qur'ān*, 79.

exact harmony between Salman al-Farisi and Abu Darda' in terms of character, likes, and feelings, and so he made them brothers.

> One day, Salman went to see Abu Darda' and found his wife looking disheveled (her appearance was not that of a married woman). He asked her: "What's wrong?" She replied: "Your brother Abu Darda' has no worldly desires." Then Abu Darda' arrived and prepared some food for Salman and said: "Go ahead and eat, I am fasting." Salman said: "I shall not eat unless you eat with me." So Abu Darda' ate with him. At night Abu Darda' arose for the voluntary prayer. Salman told him to go to sleep, so he slept. This happened again. Toward the latter part of the night Salman said to him: "Wake up," and both offered the prayer together. Then Salman said: "It is true that you owe your duty to your Creator, but you also owe a duty to yourself and to your wife. So you should carry out your duty to everyone." Then they went to the Prophet (pbuh) and related all that had transpired to him. He said: "Salman was right."[13]

This concept of *'amr bi al-ma'rūf wa nahiy 'an al-munkar* (enjoining the right/honorable and forbidding the wrong/dishonorable) seeks to replace oppression at all levels of society with justice (3:104, 110, and 114; 7:157; 9:71 and 112; 22:41; 31:15 and 17).

Prophet Muhammad (pbuh) shifted the culture from one of material competitiveness to moral competition and encouraged *ta'āwun* (collaboration with one another). He frequently encouraged people to visit the sick, feed the poor and needy, take care of orphans, and attend funerals.[14] He developed a system that melded the moral, ethical, and legal constructs into one dynamic structure that became a way of life, as opposed to handing down rigid governing laws of rights and prohibitions. The Prophet (pbuh) promoted a culture of moral and ethical accountability by telling people not to sleep if their neighbors were hungry and not to allow orphans to fend for themselves, among many others things. The newly established tradition of brotherhood/sisterhood prevented several possible conflicts by ending animosity based on tribalism and racism, as well as arrogance based on wealth. Compassion and respect developed among all of the city's Muslims. One can argue that this tradition can be considered among history's

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[13] *Ṣaḥīḥ al-Bukhārī*, Volume 8, Book 73, Number 161.
[14] Abu Hurayra reported: The Messenger of Allah, peace and blessings be upon him, said, "A Muslim has [been] given rights over another Muslim: to return the greeting of peace, to visit him when he is sick, to follow his funeral procession, to answer his invitation, and to respond to his sneeze." In another narration, the Prophet said, "When he seeks your advice, you counsel him." Source: *Ṣaḥīḥ al-Bukhārī,* 1183, *Ṣaḥīḥ Muslim*, 2162.

most important and exemplary practices of integrating a society's disparate fragments.

The Qur'an defines this community's characteristics as follows: "You are indeed the best community that has ever been brought forth for [the good of] humanity. You enjoin the doing of what is right and forbid the doing of what is wrong, and you believe in God" (3:110) and "Thus have We made of you an *umma* justly balanced, that you might be witnesses over the people and the Messenger will be a witness over you" (2:143).

The Qur'an reminds us of God's mercy in building *ta'āluf* among the believers as long as we do our job as a community:

> And remember the blessings that God has bestowed upon you: how, when you were enemies, He brought your hearts together so that through His blessing you became brethren; and [how, when] you were on the brink of a fiery abyss. He saved you from it. In this way God makes clear His messages to you so that you might find guidance. (3:103)

How Did This Model Maintain Peace and Tranquility in a Divided Community?

One must study how the Prophet (pbuh), as a *murabbī*, sustained compassionate and peace among all of Madina's inhabitants and especially at a time when the Muslims were surrounded by both internal and external enemies. Unfortunately, such a study is beyond the scope of this article. Rather, I argue that *Sūrat al-Nūr* provides one of the best examples of an incident that almost divided the entire community – Aisha, the Mother of the Believers , being accused of adultery. The community, which was not immune from the Hypocrite 'Abd-Allah ibn Ubayy's insinuations, was in turmoil for over a month until this *sūra* was revealed. During this period, the Hypocrites successfully deceived some sincere believers and even got them to join in the slander. *Sūrat al-Nūr* not only defended the Mother of the Believers, but also provided a preventive model for avoiding such a moral disaster in the future.

This experience was an extensive training session that required people to go through an internal and external filtering process under the observation of the Divine. Hypocrites at every stage of Islam's history have played a pivotal role in igniting rumors, controversies, and accusations designed to undermine the community's moral foundations. The Qur'an illustrates and teaches us how to diagnose this social problem by laying out a comprehensive and systematic methodology to deal with false accusations. The principles of carefully evaluating one's words and actions, as well as the mechanisms that should be developed to

hold people accountable based on their actions, surfaces in more than one context in the Qur'an. [15]

The Qur'anic Strategy against Rumors: An Analytical Reading of *Sūrat al-Nūr*

How does the Qur'an describe and analyze this experience? What are the main issues that it emphasizes? How does it examine the people's attitude toward this slander? Does it provide guidance and strategies for dealing with similar problems? According to the Qur'an, what is the problem? Why is it important to analyze people's stands on such issues? How do we define the relationship between the Qur'an and Sunna in light of this *sūrah*?

Clear rules can be formulated from this *sūra*. First, as God says, assess the people who instigate and circulate a story without confirmation and then hold them accountable: "Indeed, those who came with a falsehood among you are a group among you. Do not regard it as a misfortune, for it is good for you. Every one of them shall be held to account for the sin he has committed, and he who took the greater part in it shall have a terrible punishment" (24:11).

Second, establish strong relationships among the community based on trust and compassion: "Why, when you heard it for the first time, did not the believing men and the believing women think good of one another and say, 'This is an obvious falsehood'?" (24:12)

Third, verify the story before making any comments or statements. Those who spread lies must face the consequences: "Why did they not bring four witnesses? And when they do not produce the witnesses, then it is they in the sight of God who are the liars. Had it not been for the favor of God upon you, and His mercy in this world and the hereafter, you would have been touched for that lie in which you were involved by a great punishment" (24:13-14).

Fourth, be mindful of what you say because your words could cause irreparable damage by creating problems that lead to internal conflict: "When you received it with your tongue and said with your mouths that which you had no knowledge of, you thought that it was an insignificant thing, while in the sight of God it was something very great" (24:15-16).

Fifth, create mechanisms to help prevent rumors from spreading: "Why, when you heard it, did you not say: 'It is not for us to talk about this. Glory be to You, this is a great lie. God warns you against doing this forever, if you are true believers. God explains the commandments clearly to you, and He is the All-Knowing, the All-Wise'" (24:17-18).

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[15] See my upcoming article: "With ʿĀʾisha in Mind: Reading *Sūrat al-Nūr* through the Qur'an's Structural Unity" in Dina Elomari and Juliane Hammer, eds. *Muslima Theology* (Routledge, forthcoming).

Sixth, set firm rules of accountability for those who spread gossip and slander: "Those who love (to see) scandal broadcast among the believers will have a grievous penalty in this life and in the hereafter. God knows, and you know not" (24:19).

Seventh, and lastly, strengthen your relationship with God and seek His guidance: "But for the grace of God and His mercy upon you, and were not God compassionate and merciful, [you would have come to grief]" (24:20).

Some of the mechanisms to help prevent rumors from arising and spreading are mentioned in *Sūrat al-Ḥujurāt*, which was revealed in Madina in 9 AH. This mechanism is designed to regulate and balance human relationships by identifying the predictable consequences. For example, spying, mockery, and backbiting are destructive in nature, whereas being honest, trustworthy, truthful, just, and forgiving strengthen relationships. Each family member has rights and responsibilities that further regulate healthy relationships. Human beings are encouraged to learn how to work together in order to accomplish their goals.

The Prophetic Pedagogy: *Tilāwa*, Broadcasting Knowledge, and Attaining *Tazkiya*

God commanded His Prophet (pbuh) to recite and convey the Qur'anic message. Thus, we are told: "Indeed, God bestowed a favor upon the believers when He raised up in their midst a messenger from among themselves to convey His messages unto them (*yatlū 'alayhim āyātihi*), to cause them to grow in purity, and to impart unto them the Book as well as wisdom (3:164).

Yatlū is often rendered as "recite" or "rehearse"; however, it has another meaning as well: to follow or imitate. God Almighty says: "Consider the sun and its radiant brightness, and the moon as it reflects the sun" (91:1-2). A more literal translation of ""reflects the sun" (*wa al-qamar idhā talāhā*) would be "as if [the moon] follows it [the sun]." The moon derives its light from the sun, and in this sense is the sun's "follower" or "successor," similar to how we should derive light from the Qur'an and reflect it in our lives.[16] In 11:17, *yatlū* might also be understood as conveying the message by reciting the divine text's verses. Hence, the recitation (*tilāwa*) of God's Book may mean not only to recite and convey the *āyāt*, but also to follow them and translate their meaning into reality.

> [It is] they who read/[truly] follow the Book of Allah are constant in prayer and spend on others, secretly and openly, out of what We provide for them as sustenance. It is they who may look forward to a bargain that can never fail, for He will grant them their just rewards and give them yet

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[16] Taha Jabir Al-Alwani*, Reviving the Balance: The Authority of the Qur'an and the Status of the Sunnah,* trans. Nancy Roberts (London and Washington: The International Institute of Islamic Thought, 2017).

more out of His bounty, for verily He is much-forgiving, ever-responsive to gratitude. (35:29-30)

All people without exception are urged to read, contemplate, and gain knowledge through this Divine revelation. "Read," as proclaimed in 96:1, is both a command and a comprehensive guide to teach us how to read the Book of God and to engage with His creation combining the two readings in a way that helps us attain purification (*tazkiya*) and reflect it in every aspect of our life.

How did the Prophet (pbuh) practice this *tilāwa*, which is considered the cornerstone of his mission? Since the Qur'an is the final revelation from the Creator to humanity, it was revealed to bring all people out of the depths of darkness and into the light. Therefore, it is a source of belief, thought, worldview, and conceptualization. This creative source of holistic knowledge and guidance gives the necessary order to establish human concepts; clarify the relationships between the Creator, humanity, and the universe; and then regulates them in such a way that they will bring about an integrated *tawḥīdī*-based society.

As a result, reading, reciting, and conveying its *āyāt* and message is significant in attaining *tazkiya*, which transcends personal spirituality and leads to interpersonal growth. *Tazkiya* is a continuous process of purification that maintains one's spiritual health, removes what is harmful for its growth, and moves it toward the height of purification. The foremost quality of mind and character that flows from this commitment is a state of constant vigilance or an awareness of the presence of God, the All-Knowing *taqwā*. The root-letters *w-q-y* mean "to protect," "to save from destruction," and "to preserve." *Tazkiya* is the important process of building this quality of God-consciousness. *Taqwā* is at the heart of those traits cultivated by *tilāwa* and the constant remembrance of God. Its most important and basic function is to allow people to correctly examine themselves and to distinguish right from wrong.

To the extent that, as described by Fazlur Rahman, "one is able to perform this moral self-X-raying"; this *muḥāsaba*, one has "protected" oneself from error and its self-destructive consequences.[17] Therefore, accountability becomes both a moral as well as a social obligation. The Qur'an describes *taqwā* as the best "garment" one can wear (7:26) and the "best provision" one can take for the future (2:197). In other words, it is the best guarantee for building a good character. Although *taqwā* must be rooted in our inner faith, it has to be reflected in our actions (4:135 and 5:8), as stated in "Cooperate with each other on the basis of righteousness and *taqwā*, not on the basis of sin and transgression" (5:2).

Therefore, the Prophetic mission serves the critical role of embodying the Qur'anic message and values and applying them to guide one through this worldly

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[17] Fazlur Rahman, "Some Key Ethical Concepts of the Qur'ān," *The Journal of Religious Ethics* 11, no. 2 (Fall, 1983):170-85.

reality. In order for humanity to continue receiving this revealed knowledge from its source, the Qur'an presents a practical plan for *tilāwa* until the Day of Judgment. Since the first Prophetic mission is to read and recite the Qur'an and rehearse its *āyāt* so his *umma* can continue the mission, the Qur'an presents a practical plan for how to recite, understand, and allow the *āyāt* to enter their readers' hearts and change their lives. This recitation is the best way to strengthen one's faith, steadfastness, and mindfulness of God – all of which will lead to spiritual growth and *tazkiya*.

1. **Gradual learning**: The Qur'an explains why it was revealed in the form of responses to the Qurayshi pagans: "The disbelievers also ask, 'Why was the Qur'an not sent down to him all at once?' We sent it in this way to strengthen your heart [O Prophet]. We gave it to you in gradual revelation" (25:32) and "It is a recitation that We have revealed in parts so that you can recite it to humanity in stages. We have sent it down little by little" (17:106).

   Tartīl denotes "regularity, articulation, and being well-ordered." *Sūrat al-Muzammil* explains this process: "and [during that time] recite the Qur'an calmly and distinctly, with your mind attuned to its meaning (73:4). Here it implies articulate, eloquent, and contemplating the recitation of the Qur'an's verses and reflecting upon their meanings and impacts upon one's life. This practical step illustrates gradual change. Flexible pacing is key in this regard, for it lets people feel that they are not being rushed to learn new concepts or being held back if they learn them too quickly. This was exemplified by the Companions, both men and women, who were in the habit of learning and practicing the verses at the same time.

   For example, Abu Abd al-Rahman al-Aslami reported: "The Companions of the Prophet (pbuh) would learn ten verses from the Messenger of God and would not take another ten verses until they had learned their meaning and ruling. They said, 'We would learn knowledge and action together.'"[18] They also taught what they had learned by helping others memorize the Qur'an and, most importantly, through their practical example, which reflected directly what they had learned from it.[19] Transformational teaching changes people's lives so that they can, in turn, inspire positive changes in those who follow them. Change requires the

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[18] Source: *Musnad Aḥmad,* 22971.

[19] Abu Abdullah al-Qurtubi, *Jāmiʿ li-Aḥkām al-Qurʾān: Tafsīr al-Qurṭubī* (Dar al-Fikr, n.d), 1:52. Many authentic narrations urge Muslims to learn the Qur'an. The Prophet said: "The best of you is he who learns the Qur'an and teaches it to others." *Ṣaḥīḥ al-Bukhārī,* 5027, Book 66, Hadith 49. USC-MSA web (English).

murabbī to have patience and *ḥikma* (wisdom), for successful and lasting change can only be attained via these two qualities.

2. **Gradual teaching:** A second important reason was to allow its teachings to slowly enter the hearts and lives of its first recipients. The Qur'an uses "sent down," in its various forms, well over 200 times. The second grammatical verb form – *nazzalnā* – which reflects this gradual descent, is used in many verses, among them 2:23 and 97; 3:3; 4:47; 15:9; 16:89; 17:106; and 76:23. The use of this verb form is significant because it captures the historical reality of the Qur'an's twenty-three-year descent into the earthly realm. Therefore, its content is intertwined with the realities of those early communities who witnessed its revelation. In other words, it spoke to historical and personal events within those communities that believed in it as well as those that rejected it.

One distinctive feature of the Qur'an is its direct response to what was going on among these people. For example, *Sūrat al-Nūr* is without question one of those *sūra*s that captured and responded directly to events on the ground. In relation to this fact, one must understand the *munāsabāt al-nuzūl* (the occasions of the revelation)[20] in light of *al-waḥda al-binā'iyya li-l-Qur'ān* as a methodology. But how should we understand this genre of literature, which describes the events or questions that elicit the revelation of certain verses? What methods should we use to acquire a correct understanding of their meanings? What do the questions asked by the first generation of Muslims, both men and women, show us, in our current context, about the questions we should be asking of the Qur'an?

3. **Listening to the Qur'an:** Another powerful and emphasized method in the context of *tilāwa* is: "When the Qur'an is read, listen to it with attention and remain silent so that you may receive mercy" (7:204) and "Remember your Lord deep in your very soul, in all humility and awe, without raising your voice, morning and evening. Do not be one of the heedless" (7:205). The Quraysh realized the power of listening to the Qur'an, and history records instances among their elite members who would sneak away to listen to the Prophet or the Companions recite it at night. In other words, they highly discouraged people from listening to its verses out of fear that it may soften their hearts and make them vulnerable to receiving the message.

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[20] Al-Suyuti n.d., 28. For further readings about the coherence of the Qur'an, see Mir 1986, 29-30 and 61-62.

The Qur'an describes this reaction in detail: "Those who reject faith say: 'Listen not to this Qur'an, but talk at random while it is being recited, [so] that you may gain the upper hand" (41:26). In another situation, the Qur'an illustrates their reaction visually: "And when Our verses are recited to them as clear evidences, you recognize the disgust on the faces of those who deny the truth. It is almost as if they are going to attack those who recite to them Our verses. Say, "Then shall I tell you of [what is] worse than that? It is the Fire that God has promised to those who are bent on denying the truth. What an evil destination" (22:72).

The Qur'an takes us to yet another scene to tell us how the Prophet (pbuh) reacted to their actions: "We know that you, [O Prophet], are saddened by what they say. And indeed, they do not call you untruthful, but it is God's messages that the wrongdoers deny" (6:33). God proceeds to tell His Prophet (pbuh) about what the Qurayshi leaders discussed when they secretly listened to him reciting it: "We are fully aware of what they wish to hear when they listen to you, what they say when they converse in private, and when the wrongdoers say, "You are only following a man who is bewitched" (17:47).

In Madina, the Prophet (pbuh) taught the Companions how listen to the recitation on different occasions, sometimes during such large and well-attended gatherings as the Friday congregational prayers. Imam Ahmad recorded that Umm Hisham bint Haritha said, "For around two years, or a year and a part of another year, our oven and the oven of the Prophet was one and the same. I memorized *Sūra* (*Qāf. By the Glorious Qur'an.*) from the tongue of the Messenger of Allah, who used to recite it every Friday while standing on the *minbar* delivering the Friday sermon to the people.'"[21]

This practice apparently continued after the Prophet (pbuh) died, for Rabi'a narrated: Umar ibn al-Khattab recited *Sūrat an-Naḥl* on a Friday on the pulpit. When he reached the verse of *sujūd al-tilāwa* (prostration of the recitation), he left the pulpit and prostrated. The people also prostrated. The next Friday, he recited the same *sūra* and, upon reaching the same

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[21] Ibn Kathir, *Tafsīr Sūrah Qāf*; *Tafsīr Ibn Kathīr*, Part 26 of 30: *Al-Ahqāf* 001. Muslim collected this hadith. Abu Dawud also recorded that al-Harith bin al-Nu'man's daughter said, "I only memorized *Sūrah Qāf* from the mouth of the Messenger of Allah, who used to recite it in every Friday *khuṭbah*. Our oven and the oven of the Messenger was one and the same.'" Muslim and al-Nasa'i collected this hadith. *Ṣaḥīḥ Muslim,* 872.

verse, said, "O people, when we recite the verses of (prostration of the recitation) during the sermon, whoever prostrates does the right thing. However, it is no sin for the one who does not prostrate." And he did not prostrate (that day).[22] This indicates that the people were continuously engaged with the Qur'an.

4. **Contemplating the Qur'an on a personal level:** The Qur'an encourages its readers to contemplate and engage in a dialogue with its *āyāt*, for "(This is) a Book that We have sent down unto you [O Muhammad], full of blessings, for people to ponder over its messages, and so that those with understanding may receive admonition" (38:29). The readers are encouraged to reflect, ask questions, seek clarity, and draw inspiration from it in ways that complicate, nuance, and ultimately enrich their views and refine their practices: "Do they not ponder on the Qur'an? If it had been from anyone other than God, they would have found much inconsistency in it" (4:82). The Qur'an continually encourages people to contemplate in order to broaden their horizons: "Have they not pondered over the word of God? Has something come to them that did not come to their forefathers?" (23:68). And, finally, it warns people that if they do not contemplate the Qur'an, their hearts will become locked and hardened. In that case, they reach the stage of *hājir* (abandonment): "The Messengers will say, 'O my Sustainer! Truly, my people had abandoned this Qur'an'" (25:30).

   Approaching the Qur'an during the time of its revelation was based on dialogue, an on-ongoing interaction between the people and the revelation. People raised their questions and issues, and then the revelation answered them. The Qur'an states at least fifteen times: "They ask you about…." Most of the questions mentioned in the divine text are related to social, economic, and legal issues. The impact of a holistic *tilāwa* of the Qur'an transformed ordinary men and women into social justice activists and social scientists, as happened to Khawla bint Tha'laba, whom it taught to identify wrong customs and work hard to change them. The Qur'an represents her as a role model for humanity (59:1-4), indicating thereby that it invites its readers to ask questions and seek its guidance in order to inaugurate a positive change in their situation.

5. English-speakers rely heavily on translations to interpret the Qur'an's original message. Given that translations vary in form, content, and quality

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[22] *Ṣaḥīḥ al-Bukhārī*, Vol. 2, Book 19 (Prostration during recitation of the Qur'an), 183.

and depend upon human interpreters, it is critical to understand which translations to use in which instances. Sometimes only a combination of multiple translations can provide a clear picture of the true meaning and intent behind what is being said in Arabic. This exercise requires a reading buddy with whom one can discuss the meaning and understand the Qur'anic message. Therefore, reading different translations is important, and the more accurate the translated versions read, the closer they come to the original text. This method also trains readers to double- and triple-check a translation that does not coincide with the chapter's overall theme and harmony.

The Prophetic mission of *tilāwa* reveals a comprehensive model for eradicating illiteracy organically. *Tilāwa*, the Qur'anic-Prophetic holistic approach, presents education as the art of cultivating the intellectual, moral, emotional, physical, psychological, and spiritual dimensions of human development. Illiteracy is a harmful phenomenon that not only affects the individuals themselves in their daily lives and their future, but also has a significant impact upon their society. Unfortunately, illiteracy among Muslims today is still high and remains a dangerous challenge in most Muslim nations. Due to many complex factors related to the political, cultural, economic, social, and demographic conditions, this negative reality threatens the stability of both people as well as socio-political institutions. How should a *murabbī* implement *tilāwa* to promote literacy and broadcast knowledge as the Prophet (pbuh) did?

This holistic approach helps train people to learn about themselves, their relationships, their responsibilities, and reverence for all of life. The role of the *murabbī* in observing the development of students or followers is very critical. Here, we can observe the Qur'an and the Prophet's (pbuh) teaching strategies: listening to each person and helping them express their feelings in order to help them grow in purity (*tazkiya*). The Qur'an also provides methods to assess *tilāwa*'s impact upon people. This process helps develop one's self-awareness skills, which are key to helping people understand their place in this world. Not only is self-awareness the state of consciously being present in terms of one's thoughts, feelings, and emotions, but it also allows people to bring clarity to their internal state so they can better manage their external environment. Based on the first community's experience, the constant reading of the Qur'an while contemplating its verses was a collective movement that included all believers. This effective method gradually brought about their intimate relationship with the Qur'an, which then led to a holistic transformation in their lives.

> True believers are those whose hearts tremble with awe at the mention of God, and whose faith grows stronger as they listen to His revelations, and

> who place their trust in their Sustainer – those who are constant in prayer and spend on others out of what We provide for them as sustenance. Such are the true believers. They have a high standing in their Sustainer's sight, and forgiveness of sins and a most excellent sustenance. (8:2-4)

This Qur'anic-Prophetic model of engaging with the Qur'an encourages people to see the beauty of what is around them and learn to hold life in awe. This is not limited to the first generation, but is for all generations until the Day of Judgment: "Those whom We have given this Book read/recite/follow it as it ought to be read/recited/followed. It is they who [truly] believe in it, whereas all who choose to deny its truth – it is they, they who are the losers" (2:121).

Conclusion

The Qur'an promotes cooperation and a complementary relationship among people to fulfill their mission on Earth. By applying the term *murabbī* in all its derivative forms in the Qur'an, this article presents this Qur'anic-Prophetic model as one that encompasses teaching, mentoring, advising, and guiding. This article concludes that a close analysis of the Prophet's (pbuh) role as a *murabbī* holds practical applications for evolving Muslim communities today by providing a transformative model of leadership through the holistic guidance of the Qur'an, the ultimate source of *tarbiyya*.

More specifically, we should leverage the method of *al-waḥda al-binā'iyya li-l-Qur'ān* to actualize and present the term *murabbī* by using the Prophet's (pbuh) mission as a roadmap for spawning a social revolution driven by accountability, mercy, and compassion. The Prophet (pbuh) embodied and cultivated compassion and mercy through his words *and* his actions (21:107). The Sunna represents the ethics, morals, and behaviors outlined in the Shariʿa. The Qur'anic notion of *murabbī* reflects a holistic relationship among the Qur'an, the Sunna, and the hadith (the prophetic tradition). As *murabbī*s, the onus is on us to transform and purify ourselves, which will, in turn, transform our society. As the Qur'an states; "God will not change what is in a people until they change what is in themselves" (13:11).

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Beyond Timbuktu: An Intellectual History of Muslim West Africa

Ousmane Oumar Kane. Cambridge, MA: Harvard University Press, 2016.

Review by James S. Wright
San Diego State University

Beyond Timbuktu: An Intellectual History of Muslim West Africa consists of nine chapters and an epilogue that includes notes, a glossary, acknowledgements, and an index. As a young child in Senegal, author Ousmane Oumar Kane "pursued Islamic and Western education simultaneously," including full-time Qur'anic memorization, in the morning, evening, and on weekends (p. 3). He holds an MPhil, PhD from the Institute d'études politiques de Paris and is the Prince Alwaleed Bin Talal Professor of Contemporary Islamic Religion and Society at the Harvard Divinity School. Dr. Kane was also an associate professor of international and public affairs at Columbia University's School of International and Public Affairs. His research interests include colonization's impact on Islamic societies and Muslim globalization.

Beyond Timbuktu is an intriguing analysis of how West African Muslim intellectuals, through various schools of thought, crafted an Islamic epistemology conducive to their lived experiences, along with dynamic pedagogical strategies of scholarship, teaching, and learning that extended for centuries and transcended beyond the region.

Pre-colonial Timbuktu is perhaps most famous for the legend of the ruler Mansa Musa, who reigned from 1312-1337. His legend is most noted by historians for his famous hajj in 1324. On his way to Makka, Mansa Musa stopped in Cairo, where his entourage and display of wealth became the talk of legend. A fourteenth-century European map of West Africa contains his picture. Some historians suggest that the European *scramble* for Africa was propelled by these tales. Kane reminds us that fourteenth-century West Africa was a global supplier of gold to the major economies from what is known today as Morocco to Central Asia and into China.

Besides this extravagant display of wealth "was a landmark in the arrival of books and Muslim scholars in Sudanic Africa" (p. 51). Timbuktu, along with its vast wealth with extensive libraries, was an Islamic hub for learning and scholarship. Kane describes West Africa as much more central to Islam and the

spread of Islamic knowledge and science than had been previously known or discussed in both Islamic academic and western academic discourse, scholarship, and teaching.

So why is this history so marginal in Islamic discourses and western academic discourse and scholarship on Africa? Kane tells us that there is a bridge, not a barrier, between sub-Saharan Africa and North Africa. I critically engage this question by focusing on the Arabic term *Bilād al-Sudān* (The land of Black People), which refers to the land south of North Africa stretching from the Atlantic Ocean to the Red Sea – a derogatory term coined by Arab writers during the precolonial, medieval Islamic era. However, the term was appropriated "as a badge of greatness, in much the same way as has happened to the term 'negro'" (p. 41).

Kane seeks to reallocate sub-Saharan Africa's contributions to knowledge production in Islam. Such contributions include the introduction of paper, the book trade, and the formation and transformation of the educational system. So much information has been unearthed by experts on Islam and Muslim societies that "enable[s] us to bring the Islamic history of the Bilad al-Sudan to the contemporary debate on the production of knowledge in and on Africa and to the study of Islamic ideas" (p. 42).

The impact of colonization on Africa is a well-documented phenomenon. But what is less documented is the impact that medieval, precolonial Islamic Africa had on African and Islamic civilization, culture, knowledge production, and dissemination. This is not to suggest that African Muslim engagement with its Arab religious cohabitants was not hostile. Medieval Arab writers' derogatory "instrument of authorization" over the darker skinned sub-Saharan Muslims is indicative of a problematic anti-blackness that predates European and colonial engagement with Africa (p. 41). Notwithstanding, precolonial African Muslims were thriving: spiritually, culturally and intellectually. This is evident in the historical accounts of knowledge production and dissemination occurring at Timbuktu. Moreover, its scholars were learned, well-traveled, and among "the highest intellectual authorities of their time. Many Timbuktu scholars possessed personal libraries of hundreds or thousands of books" (p. 12).

In spite of Northern African and Arab Muslim anti-blackness sentiments toward sub-Saharan African Muslims, there were no Islamic theological or systemic impediments imposed upon Africans. Kane refutes colonial discourses and narratives that seek to equate this North African and Arab anti-blackness to European colonizers. Furthermore, Kane refutes the essentialist arguments of Pan Africanists and Eurocentrists who claim that Islam equally contributed to African enslavement and oppression and the stagnation of African development. His arguments are crafted through a *life history* account along with his own personal

life stories of his formative years to which he stated, "I grew up navigating easily between ethnic, racial, cultural, and epistemological boundaries" (p. 5).

Kane distinguishes between the three groups anti-blackness attitudes. Whereas North African and Arab Muslims' anti-blackness was immaterial, European engagement and colonization was material; it provoked an epistemic shift with transformative economic consequences. "The colonial powers saw the occupation of Africa as a means of promoting their economic interests while pursuing their so-called humanitarian mission" (p. 203).

Beyond Timbuktu is couched in Kane's personal stories and centered around his tribe and family's life history. However, the book offers some important historical analysis of contemporary anti-blackness in many Muslim societies toward African and other darker colored people, both Muslim and non-Muslim. This anti-blackness is not a result of Arab and North African engagements with European and/or the effects of European colonization, for Kane locates that in the medieval precolonial Islamic era. Nonetheless, precolonial anti-blackness was neither ontological nor epistemological, for it did not structurally and systemically impede African development and prosperity. On the contrary, European colonization and engagement with Africa was ontological and epistemological, which helped the colonizers implement structures and systems to not only reverse the development of African civilizations and societies, but also helped rewrite and whitewash Africa's entire history and global significance.

The Ethics of Disagreement in Islam

Taha Jabir al-'Alwani. Trans. Abdul Wahid Hamid. London and Washington: The International Institute of Islamic Thought, 2011 (reprint).

Review by R. Mukhtar Curtis
US Bureau of Prisons (Ret.)

The Ethics of Disagreement in Islam is a translation of Dr. Taha Jabir al-'Alwani's *Adab al-Ikhtilāf fī al-Islām*, originally published in Qatar in 1984. Dr. al-'Alwani is an accomplished scholar of Islam, with bachelor's, master's, and doctoral degrees from al-Azhar University. He was president of the School of Islamic and Social Sciences, which later became the Graduate School of Islamic and Social Sciences; president of the Fiqh Council of North America; president of Cordoba University in Ashburn, Virginia; founding member and president of the International Institute of Islamic Thought (IIIT); founder-member of the Council of the Muslim World League in Makka; and member of the Organization of the Islamic Conference-Islamic Fiqh Academy. His works are regarded as authoritative in the fields of Islamic legal theory, jurisprudence (*fiqh*), and *uṣūl al-fiqh*.

The text has 10 chapters with three main themes: (a) Muslim groups are almost hopelessly disunited due in large part to their failure to deal with their conflicts in an amicable fashion; (b) the solution, beginning with the key actors, is to adopt the norms and mores that characterized the personalities of the early generations and of particular subsequent scholars; and (c) a primary reason for sharp disagreements is the predominance of *taqlīd* (imitation) and the almost total absence of *ijtihād* (independent reasoning) as a problem-solving procedure.

The author envisioned the original Arabic text as a guide to help eradicate the internecine disagreement and enmity between "Islamic political parties in one part ['a small section'] of the Muslim world." These groups have not only fractured into more adversarial sects, but also frequently hurl terms implying apostasy or near apostasy (*kufr* كفر), abject sinfulness (*fisq* فسق), or disobedience and unprecedented unauthorized religious practice (*bid'ah* بدعة) at one another.

Although the author does not explicitly name those groups and individuals whose behavior spurred him to write the text, his biography leads one to conclude that Islamic groups in either Iraq or Egypt were the areas of the contentious Islamic activities. There is no mention, however, of any groups especially targeted by this translation. Concerning the intended audience of Arabic speakers, however, Dr. al-'Alwani maintained that problematic behavior and hostilities

between such factions could be overcome by familiarizing oneself with and imitating the behavior of the early *fuqahā'*. Thus, he states, "This book may more appropriately be titled 'The Ethics of Disagreement between the Classical Jurists …' [for it] serves as a useful introduction to the subject of disagreement in general.…"

Such a subtitle would enable the reader to have an accurate expectation about the reading material. Given the actual title, one may easily infer and expect that the book will present a host of Qur'anic and hadith texts about good behavior along with practical real-life examples that are applicable to contemporary Muslims, their societies, and environments. Rather, the text expertly delves into the subject matter from an academic point of view, but without a rigorous road map to help the reader internalize the ethics and recommended behaviors. Hence the text is, ipso facto, an introduction to the subject of disagreement, as the author himself has stated. It is not a workbook, per se, for eradicating behaviors ill-suited for the believer. *The ethics of disagreement in Islam* is an excellent reminder for those whose ethos and behavior is already based either upon a conscious blueprint for pious behavior or a set of norms and mores internalized via the family or a similarly strong social influence.

The first chapter, "The Malaise of Discord," was the preface of the original Arabic publication and thus contains the themes and subtopics discussed in the rest of the text. It opens with the less-than-positive observation that the Muslim world is beset by "[m]oral torpor and intellectual paralysis, subversion from within, subjugation from without, the absence of justice and fair dealing, exploitation and corruption, extremes of ignorance and disease, poverty and waste, dependence and insecurity, discord and internecine strife." Signs that the correct practices, according to the Qur'an and Sunna, are absent include the appearance of violent disagreement (*ikhtilāf*), selfishness, and egotistical motivations (*hawā*); the labeling and insulting of others with terms such as "deviant," "sinner" or "sinful," and "unbeliever"; and disregarding pertinent the Qur'an and prophetic texts. Without being specific, the author states that in one country there are 93 separate [competing or adversarial] organizations involved in the Islamic movement.

The leitmotif of the book, that disagreement and discord [الاختلاف والمخالفة] are the "most dangerous" and omnipresent afflictions is repeated in various ways with nuanced examples amid mentions of those aspects of a general solution. Because "Muslims have forsaken the uncompromising belief in and worship of Allah alone" and its concomitant practice of the Sunna, their disunity is a fait accompli. The author asserts that according to the Qur'an and Sunna, the most important aspect of Islam – after monotheism – is the unity of the *umma*, thereby implying that when one is deficient, the other is also deficient. Muslims were warned about this situation: "And do not dispute with one another lest you fail

and your moral strength desert you" [وَلَا تَنَازَعُوا فَتَفْشَلُوا وَتَذْهَبَ رِيحُكُمْ ۖ وَاصْبِرُوا ۚ إِنَّ اللَّهَ مَعَ الصَّابِرِينَ] (8:46). Toward the end of the chapter, he states that this "crisis is in fact an intellectual one."

That the *umma* as a body exists at all must be due to an unknown number of Muslims who maintain the legacy of the Qur'an and Sunna, as well as those Muslims who "depend upon Allah and genuinely seek His guidance and forgiveness."

The author's solution to "disagreement and discord" is to address the "roots of … Muslim disunity" beginning with "the dimension of faith," which is weak – if not absent – from the hearts of many Muslims. He asserts that this dimension and a sound understanding of Islam are the only guarantees for rectifying things, for doing so will reconstitute the link between knowledge and ethics. There is no other way to achieve all of this except by imitating the early Muslims' unswerving attachment to the Qur'an and Sunna, which was based on a sound knowledge and understanding of Islam.

The author paraphrases a hadith to help illustrate a part of the "dimension of faith" that a Muslim needs to defeat the malaise of discord, namely, that a Companion was promised paradise particularly because every night before he retired, he conscientiously rid himself of feelings of rancor toward other Muslims.

The aforementioned topics are discussed with more depth throughout the book. The more the reader has engaged in Muslim community affairs and politics, the more coherent the text becomes, because the author does not name any specific groups, individuals, or geopolitical areas. By the same token, this may have been necessary if only to avoid any imitation of those about whom the text is criticizing. This text and the author's life itself reflect the princely behavior being called for. Thus, although readers are left to their own experiences in order to identify the text with real-life protagonists and incidents, those who will get the most benefit are those for whom the book is a reminder of that toward which they are already consciously striving.

Without a Profession: The Politics of Being and Becoming an American Imam

Nancy A. Khalil's Dissertation Abstract

Current and recent history has seen an intense struggle over Islam's essence and sources of authority, as well as increasing national tensions over national religion and the idea of an "American Islam." Her work integrates scholarship on authority, theology, and religious freedom to illuminate the imam's contested image in U.S., as well as how the struggle among various stakeholders (e.g., Muslims, politicians, and law enforcement) is shaping the profession. Central to her work with imams is an inquiry into how religion is built, who contributes to a national religious construction, and what are the local and international implications on principles like religious freedom.

Khalil's study is based on over three years of qualitative research in nearly a dozen American cities. Analyzing the results of participant observation, hundreds of interviews, and site visits to aspiring Islamic seminaries, she examines how efforts to shape the profession and mold the figure of these imams are inherently intertwined with various government arms, among them federal law enforcement, state authorizing boards, and foreign policies. She argues that ministry is a necessary path to nationalizing a faith, and that its regulation complicates our understanding of religious freedom. The increasing emergence of Islamic seminaries helps define the borders of other authoritative professions, such as those of a scholar or a jurist, narrowing, by professional elimination, the occupational expectations and the public's understanding of the American imam.

Her dissertation examines the lives of American imams to show how this profession is being formed at the junction of three influences: government regulations impacting ministers, pastoral norms, and the Muslim scholarly tradition to affirm a(n often mutually welcome) latent mosque–state partnership. Beyond the state, normative figurations of religious leadership as clergy also inform and shape the imam's figure to one that is a professional parallel in terms of authority and performance. Examining these contexts highlights the role of the state and bureaucratic procedures in the localized emergence of religious and professional categories like that of American Islam and the American imam. Ultimately, Khalil's work shows that religions are neither shaped in vacuums nor are their leaders immune to the normative processes, forms, and influences present where they try to take root.

National Shura and In-Service for Chaplains, Imams, and Other Service Providers to the Muslim Community

Shareda Hosei
Brite Seminary

On Saturday, March 23, 2019, the 9th Annual Shura and In-Service for Chaplains, Imams, and Other Service Providers to the Muslim Community was held at Yale Divinity School in New Haven, CT. About 170 people attended. While chaplains, imams, community leaders, and advocates are the staple, this year the event also attracted a number of academics.

As in the previous years, the conference was organized by the Association of Muslim Chaplains (AMC) and the Islamic Seminary Foundation (ISF) DBA the Islamic Seminary of America (TISA) in cooperation with the Muslim Endorsement Council of Connecticut (MECC).

The goals of Shura 1440 were to convene the annual AMC meeting as well as the annual meeting and training for endorsees of MECC; provide practical, interactive in-service training for these three categories of people; to obtain feedback from interested stakeholders regarding curriculum development for these groups' effective education and training; and to provide informational updates on MECC and ISF developments.

This year's theme, "Protecting the Heart: Islam and Cross-Cultural Competency," featured authors, academics, advocates, supporters, chaplains, and imams, all of whom spoke on the importance of recognizing and taking responsibility for our own unconscious prejudices that, when taken as a whole, is a disease that fragments society. Islam sets a precedent for recognizing and abolishing such attitudes in ourselves and in society, while cross-cultural competency teaches us how to interact effectively with the other.

The day started with an opening du'a from CAIR national co-chair attorney Roula Allouch and a Qur'an recitation by Chaplain Mustafa Boz, followed by welcome remarks from the host organizations representatives – AMC president Imam Dr. Salahuddin Muhammad, Chaplain Sharif Rosen, MECC board member and co-treasurer Imam Kashif Abdul-Karim, and TISA president Dr. Ihsan Bagby. Rev. Dr. Ronald C. Oliver, president of the Association of Professional Chaplains (APC), and Chaplain Jawad Bayat, representing the Association for Clinical Pastoral Education (ACPE), also made remarks.

An exciting new element was added – an interactive plenary session at the beginning of the day that focused on "Muslim American Intergroup and Intragroup Prejudice in the African American, Arab, and South Asian Communities." Panel presenters included Dr. Ihsan Bagby, Attorney Roula Allouch, and Dr. Zahid Bukhari. Dr. James Jones moderated. Participants were then divided into small facilitated groups in order to expand on the issues surrounding intergroup and intragroup prejudice. Findings were collected and will be sent to conference participants.

This was followed by two parallel sessions: Dr. Khadijah Matin's "Cultural Competency: "We're Only Midway in the Journey" and Chaplain Abdul-Rasheed Muhammed, Chaplain Mustafa Boz, and Imam Kashif Abdul-Karim's "Endorsement of Muslim Chaplains in American Institutions" – with four tracks: "Meet the Authors": Dr. Celene Ibrahim (One Nation, Indivisible), Dr. Saher Selod (Forever Suspect), and Dr. Reza Mansoor (Stigmatized); Imam Bilal Prather's "Culturally Sensitive Models for Addiction Rehab and Prison Reentry"; Chaplain Nisa Muhammad and Chaplain Leenah Safi's "Student Cross-Cultural Issues in Higher Education"; and Professor Lance Laird, Chaplain Samsiah Abdul Majid, and Chaplain Shareda Hosein's.

The closing plenary session, Dr Rania Awaad, MD's "Cross-Cultural Competency: The Way Forward," expounded on the damaging effects of misdiagnosing clients when we bring our inherent biases into the therapy room. Many of these biases permeate our thought processes so deeply that we may be completely unaware of them. Dr. Awaad recommended taking the "Implicit Association test" offered on the Harvard University website, which reveals these unconscious biases. She further emphasized the importance of joining Islamic knowledge with therapeutic techniques when working with Muslim clients. Dr. Awaad is one of the editors of Islamophobia and Psychiatry, which addresses three related but distinct areas of interest: Islamophobia as a destructive force, Islam as a religion threatened by stigma and misinformation, and the novel intersection of these forces with the field of psychiatry.

AMC, ISF, and MECC thank everyone who participated in this year's conference to make it a success.

Conference Report on Spiritual Abuse: Education and Prevention for our Communities

Afshan M. Malik
Rabata

The Ribaat Academic Program, a branch of the larger nonprofit organization Rabata, Inc., which promotes positive cultural change through creative educational opportunities, held an educational webinar on December 16, 2018. As a leading institute for online education that brings traditional Islamic sciences to women worldwide, this program highlighted the topic of spiritual abuse from the standpoints of scholars, educators, and licensed therapists.

Since 2014, this academic program has hosted a multitude of webinars in addition to its semester-length courses in the Islamic sciences. These webinars address modern-day struggles and topics against the backdrop of traditional Islamic teachings. Featured in this one were Shaykha Anse Tamara Gray (Rabata's founder and executive director), Dr. Ingrid Mattson, Ustadha Zaynab Ansari, Ustadha Iesha Prime, Ustadha Sana Mohiuddin, Shaykh Rami Nsour, and Sister Salma Abugideiri, LPC.

Observing that spiritual abuse is a serious community problem to which all men, women, and children are vulnerable, the webinar stated that those involved are often unsure as to what constitutes an unhealthy student-teacher relationship or how to stay professional yet engaged. Therefore, this event was designed to equip attendees with the knowledge of what spiritual abuse really means and how everyone – students, teachers, and community members – can prevent it. The speakers explored the nuances of spiritual abuse, as well as preventative measures, guidelines for parents whose children are in the process of religious and spiritual development, support for victims, and information on what the ideal student-teacher relationship looks like according to the Prophet's (peace be upon him) Sunnah.

The conference was divided into two segments based on the central time zone. The Ribaat Academic Program highlights the importance of having a live attendance, but as its global audience spans several time zones, they clearly advertise the availability of recordings to registrants for all sessions at ribaat.rabata.org. An ongoing dialogue in the associated chat box enables live attendees to have an interactive engagement with and personal access to all speakers.

Dr. Mattson lectured on understanding spiritual abuse and detailed the various categories of spiritual abusers, such as intentional abusers versus "wanderers" who fall into spiritual abuse by circumstance. She offered a specifically nuanced instruction on how to monitor and alleviate those situations in which spiritual abuse can become a means of manipulating the victim's financial and other actions. Mattson explained the thinking process of spiritual abusers and offered advice about how, on a community scale, the public can call them to account and prevent them from continuing the same habits at different organizations and places of worship.

> Protecting religion does not mean protecting mosques and buildings. It means protecting the people of the religion … Who are we helping when we do not intervene in cases of abuse? No one. We must intervene as individuals and have systems of intervention in place as a community.

She followed this up with a lesson from Umar Ibn al Khattab's legacy in leadership.

> If a person was suspected of abuse, Umar ibn al Khattab removed the suspect from his position and *then* conducted the investigation. No one has a right to a certain position, and removing the potential for more abuse outweighs other considerations.

Shyakh Nsour highlighted the community's role and responsibility in addressing spiritual abuse and gave examples garnered through his own instruction and interaction with abusers as follows: "Recognizing the pattern of behavior is very important. Patterns may indicate criminality." He also shared an insight from the community's history regarding people's behavior by reflecting on the popular hadith by the Prophet ﷺ .

> Actions are by their intentions is a true statement [Editor's note: The actual hadith, narrated by Umar ibn al-Khattab, is found in Bukhari and Muslim (http://musliminc.com/hadith-actions-are-by-intentions-10185)] – but only Allah knows what someone's intentions really are. Even the Nazis and perpetrators of other large-scale atrocities claimed good intentions. So we have to judge on the outer actions like the Prophet ﷺ taught us to do.

Ustadha Mohiuddin and Sister Abugideiri, both practicing therapists, are often called upon to address situations of spiritual abuse in their own communities. Ustadha Mohiuddin gave a lengthy presentation on how to monitor and protect children from being victimized. She addressed those who have the power to influence young minds and recommended that they remind children that no one, absolutely no one, is above God because, as she stated, "Spiritual abuse can happen from anyone who has been granted access: an imam, a scholar, a Sunday school teacher, a mentor we've brought into our home. Watch your children for signs, including their attitude." She also touched on the spiritual dimensions of abuse by advising the audience to "Know that your child's teacher has a metaphysical relationship with him or her. They should be mindful of the child's heart and how they [are] relaying the significance of this sacred text." Explaining that all victims react in different ways, she said, "If children are showing a drastic change in attitude regarding Islam, be mindful of where it's coming from and continue your vigilance as a parent. Be curious, ask questions, have an emotional presence in your child's life."

Sister Abugideiri's session spoke to the victims directly and addressed their pain.

> The fact that we've faced abuse does not mean that God loves us any less. It's really important that we don't interpret abuse as a lack of favor from God. We want to stay connected to Him and remember that He is the most Merciful and knows what is going on with you.

She gave practical advice to both the victims and those individuals who may come into contact with them on how to provide support, help, and access to care. As many victims face trials in faith and God, she noted that people must acknowledge their pain and refrain from judging them.

Shaykha Gray used her session to directly advise religious teachers on how to be proactive in their own behavior in order to limit this particular risk. She encouraged teachers and those people with religious authority to undertake a deep and regular introspection of their roles and responsibilities, for "The beginning of this path is with good intentions. As a religious teacher in any capacity, know that this intention can manifest itself in various ways." As a religious scholar and educator, she connected with her target audience by guiding them in how to perceive their role in people's lives in a deeper context. "Know yourself. Know your personality. If someone comes to you for help and you begin to think that you are the only one who can help them – this is a problem. Everyone is replaceable."

Ustadha Prime emphasized self-reflection by providing examples from the Sunnah regarding student-teacher relationships. She said that everyone must be aware that they can use their own agency to empower and protect themselves and gave examples of being mindful (e.g., not being alone in a room with someone or engaging in behavior that could be misunderstood). "Spiritual abuse can also happen to groups of people and from same-sex teachers," she highlighted. "Almost cult-like habits can come about within groups where certain acts of service are expected."

Ustadha Ansari stressed self-agency and learning from the legacy of historical Muslim women.

> The dignity that Allah has given to you, no one can ever take that away from you. Pay close attention to the strongest examples of women we have – the Mothers of the Believers and the female Companions. Look at their strength, valor, and dignity.

She reminded the audience of how spiritual abuse may manifest through individuals' neglect of cultivating their own relationship with the Divine.

> There is no obedience to creation that is elevated over obedience to the Creator. As much as we have a love and respect for our teachers, we have to understand [that] our relationship with God is at a completely different level.

An interactive Q/A forum was arranged for those who viewed the recordings and wanted to continue conversations with speakers on various topics that they considered important.

The spiritual abuse webinar was received with great acclaim by participants. The Ribaat Academic Program provides all registrants with access to each webinar recording for 90 days after their registration date. Speaker topics are listed below, and the recordings are available at ribaat.rabata.org.

Speakers & Topics: Ustadha Sana Mohiuddin: "Protecting our Children," Ustadha Zaynab Ansari: "Protection from Spiritual Abuse," Ustadha Ieasha Prime: "The Sunnah Relationship," Anse Tamara Gray: "Teacher's Guide: How to Establish Relationships & Set Boundaries," Dr. Ingrid Mattson: "Understanding Spiritual Abuse," Salma Abugideiri, LPC: "Help for Victims," and Shaykh Rami Nsour: "A Community's Responsibility."

Workshop Report: Dissecting the Ethics of Organ Donation: One-Day Intensive

Emna Malas
University of Sydney

Rosie Duivenbode
University of Chicago

During the past decade, the number of individuals with organ failure and those in need of organ transplantation has increased, whereas the number of organ donors has remained relatively constant. The resulting gap between "supply and demand" has made organ transplantation an important and widely discussed topic. Compared to the general American population, 95 percent of whom support organ donation, according to survey research only 15-51 percent of Muslim Americans support it. Moreover, as Islamic scholars and jurists continue to discuss its permissibility and associated medical technologies, organ transplantation remains a contentious issue for Muslim patients, chaplains, and physicians.

For this reason, on September 10, 2018, the University of Chicago's Initiative on Islam and Medicine, along with support from the Chicago Muslim Medical Alliance, held a one-day intensive workshop on the "Ethics of Organ Donation." The program featured a line-up of national and international scholars who addressed the biomedical, philosophical, and ethico-legal underpinnings of organ transplantation from the perspective of both Islamic and Muslim bioethics, to borrow Professor Aasim Padela's key terminology.[1]

The event kicked off with a networking dinner for attendees and presenters. Breaking bread together over a game of trivia was both a great ice breaker and an ingenious way to introduce the workshop's topics, which ranged from determining the percentage of American Muslim physicians who are registered organ donors (answer: 30 percent), to answering who is generally considered the father of the higher objectives of the Sharia (answer: Imam al-Shāṭibī [d. 1388]). I recall this last question in particular, as it was the only one that I answered correctly. The highlight of the evening was being able to pick the minds of some of the brilliant men and women in the field, such as Profs. Abdulaziz Sachedina, Peter Pormann, Ayman Shabana, and Dr. Mehrunisha Suleman.

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[1] Dr. Padela defines Islamic bioethics as a discourse that uses the Islamic tradition to address moral questions and ethical issues arising out of the biomedical sciences and allied health practices. Muslim bioethics, on the other hand, refers to the sociological study of how Muslims respond to bioethical challenges with Islam as one input.

The workshop was attended by a wide array of physicians, chaplains, nurses, and other allied healthcare professionals, as well as imams and religious scholars. The intensive one-day program consisted of three main components: an introduction to Islamic bioethics, an evaluation of organ donation's biomedical aspects, and a comprehensive review of the religious perspectives on this procedure.

The day began with Dr. Padela's introduction to Islamic bioethics. After highlighting the distinction between Islamic, Muslim, and applied Islamic bioethics,[2] he identified the discourse's key stakeholders and the material outputs that we can expect to find. His talk was followed by two very engaging presentations on the biomedical aspects of living organ donation. Dr. Milda Saunders, a living donor advocate physician at the University of Chicago's transplant center, explored kidney disease and the need for living donors within the American context, as well as the inherent societal benefits and individual medical risks of living kidney donation. Next, Dr. Talia Baker, a transplant surgeon at the University of Chicago, addressed the ethical conflicts in living donor liver transplantation, such as that between the donor's autonomy (and her right to donate an organ freely) and the transplant physician's adherence to the Hippocratic non-maleficence principle (while being in a position of possibly harming a donor who may not stand to benefit).

Dr. Padela then took to the floor again and presented an Islamic perspective on the ethico-legal issues relating to organ donation. He discussed the various fatwas on this procedure, the underlying constructs, and the legal continuum upon which they exist. Along this continuum he identified three positions: (1) categorical impermissibility, due to violations of human dignity (*ḥurma* and *karāma*); (2) impermissibility, but permitted on a conditional basis when there is a dire need (*ḍarūra*); and (3) permissible or encouraged, based on the notion of public interest (*maṣlaḥa*). The conditions attached to its permissibility (e.g., minimizing the violation of *ḥurma*, obtaining the donor's consent, and the necessity and probability of success of the organ's transplantation) were also explored.

After a lunch break, anthropologist Dr. Elham Mireshghi and two panel discussions laid out several lively and controversial Muslim debates on organ donation. She discussed the unique situation of paid living kidney donation in Iran by introducing the socio-political context and Shi'a jurisprudential considerations that enabled the development and continuation of one of the world's only long-standing programs for paid kidney giving. The following panels on organ donation and brain death, which featured Shaykh Amin Kholwadia (the Darul Qasim Institute), Sh. Zulfiqar Ali (the Fiqh Council of North America), and Dr. Rafaqat Rashid (Al-Balagh Academy), explored central theological and juridical concepts relating to the

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[2] Applied Islamic bioethics bridges the aforementioned Islamic and Muslim bioethics methodologically by examining how the material of Islamic bioethics is understood and applied by consumers, as well as the transition of biomedical concepts into the edifice of Islamic law.

permissibility of organ donation and defining death. Their detailed overview of the argumentation behind the different juridical positions gave participants the rare opportunity to interact with reputable scholars and observe areas of agreement and disagreement among them.

Centering the panels on the controversies, concepts, and questions surrounding these topics aroused passionate debates from the panel members. I think it is safe to say that although each party put forward many a convincing argument, numerous questions remain as to how Islam regards organ donation and defines death.

This event proved to be valuable for chaplains, imams, physicians, and many other professionals. Its interdisciplinary nature provided both breadth and depth and inspired many stimulating discussions. We hope to see many of you (again) during October 20-22, 2019, when the Initiative on Islam and Medicine (II&M) will host "Advancing Muslim American Health Priorities (A-MAP): Exploring the Religious Dimensions of Mental, Reproductive and Sexual Health." For more information on this event, visit https://voices.uchicago.edu/islamandmedicine/amap/.

Remembering Dr. Sulayman Shehu Nyang (1944 – 2018)

Professor Jimmy Jones
Islamic Seminary of America

Before I entered Hampton Institute (now Hampton University) as a first-year college student more than half a century ago, I had never met an African. Sadly, Africa for me was a monochromatic place shaped by Hollywood films where a White Tarzan reigned as "King of the Jungle." Although my Southern, racially segregated Roanoke (VA) public school education prepared me surprisingly well when it came to reading, writing, and arithmetic, it failed me and others miserably in terms of providing a panoramic view of world history and cultures. In my twelve years of social studies books, I do not recall there ever being a single lesson about an African or a Muslim of note.

All of this changed when I entered Hampton Institute as a new student in the fall of 1968. Suddenly I was thrust into a predominantly Black world that included Africans and Muslims who were not direct descendants of the forced African migration known as the Atlantic slave trade. During my first year I met and became close friends with Nelson Mkandawire of Malawi. What an eye-opening pan-African education that was, for I was not used to hearing about Africa's diversity and Black people being in charge of nations. The following year I met and became friends with Sulayman Shehu Nyang from The Gambia.

As a result of these close college friendships, my life and view of the world's history and cultures changed dramatically. Although I lost contact with Nelson after graduation, my relationship with Sulayman lasted for more than fifty years, right up until his death on November 12, 2018. For me, I remember my friend as an African, a bridge-builder, and a confidante.

As an African, Sulayman represented that powerfully positive essence of the human spirit that rightly emanates from the continent that scientists claim is the birthplace of humanity. Therefore, he was African in the sense that all human beings are African. Consequently, he felt at ease with people of varying cultural backgrounds. His engaging smile, incisive wit, and penetrating mind were always welcome in the many venues where he taught or collaborated. He was also "African" in the sense that, to the world, he represented sub-Saharan Africa's diverse peoples. Two good examples of his many writings on that region are his chapter on "Islam Revivalism in West Africa" in *Religious Plurality in Africa: Essays in Honour of John S. Mbiti* (2013; co-edited with Jacob K. Olupono) and

his groundbreaking *Islam, Christianity, and African Identity* (1964), a classic text in the field.

As a bridge-builder, Sulayman spent his academic career as a public intellectual who always emphasized commonalities. This focus resulted in him being effortlessly "owned" by various groups in the Muslim American mosaic. Being an immigrant himself, organizations with large immigrant constituencies claimed him as their own without difficulty. As an African person of color, he easily moved within the African-American Muslim community. Given that these two groups represent the vast majority of Muslim Americans, it appeared to me that he was almost everywhere at once, from serving on the editorial board of the most prominent Muslim American publications to being a featured speaker, at one time or another, at every major gathering in the Muslim American community. In short, his connective, bridge-building impact was significant.

As a confidante, I could always depend on him to lend a sympathetic ear to whatever new community project I was contemplating or joining. Although our relationship was special because of its half century-plus longevity, I saw him patiently lend an attentive, sympathetic ear to the many people who often asked for advice at the end of one of his many lectures. Sulayman was always sympathetic, patient, helpful, and encouraging.

When my wife Chaplain Matiniah Yahya, Yale University, Muslim Omer Bajwa, and I were thinking about establishing the Islamic Seminary Foundation, one of the very first people I talked to was Sulayman Nyang. As usual, we had to chase each other a bit to get some face-to-face time together. Nevertheless, when we finally managed to meet, he was his usual enthusiastically supportive self while helping me consider this important venture's various facets. During our conversations, I even convinced him to allow me to nominate him as president of The Islamic Seminary of America – an effort that was, unfortunately, derailed by a series of health issues that ultimately led to his death.

In many ways this journal, our nine-year-old annual chaplain and imam conference at Yale, and the establishment of The Islamic Seminary of America in Dallas are a testament to the impact that one unapologetically African Muslim can have as a continuous bridge-builder and cheerleading confidante. May we continue his impactful legacy, and may Allah grant him paradise.

Call for Papers: Islam and Cross-Cultural Competency

The *Journal of Islamic Faith and Practice* is an annual double-blind peer-reviewed open access online academic and interdisciplinary journal published by Indiana University and sponsored by the Islamic Seminary Foundation, the governing body of The Islamic Seminary of America (TISA). The *Journal* invites colleagues to submit original articles and research that combine intellectual rigor with community engagement. The *Journal* seeks to provide a platform for scholars, students, and researchers to exchange their latest findings, as well as to foster dialogue among academics, researchers, community leaders, and students regarding the Islamic faith and its practice in America. To this end, we invite proposals that reflect theoretical and methodological sophistication and engagement with existing scholarship, while also being accessible to non-specialists.

Our third edition will analyze **Islam and Cross-cultural Competency.** The goal here is to synthesize and advance both theoretical and empirical research about Islam and cultural competency within education, sociology, political science, healthcare, psychology, bioethics, ecology, social service, the arts, and other relevant fields. Colleagues interested in publishing conference proceedings and book reviews are also welcomed.

We are interested in the following topics:

- Theoretical papers: How do we examine and analyze American Muslims' cross-cultural contributions in terms of developing methodologies to approach the Qur'an, Sunna, and Islamic traditions?

- Historical studies: How do we read and examine historical events, persons, and organizations that affect Muslim communities' cross-cultural worldview in America and beyond?

- American Islamic praxis papers: How do we examine the new practices, traditions, and cultures developing within the American Muslim community as they relate to Islamic cross-cultural competency?

- Case studies, qualitative interviews, and oral histories of key people or organizations: How do we examine and evaluate the conduct and role of American Muslims' religious leadership – scholars, imams, and chaplains – in terms of responding to cross-cultural challenges?

The *Journal* is published once a year, usually in May/June. The timeline for peer review and publication is in the range of 5-6 months.

Possible Topics

Papers should focus on how Islam relates to key cross-cultural issues facing Muslims, such as the areas listed below. We are also open to other topics that fit within the volume's primary theme.

- Islam, Cross-Cultural Marriage, and Family Life
- The Islamic Paradigm and Its Relationship with one of the following areas: Workplace Prejudice, the American Criminal Justice System and Prejudice, Gender and Sexuality, Racism, Affirmative Action, Politics and Prejudice, and the African American Civil Rights Movement
- Islam and Cross-Cultural Social Responsibility
- Islam and Human Rights
- Intergroup and Intragroup Cross-Cultural Issues in the Muslim American Community

Guidelines for Authors

The Journal of Islamic Faith and Practice **Invites:**
- Original social science- and humanities-based research papers reflecting on all aspects related to Islamic faith and its practice in America.
- Abstracts of dissertations, theses, and research findings related to the American Muslim community (700-1,000 words.)
- Shorter reflection pieces (2,000-3,000 words) by activists, imams, and chaplains.

Assembly of the Manuscript: Standard research papers should be 7,000-10,000 words in length or longer, but only if approved by the editor. The article should be in Microsoft Word format. All submissions must conform to the *Journal* guidelines: original, unpublished research; double-spaced and single-sided; and documented in the Chicago Style. A manuscript contains many parts: Title of the paper with an abstract and 3-5 keywords, text of the paper, references, footnotes, tables, figures, and appendices. Not all papers have all elements. However, if they do, this is the order in which they should be arranged.

Submission of Manuscript:
- Send a brief note of intent to contribute, noting the type, scope, and focus, by July 30, 2019. You will receive a note of acceptance / non-acceptance by the end of August.
- Decision Date: August 30, 2019.

- Send the completed contribution by November 30, 2019, as an attachment, along with a 250-word abstract and a short bio.
- Publication Date: July 1ˢᵗ 2020.

Submissions are accepted via e-mail: journal@islamicseminary.org

Those whose papers are accepted may be invited to present them during the *Journal of Islamic Faith and Practice* workshop, which will be held at the Islamic Seminary Foundation's annual Shura at Yale University in March 2020.

Subscription Information: *The Journal of Islamic Faith and Practice* has access to the subscription of e-journals for individuals and libraries. If you are interested, please contact us at **journal@islamicseminary.org**.