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**Professionalising Muslim
Spiritual Care**

Swiss and Bosnian Experiences

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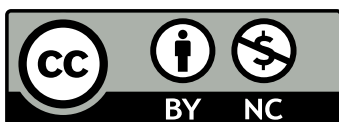
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Executive Summary

Spiritual care – recognised by the WHO as a dimension of health – has grown significantly as European societies become more religiously diverse, individualised, and secular, prompting a need for new models of interprofessional and interreligious cooperation. This study examines the professionalisation of Muslim spiritual care in public institutions in Switzerland and Bosnia-Herzegovina, focusing on three sectors: the armed forces, healthcare, and prisons. Based on 22 semi-structured interviews and a joint, praxis-oriented research design, it identifies the institutional frameworks, everyday practices, and key challenges shaping spiritual care in two distinct yet connected national contexts. When conducting the interviews, legal, country-specific and institution-specific conditions were taken into account.

Key Findings

1. *Divergent trajectories of institutionalisation.* Bosnia has the most developed spiritual care practice in its Armed Forces, with a fully-integrated Imam Service, working alongside Orthodox and Catholic spiritual caregivers as commissioned officers. Health and prison chaplaincy remain informal, relying on voluntary or part-time engagement by imams and religious educators, and are not embedded in institutional teams. In Switzerland, spiritual care is shaped by federal structures and long-standing cooperation between the state and publicly recognised Christian churches. Since 2022, the Swiss Armed Forces operate a multi-faith chaplaincy, including Muslim and Jewish spiritual caregivers. Healthcare and prison chaplaincy vary by canton but are far more formalised than in Bosnia, with clear training requirements, institutional access, and interprofessional expectations.
2. *Professional practice shaped by pluralism and negotiation.* Across both countries, Muslim spiritual caregivers navigate tensions between institutional norms, personal religious commitments, and the increasingly diverse expectations of service seekers, including those with little or no religious socialisation. Successful practice depends on cultural sensitivity, non-judgemental communication, and the ability to integrate rituals and theological frameworks within secular institutional environments.
3. *Interreligious and interprofessional cooperation as a catalyst for quality.* In Switzerland, cooperation with Christian spiritual caregivers – who possess strong institutional legitimacy – has facilitated Muslim chaplaincy's growth but also revealed subtle power asymmetries. In Bosnia, cooperation across religious lines is most advanced in the Armed Forces but less developed in healthcare and prison settings. In both contexts, interreligious and interprofessional exchange supports learning, expands institutional access, and enhances service quality.
4. *Need for structured training, role clarity, and professional identity.* Both countries show a growing demand for specialised education in spiritual care beyond theological training, including modules on communication, ethics, anthropological foundations, psychology, pedagogy, national history, contemporary Islamic jurisprudence, and interprofessional cooperation – in addition to

more field training and expert supervision. Spiritual caregivers often operate in multiple roles – supporting individuals, advising staff, mediating conflicts, and contributing to institutional education. Equally important is the creation of spaces where spiritual caregivers can reflect on their roles, responsibilities, and lived experiences, fostering self-awareness and professional growth. Strengthening role clarity and professional identity is essential.

Recommendations

The study proposes system-level recommendations applicable across national and institutional contexts. Institutions are encouraged to adopt inclusive terminology that aligns with interprofessional standards while respecting faith-specific traditions, with “spiritual care” recommended as an umbrella term. Spiritual caregivers should be integrated into institutional structures through stable contracts and increased full-time employment positions, to strengthen their familiarity with internal processes. Standardised training and certification should combine theological education with practical, interdisciplinary training, with universities and religious communities collaborating to enable transfer between practitioners and scholars. Interreligious and interprofessional competencies need to be strengthened to navigate pluralism and normative tensions constructively. Furthermore, institutions should support the wellbeing and mentoring of spiritual caregivers, acknowledging the emotional demands of constant exposure to human vulnerability. Finally, multi-faith and faith-specific models should be encouraged to coexist pragmatically, enabling institutions to address both individual and communal religious needs.

The synoptic focus on Swiss and Bosnian experiences illustrates that *professionalising spiritual care is both a social necessity and a policy opportunity*. Muslim spiritual care develops not by replicating existing models, but through grounded negotiation between religious traditions, institutional requirements, and the lived pluralism of contemporary societies. It will be essential to strengthen training pathways, institutional integration, and interreligious cooperation to ensure equitable, high-quality spiritual care in diverse public settings. This transnational study facilitated an exchange of experiences between both contexts, allowing reflection on how the core tasks of spiritual caregivers remain similar across settings, yet are profoundly shaped by the institutional frameworks and broader social environments in which they operate.

Preface and Acknowledgements

In recent years, spiritual care has become a central research topic in relation to religion in contemporary societies. Spiritual care focuses on how people mobilise religious and spiritual resources to cope with crisis situations. It also concerns how an offer of spiritual support is anchored in the context of secular institutions and how it relates to them. Spiritual care is a fascinating topic, that reflects not only the transformations in post-secular societies, but also the manifold searching processes that individuals go through, which pose new challenges for established religious communities. There seems to be an increasingly urgent need for spiritual care within our societies, surrounded as we are with growing conflicts and situations of crisis.

Against this background, researchers from the Swiss Centre for Islam and Society (SCIS) of the University of Fribourg and the Faculty of Islamic Studies (FIN) of the University of Sarajevo, who have been in close contact for many years, have joined together to explore the topic of spiritual care across different contexts. In line with the profile of our two institutions, the focus is on Muslim spiritual care. However, this focus stands for spiritual care in a more general sense. Furthermore, Muslim spiritual care never occurs in isolation, but is closely intertwined with secular institutions and concepts, as well as with the spiritual care provided by other religious communities. Funding from Movetia, the Swiss national agency for the promotion of exchanges and mobilities in the education sector, made it possible for us to carry out a one-year research project together. We developed a common research design and conducted field research in Switzerland and Bosnia-Herzegovina, the results of which we then shared with each other and discussed in regular online meetings. This enabled us to perceive each of the different contexts in the light of the other, and to develop common perspectives. This study presents the results of the research process. We view this as a starting point, empowering stakeholders in public institutions, religious organisations and academia in these two countries to build on it through active collaboration, innovation, and deeper engagement in practice and research.

It remains for us to thank all those who made this research possible. First and foremost, these are the people we interviewed in Switzerland and Bosnia-Herzegovina, who shared their experiences, practices and perspectives with us and whose voices are reflected in this study. We would like to thank all our colleagues who supported us. On the SCIS side, Esma Isis-Arnautovic played a key role in designing the project, and Valérie Benghezal took care of the administrative steps. On the FIN side, Dean Mustafa Hasani strongly supported the implementation of the project. Maria Stergiou from Movetia provided us with advice and support throughout. We are extremely grateful to all of the above. Finally, we are also very happy that we were able to share this most valuable experience of working together as a team, which allowed us to get to know each other better, not only as researchers, but also as human beings.

Fribourg and Sarajevo, December 2025

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1. Introduction

In Western societies, the importance of religion has changed dramatically in recent decades. This situation is characterised by a decline in belonging to religious organisations, a growth of religious diversity and an individualisation of religious belief and practice. In this context, spiritual care in the sense of caring for people in challenging life situations has gained in significance. Spiritual care responds to people's existential, spiritual and religious needs and offers them competent psychosocial support (Peng-Keller et al., 2022). Spiritual care is seen as a dimension of health by the World Health Organisation (WHO), which considers as spiritual "a phenomenon that is not material in nature but belongs to the realm of ideas, beliefs, values and ethics that have arisen in the minds and conscience of human beings" (WHO, 1984). Spiritual care is understood as interprofessional, involving various professional groups such as doctors, nurses, social workers and chaplains. Chaplaincy – sometimes also referred to as pastoral care – can be seen as a particular, institutionalised form of spiritual care within a broader framework of professions and institutions. However, preference is given here to the term 'spiritual care', due to its wider scope. We use spiritual care in this sense throughout this study, as an umbrella term for the different concepts and self-designations used by the religious professionals interviewed. While in Switzerland the term "chaplaincy" (German *Seelsorge*, French *aumônerie*) is mostly used in relation to different religions, in Bosnia the corresponding term *dušebrižništvo* has thus far been used primarily by the Catholic and Serbian Orthodox Churches. Spiritual care is faced with the challenge of responding professionally to the needs of a diverse range of clients and working with other professional groups within public institutions such as the military, hospitals or prisons. The right to freedom of religion (ECHR, art. 9) is particularly important in such institutions, as religion cannot be practised within in the same way as outside. Spiritual care therefore has the function of enabling religious practice in institutional contexts.

Due to the religious diversity in Western societies, it is obvious that spiritual care itself is diverse. In most Western contexts, it is traditionally provided by Christian churches. In recent decades, spiritual care in public institutions has become much more diverse, as evidenced in particular by the development of Muslim chaplaincy (Gilliat-Ray et al., 2025). In this way, spiritual care and chaplaincy have become more interreligious. The pluralisation of spiritual care and chaplaincy has also provided new impetus to reflect on their profile and place in secular public institutions and on their cooperation with different professions. Some authors also use the term spiritual care specifically in relation to an approach of Muslim chaplaincy, which is strongly interdisciplinary and also integrates psychotherapeutic knowledge (Isgandarova, 2018).

This study focuses on Switzerland and Bosnia-Herzegovina – two countries which are historically and demographically linked with each other. Switzerland is home to more than 128,000 Muslims over the age of 15 (of a total of 413,000), who hold the nationality of a Balkan country, including Bosnia-Herzegovina. Beyond that, there are more among the 155,000 Muslims who hold

Swiss nationality due to naturalisation (BFS, 2025). Bosnian Muslims have thus contributed considerably to the establishment of Muslim communities in Switzerland (Iseni et al., 2014, 104–105). The Faculty of Islamic Studies (FIN) at the University of Sarajevo is also proving to be an important institution for the training of imams and theologians working in Switzerland (Schmid & Trucco, 2019, 21–24). Furthermore, Bosnia and Herzegovina's multi-religious tradition and specific history starting with the late Ottoman, the Austro-Hungarian and the Yugoslav periods through to present-day independent Bosnia and Herzegovina make it an exciting point of reference for shaping the relationship between religion, state and society (Schmid, 2013, 317–322). The Islamic tradition of the Bosniaks is shaped by this specific history (Karčić, 2006). According to Fikret Karčić, this is reflected, among other elements, in the adoption of pre-Islamic practices, a tradition of reform, the institutionalisation of the Islamic community and its place in a secular state. Thus, the Islamic tradition of the Bosniaks can form a basis for establishing chaplaincy and spiritual care in secular institutions and shaping it, in dialogue with different religious communities. The Islamic tradition of the Bosniaks is also characterised by constant adaptation to changing political and social conditions. It creates a common basis for dialogue with all those involved in shaping spiritual care and chaplaincy in Switzerland.

Against this backdrop, researchers from the Swiss Centre for Islam and Society (SZIG) of the University of Fribourg and the Faculty of Islamic Studies (FIN) at the University of Sarajevo have started to jointly address issues of spiritual care within a project funded by Movetia, the Swiss national agency for the promotion of exchange and mobility in education. The focus of the project, and this study, is on Muslim spiritual care in contexts that are both interreligious and secular. While religious diversity beyond Christianity has only been perceived in Switzerland for a relatively short time, Bosnia and Herzegovina has a long history of people of different religious affiliations living together, as well as a European-influenced Islamic tradition that has been studied academically (Bektovic, 2018). Compared to Bosnia and Herzegovina, chaplaincy in public institutions in Switzerland is often much more formalised and institutionalised. Muslim chaplaincy is still in its infancy and is the subject of intense social debate (Dziri et al., 2022). While chaplaincy in Bosnia and Herzegovina is firmly established, particularly in the army, this is far less the case in prisons (Smajić & Baturić, 2020) and healthcare facilities. Examining the two national contexts leads to a complementary learning situation in which new insights can be gained for the professionalisation of chaplaincy. This results in exciting discussions, characterised by the fact that both countries can share rich experiences, enabling a profitable exchange and transfer of knowledge.

Consequently, this study is the result of joint research into various models of spiritual care and chaplaincy in Switzerland and Bosnia-Herzegovina. Conducted over one year, the study examines the professional practice of spiritual caregivers in three types of public institutions (the armed forces, hospitals, prisons) and includes an analysis of framework conditions, case studies and recommendations for quality standards. It is always a major challenge to bring different country contexts into dialogue with one another. This study is particularly noteworthy in that the research was not initially conducted in parallel and the results then brought together. Instead, the

research design was developed jointly and there was intensive dialogue between the researchers throughout the entire duration of the project.

Professionalism is proving to be a key requirement for chaplaincy and spiritual care, to enable adequate responses to the needs of a wide variety of people in distress, while at the same time meeting the requirements of secular institutions. This is also reflected in research, where particular attention is being paid to this topic, especially with regard to Muslim chaplaincy developing from voluntary work to a profession (Kowalski & Becker, 2014; Yuskaev & Stark, 2014; Wierstra et al., 2025). In this study, professionalism is not derived from a theoretical concept, but is based on practical experience. This is evident in its praxeological approach, combining theoretical tools and empirical perspectives (Schmidt, 2017, 4). Four categories which arise from the research literature serve as these tools for empirical exploration:

1. *Attitude regarding the image of the human being, plurality and ambiguity:* in spiritual care, the attitude with which caregivers approach their clients is crucial. This includes a sensitivity to the diversity of human persons and having a vision of the human being that is open to change and diversity (Liefboer & Berghuis, 2019; Isis-Arnautović, 2024).
2. *Intervention and communication:* how spiritual caregivers interact and communicate with their clients and address their concerns is key (Gilliat-Ray et al., 2013). This aspect primarily concerns the different types of conversation and tools for interacting with clients, but also the question of how ritual forms are sensitively integrated into interventions.
3. *Dealing with different normativities:* here, we are concerned with how spiritual caregivers reflect on their own normative preconceptions and respond to the normative expectations of their clients. Furthermore, public institutions are also based on normative orders, which spiritual caregivers must refer to and situate in relation to other normativities (Ajouaou & Bernts 2015).
4. *Interprofessional and interreligious collaboration:* since different professional groups have to work together in public institutions, interprofessional skills are required. Due to religious plurality, interreligious skills are also needed for encounters with different people and for cooperation between spiritual caregivers of different religions (Gilliat-Ray & Arshad, 2015; Schmid, 2020; Wirpsa et al., 2019).

The thesis put forward here is that professionalism results from an interplay between these different categories. The categories should not be understood as exhaustive, but rather as open to the inclusion of further aspects of professionalism.

To analyse professional chaplaincy practice, firstly a document analysis was carried out, to identify the context and framework conditions. This was followed by semi-structured interviews with practitioners. These were based on a common interview guide developed from the four categories of professionalism. The guide was then adapted to the three sectors of chaplaincy as appropriate. Twenty-two interviews were conducted, 10 in Switzerland and 12 in Bosnia-Herzegovina. In line with a pragmatic approach to applied research, the interviews were summarised

and their content analysed using a rough category system. Key passages were then transcribed and analysed in detail. In general, these were also the passages that were included in the study as case studies or longer quotations.

The interviewees were selected for each sector according to the principle of maximum variation in terms of gender, experience and regional distribution (Patton, 2002). In some cases, a very pragmatic approach had to be taken to sampling, in order to find interviewees in fields that are still developing. This explains why it was not always possible to achieve a balance in terms of gender, for example. The interviews were conducted in Bosnian, German or French and then translated into English for the study; one interview was conducted in English. While in Switzerland all interviewees were Muslim caregivers, in Bosnia and Herzegovina two interviews with Christian caregivers were included, in order to approach sectors where Muslim chaplaincy is not yet properly established. The study focuses on the objective of drawing professionalism from practical experience and giving chaplains themselves a voice. Research literature is only used selectively where necessary to provide understanding. Otherwise, reference is made to publications that comprehensively cover the literature and current research on Muslim spiritual care and chaplaincy (Gilliat-Ray et al., 2025; Jalalzai, 2024).

Chaplaincy and spiritual care are strongly influenced by their respective institutional locations and contexts. Therefore, the first chapter is devoted to these issues as they occur in the two countries. This is followed by chapters on the three selected sectors: the armed forces, health care facilities and the prison system. In each case, the first part examines chaplaincy practice in Bosnia and Herzegovina, and the second part examines it in Switzerland. Though developed through joint team work, the two parts are independent of each other; nonetheless, they are structured in a way that highlights similarities and differences. This is followed by concluding chapters that highlight the lessons learned and formulate recommendations.

The project aims to contribute to the professionalisation of chaplaincy in Switzerland and Bosnia and Herzegovina through analysis and reflection on current chaplaincy practice. The publication and the project results are relevant both for chaplains and for people who have institutional responsibility for chaplaincy or who interact with chaplains in related professions. The aim is thus to take into account the different dimensions of professionalisation: individual professionalisation through qualification and further training, collective professionalisation through specialist organisations and professional associations (as they exist in the field of healthcare and prison chaplaincy in Switzerland), and institutional and social recognition of professionalisation. The respective contextual conditions play a central role in the professionalisation processes. Therefore, these will be examined in the next step before turning our attention to the various sectors of spiritual care.

2. Institutional Framework Conditions

2.1 Historical, Demographic and Legal Context in Bosnia and Herzegovina

Bosnia and Herzegovina (Bosnia) is a country located in South-East Europe. As a result of the 1995 Dayton Peace Agreement that ended the 1990s war in this former Yugoslav Republic, today Bosnia is a highly decentralised state, administratively divided into two entities – the Federation of Bosnia and Herzegovina (hereafter the Federation), mostly inhabited by Muslims and Catholics, and the Serb Republic (hereafter SR), with a majority Orthodox population – as well as the strategic town of Brčko in the north as a separate district. To accommodate the equal distribution of political power between ethnic Croats and Bosniaks, according to the conclusions of the Dayton Agreement, the Federation is further divided into ten cantons.

According to the last census in Bosnia conducted in 2013, 50.7% of the more than 3.5 million inhabitants of the country declared themselves as Muslims by religion, 30.8% as Orthodox, and 15.2% as Catholics (State Agency for Statistics, 2013). The religious and ethnic identities of all three constituent ethno-religious communities in Bosnia (Muslim Bosniaks, Orthodox Serbs and Catholic Croats) largely overlap. Therefore, this figure also closely approximates the number of over 1.75 million ethnic Bosniaks, the ethnic name that Bosnian Muslims (re)adopted in 1993 (Kamberović, 2009).

It is generally accepted that Islam arrived in Bosnia with the Ottomans in the 15th century. Afterwards, Bosnian Muslims lived their religion and exercised their religious rights under various socio-political systems (Smajić, 2014), including the Ottoman State (1463–1877), Hapsburg Monarchy (1878–1918), Monarchic Yugoslavia (1918–1941), pro-Nazi Independent State of Croatia (1941–1945), Socialist Yugoslavia (1945–1992) and the independent state of Bosnia and Herzegovina (1992–present). Over a period of more than five centuries, Bosnian Muslims have developed a unique Islamic tradition, as a distinctive experience of religious life in Southeast Europe and as a religiously-inspired cultural response to the post-Ottoman modern reality of living in a secular socio-political environment. As elaborated upon by the late Fikret Karčić (2006), this experience came to be expressed by the notion of the *Islamic tradition of Bosniaks*, with its six defining features, including 1) Sunni Islam of Maturidi orientation in Islamic doctrine, Hanafi school of Islamic Law and reference to relevant Sufi orders, 2) belonging to the Ottoman Islamic cultural zone, 3) the presence of Islamised pre-Islamic Bosnian culture, 4) a tradition of Islamic reformism, 5) an institutionalisation of Islamic religious authority and 6) the experience of living Islam in a secular state. As such, this tradition represents the religiously inspired, motivated and informed social, cultural and institutional experience of Bosnian Muslims accumulated over the last five centuries, situated within a context of understanding and living Islam as a religion, worldview and lifestyle in the face of various historical developments and challenges, including science-based knowledge and secularisation as major pillars of the modernity (Safi, 1994).

Today in Bosnia, the main Muslim religious organisation is the institution of the Islamic Community in Bosnia and Herzegovina (hereafter IC), which stands for “the sole and united community of Muslims in Bosnia and Herzegovina, of Bosniaks outside their homeland, and of other Muslims who accept it as their own” (Ustav, 2014:1). Although officially established in 1882, the current IC structure and functions are the product of more than five centuries of a unique historical experience of administrating Islamic affairs, under similarly unique historical circumstances (Smajić, 2017). As such, the IC has been recognised as an institution traditionally representing Bosnian Muslims in their religious affairs within the country and abroad, independently regulating its activities (religious rituals, Islamic education, management of Islamic endowments, publishing and charity), managing its property and finances, established through religious endowments (*waqf*), membership fees, alms duty (*zakat*), charitable donations given at the end of Ramadan (*sadaqat al-fitr*), the revenue from its profit-generating agencies and donations, as well as the selection, education, and professionalisation of its human resources. Thus, providing Islamic services to Muslims in public institutional settings, in cooperation with state authorities, is only one of its varied activities.

Today Bosnia is a secular state with no state religion. The first democratic elections in the country, and in other republics of former Yugoslavia, were held in 1990 and marked a historical break with the socialist understanding of secularism and social role of religion, introducing a new approach in secular-defined state-religion relations. The most important documents currently regulating the legal status of religion and the relationship between the state and respective religious communities in Bosnia include the state and entity constitutions (Constitution of Bosnia, 1995; Constitution of the Federation, 1997; Constitution of the SR, 1996), legislation (Law on Freedom of Religion, 2004), bilateral agreements between the state and religious communities (Basic Agreement between the Holy See and Bosnia and Herzegovina, 2006; Basic Agreement between the Serbian Orthodox Church and Bosnia and Herzegovina, 2007), bylaws and implementing agreements, and continuously evolving case law (Begović & Kovačević, 2022).

This legal framework guarantees the freedom of religion and protection from religious discrimination, as well as the legal status of traditional churches and religious communities. It also regulates relations between the state and religious communities based on the principle of separation. The legislation, however, leaves considerable space for financial assistance from the state for religious communities in activities related to healthcare, educational, charitable and social services (Law on Freedom of Religion, 2004). In reality, this occurs frequently (Smajić, 2014). Therefore, the model of a secular state practiced in today’s Bosnia could be best described as “neutrality with respect”, or as “separation with adjustment or cooperation” (Alibašić & Zubčević, 2009, 45). Importantly, this model has significantly broadened the scope and modalities of religious institutionalisation and manifestation in Bosnia, including various forms of its presence in the army, corrective institutions and prisons, and healthcare (Smajić, 2017), which are sanctioned by respective legal provisions.

More particularly, the exercise of religious rights in the Armed Forces of Bosnia and Herzegovina (AF) is regulated by the Law on Service in the AF (2005), the Rulebook on the Organisation and Functioning of the Religious Service in the Ministry of Defence of Bosnia and Herzegovina (MDBH) and the Armed Forces of Bosnia and Herzegovina (2007) and the state's bilateral agreements with the three major religious communities (2006; 2007). According to the legal framework, the MDBH, in cooperation with the religious communities, prescribes the organisation and practice of religious activities in the AF, including the establishment of the Military Muftiate (Bosnian *Vojno muftijstvo*), Catholic Chaplaincy (Bosnian *Katoličko dušebrižništvo*), Orthodox Chaplaincy (Bosnian *Pravoslavno dušebrižništvo*) as well as the offices of other religious communities (Begović and Kovačević, 2022).

Similarly, Bosnian citizens are allowed to exercise their religious rights within hospital settings, in accordance with the stipulations of the Law on Rights, Obligations and Responsibilities of Patients of the Federation of Bosnia and Herzegovina (*Zakon o pravima, obavezama i odgovornostima pacijenata u Federaciji*, 2010) and the Law on Health Care of the SR (2025). These legislative acts are based on respect for the patient's "privacy, worldview, and moral and religious beliefs" (Law on Rights of Patients, 2010), allowing patients' rights to receive spiritual care, to perform religious rites on hospital premises, as well as treatment of the body according to the religious prescriptions in the case of death.

Finally, the right of prisoners in Bosnia to freely exercise their faith, otherwise recognised in global and European laws, has been sanctioned by the Law on the Execution of Criminal Sanctions in the Federation (2024) and the Law on the Execution of Criminal and Misdemeanour Sanctions (2023) in the SR. Accordingly, prisoners have the right to access religious care, service, literature, diet and prayer rooms, to participate in collective prayers, to attend religious ceremonies and to meet with religious officials at their request (Begović and Kovačević, 2022).

2.2 Historical, Demographic and Legal Context in Switzerland

Since the 1960s, the number of Muslims living in Switzerland has kept increasing. The majority are immigrants and their descendants, from various predominantly Muslim countries in South-East Europe, North and Central Africa and West Asia. There are also men and women of Swiss socialisation who have converted to Islam (approximately 2% of Muslims in Switzerland). The main reasons for immigration are labour migration, family reunification, flight from conflict zones and a lack of prospects in the countries of origin. Around 500,000 Muslims currently live in Switzerland, with some of them being third or fourth generation. This corresponds to an average population share of 5.5%, although there are major differences depending on the language region, city and canton (1% to 9.4%) (Islam & Society, 2025),

The Muslim population of Switzerland is highly diverse with regard to ethnicity, nationality, migration history, culture, language, religiosity, lifestyle, worldview, educational and social background. Muslim diversity in Switzerland is also subject to the country's own multiculturalism,

characterised by its four language regions (German-speaking, French-speaking, Italian-speaking and Romansh-speaking part of the country). By nationality, Swiss nationals make up the largest group of Muslims in Switzerland at 37%. Muslims from the Balkan countries, particularly Bosnia-Herzegovina, Albania, Serbia, North-Macedonia, Montenegro and Kosovo, are the second largest group. They account for around 34.8% of the Muslim population in Switzerland. The third largest group are Muslims with Turkish citizenship, who make up around 10.4% of the Muslim population in Switzerland. A smaller proportion comes from other EU and EFTA countries (4.8%), West Asia (4.2%), Central and South Asia (3.7%), the Maghreb countries (3.2%), and sub-Saharan Africa (2.6%). This great heterogeneity has led to the formation of local associations with religious and cultural activities. Muslims in Switzerland are organised into more than 250 mosque associations that represent different cultural and ethnic backgrounds and have varying degrees of attachment to their countries of origin (Islam & Society, 2025). In addition, there is a growing number of associations with “Muslim activities” that are not established as mosque associations, but either address specific groups (e.g. youth, professionals) or concentrate on specific tasks (e.g. charity, education, spiritual care).

Cantonal or regional Muslim umbrella organisations, which bring together around two thirds of the various ethnic and national Muslim associations, have been developing since 1989, when the first such organisation was founded for the canton of Zurich. The first supra-regional organisation, the *Föderation Islamischer Dachorganisationen Schweiz (FIDS)*, was established in 2006 (Behloul, 2012). To date no Islamic body is legally recognised in any canton of Switzerland.

Switzerland is a confederation of states and is federally governed at three levels: the federal, cantonal and municipal level. Direct democracy enables the population to have a direct say in decisions at all political levels. Power is distributed according to the principle of subsidiarity. The smallest political unit, the municipality, enjoys maximum self-determination and is responsible for fulfilling as many tasks as possible on its own. Tasks are delegated to higher levels, such as the cantons, only when appropriate. The cantons have a similar relationship to the highest level, the Confederation. Each of the 26 cantons has its own constitution and government (Swiss Federal Department of Foreign Affairs, 2024). Religious communities in Switzerland can be classified into four main types: 1) recognised Christian communities (Roman Catholic Church, Protestant Reformed Church, and Christian Catholic Church); 2) non-recognised Christian communities (e.g. Evangelical Free Churches, Orthodox Churches); 3) non-recognised non-Christian communities (e.g. Muslims, Jews, Buddhists, Hindus); and 4) recognised non-Christian communities (certain Jewish communities in individual cantons) (Stolz et al., 2011). The Christian Catholic Church of Switzerland, also known as the Old Catholic Church, separated from the Roman Catholic Church in the 19th century, primarily in Switzerland, after rejecting papal infallibility and the primacy of the Pope defined by the First Vatican Council in 1870. According to its own data, the Christian Catholic Church of Switzerland has approximately 12,000 members (hereinafter referred to as Christian Catholics), representing 0.1% of the population (Christkatholische Kirche der Schweiz, 2025). Publicly recognised churches and communities have regulated access to public institutions,

and many cantons collect taxes on behalf of these communities and distribute them according to cantonal guidelines.

Switzerland has a long history of confessional wars, which have been bloody since the 16th century. These conflicts were fuelled by tensions between Catholic and Protestant cantons following the Reformation. The *Sonderbund War* of 1847 was pivotal in shaping the religious and political landscape of today's federal state of Switzerland. Subsequently, the cantons recognised the two major denominations, Protestant and Roman Catholic, on the basis of their own constitutions and at different times. In the canton of Basel-Stadt, for instance, the Roman Catholic Church was only recognised under public law in 1974. The principle of "freedom of faith and conscience" was enshrined in the Swiss Federal Constitution in 1848, following the wars that led to the foundation of the modern Swiss Confederation. However, initial constitutional provisions included restrictions known as the "confessional exception articles". Over time, these legal principles were interpreted more broadly, culminating in the far-reaching fundamental right to religious freedom now enshrined in art. 15 of the 1999 Federal Constitution. This legal framework contributed to the establishment of "religious peace", a valuable societal asset in Switzerland that has gradually permeated various sectors of society and institutions. Although this process is ongoing, hostility, avoidance, and denigration of people of other denominations have significantly diminished. Art. 15, paragraph 4 of the Swiss Constitution, explicitly states that "no one may be compelled to join or belong to a religious community". This guarantees the right to choose not to belong to any religious community and to be "without religious affiliation" (Winzeler, 2023).

Over the last thirty years, Switzerland's religious landscape has changed fundamentally. The main trends that stand out today are increasing pluralisation and secularisation. Identification and attachment to the two major Christian denominations have declined significantly. The fastest growing group within the religious landscape comprises those "without religious affiliation", who now represent between 15% and 56% of the population, depending on the canton. The increase in religious diversity is primarily due to immigration (BFS, 2023).

The Swiss Federal Constitution (1999) guarantees fundamental rights that are relevant to the area of (multi-religious) spiritual care: equal opportunities (art. 2), human dignity (art. 7), equality of rights (art. 8), right to assistance in emergencies (art. 12) and freedom of faith and conscience (art. 15). The cantons are responsible for health care, education, justice (enforcement) and the relationship between the state and religious communities (art. 72). Recognised churches and religious communities have agreements with the state that define their respective rights and obligations. Non-recognised communities are usually not entitled to institutionalised access to state institutions, such as hospitals or prisons.

In recent years, relationships between the state and religious communities have begun to change due to the increasing religious diversity in the country, the associated growing need for state regulation and the growing needs of religious communities, particularly Muslim ones. Particularly in practical areas such as spiritual care, religious education in schools, child and youth

work, and the prevention of violence and radicalisation, where there is a recognised need for action on both sides, cooperative relationships are tentatively emerging.

In situations of existential crises caused by illness, dying and death, it first became clear to those practically involved in healthcare that the medical, nursing, psychosocial and spiritual needs of Muslims coincide and are relevant, both for the well-being of patients and their relatives, and from the perspective of healthcare facilities. The needs of Muslim patients, including “spiritual care”, were publicly addressed 1998 with the publication of the leaflet “*Muslime im Spital*” (“Muslims in Hospital”) by the association “*Gemeinschaft von Christen und Muslimen in der Schweiz GCM*” (“Community of Christians and Muslims in Switzerland”, GCM). The research and preparations for this began in the GCM Board in 1994 (Rieger, 2025). It received a mention in “*Tangram*” published by the Federal Commission against Racism EKR (Baumgartner Biçer, 1999, 38–42). In 1987, a Muslim inmate in the canton of Zurich had already won the legal right to hold Friday prayers in prison (BGE 113 Ia 304). This can be seen as the first documented case of a concrete demand for spiritual care for Muslims in prison.

The growing social diversity in Switzerland, together with a heightened emphasis on the individual, has made interdisciplinary, intercultural, and interreligious cooperation increasingly important. At the same time, questions of intersectionality, the rising complexity of medical and ethical challenges, and broader awareness of equity have drawn attention to the role of religious, spiritual, and social dimensions in overall health and well-being. Within this context, Muslim organisations and communities increasingly understand themselves as essential actors in developing and providing Muslim spiritual care (Dziri et al., 2022).

For mosque associations and for many committed Muslim individuals, the spiritual and psychosocial support of people in crisis is often regarded as a religious duty. Parallel to this, social, professional, and linguistic competencies within Muslim populations have steadily increased. At the same time, the number of Muslims for whom structured and institutionalised forms of spiritual care are relevant has also grown (Schmid et al., 2018).

Current needs are particularly evident in the areas of refugee and asylum support, chaplaincy in hospitals and prisons, and provision of spiritual care in the armed forces. Potential fields of future development include psychosocial and spiritual support for children and youth, as well as for residents of nursing and retirement homes. In these contexts, Muslim associations are developing a growing awareness of the need for professionalised spiritual care at a high-quality standard, clearly distinct from traditional family-based or purely normative religious practices of support.

Developments in these fields are ongoing, though the pace and scope of implementation vary among institutions and depend on the complexity of the respective setting. A notable milestone can be seen in the Swiss Armed Forces, which – unlike sectors shaped by political or social co-determination such as health care – operate under their own legal framework. The military was the first institution to integrate Muslim, along with Jewish, chaplains into its traditionally Christian chaplaincy system. The three sectors considered for this study – armed forces, hospitals

and prisons – have a long history of institutionalised spiritual care in Switzerland. At the same time, they are organised very differently within the state structures:

The Swiss Armed Forces are a militia army consisting mainly of non-professional soldiers and officers. As general conscription applies in Switzerland, the armed forces also reflect social diversity. The Swiss Armed Forces is regulated at a federal level and report directly to the national government. Its tasks are enshrined in the Federal Constitution itself and are governed by the Military Law (Militärgesetz, MG) and the 'Army Service Regulations' (Dienstreglement der Armee, DRA, 2022). Since 2022, army chaplaincy has evolved from being exclusively Christian to embracing multiple faiths. Chaplains from Muslim, Jewish and Free-Church backgrounds are now also providing services.

Healthcare in Switzerland is mainly regulated at a cantonal level (BV, 1999, art. 118). The specific regulations regarding spiritual care in hospitals reflect and depend on the cantonal circumstances and in particular on the relationship between the state (canton) and the publicly recognised churches (Roman Catholic, Protestant Reformed and, in some cantons, Christian Catholic). These churches historically shape the institutionalised provision of spiritual care in hospitals and often also support it financially.

The increasing religious and cultural diversity of the Swiss population, particularly the growth of the Muslim population over recent decades, is evident both at patients' bedsides and among hospital staff. This demographic shift has coincided with a growing, initially tentative but rapidly advancing, institutionalisation of Muslim spiritual care services in hospitals across various cantons. Alongside this, there has been significant professionalisation of spiritual care practitioners (Dziri et al., 2022, 16–19).

In addition to the articles of the Federal Constitution, the cantonal constitutions and the cantonal prison regulations are legally authoritative for the penal system. The Swiss Penal Code (StGB), in particular the articles on official and professional secrecy (art. 320/321 StGB), on the law on correctional measures (art. 59–65 StGB) and on the execution of sentences and their objectives (art. 74–81 StGB) as well as the "Schweizerische Strafprozessordnung" (Swiss Code of Criminal Procedure) are also important for prison chaplaincy, as well as the house rules of the respective institutions. The execution of sentences and correctional measures in Switzerland is regulated at cantonal level. The cantons may operate general or specialised prisons.

The right of every inmate to spiritual care in prisons and correctional facilities is enshrined in the cantonal legislation on the execution of sentences and correctional measures. The comprehensive care of inmates includes chaplaincy. Prisoners are entitled to spiritual care, mostly provided by external chaplains. The cantons have entrusted the publicly recognised churches (Roman Catholic, Reformed, Christian Catholic) with this task. Since the late 1980s, Muslim inmates in Switzerland have sought chaplaincy support, leading some cantons to gradually introduce Muslim prison chaplaincy from the early 2000s onward, though this remains uneven and not nationally institutionalised. Prison spiritual care has otherwise continued to be predominantly provided by church representatives. There are different types of detention, which significantly influences the

work chaplains do (Stüfen, 2020). For example, depending on the type of detention, there are different restrictive rules regarding security and isolation, outside contact, contact with fellow prisoners, and so on. The length of detention can range from a few days to several years. The spatial conditions, e.g., single cells or common rooms, vary depending on the institution and type of detention. The people interviewed for this study provide spiritual care to short, medium and long-term prisoners, often also to people on remand or in detention pending deportation.

3. Spiritual Care in the Armed Forces

3.1 Muslim Spiritual Care in the Armed Forces of Bosnia and Herzegovina

3.1.1 Institutionalisation of the Imam Service in the Bosnian Armed Forces

The Armed Forces of Bosnia and Herzegovina (AF) is a professional army that periodically drafts freshmen for service. It was officially established in 2006, with its current organisation and functions closely mirroring ethno-religious dynamics in the society. The establishment of initiatives to provide some sort of religious service for Muslim soldiers was prompted by several factors. They include a long tradition of accommodating the religious needs of Muslim soldiers prior to Socialist Yugoslavia, the prominent role of imams in the Bosnian Army during the aggression in 1992–1995 (Omerdić, 2009), as well as the considerable role of the US model played in formatting the post-war AF, to name arguably the most important ones. As result, the Office of Military Mufti was (re)established as early as 1999, as an integral part of the then Army of the Federation of Bosnia and Herzegovina, and as the ninth extraterritorial Muftiate in the organisation of the Islamic Community in Bosnia and Herzegovina (IC). Later, it was integrated into the AF during the same year it was officially established, in 2006 (Hadžić, 2021). The Office is responsible for managing the Imam Service in the AF, which consists of thirteen army imams. The current AF regulations do not specifically provide for a post of a Muslim female religious officer even though, according to some statistics, females represent 9% of army personnel.

The presence of the Imam Service in the current AF is an expression of a long-term wish of the IC, its officials and members to exercise their religious rights in public institutions. Military imams are officials of both the IC and the AF. Accordingly, their role and tasks in the Army are highly prescribed and regulated by respective rulebooks and regulations of both institutions (*Instrukcija za rad vojnih imama*, 2023; *Pravilnik o imamima*, 2008; *Pravilnik o organizaciji*, 2007). Formally, the service functions as a part of the Office of Military Mufti, led by the Mufti (2007, art. 5) and is an integral part of religious service in the AF (art. 4). Its imams enjoy the status of military personnel and officers (art. 7) with the position of advisor to the superior commander (art. 9), while respecting all peculiarities of their religious position in terms of their status, admission, evaluation and career advancement (art. 9–13). Similarly, the Rulebook (2007) regulates their tasks and duties (art. 14–17), mode of action (art. 18–26), status (art. 27–28) and command responsibility for performing religious services (art. 29–32). According to the explicit instructions

(Rulebook, 2007), religious officials are specifically responsible for the soldiers from their religious community, including “[to] take care of their religious needs, prepare and conduct religious ceremonies, provide spiritual help in case of death, serious injuries, suffering, and other circumstances which require the personal help of believers, and to perform an advisory function” (art. 15). They are explicitly prohibited from converting soldiers “to their religion and confession, giving them political instructions or advice that goes beyond religious needs” (art. 15). Similar but more detailed and specific directions regulating the activities of imams are also provided in the latest Instructions for the Work of Military Imams (2023), signed by the Minister of Defence as proposed by the Military Mufti.

In implementing their formal activities, the imams usually follow the Annual and Monthly Work Plans developed by them and approved by their superiors in the Mufti Office and the AF. The planned activities include 1) accommodating for Islamic rituals (i.e. daily prayers, *Jum‘ah* and *Tarāwīḥ* prayers, *Hajj*), 2) marking important dates in the Calendar of the IC (i.e. New Hijra Year, Birth of the Prophet Muhammad), 3) organisation of important cultural events and conferences (i.e. Day of Ajvatovica, International Conference of Military Imams), 4) Islamic education (i.e. *An Hour with the Imam* - counselling meeting open for all interested), 5) publications (i.e., Handbook for Imams Working in the Army, translation of foreign literature into Bosnian), 6) taking care of relevant infrastructure, *halal* dietary requirements and other logistics and 7) Muslim youth work in the congregations of the Military Muftiluk (Hadžić, 2021).



Figure 1: Officer Ranks and Designations of the Muslim Imams, Orthodox Priests and Catholic Chaplains in the Bosnian Armed Forces (Brošura, 2011, 16).

The term chaplain is here used for a Catholic clergyman serving as spiritual caregiver in the AF. Their formal role, nevertheless, is significantly mediated by a deep sense of personal responsibility in fulfilling an honourable mission by serving as a military imam. As one of the interviewed imams pointed out, “I am proud to have a country like this, where there is an army, and within the army there is a religious service... I am grateful to God for the fact that I am honoured to be one of

the imams in the army who will be able to monitor and organise all religious activities for the members... It is the greatest honour that we have, clearly prescribed by laws that we can carry it out in our country, freely, without any hesitation. And that is the greatest success (for me)” (B-A-2). In addition, they are AF officers who bear religious authority, and are both closely positioned to their respective superior commanders, as well as highly approachable for ordinary soldiers. Altogether, this makes them an easily accessible *cross-connection point* between different segments of the AF. Their role is therefore prone to being saddled with informal burdens, which can turn it into a multifaceted, intense task going well beyond formal prescriptions. Imams are approached by army comrades for various issues and reasons, ranging from religious opinions and counsel to personal, family, work, statutory and health issues and dilemmas. In the end, informally, they “simply do everything” (B-A-1): advise the headquarter commander about morale and religious issues; organise activities pertaining to Islamic conduct and to religious life in general in the given AF unit; offer Islamic legal opinion and counsel pertaining religious issues; collect donations for the sick undergoing expensive medical treatments; provide counsel, spiritual support and mediation for soldiers and officers, or wise advice about their family problems, or assistance as mediators in sensitive inter-ethnic situations in the AF.

For the purposes of this research, we interviewed two military imams. Both of them have formal education in Islamic Studies, with extensive non-formal training. While one has five years of experience in the AF as an imam, the other has been in the military service for more than 20 years. According to them, their role is indeed a dynamic and peculiar task, influenced by many factors. In the first place, they are familiar with the titles of military *chaplain* and *spiritual caregiver*. However, their personally preferred *designation* for interactions in a formal context is a *military imam* because it gives them a formal status in both the AF and the IC. On the other hand, during casual meetings with fellow officers and soldiers, they are fine with the frequently used term of *efendi* (Turkish *Sir*). Furthermore, they are happy that the formal regulations (art. 9) assign them military designations instead of ranks (Figure 1), contrary to other army officers. The former, unlike the latter, does not require soldiers to follow strict army protocol when approaching an officer with an army designation. This greatly helps them to have more casual and immediate interactions with soldiers, who are informed about the existence of a Muslim religious service during their introductory training at the AF. It is here that new soldiers first meet the military imams and hear their presentations about religious rights and life in the AF (B-A-1).

Like Catholic and Orthodox military chaplains and priests, imams are employed on a permanent basis. Unlike the former, on the other hand, they do not have other formal posts in the local IC congregations, thus being completely devoted to their responsibilities in the army. As a rule, their working time is forty hours a week (Zakon o službi, 2005). However, their personal aspiration and experience is to be continuously available to soldiers well beyond working hours. In their view, apart from the formal regulations, the most influential factor in formatting the structure and dynamics of their activities seems to be the location of their home military base (B-A-2). In this respect, activities and religious life in camps with predominantly Muslim soldiers are much

richer and more dynamic, compared to the higher command premises, which lack a significant number of Muslim soldiers. With that said, a sense of mission, responsibility, professionalism and humanism is evident in their personal impressions of their posts and roles as military imams, as illustrated by the following quotations:

It is a great responsibility and obligation. It means being in a system where if you are not present, and if you do not do your job properly, people can pay the price in terms of exercising their religious rights. (B-A-2)

In a similar fashion, another imam states:

An imam should be... available with all his capacities to the soldiers throughout... and outside of working hours... to be just like an Imam who in civilian life is there 24 hours a day in his congregation..., so that the military Imam is also available to his soldiers... (B-A-1)

Altogether, the Imam Service in the Bosnian AF today is fully integrated into the army system, while its imams seem highly motivated to fulfil their mission and duties, providing continuous religious support and counsel to soldiers.

3.1.2 Nourishing Humanity in Military Life

Life in a highly structured environment such as the army may be helpful in learning useful life habits and self-organisation skills, especially for youth as they develop. The way in which strict military service in the former Yugoslavia, for instance, supported adaptive development and the timely maturation of youth is often evoked with nostalgia by many parents nowadays. On the other hand, the military lifestyle and its demands are often challenging for professional soldiers, exposing them to various sources of stress and making them vulnerable. The demanding nature of tasks and responsibilities, strict organisation and adherence to protocols, constant training and readiness for emergency situations, work on inaccessible terrain, exposure to extreme noise, vibrations and climatic conditions, unpredictable working hours with frequent overtime, shift and field work, and missions abroad are the most present stressors in the army (Laurence & Mathews, 2012). For this reason, the relevant scientific literature (Bishop, 1993) refers to the military as a highly stressful profession, and recommends providing adequate psychological support for its personnel.

The imams interviewed, firstly recognise the stressful nature of military life, as well as the vulnerability of fellow soldiers and officers and their need to seek support from the imam. As one imam pointed out, “I know how soldiers breathe, what their biggest needs are, what their biggest problems are, what they see that the ones above don’t see and should see” (B-A-2). This understanding and empathy often originates in experiences before the army, perhaps the fact they

themselves served in the military and were exposed to the same conditions, as well as continuing to share the common challenges soldiers and other officers face. In fact, before completing undergraduate studies in Islamic Theology, both the interviewees graduated from a Madrasa, an Islamic high school well-known for its orderly boarding life and its highly structured organisation of student activities. Thus, “it was just like when I went to the Madrasa in the first year” (B-A-2) were the words used by an imam to describe why he was able to understand and identify with the pressure experience by a freshman soldier. Similarly, the imams openly acknowledge how important for their understanding of human vulnerability under military conditions it was to serve as ordinary soldiers prior to occupying the post of imam in the AF. They reported that it was during this time that they had an opportunity to go through training and to understand how the system worked, explaining how transitioning from a civilian environment to a military one can be confusing, frustrating and stressful. For example, for a freshmen soldier or imam entering the military, even differentiating between the different rank designations of officers, could be a troublesome and frustrating task (B-A-1).

Furthermore, serving in the army gives imams the opportunity to share in the collective experience of high-pressure military conditions with other soldiers. This, in turn, encourages a feeling of joint suffering and *common destiny*, resulting in an authentic understanding of human vulnerability and deep empathy with all individuals exposed to such circumstances. This often brings a readiness to offer deeply sincere, emphatic and indiscriminate support to all soldiers, without reference to any other markers of their social identity. The humanising influence of previous military service on attitudes towards soldiers’ challenges, vulnerability and need for empathic counsel is clearly illustrated in the following interviewee statement: “I’m available to all soldiers... Regardless of time and place..., their affiliation, ethnic or religious ... I feel like that 100%. *Because* I worked with these people... from the beginning and lived with them... We shared rooms and we shared meals and we shared chocolates and sometimes even tobacco...” (B-A-2). The same imam goes on to state that he feels “also a certain humanism... but on a much broader scale” because of what he tries “to look at everyone in Bosnia, the peoples and people who live there ... as if he is their soldier, and that he is at their service”, stating that he was taught “through the army to be like that...” (B-A-2). In his view, this experience helped him to develop a sense of moral obligation towards “all the peoples in Bosnia” and “every individual” to react, help and save human life in the event of any accident, as part of the “profession of a soldier” (B-A-2). Thus, this humanistic reasoning has ultimately been turned into a basic principle of his professional military ethics.

In the end, their feelings of common destiny and human sensibilisation in dealing with soldiers and officers are also encouraged by the fact that latter visit imams seeking solutions for the same challenges and dilemmas “they as military professionals face as well” (B-A-1). The unpredictable working hours with frequent overtime, shift and field work are also sources of stress for the imams. However, the most prominent among these is separation from family members. The

location of army camps very often requires imams to travel a long distance and to live in cities far away from their families, visiting them only during the weekends.

3.1.3 Practitioners' View on Requirements for Military Imams

The current regulations (Pravilnik o organizaciji, 2007) only stipulate that a nominee for the post of religious officer should have an undergraduate degree, "according to the demands of the respective church or religious community" (art. 7) and fulfil the general requirements for admission to professional military service (Zakon o službi, 2005, art. 10). Apart from the Rulebook of Imams (2008), which regulates the employment of imams and their general (art. 7) and specific (art. 50) requirements, no other legal document in the IC refers to required competencies for prospective military imams. As rule, they are employed on the basis of a decree issued by the Ra'is al-'Ulama', without previous public competition, by the Minister of Defence (Pravilnik o organizaciji, 2007, art. 10). Prior to their employment, the interviewed imams, for instance, were not provided with any sort of systemic, guided, advance education specifically for this post. Therefore, what experienced military imams consider the qualities, skills, requirements and standards their prospective colleagues should have and fulfil to adequately prepare for various aspects of this post, is particularly valuable.

According to them, it is highly desirable that a military imam be an extroverted, sociable person with the capacity to be easily accessible to all soldiers. In addition, he should have an ability to address audiences of different intellectual levels, who have come to the AF for various reasons, ranging from financial to patriotic ones. Furthermore, any such individuals should be highly moral personalities, being loyal to the various norms of the IC and the AF that regulate the activities of military imams. Courage is also an especially desirable characteristic for the imam, as he should have the courage to "say the truth at every step and to point out any irregularities" (B-A-2), especially when witnessing possible acts of injustice. Finally, he should have personal integrity and be aware that by his conduct he promotes a positive environment in the army and ultimately the value foundations of the state itself. Simply put, he is expected to give the best example of an "authentic believer, imam and officer" (B-A-2).

In terms of competences, a military imam is advised to possess "a knowledge preparing him to understand the army" (B-A-1), as a reminder that different time and place contexts in the military service require appropriately different approaches and competences. It is particularly important for him to be well versed in Islam and its teachings, specifically the peculiarities of different law schools in Islam (Arabic *madhāhib*), in legal norms regulating the work of religious and other services in the AF, human psychology, pedagogy and ethics, the Islamic traditions of Bosniaks, Bosnian history, administration and organisation, and modern IT. Both the interviewees point out the importance of continuous self-development and upskilling in all the areas of knowledge mentioned to be successful in the service. Acquiring all these qualities and skills, however, is not an easy task. On the contrary, it demands careful and purposeful planning. Therefore,

what the imams interviewed view as the most efficient method to achieve success is equally valuable information. The following quotation illustrates some of the important factors in preparing prospective military imams for this post:

Seven years I lived with the soldiers... That helped me a lot in my work as an imam... (and in terms)... my reputation that I was a soldier... So, when I was promoted to an imam, ... it gave me extra respect (in the eyes of soldiers) ... As a soldier... in the (military) training... one morning, I was approached by a Croat soldier and asked: "Please, can you tell me the formula for how you smile like that every morning". I asked him back... why... he was asking me that..., as it was self-evident to me... (It just was) an early, nice... morning, we just had a cup of coffee... and went outside, waiting for the training activities... The guy must have had a hard time. It was the first time for him. Later I understood it all... It was just like when I came to the Madrasa in the first year. Probably he was thinking "How do you feel so relaxed, smiling, and I want to go home?" ... Then I realised that the Madrasa had already prepared us, that we are much more resilient and serious than those guys who came. This is the first feeling that changes in a man when he enters the army. (B-A-2)

In this respect, both imams very much appreciate having gone through military training before joining the army religious service, as well as having had other similar opportunities that prepared them for this role. In their view, it is this experience, along with their formal education, that shaped their understanding of the basic qualities and competences appropriate to the personality and conduct of an imam, who is also responsible for providing psychosocial support and spiritual care to soldiers and officers. While acknowledging their satisfaction with the knowledge and skills developed during their formal education at the IC institutions of Islamic higher learning, they underline the importance of non-formal education, referencing various training programs they attended during service as imams at the AF. They consider that this extended, thorough and continuous preparation will help future imams to authentically empathise with the challenges of military life, presenting themselves as trusted role models, easy-to-approach individuals possessing sacred religious knowledge and ears ready to listen, and as army officers enjoying a remarkable reputation in the AF. They believe that these qualities and approach will ensure that soldiers and officers see them as a trusted refuge when faced with religious dilemmas, family issues, loneliness, job concerns, injustice or loss of enthusiasm, and that they can easily be consulted with the sense of security and confidentiality.

3.1.4 Hijāb and Normative Challenges for Army Imams

One of the first pieces of advice given by the interviewees to prospective military *imams*, is to carefully read and study the legal norms regulating the work of religious service in the AF. This suggestion is not without reason. Any form of religious presence in a public institution might indeed involve potentially conflicting norms and be a source of tension for all involved. This also

applies to the activities of religious services in the Bosnian AF. Accordingly, witnessing and dealing with an ongoing process of negotiation between different Islamic norms and military procedures and regulations is part and parcel of service as an imam in the AF. Future military imams should be prepared for such situations.

In some cases, according to the interviewees, the priority should be given to army regulations (i.e., attending field exercises instead of conducting daily prayers at the exact time, obligation to shave, contrary to those wishing to keep the beard), while in others, they would give the priority to Islamic norms (i.e. respecting Islamic dietary requirements, attending Friday *Jum'ah* prayers). On yet other occasions, it is left to the personal choice of Muslim soldiers as to whether they wish to adjust their Islamic responsibilities to military activities (e.g., whether they fast during the heavy field exercises or not). Importantly, expectations to provide the optimal Islamic standpoint and a preferable course of action often place an imam under pressure and in the psychologically vulnerable position of final mediator.

By and large, the practice of *hijāb* by female Muslim soldiers probably represents the most debated point between Islamic norms and military legislation in the AF's past. Interestingly, the issue of *hijāb* in the Bosnian AF has so far been covered by the media and discussed by researchers mostly from the perspective of a believer wishing to exercise her religious right in this matter. To the best of our knowledge, an army imam facing a challenge dealing with such an issue has received no special attention whatsoever. Yet here is an example of just such a situation, illustrating the complexities of the issue from a military imam's perspective.

A female soldier... wanted to cover herself... I had a conversation with her and tried to explain to her what she is entitled to and what she is not entitled to... She just wanted to cover herself out of her religious beliefs... I first... expressed to her my sincere congratulations... You are a mature Muslim woman who understands her obligations... It is a religious norm and that is a requirement for you. By that you are fulfilling your religious obligations. Second, (I told her) you have to be aware of where you are, what kind of environment you are in, that you are in the army, that you have signed the contract, that the army has its own regulations that we must adhere to... (Both of us). Me as a military imam and you as a soldier... I told her if you come to the job covered up, you will create a problem for yourself. So you won't solve anything with that. I have no solution for you. I am here to organise a religious life for you, to point out the (army) regulations to you, while you have to exercise your rights through the institution you signed a contract with... (B-A-2)

As noted previously, the interviewed imams understand they are expected to offer some sort of solution and relief when approached by army soldiers and officers burdened by religious and other dilemmas. In some situations, however, providing a straightforward answer and final solution to the question in hand is simply not an option. Giving a religious opinion and counsel to a

Muslim female soldier or officer who is not allowed to fulfil her religious duty regarding the practice of *hijāb* due to army regulations is one such case. For a military imam, admitting that he is not able to help by offering her a concrete solution is a far from pleasant experience. Indeed, imams might find themselves under pressure, facing their own feelings of inadequacy and helplessness. In this particular case, the imam interviewed resorted to an explanation which gave priority to army regulations and rulebooks over the religious norm, pointing out the soldier's responsibility to respect the contract she has signed with her employer. For him, the one-sided decision of the soldier to exercise her religious right is preceded by the binding nature of the formal agreement she made with the public institution. Nevertheless, he left the final decision to the person.

3.1.5 Interprofessional and Interfaith Cooperation in the Experience of Military Imams

The responsibilities of a military imam in the Bosnian AF go well beyond providing spiritual support to soldiers and officers in the face of their daily struggles. As mentioned, they include a broad spectrum of duties, ranging from the organisation of Islamic rituals and cultural events, to youth work and individual counselling. Coordination and support for their activities from the Office of Military Mufti and Chief Imam is taken for granted. However, to fulfil these expectations, close cooperation with officers in the command hierarchy and various army services is also expected. The imams interviewed expressed their complete satisfaction with the level of cooperation accomplished with superior officers and lower-ranking commanders, as well as colleagues from logistics and the personnel responsible for training freshmen soldiers. They had no objection in this regard whatsoever, pointing out their high level of collegiality, support and professionalism, which they attribute to the presence of clear and precise norms regulating professional conduct in the AF.

In regard to interfaith cooperation, it should be noted that Bosnia is still a society in which ethno-religious identity represents an important factor of social interaction and collaboration (Alibašić, 2020). It is noteworthy, that like all AF soldiers and officers, the imams interviewed inevitably carry their own blueprints of these societal influences. After entering the military, however, they find themselves in a new environment that exposes them to more frequent interreligious interaction, as described by an interviewee:

Our life in Bosnia and Herzegovina is such that we kind of live next to each other. We didn't mix that much. My village is the village right next to the place where the Croats are... It's a Croat village. But we had no contact with them. I did not know their customs, culture. Somehow, we were not interested in that either. However, when we arrived... (in the AF), it was already a different story. They are the people you work with. (B-A-2)

According to the latest instructions of the Office of Military Mufti (Instrukcija za rad vojnih imama, 2023), imams are expected to provide “appropriate support to believers of other religions in fulfilling their religious needs, if religious officials of other religions are lacking”, and to “establish communication with religious officials of the AF of Bosnia and Herzegovina, or the church in the place of residence or the unit’s deployment zone” (art. 3). Similarly, they should work on improving “cooperation and communication with other religious officials through meetings with the unit commander, participation in various education and interfaith dialogue projects, calling on Muslims to celebrate religious holidays, attending religious holidays of members of other religions, attending funerals and other similar activities” (art. 3).

In our interviews with the imams, we found a clear confirmation of their best attempts and admirable creativity in implementing these instructions. On several occasions, they initiated meetings with officials from the other two religious services in the AF. In cooperation with them, they managed to organise presentations for soldiers on common religious topics like fasting, the image of Maryam, mother of ‘Isa (a.s.), in different religions and other similar themes (B-A-1). Below is an interesting example of how an imam creatively used his regular activity *Hour with the Imam* to host officers and soldiers from another religious community, effectively turning it into a relaxed, pleasant, informative, unifying interreligious encounter.

I had an opportunity to organise a trip to the liturgy for soldiers from the Serb and Croat units who came... for specialist training for their non-commissioned officers... When... (soldiers from another ethno-religious group) came for the first time, the situation just suddenly changed... It's a challenge right away... A new situation... In order not to look intrusive in some way because... (presentation of the imam about Muslim religious service in the Army) is an integral part of the training, I asked to be allowed... to invite them... I used the “Hour with the Imam” to treat them to coffee, to simply get that hour for myself.... The commander approved it... It didn't happen that anyone refused. And that was that feeling of satisfaction for me. So they had already gathered where they... worked... some information and developed a picture of it... At that moment I also made an extra effort with all my associates in the military congregation to organise this event... Then I gave them the opportunity to have a seat, drink coffee, eat, and then I addressed them. The address went in the direction of explaining the religious service (in the AF). I always gave them the opportunity to express themselves as well.... How it is with (their religion). Or if they have something that happens during the training, which is not characteristic of their personality, their determination, to bring it up... and that I will try to solve it... There was very good feedback after that... I even got information from other locations where these fellows went for the service... that they talked about how nice it was for them..., how the imam welcomed them, ... showed them a mosque, explained everything and finally organised their (liturgy services) ...” (B-A-2)

In addition, the imams interviewed provided many other interesting illustrations of how they initiate and encourage interreligious interaction between religious officials, soldiers and officers. Firstly, in camps with an overwhelming majority of Muslim soldiers, they are very prompt to invite the chaplains and priests to deliver a lecture on an agreed topic. Furthermore, they feel very happy about the practice of soldiers from different religions exchanging their work days on the occasion of major religious holidays, to accommodate more free days for the soldiers who are celebrating. Similarly, once his son was born, one of the interviewees set up a joint celebration for the soldiers together with his priest colleague, who had recently had a son too. The extent of their eagerness and success in promoting interreligious networking is probably best illustrated by the comment a Serb officer made to one of the interviewed imams, that he “had more coffee with him than with his own priest” (B-A-1).

The interviewees, however, admit there is still considerable space for improving cooperation between religious officials in the AF. They are also aware of factors limiting more intensive interreligious interaction, including the uni-religious structure of some army units (B-A-2). Be that as it may, they point out the necessity for interreligious cooperation as a part and parcel of their daily experience, work and mission as imams. They are also very keen to take a proactive stand in creating opportunities for interreligious communication, learning and support. Finally, as illustrated above and in other quotations, they do it out of professional responsibility and a sense of personal mission, presenting the teachings and values of Islam to Others, but also listening to them and learning about their religion, and understanding their religious experience and helping them fulfil their spiritual needs. In encountering other religious traditions, they are also very much inspired by a feeling of common destiny, all of them jointly exposed to the military environment and its high-pressure conditions. At the very end, opportunities to accommodate for the religious needs of the Others give them a sense of personal satisfaction and success in supporting them to exercise their rights.

3.1.6 Conclusion

The Imam Service is an integral part of religious service in the Bosnian AF, with the imams employed as army officers responsible to the AF and IC for attending to the religious needs of the soldiers from their religious community. Accordingly, their tasks are regulated by the respective documents of both institutions. This formal role, however, is significantly moderated by their deep sense of work responsibility and by being army officers with religious authority in a post *cross-connecting* different segments of the AF. As a result, military imam turns out to be a heavily loaded, multifunctional role, going well beyond the formal prescriptions of the AF and IC. Providing spiritual care and religious counsel to soldiers in their daily struggles is an important element of the interviewees’ activities. Nevertheless, they prefer to refer to themselves as military imams rather than spiritual caregivers. Although primarily responsible for the care of religious needs of soldiers from their own religious community, the imams interviewed show a clear understanding for the

vulnerability of all soldiers to the stress of military life and their need to seek support. In similar fashion, they express authentic empathy with all soldiers exposed to such circumstances, demonstrating readiness to offer them sincere and indiscriminate support, without reference to any other markers of their social identity. They indicate that the roots of their emphatic understanding and tendency go back to their previous experience before the army as well as to the fact they themselves served in the military and continue to share common challenges of fellow soldiers and officers.

To adequately respond to the demands of their formal and informal activities, the interviewees consider that prospective military imams should be extroverted, sociable, courageous, highly moral, easily approachable individuals with a sense of patriotism and personal integrity and the responsibility to give the best example of an authentic believer, imam and officer. Similarly, through formal and non-formal education and, preferably, serving in the military themselves, they should equip themselves with knowledge preparing them to understand the army.

The imams very much understand that the army represents a public space where various religious and secular normativities intersect, rendering negotiations a part and parcel of their daily work. Their responsibility to account for an Islamically preferable course of action in such situations is considered evident, as they prefer a lenient and practical approach to this sort of dilemma. However, they also acknowledge a challenge these circumstances might pose to them, particularly in cases where straightforward and concrete solutions are not plausible. The practice of *hijāb* by female soldiers is pointed out as an especially challenging dilemma for them, given that the current regulations do not provide space to observe this religious duty.

Regarding cooperation with other professionals in the army, the imams interviewed point out the high level of collegiality, support and professionalism on behalf of the superior officers, lower-ranking commanders and colleagues from different army services, attributing it primarily to the presence of clear and precise norms regulating professional conduct in the AF. In similar fashion, in our interviews with the imams we have seen clear confirmation of their best attempts and remarkable creativity in promoting interfaith cooperation in the army, initiating meetings with officials from the other religious services, organizing joint presentations with them on common religious topics, and using regular activities to accommodate the religious needs of soldiers from other religious communities. The imams, however, admit there is still considerable space for improving interreligious cooperation in the AF, underlining their proactive stand and intrinsic motivation in this regard.

3.2 The Swiss Armed Forces as a Mirror of the Society

3.2.1 Confidential Companions: Chaplains in the Swiss Armed Forces

The Swiss Armed Forces are basically organised according to the militia principle (Swiss Federal Constitution, 1999, art. 58). Most army personnel are civilians who only perform military service on a temporary basis. Military service is mandatory for Swiss male nationals aged 18 and above,

whereas women may participate on a voluntary basis (Swiss Federal Constitution, 1999, art. 59). Basic training, commonly known as "Recruit School," has a duration of 18 weeks. Compulsory refresher courses take place each year.

Swiss military chaplaincy was already operational in the 19th century. As the members of the army then were mainly Catholic or Reformed, there were initially "*Feldprediger*" ("field preachers") from these two denominations who provided spiritual care and support for the soldiers. Later, Christian Catholics were also added. Today, the co-operation and integration of these once competing denominations into army chaplaincy is seen as a pioneering work and a model for the promotion of religious peace, as every army chaplain looks after soldiers of all denominations. In cases where denomination-specific concerns are raised, a chaplain from the relevant denomination is consulted (Inniger, 2019, 83–94). Since 1947, army chaplaincy has been an independent branch within the structure of the armed forces (VBS, 2023). Spiritual care is legally anchored in the 'Army Service Regulations' (Dienstreglement der Armee, art. 64). These state: "Members of the armed forces have the right to spiritual care" and goes on to say: "Spiritual care is the responsibility of army chaplains. Members of the armed forces of all denominations and religions, as well as those of no denomination, can approach them directly."

The Swiss Armed Forces are regarded as the mirror of Swiss (male) society. It unites individuals from diverse social, cultural, religious, and ideological backgrounds, mirroring the country's pluralistic nature characterised by multiple languages, cultural identities, religious affiliations, and worldviews (Pedreira, 2018, 7–16). In response to growing religious diversity within Swiss society over recent decades – and consequently within the army – the existing army chaplaincy model has been expanded and adapted to become multi-religious. Since 2022, the chaplaincy includes not only chaplains from the three recognised churches, but also Jewish and Muslim chaplains, both male and female, as well as Christian chaplains from churches that are not formally recognised. Chaplains of all religious backgrounds are equal in rank and have the same rights and duties within the army structure.

The Swiss Armed Forces define chaplaincy by outlining its mission, along with the core values and standards that guide chaplains and shape their activities:

Army chaplaincy is an independent branch of the armed forces. It offers all members of the Armed Forces meetings and discussions on personal, family, existential, ethical, ideological, spiritual, or religious topics and concerns, as well as on emotional challenges...Army chaplains treat people unconditionally. When confronted with questions, they are concerned with helping those seeking advice to find and follow their own solutions. They approach the life situations of all members of the army without prejudice and holistically, based on respect and appreciation, openness, and acceptance. Conversations are open-ended and absolutely confidential (pastoral confidentiality) and are not documented...Army chaplains take part in the lives of members of the Armed Forces... (They)

also advise the commanders on all matters relating to the spiritual care of troops (Swiss Armed Forces, 2025, transl. A.H.A.).

To become a chaplain in the Swiss Armed Forces, candidates must be Swiss nationals and hold a civilian qualification in a recognised spiritual or religious discipline. This qualification must be approved by one of the Army's partner religious communities: the publicly recognised churches, various free churches (since 2020), Muslim communities represented by the Federation of Islamic Organisations in Switzerland (FIDS), and Jewish communities represented by the Swiss Israelite Community (SIG) (both since 2021). Candidates then undergo three weeks of specialised chaplaincy training. If they have not previously completed military service, they must also complete an additional three weeks of basic military training. Upon successful completion, chaplains are commissioned as captains. Chaplains come from diverse backgrounds, with some having prior military experience and others not. Those who have fulfilled obligatory military service themselves often benefit from this experience in their chaplaincy work.

The interviewees hold university degrees in fields such as Islamic theology, communication, or interreligious studies, are experienced in practical spiritual care, academic research, spiritual care science, and have varied military experience. The motivation to become a military chaplain was different for the two interviewees: one person stated that they had experienced discrimination in the army during their own "recruit school". The lack of a Muslim chaplain at that time who understood their needs became clear. This person felt encouraged to fill this gap themselves. The other person was involved early on in negotiations to introduce Muslim chaplaincy into the armed forces and met all the requirements except for basic military training, which they subsequently completed. A pioneering spirit, which brings with it great uncertainty as well as great creative power, personal development and new experiences, is likely to have played a role in both of them deciding to become army chaplains. The fact that they can provide people with immediate support and relief through their own spiritual resources, religious knowledge and other essential skills is also likely to have been a motivating factor.

In accordance with the description of Spiritual Care given by the Swiss Armed Forces, the interviewed chaplains see themselves as contact persons for the spiritual, emotional, mental and religious needs of all members of the armed forces, and provide them with support, so they can perform their duties to the best of their ability:

Soldiers sometimes confide things they know are forbidden or inappropriate in a military context—such as breaking rules, developing habits, or even experiencing suicidal thoughts. These confessions often come from a need to talk, process personal struggles, or cope with the intense pressure of army life. The chaplain's role is to listen without judgment, offering support and confidentiality. Sometimes, if the issue is severe (like suicidal thoughts), the chaplain recommends seeking help from medical services; other times, they work through the matter together if the individual feels able to move forward... Soldiers turn to chaplains because their conversations remain confidential, unlike with

others in the army, which encourages openness about sensitive or potentially consequential issues. [My]...role as a chaplain is to provide a completely open, non-judgemental space – symbolised by a “table” where individuals can lay out any issue, no matter how inappropriate it might seem in a military or social context... (As a) chaplain I encourage people to express everything they’re carrying, so we can work through it together and find personally meaningful solutions. Rather than offering an escape from the army, the chaplain helps individuals explore the root of their struggles – distinguishing what comes from army pressures, outside influences, or their own needs – and guides them to tap into their own resources. This supportive process can happen over multiple sessions throughout a soldier’s service or even just once, allowing people to address their burdens and make choices based on deeper self-understanding. (CH-A-2)

The two individuals interviewed for this study are considered pioneers of Muslim army chaplaincy in Switzerland. Although they have only recently gained practical experience in this field, they are aware of the social and political sensitivities surrounding the integration of Muslim chaplains in the Armed Forces. They are the first to demonstrate such a high level of willingness, motivation, commitment, sensitivity and reflection, despite being aware that, as Muslims, they will be subject to particular scrutiny and viewed with scepticism by some sections of society. One interviewee emphasises that, particularly in their new role, the most important element for the successful performance of their duties is compliance with the official laws and guidelines of the armed forces (CH-A-2). These written guidelines form the essential basis of their work. They were developed with the participation of the Chief of the Armed Forces, and clearly define the chaplains’ mission, tasks and limits, as well as providing a structured framework for their role. Within this legal and procedural framework, they then adapt to local conditions and bring their personal profile and experience to bear in order to effectively fulfil their mission. In their own words, one chaplain describes the mission and task, as well as their inherent view of humanity as follows:

Chaplaincy is an umbrella concept that includes religious, ethical and moral aspects, but also a vision of the world. Chaplaincy deals with existential questions. I tell the recruits: “I am here for you when you have questions of meaning...” If you take people out of their civil environment, they can feel cut off from their resources... As a chaplain, I can help them to connect with their inner resources... Every human being is spiritual. Where meaning is found is very individual. For some, relationships are the source of meaning, for others it is family. Some look for meaning in moral aspects and others seek meaning in terms of the benefits they get for serving in the army. (CH-A-2)

As the proportion of non-religious, religiously indifferent, agnostic and atheist people in Swiss society is high and rising, the interviewed person also mentions the challenge of how best to fulfil their role when chaplaincy-seeking soldiers have no religious connection or affiliation (CH-A-2). They also emphasise their unique role in the armed forces compared to psychosocial services,

highlighting that chaplains are regularly present with soldiers, allowing them to observe and support individuals over time and truly understand their personal journeys. Unlike others who are focused on specific issues or only have occasional contact, the chaplain offers ongoing, personal care, valuing each soldier's experience and providing sustained support that complements the army's demanding environment (CH-A-2).

3.2.2 Beyond the 'Army Imam': Terminology and Expectations

The introduction of Muslim chaplains in the Swiss Armed Forces was raised with some scepticism in the national parliament in 2017 (Quadri, 2017). In the question and response of the Federal Council, it became evident that the term "army imam," that is also frequently used in the media, carries ambiguous meanings and may create false associations or expectations on all sides. The Swiss Armed Forces themselves refrain from titles such as "army priest," "army minister," "army imam," or "army rabbi." Instead, Muslim chaplains—regardless of gender or educational background—are officially designated as "army chaplains" (with a Muslim background). For Muslims who associate leadership primarily with the traditional role of an imam, this terminology and broader chaplaincy mandate can be difficult to grasp. As a result, misunderstandings and unmet expectations may arise, particularly among first-generation Muslim immigrants, as one interviewee points out:

The expectations of the Muslim community (outside the armed forces) are difficult. The parents of the soldiers have expectations that the (Muslim) soldiers themselves do not have. The understanding of my role (as imam and army chaplain) by my community is different. They have ideas about how it is in (their) original homeland... It's a different system, it works differently. Often the community calls me "Army Imam" because it's easier for them... Within the army, the term "Imam" is never used. I am an army chaplain, with a Muslim background, but still an army chaplain...(CH-A-1)

The interviewee also explains that their main duty is not to organise and lead ritual communal prayers; this is only done in exceptional cases, and if requested by a big enough group of Muslim army personnel, and if service duties and circumstances allow. Organising regular prayers, such as Friday or Eid prayers, is therefore not a routine responsibility for chaplains.

Some (Muslims inside and outside the Army) expect the Friday prayer to be held regularly... But it isn't only occasionally, and only at the request of members of the Army. Once a group of soldiers asked if the Friday prayer could be organised. I spoke to the president of the nearby (local) mosque and to the army superiors to see if it was possible... We prepared this together and performed the Friday prayer. But I am not always in the barracks with the soldiers. The need has to be expressed by the group, not by me. It is the same with other prayers. Often it is not possible, for organisational reasons. (CH-A-1)

Within the armed forces, military procedures and regulations always take priority. This applies equally to all soldiers, which means that organised community prayers are not performed on regular basis. One extraordinary event was the first and so far, only, Eid-prayer, held at the end of June 2023. It took place after consultation and in compliance with military regulations. It was supported by officers and accompanied by official military symbols. The voluntary prayer, led by the Muslim Army chaplain (CH-A-1) and attended by members of all religions, symbolised the Armed Forces' inclusive stance but was sharply criticised on social media – especially by right-wing politicians, who made racist statements and comparisons to extreme practices. Other political and public voices, as well as the Swiss Armed Forces themselves, stressed the importance of religious freedom and tolerance, while the ensuing public debate highlighted tensions between visible religious diversity and the instrumentalisation of fear of cultural change (20 Minuten online 2023; Blick online 2023; Osterwalder 2023; Widla 2023).

3.2.3 Low-Threshold Access: Spiritual Care for All Ranks and Beliefs

The chaplains interviewed consider it important that establishing contact should be as low-threshold as possible. They emphasise that Army chaplaincy service is open to all members of the armed forces without exception, regardless of their religious, ethnic or ideological affiliation, their social status or rank. Chaplains communicate their contact details openly and proactively on the notice board (command wall) and regularly introduce themselves and their services to new recruits at information events. Chaplains are recognisable by wearing collar badges on their uniforms that indicate their function and religious affiliation. The official name is: “Army chaplaincy, Christian, Muslim, Jewish background” (for Christian, the cross; for Muslim, the crescent moon, for Jewish, the tablets of the law (see Figure 2). There are no other external distinguishing features.



Figure 21: Collar Badges of Army Chaplains in the Swiss Armed Forces. Schweizer Armee (2025). Retrieved from <https://www.armee.ch/de/militaerische-abzeichen> (screenshot by author A.H.A)

On special occasions, such as Ramadan or the two major Muslim festivals, Muslim chaplains can proactively approach the troops in consultation with their superiors, explain procedures and answer questions. Army chaplains may also take part in military ceremonies and be present at celebrations with and without a religious background (CH-A-1; CH-A-2).

Chaplain visits are mostly one-to-one and are geared more towards individual, specific needs than group needs. However, groups can also call the chaplain, who is mobile and has direct access to all ranks, from high-ranking officers to lower ranks, so that they can act quickly if necessary, without having to go through the chain of command. Communication with the chaplain is strictly confidential and subject to a stricter duty of confidentiality than professional secrecy, so that soldiers have a safe space to address their concerns. Both interviewees mention that Chaplains need to have excellent communication skills, as they come into contact and interact with all kinds of army personnel, regardless of their educational background, identity, affiliation, military rank or function. They emphasise that as a chaplain they must have a strong understanding of human nature, empathy (CH-A-2), multireligious knowledge, interreligious skills (CH-A-1) as well as being anchored and knowledgeable in their own religious tradition (CH-A-1; CH-A-2):

At the military flag ceremony, I delivered a speech as the army chaplain to all those present. In moments like these, individual religious beliefs and ethnic identities take a back seat. After all, there are many diverse ethnic, religious, and cultural backgrounds represented, as well as people with no religious affiliation or who are atheists...A speech must be crafted so that as many people as possible feel included and addressed. This requires interreligious sensitivity and skills. However, this does not mean I have to disregard my own religious background. For example, when Ramadan and Easter coincided, I took it as an opportunity to speak about both traditions and relate them to military service. The common theme was sacrifice: during Ramadan, Muslims sacrifice their freedom to eat (during daylight hours); Christians commemorate the sacrifice of Jesus Christ before Easter; and in the army, service members sacrifice their time in serving their country...That said, I avoid using specific religious phrases without explanation – whether drawn from the Bible, the Qur'an, or any other sacred text. Such references should be used thoughtfully and not casually. (CH-A-1)

The example illustrates that the chaplain benefits from his extensive interfaith experience in civilian life, which enables him to make connections and references between Islamic and Christian sacrificial traditions in such situations without blurring religious views. He also recognises how important it is to establish another non-religious reference, namely to military service. In doing so, he takes into account those soldiers who do not identify religiously and creates a connection between all of them, which in turn emphasises the sense of community.

3.2.4 Building Trust Through Personalised Interventions

A general humane and empathic approach, showing respect for the individual, interreligious sensitivity, needs-oriented and person-centred action on the chaplain's behalf, can have a direct effect on a soldier seeking support. Creativity is also an important skill in dealing with individual needs and religious and cultural diversity. The following example illustrates the added value of an army chaplain who reflect this diversity in the Swiss Armed Forces in their own person.

A French-speaking soldier of Christian Orthodox background came to see me. We bridged the language gap by both speaking our native languages, which helped build trust. He had recently lost someone close and struggled with not being able to say goodbye or pay tribute properly. If I had approached him solely as a Muslim or (even) as an Imam, it wouldn't have helped. I asked, "How do you normally say goodbye in your tradition?" He explained the usual customs. I told him we could not organise that in the army, but I offered to create a farewell ritual instead... Together, we collected stones and went to a nearby river. I explained, "Each stone represents an aspect of your relationship with the deceased." As he picked up each stone, he shared a memory or story. Then, as he threw the stones into the water, he was able to say goodbye. This ritual was neither Christian Orthodox nor Muslim, but through openness and interreligious understanding, we found a meaningful way to honour his loss. Afterwards, he was able to continue his service without difficulty. (CH-A-1)

This example expresses a holistic view of humanity. The chaplain emphasises openness, empathy, trust and confidentiality. He is able to translate the lack of possibilities of an Orthodox mourning rite into a form that is acceptable for the care-seeker, as well as for the military context. He does not offer a solution from the outset but works with the person seeking spiritual care to find the best way to support him with his concerns. This means that the person seeking support does not become a passive recipient of help, but a person whose autonomy is preserved and who mobilises his or her own resources.

The second interviewee explicitly explains their focus on autonomy, the confidence they have in individuals' inner resources, and the mercy they show in their work as a chaplain. "I aim to empower people to lead their own lives rather than "save" them. I strive to create a compassionate, safe space where trust and acceptance foster human-centred support, grounded in respect for each person's agency." (CH-A-2) Both interviewees emphasise that the most important skill and instrument of chaplaincy is the ability to listen actively. One interviewee gives the following reasons: "Often the real needs of a person are hidden behind their language, emotional state and temper. It takes empathic, active listening to get to the real heart of the person's concerns." (CH-A-2)

During individual or group meetings, soldiers often bring concerns of a secular or practical nature that arise due to the circumstances of military service. These are not necessarily spiritual questions. Questions regularly arise regarding (halal) food or prayer opportunities, as well as how to access to religious literature, e.g., when a person is in detention. The military chaplains organise and distribute literature or objects that are required for a person's religious practice on request. In all cases, the chaplains see their role as supporting soldiers and enabling them to find pragmatic solutions.

3.2.5 Mutual Learning: Interfaith and Interprofessional Cooperation

“As an Army chaplain, I benefit greatly from interprofessional and interfaith cooperation. Regular exchanges and annual meetings between chaplains from different religious backgrounds are an established practice. The focus is on mutual learning.” (CH-A-1) There is also an informal exchange with other professional groups within the armed forces, such as doctors, prison officers and kitchen staff. These networks make it possible to find direct and pragmatic solutions to individual needs, such as the provision of halal-compliant meals. In such situations, basic human understanding, an open mind and good communication open the door to pragmatic solutions. One interviewee puts it: “People work with people, so the focus is on mutual understanding and practical solutions.” (CH-A-1) Both chaplains unanimously report experiences that show that a Muslim chaplain may not necessarily provide the best support for a Muslim soldier, and similarly, a soldier of Christian origin may not find suitable spiritual care from a chaplain of the same religious affiliation. In terms of providing a tailored service that best meets individual needs, military chaplains will ideally and where possible refer to a suitable colleague. This presupposes and at the same time generates exchange between other religious affiliations.

The examples in Chapters 3.2.3 and 3.2.4 show how non-religious occasions and soldiers’ personal crises can create links to multi-religious situations, as well as to secular and atheistic attitudes, provided the chaplain has the appropriate knowledge and skills. Such demands sensitise them to shared values, inclusive thinking, as well as understanding and knowledge about their comrades’ religion(s). In individual encounters between chaplains and members of the armed forces seeking support, interreligious encounters are also an opportunity for an interreligious/intercultural trust building process; something that may also unfold into a cohesive power in civil life.

3.2.6 Conclusion

The analysis shows that, although still in its infancy, Muslim chaplaincy is becoming an increasingly crucial element of the growing diversity within the Swiss Armed Forces. As it reflects the religious, ideological and cultural diversity of both Swiss society and the troops, its presence marks a step towards creating more inclusive armed forces. Although the Muslim chaplains interviewed have only served for a short period, they provide valuable insights into the concept of chaplaincy, outlining their understanding of their roles, key tasks, and early experiences. These chaplains see themselves as integral parts of the armed forces’ organisational structure and demonstrate a clear understanding of their duties. At the same time, they recognise their pioneering status and are actively considering options for further development in their field. For example, they identify professionalisation opportunities in response to the growing number of non-religious members in the armed forces and acknowledge challenges such as external expectations.

Gender-related differences also emerge in the chaplaincy context due to the predominantly male environment within the armed forces, which may influence both the expectations placed on

chaplains and the ways in which spiritual support is sought and received. However, given the limited number of interviews and the ethical requirement to preserve anonymity, the available data do not allow for robust conclusions. Future research should therefore investigate gender-specific aspects of spiritual care in the armed forces and in comparable institutional contexts more systematically, including how gender dynamics affect access to and perception of chaplaincy services.

The work of army chaplains is fundamentally guided by compliance with military laws, the command structures, and the regulatory frameworks governing the Swiss Armed Forces. Religious practices and rituals are considered secondary components of their service and are permitted only when they do not conflict with military tasks, discipline, or operational goals. Within this framework, chaplains primarily focus on personal support, moral resilience, and the well-being of individual service members, rather than on nurturing religious communities or collective worship.

The personalities, educational backgrounds, and military experiences of individual Muslim chaplains reflect the diversity present within both the armed forces and the wider Muslim community. Therefore, the armed forces offer a context in which multiple forms of diversity, including diversity within the Muslim community, are represented. This environment positions the armed forces as a working and learning space that accommodates individual differences, yet, when necessary, prioritises common goals for collective cohesion. Supporting soldiers in this balancing act is a fundamental responsibility for chaplaincy. The chaplains draw on their ability to mediate between soldiers' need for spiritual care and the requirements of military service, taking into account the spiritual, emotional, and social dimensions of soldiers' lives.

Having diverse chaplains with Muslim backgrounds can further promote awareness of differences within the Muslim community among all members of the armed forces. Through the militia system of the Swiss Armed Forces, experiences of diversity in the military environment can also influence broader societal perceptions and public discussions about Muslims in Switzerland, in both positive and negative ways.

Army chaplains support soldiers, helping them discover personal resources and sources of meaning during times that may be experienced as crises. Their responsibilities include offering spiritual, emotional, and psychosocial care, advising commanders on moral, ethical, and intercultural issues, and contributing to the integration of Muslim soldiers. This involves assisting with dietary requirements, fasting, and prayer, facilitating interreligious dialogue, and participating in military ceremonies. When appropriate, chaplains also lead communal religious activities such as Friday or Eid prayers and organise the breaking of the fast. Their professional approach is characterised by authenticity, grounded in living their own values without imposing them on others, and by an explicit commitment to equitable support for all members of the armed forces who seek spiritual care.

The personalities, educational backgrounds and military experience of individual chaplains reflect the diversity within the armed forces and the Muslim community. The Armed Forces there-

fore provide a framework in which diversity, including Muslim diversity, is represented. Consequently, the Swiss Armed Forces can be viewed as a working and learning environment that permits and considers individual diversity, but where, when necessary, this must be set aside in favour of overarching common goals. Supporting soldiers in this balancing act is a fundamental part of a chaplain's role. They know how to mediate between the needs of individuals seeking spiritual care and the army's demands, taking into account the spiritual, emotional, and social dimensions of soldiers' lives.

The principles of army chaplaincy are grounded in a humanistic perspective, characterised by openness, empathy, trust and confidentiality. Equal treatment and a non-judgemental approach are central to this. Chaplains demonstrate sensitivity, mindfulness and understanding towards people as individuals and as members of various groups, including ethnic, religious and linguistic communities, as well as military units.

In the future, particular attention will be given to how traditionally religiously-based chaplaincy deals with the increasing number of Armed Forces members who have no religious socialisation, are religiously indifferent, or have anti-religious or atheistic attitudes. Professional counselling by chaplains of any religious background must also be guaranteed for these individuals.

4. Spiritual Care in Health Care Settings

4.1 Muslim Spiritual Care in Health Care Settings in Bosnia and Herzegovina

4.1.1 Institutionalisation of Spiritual Care in Healthcare Settings

Unlike in the military (Omerdić, 2009), there is no long tradition of accommodating the religious needs of Muslim residents in Bosnian healthcare settings. The institutionalisation of spiritual care in healthcare settings may be understood as the process of establishing a formal framework of standards and procedures regulating the presence of such a practice on public premises. How the practice is institutionally embedded - its modality and extent - can be further assessed in light of its accessibility to patients and spiritual care providers, its visibility and the regularity of its presence. Whether medical staff are familiar with it and how it is integrated into the general healthcare system are other criteria of this assessment.

The institutional status of chaplaincy in a specific country is usually influenced by various factors, such as state legislation, theological considerations of health issues in specific religions, the interest respective religious organisations have in pursuing such projects and public demand for chaplaincy services. The presence of religion and exercise of religious rights in Bosnian public health institutions are regulated by several acts. These include the State Constitution (1995), Law on Freedom of Religion (2004), entity Health Care Laws (Law on Health Care of the Federation of Bosnia and Herzegovina, 2013; Law on Health Care of the Serb Republic, 2025), and Basic Agreements between the State and respective religious communities (Basic Agreement between the Holy See and Bosnia and Herzegovina, 2006; Basic Agreement between the Serb Orthodox Church

and Bosnia and Herzegovina; 2007). Together, this legislation provides a fair space for the institutionalisation of spiritual care in healthcare settings.

Given the importance of health-related sacraments in Catholic theology, the strongest interest for the institutionalisation of hospital chaplaincy in Bosnia has seemingly been demonstrated by the Catholic Church. Accordingly, out of four traditional religious communities in the country, so far it is only the Mostar Diocese and Sarajevo Diocese of the Church that have used the existing legal provisions to sign contracts of cooperation with state hospitals (*Sporazum o dušobrižništvu u UKCS*, 2015; *Sporazum o dušobrižništvu u JU Opća bolnica*, 2019), regulating the access of Catholic patients to spiritual care and the practice of hospital chaplaincy. According to one such agreement (Vukšić, 2013), chaplain activities include “liturgical celebrations and sharing of the sacraments, counselling in matters of faith and morals, visiting patients, and cooperation in the humanisation of health and social care” (art. 2) and are to be conducted by a priest or, in case of need, by a deacon, nun or lay person appointed by the respective Diocese Bishop (art. 3). The hospital has the responsibility to provide an appropriate space for a hospital chapel, exclusively for Catholic religious services and a chaplain office for individual meetings (art. 5), as well as taking care of utility expenses and cleaning (art. 7). Similarly, at the request of a patient or his/her family and relatives, hospital staff have a responsibility to invite the chaplain to visit, providing him/her with free access to the patient at any time (art. 8). On the contrary, it is the Church Diocese’s responsibility to appoint the chaplain and equip the hospital chapel with the required religious inventory (art. 5). To this day, Catholic authorities in Bosnia have used the above provisions to employ a number of hospital chaplains on a permanent basis (Bishop Conference of Bosnia and Herzegovina, 2012).

A similar approach to the institutionalisation of spiritual care in hospitals and healthcare settings can hardly be identified in the activities of the Islamic Community in Bosnia and Herzegovina (IC), as the traditional Muslim religious organisation responsible for promoting religious rights of the Muslims in public institutions. Unlike the Catholic dioceses in Bosnia, for instance, the IC authorities have not yet signed a similar agreement with any hospital centre or healthcare institution. Similarly, although a separate room for conducting daily prayers is usually available for Muslim patients at public hospitals and homes for elderly in cities predominantly inhabited by Muslims, no imam or Muslim spiritual caregiver works in these institutions on permanent basis, including the only IC Centre for the Elderly, founded and run by the Mostar Muftiluk since 2021. It seems the organisation of spiritual care activities for Muslims in health institutions has not been a centralised or systematised endeavour. The IC does not have a separate office specifically responsible for coordinating its spiritual care activities in health institutions or for individuals exclusively devoted to providing spiritual support on healthcare premises. Therefore, Muslim spiritual care in health institutions can be described as diffuse and independent activities, undertaken by different individuals and various departments in the IC, as a part of their primary responsibilities in circumstances whereby *multitasking* is a principle of their work. These include its Department for Social Care, Department for Marriage and Family, Youth Network, their representatives

in local IC administration and congregations, local imams and their spouses who often serve as religious teachers for children at the congregation mosque. Similarly, this might be a task referred to management officer at the IC Centre for Elders. As a result, instead of a specific unit for Muslim spiritual care in the IC, it is probably more correct to speak of *a multitasking network of religious professionals*, offering spiritual support to residents in healthcare settings on behalf of the IC.

Except for the management of the Centre, the visits of other IC officials to health settings are usually periodical. They range from regular visits, often done on a monthly basis, to occasional ones related to specific events (i.e., New *Hijra* Year, *Eids*, the birth of a child) or a patient's circumstances (i.e., difficult social situation). On other occasions, there are sudden visits prompted by information received or urgent calls from family, relatives or local congregation members. If the matter is too personal, however, the imam from the patient own local congregation would be asked to come. Nevertheless, it is only the IC-appointed management of the Centre, which has continuous, regular and daily access to residents who happen to be both Muslims and Christians. Officials of the respective IC departments, imams, their spouses and the Centre representatives and staff all visit the residents of healthcare facilities to offer and deliver financial aid, social support, religious service, advice and opinion, supplication (Arabic *du'ā'*), spiritual consolation and relief, or simply human presence and compassion.

Which dimension, aim, motivation and form will ultimately prevail in this religiously inspired support depends both on external, social (socio-political climate, legislation, institutional rules, theological considerations) as well as internal, personal factors (formal education, life and work experience, personal inclinations), including the religious professional's ascribed work position. Therefore, to probe further into the sociology and phenomenology of Muslim spiritual care in health care settings and better understand its challenges and prospects, we interviewed different members of this multitasking network of IC religious professionals. They included representatives of IC departments and the Centre for the Elderly management, imams, and a female religious teacher in the congregation mosque. For the sake of comparative analysis, an interview with a Catholic hospital priest was also conducted. The interviewees' experience in providing religious support in healthcare settings ranges from four to thirteen years. All the interviewees have formal education in theology, with rich experience of working with the faithful in their congregations. Importantly, unlike the Catholic priest, the Muslim interviewees do not define themselves as spiritual caregivers. They instead refer to their main job or position in the IC to account for their activities in healthcare facilities, even when they include religiously inspired support and counsel.

4.1.2 The Hospital Space as an Opportunity to Face Human Vulnerability and Suffering

Our perception of ourselves and others significantly determines how we generally feel and may treat ourselves and others. Therefore, according to modern psychology textbooks, the way we see ourselves and other social beings is inevitably considered in the context of self-concept and personal theories of human nature (Larsen and Buss, 2002). The personal image of human beings

usually stabilises over a lifespan, but also is prone to oscillations, questioning and modification in the face of always-changing circumstances. This especially happens in situations marked by some sort of significant distress, crisis or loss that people might witness in themselves or others. As reported and highlighted by all interviewees, hospitals and healthcare settings tend to bring just these kinds of experience to patients, their visitors and caregivers. In different ways, the people in these settings are often at the edge of their existence. First of all, they are separated from their usual environment and their closest ones. They meet completely unknown people who often have different lifestyles and worldviews. Distressing and potentially frustrating situations often result, causing fear and concerns about how they will manage interactions and successfully establish social contact. Furthermore, a person coming into a healthcare setting is faced not only with the own impotence but (in)directly with the impotence of other patients and, ultimately, with the impotence of human beings in general. Some of patients lying in a hospital have to undergo serious medical operations and are faced with circumstances that immediately threaten their lives. As illustrated in the following quote from one of the interviewees, they witness the human drama of “the disease” or the gradual shutting-down of life, as in nursing homes, and “its entire relocation to a space that is foreign in itself” (B-H-4), where the suffering person willingly, almost compulsively opens up to the reality of human destiny, vulnerability, an inevitable need for others and the hand of support they extend.

The hospital is a “bare truth” of our life... Everything is “bare” ... The hospital is “bare” ... The people who come there are mostly on the edge of their existence... (A hospital chaplain) is faced with so many situations... A young man one day killed... everything alive in the house with an axe... In the end, he harmed himself... I came to him at the Department for plastic surgery, where one of his arms had already been cut off, two legs down below... He knows who I am, he is aware of himself at that moment..., and says he wants to hug me so that we can go out, just to walk... And he has no legs... Then he needs at that moment to lift the sheet to show me, to let me see what he had done... That's why I'm saying, everything is bare in the hospital... Mostly all of them out of some pride, pleasure, happiness that they survived some kind of surgery... want to raise that green blanket, to show what happened to them, how they expect it to be good... (B-H-4)

Altogether, such situations are often very difficult and dramatic, heavily loaded with an enormous potential for perspective change, re-humanisation and meaning-making for all parties involved: patients, spiritual care providers and other staff. Generally, the spiritual caregivers interviewed feel such encounters remind them of inherent human weakness, vulnerability, the inevitable prospect of ultimate demise and of facing some sort of hereafter reality. One of them describes his encounter with residents, and how he identifies with their condition, saying “I was thinking... of myself, as I too have children... That one day I might come into a similar institution. Then I think what (sort of support) would I expect to have there and... how should others treat me... in such conditions (of mine) ... I also think about... what I would expect from... such an institution... if my

parents were there” (B-H-5). As noted above, the formal and primary roles of the interviewees vary from social care provider and nursing home manager to imam, children’s religious teacher and hospital chaplain. However, all of them report being touched and moved by the *bare truth* of common human reality and destiny presented by patients faced with uncertainty, loneliness, suffering, weakness, powerlessness and, often, eventual demise.

It is this experience and sense of unity and, so to speak, fraternity in our common human destiny that overtake the human image and social perception in healthcare settings and hospitals. Such a feeling, firstly, imposes an image of *suffering humanity* in their imagination as the primary principle of social categorisation, identity and spiritual support, thus relativising the most prevailing markers of social interaction (B-H-1). Secondly, it shapes their overall attitudes and conduct towards residents and patients, helping them to internally reinterpret and redefine their ultimate role as a spiritual care provider. In the end, it turns out they are not there primarily to preach, to bring financial and medical support, or even to convey a formal religious standpoint, especially if not urged to by the patients. First and foremost, they see their role as being a useful member of the community (B-H-1), respectfully trying to better know the care recipients, to be present, to listen and try to understand their condition (B-H-4), just talk with them (B-H-3), perhaps offering them a sense of family-like closeness and trust (B-H-1), or continuous availability, empathy and sense of security (B-H-5). One of the interviewees, an imam visiting patients from his town at the cantonal hospital monthly together with members of the IC Youth Network, describes the aim of his visits as follows:

(With) our Youth Network... I implement these two activities that relate specifically to visits to old, sick people, not only in the hospital but also at home... So we always talk with these grandfathers and grandmothers... about their needs and desires... What is the most difficult for them is... loneliness. ... Loneliness is harder for them than illness and small pensions. (When) we go, therefore, ... when I talk (to these youngsters), I tell everyone, we cannot cure... the sick, nor can we... financially compensate (them) for their needs... But we can... let them know that they are not alone... that they are not forgotten and that they always keep in mind... when they need to, they (can) call us and we will come to them. (B-H-3)

In other words, they should be always “available to these people” and “do everything in order to be the reason for someone’s smile and better mood” (B-H-5). Keeping in mind the image of suffering humanity and their ultimately personal role when faced with the vulnerable residents of healthcare institutions, the interviewees furthermore go on to suggest to prospective spiritual caregivers how to prepare themselves to fulfil such expectations. They consider that such individuals should bring enthusiasm, love, empathy, heartiness, pride and sincerity to what they are doing (B-H-3). Also, they should know how to listen and have a deep sense of social communication, especially its non-verbal channels, in order to avoid seeming unnatural (B-H-2). Above all, they need to invest in their own spiritual development and empowerment as a basic energy (re)source,

without which it would not be possible to display the above qualities (B-H-4). Finally, they are expected to be open to new experiences and ready for the deep learning opportunities that usually come with any sort of spiritual care in healthcare institutions.

4.1.3 Spiritual Care for Personal Growth and Development

In psychology, *learning* is usually understood as any relatively stable change in human thinking, emotional reactions and behaviour resulting from some sort of everyday experience (Atkinson et al., 1993). In general, healthcare settings provide ample social encounters and experiences with enormous capacity to change human beings for the rest of their lives. As reported by the interviewees, this potential stems from various realities related to this environment. They find themselves in completely new situations, for which they were usually not prepared, thus often becoming overwhelmed by uncertainty and stress. In addition, they very soon realise that in such circumstances, as one of them put it bluntly, there is not much space for preparedness in general (B-H-4) and that rather unpredictability is the rule. When faced with stressful situations people, first and foremost, tend to combat them by adapting and applying different coping strategies. This in itself might represent a constructive personal change. There is little alternative, given that resisting adaptation to new circumstances may gradually lead to emotional over-identification with patients and self-destruction, characterised by a sense of lack of control over the situation, loss of self-confidence, frustration, learnt helplessness, job dissatisfaction or burnout (Bishop, 1993).

Well, it wasn't easy at the beginning and maybe it's never easy, because every case is new and different. Every case shakes me emotionally and psychologically in a different way. I try somehow not to pass it on to my family, to my daughter... It's hours of conversation... Put up with it all... It was really difficult for me from the beginning because... we didn't acquire any kind of resistance to it, nor did anyone prepare us for it... No one could even tell me that it was waiting for me... Simply, you can't even afford to say no, I can't help you, I don't want to help you because you're simply not that kind of person, you weren't raised that way, you weren't educated that way... (It caused me)... stress, and of course a lack of self-confidence, considering that... some of these people are old enough to be my grandmothers or mothers and I had to give them words of consolation... So at the beginning I was unconvincing to myself and it seemed like everything was learned by heart. Whereas now the situation is different and it's... a lot easier as the years go by... (B-H-2)

As illustrated above, when meeting patients waiting on the wards for demanding medical check-ups and operations, the interviewees often begin by deeply identifying and becoming emotionally involved in patients' conditions. However, with the passage of time they begin to look at it professionally, just like other healthcare workers. They try not to allow these scenes to overburden them and impair their functions as individuals, family members and professionals (B-H-4). In their view,

“we remember everything, but we mustn’t allow that to block us” and “I am learning exactly this...” (B-H-4).

Moreover, according to numerous testimonies, in healthcare settings Muslim religious professionals who attend to patient needs frequently experience extraordinarily touching scenes and situations, provoking complex inner feelings and the noblest human qualities. In this respect, all the interviewees confidently attest that this experience definitely ennobled them as people in many intertwined ways: psychologically, socially and spiritually. As one of them put it, “I’m different now... I can relate (more easily) to the experience of patients... I always approach it religiously... Then a person is in different states of faith. Somehow, I feel that when I am in a better state of faith, I can offer more support. So, when a person is more mature, then their faith is also more mature.” (B-H-2) The same interviewee also claims that they have more self-confidence, the feeling of being a more useful and important member of the community and society. Imams’ visits to hospitals, furthermore, have the capacity to change the entire community for better, strengthening social cohesion among people and initiating new similar projects. According to one imam, these monthly visits very often start as the individual lonely project of an imam, but later on become a well-known activity, highly appreciated by other imams in the municipality, congregation members, patients’ family, relatives and friends. In the manner of a snow-ball effect, colleague imams and congregation members join these visits, while the family and relatives make phone calls to express their appreciation and gratitude. Especially noteworthy is how this imam views the engagement and participation of the IC Youth Network during visits. He considers the youngsters usually cheer up the elderly with their youthful freshness. On the contrary, in an age of technological enslavement of human soul and an ethics crisis, these visits give them an opportunity to learn more about empathy. Having persuasively elaborated on how group hospital visits enrich him and his group of visitors, the imam goes on to conclude, summarising the benefits of these visits: “When we finish (with the visit), when we all have that kind of positive feeling that we did something good, that we were of service to someone, that someone was happy for us, that we visited 60 people, that we approached them... (And) especially the youth likes to be praised (by the elderly for their presence) ... So... usually when we go out, we’re full of that energy, we’re full of vigour... That’s what I said, it never exhausts anyone, because no matter how much you spend, *you get much more from these people. You get much more energy from them*, no matter how much it is used up... It is probable... that a man while he is... (there)..., while he is visiting (them)..., he is in God’s grace... Probably all this elevates a person and affects him.” (B-H-3)

The practice of spiritual service in the health sector indeed represents a remarkable opportunity for learning in its broadest sense, including personal growth, informal education and professional development. According to the interviewees, this opportunity is too precious and essential to the future of Muslim practical theology for it to be wasted for any reason. This standpoint is probably best illustrated by the following statement: “I can only perhaps say from my own perspective of someone who was deprived of... confronting all these institutions in the field... If we are educated to be religious officials, we inevitably have to cooperate with (them) at some point...

It is not a matter of choice, it is a matter of obligation... Whoever is not ready for that, should not be educated to be a religious official at all or even a religious educator.” (B-H-2)

Indeed, the interviewed imam considers that now is a prime time for the IC to invest in the adequate preparation of its human resources, specifically imams, for field work and engagement in public institutions. He invites such action from the IC: “We all know that people are the main resource and we are often told to leave (investing in infrastructure, but to) invest in people... Far from that we don’t need the IC... to be more independent in a financial sense, to be more stable and stronger, that we don’t need kindergartens, homes... We have gone so far in that direction that we have just forgotten the main resource, which is the human resource, which is the imams (B-H-3)”.

The interviewees also suggest what sort of education might assist future Muslim theologians and professionals to be more prepared for providing spiritual support in healthcare settings. While some of them are satisfied with the practical knowledge and skills they acquired when studying at the local institutions of theological higher learning, others advocate for more *concretisation*, instead of abstract theory in theological education (B-H-4). This could be in the form of more field visits to relevant public institutions as a practical component within specific study courses (B-H-2). They consider these visits could include, for instance, homes for children without parental care, associations caring for the people with developmental disabilities or patients in hospitals (B-H-2). Importantly, healthcare settings provide prospective spiritual caregivers with enriching learning opportunities by exposing them to spaces with new realities and norms that dislocate them from their original psychosocial *comfort zone* in true sense of the term. We will turn to this point in the next section.

4.1.4 Health Settings as a Space of a Contrasting Normativities

As noted during the interviews, once inside public healthcare settings, religious officials who provide support and consolation to the residents are faced with new rules, procedures and behaviour, different to those in their everyday life and work environment. The next example describes such an experience:

Yesterday, I had a situation where I came to a large old people’s home. There is a yard in front. The nurse there does certain exercises with the mobile residents. Others walk there with their walkers... I mean to say... I get out of the car, from a world of my own, suddenly you face a world that is not yours. Which is not your everyday life... It affects all people who encounter such situations every day... (B-H-4)

Public institutions are not primarily a religious space (B-H-4) regulated by religious norms; rather, they are secular premises, where a different worldview frame of reference applies. Even in a situation where a nursing home for the elderly is founded and run by the IC, its management needs

to follow the secular principle of neutrality, respecting the rights of non-religious residents or those who identify with other religious traditions (B-H-5). Sometimes, medical staff and head nurses are especially keen not to allow any sort of religious interference (B-H-2). Furthermore, *outside* health care premises meeting healthy individuals is the norm, while *inside* such settings it is the presence of disease, some sort of loss, handicap or trauma, or even death. Accordingly, maintaining a respectful distance is the principle of social interaction in the former circumstances, while in the latter, it can be tempting endeavour to establish a healing psychosocial closeness with residents in need. Additionally, unlike in the outside world and other work settings, house rules in hospitals are very strict regarding the professional conduct of staff when it comes to physical appearance and hygiene. For both general staff and spiritual care providers, such demands became extreme during the COVID epidemic in 2020/21, when new hygienic rules applied (B-H-4). At that time, contrary to their primary religious institutions and premises where they usually met individuals belonging to their own religious group, interactions with members of other religious communities became more rule than the exception. Finally, as attested to in the next quotation, healthcare settings are a space within which theological norms and scientific medical practice are very often juxtaposed. Such situations usually occur in conjunction with medical issues or in relation to dying and call for theological consideration, an ethical standpoint or legal ruling. In addition to organ donation and medically assisted fertilisation, Muslim theologians are also faced with questions concerning the proper ways of Islamic burials (B-H-2).

The patient was clinically dead. He was very young. They invited me to a meeting as a religious officer, a Catholic priest because the patient was Catholic... There was his wife... two young sons, a clinical psychologist, doctors, anaesthesiologists... He told his wife that when he died, he would give his organs as a donor. And now on one side is his wife and son, who say they want his will to be carried out. And there is a team prepared that will do... the autopsy... dissection. And now we are waiting for a decision. And we all have our say. The position of the Catholic Church is that it can be done. That a person if he wants... to be so humane... (to show) so much love... (to) prolong the life of others... We expressed the opinion of the Church, but I said to the wife that her husband did not officialise his decision, nor is there an institution in Bosnia at that moment that does that. He doesn't have a donor card... And I said, he still has parents, call his parents and tell them all that. We called the local priest to go to his parents, talk to them. They said there was no question of that. And they did not decide. So that is one of the situations. Of course, when discussing the issue of medically assisted fertilisation, the issue of abortion, the issue of moments around abortion... (B-H-4)

Given the above, healthcare settings could indeed be understood as a space of new, challenging normativities for religious officials responding to the needs of patients, where novel circumstances very often demand creative answers and solutions from spiritual caregivers. Where interviewees seek support depends on the nature of what they encounter. When these are emotionally

draining events, under psychological pressure, very often they will turn to their spouses for backing. However, when faced with purely religious issues which require a valid and authentic theological standpoint, they ask the opinion of the relevant religious authorities, of their colleagues at Faculties of Theology (B-H-4), of the Chief Imam at the local municipality (B-H-5), or of the spouse fulfilling a relevant role in the IC (B-H-2). They also often rely on the help of hospital medical or spiritual caregivers from other religious communities, thus turning a healthcare setting into a space of prospective interprofessional and interreligious encounter (B-H-2).

4.1.5 Spiritual Care in the Service of Interprofessional and Interreligious Encounters

In new settings and circumstances, practitioners of spiritual care are usually directed to cooperate with all individuals who can instruct them about the required rules of conduct, knowledge and skills. This includes medical staff or colleagues from other religious communities. Imposing any sort of ethno-religious segregation among the practitioners and patients from different religious traditions on healthcare premises, furthermore, is hardly possible. Probably for these reasons, health institutions are premises where an intensive level of interprofessional and interreligious interaction occurs. As such, they offer a valuable chance for a prospective dialogue, coexistence and cooperation between individuals belonging to different ethno-religious groups in the Bosnian society, still burdened by the memories of recent war and ongoing political cleavages. This encounter takes place in a psychosocial atmosphere governed by the image of universal human vulnerability and suffering, bringing together people of all ethnicities and religions into a single community united by a feeling of common destiny. Finally, practicing spiritual care in health institutions provides a precious space for constructive and mutually enriching meetings and exchanges between science and religion, the world of scientific realities and the world of metaphysical horizons and spiritual inspiration. Testimony to this effect can be seen in the experience shared below by one of the interviewees.

At all clinics I established extremely good relations with all staff... It starts with a housekeeper..., then the nurse, then the head nurse, then a doctor is introduced... We sit for a while to talk, and that's where relations are established... I notice how many doctors of the highest rank... want to go down to that sphere of spirituality and want to talk... Even though I am a Catholic priest, there are mostly Muslims, and those practical believers, Muslim doctors, respect me so much, accept me, help me, talk about professional, some everyday, human (dilemmas). But for that time is needed, because presence is needed. I have examples where I visit a patient who is a heavy alcoholic... The Muslim doctor asks me... how do you (in Catholicism) interpret this? Then I start to tell him that we Christians have the so-called "seven deadly sins"... Here, then, I am talking about arrogance, avarice, fornication, addiction, intemperance in eating and drinking, anger and laziness... Then I sit down with that doctor, talk, deepen certain topics and, most importantly, deepen the relationship... Specifically, one time I came to him for a woman who fell from a tram (and got) a hematoma on her head... He sits me down

(in front of) a big monitor, explaining to me the grandmother's hematoma... the operation...(Then) he takes me to that woman and says: "Grandma, our priest has come here, he's going to talk to you here, here you can pray to God". It is also important to note that I established such contact with the intensive care staff... When the patient comes... and when they officially talk to his companion, family,... they... discreetly say we have "our" hospital priest here, and if you are practical believers,... we will invite him to come... That has such a positive effect on those people who come from the provinces, as they have prejudices against Sarajevo... In fact, what bothers me the most in this relationship is that when I get there, the nurse tells...other colleagues in the intensive care unit or the clinic... here is "our" priest.... I would be happy if all of us in these institutions build such a trust and relationship where the people (would) call a Catholic or Orthodox priest and (Muslim) effendi in this way. I'm proud of that. Indeed. So when one... Muslim... tells this to others and other patients can hear... Because the patients in all three rooms over there hear when the nurse says "our" priest has come... Then (an official who) doesn't know me (often asks) are you "our" priest? At "our" clinic? (B-H-4)

Interaction between religious officials and medical staff takes place on different levels and in various contexts. Whether we are talking about the on-call individual visits of a female Muslim religious teacher to the health centres (B-H-2) or the monthly group visits of imams to hospitals (B-H-3) or the continuous presence of a hospital chaplain (B-H-4), technical staff are there first to inform them about the basic rules and procedures of proper conduct in a healthcare setting. Informing a spiritual caregiver of a patient's need or request for a visit is a task usually undertaken by nurses, the head nurse or even a doctor. Any of these might also share specific medical knowledge and skills useful for the practice of the caregivers, thus supporting their professional development. As noted in the previous sections, the interviewees highly appreciate learning self-care skills from their medical colleagues, so as to protect themselves from the risks of extreme emotional identification with the suffering patients, and from stress and burnout. Having an *Eid cake* in an isolation ward during the COVID-19 pandemic might look inappropriate, strange and awkward to an outsider. But for an insider, it is a useful way to protect one's own mental health and remain emotionally stable and beneficial for the residents (B-H-4). As shown in the above example, in return the chaplain has a chance to provide a religious perspective on the issue at hand, making interactions with staff a mutually enriching exchange of expertise. According to the same interviewee, spiritual care providers gradually can firmly establish their status in the respective health setting, becoming fully integrated in the medical team, overall system and, even, hospital community. Evidently, achieving such status is a matter of various factors, including modality of employment, length of time present in the setting, personal motivation, inclinations and skills as well as being open to external support. It is noteworthy that some of the interviewees consider that it has generally been easy for them to interact and establish meaningful cooperation with medical staff who possess a more pronounced religious sensibility (B-H-2). Cases of cooperation between a female Muslim teacher and a Catholic nun serving as a nurse in the local hospital are especially interesting examples of multi-layered interprofessional encounter and exchange.

Since the 1990s and for various reasons, religion has become a particularly significant factor of social demarcation and interaction in the Bosnian society. Healthcare settings provide a space for rather intensive, multi-perspective, pluriform and multi-layered encounters with the religious Other in the secular circumstances of a public institution. The same applies for the practice of Muslim spiritual care. Such encounters may occur between religious officials attending to the needs of patients, medical staff and residents belonging to a different religious group. Furthermore, they might happen within the borders of broader areas or health centres where members of one's own religious group happen to be either in the majority or the minority in relation to other residents. That is why an encounter with the religious Other is a multi-perspective, pluriform and multi-layered experience for a spiritual care practitioner, with numerous colours and subtleties.

Encounters between the Catholic chaplain at hospitals in a major Muslim city and *imams* visiting these hospitals, for example, are rare to the extent that the former (B-H-4) stated that during his twelve years of experience as the hospital priest, he only once saw an *imam* reciting the Qur'an to a terminally ill patient. On the contrary, a female Muslim teacher (Arabic *mu'allima*) from a city on the periphery mostly inhabited by Catholics, (B-H-2) organises and carries out her visits to the health centres and hospitals in cooperation with the local nun. In addition to this, it was from the nun, during their joint visits, that she learnt some of the basic skills of non-verbal communication with patients and residents. Similarly, at the request of Christian Orthodox residents at the IC Centre for the Elderly or their families, a Muslim management officer in charge (B-H-5) often invites a local Orthodox priest, providing him with space to carry out the required religious rituals.

Interaction between IC religious officials and residents in healthcare settings is another zone of encounter. In this regard, officials are particularly careful not to infringe upon the rights of the residents, be they Muslim or not. Firstly, they are entering a public institution where a secular principle of religious neutrality is to be respected. Secondly, according to one interviewee, not all Muslim patients look favourably upon or are satisfied with the IC spiritual care practitioners visiting them (B-H-2) or with attending a religious event organised by the IC nursing home management (B-H-5). On the contrary, explicit objections from the Muslim residents and their families in such situations are highly probable. Finally, they do not want their presence or religious activities to be misunderstood as religious preaching and proselytism. For these reasons, imams and IC caregivers are especially cautious when occasionally visiting public hospitals or organizing religious events in various health care centres. One of the interviewed imams (B-H-3), out of courtesy and respect, dresses in civic attire during his monthly visits with the youth group to the regional hospital, and usually approaches each patient in the room, including Christians, offering them a small gift and words of consolation and support. In the following passage, he describes such an experience during one visit:

When the (list with) names of individuals (from my town) lying in the hospital is sent (to me), we don't care... whether he's a believer or an atheist or a Christian or a Jew. We're absolutely not interested (in this info)... I... personally during one of these tours... entered a room... It was a double room... There was an old lady inside... She was alone and I know that she was a Catholic, 100%. I saw from her attire... I entered, said hello... I'm Efendi, I'm from the IC (in our town)... (Here) we are visiting all (patients from our town). (I am here) to see you, to wish you to get well, to come back soon, to see if you need anything... Here is a gift to treat yourself a little... We talked for a while. I know – God is my witness – when I wanted to go out, she tried to get up. I told her not to strain herself... I saw that her chin was trembling and she started to cry. I came back again, put my hand on her shoulder, wished that, God willing, she would recover soon and return home. So, we are... visiting the newborns... For a couple of years, we have been trying to visit children of other religions that are born. Both Catholic and Orthodox or... Roma or any children (for this matter)... (B-H-3).

Similarly, on another occasion, representatives of the IC Department for Social Care interviewed for this research visited a public nursing home as a part of their regular visits to the place. After the Muslim residents gathered in a separate room for an Islamic ceremony of collective *dhikr* (i.e. remembrance of God) with the guests, a Christian lady approached them, insisting on attending the event as well. She was reminded of the nature of the event but was eventually allowed in to attend, after she willingly decided to do so (B-H-3).

4.1.6 Conclusion

In the light of above data and analysis, it seems that the practice of Muslim spiritual care in hospitals and healthcare settings is organised differently to how it has been practised by the Catholic Church in Bosnia. Instead of a network of (semi)permanently employed hospital chaplains, it rather undertakes diffused and independent activities carried out by various individuals and IC departments, as part of their primary responsibilities in the IC. Similarly, unlike the Catholic interviewee, they are reluctant to define themselves as spiritual caregivers, but rather reference their primary jobs when accounting for their role attending to the needs of patients.

Everyday situations in healthcare settings, however, are often difficult and dramatic, heavily loaded with an enormous potential for perspective change, re-humanisation and meaning-making for all parties involved: patients, spiritual care providers and other staff. Accordingly, all the interviewees feel such encounters remind them of inherent human weakness and vulnerability, reporting being touched by the bare truth of common human reality presented when patients are faced with uncertainty, loneliness, suffering, weakness, powerlessness and, often, their own eventual demise. Such feelings make an image of suffering humanity the primary principle of social categorisation, identity and spiritual support, relativising other markers of human identification. Paradoxically, the very same experience also helped the Muslim interviewees to reinterpret their

ultimate role in healthcare facilities, redefining it as a typical spiritual caregiver, expected to be there for the sick, offering them emphatic closeness, understanding, trust and sense of security.

Healthcare settings, furthermore, provide ample social encounters and experiences with significant capacity to change human beings for the rest of their lives. For the same reason, the practice of spiritual service in the health sector represents a precious opportunity for learning in its broadest sense, including personal growth, informal education and professional development. According to the interviewees, individuals willing to set off on this journey need to be open to new experiences, show love and empathy for others, be enthusiastic, proud and sincere in their work, have a deep sense of social communication, and, above all, be ready to invest in their own spiritual development and empowerment. To this end, educational institutions responsible for preparing theologians for religious work in healthcare settings are advised to offer their students more life lessons and opportunities for field work.

As the interviewed individuals reported, the healthcare institutions represent in many ways a space of new and contrasting normativities. In this space, they are faced with all sorts of new rules and procedures to be followed in a public secular space, very different from the religious norms of their primary work environment. Inside health care facilities, the presence of disease, loss, trauma or even death is not exceptional, but the rule and a continuous reality. Interactions with members of other religious communities are much more frequent. Finally, their theological views and statements are not taken for granted, but contrasted with powerful medical science. In their search for the most appropriate solutions to such situations, the interviewees usually call on their own creativity, as well as referring to individuals familiar with the required rules of conduct, knowledge and skills, which can include medical staff or colleagues from other religious communities. Similarly, separating the practitioners and patients from different ethno-religious groups on healthcare premises is hardly possible. For these two reasons, health institutions are a setting which offers an intensive level of interprofessional and interreligious interaction. On a broader scale, such settings offer a valuable chance for prospective dialogue, coexistence and cooperation between individuals belonging to different ethno-religious groups in Bosnian society. The latest prospects should be especially appreciated given this encounter takes place in a psychosocial atmosphere saturated by a sense of universal human vulnerability and suffering that has capacity to bring together people of all ethnicities and religions into one community united in the feeling of common destiny. In similar fashion, the practice of spiritual care in health institutions provides a precious space for a mutually enriching exchange between science and religion, the world of scientific realities and the world of metaphysical horizons and spiritual inspiration.

4.2. Spiritual Care in Healthcare Facilities in Switzerland

4.2.1 Educational Background, Motivation and Models of Muslim Hospital Chaplaincy

Healthcare regulations in Switzerland are largely the responsibility of the cantons (BV, 1999, art. 118). The legal situations across cantons differ, with consequences for the respective hospital chaplaincy regulations. Half of all cantons recognise a legal guarantee of spiritual care as a patient's individual right. In three other cantons, spiritual care is a mandatory service provided by hospitals. In a further three cantons, the regulations are based on the public churches, which are directly or indirectly mentioned as the exclusive providers of spiritual care. Seven cantons have no explicit regulations on spiritual care in hospitals. (Kissling, 2008, 14–22). These differences appeared implicitly in the interviews undertaken with five chaplains working in different cantons. The two men and three women practise Muslim spiritual care in university hospitals and large regional hospitals in various cantons and language regions and according to different models: a) as part of a volunteer group on call, b) as part of a volunteer group, with fixed attendance times; c) permanent employment by a Muslim spiritual care organisation with fixed attendance times and a small workload, d) permanent employment by the healthcare institution, with a small workload; on call. The hospital websites clearly list some members of the chaplaincy teams by name. Others are indirectly listed as part of the Muslim Visitors Service or the Muslim Chaplaincy Organisation, which acts as a partner of a hospital. There are also interviewees who are not listed and where there is no reference to any Muslim spiritual care services on the relevant hospital website. The period over which the interviewees have been active as spiritual caregivers varies between seven and twenty years. They have theological and religious practice as well as pedagogical training in various countries as well as spiritual care-specific continuing education in Switzerland or abroad. They are multilingual and have diverse migration biographies. One person also has nursing training and is working in that field. Two interviewees are imams with university degrees in Islamic theology. The other chaplains have different degrees and subsequent training in Islamic theology, religious practice, patient care and emergencies (e.g., end-of-life-care, "Closeness and distance" topic, Deployment and use of a defibrillator).

In addition to basic training, all the interviewees have further qualifications and practical experience in religious education, social pedagogy, didactics, mediation, funeral practices such as the washing of corpses, spiritual care, adult education, as well as interreligious and interprofessional work. Most of them have also completed specialised training in spiritual care within public institutions. Such courses are offered by various universities as a 'Certificate of Advanced Studies' (CAS). CAS courses are part-time continuing education programmes at universities that focus on a specialised area. In Switzerland, the majority of practising Muslim chaplains, including some of those interviewed for this study, have completed the "Muslim Chaplaincy in Public Institutions" CAS course offered by SZIG, which is now considered standard. The course lasts one year, comprises 15 ECTS credits, and concludes with a recognised University certificate. Others completed

a continuing education course offered by SZIG in collaboration with the Swiss Muslim spiritual care organisation QuaMS. One interviewee had obtained a CAS in ‘Muslim hospital chaplaincy’ from a foreign university, while another stated that they had spent three years undertaking practical chaplaincy training in a church environment, in addition to completing further training offered by the hospital. All the chaplains interviewed mentioned that they would like (CH-H-4), demand and consider necessary (CH-H-1; CH-H-2; CH-H-3; CH-H-5) further continuous education, specialisation and other opportunities.

In addition to their hospital work, several of the chaplains interviewed have gathered extensive practical experience in other institutional settings, such as asylum centres, prisons, or elementary schools. They also bring many years of intercultural and interreligious engagement, acquired through professional practice, voluntary work, or their personal backgrounds. This breadth of training, experience, and skills provides valuable resources for offering tailored spiritual care to Muslim patients, who themselves represent a highly diverse group.

Holding the office of an imam with a congregation, alongside fulfilling spiritual care responsibilities in the hospital, entails particular challenges but also distinctive opportunities. The commitment to the members of the congregation comes with responsibility and expectations. Receiving a visit from (one’s own) imam in hospital can cause great joy and be seen as a privilege and honour for some, but it can also cause anxiety, because a serious diagnosis or imminent death is suspected. (CH-H-1; CH-H-3). Two of the imams interviewed therefore emphasise that it is important to distinguish between “imam” and “chaplain”. They prefer to be announced and labelled as “*Seelsorger*” (in German, *chaplain*) in the hospital context and also refer to themselves as such, even if it should be noted that many Muslim patients do not recognise the term “*Seelsorge*” (in German, *chaplaincy*) (CH-H-1; CH-H-3). Some chaplains and Muslim communities have therefore produced their own brochures to inform patients about the range of Muslim spiritual care services.

One interviewee, a trained religious educator (Arabic *mu’allima*) (CH-H-4), who also happens to be the wife of an imam, sees herself as having a particular responsibility towards female community members. Shaped by shared experiences of flight and migration, she is regarded within her generation and ethnic group as a key contact for women in hospital and their relatives. Unlike a full-time imam, she combines her professional occupation with voluntary community engagement, supporting women affected by isolation, dependency, or language barriers. The interview with her revealed that these multiple roles elicit both recognition and heavy expectations: her caring attitude, interreligious and linguistic competence, and position as the imam’s wife have led to frequent requests for spiritual care – often exceeding what her professional commitments allow.

Spiritual convictions seem to play a central role for all spiritual caregivers: they are concerned with passing on the essential messages of their faith, bearing witness to them through their actions and creating meaning and orientation in the process. The idea that caring for the needy is a religious obligation plays a significant role (CH-H-4), as does the desire to make oneself useful

(CH-H-2). This is expressed as a nuanced view: “Spiritual care is not only a service of worship (*‘ibāda*) and the fulfilment of a religious duty, but also as a source of personal strength, energy and joy in life.” (CH-H-3) In the course of their work, many recognise that their commitment both benefits the community and contributes to their own enrichment – spiritual care proves to be a service to others and a source of deep satisfaction and meaning at the same time.

The chaplains interviewed found their path to chaplaincy in various ways. For the first generation of Muslim immigrants (four out of five interviewees), it was specific requests from hospitals, coupled with an obvious need among patients, that led to their initial hospital assignments. (CH-H-1; CH-H-3; CH-H-4; CH-H-5). At the beginning of their deployment, there was no professionalised Muslim chaplaincy. For one person (of the second generation), it was a conscious professional decision following a career break related to family circumstances. Her chaplaincy career in a professional setting started two years ago. When asked about her motivation, the chaplain replied that in spiritual care she was able to combine her existing skills, for example from pedagogy, with a deep spiritual identity and that spiritual care was a meaningful field of work for her (CH-H-2). All of the chaplains interviewed express, in one way or another, that they see their commitment to everyday hospital life as a service ‘in the name of God’ for which they rely less on social recognition or material rewards, and more on divine rewards and their own inner conviction (CH-H-4). Although material aspects are often secondary for them, they nevertheless emphasise the importance of appreciation and respect, particularly from institutions (CH-H-2; CH-H-3; CH-H-4) and from the Muslim community (CH-H-5). Their work (as female chaplains) may often remain invisible and little discussed, leading to a lack of social and community recognition (CH-H-2; CH-H-5). At the same time, there is growing concern that fewer people, especially young people, are volunteering as non-religious motives increasingly determine social action (CH-H-4). Despite progress in terms of pay and professionalisation, one interviewee expressed that (as a female Muslim) chaplain she feels less recognised compared to what she sees from Christian colleagues. This is why improvements, such as higher salaries and better development opportunities, are seen as necessary (CH-H-2).

One female chaplain explained that, in her opinion, there is a lack of appreciation from her own community, citing gender-specific reasons. On the other hand, the state and society recognise their work as a valued form of “social work”. She emphasises that envy, invisibility and gender-specific role expectations play a major role in the lack of recognition: voluntary services are mostly provided by women, who actually deserve double recognition, both from the community and from society. Men, on the other hand, sometimes take these services performed by women for granted. Women in particular have to reconcile their religious principles with the demands of society, for example when it comes to wearing a headscarf or adhering to certain principles (i.e., having the husband’s consent for the woman to work). Ultimately, the motivation for spiritual care is rooted in compassion and the desire to do good to others and oneself. This chaplain emphasises that it is often the people she supports who give her positive experiences and recognition in return (CH-H-5).

4.2.2 Not a Job Like Any Other

The interviewed chaplains see their role as that of an empathic listener who has time and is open to the concerns of those seeking care. They consider themselves as counsellors, supporters, listeners and comforters, primarily for patients, secondarily for relatives, and in individual cases, for nursing and medical staff. One interviewee expresses their aim in a very general way: “When I leave the patient’s room, I want the encounter to have brought the patient a feeling of relief, strength and clarification, whether through attentive listening, words of hope, or the fulfilment of specific wishes.” (CH-H-3) In one way or another, all interviewees implicitly or explicitly expressed that they were concerned with supporting people in difficult situations and giving them the feeling that they were not alone.

The chaplains also take on other tasks. For example, they translate linguistically and/ or culturally, if necessary and possible, and become a kind of link or hinge between the medical care team and patients. One example of this is the way in which treatment discontinuation is communicated. Several spiritual caregivers (CH-H-1, CH-H-2; CH-H-3) report that the direct method often used in hospitals to inform patients of treatment discontinuation is inappropriate for Muslim patients. They state that, as chaplains, they use a more indirect and gentle form of communication.

Several interviewees reported situations in which they were assigned the role of coordinator or mediator, becoming responsible for managing various demands, needs, and wishes between the institution, individuals, and groups (CH-H-1; CH-H-3; CH-H-5). One interviewee described a particularly complex case, summarised below. In many respects, it hints at what Newitt (2016) discusses in an article, where he argues that chaplaincy, particularly in supporting bereaved parents, should be informed by virtue ethics rather than principle-based approaches, given the moral complexity of such situations. It proposes “engendering an encounter with hope” as a regulative ideal to guide chaplains’ ethical practice and identifies attentiveness, openness, and probity as central virtues shaping their character. One interviewee reflected critically on her role and the attitude with which she approached her tasks as a chaplain:

I strive to be fully present with patients and their families, never watching the clock. Visits can last minutes or hours – as with a recent intense family crisis where I stayed from noon to late night. I commit completely when given the space to do so. I accompanied that family of a teenage boy seriously injured in a car accident. The situation was complex: his prognosis was poor, his mother gave birth while losing him, and they lived across the border. Managing 50 visitors, coordinating with doctors, handling decisions about organ donation and autopsy, supporting adolescents, and respecting different cultural and religious needs, such as arranging prayer spaces onsite, was demanding...Given these challenges, mentoring and team debriefings are essential for me to recognise my limits. I've learned that self-care is crucial: to give my best to others, I must also listen to my own needs, take breaks when necessary, and delegate. Knowing when to pause prevents burnout and allows me to stay effective without guilt. (CH-H-5)

The chaplain in the example is highly experienced. She describes her role, attitudes, tasks, boundaries and self-care strategies clearly and in detail. She is aware of the complexity and uniqueness of this challenging situation, and of the fact that she is caring for many different people. Various aspects of professionalism are mentioned implicitly or explicitly: availability in emergencies, adaptation to challenging situations in mental, religious, medical and ethical terms; concentration and focus; a high level of personal commitment; dealing with a wide variety of stakeholders, each of whom has their own care needs; and a self-image as a ‘facilitator’. The chaplain explains that she accepts the role assigned to her, adapting flexibly to each situation and stepping back when appropriate. In cases involving many relatives and adolescents, marked by high emotional tension and complex medical and ethical issues, she strives to provide competent and empathic support and ensures suitable spaces for prayer. Effective communication across multiple interfaces is essential, followed by a team debriefing in which emotional and factual aspects are reviewed. Self-care and the awareness of personal boundaries are integral parts of her professional practice.

In three interviews it was explicitly stated: being a hospital chaplain is “not a job like any other”. (CH-H-1; CH-H-3; CH-H-5) “It requires you to be human. Spiritual care means taking care of people’s innermost feelings. Anyone who works here without their own inner involvement is out of place.” (CH-H-1) Particularly in difficult situations such as the discontinuation of therapy or in emergencies, total presence is required – professionally, spiritually and also in terms of outward preparation, for example through appropriate clothing or ablution. Several interviewees emphasised the need to expect the worst and be prepared (CH-H-1; CH-H-3; CH-H-5). It was clear from the interviews that the spiritual caregivers experience their work as fulfilling, satisfactory and meaningful. One interviewee explicitly stated that their spiritual care work is also rewarding for them and that they themselves benefit greatly as human beings:

(When) I return from providing (spiritual care) in hospital, (I feel) physically exhausted but emotionally very strengthened. (I would even say that) I am the first to benefit and the sick person is the second. I come back humbled (from a visit)... where someone is about to die, and that someone tells you, “Don’t worry, we’re meeting with God.”... This energy I get (it carries over) into everyday life with the non-ill... Since (I’ve been practising spiritual care)... I no longer see the healthy as just members of my community, but (rather) think that any one of us could be the next to go. (CH-H-3)

The interviewee concerned states that hospital chaplaincy has made him a better person and a better imam, and that what he usually preaches or quotes as a verse from the Qur’an or from a hadith (e.g., “we all leave this world” or “show patience”) is no longer just professional habit, but is experienced profoundly and in a formative way. In this sense, he does not see his work as a chaplain as a secondary activity to being an imam but says that being a chaplain has broadened and deepened his understanding of the other role.

Muslim chaplains working in hospitals often find themselves dealing with issues related to serious illness, dying and death. Their role is closely linked to palliative care, which aims to provide holistic support for patients in such situations. The World Health Organisation considers palliative care to be an ethical obligation of health systems, which aims to alleviate physical, psychological, social and spiritual suffering and make such care accessible. It emphasises holistic care that includes cultural and spiritual needs and is understood as an integral part of healthcare (WHO, 2020). In Switzerland, the ‘Swiss Palliative Care Framework Concept’ forms the basis and is the responsibility of palliative.ch, the central organisation for the development and implementation of national guidelines (BAG, 2017). Muslim chaplains therefore have an important role to play in caring for palliative patients and the dying, as well as for their relatives. For Muslim patients, the worldview of Islam deeply shapes beliefs, coping methods, and perceptions of life-threatening illness, making it vital for non-Muslim professionals to understand the relevant aspects of Islamic theology. This includes awareness of faith-based views on suffering and death, as well as ethical considerations around symptom management (Al-Shahri, 2016; Uçak-Ekinci, 2025).

Chaplains are also in demand after the death of patients: imams who act as chaplains may be asked to help organise or even lead the funeral rites, but are not usually entrusted with the washing of corpses. However, they provide support with contacts for Islamic funeral parlours. Two of the female chaplains interviewed are trained and experienced with the ritual ablutions of deceased women. They say that they are either asked for the service directly by dying patients or their relatives (CH-H-5) or that this expectation already exists from the outset (CH-H-4). One chaplain reports that she provided care to a mother of teenage children during her palliative treatment. During this time, the mother told many stories about her children. Because of this relationship, the chaplain accompanied the young people through the funeral and mourning period. After the mother’s death, she passed on the stories she had heard to the children. In this way, she continued to act as a comforter and companion after the mother’s death (CH-H-2).

When faced with complex ethical questions, two female chaplains (CH-H-4; CH-H-5) state that they consult male colleagues, especially imams, for reasons of responsibility, feeling that they have a lack of competence in Islamic law and medical ethics. “We cannot pretend to be an imam.” (CH-H-5) The way in which the two female chaplains made these statements does not suggest that they consider the circumstances and the procedure to be problematic for them personally, however they indicate that female Muslim caregivers are confronted with power and authority issues in their practical work, which are based on a patriarchal approach that can limit the female chaplains’ representation (Isgandarova, 2022).

Despite these structural challenges, the chaplains’ broader spiritual perspective centres on universal principles of dignity and compassion. This is embodied in the shared conviction, “We are all creatures of God,” which underpins their commitment to treat every patient with respect and non-judgemental care. In the interviews, chaplains repeatedly emphasised this belief, high-

lighting the equal dignity of every person regardless of origin, lifestyle, or belief. They also recognised that all human beings are simultaneously vulnerable and capable, marked by needs as well as potential. In accompanying those who suffer or approach death, spiritual caregivers frequently confront their own vulnerability and mortality. From this viewpoint, chaplains derive a guiding principle: to meet every individual with compassion and respect, irrespective of behaviour, beliefs, or lifestyle. They support people simply as human beings, understanding such service as a good deed in God's name, independent of religious, ethnic or social background. Equally important is openness toward Muslims whose way of life may differ, without reprimand, criticism, or condemnation. As one interviewee explained, "Spiritual care is about creating closeness, not distance. We cannot know why someone lives or acts as they do; perhaps they have never before had the chance to speak confidentially with an imam or a chaplain." (CH-H-3) All chaplains consider humility towards the suffering of others to be a central basic attitude: it manifests itself in putting one's own person aside, listening and placing the suffering person at the centre. All of them express great gratitude for what they are able to see, hear and experience in their work and feel that accompanying people in difficult situations is a privilege.

All of the chaplains interviewed demonstrated a strong commitment to their work, as well as a clear awareness of self-care and professional boundaries, both of which were central to how they defined their role. They underscore the importance of acknowledging personal limits and maintaining a balance between closeness and distance. "Emotional closeness matters, but in moderation. Once the relationship turns into friendship, it ceases to be professional." (CH-H-3) To deal with the emotional stress of the profession, spiritual caregivers differentiate between institutional support services and personal strategies. Debriefings within the spiritual care team are common after difficult cases, and permanently employed spiritual caregivers can also access a psychosocial service and regular professional mentoring. They consider mentoring with Muslim mentors to be particularly valuable, as there is a shared understanding of the fundamentals. However, such self-care opportunities are rarely available to volunteers who are not fully integrated in the institution and not part of a professional team. In order to protect themselves and maintain professionalism, they seek out offers independently or adopt other self-care strategies, such as distraction through family, hobbies or breaks (CH-H-3; CH-H-4; CH-H-5). The importance of self-care for chaplains can be summarised as follows: "Only those who take good care of themselves and set boundaries in good time can be there for others in the long term." (CH-H-5)

4.2.3 Institutional Embedding: Recognition, Access, Team Building

The institutional embedding of Muslim chaplaincy in existing hospital chaplaincy is shown by the fact that all interviewees spontaneously referred to the formal framework conditions of their work. In particular, they emphasised the model, the accessibility of the spiritual care service to nursing staff and patients, their visibility (access badge with name and job title), the regularity of

their presence, their familiarity to staff and patients and their integration into the overall spiritual care team.

Patients may become aware of the Muslim chaplaincy service only by chance or may not learn about it at all, as institutional communication is often lacking or inconsistent (CH-H-1; CH-H-3; CH-H-4). Many patients do not actively seek out the service, typically because they are unaware of its existence or do not initially perceive a need for it (CH-H-1; CH-H-2; CH-H-3; CH-H-4). Muslim chaplains themselves are not always consistently provided with patient lists and are often not systematically informed about potential cases (CH-H-1; CH-H-2; CH-H-3; CH-H-4). In some institutions, chaplain involvement only occurs when complications arise, either through specific patient requests or at the initiative of hospital staff (CH-H-1; CH-H-4). Where Muslim spiritual care is more institutionalised, its provision more effectively meets the actual needs of Muslim patients:

When we started our voluntary visiting service thirteen years ago, we received patient lists from the chaplaincy. Due to data protection, we no longer get these lists and now rely on notifications from the care or nursing team. However, calls and information have decreased... While on duty, we wear badges identifying us as the Muslim Visiting Service. It's crucial that the spiritual care team raises awareness among patients about our role. Many initially decline visits but appreciate support during difficult times... Initially, everyone worked independently; now, we operate more professionally with regular training, meetings, and collaboration with the care team. Trainings are adapted for our language needs and have included topics like closeness and distance, resuscitation, and end-of-life care. However, our main challenge is reaching patients, especially as nursing staff frequently changes and doesn't always pass on information... (CH-H-4)

The introduction of the new data protection law in 2023 obviously impacted the work of these chaplains, particularly with regard to patient accessibility. They, as members of a volunteering team, would no longer receive lists of patient names. (CH-H-4). The medical staff or Christian chaplains inform their Muslim colleagues when a Muslim patient asks for them or when nurses or Christian chaplains face a situation where they think it is appropriate to have Muslim spiritual care. In this sense, they have a gatekeeper role. Also, not all Muslim patients declare their religious affiliation on admission to hospital, which further restricts accessibility, as several interviewees reported (CH-H-2; CH-H-4).

The gatekeeper role raises the question of how actively nursing staff and Christian chaplains offer or recommend Muslim chaplains to patients or their families, and whether the initiative lies with the patient or the hospital. As one interviewee emphasised, "Muslim patients have a right to spiritual care, and it is up to the hospitals to ensure access. It becomes problematic when Muslim chaplains have to do a lot of persuading, when they want to visit patients several times or are repeatedly questioned as to whether a Muslim chaplain is really wanted by a patient" (CH-H-1). Another estimated that "after seven years, around half of the of Muslim patients know about the service" (CH-H-3). Others confirmed that many do not even know what "chaplaincy" means, and

that their services are often only sought actively after they have explained them to the patients (CH-H-2; CH-H-3; CH-H-4). The chaplains interviewed consider it essential that nursing staff and Christian chaplains, who have permanent access to patients, convey the offer of Muslim spiritual care in an understandable and sensitive way. Some therefore train hospital staff on how they can present spiritual care in a needs-oriented way (CH-H-1; CH-H-3), for instance by “not just talking about ‘imam’ or ‘Muslim spiritual care’, but by asking: ‘Would you like a visit from someone who speaks your language or understands your culture?’” (CH-H-1).

It is striking that all interviewees addressed the external recognition sign on their own initiative during the interviews: “We have a badge”, was a phrase uttered by everyone. The badge identifies spiritual caregivers as belonging to the institution, gives them access to all hospital departments and is associated with privileges such as parking authorisation or discounts. It makes caregivers visible to staff and patients as professional team members and clearly distinguishes them from private visitors – this is also a form of appreciation and integration for volunteers (CH-H-3; CH-H-4). Once in contact with patients, the badge helps Muslim chaplains speak about their role and build trust, for example when “confidentiality” or “spiritual care” needs to be explained (CH-H-2; CH-H-3; CH-H-4). At the same time, chaplains seem sensitive about their visibility in order to signal neutrality and openness – for example, by wearing civilian clothing instead of a hospital gown (CH-H-2).

Regular presence and staff continuity are part of the institutional embedding of Muslim spiritual care and of a trust-building process. Permanent positions or binding deployment plans are seen as a sign of progressive institutionalisation, while volunteer teams also strive for regular assignments, for example through fixed days (CH-H-3) of the week or long-term collaboration, which creates continuity for patients and staff (CH-H-3; CH-H-4). This is particularly relevant for long-term and palliative patients who benefit from being accompanied by familiar chaplains, as relationship continuity is central to spiritual care (CH-H-2). However, volunteers with other professional obligations are less able to respond flexibly, especially in acute situations, which create a challenge (CH-H-4). The chaplains therefore emphasise the need for institutions to provide supportive framework conditions that ensure continuity and reliability (CH-H-2; CH-H-4; CH-H-5). Most interviewees have long-standing professional or voluntary experience within their communities and bring extensive expertise from Swiss and other pluralistic European contexts as well as interreligious networks. Their intercultural knowledge, language skills, and familiarity with the Swiss legal and societal framework represent valuable resources for hospital chaplaincy, where interreligious and interprofessional collaboration is often seen as a natural extension of their previous engagements.

The hospital context demands and promotes different forms of collaboration – both between professional groups and among chaplains. Depending on the institution and the level of involvement, the degree of collaboration varies and the exchange ranges from informal discussions to close cooperation, for example in complex cases with several actors involved and medical-

ethical issues. The high fluctuation rate in the healthcare sector impairs continuity: several interviewees reported that changes among nursing staff often lead to a loss of information, as the offer of Muslim spiritual care is not reliably passed on to new employees (CH-H-2; CH-H-4). However, developments in recent years show that regular and continuous presence promotes trust and team building:

A lot has changed in the past two years. Unlike before, when we were only called by nursing staff or Christian chaplains during crises or after death, we are now involved earlier and throughout the patient's care – even in minor concerns. We have grown alongside the Christian chaplains into a collaborative team. Initially, some feared we might compete with them, but now we're seen as a valuable complement. Christian chaplains now refer Muslim patients to us, and we are recognised as representatives of the hospital's entire spiritual care team... Our presence at round table and interdisciplinary meetings strengthens relationships and understanding. We offer a different perspective, bridging cultural gaps. For example, when patients enter palliative care, we help communicate difficult news more sensitively considering cultural nuances rather than delivering it bluntly... Staff now recognise us. We are greeted with a smile on the wards... We are often involved by the (Christian) hospital chaplaincy. They rely on us and see us as part of the overall chaplaincy. (CH-H-2)

Such encounters foster closer cooperation between the various chaplains, the hospital staff and within the Muslim teams themselves. Although the interviews were conducted individually, many interviewees spoke in terms of “we”, referring to their Muslim chaplaincy team or the hospital's overall chaplaincy team, with permanent staff in particular, describing a growing sense of belonging to an increasingly interreligious and interprofessional team (CH-H-2; CH-H-3; CH-H-4; CH-H-5). Muslim chaplains are aware of their multifaceted role representing Muslim spiritual care, the wider chaplaincy team, and at times, being perceived as representatives of the “Muslims of Switzerland”, with both positive and negative implications. Several noted a marked professionalisation and standardisation within Muslim teams, such as mutual feedback (CH-H-2) and clearer guidelines: “In the past, everyone did what they wanted. Today there is more professionalism and dialogue.” (CH-H-4). While Muslim chaplains primarily care for Muslim patients, the chaplaincy team as a whole serve everyone, and non-Muslim patients occasionally turn to the Muslim chaplains, whose openness and goodwill are widely appreciated. Nursing staff or members of the spiritual care team often involve them in particular cases, and collaboration increasingly takes the form of partnership: “In difficult cases, I now know that I can call someone from the spiritual care team, and we work together as equals.” (CH-H-1) Over time, this mutual trust has deepened, fostering a sense of inclusion and complementarity within the team, where differences in religious backgrounds are regarded as a shared resource rather than a source of competition. The organisation of interreligious exchange between Christian and Muslim chaplains varies by canton and institution; some meet occasionally, others have regular monthly exchanges involving joint case discussions, experience sharing, and sometimes annual training sessions (CH-H-3; CH-H-4).

Across all models, interviewees emphasised their appreciation of the experience and expertise of their Christian colleagues, valuing the opportunity to learn from diverse perspectives. In some institutions, joint meetings with other professional groups and hospital management take place several times a year on issues such as new facilities, budget, or organisational developments (CH-H-3), while regular interdisciplinary discussions with medical staff allow Muslim chaplains to contribute their expertise, for example in patient communication, which they perceive as highly valuable: “We can build bridges in round-table discussions. But we also have to set boundaries: we are not medical translators, for example!” (CH-H-2) Knowledge exchange flows in both directions; Some of the Muslim chaplains interviewed also offer training for healthcare staff in dealing with Muslim patients and jointly develop solutions for particular situations. Joint memorial services, such as those for prematurely deceased children, are likewise organised collaboratively by Christian and Muslim chaplains (CH-H-5). Overall, the interviewees described cooperation within the chaplaincy and with medical teams as highly positive. They often expressed deep respect and appreciation for the longstanding Christian hospital chaplains, whose experience and openness they regarded as essential for mutual learning and effective teamwork. The respondents noted that they particularly benefit from their colleagues’ advice, experience, and willingness to cooperate. They highlight the relationship of learning and mutual respect that supports the integration of Muslim chaplains. However, it can subtly reflect an underlying hierarchy in which institutional authority and expertise remain tied to Christian precedent. Muslim chaplains may see themselves as beneficiaries within an inherited system, suggesting asymmetric power dynamics. Thus, while the cooperation is positive, it also underlines the importance of continuing efforts toward genuine equality and shared professional recognition within an interreligious chaplaincy team.

4.2.4 Intervention and Communication: Meeting Patients’ Needs

In situations of acute family conflict within clinical settings, timely intervention and clear communication can prevent escalation and restore trust. The following case illustrates how respectful dialogue and relational mediation helped de-escalate tensions and create space for reconciliation:

A family clashed with hospital rules when the father forbade his daughter from visiting her dying mother because she married a foreigner without his permission. The father became loud and violent, prompting hospital security to intervene. I happened to be present and was asked to assess the situation. Building on the relationship I had with the family, I respectfully addressed the father as my brother, acknowledging his dignity and urging him to avoid forced removal. I invited him to step outside for coffee to calm down, allowing the daughter to visit her mother. Later, with the father’s consent, I spoke privately with the daughter, advising her to apologise and respect her father despite their differences. She did, leading to an emotional reconciliation. This intervention helped resolve the conflict peacefully, earning appreciation from the hospital. (CH-H-3)

Conflicts can also arise out of mistrust, misunderstanding or complaints between patient, family and hospital staff. Chaplains also act as a mediator and calming influence in such situations (CH-H-2; CH-H-4). However, the main focus in practicing lies “Initially...in building relationships. As a chaplain, I meet patients with an open and non-judgemental attitude. First, I listen and sense what is needed.” (CH-H-2) “I come with no baggage. I’ll go and have a look. What does the patient need? Where is he? Not where I am.” (CH-H-5)

Having, taking and giving time is of central importance. All interviewees reported spiritual care meetings that took an unexpectedly long time (CH-H-1; CH-H-3), or those in which it took several encounters before the patient was able to open up (CH-H-2), or interventions that lasted a particularly long time. The chaplains emphasise to patients that they have time, which sets them apart from the hectic hospital routine. Where there is time pressure or a time crunch, volunteers avoid assignments if possible, then try to make the visits when they are not pressed for time or announce a follow-up visit (CH-H-3; CH-H-4). For the chaplains, not being under time pressure also means not being able to see all patients at a certain point:

A Kosovar patient of advanced age met me, an imam with an Albanian name, and immediately opened up. For more than an hour and a half, he shared his life journey...working in different countries, coming to Switzerland, the war, and his losses. I listened actively and empathetically, supporting him (with words) when needed. Toward the end, he expressed regret over his lack of religious commitment and fear of abandonment, asking about his fate. I didn’t give a direct answer, saying that judgment is God’s, not mine. I encouraged hope: “God created us to show mercy, not punishment.” I urged him to reconnect through prayer in his language and assured him of my support. It’s about breaking hopelessness, as the Prophet and Qur’an teach us never to lose hope in God’s mercy. (CH-H-3)

The tasks chaplains carry out include reciting verses from the Qur’an, prayers of supplication, but above all listening, talking and providing support when patients have worries and fears. Support with everyday issues, liaising and mediating between patients, relatives and staff and coordinating with external service providers such as funeral directors are also important. Often practical or normative religious questions arise e.g. How to pray when lying down; food related questions. When it comes to ethical issues such as organ removal or the termination of treatment, expertise in Islamic law is required.

The care of palliative patients is often about more than just medical decisions: final conversations, reconciliation, spiritual support, organisational matters relating to dying, washing the corpse and burial. Here chaplains often become mediators and supporters for last wishes, at the interface between spiritual interpretations, family expectations and institutional requirements. For example, relatives often wish to only pass on sensitive information to patients to a limited extent (e.g., diagnoses and prognoses) (Uçak-Ekinci, 2025). One interviewee reported that in such cases she “knows better how such information can be conveyed in a (culturally) sensitive way”

(CH-H-2). Each of the chaplains interviewed more or less extensively reported on episodes in the palliative context. Empathy, intuition, patience, active listening, presence, creativity and improvisation are among the most important prerequisites for this work (CH-H-1; CH-H-2; CH-H-3; CH-H-4; CH-H-5). In particular, mention of various forms of intuition refers to (particularly hospital) chaplains' ability to perceive and understand patients' unspoken needs and emotional states without explicit communication (Francis et al., 2009; Newitt, 2016; Peng-Keller, 2022). The development of such qualities is a multifaceted process that occurs through experience, reflection, sharpened observation and perception, complementing formal training. These qualities and skills, which seem to be learned more effectively through experience and developing aptitudes than training, are essential for active support of patients' holistic well-being. As one interviewee (CH-H-5) puts it, "Much of this can hardly be taught through training alone." Several interviewees stated that the personality and attitude of the chaplain and their ability to apply these aspects in conversation are of crucial importance. Overall, the findings show that effective palliative spiritual care requires both theological expertise and relational competence, enabling Muslim chaplains to respond sensitively and professionally to patients' complex needs.

4.2.5 Dealing with Different Normativities

The following example illustrates the coexistence of different normative frameworks: the legal-religious classifications of Islamic tradition and the social expectations of families seeking to fulfil the personal wishes of the deceased. Chaplains are required to mediate between these normative logics, balancing adherence to religious obligations with sensitivity to familial preferences.

The family of a deceased Muslim patient requested that he be buried in a suit, as per his wishes. While this is not in line with Islamic tradition, I support finding a respectful compromise: I assess if a request is mandatory, recommended, permissible, or forbidden by Islamic law. For the rites like ablution (washing the corpse) and the funeral prayer, I make no compromise as they are obligatory. For other aspects, I consider the relatives' wishes and Islamic guidelines to find a respectful balance. My job is to support the patients and their relatives, not to burden them... The decision rests with the family, not me; my role is to explain, while the relatives bear the responsibility... Perhaps some imams would say, how can you...? But every rule has its exceptions, and I don't judge anyone... It depends on the context... The tradition of burial in shrouds should be upheld... In another case, I did not compromise: when relatives requested cremation for a deceased person from a mixed marriage, I explained that cremation is not part of a Muslim funeral and therefore not an option I can provide. (CH-H-1)

In everyday working life, it is essential to understand the institutional system, particularly when one operates in an environment whose processes and hierarchies are initially unfamiliar and where the understanding of one's own role is not self-evident. This requires openness, dialogue, and collaborative competence, as different perspectives must be heard and one-sided views are

insufficient. Every institution – whether hospital, prison, or asylum centre – has specific requirements that demand contextual understanding. Hence, knowing the hierarchies and responsibilities within the team and acting as a team player is crucial. Equally important is an awareness of the political and social environment, since spiritual care cannot be reduced to one’s religious identity; providers must know how to position themselves amid social reservations and possible prejudices, particularly toward Muslims. A solid knowledge of the legal framework – encompassing Swiss law, cantonal and communal regulations, and institutional rules – enables practitioners to act responsibly and with legal certainty (CH-H-5).

Professional spiritual care is grounded in respect for patient autonomy and a commitment to supportive, non-directive presence. Practitioners carefully distinguish their role from missionary activity or religious persuasion, honouring institutional guidelines as well as personal convictions. Two chaplains explained, for example: “I cannot and will not proselytise. It would be unthinkable to tell a sick person that they need to find their way back to God.” (CH-H-5) and “Spiritual care sees itself neither as a mission nor as instruction.” (CH-H-3) Rather than giving religious instruction, chaplains may provide information in response to specific needs or questions, always prioritising sensitivity and consent: “I see my role as providing information (e.g., in terms of Islamic burial practice) but tell the patient or family the decision and responsibility is up to them.” (CH-H-1)

When dealing with patients, the interviewees emphasise their non-judgemental attitude. Origin, religious affiliation or external characteristics should have no influence on the quality of spiritual care they provide: “I’m not allowed to show my own reservations, but I have no problem with someone being Alevi, Shiite or atheist.” (CH-H-3) One interviewee explicitly rejects the idea of anything like a “standard Muslim” and points out that they themselves deviate from such a possible norm, be it because Swiss German is their first language or because their outward appearance does not suggest Muslim affiliation (CH-H-2). At this point it can be questioned whether the idea of the (supposedly) “ideal Muslim female” also resonates behind the statement, and whether the statement made is to be understood in an emancipatory way in the context of her spiritual care work towards an “egalitarian spiritual care practice” (Isgandarova, 2022). While religious diversity among Muslim patients is noticeable in everyday life, it seems to play a subordinate role in the practice of chaplaincy and is hardly ever addressed by patients.

The findings show that Muslim spiritual care operates within complex institutional, legal and ethical frameworks while maintaining a dialogical, non-judgemental stance. By uniting professional standards with subjective religious orientation, chaplains promote an inclusive and equitable practice within diverse institutional settings.

4.2.6 Conclusion

The ongoing professionalisation process of Muslim hospital chaplaincy is reflected in the variety of training paths, many years of experience and professional development, including specialised

courses in Switzerland and internationally, in increased levels of institutional embedding, networking and (inner-religious, interreligious and interprofessional) exchange. In addition to theological and religious qualifications, the interviewees have intercultural, linguistic and pedagogical skills, which enables them to provide needs-based, diverse spiritual support. The role of imam and hospital chaplain requires sensitive differentiation, as does dealing with the particular expectations of one's own community. Male and female chaplains each bring different aspects to chaplaincy, which is why chaplains of both genders are important. At the same time, there are gender-specific challenges that need to be taken into account.

The work in Muslim hospital chaplaincy is experienced as demanding, humanly and spiritually rewarding, characterised by intensive human encounters, high emotional involvement and the need for professional demarcation and self-care. The responsibility includes a wide range of tasks from spiritual care meetings and mediation to coordination with medical staff, where the focus is on supporting those affected in difficult situations.

Institutionally, Muslim chaplains are increasingly integrated into hospital chaplaincy teams, with growing recognition and visibility, for example through access badges and regular presence. Nevertheless, there are challenges in terms of accessibility to patients, particularly due to data protection regulations and a lack of information for patients about the services on offer. The active role of nursing and Christian chaplains as mediators is key to improving accessibility for Muslim patients. The increasing integration of Muslim chaplains into interreligious and interprofessional teams contributes to professionalisation. Regular dialogue, joint further training and recognition by Christian colleagues strengthen trust and cooperation. Muslim chaplains see themselves both as representatives of their faith and as members of a broad-based chaplaincy team that includes all patients.

5. Spiritual Care in Prisons

5.1 Muslim Spiritual Care in Bosnian Prisons

5.1.1 Institutionalisation of Spiritual Care in Prisons

Just as in healthcare settings, there is no long tradition of organised accommodation for the religious needs of Muslim inmates in Bosnian penitentiaries. In addition to the general provisions of international documents and the state constitution, the presence of religion and practice of spiritual care in Bosnian prisons have been regulated by state and entity laws and prison rule books. Accordingly, the State Law on the Implementation of Criminal Sanctions (*Zakon Bosne i Hercegovine o izvršenju krivičnih sankcija*, 2016) refers to the right of inmates to fulfil their religious needs in accordance with the teachings of their respective religion (art. 58), including attending the burial of their deceased (art. 95) and observing the prescribed diet (art. 74). The law stipulates that, on the other side, the prison administration is responsible for providing the preconditions for the religious needs of the imprisoned to be fulfilled (art. 58), as well as for timely and proper

notification about their religious rights and providing suitable conditions for their practice (art. 62). The entity laws on the implementation of criminal sanctions (Zakon o izvršenju krivičnih sankcija u FBiH, 2024; Zakon o izvršenju krivičnih i prekršajnih sankcija u RS, 2023) respectively confirm these provisions, explicitly demanding their undiscriminating implementation (art. 3 and 11).

In accordance with the above stipulations, prison regulations in Bosnian correctional institutions usually require that the procedure of menu selection takes into consideration prisoners' cultural and religious demands (Pravilnik o kućnom redu u RS-u, 2020, art. 4; Pravilnik o kućnom redu KPZ Sarajevo, 2024, art. 21). They also allow inmates to fulfil their religious and spiritual needs individually or as part of a larger congregation in the prison, to use relevant religious literature, and to attend religious rituals and events (2020, art. 28, 29; 2024, art. 45). Similarly, a space for religious purposes (2020, art. 29) or a separate room for each religious community should be provided by the institution (2024, art. 46). Rulebooks stipulate that the prison administration will provide for regular visits from qualified religious professionals where there is a sufficient number of believers (2024, art. 47). Importantly, the current entity laws do not provide for the post of chaplain or spiritual caregiver as part of the prison treatment team (Zakon o izvršenju krivičnih sankcija u FBiH, 2024, art. 125; Zakon o izvršenju krivičnih i prekršajnih sankcija u RS, 2023 art. 25).

The Islamic Community in Bosnia and Herzegovina (IC), along with other religious communities in the country, has used these legal provisions to accommodate the religious needs of Muslim prisoners and to provide them with adequate religious support and spiritual counsel. According to some (Smajić & Baturić, 2020), these activities in the IC have been particularly intensified by the adoption of the Law on Freedom of Religion (2004). From then onwards, administration of different *Majlises* (i.e., a local organisation unit in the IC, consisting of a minimum of seven Muslim congregations), in cooperation with the prison administration, arranged for visits of its representatives to Muslim inmates.

Currently, a number of imams and female religious teachers provide religious service and counselling to the inmates in Bosnian prisons as a part of their regular work obligations. Their activities in detention centres are usually followed up by the respective *Majlises* which employ them. For imams, their visits often include leading weekly *Jum'ah* sermons, *Tarāwīḥ* prayers during the month of Ramadan, annual Eid sermons and individual consultations on these occasions upon the request of an inmate. On the other side, female educators conduct a regular weekly meeting with the detainees, during which they organise presentations, workshops, lessons of Arabic script or have a collective prayer. Because of this workload, they (B-P-3; B-H-5) usually refer to themselves as *khaṭībs* (in *English*, one who delivers sermons) or educators (B-P-3) in prisons and not specifically as spiritual caregivers.

For the purposes of this research, the interviews included three imams and one female educator who visits Muslim detainees. For the sake of comparative analysis, an interview with a Catholic priest in a prison has been conducted as well. The interviewees' experience in visiting the

prisons and providing some sort of religious guidance to their inmates varies from two to eighteen years, while their formal education is related to theology, religious education and positive law. They also have a rich experience in working with people outside the penitentiary. None of them possess a certificate in spiritual care. However, once asked by their religious authorities to start working in the detention centres, they voluntarily accepted this opportunity out of curiosity, passion, mission, a love of working with people and trying new things, and to bring God's mercy, consolation, hope and faith to the detainees.

5.1.2 Meeting with Prison Inmates as a Way to Reconnect with Our True Selves

Human self-image and images of others have many dimensions and develop in a complex interplay of personal and social factors. How these mental pictures are developed and triggered in everyday life, influencing our thoughts, emotions and behaviours is one of the most interesting topics in psychology (Berk, 1998). The interaction of spiritual caregivers with prison inmates is in many ways an emotional background against which they explore their images of social others. In a similar fashion, it offers an opportunity to reconnect themselves with their own self-images in a continual process of reconsidering and reshaping all the complexities related to the development and psychosocial power of these inner pictures. This is well-illustrated in the following example, shared by one of the interviewees:

Throughout my high school,... madrasa,... I was separated from my parents... I remember that I needed psychological (support) from someone to lift me up a bit..., because... I didn't know anyone... I already received several bad marks in school... I was psychologically down... I didn't leave the apartment... My only thoughts were to leave school, to return to my parents... (Here) I have to mention one person... (who) was in the 2nd, while I was in 1st grade. He gave me that psychological support... and said... I'll help you get through it... If it wasn't for him,... his psychological methods to raise me up,... I would have left the madrasa... (For me, it)... was like, those people are imprisoned... (and) closed up there. They need psychological support, so that they don't commit suicide, create worse problems... It was not an option for me now... to go up there to... teach them the Islamic rules... and five daily prayers. No, first and foremost it was the psychological support..., because I went through that... It always boils down to that psychological support to encourage them... When I found out... there is such an institution in (the city of my new employment),... I said to myself...: "Those people, whoever they are, they are God's creatures. They did what they did. They ended up where they ended up. It is not for us to judge... It is up to us to try to contribute in our own way to those people who are imprisoned in those institutions.... If it was necessary for me, who... was in education,... if I needed... someone to lift me up, what then would they need"... So for me it was (important)... to primarily raise them psychologically, and at the same time myself. Because I came to that (new) climate (for me) where the majority population (belong to another religion)... I knew that I would have enormous challenges

where I could fall and I asked myself who would lift me up psychologically? That's (when) I told myself I will help them and... I will also lift myself through it psychologically. (B-P-2)

During their visits to the penitentiary inmates, the interviewees often learn *how* and *why* they came to be sentenced in the first place to such an extreme form of social isolation. Such information reveals to them all the perplexities of human life, nature and destiny, urging them to carefully reconsider, and possibly redefine, their overall image of humans. Encountering detainees, for instance, who “do not look like ordinary criminals”, and who coincidentally claim they have been sentenced for the crimes of others, teaches them that unpredictable twists in life are indeed possible and that “the line between freedom and prison is very thin” (B-P-3). Instead of jumping to fast conclusions and judgements, active listening to prison inmates is often one of the first lessons they start to appreciate in incarceration institutions (B-P-1; B-P-2; B-P-3; B-P-4). In turn, by witnessing such life destinies, the interviewees usually recognise some general characteristics and tendencies among the imprisoned individuals. They also come to understand how *God's creatures* are fragile, weak, fallible, and prone to mistakes, but are also in need of non-judgemental support on their path to spiritual and psychosocial rehabilitation. As one interviewee puts it, “I see a needy... *fallible person*, and that is the most important for me... Therefore, I don't point the finger and say you are good-for-nothing, no hope for you, you wasted your life... No, we are looking at a person that *needs to witness a sort of renewal*” (B-P-1). In a similar manner, the female interviewee states ultimately “they are just *ordinary women*” (B-P-4). This human image is clearly recognizable and present in the perception of all interviewees, ultimately guiding their overall practice and interaction with the prison inmates.

With such an image of the detainees, the interviewees, however, often go on to face and re-examine themselves in many ways. Their own tests and moments of the fallibility in the past, support of others in these situations, their spiritual selves, strength and well-being, own stereotypes and prejudices about the prisoners, fears, competences and self-esteem in counselling them, their own, and social, expectations in fulfilling their prison work responsibilities, are only some of the issues that arise in the process of self-exploration and analysis (B-P-1; B-P-2; B-P-3; B-P-5). In this sense, encounters with prison inmates offer them a significant opportunity for self-deliberation and empowerment in various dimensions of human existence. As one of the caregivers rightly observed, “it was an opportunity for me... to somehow enter a different environment to see how I fit in, if I could contribute there” as “I already had some experience in other fields and I was able to see how it all works” (B-P-4).

According to the above (B-P-2) and similar statements from the interviewees, considering one's own challenges in the past is helpful for understanding prisoners' inner states and needs as well as one's own role in supporting them. Similarly, they admit a tendency to initially approach detainees with a degree of apprehension, only to discover when they open up just how fragile (B-P-1), insecure in themselves, open for change, loyal and caring about others (B-P-3) they might be. Sometimes, out of worry, these fears are added to by the caregivers' families. Additionally, “Do

you need security service?” (B-P-3) is a question very often asked by the guards in the beginning, which has a similar impact. However, the success of the chaplains in handling their own fears and in meeting the prisoners without the presence of guards, for instance, is often quickly noticed and appreciated by the inmates directly. “Congratulations... You are not like the previous *efendi*... who was always coming with the guard” (B-P-4), is the sort of comment the imams often receive. For the interviewee visiting the female prison, facing her own uncertainty, and winning a sense of complete security in the detention centre was a gradual process, culminating in her ability to lead the detainees in communal prayer without fear for her safety. She describes that at one moment she “felt completely free that she could stand with those women in collective prayer (Arabic *jama‘ah*), fall down in prostration (Arabic *sajda*), close her eyes without any fear or thinking about what might happen” because “in essence, they are just ordinary human beings” (B-P-4).

Working with prison detainees, furthermore, usually presses the spiritual caregivers to face and probe their own spirituality, sense of self-competence and self-esteem, as they are entering a new environment and encountering relatively challenging tasks. “I’ve had a situation where... literally... I (feel) ashamed... when I hear what (and how enthusiastically) they are practicing (Islamic prescriptions) there” (B-P-4) is how, for example, an interviewee describes her encounter with a born-again Muslim female believer. Similarly, whether they will be able to make a meaningful contribution to the psychosocial and spiritual recovery of inmates might be a particularly important test for the self-competence and self-esteem of the caregivers. Witnessing a positive religious and behavioural change in an inmate is indeed rewarding for the interviewees and their self-image (B-P-1; B-P-2; B-P-3; B-P-5). Nevertheless, it can be equally devastating for their self-image and confidence to see how released prisoners may return to their old destructive behaviours, even after all their efforts and significant progress in detention. “All that was in vain” (B-P-3) is a serious statement with the capacity to seriously threaten one’s sense of competence and confidence.

Social expectations are also important for some of the interviewees in the process of developing a positive, coherent and stable self-image as a religious professional and spiritual caregiver in detention centres. The sort of image of detainees that is presented to the broader society and how it eventually reflects upon religious activities in prisons is an important consideration in this regard. “One year we organised a fast-breaking meal (Arabic *iftār*) in the penitentiary and the news was published on the *Majlis* website”, causing “condemnations” from viewers (B-P-4), was how one interviewee described her experience in this regard. For her, it is a sign that we live in an immature society prone to prejudice and labelling. Furthermore, however, it raises the question as to whether the religious professionals in prisons manage to develop a positive and coherent self-image in the face of such social expectations. The next quotation is the answer an interviewee provided:

I come out of there reborn. I think this is a blessing that God gives to people who work with other people... It is truly a mission in which God has honoured me to lead... to be there with those women

for some reason. I really think that it is a kind of mission and responsibility that God imposed on me for some reason. (B-P-4)

In a similar fashion, another interviewee states:

If I were to be born again, and wherever I go, I would request and apply to go at least... two-three times a year to visit that (penitentiary) institution to raise myself psychologically and... also those people... (B-P-2)

It seems that the individuals interviewed have succeeded fairly well in creating a positive and robust self-image as religious professionals working in prisons. Additionally, they have developed a conceptual map which guides their practice of religious service and spiritual care in the penitentiaries. This seems to be where they find the energy and sense of self-fulfilment needed for this sort of task.

5.1.3 Inducing Change in Others in order to Change Ourselves

Change for better and resocialisation are usually considered today to be the major aims behind sending prisoners to detention centres. On the other hand, inducing a substantial change in people is not an easy task, even under circumstances where they seem to be open to self-improvement and seeking help on this path (Taylor, Peplau & Sears, 1997). From the perspective of a religious professional and spiritual caregiver, *what does it mean and what does it look like* to induce a long-standing shift in the personality and attitude of a prison inmate? The answer makes quite an interesting and impressive story both about changing others and self-change.

My role is not just as an educator. Educator is too cold a word for me to explain (my role there)... I think that my role is to guide them, perhaps in some changes which they need to do in their lives, while at the same time having somewhere to follow what I need to learn from all that. (B-P-4)

All the interviewees are aware of their function in the prospective spiritual and psychosocial rehabilitation of prisoners, as a basic aim of their incarceration. When prompted to ponder over their subjective role as a religious authority in the prison, all of them pointed out different ways in which their presence might contribute to a positive change in the attitude and behaviour of prisoners. As one interviewee puts it, “I don’t point the finger and say you are good-for-nothing, no hope for you, you wasted your life... No, we are looking at a *person that needs to witness a sort of renewal. That is somehow the most important... For me personally it is important to bring God’s mercy..., love... and that God has not given up on the world*” (B-P-1). In the same manner others point out their intention to provide inmates with “psychological support” (B-P-2), to try to “bring them consolation” (B-P-4) or simply to “help them” (B-P-5) and “guide them... in some *changes* which they need to make in their lives” (B-P-3) and in terms of personal renewal.

Inducing positive, progressive change and long-standing transformation in prisoners' personalities and attitudes, however, is a challenging task. For this reason, according to the interviewees, it is particularly important that future religious professionals and caregivers are well-prepared to before attending detention centres. They consider people working in this role should be good-natured, spiritually and psychologically strong individuals (B-P-2), characterised by religious authenticity and loyalty to God (B-P-1), by an optimal level of self-esteem (B-P-3), openness, empathy, non-judgemental respect, enthusiasm, mission zeal (B-P-4), and sincerity (B-P-5). Similarly, in their view, prospective caregivers in penitentiaries should master a number of relevant social intelligence, communicational and organisational competencies (B-P-4), in addition to their religious knowledge. The interviewees usually cite emotional intelligence (B-P-2), active listening skills, knowledge of how to induce hope and need for repentance (B-P-1), personality profiling skills and a sense for adapting sermon topics to detainees' needs (B-P-3) as the most required competencies in their work. In acquiring these skills, they mostly depended on their life experience, intuitive psychology and formal education. None of them went through any kind of specialised education in spiritual care or formal preparation for work in prison. However, all generally hope for a more systematic and scientific approach to the selection and preparation of the Muslim religious professionals in prisons in the future. Some of the interviewees called for more psychology, pedagogy and sociology courses (B-P-2) to be included, as well as field training during formal education, contrary to present trends of learning under the *glass bell* (B-P-4). Others, furthermore, bring attention to the importance of non-formal education in this regard, because it is there that "we learn about things we are purely interested in" (B-P-4), hoping for specialised work manuals and short courses for religious professionals interested in prison service. Finally, some of the interviewees would like to see an expert presence (B-P-2) or even an interdisciplinary expert team (B-P-4), that would follow up their work and provide them with timely support and adequate guidance.

Working with prisoners definitely has the capacity to have a profound impact on every person, for better or worse. Religious professionals and spiritual caregivers are no exception in this regard and all the interviewees confirmed this statement. Due to uncontrolled emotional involvement and identification with the inmates' situations, for instance, some of them initially tended to absorb their "experience, sadness, and suffering," which "literally stuck to them" (B-P-4) with all the attendant negative pressure and maladaptive psychosocial impact. It is time, experience, conscious (self)reflection and social support that often helps one to overcome this "unhealthy empathy" (B-P-4). Altogether, however, the interviewed individuals overwhelmingly point out positive, enriching, energizing and self-fulfilling impact of prison work on their personalities and attitudes. Some of them were especially touched by the miraculous Divine agency in the prisoners' gradual change (B-P-1), teaching them to appreciate even more attentive listening. For others, this experience prepared them for service in the army (B-P-3) and helped them to master personality profiling skills. Similarly, some others (B-P-2; B-P-4; B-P-5) drew attention to the impressive spiritual energy, motivation and self-fulfilment they receive during their visits to prisons. Therefore,

providing religious service and spiritual care in detention centres goes far beyond helping prisoners to change themselves, by the will of God (B-P-1; B-P-3). It may also require serious preparation from the prospective religious professionals, as well as exposing them to an impressive and enriching experience, as illustrated in the following example:

(During)... the second year of my visit to the penal institution, (I met)... one person... sentenced to 25 years in prison (for a serious and terrifying crime)... When he told me that,... I asked him how much do you have left? He said "I still have three months left" ... I said to him, "you have spent so many years here. Has anything changed for you?" ... He told me back like this: "Efendi, you chose your path, I chose my path, but when I go out, we will meet again" ... When someone who was sentenced for 25 years tells you... (that you will meet again)... (it's like being)... glued to the chair, petrified... On a Friday, I was standing in front of the mosque, and the congregation was there. Then I saw at the gate... a person... He approached me (and said): "Salams, Efendi... Do you know me?" I knew him right away... He said "you will definitely not make a mistake" ... I said "is it (so and so person), from (so and so) penitentiary?" "Did I tell you, Efendi, that we would see each other again?", (he replied)... (After) we... completed the Jum'ah prayer he said "Efendi, I would like to talk with you... I know when I told you we will meet each other,... you were petrified, you changed the colour of your face... because you knew why I was (in the prison)... When I came out, I never once thought... to do something bad... I got married. I have three children. I came purposely... (here) to find you, to talk with you, to pray Jum'ah... Out of those three meetings (with you), just one sentence of yours spoke to me... Your one sentence put it in my head that when I go out, I can be a normal person... Until then, I was (thinking) like, I'll get out,... people will be looking at me... I was in prison for 25 years. I committed murder. They will run away from me... I'm not for that outside world, I'm for this one. But that sentence you said, it stuck in my head and it just kept spinning in my head... I said as soon as I get out, I will stick to that sentence, go with my head held high to see if what an efendi told me can really pass in the outside world". (B-P-2)

These encounters expose prospective religious professionals to enriching experiences. Similarly, they require serious preparation from the prospective religious professionals in foreseeing such encounters. This is how providing spiritual care in penitentiaries may eventually bring about a significant and profound change in the personality and attitude of the caregivers themselves as well.

5.1.4 Approaching Muslim Spiritual Care with an Optimal Frame of Reference

Religious service and the practice of spiritual care in Bosnian public incarceration facilities are in many ways issues related to the sorts of standards and norms required for them to function optimally. What are the current standards for the preparation and selection of prospective religious staff in the prisons? Should a religious professional or spiritual caregiver be a member of the

prison treatment team? What are the standards according to which a room reserved for religious activities is organised in the prison? What is an optimal level of religious zeal for born-again Muslim believers in a prison? What should the role of Muslim religious service and spiritual care be in the deradicalisation agenda? These are some of the normativity dilemmas with which the individuals interviewed have been struggling in their work, looking for the appropriate answers. Here is one such example:

It happens that people, in such circumstances, take on (themselves) too much (of religion)... It is really one of the things that should also be warned about. I constantly draw their attention to the fact that within the institution they... have all the religious rights and freedoms..., but to be aware that they often share these premises (with others)... I had a situation where a woman gets up every night for the night prayer, stays awake until dawn, preforms dhikr, whispers, disturbing other people. Then because of such activity, she creates a dose of hostility in the room towards herself. Because she disturbs other people, they can't sleep... We have to try... to explain to people (what) their obligation is and (to try) approach it cautiously. A human being is free, but he has to be careful when adding additional acts of worship to himself, so that he doesn't overload himself because he won't be able to stand it... Especially in such circumstances... I literally feel ashamed sometimes when I hear that they practice all that... But then a situation happens where the same woman tells me she didn't pray... for two or three days, because she couldn't take it anymore. Of course, faith will also break (someone), if he starts absorbing it too much. (B-P-4)

Some of the interviewees consider there is significant space for improvement in the normative standards regulating the preparation, selection, employment and follow-up of prospective Muslim religious staff in the prisons (B-P-2; B-P-3; B-P-4; B-P-5). With regard to IC authorities, they firstly hope for clearer description of the qualities and competencies required from Muslim religious professionals in detention centres (B-P-3), as well as the implementation of these standards during their training and nomination for this post (B-P-2). Similarly, they would also like to see some procedures establishing the follow-up (B-P-3), consultations with the imams and religious teachers in penitentiaries, their institutional and financial support (B-P-2). As already noted, current entity laws on the implementation of prison sentences in Bosnia do not provide for the inclusion of a religious professional in the treatment team. For some of the imams interviewed (B-P-5), the employment of a Muslim spiritual caregiver in the detention centres on a permanent basis would be an optimal solution, resulting in more effective religious service and spiritual care in all respects. The above legal norm has significant repercussions in this regard, significantly hindering the development of religious service in penitentiaries. This statement also applies to the rare detention centres with a Department of Religious Services. Even in such prisons, the presence of a visiting imam is usually limited to weekly attendance at Friday *Jum'ah* prayers, short individual meetings with inmates on request, before or after the prayer, and to writing occasional reports to the Department officer (B-P-3).

Similarly, as noted above, prison rules regulate the quality of the space used for religious purposes (Pravilnik o kućnom redu, 2020; Pravilnik o kućnom redu, 2024). However, according to some of the imams interviewed (B-P-2), the religious premises in the prisons are not well-suited for conducting Islamic rituals, in terms of their size and interior organisation, particularly for collective prayer (Arabic *jama'a*). Their impression was rather that they were organised according to the Christian image of individual spiritual counselling.

Prison circumstances can be closely related to the phenomenon of born-again believers who may take religious devotion to the extreme. Muslims are not an exception in this regard, and the question of the optimal norm and level of zeal with which Islamic belief and practice should be approached by inmates is an issue of concern for some of the interviewees (B-P-4). In their view, special considerations and measures of precaution in this regard should be taken by the respective religious authorities. Religious enthusiasm in the detention centres under certain circumstances can turn into radicalisation tendencies. For this reason, we are witnessing nowadays a sort of *securitisation* approach to dealing with the presence of religion in penitentiaries. However, the question becomes what would an optimal approach be, in defining the role of Muslim religious service and spiritual care in the radicalisation prevention and the deradicalisation agenda? According to the interviewees (B-P-3), such phenomena are present in prisons, but sporadically and to a very limited extent. The attitude of these individuals towards the authority of an imam from the IC varies between those who attend the collective religious rituals and ceremonies led by the imam, to those who ignore his presence. Generally, the interviewees believe any sort of purposive religious work with such groups requires considerable preparation and, most importantly, time and continuous presence of Muslim religious scholars authentically (re)presenting a moderate understanding of Islam.

5.1.5 Interprofessional and Interreligious Cooperation in the "Work Schedule Paradigm"

As pointed out, according to current regulations, a Muslim religious professional or spiritual caregiver is not part of the treatment team in any Bosnian prison. Consequently, no imam or Muslim religious professional is employed in a detention centre on a permanent basis. They only visit the penitentiaries weekly or sometime even annually, with the latter being the case in the centres where *Jum'ah* sermon is not convened. In addition, the access of external religious associates to different prison pavilions often is restricted. Altogether, this considerably limits opportunities for their interaction with other professionals in the prison, influencing the quantity and quality of mutual cooperation that, nevertheless, varies from one interviewee to another.

For some, this type of interaction is mostly limited to the prison guards (B-P-5). Others have the opportunity to occasionally meet with the administration and representatives of the treatment team as well. On some occasions, these are casual meetings, an exchange of information over

coffee, rather than official consultations (B-P-1). On other occasions, they may include introductory briefings upon the first visit to the detention centres or sending reports about the activities implemented to prison authorities (B-P-3). It was the interviewee at the penitentiary for women who, however, pointed out her intensive and satisfactory cooperation with the administration, as well as the fact that her educational workshops with inmates were sometimes also attended by members of the treatment team (B-P-4). Nonetheless, some of the interviewees claim that other professions simply do not consider their religious work and presence to be important.

None of the interviewees confirmed they had meetings with representatives of other religious communities during their visits to the penitentiaries. This probably could be explained by the fact they are external associates of the detention centres who only visit them occasionally, with visits taking place on different days. While Muslim imams, for instance, have their visits on Fridays, the Catholic priest visits the penitentiaries on Thursdays. Similarly, the Muslim female educator interviewed heard that representatives of other religious communities also visit the detention centre, but has not met them. Their status of visiting associates and this sort of *mismatch* in their work schedules may well be the main reason behind the absence of interreligious interaction and cooperation between the representatives of different confessions in the prisons. According to the Catholic priest interviewed, more creativity in making opportunities for inter-faith encounters might offer a solution to the situation. To him, the recent visits of a Catholic *pilgrim of peace* to the inmates of a local penitentiary in the presence of all religious representatives seems a good example in this regard (Meeting, 2025).

5.1.6 Conclusion

The above analysis has shown that current legislation ensures the religious rights of inmates in Bosnian penitentiaries and provides a significant space for the practice of spiritual care by the officials from traditional religious communities in the country. These provisions have been used by the IC and its *Majlises* to send their imams and female educators for weekly and annual religious sermons, confessional education, workshops and religious counselling for the inmates. Accordingly, they refer to themselves as *khaṭībs* or educators, and not specifically as spiritual caregivers in prisons and have a formal status of external associates.

For these practitioners, interaction with the prison inmates seems in many ways to be emotionally challenging, leading them to explore their images of social others and reconnect with their own self-images. Although able to recognise some common characteristics in the imprisoned individuals, they eventually come to a firm understanding of the weakness and proneness to mistakes of all God's creatures and the need for non-judgemental support in spiritual and psychosocial recovery. Such a humanist image is clearly present in all the interviewees' perceptions. This ultimately guides their interactions with inmates, as well as their self-reappraisal, support of others in such situations, personal spirituality, own fears, prejudices about the prisoners, counselling competences, and social expectations in this regard. This moment of self-deliberation seems to be

a turning point in the interviewees' prison service towards their personal journey, prospective growth and professional development.

Keeping in mind the theological anthropology described above, all interviewees use a non-judgemental approach in providing consolation, support and guidance to inmates on the path of psychosocial and spiritual renewal. In their view, prospective religious practitioners in prisons should be good-natured, emphatic, sincere, sociable, enthusiastic, spiritually and psychologically strong individuals, characterised by religious authenticity, self-esteem, and non-judgemental respect for others. In addition to adequate religious knowledge, they should also possess relevant social, communication and organisation competencies. With this aim in mind, all the interviewees generally hope for much a more systematic approach to the selection and preparation of future Muslim religious professionals in prisons, calling for more psychology, pedagogy and sociology courses as well as field training during formal education. They also draw attention to the importance of non-formal education in this regard, suggesting specialised work manuals and short courses for religious practitioners interested in working in the Muslim prison service. Finally, some of them would like to see more expert mentoring to provide greater support and guidance.

Our analysis has also shown that religious service and the practice of spiritual care in penitentiaries involve issues with contrasting norms, between factual situations and desirable standards. In this matter, the interviewees specifically referred to issues of selection, preparation, employment and follow-up of prospective Muslim religious professionals in prisons. There were also questions of whether they were considered part of the prison treatment team, how prayer rooms for Muslim inmates were organised, and how the phenomenon of born-again believers is reconciled with the de-radicalisation agenda. The interviewees hope for greater scrutiny and standardisation in dealing with all these questions. The same applies for interprofessional and interreligious cooperation in prisons, which, with some exceptions, is minimal or does not exist at all.

5.2. Spiritual Care in Prisons in Switzerland

5.2.1 Employment, Educational Background and Motivation

Deprivation of liberty, whether short, medium or long term, is a drastic experience. The rules and routines of everyday prison life mean that life is severely restricted. Cramped conditions, having to share space with many others and being separated from family and social networks outside prison are additional burdens. Added to this are issues of guilt, shame, forgiveness, justice and restitution. The penal system aims to reintegrate offenders into society while protecting the public and preventing recidivism, yet it also fulfils a retributive function by enforcing appropriate punishment. Within this framework, prison chaplaincy can contribute to rehabilitative efforts by offering spiritual support and encouraging personal reflection (Dziri et al. 2022). For this study, three Muslim prison chaplains from different regions were interviewed: two men and one woman, with one, two, and approximately 20 years of experience. They work with inmates serving different sentences and in various forms of detention. On behalf of their respective religious community,

they are authorised to work in prisons and provide spiritual care, following cantonal regulations. They are active part-time, with small workloads, being deployed weekly or fortnightly – in up to three facilities. Low workloads for chaplains working in prisons do not appear to be a rarity. This is the case regardless of their religious affiliation (Stüfen, 2020). They are either formally employed by the institution (canton) or by a contracted Muslim chaplaincy organisation.

The interviews show that there is a strong institutional demand for Muslim spiritual care in prisons. The interviewees essentially carry out their work because they have been requested by the state or institution (CH-P-1; CH-P-2; CH-P-3). Prison institutions have an obligation to provide inmates with access to spiritual assistance and to respect their religious freedom. Since inmates cannot leave the facility, this necessarily includes allowing religious representatives to enter. Denying such access would contravene the European Prison Rules, posing a risk of violating established human rights standards (EHCR, art. 9) From a practical perspective, meeting inmates' spiritual needs may also support their individual stability, which in turn can positively affect the overall order and calm within the institution. The chaplains report direct positive effects both on prison procedures (CH-P-2; CH-P-3) and on individual inmates who seek a dialogue (CH-P-1; CH-P-3). An awareness of being needed, being useful and of providing a service whose benefits are quickly apparent to inmates, the institution, and the chaplains themselves seems to constitute a central source of motivation for the chaplains.

The self-contained nature of the institution also ensures that tasks are largely predictable, and deployments can be planned with reliability. Regular and paid employment, even if limited to small stints, is valued by the chaplains interviewed (CH-P-1; CH-P-2). Prior professional experience – particularly in fields such as asylum chaplaincy or youth work – offers valuable preparation for the specific challenges associated with prison chaplaincy (CH-P-1; CH-P-2; CH-P-3).

To date, there are no nationwide standards governing prison chaplaincy admission procedures in Switzerland (Stüfen, 2020). The Muslim prison chaplains interviewed have different formal qualifications and educational backgrounds. However, the *Conference of heads of cantonal prison services (CCSPC)* and the *Swiss Association for Prison Chaplaincy* have recently adopted a 'Declaration of Intent' (Schweizerischer Verein für Gefängnisseelsorge, 2025), outlining common principles and qualification criteria for chaplains. For Muslim chaplains, the Certificate of Advanced Studies (CAS) in "Muslim Chaplaincy in Public Institutions" run by the SZIG at the University of Fribourg is mentioned as one of the possible qualification requirements. Of the interviewees, one is formally trained as an imam with a university degree in Islamic theology; the others are recognised as imams or scholars (Arabic *ʿālim/a*), through demonstrated religious knowledge and competence. Two have university degrees, all have continuing education in at least one of the following areas: theology, philosophy, psychology, training in spiritual care, emergency chaplaincy, and psychosocial counselling. They have a multitude of skills (languages, mediation, systemic counselling, conflict resolution, etc.). Two chaplains noted, however, that they had no prison-specific training before starting their roles (CH-P-1; CH-P-2). It does not seem unusual for

new (not only Muslim) recruits to start their work highly motivated, but with little specific experience and expertise; however, this poses major challenges, as prisons have specific rules, directives and regulations that prison chaplains have to follow (Stüfen, 2020).

One person interviewed brings knowledge and experience of social work to their spiritual care work. Their previous experience of spiritual care in other institutions (i.e., asylum centres, hospitals, emergency services) and local communities has raised their awareness of different institutional cultures and norms and allows for comparative reflection. They also have long-standing experience engaging with Swiss authorities and society, Muslim communities, and in interreligious contexts, often acting as teachers or mediators, or being involved in community work.

The institutionalisation of Muslim spiritual care in Swiss prisons remains at an early stage. Only a limited number of facilities have introduced permanent positions or offer regular services. Such provisions are primarily valued for their contributions to institutional security, stability, and resocialisation, including efforts to prevent radicalisation and proselytism. These activities are integrated within strict operational and security frameworks. As accredited external staff, chaplains undergo security screenings and follow regulated access procedures, with identification required upon each entry in certain institutions. The Muslim Prison chaplains interviewed usually wear their civilian clothes when visiting. On special occasions, such as major Islamic festivals or Friday prayers, some may put on their formal attire to emphasise the importance of the occasion and their authority (CH-P-2). There are different opinions on the question of a visible badge: some chaplains see this as an important access key, a sign of official recognition and belonging to the institution and as visible authorisation from the institution (CH-P-1; CH-P-2). Another sees it as unhelpful or even a hindrance. In the prison context, a badge can impair trust between prisoners and chaplains, as it makes the chaplains more recognisable as representatives of the institution (CH-P-3). Prison chaplaincy therefore balances between being recognised by the institution and building trust with the inmates.

5.2.2 Intervention and Communication: Tasks, Profiles, and Individual Implementation

Prison chaplains support prisoners in coping with the difficulties of life in prison, in personal crises and with questions relating to justice, meaning and guilt. The conditions and needs of inmates, and consequently those of spiritual caregivers, can differ significantly depending on the type of detention. Those serving a sentence, those held on remand and those in deportation detention each face distinct emotional, social and legal challenges. While chaplains are often the only authorised contact with the outside world during deportation detention, this is only partly true for remand detention. In principle, remand inmates are permitted visitors, but many foreigners have no relatives or acquaintances in Switzerland, so their social network is not involved in their legal case. In practice, therefore, chaplains may become their only visitors from outside the prison. Furthermore, as they guarantee absolute confidentiality, chaplains provide a safe space for inmates

who may be reluctant to speak openly with family or friends. Prison chaplains interact with inmates in many ways: arranging religious objects such as prayer rugs, beads, and books; holding individual meetings and group activities; organising and sometimes leading religious celebrations and Friday prayers; and mediating between prison staff or management and inmates. However, the scope and nature of chaplaincy interventions can vary considerably depending on local circumstances and the chaplain's profile:

I come and say, hello, I'm the Muslim chaplain. I always come round... and talk to people. (I tell them) "You can talk about anything." Many inmates think I come because of something religious... They say: "I don't need that." A week later, they might come...with a question or a concern... I do provide spiritual care for everyone...But I tend to be approached by Muslims, especially Turkish and Arabic speakers...They are happy when someone comes who speaks their language... People are suddenly very connected to religion (when in prison),... how to perform the prayer,... the qibla..., how to prepare for prayer... I have never experienced this in other contexts..., many also want to read the Qur'an, seek a connection with God, ask for du'ā' or tell me "Please pray for us, include us in your prayers." ...It's probably being locked up...where you no longer have any power over your own life, that you have to think about your life... Hopelessness and the feeling of being at the mercy of others make people seek support in religion... I also see grown Swiss people who have nothing to do with religion asking: "...How can I get closer to God?" (and) some say: "You remind me of my mum... It's like seeing my mum..." I hear that often, especially from young men. It means: "We are not completely forgotten." I think that's important... Both genders bring different strengths; male prisoners sometimes tell things to a woman that they would not discuss with an imam, and vice versa. (CH-P-1)

In this context the interviewee CH-P-1 describes the spatial environment as an open space in which inmates can move around freely. This allows for casual contact between inmates and chaplains without the need to initiate a conversation in advance. She notes that Muslim prison chaplaincy is not yet widely known among inmates, providing an opportunity to explain the services available informally. She also mentions that she shares the role of Muslim prison chaplain with an imam. She suspects that their different profiles create a different external perception among inmates, and she focuses primarily on building unbiased relationships. From experience, she reports that, once a relationship of trust has been established, inmates also approach her with questions about religious practice. When concerns are expressed, she provides guidance on how to perform prayer. However, this always takes place in isolation, during one-to-one conversations, and never in groups or communal rooms.

In this regard, the relevance of gender and religious background becomes apparent. Depending on the needs and religious socialisation of the detainees, it may be important whether spiritual guidance is provided by a woman or a man in the role of imam. The inmates' expectations, as well as those of the prison staff and management, regarding the role of spiritual care can also

be gender-specific. A team of chaplains of different genders and with different profiles and understandings of their roles can offer a variety of counselling and intervention methods that take greater account of the inmates' individuality and respective backgrounds.

An example that further illustrates the chaplain's mediating function can be found when issues of religious practice cause tension with institutional regulations. In such situations, a chaplain may intervene as mediator by facilitating communication between prison management and inmates. Since inmates sometimes use religious pretexts to circumvent everyday duties, the chaplain's role becomes both educational and mediating: by clarifying prayer times and offering pragmatic solutions, the chaplain not only resolves the immediate tension but also reinforces trust and authority within both the inmate community and the institution.

They have to clean their cells regularly. One inmate said all the time that he had to pray and therefore could not clean the cell. (So) he never cleaned it...the management called me and told me about it... I first spoke to the management, then to the inmate. ...I brought the prayer time schedule and said, "Look, between morning and noon...there are... hours when there is no prayer and you can clean your cell, and in the afternoon...there are... hours when there is no prayer..." It then quickly spread throughout the whole house: an expert, an imam, is here... He brings peace (through his expertise) and therefore plays an important role for the inmates and for the management. (CH-P-2)

The interviewee emphasises how important his expertise-based authority is for both inmates and the prison management and shows how it contributes to peace in the prison, as well as to knowledge transfer and mutual respect in the triangle of prison, inmates and chaplain.

Particularly before and during Ramadan, inmates come up with many questions. Here too, the religious expertise and authority of the imam have a direct effect, not only on the inmates concerned, but on other Muslim inmates who hear the instructions:

Someone came and said: "I was sick one day and broke my fast. Inmates told me that I can no longer fast." I explained that he could make up for that day later. "If you don't fast for one or two days due to illness, you can continue fasting when you are well again." He said, "Oh, I didn't know that." ... During Ramadan, I visited an inmate whom I hadn't seen for two weeks and found a completely changed person. I hardly recognised him. I asked... "What's wrong with you?" He said, "I'm fasting and therefore not taking my tablets." The inmate normally took medication twice a day. I said, "You know that Allah has said that those who are ill should not fast...You must stop fasting immediately... later, when you are outside... you can make up for it..." The management had many problems with this inmate because of Ramadan... they were strong tablets for his mental health... Situations like this are my motivation: someone needs me... Religion teaches me I must not hide my knowledge; I must pass it on. (CH-P-2)

Medication use during Ramadan not only prompts interventions by Muslim chaplains but may also give rise to security-related complications, depending on the type and timing of the medication. In particular, inmates who prioritise fasting over prescribed treatment risk provoking serious health crises that can, in turn, escalate into institutional or security concerns. The chaplain CH-P-2 makes a clear distinction between his roles as an imam and as a chaplain. As an imam, he sees himself in the role of issuing theologically grounded directives and giving clear instructions to educate inmates and staff, while as a chaplain, he sees himself in the position of a listener to whom the inmates can open up and who conveys comfort and hope. This differentiation reflects the broader professional understanding that, unlike imams who primarily focus on religious leadership and instruction, the Muslim chaplain serves as a spiritual caregiver, addressing emotional and spiritual needs in a more dialogical manner

5.2.3 Beyond Rituals: Evolving Roles and Profiles for Spiritual Care in Prisons

Chaplains' views of their work and role are shaped by factors such as personality, team dynamics, institutional framework, and experience. Experienced chaplains view their work differently from newcomers, whose roles and tasks in Muslim prison chaplaincy are still evolving and not yet fully defined. This opens a space for the question of "experience transfer", that has not been systematically set up so far. The most experienced among the interviewees reflects on his roles, personality, and profession. He sees his work as "more than just a job", requiring flexibility, adaptability, extending far beyond mere ritual performance, and describes himself as deliberately different from his colleagues:

First and foremost, I am a supportive person... Sometimes, a role model, meaning people try to follow my example. It's a heavy responsibility. It's not easy to have that on your shoulders. I'm also a person who gives information, a guide. Sometimes, I become a friend, an advisor, sometimes a big brother who will give a little scolding and then calm down. Sometimes, I'm a mediator between the institution and the inmates and between the inmates themselves...I've had to intervene several times to calm conflicts, explain a situation, and get the person to see reason... I even intervene in high-security cells during disciplinary measures, when the person is convicted while in prison...but only on request. And I have to say that there's no difficulty in calling on me for this, because there's a relationship of trust with the staff, with the administration, with the brigade sector chiefs. They know what kind of work I can do. (CH-P-3)

This chaplain, who is addressed by Muslim inmates as their "imam" has a different approach and interprets his spiritual care service also by practising sporting activities with the inmates. He accepts that such an approach is not understood by everyone. He has thus developed his own chaplain profile. In the following example it can be seen that the chaplain includes elements of social work in his chaplaincy-provision (Schmid & Sheikhzadegan 2022). He permits a measured degree

of personal closeness, adopts a collegial approach, and engages on an equal footing during sporting activities. Yet, in his capacity as imam, he occupies a position of elevated status among the inmates. His participation spans multiple roles, as team player, mediator, and coach, while consistently upholding professional boundaries, appropriate distance, and mutual respect. This kind of intervention extends far beyond religious knowledge and practice and can be carried out only by a professional experienced in the fields of psychology, psychotherapy, mediation and social work. Humour, fair competition, team spirit, religious and ethical elements are all integrated. Sporting skills, a knowledge of sports psychology, enthusiasm for the game, an understanding of physical team play and competition, all enable this chaplain to develop his own chaplaincy profile:

If they don't know me, they can't understand. Because no (other) chaplain or imam is going to play football with the prisoners... they even argue among themselves. "I want the imam to play with me, with our team, because they're sure they'll win if I play with them." Like everyone else, when they play a match, they all want to win. They choose the imam... The proximity, the connection and the impact are different. Even the practice of sport itself changes the image we have of this iconic figure (the imam). It democratises and popularises it. He is now human, not someone from another world who comes dressed in an (imam) outfit. I tried to humanise the profession a little, so sometimes I do get angry when I miss an opportunity... "Come on, pass me the ball! Why did you do that?" When I see that it's overflowing and it's going beyond the limits, I'm here to say that it's just a football match, not a big deal... You are here to have fun, to sweat." Even (the guy) who is in charge of the activity, really appreciates my presence. He says, "N. [name of the imam] is completely different, he has an impact, even if he's in the game." ... It is light-hearted, we laugh. We talk about football, but we embody something else. (CH-P-3)

This Interviewee also highlights the essential role of self-care and professional distance when dealing with the emotional stresses of prison work. He explains that he has learned to be fully present and engaged with inmates during their encounters, but afterwards, he consciously maintains distance and avoids carrying their stories home. This approach, being present in the moment, then letting go, enables him to show genuine empathy and support, while protecting himself from burnout or emotional exhaustion. He stresses that this skill does not develop by chance but must be deliberately cultivated and strengthened through ongoing training, making it vital for sustaining professional resilience. However, he notes that although regular mentoring is crucial for maintaining this balance, it is rarely available in the prison context due to limited resources, highlighting the ongoing challenge of self-care.

Chaplains, institutions, and inmates are bound in a triangular relationship, each with distinct expectations: institutional rules, the diverse needs of care seekers, and the chaplains' own professional, religious, and ethical obligations. Spiritual caregivers must navigate and balance these often-competing demands. Prisons are closed institutions with strict rules that have the highest priority. These are strictly adhered to by the chaplains. They understand that they are

subject to these rules and are also protected by them. All interviewees can report experiences in which they had to endure a tension between empathic behaviour and compliance with the rules, but ultimately abide by the rules and communicate this to the inmates.

Regarding internal Muslim diversity, one chaplain describes handling Islamic diversity in prison with sensitivity and respect, acknowledging differing views on worship and practice among Muslim inmates. When disputes arise, they explain the various schools of law (*madhāhib*) to foster knowledge, understanding, and acceptance. In one case, they arranged, together with staff, for a Shiite inmate to receive a prayer stone (*turbah*) to pray according to that tradition (CH-P-1).

5.2.4 Interreligious Cooperation: Respectful Differentiation and Cooperation

The Muslim prison chaplains surveyed do not see themselves part of the general spiritual care team, or at least not to the same extent. The degree of cooperation, such as organising interfaith events, appears to largely depend on both the Muslim and the Christian sides. Prison chaplaincy itself is not formally integrated into the prison system but functions as an external service attached to it. Interfaith and interprofessional meetings, involving Christian chaplains, prison staff, management, doctors and psychiatrists take place when required for an inmate's need, for prison operations, for instant information exchange, problem-solving, care referrals or joint celebrations. The intensity of and commitment to interreligious cooperation in spiritual care teams therefore vary by institution and according to each chaplain's approach. Maintaining a sensitive balance between closeness and distance seems essential, shaped by chaplains' roles, self-understanding, and how they are perceived by those in their care. When asked about interfaith encounters and cooperation, one chaplain remarked:

This is increasingly the case... with Catholic chaplains. There is even more collaboration in terms of what they tell me we need. (They tell me, when they) met a prisoner who needs a Qur'an, a prayer rug, ... (who) wants to see the imam. ... information flows much more freely within the team... Each of us has his own specialities, but we are a team, and we try to coordinate as best we can. There have even been times when the Catholic chaplain has come to celebrate Eid prayers with us. ...I told him: "Of course you are welcome. Just give me time to inform the prisoners"... I always prefer this democratic approach. I don't impose anything... To do (religiously) something collective doesn't interest me. They...know that we're not in favour of standardisation and the mishmash that we see or hear about in religious circles... We don't participate (collectively in each other's religious celebrations), but we do participate in another way. Because they (the Christian chaplains)... are used to giving gifts. This year... we opted for a... choice... that wouldn't be interpreted as religious proselytising, giving all the prisoners a Christmas present. A gift on behalf of the church, that's a bit awkward. I personally suggested (that)... at the end of the year... "The chaplaincy team is offering a small gesture to all the inmates to celebrate the end of the year. Muslims, Christians, ... together. We wish you a

happy new year and happy holidays to those who celebrate.” We offered a small symbolic gift (from the team)... it was important...It’s not about Christmas, even though they have the right to celebrate Christmas... It’s not a question of challenging that, but simply... it’s so sensitive... in terms of how it’s interpreted. Because I can’t afford to. Because there’s the Ramadan festival, to give all the prisoners a small gift for all the prisoners at the end of Ramadan. It’s a bit... proselytising. (CH-P-3)

This example may illustrate how interreligious encounters in chaplaincy are shaped by a dynamic of respectful differentiation, combined with collaborative practice. Christian and Muslim chaplains engage in cooperative care by sharing information and responding to prisoners’ specific spiritual needs, such as the provision of prayer materials, access to imams, or support in celebrating religious festivals, while simultaneously maintaining clear boundaries to avoid perceptions of proselytism or religious standardisation. Inclusive initiatives, such as offering year-end gifts presented not in confessional terms but as gestures from the chaplaincy team as a whole, exemplify a deliberate strategy to affirm plurality and equal dignity across faiths. This mode of collaboration reflects pragmatism in the plural context of a prison: each chaplain retains their own confessional expertise yet works within an ethic of mutual trust and coordination that ensures prisoners of different backgrounds are supported. However, sensitivity towards interfaith celebrations can vary, depending on the region, institution, team and chaplain. While one chaplain may seek a neutral alternative to religiously themed Christmas celebrations, another may invite inmates to participate by emphasising interfaith common ground, the exchange of religious knowledge, and shared values such as respect and cooperation:

The prison management informs me and provides a list of those seeking advice; confidentiality is explained at the outset. The Management also notifies the chaplain if a prisoner is transferred or released. New arrivals receive information on spiritual care, and inmates may choose any chaplain, with some crossing faith lines out of interest or preference. I do not...approach prisoners of other faiths, though Christian colleagues sometimes refer them... In some facilities, the spiritual care team participates jointly in Islamic holidays, fostering inclusion and mutual understanding. Inmates (of all faiths) are encouraged to attend both Christian and Islamic celebrations; for example, many Muslim prisoners join Easter services, where I as imam, link themes such as ‘light’ or ‘sacrifice’ to Islamic teachings, drawing on shared figures like Abraham/Ibrāhīm to strengthen interfaith cooperation over time. (CH-P-2)

Occasionally there may be encounters with the ward team who also facilitate individual contact with inmates. The chaplain’s regular and recognised presence fosters trust and eases access. Interprofessional collaboration depends on the institution. Several times a year, the prisons may hold meetings to discuss specific topics in a cross-profession manner. The interviewees say that they proactively approach Muslim inmates only, however non-Muslim inmates may also occasionally seek dialogue, which is never rejected by any of the chaplains interviewed.

5.2.5 All God's Creatures: Human Dignity and Spiritual Care as a Universal Need

At the heart of the chaplain's account lies a vision of the human being as God's creature, whose dignity and need for care transcend religious and cultural boundaries. This perspective emphasises a universal foundation of equality, while still allowing for the particularities of religious, cultural, or linguistic closeness to shape the depth of individual relationships.

The most important thing is that we are all God's creatures – it's as simple as that. Of course, I have a closer relationship with some people because of religion, culture, language... But I also get on well with others.... Non-Muslims also come. One woman, who had nothing to do with Islam at all, simply wanted help and encouragement from anywhere. Whenever I was there, I even read the Qur'an with her and spoke prayers of supplication. She wanted that explicitly... I am also looking after Orthodox women who told me, they wish to have someone from their side. I am now arranging for them to have access to an Orthodox priest. They are sad, saying: "...no one understands us, not even the Christian chaplaincy", because they are unfamiliar with it [Orthodox Christianity]... (CH-P-1)

A Muslim chaplain may support non-Muslim inmates in their spiritual search, read the Qur'an with those who explicitly request it, or facilitate contact with representatives of other traditions to ensure their needs are met. Such an approach underlines a commitment to acknowledging the shared humanity of all while respecting confessional difference.

All the chaplains interviewed expressed that they regard all people as creations of God. This perspective emphasises the equality, the inherent dependence and vulnerability of every human being. Responding to these needs involves recognizing each individual's unique circumstances and offering support to address them. It appears that some Muslim chaplains demonstrate particular sensitivity and openness toward the religious rights and concerns of individuals from other faith traditions (CH-P-1). This empathy may be informed by their own experiences of having to advocate persistently for their religious needs and frequently encountering intolerance. Such backgrounds may foster a heightened awareness and respect for the spiritual rights of others in diverse institutional contexts.

In prison settings, chaplains also seem to develop a nuanced understanding of the profound isolation inmates face, being cut off from family and social networks. Providing relief, hope, and a sense of normalcy through their presence becomes a core professional commitment. Some statements about this put the chaplain's compassion (CH-P-1) at the centre, while others gave the impression that the idea of resocialisation plays a stronger role. (CH-P-2; CH-P-3).

The chaplains interviewed consistently emphasise the critical importance of treating inmates with respect and openness and encounter them with a non-judgmental attitude (CH-P-1; CH-P-2; CH-P-3). They seek to engage individuals on an equal footing, fostering a safe and protected environment, conducive to trusting conversations that prioritise the inmates' inner expe-

periences over their criminal histories. This approach emphasises fundamental values, such as dignity and compassion and virtues, such as honesty, mindfulness, openness, understanding and genuine human closeness (Newitt, 2016).

In terms of values, I like to be frank, direct and talk about authenticity, sincerity, being genuine, being sincere. Those are the first two things. If you add to that professionalism, that means doing things as well as you can with a certain distance. This is essential, of course, if we are to be honest and transparent. In terms of principles, you really must be steadfast. In fact, you shouldn't let yourself be overwhelmed by a situation, you shouldn't let yourself be drawn into things. Keep the right distance. That's essential, of course, to be honest and transparent... People sometimes have trouble understanding my approach from the outside. When you don't get it, they'll say, "(Name of the chaplain) is friends with them, because they all come and hug me, kiss me or pat me on the shoulder. We play together, and he's friends with some of the people who are struggling. They may say, "Wait, maybe he's doing business with him. For sure, there's something going on." You see, I stay. I go into the cell, I settle in, I talk to someone for fifteen or twenty minutes. The door closes. It's not a problem, you see. (CH-P-3)

The human being as a spiritual being is reflected in the fact that religion and prayer play an important role for many inmates in prison, including non-Muslims and non-believers who are looking for comfort and inner stability and are grappling with questions of meaning and guilt, with their fears and doubts. The chaplain fulfils spiritual needs across religions and thus promotes an increasing spiritual focus in the everyday lives of prisoners. Confidentiality is the basis for trust, which is necessary for prisoners to be able to open up. The aim of spiritual care is not to instruct, but to be present, accompany and genuinely listen: 'bringing light' to the darkness of prison, as it was explicitly expressed by one interviewee (CH-P-1). Regardless of origin or religion, the interventions aim to ensure that the chaplain, as an authentic, accessible companion, builds trust through honesty, closeness and clear boundaries. In doing so, they maintain professional distance, in order to ensure inner stability and to preserve the ability to act despite stressful situations. The chaplain's approach is characterised by compassion, sincerity and the recognition of individual life situations, especially in cases of psychological vulnerability. This attitude is the foundation and guiding principle of his work in prison. Another interviewee mentioned that they stand up when a prisoner enters the room, welcome them with a friendly smile and an open greeting, in order to set an example of respectful behaviour. This friendly and respectful approach extends to interactions with staff as well, reflecting a fundamentally positive attitude toward everyone they meet.

5.2.6 Conclusion

Muslim prison chaplains interviewed for this study display diverse backgrounds and motivations yet share a strong commitment to institutional service and the care of inmates across varied settings. Their employment status, training, and skills are heterogeneous: chaplains work part-time for either the canton or a Muslim chaplaincy organisation, and their formal qualifications range from imam training to broader expertise in theology, psychology, and spiritual care. Previous experience in fields like asylum chaplaincy and youth work enriches their capabilities in prison chaplaincy.

Institutional demand for Muslim spiritual care is pronounced, mainly driven by the positive influence chaplains have on inmate well-being and institutional stability. Chaplains find fulfilment in being needed and seeing tangible results from their work. Their varied educational pathways are complemented by skills in languages, mediation, and psychosocial support, although not all have received prison-specific training prior to starting in their roles. The chaplains' professional development is ongoing, shaped by comparative experience across different institutional cultures and extensive engagement with religious and civil authorities. Their motivation stems from both external requests and intrinsic satisfaction in creating a safe, supportive environment for inmates, often mediating between diverse expectations and fostering mutual respect in the prison context.

The interviews make evident that the chaplains' image of the human being is based on the conviction that every person is a creature of God, equally vulnerable and deserving of respect, regardless of religion or background (or the crime committed). This theological-anthropological perspective shapes the way Muslim chaplains engage with inmates: they recognise prisoners as individuals with spiritual and existential needs, respond with sincerity, compassion and openness, and create protected spaces of trust where dignity and authentic encounters are paramount. At the same time, they emphasise professionalism, self-care and the maintenance of the right distance, which allows them to go without judgement, while preserving their own resilience. The combination of authenticity, respect, and spiritual attentiveness reveals chaplaincy as both a relational and profoundly ethical practice that affirms human dignity even within the restrictive environment of prison. The interviewees' statements suggest a 'virtue-based' approach to spiritual care. This concept was described by Newitt (2016) in the context of the healthcare sector, but it is also likely to be applicable to the prison sector.

Muslim prison chaplains form part of the wider, institutionally-embedded but formally independent chaplaincy team, where interreligious and interprofessional cooperation is shaped by context, sensitivity, and individual styles. Their work shows a balance between keeping religious integrity and fostering respectful collaboration, whether through information exchange, mutual referrals, or carefully framed shared gestures that avoid proselytism. By engaging with Christian colleagues, medical and prison staff, and occasionally taking part in each other's celebrations, they contribute to a climate of trust, inclusion, and mutual understanding, while staying attentive to the sensitivities of faith boundaries and the diverse needs of inmates.

6. Final Conclusion

6.1 Context of Muslim Spiritual Care in Bosnia and Switzerland

Muslims in Bosnia and Switzerland each represent long-standing yet contextually distinct religious communities whose engagement in spiritual care has evolved within unique historical and institutional frameworks. In Bosnia, Muslim presence dates back more than five centuries, forming the country's majority within a highly decentralised, ethnoreligious landscape. Shaped by successive political systems, from the Habsburg era through Yugoslavia to the post-war state, the Islamic Community (IC) has played a central role in securing Muslim religious rights in public institutions. Contemporary Muslim spiritual care in Bosnia, understood as attending to people's existential, spiritual, and psychosocial needs, reflects these deep historical roots and the ongoing negotiation between religion, state authority, and modern secular life.

In Switzerland, Muslim communities have grown steadily since the mid-20th century, emerging as the third-largest religious group after Roman Catholics and Protestants. This population reflects considerable cultural and ethnic diversity, in a society where the two major Christian denominations are in decline and religious non-affiliation is rising rapidly. These developments pose significant challenges to the professionalisation of spiritual care, as chaplaincy must respond to evolving state-church relations, the expansion of unrecognised communities, interreligious dynamics, and an increasingly pluralistic and secular context. In this environment, cooperative initiatives between the state, Christian churches recognised under public law, and Muslim organisations have facilitated the gradual institutionalisation and professionalisation of Muslim spiritual care, particularly in the military, healthcare institutions, and prisons.

Despite their different trajectories, both countries illustrate how Muslim spiritual care emerges at the intersection of historical experience, social pluralisation, and institutional negotiation, evolving toward structures that seek to integrate faith-based support into modern secular frameworks.

6.2 Institutionalisation of Muslim Spiritual Care in Two Countries: Field Findings

In Bosnia and Switzerland, the institutionalisation of Muslim spiritual care has taken markedly different forms, each reflecting the broader political and administrative structures of the two countries. In Bosnia and Herzegovina, the most advanced development is found within the Armed Forces, where the Imam Service functions as a fully integrated unit of the military, along with Orthodox and Catholic chaplains. Thirteen permanent imams, appointed jointly by the Minister of Defence and the Ra'is al-'Ulama', serve as army officers and advisers responsible for the spiritual support of Muslim soldiers. Their work is coordinated through the Office of the Military Mufti, in cooperation with army command. By contrast, spiritual care in health and prison settings remains largely informal and unevenly organised. Activities are typically carried out by imams or female

religious educators within the IC, often on a voluntary or part-time basis and without formal integration into medical or penitentiary systems. Although Bosnian law leaves a significant room for further institutionalisation, Muslim chaplains are not yet embedded in the prison environment nor particularly in hospital teams. Traditional religious titles (e.g., imam) continue to prevail over terms such as “spiritual care” or “chaplaincy.” Consequently, the professionalisation of Muslim spiritual care in Bosnia, as conceptualised in Western contexts, is still in its early stages, though the IC is well placed to advance it.

In Switzerland, the institutionalisation of spiritual care mirrors the country’s federal and cantonal organisation. The Swiss Armed Forces have, since 2022, operated a multi-faith chaplaincy that includes Muslim, Jewish, and Free-Church representatives alongside Christian chaplains from publicly recognised churches. All serve the entire military community, with religious expertise applied to specific needs. In health care and prison systems governed by cantonal law, legal frameworks and recognition of religious communities determine access and structure. Hospital chaplaincy, historically Christian, is increasingly integrating Muslim spiritual care as part of its further professionalisation, though arrangements vary widely across cantons. Likewise, while spiritual care in prisons is a guaranteed right, Muslim chaplaincy coverage remains uneven, expanding gradually since the early 2000s. Across all institutions, chaplains are now expected to have undergone specialised training in spiritual care, in addition to theological and ritual competence, equipping them to navigate institutional, legal, and ethical frameworks. Some institutions provide intensive and proactive information about the range of Muslim pastoral care, while others do not. The widespread adoption of the German term ‘*Seelsorge*’ and the French ‘*aumônerie*’ illustrates the integration of Muslim chaplains into existing frameworks. Although these terms are rooted in Christian traditions, they are now widely accepted as professional designations.

Both contexts demonstrate progress toward incorporating Muslim spiritual care into public institutions but differ in scope and structure: Bosnia’s developments remain rooted in the structures of the Islamic community and its established praxis, whereas Switzerland’s model reflects pluralism, standardisation, and professional integration. Notably, despite these divergences, the armed forces in both countries have assumed a pioneering role in establishing institutional spiritual care.

6.3 Human Image, Vulnerability and Non-Judgemental Support

Interviewees of both countries across army, healthcare, and prison settings recognise the profound emotional and existential challenges faced by those they serve. They emphasise human fragility, vulnerability, and shared destiny as the foundation for empathic, non-judgmental support rooted in the conviction that all people are God’s creatures, deserving of dignity and respect. This universal understanding guides their approach, focusing on presence, accompaniment, and facilitating meaning-making rather than authority or doctrinal instruction.

In healthcare and prison environments, the emotional intensity often prompts deep perspective changes and re-humanisation, highlighting the need for non-judgemental respect, particularly toward prison inmates. Spiritual caregivers work to support individuals reconnecting with their inner resources, fostering healing and resilience through active listening and sensitivity to diverse backgrounds. They acknowledge the importance of interreligious and creative methods beyond exclusively Islamic frameworks, ensuring care is inclusive, regardless of religious affiliation.

Spiritual caregivers reflect on their own vulnerabilities, balancing closeness and professional boundaries while managing emotional strain. Institution-specific contexts shape their work: army conscripts in Switzerland grapple with questions of purpose, while soldiers in the Bosnian Armed Forces struggle with separation from family; hospital patients face illness, loss, and ethical complexities; prisoners confront isolation, guilt, and justice concerns. Institutional support for caregivers, such as mentoring and team debriefings, has improved but remains insufficient.

Ultimately, high-quality Muslim spiritual care responds to universal human needs while taking into account each individual's unique social, cultural, and spiritual context with combined intuition, compassion and professional expertise.

6.4 Interventions, Communication, Skills and Virtues

Muslim spiritual care across various institutions consistently emphasises reliable, continuous and empathic presence, trust, and support for individuals facing crisis, positioning chaplains as companions more than experts delivering religious counsel. This role often inspires care providers to deeply reflect on their own spirituality, biases, and competences, transforming their work into a pathway for personal and professional growth. Core qualities deemed essential include authentic spirituality, empathy, psychological stability, openness to lifelong learning, and, contextually, courage, patriotism, and personal integrity, especially for army imams. Those working in healthcare must be loving and empathic, while prison chaplains require strong self-esteem and particularly non-judgemental support for inmates.

Beyond the general and specific, context-related religious knowledge, practical skills in social communication, cultural awareness, and organisational competence are vital for chaplains, with educational institutions encouraged to integrate psychology, pedagogy, and sociology into theological training. Non-formal education and hands-on experience, such as military service for army imams, or respectively army chaplains, further enhance preparedness. Across institutional settings like the army, hospitals, and prisons, spiritual caregivers offer confidential support including listening, counselling, mediation, religious guidance, and cultural translation, frequently supplemented by communal services like prayers and celebrations.

Professional spiritual care demands a robust set of virtues: trustworthiness, honesty, humility, patience, and a resilient, needs-focused attitude, combined with competencies in active listening, confidentiality, respectful boundaries, and creative adaptability. Chaplains play a bridging role between care seekers, religious communities, and institutions, balancing multiple loyalties with a commitment to interreligious and interprofessional collaboration. They navigate diverse Islamic practices and ethical-legal complexities while making use of a “spiritual fund” to provide hope and comfort. Continuous learning, professional commitment, role modelling, and fitting into organisational contexts remain crucial, as does managing self-care to withstand challenges such as powerlessness and silence. The study also provides evidence of gender-relevant aspects in spiritual care from the perspectives of both those seeking spiritual care and spiritual care providers. It is important to take into account such aspects, particularly the potential of female caregivers in institutions and the potential consequences for chaplaincy.

Such an integrated approach defines Muslim spiritual care as a holistic, sensitive, and dynamic practice that attentively balances individual needs and institutional contexts, demanding from spiritual caregivers not only expertise but also intuitive discernment and adaptability.

6.5 Dealing with Different Normativities

Interviewees report that working within public institutions exposes them to a complex landscape of new and sometimes conflicting normativities shaped by secular rules, institutional procedures, and diverse ethno-religious interactions. These overlapping frameworks, common across settings but also marked by context-specific challenges such as the *hijāb* issue in the army, require chaplains and spiritual caregivers to exercise pragmatic, creative problem-solving. They often draw on personal initiative, guidance from senior religious figures, collaboration with professionals from their own or other religious communities, and interprofessional cooperation. This navigation of diverse norms not only fosters personal growth and institutional development but also advances the professionalisation of Muslim spiritual care in public spaces.

Practitioners are keenly aware of the need to balance institutional, professional, and religious expectations with ongoing reflexivity and ethical self-understanding. They see institutional frameworks less as obstacles and more as protective structures when they are well-integrated, and consider a solid knowledge of legal, procedural, and technical aspects, such as patient rights and prison law, as essential. In Switzerland, many chaplains' migration backgrounds and varied professional experiences bolster their adaptability and resilience in the face of scepticism or mistrust linked to their religious identity. In Bosnia, however, it is previous experience of Muslim practitioners, their enthusiasm, creativity and support of the IC that help them in navigating through still-developing field of spiritual care in public settings.

Flexibility and sensitivity characterise their navigation of different institutional logics, whether in hospitals, prisons, or the army, while maintaining their authentic religious principles. The dual roles of imam and chaplain illustrate this balancing act; in prisons, some keep these roles

distinct, whereas in hospitals, chaplaincy often complements traditional religious leadership. In the army, institutional demands strongly shape practice, requiring a balance of internal religious loyalty and external institutional expectations. In the Swiss context, many interviewees reported encountering scepticism, ignorance, and even resistance. These experiences seem to have been formative, fostering resilience when they first engaged with institutional structures in their professional roles as chaplains. In this respect, the role of Muslim spiritual care practitioners in Bosnia is notably influenced by the level of their formal integration in the public system, which will probably remain a major challenge for initiatives aiming for further development in this promising field.

Ultimately, successfully managing these varying normativities demands contextual awareness, adaptability, and a grounded, ethical self-concept that harmonises professional responsibilities with religious identity.

6.6 Interprofessional and Interreligious Cooperation

The quality and level of cooperation between Muslim spiritual care providers and other professionals vary significantly across institutions in both Bosnia and Switzerland, shaped by differing degrees of institutionalisation and professionalisation. In Bosnia, military imams within the Armed Forces benefit from strong collegial support, daily presence, and clear professional roles, fostering frequent and effective collaboration with officers and service members. Conversely, officials of the Islamic Community serving healthcare facilities and penitentiaries typically juggle multiple responsibilities outside these institutions, resulting in limited presence and fewer opportunities for sustained interaction with other professionals. This structural reality, along with individualised approaches, affects the extent of cooperation, although exceptions exist, such as female educators in prisons who report more positive interdisciplinary engagement. Such dynamics highlight a considerable potential for enhanced professionalisation of Muslim spiritual care in Bosnia, alongside advances in institutional interreligious dialogue within a socially segregated post-conflict society. An encounter between religious Others in the public settings analysed is in many ways a pluriform and multi-layered experience with many colours and subtleties. As such, it takes place across three levels of interaction, including the religious officials and spiritual caregivers, other personnel and professionals, and residents and inmates belonging to different religious groups. From the perspective of Muslim officials, mostly for the same structural reasons indicated above, the quality and level of this interaction and cooperation vary across different institutions and levels. Although officials explicitly allude to the presence of a considerable space for progress in this regard, in the accounts of army imams, we can easily detect a clear confirmation of their satisfaction and remarkable creativity in promoting interfaith interaction and cooperation in the AF, across all its aspects and layers. On the contrary, interaction between the representatives of different religious communities in the prison system is almost non-existent, probably due to their employment status as external visiting associates and mismatches in their work

schedules. For similar reasons, regulations in the penitentiaries limit officials access inside the facilities, restricting their interaction to the members of their own religious group. The experience of the Muslim interviewees in healthcare settings is different and particularly interesting. While for some, it is a remarkably positive and enriching experience, and an opportunity to the extent that they benefit significantly from non-Muslim spiritual caregivers. For others, such encounters are sporadic, unplanned interactions with residents and professionals from other religious groups, without any encounters being planned with religious officials or spiritual caregivers. Importantly, however, interaction between spiritual care practitioners and residents of healthcare institutions across ethno-religious groups seems to be intensive and operate on a simply human scale. It takes place in a psychosocial atmosphere governed by images of universal human vulnerability and suffering. This offers a valuable springboard for broader societal interreligious encounters, coexistence and prospective cooperation. One thing is sure: this aspect of religious service and spiritual care in the AF, healthcare and penitentiaries has the potential for the further professionalisation of Muslim spiritual care in Bosnia, as well as for institutional interreligious dialogue within its segregated society.

In Switzerland, the establishment and growth of Muslim spiritual care is deeply intertwined with interfaith collaboration, particularly supported by publicly recognised Christian churches which possess constitutional status and extensive professional expertise. On this foundation, interreligious and interprofessional cooperation has been built, enabling chaplains to cultivate an acceptance of diversity, intercultural competence, and an awareness of intra-Muslim plurality and generational shifts. Christian spiritual care has similarly adapted to Switzerland's evolving social and religious landscape, fostering openness and mutual learning that enrich the quality of care across institutions. Institutional embedding and cooperation provide Muslim chaplains with enhanced access to resources, specialist knowledge, and professional networks, although sensitive areas, such as participation in interfaith celebrations, require ongoing negotiation which balances institutional demands, personal convictions, and care recipients' needs.

This cooperative process highlights the relationship of learning and mutual respect that supports the integration of Muslim chaplains, while also revealing an underlying hierarchy in which institutional authority and expertise remain tied to the Christian precedent. Muslim chaplains thus appear as beneficiaries within an inherited system, reflecting subtle asymmetries in power and recognition. Consequently, although interreligious collaboration is constructive and continues to strengthen the professionalisation of Muslim spiritual care, it simultaneously underscores the need for ongoing efforts toward genuine equality and shared professional recognition within interreligious chaplaincy teams. The growing self-organisation of Muslim chaplaincy through associations and networks further contributes to this development, by securing recognition, consolidating practice, and raising visibility. Continuing education remains crucial, to prepare chaplains for the ethical, legal, and spiritual complexities inherent in prisons, hospitals, and the armed forces.

These findings demonstrate that Muslim spiritual care thrives through dynamic interreligious and interprofessional relations which necessitate flexibility, cultural sensitivity, and negotiation between authenticity and institutional expectations. This interplay can strengthen spiritual care's professionalism, adaptability, and contextual relevance, advancing its integration and acceptance within diverse public institutions.

7. Recommendations

The aim of this study was to explore the professionalisation processes of spiritual care in Bosnia-Herzegovina and Switzerland. This initially involved exploring spiritual care in both countries and continuously comparing the findings. In line with WHO, spirituality is regarded as a central dimension of health – which represents a unifying factor across countries.

This dialogue gave rise to various ideas, which are summarised below in the form of recommendations. These are based on the experiences and reflections of the interviewees as well as on the joint reflections of the researchers. Due to the different frameworks involved, a simple transfer from one context to the other is not possible. The recommendations are therefore formulated in such a way that they may provide impulses for both country contexts and beyond. The recommendations focus on the quality of spiritual care in the first instance, and on the institutional framework conditions that are essential for professional practice in the second.

1. Terminology and concepts: Different terms and concepts are used when talking about religious or spiritual support for people in public institutions. Spiritual care is a comprehensive concept that is interdisciplinary and compatible with other disciplines, but also open to the specific spiritual care provided by imams, chaplains and other religious professionals. All stakeholders should make creative efforts to explore and exploit the potential of spiritual care as an inclusive concept.

2. Diversity of needs among service seekers: A starting point for spiritual care is with the diverse needs of service seekers. These cannot be reduced to the denominator of a “standard believer”, “standard Muslim”, etc. There is also a growing number of service seekers with little or no religious socialisation, which must be increasingly taken into account. Encounters between spiritual caregivers and service seekers often transcend boundaries between groups and religious communities. For this reason, the skills and varied profiles of spiritual caregivers should be strengthened, so that they can engage with this diversity as impartially and as non-judgementally as possible, within the framework of freedom of religion (EHCR, art. 9).

3. Integration of spiritual care in public institutions: In some cases, and contexts, spiritual caregivers are already an integral part of public institutions and their interprofessional teams. In other cases, they come from outside the institution, which means they have less familiarity with the institution's internal processes. The integration of spiritual care should be strengthened, which is

why it is important not to abandon connections to religious communities and to strengthen the autonomy of spiritual care. Where possible, spiritual caregivers should work in institutions in a higher percentage of full-time positions, so that they can be fully integrated.

4. Multiple roles of chaplains and spiritual caregivers: Chaplains and spiritual caregivers perform a variety of roles. This requires a capacity to reflect about role-switching, not only within public institutions, but also in those cases where spiritual caregivers have other roles as imams outside public institutions. The main focus of spiritual caregivers is on providing individual support to service seekers. In addition, they take on important tasks in supporting and advising the staff of public institutions, acting as mediators in difficult situations and serving as experts in education. Public institutions and providers of spiritual care should take advantage of the opportunity to involve chaplains in a variety of roles. In particular, educational programmes should be developed in collaboration with spiritual caregivers, for both staff and residents of the institutions.

5. Skills and competencies for spiritual care: Spiritual care refers to human vulnerability. Chaplains practise various forms of conversation and counselling, sometimes incorporating individual or communal rituals. Chaplains should engage intensively with the anthropological foundations of their work, which refer to the multi-faceted image of humankind, and strengthen their communication skills. The diversity of profiles among spiritual caregivers helps them to respond in the best possible way to the diverse needs of beneficiaries.

6. Specific training for chaplains and spiritual caregivers: Spiritual care is increasingly developing into an independent professional field. In addition to basic theological qualifications, it is important that there are specific modules, further education courses and associated certifications in the field of spiritual care. Universities should establish and expand such programmes, closely linking them to practical experience in the field and the needs of public institutions. Together with religious communities, they should also strengthen the experience and knowledge transfer between practitioners and build up interdisciplinary expert teams comprising both scholars and practitioners.

7. Selfcare and support for spiritual caregivers: As in other helping professions, the work and constant confrontation with existential questions can place a heavy burden on spiritual caregivers. Spiritual caregivers themselves articulate the need for support and accompaniment in order to assure their wellbeing. Organisations responsible for spiritual care should therefore provide mentoring and interprofessional debriefings in order to strengthen professional self-reflection and development. Exchange among spiritual caregivers should also be intensified, to enable mutual learning and strengthen professional identity.

8. Multi-faith and faith-specific models: Depending on the institution and country, multi-faith or faith-specific approaches to spiritual care are practised. Both have strengths firstly in terms of taking into account the individuality of religion and spirituality, and secondly, their common and ritual dimensions. Therefore, the two approaches should not be used in opposition to each other, but rather combined pragmatically whenever possible, so that spiritual caregivers can respond to the different concerns comprehensively.

9. Learning opportunities: The confrontation with different normativities in the public space represents an important learning opportunity. Modern societies are characterised by tension between institutional rules and logic, religious traditions and individual preferences, a situation which requires pragmatic solutions. Spiritual caregivers also meet scepticism, ignorance or even resistance. Spiritual caregivers should be empowered to recognise and understand such areas of tension, deal with them competently, and meet the different needs of individuals, institutions, and religious communities. Institutions should also use spiritual care as a learning opportunity.

10. Interreligious exchange and collaboration: In multi-religious societies, interreligious exchange between spiritual caregivers and their religious communities is essential. It can open up access to institutions for religious communities that do not yet have it, offer learning opportunities regarding challenging situations that chaplains face and open perspectives for an interreligious collaboration in the field of spiritual care. Therefore, interreligious competencies should be strengthened among all those involved. This also includes sensitivity to differences and power asymmetries between established and not-yet-established religious communities.

11. Gender-related aspects: Attention should be given to gender-related aspects in chaplaincy, as gender dynamics influence both the expectations of chaplains and the ways spiritual care is sought and received. Future research should examine how these dynamics affect access to and perception of chaplaincy services across different institutional settings. Moreover, ongoing discussion is needed on how to foster equal recognition, participation, and support for male and female chaplains and their potential within both religious communities and society.

In this way, we hand over our research findings and reflections to readers and the various stakeholders involved in spiritual care in public institutions. Their collaboration will enable the professionalism and quality of spiritual care to be further developed.

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B: List of Interviews

The interviews in Bosnia-Herzegovina (B) and Switzerland (CH) with spiritual care practitioners and those involved in the three areas of the army (A), health sector (H) and prisons (P) took place between January and June 2025. For reasons of data protection, they have been abbreviated in the text according to the "country-institution-interview number" principle, without identifying the interviewee in detail.

Longer interviewee statements that are cited verbatim are highlighted in grey. Omissions within quotations for reasons of conciseness are indicated with "...", comments by the authors by square brackets [comment, A.S. or A.H.A], added stylistic formulations for a better understanding are in ellipsis (added formulations).

The interviewees in Switzerland (five women, five men) are all Muslims who were involved in practical spiritual care in the sector for which they were interviewed at the time of the survey. Some also provide parallel spiritual care in other institutions.

Interview CH-A-1 (21.01.2025)

Interview CH-A-2 (12.03.2025)

Interview CH-H-1 (10.04.2025)

Interview CH-H-2 (08.05.2025)

Interview CH-H-3 (23.05.2025)

Interview CH-H-4 (28.05.2025)

Interview CH-P-1 (29.05.2025)

Interview CH-P-2 (16.06.2025)

Interview CH-P-3 (24.06.2025)

Interview CH-H-5 (27.06.2025)

The interviewees in Bosnia and Herzegovina were mainly Muslims, with two Catholic priests included for the sake of comparative analysis. Similarly, two of the interviewees are females, while the rest are males. All of them were in some way involved in providing spiritual care in the area for which they were interviewed at the time of the survey.

Interview B-A-1 (22.01.2025)

Interview B-A-2 (28.01.2025)

Interview B-H-1 (21.05.2025)

Interview B-H-2 (28.05.2025)

Interview B-H-3 (02.06.2025)

Interview B-H-4 (03.06.2025)

Interview B-H-5 (12.06.2025)

Interview B-P-1 (24.06.2025)

Interview B-P-2 (25.06.2025)

Interview B-P-3 (25.06.2025)

Interview B-P-4 (27.06.2025)

Interview B-P-5 (27.06.2025)

C: Abbreviations

AF: Armed Forces of Bosnia and Herzegovina

BFS: Bundesamt für Statistik (Federal Statistical Office)

BGE: Bundesgerichtsentscheid (Federal court decision)

CAS: Certificate of Advanced Studies

EFTA: European Free Trade Association

EKR: Eidgenössische Kommission gegen Rassismus (Federal Commission against Racism)

EU: European Union

Federation: Federation of Bosnia and Herzegovina

FIDS: Föderation Islamischer Dachorganisationen Schweiz (Federation of Islamic Umbrella Organisations Switzerland)

FIN: Faculty of Islamic Studies, University of Sarajevo

GCM: Gemeinschaft Christen und Muslime in der Schweiz (Community of Christians and Muslims in Switzerland, a Christian-Muslim association)

IC: Islamic Community in Bosnia and Herzegovina

MDBH: Ministry of Defence of Bosnia and Herzegovina

QuaMS: Qualitätssicherung der Muslimischen Seelsorge in öffentlichen Institutionen (Organisation of Quality Assurance of Muslim Spiritual Care in Public Institutions)

SIG: Schweizerischer Israelitischer Gemeindebund (Swiss Federation of Jewish Communities)

SR (Bosnian context): Serb Republic

SR (Swiss context): Systematische Sammlung des Bundesrechts (Systematic collection of federal law)

StGB: Schweizer Strafgesetzbuch (Swiss Criminal Code)

SZIG: Schweizerisches Zentrum für Islam und Gesellschaft (Swiss Centre for Islam and Society, University of Fribourg)