

## **The Forming Of A Chaplain: Crossing The Divide: An Interview with Kamal Abu-Shansieh**

*Kamal Abu-Shansieh is a PhD student in Cultural and Historical Studies in Religion at the Graduate Theological Union, Berkeley, CA, and contract chaplain for Stanford Hospital. In recent years, Kamal has been a one-man trainer and promoter of Islamic chaplaincy around the world. Reflective Practice sat down with Kamal on a sunny day in January in Berkeley to ask him about the state of Islamic chaplaincy today.*

RP: Thank you for taking some time from your busy life to share with our readers what is happening with Islamic chaplaincy. I know you are tired.

Kamal: I just got back from Jerusalem where I participated in the Muslim Leadership Initiative, which invited North American Muslims to explore how Jews understand Judaism and Israel. The program also encourages participants to experience how Palestinians, both inside and outside Israel, identify themselves while exploring issues of ethics, faith, and practice. As part of the encounters, I had dinner in an Israeli home. It was the first time in my life, even though I grew up only twelve miles away in Palestine.

I feel that I have been “crossing the divide,” the forbidden divide.

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RP: How so?

Kamal: There have been many vocal critics of this program and of those of us who participate in it. The critics inaccurately and unfairly labeled the program as “faith washing,” and we were smeared as “Trojan horses” without any evidence to prove such an insidious claim. Others have said that we were “fig leaves,” that is, decorations at the table, instead of being real participants. But my experience was that I had a seat at the table and my views and my voice were heard.

RP: Nevertheless, the critics must have made it a difficult decision for you.

Kamal: Before I went I did carefully think about the criticisms and comments. My conclusion is that the Muslim Leadership Initiative is really for Muslims in the United States; it is not about the Israeli-Palestinian conflict.

RP: So you crossed the divide . . .

Kamal: While I was there I was reminded of how my father also crossed the line some forty-seven years ago when his son (me) was ill. After failing to get medical help from Palestinian sources, my father walked into an Israeli army headquarters, carrying his ill son in arms. He crossed the divide in the service of saving his child. And to the credit of the Israelis, they did facilitate providing medical treatment, but then after the treatment was over we returned to our two sides. [moist eyes]

RP: So you have this family heritage of crossing the divide in the service of a higher human cause.

Kamal: Indeed. Through the experience, I was able to understand better the theological foundation for Zionism, to observe the political dysfunction, and to see most clearly that the “divide” is mostly psychological, not physical in nature.

RP: What do you mean by the psychological divide?

Kamal: I saw how various narratives are used to advance certain political opinions . . . on both sides. In some cases the truth is distorted to sustain the narrative.

Kamal: I was not always a passive, cooperative participant. At a couple of points, I was shook to the core by the extent of the racism and could not but speak up. In one particular presentation by the Israelis, I was struck with their description of the end of the Israeli broadcast on TV. The final image shows a panoramic video focusing on Jerusalem and its sacred sites. I was told Israelis mentally block out the images of the two sacred mosques. I interrupted and said, "In reality you also mentally block out the people, not just the buildings." They did not see the people, the people in and behind the issues. I was also irritated by how Israelis interpret poetry verses that are biblical in nature and their reference to Palestinians as shepherds. Shepherd is not a pleasant, pastoral image as it is in the United States. To the Israelis, the implication is clear. Shepherds are trespassers, people who run their flocks over other people's land without permission. Again, I say, they do not see the people, the suffering people, only the issues, and the ideology.

RP: I appreciate your sharing. Might we turn the conversation to a focus on the state of Islamic chaplaincy today?

Kamal: What is the state of Islamic chaplaincy? It depends on the country. Each Muslim country is different. Islam has a lot to do with what you bring to it and what you make of it.

RP: You did your CPE work at Stanford and still work as a contract Muslim chaplain at Stanford Hospital. How did you get interested in this international perspective?

Kamal: My interest in Islamic chaplaincy began in January 2013 when I traveled, along with George Fitzgerald of Stanford University Medical Center, to Saudi Arabia where George was invited to make a presentation to Muslim chaplains on the model of spiritual care used at Stanford Hospital. I learned very quickly then that there was considerable distrust

between the physicians and chaplains in Saudi Arabia. The physicians had very little use for chaplains, who approached their work in very legalistic ways. So, instead of working with the Ministry of Religious Affairs, I began to network with the physicians in the Ministry of Health. Through them I was introduced to the Federation of Islamic Medical Associations (FIMA) which is an international organization, the largest chapter of which is in the United States. I was invited to give a presentation to the FIMA conference in South Africa on my vision of hospital chaplaincy. I was well received.

RP: That is where your journey began. How did you know where to begin?

Kamal: Out of that experience with FIMA, I knew I could not do everything. I chose to focus on two regions, Saudi Arabia and Southeast Asia, Malaysia and Indonesia. In June 2013, I went to Malaysia to attend the annual conference of the Malaysian chapter of FIMA. I spoke to about 400 people but had only ten minutes to present my vision of chaplaincy.

RP: And what is your vision?

Kamal: Chaplaincy is a human–divine relationship. It is a human attempt to support another human as they reflect on his or her human–divine relationship. More particularly, I have tried to root my vision of Islamic chaplaincy in the Sharia, which is the basic law of Islam. The Sharia law teaches that God intends three things: remove evil (harm to people), promote goodness (bring benefit), and provide us with success (salvation) in this life and the Hereafter.

From the Sharia I have focused on pastoral care concepts such as the nearness of God (to humans) and the promise of God to respond to the supplications of those who invoke God to do so in prayer. As the Prophetic narrative (Hadith) says, “If my servant comes to me walking, I (God) will come running.”

Another concept from the Sharia that is helpful is the idea of remembering God (*zikr*). If you remember me, I will remember you. As we humans remember God, recall God to mind, pray, God will in turn remember us, or as I said, draw near to us.

These are the basic concepts from the Sharia that I use in Islamic chaplaincy.

RP: So there you are in Malaysia, with ten minutes before 400 participants. What happened?

Kamal: After my ten-minute talk, I was invited to stay and give a two-hour workshop. In the workshop, I talked about the importance of providing religious support for dying persons.

For example, in Saudi Arabia one hospital had banned chaplains from the ICU because chaplains, when they were allowed among dying patients, pressed the patients to say the ritual prayers so that the words on their lips when they died would be a path to salvation. This was frightening to patients, and thus physicians banned chaplains from the ICU. So I tried to reframe the role of the chaplain at the time of death as one of helping the patient take the first step toward God, drawing near to God, knowing God will draw near to them. I suggested that in the context of a dying patient, chaplains could be more compassionate to the grieving family members and the distressed patient. It was rare that chaplains would be called to offer end-of-life care. Instead the focus was on prayers where staff would be waking up patients at odd hours so they could pray at the prescribed times.

RP: So you are presenting a more flexible or humane vision of chaplaincy.

Kamal: We need to move Islamic chaplaincy away from the language of "should" to accommodate the needs of patients,

RP: Then what happened?

Kamal: The next year when I went to this same conference to expand upon the concept of spiritual care for chaplains, I took a slightly different approach. I focused on the life of Prophet Mohammad. I reminded people of the story of the Prophet's first encounter with the Angel Gabriel, when he was confused and bewildered by what had happened. The Prophet sought and received comfort from his wife (Khadija), who lis-

tened non-judgmentally and then eventually facilitated support for him and took him to her Christian cousin for counsel. Now, I said, "The first female chaplain in Islam was the wife of the Prophet." She listened non-judgmentally, with comfort, and based on a small spiritual assessment, determined that the Prophet needed support of a wiser person than herself.

RP: Are there female Islamic chaplains?

Kamal: Certainly. But as you might expect, in the more conservative countries, female chaplains only serve female patients, and male chaplains, male patients. When I returned to Saudi Arabia in 2014 I met with men and women chaplains separately. In my workshop with the women chaplains, I did a role play on how a female chaplain might respond to a female patient who had just lost a baby. Because the women chaplains were completely covered, including the face, I could only see their eyes. I had to listen intently to their voices as they role-played their care giving work. When one chaplain reassured the patient with the words, "God will give you a new baby," even though the comment is culturally appropriate in Saudi Arabia, I worked hard to help them see the importance of focusing on the now, not the future; to help them embrace human feelings of the moment.

RP: And the men's workshop?

Kamal: In the men's chaplaincy workshop, I focused on vulnerability. The traditional role of the Saudi chaplain is as a guide. The implication is clearly that the patient needs guidance and the chaplain is there to tell them what to do. I noted that in hospitals in Saudi Arabia, chaplains were not available 24 hours a day. They respond only to requests from family or patients. They did not routinely meet with dying patients. The purpose of the chaplain, in this traditional model, is to make sure the patient does the prayers correctly and that he prescribed rituals are fulfilled.

I also noted that there are eight million non-Muslims in Saudi Arabia. So I asked, "How do you as chaplains provide care for non-Muslims?" The answer was that they see their job as one of guiding the non-Muslims

to faith. They challenged me, "How can we pray for a non-Muslim?" I responded by focusing their attention to the life of the Prophet, in which the Quran described his work as bringing "mercy for mankind" (not just for Muslims). So I said then, "How can we, as Muslim chaplains, be a source of mercy and compassion for all people?"

So you see, in my work to reform Islamic chaplaincy I cannot rely on Western psychology or anthropology, but I must draw on a neglected part of the Islamic tradition itself.

As it turned out, the men's chaplain workshop was very powerful, because I worked with a role play of self-care. I was role-playing a conversation with a chaplain who was telling me about the death of a young male patient, whom he had actually converted to the faith prior to this death. The chaplain seemed cut off from his emotions and all too quickly went back to work in the hospital after this upsetting event. "I need to be there," the chaplain said to justify his return to his duties. I asked, "Who did this patient remind you of?" And it came out then that the chaplain's own older brother had died in this same hospital, and the chaplain began to cry, right in front of his male chaplain peers (vulnerability). In that moment, I was able to demonstrate the "nearness of God" in being near to this chaplain in his grief.

You see, in Muslim countries we used rituals as a way of processing our grief. In the past, families would wash the dead person's body, preparing him or her for burial. It was an act of love. It was a vehicle of grief. In more modern times, families in metropolitan areas rarely prepare the dead for burial anymore. It is done by the chaplain or by a paid service in the hospital. Thus, more and more modern Muslims do not know how to process their grief. They are fine with the public displays of support and ritual, like gathering at the family's home for three days, but they really do not have intimate conversations, especially the men. The family also needs regular pastoral care, frequent and intimate conversations, in order to process their grief.

RP: It occurs to me, Kamal, that you are still crossing the divide, all kinds of psychological “divides.” And crossing divides come with risks.

Kamal: Last November I led a chaplaincy-training seminar in Aceh, Indonesia. One young chaplain challenged me. It was a harsh challenge, but it was a gift. He said, “We don’t need anyone to teach us our faith, but we need someone to help us with how to talk to patients!” I understand that challenge to mean, “Don’t tell us how to be Muslim, especially you from the West—tell us how to respond to questions from patients.” You see, the Islamic chaplaincy corps today is an extension of the preacher. The flock is silent when the preacher speaks, but once the flock (patient) starts to speak, they do not know what to say.

RP: What is coming up next for you?

Kamal: I will be returning to Saudi Arabia, Malaysia, and Indonesia this April. But before that, I will be going to Pakistan at the invitation of FIMA to do a tour of six cities/hospitals. I understand that one of those hospitals routinely practices nondisclosure of diagnosis to patients. I will argue that denying a patient knowledge of his or her diagnosis robs that patient of the opportunity for repentance, an opportunity to remember God and be remembered by God in the moments of dying.

RP: May God’s blessings and safety go with you. Thank you again for this conversation.

Kamal: Thank you.