The United States is a microcosm of humanity. No other country has a greater diversity of races, nationalities, ethnic, cultural, and religious groups. Although the United States offers a great asylum for diverse people, cultures are always encouraged to assimilate and even disappear into what is called the "melting pot." According to A. Mazrui in *The Report of The New York State Social Studies* (1991), many cultures have been, at best, marginalized. There is no doubt, however, that both pluralism as well as the awareness of pluralism and diversity are on the rise. The task for all of us, especially the service providers among us, is to learn how to understand people of other communities as we understand ourselves, and how to be inclusive of those who are different from us through skillful and sensitive service.

The marginalization of Muslims in various aspects of American society is evident, particularly in pastoral care. Since most Muslims are unaware of pastoral care to begin with—its services and benefits—they are often deprived of the benefits and services it could offer them. This chapter, therefore, will be of use to health-care professionals, pastoral care providers, and the Muslim communities they may serve.

It is the consensus of Muslim scholars as well as scholars of other faiths and societies, that the Muslim community is little understood, and is underserved in the United States (Kobeisy 2004). Unfair treatment of Muslims in the United States has damaged and continues to threaten the mental health of American Muslims.

This chapter seeks to help pastoral and health care professionals understand the most significant features of Islam, and of Muslim culture, and to equip them...
with the tools they need to help their Muslim clients in their particular settings. Furthermore, it describes what pastoral caregivers and other helping professionals need to do in order to enhance their skills and sensitivity in dealing with people of different cultures in general. For Muslim individuals and communities, I will try to explain the basic elements and goals of pastoral care so that they may come to benefit from its services.\(^1\)

**The Case for Including Muslims**

Islam is one of the fastest growing religions in the world and in the United States; by the year 2010, Muslims will be the second largest religious group after Christians (Haddad & Lummis 1987; Bagby 1994; Melton 1993; Waugh, Abu Laban, and Qureishi, 1991). The rapid growth of the Muslim community is attributed mainly to immigration, a high fertility rate, and conversion. Despite this tremendous growth, the group continues to be understudied (Ghayur 1981; Rashid 1985). Research and recent polls indicate that Muslim Americans face what is known as “Multiple Oppression Syndrome” more severely and more frequently than other communities. Muslims suffer the various forms of discrimination prevalent in American society at large on the basis of religion, color, national origin, gender, age, and sex among other factors, but in exacerbated ways. Several years after 9/11, Muslims continue to be treated with suspicion and continue to hear negative characterizations of Islam and Islamic tradition from high-ranking public officials and influential persons in the media. Travel, particularly by air, has been documented and reported to single out Muslims, Arabs, and those who look like them with harassment, intimidation, and sometimes prevention from travel altogether. For instance, according to *USA Today* reporter Marilyn Elias:

Motaz Elshafi, 28, a software engineer, casually opened an internal e-mail at work last month. The message began, “Dear Terrorist.” The note from a co-worker was sent to Muslims working at Cisco Systems in Research Triangle Park, N.C., a few days after train bombings in India that killed 207. The e-mail warned that such violent acts wouldn’t intimidate people, but only make them stronger. “I was furious,” says Elshafi, who is New Jersey-born and bred. “What did I have to do with this violence?” (Elias 2006)

The same report states, 

A *USA Today/Gallup* Poll of 1,007 Americans shows strong anti-Muslim feeling, and the hard feelings are damaging the mental health of U.S. Muslims. . . . Thirty-nine percent of respondents to the *USA Today/Gallup* Poll said they felt at least some prejudice against Muslims. The same percentage favored requiring Muslims, including U.S. citizens, to carry a special ID as a means of preventing terrorist attacks in the United States. About one-third said U.S. Muslims were sympathetic to al-Qaeda, and 22% said they wouldn’t want Muslims as neighbors. (Ibid.)

Yale University researcher and psychologist Mona Amer concludes in the same report that because many Muslims have different names, or dress differently, they end up being ostracized all the more. Furthermore, harassment and discrimination against Muslims is leading to poorer mental health among Muslims (Ibid.). In Amer’s new study of 611 adults, thought to be the largest study ever done on Arab-Americans, she concludes that they had much worse mental health than Americans overall. About half had symptoms of clinical depression, compared with 20 percent in an average group of Americans.

**Obstacles to Pastoral Care Among Muslims**

The two most important obstacles to be discussed here are (1) the lack of information on pastoral care among Muslims, and (2) the lack of sensitivity among pastoral care providers to Muslim concerns and problems.

Muslims are often unaware of pastoral care and its services. When they are made aware of it, they are, at best, suspicious of its origin, motivation, and practices. Of the most frequently mentioned concerns by Muslims about pastoral care are (a) its Christian origin, (b) suspicion of proselytizing intent among caregivers, (c) fear of religiously based bias, and (d) lack of sensitivity due to misunderstanding the principles, values, and practices of Islam and Muslims by many pastoral care providers.

In order to address Muslims’ fear and suspicion of pastoral care, more information about the service must be provided to Muslim communities and individuals in an organized and systematic way. Although pastoral care does indeed have a Christian origin, it is no longer a Christian-only profession. Pastoral care refers nowadays to the overall care for the social and personal well-being of
individuals through ministry, counseling, and other support provided by clergy or trained laypeople of any religion, and caregivers may include pastors, chaplains, rabbis, and imams. Such services can be offered in places of worship (the mosque for Muslims), home, hospitals, and so forth. Clergy who are not legally required to be licensed before providing counseling should, however, acknowledge limitations in their training. There is always the risk, when dealing with troubled individuals and families, of missing important psychological indicators pointing to deeper clinical problems. It is very important for pastoral care providers and counselors to acknowledge limitations when they reach a psychological "roadblock," and refer persons under care (with their consent) to the appropriate professional or agency that can address their problem at greater depth.

The elements of pastoral care include: therapy, ministry, social action, empowerment, and personal interaction as its most important elements (Larrey 2003). Any skillful clergy and pastoral caregiver of any faith tradition can help clients from other faith traditions in matters of concern—except those concerns that are related to the client's specific tradition, theology, history, jurisprudence, or culture. At least, the pastoral caregiver can, when necessary, connect the client with members or leaders of his/her own faith tradition and culture.

In Islam, visiting the sick and helping those who are in need is strongly emphasized as a religious duty, essential to one's relation to the Divine and as a required community act. "On the Day of Judgment God Almighty will say, 'O son of Adam! I was sick but you did not visit me.' The person will respond, 'O Lord! How could I visit you and you are the Lord of the Worlds?' He will say, 'Did you not know that my servant so and so was ill, but you did not visit him? Did you not know that if you visited him, then you would have found me with Him?" (Sahih Muslim Hadith #6232). Mercy, compassion, and support are strongly emphasized in both Islam and in Muslim communities. When a Muslim is hospitalized, it is very common to see extended family and community members visiting him/her in such numbers that it might seem strange and even annoying to people of other faith traditions.

In order to achieve multicultural competency, the model of standards developed by Derald Wing Sue, Patricia Arredondo, and Roderick McDavis (1992) seems adequate. This model includes a "3 x 3" matrix—three Characteristics times three Dimensions—in which most cultural understandings can be organized or developed. For example, the characteristics—(a) counselor awareness of his/her own assumptions, values, and biases; (b) understanding of the worldview of the culturally different; and (c) developing appropriate strategies and techniques—would each be described as having three dimensions: (a) beliefs and attitudes, (b) knowledge, and (c) skills. Thus, a total of nine competency areas are identified.

Although this model was developed for counselors, pastoral caregivers are no different. In attempting to understand one's own view of Islam, the professional must examine the accuracy of his/her sources of information on Islam. Most available sources for non-Muslim Americans on Islam, including family, schools, religious institutions, media, and political events, do not allow for a fair, let alone favorable, view.

Bias against Islam and Muslims is commonplace. Ironically, these biases may have had religious origin through the unfair and uninformed indoctrination and programs offered in various religious institutions. Most of these institutions see Islam as a rival or as a historic enemy. In documented reports and studies, many religious institutions present Islam as a force of evil that is incompatible with modernity, democracy, and the West.

Media is another source of stereotyping and misinformation in addition to political institutions. Edward Said explains this problem eloquently:

The orthodox coverage of Islam that we find in the academy, in the government, and in the media is all interrelated and has been more diffused, has seemed more persuasive and influential in the West than any other "coverage" or interpretation. The success of this coverage can be attributed to the political influence of those people and institutions producing it rather than necessarily truth or accuracy . . . . It had given consumers of news the sense that they have understood Islam without at the same time intimating to them that a great deal in this energetic coverage is based on far from objective material. In many instances "Islam" has licensed out only patent inaccuracy but also expressions of under-strained ethnocentrism, cultural and even racial hatred, deep yet paradoxically free-floating hostility. (Said 1981, 64)

Other concerns that Muslims have about pastoral care can be dealt with through education and programs among Muslims and in Islamic centers, making clear its functions and the assurances that institutions can give of neutrality, professionalism, and access for Muslim leaders to serve and minister to clients of their own faith. Muslim clerics must be invited to attend seminars and training sessions on counseling and other pastoral care areas.

Another model that I would recommend for professionals in order to enhance their sensitivity to people of other cultures, in this case Muslims, is the Intercultural Model (Larrey 2003). Norman Sundberg and David Sue state:
"Intercultural counseling is enhanced by the knowledge of the client's degree of identification with the relevant cultures and the use of cultural reference group members who are most important in their lives" (1989, 351). In this model, every human being is considered in some respect to be:

1. Like all others:
   Taking this into consideration will allow the professional to:
   a. Affirm the humanity of all
   b. Acknowledge the worth, value, and dignity of all
   c. Be aware of the humanity shared by all
   d. Provide recognition, respect, and advocacy for the oppressed
   e. Understand power dynamics in intercultural encounters

Muslims have more shared commonalities and values with other “People of the Book” (i.e., Jews and Christians) than many people imagine. During my many interfaith encounters, I have heard assertions from both Jewish and Christian leaders that the more they learn about Islam, the more they become convinced that it is closer to their faith than Christianity, in the case of Jews, or Judaism in the case of Christians. To illustrate, Jews find Muslims' belief in the absolute oneness of God and the rejection of the divinity of Jesus draws them closer to Islam. One Jewish elder told me once that if he were not a Jew, he would choose Islam as a religion. On the other hand, Muslims revere Jesus and his mother Mary, which is not the case in Judaism. Several Christian congregations I have met with have been pleasantly surprised to know that the Qur'an includes a chapter named after Mary, and that Muslims love and revere Jesus.

In support of this, Margaret Miles states: "It is time to notice that people of different religions have more in common with one another than they do with people who claim no religious orientation. But sibling rivalry lingers, and it can be a very powerful form of conflict, as anyone who grew up in a family can attest." (1999).

2. Like some others:
   The professional caregiver will understand that every group has unique characteristics. This will allow him/her to understand:
   a. Groups are affected by history, experience, and what happens to other groups
   b. Group identity and influence
   c. Groups are similar and different from others

3. Like no other:
   Regardless of the cultural origin of an individual, they are shaped by various factors that make a person unique and different from his/her dominant culture. If caregivers bear this in mind, they will be able to avoid stigmatizing or offending any individual, and consequently every individual is able to have the advantages offered by the caregiver. It will also enable us to observe that:
   a. Individuals are unique
   b. Individuals form unique experiences and make their own choices
   c. Clients are helped to exercise appropriate choices
   d. Clients are encouraged to see, judge, and act for themselves
   e. Pastoral caregivers focus on clients

Muslims value certain characteristics in caregivers, and feel encouraged when they meet them. These include:

- Respect for Muslims' cultural and religious identity;
- Experience and effectiveness in dealing with Muslims or with situations similar to those faced by Muslims;
- Empathy;
- Understanding of Islam unless the issue at hand is of religious nature, in which case, Muslim clients require that the caregiver be a Muslim;
- Honoring the confidentiality of counseling sessions and not espousal of political opinion antagonistic to Muslims (Kobeisy 2004).²

Providing sensitivity training that includes information and skills on values, principles, cultures, and practices of Muslims are essential elements in the education and professional development of pastoral care students and providers in various institutions.

Islam and Muslims

The word Islam has both religious and linguistic roots. In Arabic, it may mean "peace" and "purity." In religion, it means submission to the will of the One God, the Creator, Allah. Many Americans and Westerners err when they describe Allah as the "Muslim God." In fact, Arab Christians and Jews use the same name, "Allah," to describe God. During my interfaith travel to Turkey with
rabbis who used the word Allah for God and have met Jews and Christians who are named as “Abd Allah,” which means “servant of God” in Arabic. This usage can also be found in Iran among people of non-Muslim faith.

The word Muslim identifies every adult male or female who consciously and publicly announces that “there is no god but the One God and Muhammad is the Prophet of God.” Strictly speaking, fulfillment of this simple requirement is all that is needed to call oneself a “Muslim.” While the word Islam describes the religion, the word Islamic describes the principles, values, scriptures, sites, and institutions of Islam, and does not describe people. It is ironic for many public officials, reporters, and pseudo-experts to link the term Islamic to negative characterizations of people and practices (e.g., Islamic extremism, fascism, terrorism, terrorists, etc.). There is no religion in the world that is linked directly with negative practices of some of its members in the way Islam is. Al Faruqi defines Islam as: “The ideals to which all Muslims strive and by which they would and should be defined. Hence, true objectivity demands that Islam be distinguished from Muslim history and instead be regarded as its essence, its criterion and its measure” (1984, xiii).

Islam began in the seventh century and has become the second largest of the world’s religions. To Muslims, Islam is more than just a set of beliefs and practices. It is, rather, a system that encompasses the relationships of Muslims to each other and to their society from birth until death (Altareb 1996; Farah 1994; Carrer and El-Hindi n.d.). The main teachings, laws, principles, and values of Islam are derived from the divine and final revelation, called the Qur’an, and the example of Prophet Muhammad, called “the Sunnah.”

Some people call the above-mentioned conceptualization of Islam as “Scriptural Islam,” which many Muslims aspire to achieve but are not always able to attain. Wormser states: “Scriptural Islam is more than a religion. It is a detailed guide to human conduct, providing precise instruction in areas including personal hygiene, diet, dress, marriage, divorce, inheritance, taxation, and others. Particularly in the case of family law, the demands of the text often clash with long established cultural patterns” (1995, 337).

The Islamic Worldview

Islamic worldview consists of the following elements:

(a) Innate goodness of human beings, (b) Moral absolutism, (c) Unitary concept of Creator, (d) Brotherhood based on faith, (e) Women as mothers of civilization, (f) Domination of the earth is for Allah (God), and (g) Unity of knowledge (Rashid 1990, 19).

Islamic Beliefs and Practices

Islam as a religion refers to regulations pertaining to piety, ethics, beliefs, and practices of worship. These spiritual aspects of worship are called ibadat (Esposito 1995). This aspect includes the “roots” or foundations of the faith, for instance, Allah’s uniqueness, the final prophecy of Prophet Muhammad, prayer, almsgiving, fasting, and the pilgrimage to Mecca. The other aspect of Islam is called iman, which refers to the ideas and practices of Muslims in the context of changing social, economic, and political circumstances (ibid.).

Articles of Faith. Islam indicates three levels of faith. They include: (1) Islam (the practical manifestation of religious requirements); (2) Iman (the beliefs or convictions of the faith); and (3) Ihsan (excellence in all aspects of human life).

While every Muslim must aspire to achieve Iman, it is mandatory to maintain the first two levels of faith. The articles of faith are six:

1. The oneness, uniqueness, and unity of God. This article is called Tawhid. Islam does not attribute any physical form by which Allah is to be known or identified; rather, Allah is described through His most high attributes and with the most expressive and beautiful names. Muslims often cite the ninety-nine names and attributes of Allah, including The Most Merciful, Most Compassionate, The Creator, The Sustainer, The Peace, The Light, The All-Knowing, All-Wise, and so forth.

2. Angels. Angels are created from light in a variety of shapes and with unimaginable power given to them by God in order to perform the tasks entrusted to them. Angels do not have free will. Angels, therefore, cannot disobey God. Muslims revere the angels. Their presence is sought through reading the Qur’an, by remembering Allah, and in doing righteous deeds. The angels are also present during times of illness and at the time of death.

3. The scriptures. Islam believes that Allah has given to humankind specific scriptures and messages. Muslims accept all original scriptures in their pure and undistorted forms. Jews and Christians are also called “People of the Book” by the Qur’an—accepting the
truthfulness of their original scriptures. The Qur'an represents to Muslims the last testament and revelation from God to humanity.

4. The messengers and prophets. As one of the essential elements of faith in Islam, Muslims believe in all the messengers and prophets before Prophet Muhammad. One frequently hears Muslims repeating in Arabic, Salatu Allahu alaihi wa sallam, which means "peace be upon him," whenever the name of any prophet or messenger is mentioned. Furthermore, a Muslim would not enjoy watching any of these figures impersonated on the stage or screen. Moreover, in Islam, it is forbidden to joke about or mock any prophet or religion. Muslims believe that the most revered messengers of God are Noah, Abraham, Moses, Jesus, and Muhammad, the last messenger of God.

5. Life after death. Islam teaches that death is only a transition from this life to the next. In the life to come, everyone will be answerable to Allah for his/her deeds. This underlines the importance of accountability and responsibility in Islam.

The Practices of Islam. There are five essential practices called the Pillars of Islam. They are expected of every adult Muslim, male or female. These are (a) Shuhadah (the profession of faith); (b) Salat (Prayer); (c) Zakat (almsgiving); (d) Sawm (fasting); and (e) Hajj (pilgrimage).

a. Shuhadah (profession of faith) identifies the belief that there is no god but the one and only God, and that Muhammad is His last Messenger. This declaration is repeated frequently, during prayers and during times of both stress and joy. Muslims like to affirm this cardinal belief at the time of death. They want to recite this belief or have it recited to them as they approach the end of their lives.

b. Salat (prayer) is the second pillar of Islam and the supreme act of worship. The term salat means, literally, "connection" and "gift," and that is the positive context in which Muslims perceive prayer. There are five daily prescribed prayers: at dawn, midday, afternoon, after sunset, and at night. These prayers are short and require bowing and prostration. Prayer requires a quiet, clean place (a prayer rug or a clean towel) and should be said in the direction of Makkah (Mecca, in English) in Saudi Arabia and its holy shrine the Ka'bah. There should be no idols, statues, pictures, or persons to distract the praying is praying. It is very common for devout Muslims to pray additional voluntary prayers. Prayer can be a source of strength, support, and inner peace. Daily prayers are said individually, or in congregation for those who are able to arrange it. Congregational prayer makes Salat a powerful, unifying element for the whole community. Wudu (ablution) is a process of ritual cleanliness required of Muslims before prayer, and should be repeated if their prayer is broken or interrupted by responding to bodily needs, by sleep, by losing consciousness, or by profuse bleeding. A complete bath without soap (i.e., ghush) is required of women after menstruation, after childbirth, and after intercourse. Symbolic dry wash can substitute for the above when the patient is too ill to use water, is wounded, or there is simply no water available. During prayer, individuals may speak or recite loudly but they may not speak to others while praying.

c. Zakat (charity or almsgiving) is an act of both worship and of community. This pillar helps the rich to show their compassion and, at the same time, rid the poor of resentment of those who are better off. According to Abdulaziz Sachedia: "In a number of poor Muslim countries this benevolence provided by wealthy individuals has underwritten badly needed social services for those who can not afford them" (1997, 32). Rich Muslims pay 2.5 percent of their accumulated wealth annually to the poor and needy.

d. Sawm (fasting) takes place during the month of Ramadan, which is the ninth month of the Islamic lunar calendar. It rotates every year because the Islamic calendar is eleven days shorter than the Gregorian calendar. During fasting, adult, healthy, and nontraveling Muslims are required to abstain from food, drink, and sensual pleasure from dawn until sunset each day. After sunset, all these restrictions are removed until dawn of the next day. Elders and terminally ill persons are exempt. People who are ill, travelers, and pregnant or breastfeeding women do not have to fast, but are required to make it up later on when they are able. Fasting may require special arrangements for meals or medication. Oral medicine, I.V. hydration, and nutrition break the fast. Eye- and eardrops, inhalers, injected medicines, rectal enemas and suppositories, blood tests, and endoscopies do not break the fast. The end of Ramadan is marked by one of the two most

- A Muslim for Muslims called Fidsul-fitr.
Hajj (pilgrimage) is the fifth religious duty of the Muslim and is a pilgrimage to the sacred monuments of Makkah (Mecca), at least once in a lifetime for those who are physically and financially able. Pilgrimage takes place during the first thirteen days of the twelfth month of the Islamic calendar year. Approximately three million Muslims attend pilgrimage every year. Sachedina states: “The pilgrimage brings together Muslims of diverse cultures and nationalities to achieve a purity of existence and a communion with God that will exalt the pilgrims for the rest of their lives” (1997, 33). Muslims who are not present at Makkah at the time of pilgrimage are emotionally and spiritually connected to its rituals, watch them on satellite TV, talk about them, and increase their own worship practices. The culmination of Hajj rituals is called Eidul Adha, and is celebrated as the second of the two most important holidays for Muslims.

Islamic Holy Texts and Sources. The Qur'an is the first and most important source of understanding and legislation in Islam. The Qur'an was revealed to Prophet Muhammad piecemeal, over a period of twenty-two years. For Muslims, the Qur'an is used for prayer and as a guide for social and economic life. The goal for most Muslims is to commit the Qur'an to memory. The Qur'an is recited in homes for blessings, for strength in crisis, and during times of joy. During illness, many Muslims prefer reading from the Qur'an and/or having it recited to them in hopes of a cure.

The second source of understanding and legislation in Islam is the Sunnah (tradition) of the Prophet. This includes the Prophet’s statements, actions, and tacit approval. It is recorded in several texts and has been authenticated, eliminating inauthentic readings.

Islamic Holidays. In addition to the two major holidays mentioned above—namely Eidul Fitr and Eidul Adha—various Muslim communities may celebrate other holidays in various ways. These holidays include the Maulid (birthday of the Prophet), A'ashura (the tenth day of the Muharram (a day of mourning observed by Shi'a and Sunni Muslims), Isra, and Mi'raj (the Night Journey of the Prophet)—among others. Because the Islamic calendar is lunar, I have not included any specific dates for these holidays.

The Muslim Community

The American Muslim community, like that of Muslim communities worldwide, is made up of two main groups—(1) the Sunnis, who represent the majority of Muslims (85–90 percent of the total Muslim population), and (2) the Shiites, who account for 10 to 15 percent. The Sunnis can be subdivided into four main schools of thought, while the Shiites can be subdivided into a number of sects. The split into these two main communities occurred early in Islamic history in a contention over the succession to the leadership role of the Prophet Muhammad after his death. While the Sunnis believed that the succession should be open for all according to a selection process, the Shiites insisted that it remain within the family of the Prophet. Extremists have transformed the conflict into a theological, practical, and doctrinal division. While the subdivisions in the Sunni community are not seen as contradictory, different Shiite sects are seriously alienated from one another.

In cities where Shiites have significant numbers of followers, they build their own houses of worship, institutions, and school systems. In cities where they are a minority, they join the Sunnis in their worship and celebration of holidays, and they seek religious services from the Islamic institution nearest to them—which is the case here in the United States. Only a few centers in the United States (e.g., Los Angeles and Detroit) are built by local Shiites. In other places in the United States, Shiites meet their religious needs through the services of local Sunni Islamic centers and send their children to Sunni schools.

American Muslims

The Muslims of North America can be divided into two distinct groups: immigrant Muslims and indigenous Muslims. As for the non-African immigration of Muslims to the United States, there are indications that it might have started in the late nineteenth or twentieth centuries, and occurred in waves. The first wave occurred in the late nineteenth century, and was mainly Arabs from greater Syria. Most of these were poor and working-class people who accepted unskilled work and menial jobs. They took American spouses and assimilated into American society. This wave continued until World War I, after which a second wave continued through the 1930s, ending with World War II (Denny 1995; Haddad 1991).

A third wave of Muslim immigration after World War II included many people from the elite of Middle Eastern and South Asian countries seeking education and professional advancement. Although many returned to their home countries, a
large number remained, kept their Islamic identity, and assimilated into American life. The emigration patterns reflected changes in American immigration policies as well as sociopolitical and economic upheavals overseas.

The majority of indigenous American Muslims, mainly African Americans who constitute 30.2 percent of the total Muslim population in the United States (Stone 1991), identify themselves with mainstream Sunni Islam, while the rest constitute the membership of the American Muslim Mission led by Imam W. D. Muhammad. Muhammad diverged from his father Elijah Muhammad's Nation of Islam and instructed his followers to integrate their community into the country's mainstream Muslim community (Ahmed 1991, 20).

While most Muslims identify themselves as Sunni, there is an Iranian Shiite group, fourteen strains of black Muslims, and other offshoots, including mystical Sufism (Marquand and Andoni 1996). Although the Nation of Islam is considered a religious offshoot by other Muslims, some feel that the Nation was a necessary transitional stage toward the group joining mainstream Islam. Furthermore, many of the African American Muslims owe their affiliation with Islam to the Nation. According to other Sunni Muslim officials, there is reason to believe that the Nation is indeed moving gradually toward the mainstream (Wormser 1994, 103).

According to Stone (1991), Muslims are already America's second-largest religious group. News alerts issued regularly by the Council of American Islamic Relations (CAIR) estimate the number of Muslims in the United States at eight million. While Muslims in any single Islamic country can be regarded, to some extent, to be culturally as well as religiously homogeneous, Muslim minorities in North America, particularly in the United States, are as diverse as the various world Muslim communities. Each group, in addition to ethnic, cultural, and religious differences, comes with different educational, historic, economic, and political experiences and aspirations.

When dealing with American Muslims, the complex makeup of identity must be acknowledged in order to deliver services to them effectively. Many caregivers err by assuming that one set of information on Islam can be of help to or accepted by all Muslims.

In order for pastoral care professionals to deliver services to Muslims effectively, they must incorporate Islamic ideological beliefs, cultural traditions, family support systems, and personal preferences into that care. Understanding must also include the cultural conflicts that may not even be recognized by the clients themselves.

It is advisable that pastoral caregivers keep handy in their offices some guides to the Islamic rules about care and the interaction of caregivers and those to whom they minister. At the same time, it would be helpful to keep a directory of the local or national Islamic organizations that could help in the counseling process or in answering the counselor's questions.

Muslims' Social and Family Structure

Living in large and extended families is the norm in most Muslim cultures. For Muslims who come from these cultures, nuclear families exist mainly because of economic pressures and/or reasons related to immigration policies. Islam in general advocates for the elderly. The adult children are expected to take care of their aging parents. There are no nursing homes in Muslim countries. In a study by Yvonne Yazbeck Haddad and Adair Lummis, American Muslims were asked, "If it is too difficult or expensive to care for elderly parents at home, should a good care facility be found?" (1987, 88). Almost half the respondents disagreed, yet slightly less than a fourth agreed and slightly more than a fourth had mixed feelings. Decisions about health care, end of life, do-not-resuscitate orders, and major treatments can be multigenerational. In most Muslim cultures, families tend to hide illnesses, particularly serious ones, from the patient. The purpose is to protect the patient from any feeling of despair or hopelessness. It would be appropriate, if it is determined that the patient should know the facts of his or her condition, that the caregiver explain the situation gently and in the presence of his or her approved relative. In the case of translating when the patient or client doesn't understand English, the translator must commit to translating the facts without altering them. The translator may use the culturally appropriate language, but must communicate the same facts.

Gender Roles

Because gender roles in Islam and in Muslim cultures are little understood, people in the West attribute exoticism to the subject and often rely for their understanding on fiction or conjecture. In widely distributed sensitivity training material developed by a reputable U.S. academic institution, the false idea is set forth that a Muslim man cannot shake his own daughter's hand because of strict Islamic rules against touching between the sexes. In fact, the restrictions are intended only for opposite sexes if they are not close relatives or members of the immediate family. So, there is no restriction on contact between fathers and children, siblings with each other, nephews and nieces with their uncles and aunts, nor for grandparents and their grandchildren. And, in fact, not all Muslims adhere to such restrictions or consider them as necessary.
The implications for gender roles in Islam in a pastoral and health-care context are as follows:

- Some Muslim women dress in ethnic or "covering" clothes.
- Some women wear head cover (bijab) or face cover (niqab or burqa). This is intended to keep a woman's body covered in the presence of strange and unrelated men.
- Private parts must not be uncovered except by necessity in medical emergency.
- Showering must be done behind a barrier if others are present.
- Preference is for same-gender care providers if possible, especially for intimate care (OB/GYN).
- Knock before entering a Muslim woman's room (and this rule would apply to X-ray technicians, PT staff, and RNs, as well as pastoral caregivers).
- Unnecessary touching of opposite gender (e.g., patting, hugging, hand shaking) should be avoided.
- It is important to assign a same-gender patient's room. A woman patient may be uncomfortable staying alone with the opposite gender.
- Some women patients may avoid direct eye contact out of respect and modesty.

Muslims' Diet

The Muslim diet is called Halal, which means religiously lawful (it is analogous to the Jewish kosher diet). Muslims are allowed to eat only meat that is slaughtered by Muslims or Christians or Jews. Conservative Muslims may insist on meat that is slaughtered solely by Muslims, called Zabita. Most Muslims do not eat rare meat. Some Muslims may ask for vegetarian or seafood diets in hospital or other health-care facilities.

Forbidden substances for Muslims include:

- Alcohol and all intoxicants
- All food containing pork or pork by-products
- Pure blood
- Gelatin, lecithin, glycerides from pig
- Lard

View of Health and Illness

Life with all of its aspects is considered a test from God. The goodness of an individual is expressed by how a person reacts to both health and illness. In health, a Muslim is expected to be grateful to Allah for his grace and mercy and to utilize such health in leading a righteous life. In illness, a Muslim is expected to be grateful to Allah for what he or she has, patient in facing difficulty, and hopeful in Allah's mercy. Illness is seen as expiation from sins and, sometimes, as punishment for previous sins. A skilled pastoral caregiver can reduce the burden of a Muslim patient by assuring him or her of Allah's mercy and forgiveness and in assuring the patient, when appropriate, of the possibility of healing. Islam maintains that there is no illness that does not, at least potentially, have a cure. The cure, however, may not yet be known. The only exceptions to this concept are the terminal issues of old age. Seeking treatment is encouraged in Islam and it sometimes is a religious obligation.

In Islamic religion as well as in Islamic culture, the soul, mind, and body are seen as interconnected and, therefore, influence one another in health as well as in illness. Illness, mental or physical, is seen as a lack of harmony between the inner and outer self. Symptoms of mental dysfunction may be neglected or denied for a long time, thus resulting in worsening the client's condition. In physical illness, unquestioned authority may be given to the professional as a result of a cultural respect for authority.

It is possible that negative feelings and emotions may accompany illness among Muslims. These feelings include guilt and shame. The reasons for such feelings are partly religious and partly cultural. The religious reason is based on the assumption that someone might be undergoing punishment from God for sins and bad deeds. This can be dealt with by simply emphasizing Allah's attributes of mercy, forgiveness, and Ultimate Wisdom. Other reasons for shame and guilt can occur as a result of losing autonomy—feeling controlled, intimidated, and afraid (Kobeisy 2004b).

Below are some general principles/rules regarding Muslims in pastoral and health care:

- Islam makes it obligatory to help others. The Qur'an declares, "Saving a single soul is like saving all of humanity" (Qur'an 5:32).
- When two values are in conflict, the Islamic principle calls for "Doing good without inviting harm." If this absolute goal is not possible, Islam calls for "reaching the most beneficial with the least possible harm."
Organ Donation and Transplant. Organ procurement is, in general, allowed with certain required conditions for both donors and recipients. These requirements include:

- **Living donor.** Must be adult, sane, a willing volunteer who will not be harmed physically, aside from the dangers of the surgical procedure; the donor must not gain financially. The organ must not be essential for the donor’s continuing life.
- **Deceased donor.** In this case, a prior consent or the consent of the next of kin (e.g., legal guardian, trustee, or representative) is necessary. Furthermore, the organ must be used for saving the life of another. No organ should be removed from a person unless that person’s death has been certified. If an organ was obtained but not used for any reason, it must be properly buried unless this is not allowed locally for legal or for medical reasons.

End-of-Life Issues.

- Euthanasia and assisted suicide are forbidden
- Decision-making capacity can be multigenerational
- Blood transfusion is allowed
- Life support is allowed
- Brain death criteria are accepted to define death
- A patient in vegetative state is considered alive
- Terminal withdrawal of life support from a living patient is not allowed
- Withholding hydration and nutrition from a living patient is not allowed

Steps to Take before Death.

- Contact family
- Allow family members to be present at the time of death, if possible
- Common to have many visitors
- Qur’anic recitation is desirable; audiotapes may be used if necessary
- Offer visit of hospital chaplain
Reaffirmation of cardinal beliefs
- Pain relief with narcotics is allowed; some may refuse narcotics

**Hospice Care.**

- Patient and family may ask to remove pictures, statues, or other religious symbols
- The patient may become extrareligious
- There may be supplications and recitation of Qur'an
- Large number of visitors is expected

**After Death.**

- Close the eyes and cover the body
- Face body towards Mecca if possible
- Autopsy is not allowed unless absolutely necessary
- The body is washed and wrapped in white cloth
- Quick burial
- No cremation; no embalming

**Conclusion**

In this time and age of increasing diversity and rapid globalization, there is no excuse for not properly, accurately, and sensitively understanding and serving each other with dignity.

It is imperative for Muslims to understand the realities of American culture and take part in that cultural exchange, thus enriching the American culture and the world. One of the areas that Muslims need to understand, participate in, enrich, and benefit from is pastoral care. Muslim communities and leaders must facilitate the interaction and exchange with, and act as resource for, pastoral care professionals and providers. Muslim spiritual leaders should be trained in providing pastoral care for their members and for members of other faiths as well.

On the other hand, it is imperative for pastoral care professionals to understand the Islamic religion and Muslim cultures and be sensitive to the needs of Muslims. Furthermore, they must advocate changes in public policies and practices that are not fair to minority populations, including Muslims.

The rule of thumb for developing sensitivity is not to assume anything about any Muslim and only to plan services for them according to the expressed needs of that patient and his or her family. It is essential to build trust, rapport, and positive regard for the client from the first encounter. Assure the Muslim client of your neutrality and willingness to serve. The Muslim family and community structures and values can be of great support to the healing process without violating confidentiality laws or personal expectations.

The most important task of a pastoral care worker is to take the fear and anxiety away from the Muslim patient and to provide them with the help they need or ask for. Although religious rules and guidelines must be observed, the patient needs to be informed that in the case of emergency, religious requirements can be delayed, waived, or even suspended in order to save his or her life. One of the most important goals and objectives of Islam is the protection of life.

Most importantly, pastoral care professionals must seek professional development in dealing with Muslims and to approach this chapter as a beginning, rather than with a “mission accomplished” mentality.