



**JUST.COMMUNITY**  
681 Sandringham Rd, Auckland, NZ

**Islamic Science & Research Academia of Australia,**  
Level 3, 128-136 South Parade, Auburn, NSW 2014

## **Proposed Program for Inaugural Chaplaincy Workshop**

### **Are You Ready to Train for Muslim Chaplaincy?**

*In the name of Allah, the Entirely Merciful, the Especially Merciful.*

Welcome to the first NZ Islamic chaplaincy training workshop, hosted by Just Community from 14--17 February. We trust you will enjoy this program – including the growth and challenges intended by it, which will prepare you for pastoral visits to hospitals, correctional centres, schools, aged care and other such facilities. **The aim is to introduce you to chaplaincy, and from an Islamic perspective.**

*“In NZ there is a growing awareness of the need to offer accessible spiritual-care chaplaincy from a Muslim perspective in a variety of contexts: health/correction/social work/education.”*

Muslim chaplains fill a variety of roles, often dependent on the institutions where they serve. Their responsibilities chaplains may include: supporting families during times of grief and loss incl end of life; advocating for religious freedom and rights; advising institutions on religious and cultural accommodations; providing ethics guidance; representing Islam at the institutional level; providing instruction in Islamic sciences etc. (*Assn of Muslim Chaplains: [associationofmuslimchaplains.org](http://associationofmuslimchaplains.org)*)

We will be looking at: what it means to be an \*effective\* listener; the distinctive features of pastoral care in comparison with other helping professions; beginning the process of Islamic chaplaincy supervision; and focus on examining the ultimate concerns present in our “pastoral” interactions. An important theme of clinical pastoral education is **“spiritual reflection”**, asking: “What are the ultimate concerns?” “What do the Qur’an, Prophet Muhammed (pbuh) and major classical and contemporary scholars say about this situation?” and “What resources from our faith would be useful to help the people concerned?” and “What other needs need to be met in this situation?”

The program for each day is similar, with sessions on the practice of pastoral care; helping skills; learning from your pastoral interactions; spiritual reflection; and discussing the challenges and rewards that arise in our pastoral interactions with people in sickness, hospitalisation or other crises. You will be invited to present a report on a pastoral opportunity you have had recently, so you can engage in feedback from yourself and others in the course on what turned out well and what could have been done more effectively.

On the first day, 14 February, we meet in the Hall of NZ’s first Mosque, Ponsonby Masjid, starting at 9:30 am and finishing at 4 pm. **Day 1 starts at 9am and registration is at 8:30am:** tea, coffee and biscuits are provided. You can bring your lunch or buy locally. We will provide reading material, including teachings on pastoral ministry; a demonstration on “pastoral encounter review”, giving you a model to follow; and articles and resources you will find helpful – God Willing.

**The focus in clinical pastoral education is learning from your supervised experience**, so we do not look so much at what is the “right way” to go about Islamic chaplaincy, but rather what works for you and your community, context, resident or patient. In New Zealand there is a critical need for pastoral care right across a diversity of contexts.

Throughout the course, we identify and practise the unique contributions of pastoral care to the professional care team. We will focus on the type of pastoral visits that are explained in the Qur’an, Sunnah and scholarly works.

The purpose of this four-day workshop is to:

- o **discern** the current spiritual-care/pastoral needs of Muslims in Aotearoa-NZ
- o **discern** the formation needs of potential Muslim chaplains
- o **consider** the potential of formal training (“Clinical Pastoral Education (CPE)” in assisting in the formation of Muslim chaplains: [www.cpe-nz.org.nz](http://www.cpe-nz.org.nz) (this is integral to the formation of most Christian hospital chaplains in NZ)
- o **introduce** some of the educational processes underpinning CPE
- o **develop** some basic helping skills essential to any spiritual-care/pastoral chaplaincy work
- o **align** the above with the teachings of the Qur’an, Prophet Muhammed (pbuh) and major Islamic classical and contemporary scholars (and/or see the above through this lens)

#### **Our Workshop facilitators:**

**Dr Salih Yucel**, Associate Professor at Centre for Islamic Studies and Charles Sturt University, University, Australia. Dr Salih has participated in a number of CPE Units in the US and Australia, and is currently Provisional CPE Supervisor/Educator. He has vast experience across numerous related professions including education, counselling, Islamic sciences etc. We are fortunate to be hosting him.

**John McAlpine**, Anglican priest and a greatly experienced chaplaincy trainer and supervisor. John participated in a number of CPE Units in the 1970-80s, then trained as a CPE Supervisor/Educator in NZ, and has been an accredited CPE Supervisor/Educator in NZ since 1988! He is excited to work with Muslim trainees and the Muslim community. His presence brings great wisdom and guidance.

**Date:** Thursday, Friday, Saturday & Sunday 14-17 February 2019

**Time:** 9am – 4.00pm each day (timeliness is critical for this intensive course!)

**Venue:** Day 1: Hall of Ponsonby Masjid, 17 Vermont St, Ponsonby, Auckland

Day 2, 3, 4: St Columba Centre, 40 Vermont St, Ponsonby, Auckland

#### **CONDITIONS OF COMPLETION OF THIS COURSE – FULL COMMITMENT AND DEDICATION**

*A Certificate of Attendance and Participation upon completion of this 4-day workshop will be issued:*

**IMPT: Course completion means full attendance at every session. This is so you can benefit and attain the skills you need. This course is for your starting important work in your community. It is a commitment to your trainers who are sacrificing very precious time. It is a commitment to your fellow trainees who need your participation. It is a commitment to yourselves to learn well and to do it right. It is a commitment to your community to serve them well -- with dedication and soundly completed training.**

## Day 1 - 14 February

**Opening Address: Ustadh Amjad Tarsin – Toronto University Muslim Chaplaincy**

9.00 **Opening** (recitation of the Qur'an), welcome, guest speakers

9.30 **Introduction to the program outline** Dr Salih

9.45 What does our faith tradition call us to?

“Centreing” time: What am I doing here? How do I feel about being here?” Dr Salih

Exercise in pairs (half of the group) : Think about a time when you, or someone close to you, were in hospital. Tell your partner what message of spiritual comfort and hope you needed at that time. After 10 minutes, summarise to the group what your partner said.

11.00 **Morning tea**

11.15 On the Verge: What is Islamic Chaplaincy? (The theology of chaplaincy) Dr Salih

<https://www.youtube.com/watch?v=5UzZ6xmvXoc>

11.45 The *Khalili* approach for visiting Muslim patients and inmates: The spiritual approach should be inclusive, non-judgemental, compassionate and sincere, a combination I call the “Khalili (friendly heart-centred) approach.” The word Khalil is a title given to Abraham by the Qur'an and Prophet Muhammad (pbuh) due to his tender-hearted nature as Abraham felt deep sorrow and pity towards all creation, including enemies and sinners.

A Chat With Imam Muhammad About Islamic Chaplaincy, Incarceration and Urban Islamic Communities <https://www.youtube.com/watch?v=stCX2CWoDcl>

12.15 Exercise in pairs (half of the group): Think about a time when you, or someone close to you died. Tell your partner what message of spiritual comfort and hope you needed at that time. After 10 minutes, summarise to the group what your partner said.

12.45-1.45 pm **Lunch and zohr prayer**

1.45 **Introduction to group supervision:** Reflect on pastoral interactions and dealing with the issues arising in hospital ministry. Use Pastoral Encounter Review to learn from your experiences. (A sample Pastoral Encounter Review will be provided by Dr Salih Yucel for the discussion)

Demonstration Pastoral Encounter Review in small groups. Dr Salih

2.30 Introduction to theological reflection: Essentials and outcomes of Islamic chaplaincy service.

Dr Salih

**The theology of Islamic chaplaincy services: Discussion.**

The Prophet (peace upon him) said: “God, the Exalted and Glorious, would say on the Day of Resurrection: ‘O son of Adam, I was sick but you did not visit Me. He would say: O my Lord; how could I visit You whereas You are the Lord of the worlds? Thereupon He would say: Didn’t you know that such and such servant of Mine was sick but you did not visit him and were you not aware of this that if you had visited him, you would have found Me by him” (Muslim, 4661).

**The Muslim Chaplaincy: What and Why**

<https://www.youtube.com/watch?v=yTvPQ6XAU18&t=27s>

Reading: Imam Nawawi, Riyadus Saliheen, The Book of Visiting the Sick, <https://sunnah.com/riyadussaliheen/7> Based on these and other similar hadiths, some scholars state that visiting a patient or person who is ill is a very strong tradition or a confirmed Sunnah (sunnah mu'akkadah). Other scholars argue it is fard al-kifayah, a communal obligation in Muslim legal doctrine. According to Ibn Taymiyya (1263-1328) it is a social and spiritual responsibility and if no one does it, then every Muslim will be accountable before God (al-Ikhtiyaraat, p 85).

The role of the Muslim chaplain can be classified into four categories: theological, spiritual, social and ethical. Dr **Salih**

**3.15:** What are we doing now/what do we need to do? What people want from a chaplain. (group discussion)

**3.50 Approaching the end of the day:** Reflections on the day and closing dua (supplication).

## Day 2, February 15

**9.00 Opening (recitation of the Qur'an)**

Centreing time: How do I feel as I approach day 2? Report from day 1:

Exercise in pairs (half of the group) : Think about a time when someone close to you died in a hospital. Tell your partner what message of spiritual comfort and hope you or your family needed at that time. After 10 minutes, summarise to the group what your partner said. Dr **Salih**

**10:00 Pastoral ministry in a hospital** Dr **Salih**

**Chaplain: Anwar Albarq, Hospital Chaplains (Sundays, 6.30pm, ABC1)**

<https://www.youtube.com/watch?v=fftSLqY0eQc>

What does the hospital chaplain do? ... As a start, the chaplain meets patients at their level of immediate distress, seeking to comfort and sustain them. The chaplain will seek to engage the sufferer, to discern the patient's personal experience of suffering and to respond to it. If physical distress is seen as the precipitating event of disease, then suffering is the personal experience of that event. While both the physical distress and the resultant suffering are important, and intertwined, it is to the latter that the chaplain seeks to contribute (Holst 1990, 8-9).

**10.30: The method for pastoral visits for Muslim inmates: Strategies for Correctional Service ministry,** (Dr Salih)

**Case Study for discussion**

The client M.A is 24 years old high school graduate. He is an inmate in a high security jail due to a crime. He attended a mosque regularly before he was arrested. He thinks that his way is only the right way. All other groups are misleading the Muslims. M.A accuses many Muslims with apostasy or kufr. Discuss the ways to approach him.

**11:00 Morning tea**

**11.15 An Islamic approach to mental illness: (Dr Salih)**

Religion can play an important role in reducing fear levels. Prominent physician and philosopher Ibn Sina (980-1037) argues that religion plays very important role in regard to overcoming fears. Similarly, Contemporary Islamic scholar Said Nursi (1877-1960) supports this view (Nursi,2001). Ibn Sina and Nursi recognised the value of overcoming fears and using willpower in the therapy of mentally ill

people. Ibn Sina illustrates this by saying if a plank of wood is put across a street and someone is asked to walk on it, he will be able to do so quite easily. But if the same plank of wood is placed across a gorge, the same person will probably be able to walk on it and may well fall if he tries.

The more importance they [fears] are given, the more they grow. If you give them no importance, they die away. If you see them as big, they grow bigger. If you see them as small, they grow smaller. If you fear them, they swell and make you ill. If you do not fear them, they are light and remain hidden. If you do not know their true nature, they persist and become established. While if you do know them and recognise them, they disappear (Nursi,2001)

Islamic approach to schizophrenia patients: Discussion **Dr Salih**

### **Case Study**

Samy is a 21-year-old Australian born Muslim. His parents are from ..... and migrated to Australia in the mid-70s. His father is a truck driver and a non-practicing Muslim, while his mother is a house wife and practicing Muslim. However, both wanted to raise their children with a Muslim identity. Thus, they sent Samy to an Islamic school in Sydney. The school is operated by a conservative group with very strict rules of practicing religion. Any student who does not conform to these rules are warned. Further deliberate ignoring of the rules can lead to suspension or expulsion. Samy had to pray at school and follow all other religious rules. He was content with the school in his first two years, but, due to the behaviour of some teachers and harsh rules, he began to dislike the school. This gradually led to a dislike of the religion. He abandoned the prayers, but attended the congregational noon and afternoon prayer because it was required. He would no longer satisfy most of the prerequisites and conditions of prayer, such as performing ablution before the prayer, and would not recite the Qur'an during the prayer. On a few occasions, Samy was severely warned for not conforming to the rules, but he indicated no signs of interest or care. Later, he became doubtful of his religion and continued to grow more doubtful until he completed high school.

Samy could not take any courses at any university due to his low ATAR. Thus, he enrolled in an arts course at Lidcombe TAFE. His rebellious nature against Islam made him wholly distant from the religion, almost losing his faith completely. After a while, he felt the emptiness and looked for solutions. He began Buddhist meditations upon the advice of his Buddhist friend for a couple of months, but this did not satisfy him. On the contrary, it caused further harm to his psychological state. At this stage, he showed some symptoms of a lower degree of schizophrenia such as delusions, social withdrawal and hearing voices that no one else can hear.

He and his family believe he is possessed by jinns (demons) and they bother him mostly during the night. It is a widespread assumption among Muslims that jinn can take over the mind and this can be reflected as abnormal or evil behaviours. It is believed jinns possess people for various reasons. Most of the time, possession occurs because jinns are simply malicious.

Islamic approach to schizophrenia patients: **Group Discussion Dr Salih**

### **12.45 Lunch and zohr prayer**

#### **1.45 Group supervision using stimulated Pastoral Encounter Review reports: Dr Salih**

(Two participants will provide stimulated Pastoral Encounter Review for discussion)

Reflect on Pastoral Encounter Review reports of pastoral interactions, dealing with issues arising in youth issue, and learning from your own experiences and feedback from the group.

### **2.45 Coffee break**

**3:00 What are the spiritual issues involved in visits? | Are sicknesses and calamities punishment?**  
(Nursi 2001, Kowalski 2009) **Dr Salih**

On the one hand, looking at our interactions with people in health crises from the perspectives of Islamic theological understanding, to clarify what we really believe the sacred writings are saying; and on the other hand, examining our theological interpretations in the light of our real life experiences, highlighting any inconsistencies between our faith and practice.

Looking at issues arising during the day, everyone will write one or two sentences on what aspect of our faith we would use to offer comfort and hope in a specific health crisis.

**3:30 Discussion on theological reflection:** Make sense of our life experiences by applying theological understandings and evaluating our theological concepts in the crucible of life.

Reflect on people you have “met” today, what stories from your faith tradition could you use to help them survive and grow through their experience? **Dr Salih**

**3.50 Approaching the end of the day:** Reflections on the day and closing dua.

## Day 3, 16 February

**9:00 Recitation of the Qur’an**

Between 9.30-3.30 John will run the class (The Art of Listening.)

- Active listening skills
- “The diagnostic versus reflective approach.”
- A contrast between a compartmentalised immediately diagnostic approach, and a reflective, evolving, deeper and broader (more holistic, reflective) approach.
- privacy and confidentiality be addressed

**3.30 Presentation of certificates and reflections on the course: (Dr Salih and John)**

- One thing I have learned about pastoral ministry with people in hospitals, nursing homes etc.
- One thing I have learned about myself
- One thing I enjoyed about this course
- One thing I found difficult about this course

**3.50 Closing dua.**

## Day 4

**Sunday, Feb 17**

**9:00 Recitation of the Qur’an**

**Theology of Diversity (Dr Salih Yucel)**

**Discussion: Unity in diversity: Dealing with diversity in New Zealand society**

### 1. Case Study

The patient is a non-practising Muslima (female) with a University Degree and 38 years old. She grew up in a non-practising family in Australia. She has very limited knowledge with some

negative view about Islam and Muslims. It looks that she has some doubt about the resurrection and the life in hereafter after the preliminary conversation. How can you approach her and provide comfort?

**2. Case study**

Adam is a 25 years old teacher and teaches in an Islamic school. He considers himself very religious. He is affiliated to a religious institution and thinks his religious leader's pathway is an only pure Islamic one. Often he has arguments with his colleague at the school regarding their ways of practicing Islam. He gets angry when someone reacts against his view.

As a Muslim chaplain at school, how you can deal with this problem.

**11 am Morning Tea**

***Specialist guests speakers with experience in dealing with Muslims (incl students, young people) and considerable interfaith experience including dealing with faith issues in a secular environment.***

**11:15:** Dr Carolyn Kelly (University of Auckland Chaplain) and Ricky Waters (Chaplain at Massey University, Unitec, and MIT) on:

- Chaplaincy for tertiary education and Muslim needs in NZ in an educational context
- Chaplaincy in secular society: Challenges and solutions (including stressors)

**12.15** John McDonald (Superintended, Methodist Mission Northern, highly experienced Chaplain, in the very diverse context of the city centre)

- How can a Muslim chaplain be more respectful to the local traditions and cultures
- How can chaplaincy as an institution adapt to the needs of diverse communities

**12.45: Lunch and zohr prayer**

**1:45 Conflict resolution:** Discussion from sunnah of the Prophet (Hudaybiyyah case)

Case study

**2.45 Coffee break**

**3:00 Interfaith relations (discussion)**

**3:40 Dua**

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## Other topics that we will consider in the course of discussions:

Chaplaincy work has broad implications across spirituality, care, compassion and community. Many themes will come up during the course that you as participants (especially given their own professional and personal experiences) will be able to speak to. Some of the themes that we will be looking to introduce at an appropriate time in the program when opportunities arise include:

- Indigenous issues: the indigenous context in NZ and the critical status of native peoples
- Advocacy: basic skills and knowing the limits and contexts of advocacy and human rights
- Activism and Adab: the importance of rooting activism in “Adab” – Islamic etiquette
- Islamic Chaplaincy-training partnerships with Dr Salih Yucel (VIC) and Amjad Tarsin (TOR).
- Islamic Chaplaincy training and CPE in NZ: the future of collaborative *interfaith* Chaplaincy
- Chaplaincy and Imams – a relationship and interaction that is critically needed in NZ
- Other issues: media, government, and public relations – chaplains as wider spokespersons

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**Special Guest address (subject to availability) by:**

**Dr Khalid Shah – author of: [Muslim Mental Health Awareness NZ](#) and [And Mental Health Awareness amongst Imams in NZ](#)**

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***This proposed program is subject to any alteration that may enhance the quality of the course.***

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