

Naveed Baig

# Islamic spiritual care and negative religious coping

## Islamic practical theology and psychology of religion at crossroads

**Keywords:** spiritual care, Islamic spiritual care, healthcare, Islamic practical theology, psychology of religion, negative religious coping

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**Abstract:** This article discusses religious coping behaviors in relation to Islamic spiritual care practices. Islamic spiritual care is an established practice, integrated in many European countries' health and welfare services, and an emerging field of research. I have 17 years of experience as a Muslim chaplain in Danish hospitals and a prison, working with counseling, educating staff, and policymaking in the field of Muslim chaplaincy. In this article, I use psychological theory to analyze positive and negative religious coping, first demonstrating that spiritual care is a practice in Islam that is embedded in its theological and psychological (re)sources. Then, based on two case examples, I analyze negative religious coping among Muslims, which is a topic that has received little scholarly attention. The article contributes to the emerging field of Islamic practical theology and the interdisciplinary relationship between practical theology and psychology of religion.

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The purpose of this article is to elucidate the field of Islamic spiritual care and contribute to understandings of negative religious coping by juxtaposing the fields of Islamic theology and psychology of religions. Spiritual and/or pastoral care in public institutions, including the healthcare sector, caters to the spiritual care needs of its patients, their relatives, and staff at many institutions today (Gilliat-Ray et al. 2014; Swift et al. 2015). The rationale is that all people in need of spiritual and religious care, including those who adhere to minority religions, should be offered it (Swift 2014). Islamic spiritual care has its roots in the Qur'an and the teachings and practices of the Prophet

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Muhammad (Long and Ansari 2018) and is ‘based on the view of a human being as an integral composite of physiological, psychological, and spiritual components’ (Isgandarova 2011, 3).

Islamic spiritual care has been defined in relation to pastoral care, with characteristics that include ‘shepherding’ (taking care of the flock and in Arabic *al-ri’āyah*), being mindful and attentive, providing a merciful presence, and helping people to grow and flourish (Long and Ansari 2018; Gilliat-Ray et al. 2014). Although Islamic spiritual care is not named as a discipline in the Arabic language, it has a presence in the form of formation (*tarbiyyah*), charitable service (*ḥidmah*), preaching (*dawah*), character ethics (*iḥlāqiāt*), spiritual purification (*tadkiyyah*), and prophetic medicine/healing (*ṭibb an- nabawi*) (Baig 2022, 114). Islamic spiritual/pastoral care as a formal discipline has been the center of attention for practitioners and academicians alike, especially in relation to the work being done by Muslim chaplains in public institutions, particularly in the Global North.

Islamic spiritual care originates from Islamic practical theology – a generic term – which also includes disciplines such as Islamic social work (exemplified by the institutions of *awqāf* and the distribution of *zakāh*), Muslim chaplaincy, Islamic psychotherapy (*i’lāğ al-naḥs*), palliative care, and so on (Badawia 2022; Isgandarova 2022; Abu Shamsieh 2019). While Islamic practical theology is not an established academic discipline in theological faculties around the world, it is an applicable term that ‘closely considers the lived experience of faith or how Muslims experience or adapt and change religious or spiritual approaches in daily life’ (Isgandarova 2022, 169). Badawia (2022), Abu Shamsieh (2019), and Isgandarova (2022) all highlight critical and theological reflection on Muslim practices as the core ingredient of Islamic practical theology. Isgandarova, one of the contemporary pioneers in advocating Islamic practical theology, argues that there is a gap between the lived and the studied, and that the understanding of Islamic practical theology is narrow and needs further development in the world (Isgandarova 2022). A concrete example of Islamic practical theology in action could be the question of the burial/disposal of still-born babies and fetus deaths in hospitals, about which parents/families have to make decisions in a fairly short span of time. How many weeks old should the baby/fetus be before it can be given a Muslim burial, and can it be buried in a combined grave (with other babies/fetuses) in a Christian graveyard? What

if one parent is Muslim and the other Christian and they want different religious/cultural ceremonies at the graveyard and wish to be consoled by both a Muslim and Christian chaplain? Islamic practical theology (a Muslim chaplain/Islamic scholar would study, reflect on, and find solutions to these questions) would in this instance draw upon a range of authoritative sources from the Islamic tradition and formulate answers to the questions, notwithstanding the sensibilities involved. On a practical level, the Muslim chaplain could facilitate an interfaith ceremony in dialogue with the Christian chaplain, striving to stay true to the traditions and boundaries of both, as well as those of the family involved. Finding and formulating day-to-day theological reflections and answers for specific life situations makes theology practical and in constant motion.

Coping is a psychological phenomenon that ‘involves the ability to overcome challenges and setbacks’ (Skibniewski-Woods 2022, 1). Religious coping – a particular coping strategy – can be understood as ‘how particular people use religion concretely in specific life situations and contexts’ (Pargament and Ano 2004, 119). In the coping literature, originating in the discipline of psychology of religion, both positive and negative religious coping are addressed. Pargament et al. (1998) differentiate between two categories of religious coping: positive and negative. They state ‘that positive religious coping activities reflect a secure relationship with God, a belief that there is a greater meaning to be found, and a sense of spiritual connectedness with others. Negative religious coping activities reflect an ominous view of the world, and a religious struggle to find and conserve significance in life’ (Pargament et al. 1998, 712). Furthermore, negative religious coping or ‘religious struggles’ are expressions of conflict, question, and doubt regarding matters of faith and religious relationships, containing notions of ‘a punishing God’, and ‘being abandoned by God’ (Abu-Raiya and Pargament 2015; Pankowski and Pankowska 2023); a broader definition refers to ‘underlying spiritual tensions and struggles within oneself, with others, and with the divine’ (Pargament et al. 2011, 51). Because there is a tendency to see religion and spirituality alone as having positive outcomes on health and well-being, negative religious coping is an important area of interest, exemplified by the fact that ‘religious struggles’ (problematic manifestations of religion and spirituality) have recently received growing attention in the literature (Abu-Raiya

et al. 2016). Xu writes that religion wields a double-edged sword in coping studies and the notion that religion is benign for all and everything can lead to biased stances (Xu 2016).

The primary focus of most research on Muslim patients and religious coping is on positive religious coping (Abu-Raiya and Pargament 2014). This is not surprising since research and scholarly debates in this particular field on potentially negative forms of religion and spirituality have generally not received much attention (Abu-Raiya et al. 2016), possibly because religious coping literature has predominately found positive religious coping methods among research participants in Christian populations in the United States (Pargament et al. 1998).

It is of academic and healthcare concern to explore the perceived negative religious styles of 'help-seeking' in Islamic spiritual care because negative religious coping can have serious implications for the physical and psychosocial health of humans (Rassool 2016). Identifying its role and effect can also give us a better understanding of Islamic spiritual care and potential negative coping ideals/practices that are related to it. Muslims use positive religious coping, negative religious coping, non-religious means of coping, and sometimes a combination of these (Rassool 2016). From an institutional perspective, as of 1 October 2023 the World Health Organization's homepage stated that 'relieving serious health-related suffering, be it physical, psychological, social, or spiritual, is a global ethical responsibility' (WHO n.d. ). Since this 'global ethical responsibility' also includes the spiritual domain, it is important to identify and ascertain what this spirituality is, in the Islamic tradition as well, so that people in need can receive spiritual care according to their values and belief systems.

In this article, I first elaborate on the methodology and method used, exploring the tradition and context of Islamic spiritual care through its theological sources. Secondly, I discuss the relationship between negative religious coping and Islamic spiritual care practices. The purpose of the article is to answer the question: how does Islamic spiritual care relate to negative religious coping behavior, and what potential sensitivities exist amongst care recipients during negative religious coping?

## Methodology and method

Abu Shamsieh defines practical theology as ‘an action-oriented discipline that responds to issues ranging from the role of faith in society, the understanding of individuals and communities of faith regarding normative texts, and transformation through understanding and practice’ (Abu Shamsieh 2019, 143). It is relevant for Muslims in that it may widen horizons, transcending the authoritative texts to ‘correlate the present situation with all its complexities and mysteries’ (Abu Shamsieh 2019, 143). This understanding of practical theology takes into account the movement between theory and practice, and is well aware that contexts are ever-changing, and that theology is for the benefit of its adherents and their daily lived lives.

The principal methodological framework within which practical theology takes place is theology, wherein the hermeneutical/interpretive paradigm is immersed (Swinton and Mowat 2016). Although Islam is an orthopraxy, practical theology is a relatively new discipline in the Islamic tradition compared to Christian theology (Abu Shamsieh 2019). As a hermeneutics of Islamic spiritual care, practical theology can play a pivotal role in creating correlations between: a) religious/spiritual practice and its tradition and sources; and b) theological and social-scientific accounts of religious/spiritual practice. Practical theology is not only theoretical inquiry into understanding practice, it is also an exercise in taking human experience seriously. While practical theologians exert themselves to understand the ‘real’ lived situations of ordinary human beings, this is also for the sake of ‘public interest’, called *maṣlahah* in Islamic theology (Hasan 2023). Public interest is seen as the intent of the divine law (*maqāṣid al-ṣariaḥ*) in Islamic thought, and the preservation and development of the intellect and human life are part of the higher intent of revelation in Islam (Attia 2007). According to Abu Shamsieh, contextual jurisprudence (*fiqh waqi’*) or the correlation of theory with practice is congruent with Islam (Abu Shamsieh 2019). More specifically, contextual jurisprudence requires three key factors: a) understanding the text (Qur’an and *sunnah* of Prophet Muhammad); b) understanding the context; and c) cultivating the ability to apply text to context (Isgandarova 2016, 15-28). In this article, I have attempted all three, examining negative religious coping (context) where Islamic spiritual care theology

(text) is applied, and new insights are sought.

This article is part of my article-based PhD dissertation, which examines the lived hospital lives of 12 patients with Muslim backgrounds diagnosed with COVID-19 and hospitalized in Denmark. Using a qualitative empirical research design to gather data (semi-structured interviews), I am particularly interested in understanding how Muslim patients experience and view crisis situations and what resources they use/adopt to come through severe sickness, including the use of religion and spirituality. However, this article – as noted above – uses a hermeneutical/interpretative approach to conceptualize and contextualize negative religious coping in relation to Islamic spiritual care, analyzing relevant literature and portraying two coping examples from the lived lives of Muslims in crisis situations.

In the next section, I delve into the Islamic practice of spiritual care by mapping its understanding of the human being and discussing the relation and sensitivities between Islamic spiritual care and negative religious coping.

## **Islamic Spiritual Care: The tradition, context, and contemporary issues**

Islamic spiritual care has been 'primarily seen as a sideline to the mosque imam and not as an independent function' (Ajouaou 2014, 42). Although many Muslim spiritual caregivers in the early periods of Islamic history had a background as mosque imams and scholars, many others who did not, including Muslim women, were also active in Islamic spiritual care practice, education, and preaching (Bewley 2004).

The notion of 'Abrahamic shepherding' entails that the monotheistic religions of Judaism, Christianity, and Islam understand pastoral care (the word pastor originating from the Latin meaning shepherd and in Arabic *al-rā'ī*) as caring for the flock – a metaphor for family, neighbors, and human beings' friends or foes (Ansari 2022). Hence, pastoral care as 'the precondition and state' or even the rationale for delivering spiritual care can be added to the list of practices that are interlinked to spiritual care in Islam. There is no contradiction in principle between the understanding of pastoral care in the Judeo-Christian tradition and that in Islamic practice, and in all

three faith traditions there is a clear scriptural basis to be found (Ansari 2022). Perhaps a part of the farewell sermon of the Prophet Muhammad, which not only is a key historical event in the Islamic *sīrah* literature but also has deep existential significance for Muslim life, explains the value and sanctity of humans: ‘all people are equal like the teeth of a comb. You are all from Adam and Adam is from dust. There is no superiority of white over black, nor of Arab over non-Arab except for God-consciousness’ (Hathout 2008, 82; Musnad Aḥmad 23489; Waliullah, n.d.).

Likewise, the Prophet Muhammad stated in a narration, ‘the servant does not reach the reality of faith until he loves for the people what he loves for himself of goodness’ (Ṣaḥīḥ Ibn Ḥibbān 238). The sermon and this saying have spiritual care implications because they highlight equality and fraternity between humans for the caring practice, transcending ethnic, cultural, and religious boundaries. The Qur’anic verse in which it is said, ‘My [God] mercy embraces everything’ (7:156), and the hadith of mercy, ‘The Compassionate One shows compassion to those who are compassionate so show compassion to those on earth and the One in the heavens will show compassion to you’ relate the nature of God and the task of humankind in Islamic theology (Tirmidī 1924). Thus, spiritual care in Islam is not a new idea or practice; rather, it is the professionalization and organization of it – for example in the form of Muslim chaplaincy in the Global North – that is fairly new (Ansari and Long 2018), starting from American prisons in the 1960s (Kowalski and Becker 2016).

Today, the term chaplaincy is mostly used in English-speaking countries (although spiritual care services are found in non-English speaking countries) to refer to those employees/volunteers (from different faith traditions and life stances) who provide religious, spiritual, and life stance services primarily at public institutions. These types of services are value-based and include, among other things, existential conversations, spiritual support, religious rituals, counseling, and often teaching and guidance to staff on ethical and existential issues, including in cross-disciplinary settings (Snorton 2020). Chaplains have, for instance, working relationships with other hospital staff and wards at different levels (Egerod and Kaldan 2022; Swift et al. 2015), and are sometimes deeply integrated and even embedded in specific wards like the palliative, where patient cases are

discussed at cross-disciplinary meetings (Gilliat-Ray et al. 2016; Proserpio 2011).

Muslim chaplaincy is present in various forms in public institutions, not only in the Global North but in majority Muslim countries, especially prisons and healthcare, where it is slowly gaining credibility, acceptance, and presence (Shariff 2021).

## The mapping of the human being in Islamic spirituality

One contention is that the Islamic notion of the human being does not approve the part of modern psychology that is ‘influenced by Western secularism and its ungodly worldview and its deviant conceptions about the nature of man’ (Badri 2009, 9). The critique launched by Badri, the late psychology professor who is also known as the founder of modern Islamic psychology, has ramifications for patient-centered care in plural societies. The criticism pertains especially to the limited understanding of human nature in modern psychology, which relies heavily on the mind and brain as the focal point of the self and does not recognize the perception that Muslims connect to God through the spiritual heart (*qalb*) (Badri 2009). However, this is an oversimplified account. Jungian psychology (which can be described as working in the periphery of modern psychology today), for example, recognizes the workings of the ‘inner self’, which has similarities to the functions of the *qalb* (Rothman 2022), and the possibility of a self-revealing God-image in the self (Corbett 2013), echoing *tašbih* (self-disclosure of God’s attributes) in Islamic mystical thought (Abidi 2021). Notwithstanding that the movement between Jungian psychology and Islamic psychology may release some tension, the belief in a living and present God outside of the self – something characterized as the ‘original beyond the images’ by Jung – is outside the scope of the modern psychological venture (Corbett 2013). This of course does not mean that theology and psychology do not have a two-way dialogue and cannot enrich each other with critical perspectives, especially on aspects of human nature like forgiveness but also on more theoretical issues concerning mind/body relations, unity/multiplicity of the self, and freedom/determinism (Watts 2012).

Underpinning the Islamic worldview is that the whole



person is viewed from three aspects: biological/physical, psychological/emotional, and spiritual. Islamic theology maintains that the spirit (*ruh*) is the inner essence of the human being (metaphysical reality, pervading the whole body), a 'life source' from God, literally meaning 'breathe, wind or life' (Ushuluddin et al. 2021; Baig 2022). The *ruh*, centered on the spiritual *qalb* (heart), forms a bridge from the human to God (Ushuluddin et al. 2021). The word *ruh* is mentioned at least nineteen times in the Qur'an (Osama 2005), also referring to various other metaphysical entities and concepts like angels, Archangel Gabriel, revelation, and divine inspiration. While the Qur'an offers scant information about the *ruh*, it does mention humankind's being gifted a special position in the universe due to containing a 'divine spark': 'When I have fashioned him (Adam) and breathed into him of My spirit, fall you down in prostration unto him' (15:28-29).

Although the spirit (*ruh*) is essential in mapping the essence of humans in Islamic thought, other elements that constitute the human being are indispensable in determining their faculties and functioning. These include the spiritual heart (*qalb*), intellect/cognition (*'aql*), soul or self (*nafs*), and spirit (*ruh*) (Long 2022). The intellect/cognitive aspect of human nature in Islamic thought is not alien to modern psychology, although the individual is a composite of many entities because of the accidental modes or states (*ahwāl*) of the human being, as Al-Attas suggests:

[when] involved in intellection and apprehension it is called 'intellect'; when it governs the body it is called 'soul'; when it is engaged in receiving intuitive illumination it is called 'heart'; and when it reverts to its own world of abstract entities it is called 'spirit'. Indeed, it is in reality always engaged in manifesting itself in all its states (Al-Attas 1995, 148).

Hence these components of the human are one entity, indivisible and unified. Also included in these states is the 'animal self' (*nafs al-ḥaywāniyah* or *nafs al-ammārah bi-l- su*), which is a powerful force that impacts the soul/self and can drag it down 'to the lowest foothills of the bestial nature' (Al-Attas 1995, 147). Conversely, faith, exemplary character, and sincerity can inspire humans to soar toward the angelic realm where divine peace thrives (Al-Attas 1995).

The physical body (*ġism*), its impact, and its significance are often underrated in discussions concerned with spirituality in Islamic literature (especially on Sufism and asceticism), where renunciation is adopted to 'defeat' the body and its desires (Rabbani 1995). The body must be vanquished through painful psychological practices for the sake of the soul (Glücklich 2001). There is 'a lesser value given to the corporeal within the overall Islamic outlook' (Chowdhary 2021, 50), which has to do with the notion that God gives the inner dimensions of the human utmost importance, (noble intentions, God consciousness, quality of worship etc.), making the outer dimensions, including the body, redundant. Nevertheless, the human being is not alone created by God but is shaped 'in the image of God' – meaning fashioned and honored by God (Şah . ih . al-Buĥārī 5873). The Qur'an states that 'it is He who created you and fashioned you into whatever form He willed' (82:7-8), with a purpose. The holistic worldview of the human being in Islam therefore obliges the physical body to be perceived as a part of the grand scheme of things (Rahman 1998). For Al-Ghazali, the spiritual journey towards God entails the body, as he himself states in allegorical terms: 'the body may be figured as a kingdom, the soul as its king, and the different senses and faculties as constituting an army. Reason may be called the vizier, or prime minister, passion the revenue collector, and anger the police officer' (Al-Ghazali 2016, 22). Thus, according to Al-Ghazali, the revenue collector and the police officer must be subservient to the king, but if they rebel and fight against the king, the soul (king) and thereby the body (kingdom) will be ruined (Al-Ghazali 2016).

A prevalent theme in contemporary healthcare settings that involves the body and can cause friction in the physician-patient relation is 'patient indifference'. This implies a 'resigning' of the body during times of severe sickness and even rehabilitation by expressing disdain and a lack of concern for one's physical condition. This could include abstaining from eating, inactivity after an operation, or not taking painkillers or medicine at all. Patient fatalism, which is an intimidating concern for many healthcare professionals, may also amplify the notion of indifference, of leaving everything to the will of God (Tackett et al. 2018), although Islamic teachings encourage healthcare treatment to be sought during illness (Rahman 1997). One possible explanation for this resignation, for example during the end-of-life phase in the rejection of sedatives, is that pain is seen

as the expiation of sins and the desire to be ‘conscious’ for as long as possible for worship and similar (Al-Shahri 2016). There is a need for more research on views of the body, on relationships between body and spirit, among patients and clinicians alike, and reasons for the apparent ‘resignation’ of the body. It would also be of interest to explore this ‘indifference’ and whether it should be included in definitions of negative religious coping, positive religious coping, or both.

## Negative religious coping and Islamic spiritual care

Most of the religious coping literature has focused on Christian samples and, as such, its findings cannot be generalized to individuals of other faiths (Abu Raiya and Pargament 2015; Abu-Raiya 2013). Additionally, this body of research in the field of psychology of religion has largely overlooked potentially negative coping forms of religion and spirituality (Abu Raiya et al. 2016). Therapists working within the Muslim community state that there is a strong inclination towards a condition that reveals ‘a negative picture of themselves and a negative experience of God’ (Rothman 2022, 126); however, these types of descriptions only touch the surface and call for more context and further research.

Islamic spiritual care and its clinical usage also engage with *ġinn* possession and exorcism, whisperings, black magic, evil eye, visions, and dreams, among other phenomenon, across the Muslim world and beyond (Rassool 2019). These unseen powers and influences are actual and a part of the fabric of the beliefs of Muslims (Rassool 2019; Böttcher and Krawietz 2021). There is at present limited empirical research and knowledge on the relationship between such unseen influences, how they are understood, and their implications, especially in relation to negative religious coping. Since Islamic spiritual care also takes mental health into account due to its holistic understanding of health, it is advantageous for spiritual care providers to have insight into the Muslim view of the unseen – which includes cultural healing contexts and cure-seeking expectations – alongside having counseling skills and evidence-based mental health training (Isgandarova 2019). Being aware of patients’ negative religious coping behaviors can be useful in both

assessment and intervention (Ali and Aboul Fotouh 2012).

Even though previous research has shown a positive correlation between religious coping and health (physical and psychological) among different faith groups, some findings tell a different story (Skalisky et al. 2022), indicating either no relationship at all or even that religious coping may have negative implications for health (Skalisky et al. 2022). Although Muslims report using positive more than negative religious coping (Skalisky 2022), this finding calls for critical comment. One possible interpretation of it could be that Muslims are hesitant to admit to negative aspects of their religion (Abu Raiya 2013) due to fear of reprisals or being declared ‘outcasts’ by their own religious communities. Doubting God or Islam may be seen as being sacrilegious and contemptuous toward God, which amounts to disbelief (Rassool 2013); furthermore, there are tacit theological understandings that inform Muslims how to cope during tribulations (Skalisky 2022). This could be ‘accepting’ that it is God’s will and plan that life is full of trials, and that patience and thankfulness are preferred over rebellion and questioning one’s fate (Kermani 2011).

Therefore, answering, for example, Pargament’s RCOPE scale questionnaire (the most commonly used, 14-item measure of religious coping, which helps to contribute to knowledge about the role served by religion during crisis and transition) could trigger a propensity to specific responses because of theological and cultural underpinnings. One could imagine, for instance, an abstention on the ‘Realized that there were some things that even God could not change’ question in RCOPE (Pargament 1999) if one has been taught that God is the ‘all-Powerful’ (*Al-‘Azīz*) and ‘possessor of all strength’ (*Al-Qawi*) during one’s upbringing. Many names for God, at least 99 in number, are mentioned in the Qur’an and are crucial for understanding God and one’s purpose in life; they are used as part of a lived, practical, and embodied ritual for Muslims worldwide who recite, recall, sing, and reflect upon them (Hacıbrahimoglu 2020). God’s attributes as expounded in the *asmā’ al-ḥusna* (beautiful names of God) literature are the Patient (*as-Ṣabr*), the Giver of serenity (*as-Salām*), the Protector (*al-Muhaymin*), the Protecting Friend (*al-Walī*), the Pardoner (*al-‘Afu*), the Clement (*al-Ḥalīm*), the Merciful (*ar-Raḥmān*), the Subtle (*al-Laṭīf*), the All-embracing (*al-Wāsi’*), the All-responsive (*al-Muḡīb*), the One Who expands (*al-Bāsiṭ*), and the Loving (*al-*

*Wadūd*), to mention a few. The usage of these names can also be seen as an example of practical theology in action, as the names are used in concrete crisis situations by individuals or groups who can ‘call’ upon the Merciful or the ultimate Healer (*al-Shafi’*), for instance. The Qur’an says, ‘God has the Most Beautiful Names. So call upon Him by them’(7:180).

One may even have a skeptical approach to the questionnaire in its entirety, expressing criticism and confusion around the use of spiritual terms and/or of being part of a ‘psychology project’, as one study showed (Amer et al. 2008). Different versions of RCOPE (and others inspired by it) have been translated, but studies are needed to evaluate the extent to which it is useful in cultures outside of largely Christian contexts in the Global North (Amer et al. 2008). The same skepticism can be true of people from different socio-economic groups and minority cultures where surveying religion and spirituality in this specific way is not a cultural norm. However, respondents who react negatively to RCOPE or express skepticism can be identified by the professionals, and that knowledge may be useful in determining what is specific to Muslim respondents, potentially helping them in the future.

Religious coping behaviors dealing with life’s tribulations and giving individuals a meaningful explanation in an Islamic context are mainly drawn from the two primary sources of Islamic theology, the Qur’an and the *sunnah*, known as the ‘Prophetic example’ (Rassool 2016). In Islamic theology ‘religious struggles’ can be understood as ‘divine trials’, known as *balā* or *ibtilā* (plural), at the individual or societal level (Rouzati 2015). These may include superstition, bad omens, *jinn* possession, and losing hope and faith in God and/or religious institutions/faith leaders. Although *ibtilā* is a general term that encompasses all ‘trials’ in life, including sickness, divorce, and poverty, the above-mentioned dilemmas and situations can be included in that pool as well. The Qur’an makes it clear that humankind, irrespective of its religious and ethnic divides, will be tested as part of the human experience in this cosmos: ‘He is the One Who created death and life to test which of you is best in deeds. And He is the Almighty, All-Forgiving’ (67:2). Hence, according to the Qur’an, humans are not just tested in order to perform good works in this life, but also that they may excel above others in morality. Furthermore, it is important to add that *ibtilā* includes being tried during times of prosperity and ‘wellness’ as well (Rouzati

2015). In Islamic theology, the understanding is that life on earth is a trial – a *raison d'être* for humans (Rouzati 2015). Therefore, religious coping is not merely a systemic or strategic adaptation for times of crisis, a 'doing' (using religion), it is more than that; it is a 'being' (living religion): a deep existential conviction infused in the self-understanding and lived lives of Muslims that trials are part of the larger divine plan for humans.

God can be viewed as a punishing, avenging power, and 'quarreling' with God and religious doubt would fall into this category (Pargament 1997). However, asking God questions, such as 'Why is God testing me?' and lamenting or 'quarrelling' with God may hold positive, transformative, and relational opportunities (Pargament 2007). The expression of religious pain and conflict may have benign effects since struggle, according to the religious literature, can be a precursor to growth, with the prophet Ayuub (Job) providing one well-known narrative example (Glucklich 2001; Pargament et al. 1998). Pargament notes that negative religious coping impacts humans differently and in three ways, being 'relatively harmful to some people, inconsequential to others, and still to others, a source of growth and introspection' (Pargament et al. 1998).

It is an opportune moment to relate an example of negative religious coping offered by La Cour (2010), wherein doubts pertaining to religious relationships led to religious/social isolation in a Danish context: A Muslim woman with chronic pain who was highly dependent on others characterized herself as very religious. She prayed, fasted, and heard Qur'an recitation regularly. She did not attend the mosque and thought that it was exclusively for men. She was socially isolated, had near to no Danish language skills, no friends, and only saw her husband and children. She said that her religion was the only thing she had, but at the same time, it also maintained her in social isolation because she did not want to meet with others including non-Muslims or Muslims who were different to her (case study from La Cour 2010). This example of negative religious coping is somewhat ambiguous since it is unclear how the woman's religiosity is connected to her social isolation. One could argue that not meeting other people who are different from oneself may be due to other reasons than religion, or a combination of reasons. Furthermore, we have no information on how the woman's religion and faith beliefs influenced her in other dimensions of life.

The application of positive and religious coping terms can be criticized for being tautological in nature since it seems neither informative nor surprising that patients who have, for example, a religiously pessimistic or 'dark worldview' feel more depressed in stressful situations (Abu Raiya and Sulleiman 2020; Abu Raiya and Pargament 2015; Pargament et al. 2011). However, the descriptions can give us a clearer picture of what the negative 'involves' and potential danger signs (La Cour 2010).

Another point to be considered is that the division between positive and negative religious coping can emerge as a dualistic trap, dogmatic in nature and unable to yield the fruits of dialectical inquiry into religious coping. It is reasonable to believe that patients use both positive and negative religious coping simultaneously to deal with the same crisis event (Xu 2016), dubbed 'heretical piety' by Kermani in his book entitled *The Terror of God: Attar, Job and the Metaphysical Revolt* (2011). The 'heretical' – denoting anger and frustration over God's plan and actions (negative religious coping) – and 'piety', along with observing traditional Islamic ritual practice (positive religious coping), signifies the stringent need to accept good and evil as coming from the same divine source, with a meaningful purpose for the individual (positive/negative religious coping). Even though Kermani's book and the heterodox image of God presented in it is a minority stance within Islamic theology, it may be argued that it gives legitimacy to the holistic stance of the worldview in Islam that stresses integration, non-duality, or a 'radical *tawhīd* (oneness)'. The heterodox image of God in Kermani's book is one in which humans revolt, complain, and express anger against God and his plan inwardly and openly. The God-talk is without filter, blunt and messy because God can take it. God is always ever-present and the focus of constant attention (Kermani 2011).

This 'radical oneness', or *tawhīd*, may call for an integrative approach to religious coping when seen with the lens of Islamic spiritual care, wherein a 'pendulating religious coping' (between positive and negative coping strategies) is present for the same stressful event. This integrative approach would also include non-religious coping behavior, where culture, family, and nature play a role in overcoming personal tribulation (Ahmadi and Ahmadi 2018).

To explain this 'pendulating religious coping' the following personal inner dialogue of Hasan, a hospitalized Muslim patient,

who has been waiting for a new liver transplant for nearly a year, is quoted below:

In the beginning of my sickness, I thought a lot inside of myself, wrestled with

Allah, complained to Him. Asked ‘why me?’ Then I thought I was the cause of my sickness. I had committed an offense. So, I sought forgiveness from friends and family and called everyone. That gave me a feeling of satisfaction.

I had a direct line to Allah. I didn’t think about anyone else. Read a lot of *Istāğfār* (reciting the repentance formula). (Hasan, a liver patient). (Baig 2017, 139).

Hasan has an insecure and quarrelling relationship with God at the onset, asking the ‘why me’ question (negative religious coping) and blaming himself for his disease (negative religious coping); after that he uses asking for forgiveness and gaining pardon as positive coping strategies, along with tuning into his relationship with Allah, which he describes as ‘a direct line to Allah’. He sustains this relationship by reading repentance formulas, but also the Qur’an and the ‘beautiful names’ of Allah, as he further elaborates in the interview. Hasan had good days and bad days for many months and pendulated back and forth between the two coping conditions during this time. He practices his religion by reading the repentance formula, but also by telephoning his family members and seeking their pardon. This is an action-oriented approach for Hasan: seeking transformation through practice, as Abu Shamsieh’s definition of practical theology tells us. He is using a variety of means to cope with the situation rather than following a specific theology manual for religious rituals during crisis.

In the previous section, the following points have been discussed: a) Muslim patients use positive and negative religious coping; b) there is uncertainty in validating the extent of negative religious coping amongst Muslim patients due to the ‘intrinsic theology’ relating to fate, tribulations, images of God (e.g., the All-Powerful or ‘quarreling with God’), and doubts about Gods plan, which cannot necessarily be put into the negative versus positive dichotomy; c) this uncertainty is increased by patients’ fears of thinking ‘negatively’ about Islam, and subsequently becoming ‘outcasts’ and vulnerable to reprisals; d) there may be both positive and negative religious coping taking place during the same crisis event.



## Conclusion

The main aim of this article has been to explore the relationship between Islamic spiritual care theology and negative religious coping. This began with defining key terms to give conceptual clarity; then Islamic spiritual care and its theology were juxtaposed with negative religious coping, also bringing to the discussion the different sensitivities connected with negative coping behavior. I have also discussed and problematized the tensions between the Global North and Islamic paradigms for understanding the nature of the human being. Although the distinction between Global North/Western and Islamic is oversimplified and even misleading, it does offer space for reflection on how different paradigms influence our perceptions of the human being. This is a key area of retrospection, especially for spiritual care providers who cater to the needs of their clients/patients in an increasingly diverse and multicultural world.

As noted above, contextual jurisprudence (*fiqh al-wāqī`*), as framed by Abu Shamsieh, was attempted in this article. At first glance appearing to be a technical term, contextual jurisprudence has more to do with practical adaptability in lived life situations. In other words, it is the correlation between theory and practice that is also called practical theology. I have tried to give an understanding of the text (Islamic spiritual care theology) through examples induced by the Qur'an and *sunnah*, and their relation to care practices like 'shepherding' and 'mercy'; key terms like 'tribulations' and 'image of God' were also interpreted in light of the authoritative texts of Islam. But more significantly, the text was applied to the context of negative religious coping from the field of psychology of religion. This can be seen as a movement of Islamic theology toward understanding and critically reflecting on a different academic field, and resulted in discussions of negative religious coping, its presence, and its impact on the lived lives of Muslims.

We have seen that negative religious coping is a factor in Islamic spiritual care, but the picture is blurry. It is, however, impossible to know the extent and exact character of negative religious coping in the complexities of the lived lives of patients, which calls, therefore, for more empirical research, theological reflection, and subsequent theory development. In this article, negative religious coping contra positive negative religious cop-

ing has also been problematized. The definitions of religious coping may create sharp contrasts and demarcations preventing us from seeing the dynamics and dialectics of different coping behaviors. It may also be altogether difficult to grasp what negative religious coping actually is, especially for the person her/himself in the specific situation.

The notion of ‘pendulating religious coping’ behavior was introduced, suggesting an integrative approach. I have briefly described the sensitivities pertaining to coping behavior, such as the fear and hesitation connected with expressing ‘negative’ thoughts and feelings about one’s religion, and also noted that, as a scientific term, coping may be somewhat mechanical for Islamic theology where trials and how to respond to them are integrated into human behavior and the *modus operandi* of belief.

A stronger and more vigorous academic relationship between Islamic practical theology and psychology of religion can contribute to a fuller and deeper understanding of human suffering and the resources that are needed when people are undergoing tribulations. The first few steps in this regard could be to raise the level of curiosity about each other’s fields and find potential common ground by studying the origins and the contexts of the two disciplines and how they seek to understand humans, human life, and human tribulations from their distinctive positions.

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