

Making It Up as I Go Along: The Formation of a Muslim Chaplain

Mary Lahaj

Islam is the religion of my parents and grandparents. How do I manifest its true practice? After September 11, and after giving hundreds of speeches about Islam in large halls, I felt more like a talking head than a practicing Muslim. My spiritual journey was stalled: I needed to find a way to practice this religion by the heart and not by the head. I don't know how or when it happened, but my heart had developed a thick, impenetrable crust. Luckily, I was shown a possible means of excavating a compassionate heart and connecting deeply with others, one-on-one. The path led me in pursuit of clinical pastoral education.

I applied for my first unit and was accepted at Saint Vincent Hospital in Worcester, Massachusetts. Anyone who has ever studied to be a chaplain knows that if you can't get over your own "issues," you can't be present for anyone else. In my first unit of CPE, I never managed to get out of my own way; I remained entrenched in my existing self-conception. I knew more

Mary Lahaj, 133 Stow Rd., Boxborough, MA 01719 (E-mail: marylahaj@gmail.com).

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about Islam than my supervisor! She tried to penetrate my inner crust, but made little progress getting me to understand the concept of being present for others. When I was with others, I clung obtusely to the only way I knew how to be—an educator. I will be eternally grateful to my first supervisor for not giving up on me. She knew better than I the extent of the challenges I was facing, and yet she must have seen some potential. With her support, I applied and was accepted into the selective residency program at Brigham and Women's Hospital, an acute trauma hospital in Boston.

THE STRUGGLE WITH NOT BELONGING

Growing up as part of an embattled minority in America, I shared the prevailing feeling in my family of not really belonging to either world—an identity crisis I had already spent a lifetime trying to resolve. Now it came back to haunt me with a vengeance. Yet while I struggled with my personal limitations, the demands of the clinical work at the Brigham left little time for self-analysis. I was part of a multi-faith staff of chaplains with hundreds of patients to visit, a referral list to adhere to, and on-call requirements once a week. In addition, I took over the pastoral care of the Muslim patients who were scattered throughout the hospital.

After rounds on my assigned floors, I checked in on the Muslim patients. Sometimes I would pray with them, wait with their families, and generally tend to their religious needs, such as prayer, diet, and Qur'anic tapes. Many times, I imagined myself as the hostess of the hospital, greeting the Muslims warmly with peace, treating them as valued guests, and demonstrating as much Islamic culture and etiquette as was familiar to me.

From the beginning of my clinical work, I had observed how language, cultural, or religious differences presented barriers to efficient patient care and communication. With Muslim patients, all three were usually present. So, as the Muslim chaplain on staff, I was frequently invited to join the medical team in family meetings and honored to do so. However, I had a number of problems with these privileged invitations. First, because I was wrestling simultaneously with the embryonic stages of pastoral formation and keeping the old familiar pangs of identity crisis at bay, these invitations felt premature. Second, because I was the "expert" on the team, I was pre-disposed to fall back on the familiar role of educator, precisely the security trap I was trying to avoid. Third, since the Muslim population was so widely diverse, I

was frustrated by my own limitations in communicating with patients, especially when they spoke no English. I felt pressured by the medical team to bridge the gap between “us” and “them,” when I myself was more “us” than “them.” Although I am a second-generation American Lebanese Muslim, I don’t speak any languages of the traditional Muslim world and was born and raised in a suburb of Boston.

MEETING AN IRAQI FAMILY IN CRISIS

My first family meeting as a chaplain was with an Iraqi family. The medical team, who had been treating a family member for leukemia over many months, called the meeting in order to discuss the futility of further aggressive medical treatment. The doctors were hoping to persuade the family to give them permission to stop.

I was asked in advance about possible cultural and religious influences that might have an impact on the family’s decision. Inexperience made me wonder: Was I being asked to fix something? Was I supposed to persuade the family? Meanwhile, I had scarcely met them, and knew next to nothing about their culture. Even the patient had been unconscious for most of my visits.

However, based on my background awareness of Islamic history and current events, one conversation I had had with the patient’s wife, and my knowledge of the genesis and demographics of the Muslim community in the Greater Boston area, I could make some guesses. The couple belonged to a local community of Iraqis and resided next door to a mosque that I was familiar with. When I had asked the wife if the family attended there, she had said no, they didn’t go to “that mosque.” This bit of information suggested to me that they were Shi’a Muslims, because in that tradition, a dedicated Shi’a mosque is generally preferred over any other. When I learned that the patient and his wife had emigrated from Iraq in the early 1990s, I guessed it had been to escape Saddam, since Saddam tried to eliminate Shi’a Muslims in the early 1990s in northern Iraq. I shared these conjectures with the other team members, and they proved to be correct.

I should have known that the information I had given the medical team was ample. But I thought something more was expected of a chaplain at a family meeting. Should I quote verses from the Qur’an or even bring in a Shi’a *imam* to try to change their minds? My subjective feelings toward the patient were in line with those of the rest of the team.

By the end of the meeting, though, the family spokesperson remained adamant. The patient, he said, had survived the murderous intent of Saddam Hussain and left family and homeland, just so he could practice his religion freely. "As Muslims, we can never give up on a human being." Despite the medical team's arguments (and mine), the family's beliefs prevailed. Treatment would continue. In the post-meeting assessment, one of the doctors noted, "They sounded just like holocaust survivors, because they never would give up hope, even in the worst situation."

When I analyzed what I had contributed, it didn't seem to amount to much. I didn't feel as though my insights had been enough to benefit anyone. Eventually, though, I learned my own value. The Muslim chaplain provides an authentic advocate for Muslim patients, reflecting the sensitivity and respectfulness of the hospital to religion and culture. Her presence helps build trust between the doctors and the family/patient and lends credibility to the transparency and motives of the entire medical team.

DEFINING THE ROLE OF A MUSLIM CHAPLAIN

Presenting myself to Muslim patients as "the chaplain," with no predecessor, role model, or handbook of instructions, gave rise to some embarrassing moments for me. For example, there is no word in Arabic for chaplain. I remember being introduced to a Kuwaiti patient by an Arabic interpreter as "the imam." In traditional Islam, as in Catholicism, congregational prayer leaders are always men. The look of disbelief on the patient's face was ludicrous. After that, I decided to introduce myself as "a Muslim sister on the staff." Then I would just go into action, ensuring that the patient's religious (and comfort) needs were met.

Since the actual imam's position at the hospital was also relatively new, I usually had to define his role at the same time I was trying to define my own. Due to my availability, the staff was eager to learn from me and inquired frequently: "What is an imam? What do they do?" Followed by, "Who are you and what do you do?"

As a pioneer in the residency program, I felt I was carrying the future of the whole Muslim community on my shoulders. I had to keep in mind that if this was going to be a legitimate profession in religion for Muslim women, I needed to describe my role and the imam's role as two distinct jobs. I also understood the significance of getting these descriptions right for the medical

staff, so that they could give the same high level of care to their Muslim patients as they gave to everyone. But to do so, they needed to become discerning and know whom to call for their patient or for the family. Providing discernment is an important part of the Muslim chaplain's job.

Being called to bless a Catholic newborn was a challenge to my emerging identity as a Muslim Chaplain. I needed to be creative. I made up a prayer using just enough Christology to be true to my tradition (which honors Jesus as a prophet, but not as the son of God) and still be meaningful to theirs. I fondly recall my first blessing. I was on call, the only chaplain in the hospital; I was called to the room of the new mother and her baby. As I was reciting the prayer I had prepared, I came to the place where the sign of the cross should be made. I paused, waiting for an idea to come to me. Then I turned to the baby's grandmother, whom I noticed was wearing a cross, and asked if she would like to participate in the blessing. Her joy at being included brought tears to her eyes—and to mine as well.

I was also asked to bless Muslim newborns, reciting *theadhân*, the Call to Prayer, in their ears. I fully expected that the babies' fathers would do it, or that the parents would ask for the imam to do it. But when I asked for their preference, nine times out to ten they asked me to do it.

Doing the blessing was one of the most gratifying experiences I had in my residency, because it gave me an opportunity to make a religious and life-changing event even more meaningful. It seemed that many of the young parents I met were uncertain of how to execute the tradition. Usually they would say, "Oh yes, we know about that, but would you do it for us?" Ecstatic and grateful to have the blessing done at the hospital, these young people received an official "certificate of blessing," (originated and signed by the Muslim chaplain), which I suspect they will cherish forever as a souvenir in the life of their children.

I would have liked to continue the work of pastoral formation and had more clinical practice in being present for patients. Part of the challenge of a residency program lies in the fact that residents are only temporary members of the hospital staff. Being seen as an outsider and feeling like an outsider were doubly uncomfortable for me. I think that the depth of this discomfort inhibited my professional development.

I was grateful to be part of the discourse of an institution as grand as the Brigham, where diversity is appreciated and leveraged to enrich patient care. I was humbled to serve the hospital community, especially the Muslim

community, and to be present to all those who sought solace, companionship, and kindness in their darkest hour, because it was they who touched my heart. It was an intense period of self-discovery, which led to God-discovery. The supervisor of my first CPE unit would be pleased that I finally came to recognize the importance of being over doing—and that being in the presence of Allah, I learned to listen to my heart and surrender it to love, kindness, compassion, and the power of empathy. This, I believe, is the true practice of Islam.