

Integrating Islamic Principles to Clinical Mental Health Care: Insights from al-Balkhi's Approach to Psychiatric Disorder

(Mengintegrasikan Prinsip-Prinsip Islam ke dalam Penjagaan Klinikal Kesihatan Mental: Memahami Pendekatan al-Balkhi terhadap Gangguan Mental)

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Abstract

Islam places significant emphasis on mental health, urging Muslims to approach it holistically. Until now, this characterization serves as a starting point for discussing the definition and scope of Islamic spiritual care. This research aimed to provide a comprehensive overview of al-Balkhi's contributions to Islamic psychology and their relevance to modern mental health practice. The methodology utilized in this research is a literature review that synthesized information from scientific texts, research reports, and historical accounts related to al-Balkhi's work. This review synthesizes Abu Zayd al-Balkhi's pioneering contributions to Islamic mental health principles, focusing on his seminal work *Masalih al-Abdan Wa al-Anfus* (Sustenance of the Body and Soul). This review highlights the enduring relevance of al-Balkhi's insights in mental health care, advocating for a holistic approach rooted in Islamic principles. His classifications of depressive states and therapeutic methods, like exposure-based treatments, still influence modern psychotherapy. Al-Balkhi's holistic view emphasizes the link between spiritual and physical well-being. Analyzing his theories alongside current knowledge aids in diagnosing consistently and guiding therapy effectively. Integrating historical perspectives can enhance culturally sensitive mental health interventions within Muslim communities, respecting diverse cultural contexts.

Keywords: Abu Zayd al-Balkhi; Cultural perspectives; Holistic approach; Islamic psychology; Spiritual care

Abstrak

Islam sangat menitikberatkan kesihatan mental dan menyeru umatnya untuk mendekatinya secara holistik. Sehingga kini, prinsip holistik berperanan sebagai titik permulaan untuk membincangkan definisi dan skop penjagaan spiritual Islam. Kajian ini bertujuan untuk memberikan gambaran menyeluruh mengenai sumbangan al-Balkhi kepada psikologi Islam dan relevansinya terhadap amalan kesihatan mental pada masa kini. Metodologi yang digunakan dalam penyelidikan ini adalah ulasan literatur yang menganalisa maklumat daripada teks-teks saintifik, laporan penyelidikan, dan catatan sejarah berkaitan dengan karya al-Balkhi. Ulasan ini juga menganalisa sumbangan Abu Zayd al-Balkhi kepada prinsip kesihatan mental Islam, dengan fokus kepada karya utamanya *Masalih al-Abdan Wa al-Anfus* (Sustenance of the Body and Soul). Kajian ini turut menekankan relevansi pandangan al-Balkhi dalam penjagaan kesihatan mental, dan menyeru kepada pendekatan holistik berdasarkan prinsip-prinsip Islam. Klasifikasi beliau terhadap depresi dan kaedah terapeutik seperti rawatan berasaskan pendedahan masih mempengaruhi ilmu psikoterapi moden. Pandangan holistik al-

Balkhi menekankan hubungan antara kesejahteraan rohani dan fizikal. Menganalisis teori beliau melalui ilmu pengetahuan semasa dapat membantu dalam memberikan diagnosis yang konsisten serta membantu menjalankan terapi dengan berkesan. Mengintegrasikan perspektif sejarah juga dapat membantu intervensi kesihatan mental yang sensitif terhadap budaya dalam komuniti Muslim.

Kata Kunci: Abu Zayd al-Balkhi; Perspektif budaya; Pendekatan holistic; Psikologi Islam; Penjagaan spiritual

1.0 INTRODUCTION

The concept of mental health carries notable significance in Islam, as happiness and overall quality of life are intricately linked to one's mental well-being (Majid 2023). The promotion of spiritual health has a positive effect on general health, disease progression, and mental health (Safara et al. 2022). The World Health Organization defines a healthy mental state as individuals realizing their potential, effectively managing life's pressures, excelling in studies and work, and making meaningful contributions to society (Hawadi and al-Asyhar 2023). Mental health science, focusing on the study of the psyche, aligns with Islamic principles that emphasize understanding, adaptation, and harmony with oneself, the environment, and God. Islam places significant emphasis on mental health, urging believers to approach it holistically (Majid 2023). This characterization serves as a starting point for discussing the definition and scope of Islamic spiritual care. It emphasizes the holistic nature of individuals, acknowledging both material and spiritual aspects (Baig and Isgandarova 2023). Spirituality involves experiencing a sense of acceptance, connection to a higher power, and aligning one's path with the will of that power, fostering integrity in the entire being based on the guidance of God (Safara et al. 2022). Spirituality was also positively associated with meaning in life, while significant relationships were observed between meaning in life and mental health (Yoon et al. 2021).

Defining spirituality or Islamic spiritual care is a nuanced task due to the multifaceted nature of human beings, according to Islamic sources. In Islam, the holistic view acknowledges various dimensions, including the body and spirit, as integral components driving human endeavor (Baig and Isgandarova 2023). Some perceive that spiritual health is a facet of well-being that encompasses all

dimensions of health, suggesting that by attaining spiritual perfection, other aspects of health will also be realized (Safara et al. 2022). This perspective allows spiritual caregivers to perceive patients as unified wholes, recognizing the sacredness within individuals based on their unique capacities (Baig and Isgandarova 2023). There is a notable need to develop culturally and age-appropriate measures for assessing spiritual health, transforming it into a widely recognized scientific field (Safara et al. 2022). Additionally, despite global efforts to promote mental health awareness and treatment, there has been limited attention given to psychotherapy with a religious approach, particularly within the context of Islam (Hawadi and al-Asyhar 2023) or integrating religiosity in therapy. Addressing these gaps is crucial for advancing our understanding of spirituality in health care and improving the efficacy of mental health interventions within diverse cultural contexts.

Understanding mental health within Islam necessitates a consideration of the historical frameworks used within the medical paradigm of the Islamic Golden Age in the 9th century, specifically during the Abbasid Caliphate era. This suggests that contemporary debates in psychology and psychiatry should be informed by these historical Islamic approaches to mental health, which were shaped by the medical discourse of their time (Mitha 2020). The incorporation of spirituality into clinical practice has been a substantial focus in scholarly activity for several decades, acknowledging that issues related to religion and spirituality have been present in clinical settings throughout history (York and Awan 2023). Cultural formulations of mental illness associated with Islam, coupled with historical Islamic approaches to mental health rooted in the medieval Muslim medical tradition, serve as references for the emerging field of Islamic psychology (Mitha 2020). Islamic psychology incorporates the theories and

practices of early Muslim scholars as a framework for psychotherapy within an Islamic context (Malik 2023). Recognizing and incorporating these historical perspectives can contribute to a more culturally informed and effective approach to mental health within Muslim communities (Mitha 2020). Overall, the distinctiveness of understanding mental health within Islam lies in its holistic integration of historical frameworks, spirituality, cultural formulations, and the emergence of a specialized field of Islamic psychology. By embracing these diverse perspectives, mental health practitioners can provide more nuanced and effective support within Muslim communities, contributing to a broader understanding of mental health across cultures.

Contrary to the commonly held narrative attributing the discovery or development of psychology and mental health solely to Europeans around 150 years ago, it is crucial to note that historically, Muslims were among the earliest clinicians, pioneering foundational concepts and practices that laid the groundwork for our understanding of mental health and well-being (York and Awan 2023). Although the term psychology was not explicitly used, early Muslim scholars explored the concept of the self through philosophical writings on *nafs* (self or soul) and *fitrah* (human nature). Scholars like Ali Ibn Sahl Rabban At-Tabari and Abu Zaid al-Balkhi emphasized the importance of psychotherapy, highlighting the connections between psychology and medicine (Malik 2023). Baghdad, Iraq, held a distinguished position as a cultural and intellectual hub of Islamic civilization, boasting the world's first psychiatric hospital. Established in the ninth century, this hospital aimed to provide humane treatment for a population (the ninth-century Muslim world) that had often faced mistreatment. Abu Zayd al-Balkhi, a polymath from the Muslim world, further contributed to this legacy by writing

Masalih al-Abdan Wa al-Anfus (Sustenance of the Body and Soul) in the same century (Awaad et al. 2023).

Al-Balkhi, born in 850 A.D. in present-day Afghanistan, left a lasting legacy with significant contributions to various fields during his life in Baghdad. His diverse expertise spanned mathematics, psychology, medicine, and geography. Notably, his book *Masalih al-Abdan Wa al-Anfus* (Sustenance of the Body and Soul) played a crucial role in defining mental health and introducing the concept of *Tibb al-Qalb* (spiritual medicine), emphasizing the interconnectedness of physical health and a balanced soul (Ansari and Iqbal 2023). Al-Balkhi stands out as a pioneering figure in Islamic psychology and neuroscience during the 9th century. Regarded as a multitalented scientist, he played a pivotal role in expanding the scope of health from a predominant focus on physical well-being to a holistic approach that embraced mental health. His expertise encompassed psychology, neuroscience, and cognitive science (J.A. Arroisi and Latifah 2023). His work, centuries ahead of his time, distinguishes between types of depression, acknowledges the potential inheritance of obsessive thinking, and demonstrates a keen understanding of psychology. Al-Balkhi's insights remain remarkable for their early recognition of different depressive states and the multifaceted nature of mental health (J. Arroisi and Himaya 2023). Influenced by the Quran and Hadith, al-Balkhi's ideas resonated with later scholars such as al-Razi, Ibn-Sina, and others. His clinical applications, notably exposure-based treatment, continue to be recognized and utilized in modern psychology, highlighting the enduring impact of his pioneering work on mental health (Ansari and Iqbal 2023). Despite this rich history, social stigma and cultural mistrust have posed challenges for Muslims in accessing mental health services, leading to unmet mental health needs (Malik 2023).

By illuminating the historical context and clinical applications of al-Balkhi's ideas, particularly his utilization of exposure-based treatment, the review aims to bridge the gap between historical wisdom and modern psychotherapeutic approaches. Moreover, it seeks to address the cultural barriers and stigma that hinder Muslims from accessing mental health services, thereby advocating for a more culturally sensitive and inclusive framework in mental health interventions. By elucidating the cultural relevance of al-Balkhi's insights, the review strives to promote a deeper understanding of diverse cultural contexts and enhance the effectiveness of applied psychotherapies within Muslim communities.

2.0 METHODOLOGY

The review sourced data primarily from reputable academic databases, including Scopus, ScienceDirect, and PubMed. Articles were selected based on their relevance to the intersection of Islamic principles and mental health care, with a focus on English-language publications. The literature review also involves a systematic collection of pertinent information from scientific books, research reports, essays, theses, and dissertations related to Abu Zayd Al-Balkhi's work, specifically focusing on his book *Masalih al Abdan wa al Anfus*. It compiles theories proposed by Al-Balkhi, particularly in the context of mental illness, and analyzes his opinions on mental illness as presented in the book (J. Arroisi and Himaya 2023). The author focuses on key aspects related to the *Masalih al Abdan wa al Anfus*, delving into the concept of mental health, and Islamic Psychology according to al-Balkhi (Majid 2023). The study thoroughly examines al-Balkhi's classifications, descriptions of symptoms, predisposing factors, and treatment modalities of psychiatric disorders. This analysis is conducted in the context of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

(DSM-5), and modern scientific discoveries, revealing a transcultural diagnostic consistency of psychiatric disorders across many centuries. The paper further explores the theoretical and clinical implications of these findings (Awaad and Ali 2016). By employing the review method, the author aims to examine various Islamic perspectives, theories, and insights related to psychiatric disorders according to Abu Zayd Al-Balkhi's work. The goal is to cultivate a new and informed viewpoint on Islamic psychology by synthesizing and critically analyzing the existing body of knowledge in the field through this review (Majid 2023).

3.0 RESULTS AND DISCUSSION

Masalih al-Abdan Wa al-Anfus (Sustenance of the Body and Soul) by Abū Zayd al-Balkhī is a profound exploration of psychological well-being, emphasizing the interconnectedness of mental and spiritual health (Safara et al. 2022). Apart from that, the work provides a comprehensive guide to navigating the complexities of the human psyche, fostering well-being in the pursuit of a balanced and resilient life (al-Balkhī 2013). The term *whole* underscores the comprehensive approach required in spiritual care (Baig and Isgandarova 2023). This also includes the interconnectedness of psychological and bodily well-being, setting the stage for practical treatment methods (al-Balkhī 2013).

His groundbreaking work involves a comprehensive classification of neurotic disorders, complemented by insights into the application of rational and spiritual cognitive therapies tailored for each classified disorder (Ibrahim and Haque 2023). In his book, he also defined panic attacks, phobias, and obsessive-compulsive disorders (Shahpesandy et al. 2022). In *Masalih al-Abdan Wa al-Anfus*, Abū Zayd al-Balkhī's work begins by emphasizing the vital need to prioritize soul sustenance, highlighting the interplay between mental

and spiritual well-being. The exploration unfolds, addressing preventive measures for maintaining soul health, urging resilience, and wise choices. Acknowledging the inevitability of psychological disturbances, he also introduces internal and external approaches for treating disordered souls. A foundational framework is established, emphasizing spiritual therapy and the interconnectedness of psychological and bodily well-being (al-Balkhī 2013). The traditional approach in biomedical and public health has primarily focused on addressing harmful risk factors associated with chronic diseases, contributing significantly to prevention and treatment efforts (Kim et al. 2021). In the healthcare domain, the traditional emphasis has primarily been on addressing specific diseases rather than taking into account the overall well-being of the patient (Levine et al. 2021). However, concerns have emerged due to an increase in years lost to disability and a reversal in life expectancy gains, particularly among specific demographic groups (Kim et al. 2021). In response, there is a growing call to expand the approach by integrating resilience and psychosocial assets into prevention and treatment programs (Kim et al. 2021). The American Heart Association issues a scientific statement that underscores a shifting perspective toward recognizing the significant impact of psychological health on cardiovascular disease (CVD) (Levine et al. 2021). This statement acknowledges well-established connections between psychological well-being and CVD, emphasizing evidence suggesting a potential causal relationship between psychological factors and biological processes contributing to cardiovascular issues. It advocates for the inclusion of psychological health considerations in the evaluation and management of individuals with or at risk for cardiovascular disease (Levine et al. 2021).

3.1 ABU ZAYD AL-BALKHI'S PERSPECTIVE ON NEUROSIS

Abu Zayd al-Balkhi, a Muslim polymath, is renowned for his significant contributions to psychology, particularly his exploration of depression and anxiety within the context of Islam during his era. Al-Balkhi played a pivotal role as an early pioneer in comprehending mental disorders, notably through the classification of psychological symptoms, showcasing a remarkable alignment with more contemporary perspectives. This underscores al-Balkhi's insightful understanding of the interconnected nature of physical and mental health, emphasizing the crucial importance of maintaining a balance between these two realms (Raudah, Arief, and Rahman 2023).

In the realm of clinical psychology, al-Balkhi made groundbreaking differentiations between neuroses and psychoses (Malik 2023). Al-Balkhi's classification of neuroses revolves around four emotional disorders: fear and anxiety, anger and aggression, sadness and depression, and obsessions. Additionally, he explored the interplay between physical and psychological disorders, emphasizing their interaction in causing psychosomatic disorders.

Al-Balkhi proposed a pragmatic approach to emotional well-being, suggesting that, much like keeping drugs and First Aid medicines for physical emergencies, individuals should also nurture healthy thoughts and feelings for unexpected emotional challenges (Ibrahim and Haque 2023). A unique aspect of Al-Balkhi's contributions lies in his approach to neuroscience from a spiritual dimension, emphasizing the interconnectedness between humans and God, along with other metaphysical aspects. This spiritual perspective contrasts with contemporary studies that often prioritize purely scientific or anthropocentric approaches while

neglecting spiritual dimensions (J.A. Arroisi and Latifah 2023).

3.2 ABU ZAYD AL-BALKHI'S PERSPECTIVE ON DEPRESSION

One of the Chapters in *Masalih al-Abdan Wa al-Anfus* delves into the profound impact of sadness and depression on individuals, recognizing their potential to cause severe reactions (al-Balkhī 2013). Sadness is typically characterized by observable physiological changes such as raised inner eyebrows, lowered corners of the mouth, decreased walking speed, and a slumped posture (Arias et al. 2020). Contemporary descriptions within the fields of psychiatry and psychology propose that the experience of depressed mood in clinical depression shares commonalities with the mild sadness encountered in everyday life, albeit being more profound and enduring (Bowen et al. 2017). Incredibly, over a millennium ago, Balkhī made a remarkable distinction between normal sadness and depression (Shahpesandy et al. 2022).

Major Depressive Disorder (MDD) is among the clinical depression, which is more severe than normal sadness. It is recognized as a substantial public health concern, significantly impacting an individual's quality of life and contributing to the global burden of disease (Pitsillou et al. 2020). Individuals experiencing depression may resort to coping mechanisms such as alcohol consumption or, in extreme cases, contemplate suicide. Despite the significant medical and societal implications of depression, the conceptual understanding of the origins and mechanisms underlying its development remains incomplete (Ekpe, Onukwuba, and Amaechi 2022). The clinical diversity observed among patients poses challenges for accurate diagnosis, often leading to the utilization of a symptom-based approach. The complexity of MDD, coupled with limited precise knowledge about its

pathophysiology, complicates effective management (Pitsillou et al. 2020).

Diverse views exist regarding depression, with some considering it an illness or a manifestation of one's attitude toward life. From a historical standpoint, ancient Greeks attributed depression to imbalances in bodily fluids, including blood, phlegm, yellow bile, and black bile (Ekpe, Onukwuba, and Amaechi 2022). Numerous hypotheses proposed for the neurobiology of MDD and underscores the necessity for a unified model, given the integration of many of these pathways. The discussed pathways include neurotransmission, neuroinflammation, stress response pathways, and the endogenous opioid system. Moreover, the etiology and pathophysiology of MDD remain largely elusive due to intricate genetic and environmental interactions (Pitsillou et al. 2020).

In his classification of depression, al-Balkhi identified three types: everyday normal sadness (*huzn*), equivalent to contemporary normal depression, endogenous depression originating within the body, and reactive depression originating outside the body (Ibrahim and Haque 2023). Endogenous depression is characterized by symptoms of major depressive episodes associated with hallucinations and delusions, and reactive depression, which is triggered by environmental factors and involves unnatural thoughts and feelings related to loss or stressful events (J. Arroisi and Himaya 2023). This nuanced understanding of depression underscores al-Balkhi's early recognition and differentiation of various forms of this mental health condition (Ibrahim and Haque 2023). Balkhi's insights into endogenous depression foreshadowed descriptions introduced much later in the Western medical tradition. Terms like endogenous were coined around 1893 by Paul Julius Möbius, and Emil Kraepelin introduced psychogenic

depression in 1899. Balkhi's early understanding of depression underscores his pioneering contributions to the field, highlighting the timeless relevance of his work (Shahpesandy et al. 2022). Additionally, distinctions have been explored between depression with an apparent endogenicity or unexplained origin versus conditions that appear to be reactive responses to external stresses. Furthermore, the classification has extended to encompass depression of mild or moderate severity, often accompanied by anxiety and various neurotic clinical characteristics. In the 20th century, the term melancholia vied for attention with the concept of endogenous depression, suggesting a relatively severe and function-impairing form of depression that appears to arise spontaneously, in contrast to reactive depression associated with stressful experiences (Sani et al. 2020).

Current interventions for alleviating symptoms associated with endogenous depression encounter various challenges, ranging from lack of effectiveness and medication adherence issues to unpleasant side effects (Crişan et al. 2023). Other challenges include unethical or harmful approaches, which not only impact the individual suffering from depression but also have repercussions on those around them and society as a whole (Ekpe, Onukwuba, and Amaechi 2022). Al-Balkhi provides a comprehensive guide to overcoming sadness and depression caused by distressing life experiences (al-Balkhī 2013). His guide also shares some similarities with current psychological interventions for depression.

Al-Balkhi presents mental practices as a key strategy to address sadness caused by a known reason. Two main approaches are highlighted: internal strategies, involving mental mechanisms, and external strategies, involving specialized psychotherapies (al-Balkhī 2013). The external approach involves specialized

psychotherapies who work on improving morale and addressing grief, coupled with medical treatments targeting physical symptoms. On the other hand, the internal strategy focuses on mental mechanisms based on optimistic thinking. Al-Balkhi advocates for training individuals to overcome failures and motivate themselves until the depression diminishes. However, he acknowledges that internal healing may pose challenges without external motivation from the surrounding environment (J. Arroisi and Himaya 2023).

Al-Balkhi underscores that a person's mental health is evident when their mental state is calm, and not dominated by singular emotions like anger, panic, or fear (J. Arroisi and Himaya 2023). This perspective resonates with modern coping strategies, highlighting the significance of emotional balance and stability as essential components of effective coping strategies. Healthy coping categories include self-soothing, relaxing or distracting activities, social support, and professional support (Stallman 2020). Peer support has gained popularity in adult mental health services as a supplementary approach to existing care delivered by formally trained clinicians (Simmons et al. 2022). Other healthy coping includes exercise activities. Exercise interventions have a positive impact on alleviating depressive symptoms in the general population, spanning a broad age range (Hu et al. 2020). On the other hand, unhealthy coping categories encompass negative self-talk, harmful activities, social withdrawal, and suicidality. Each coping strategy falls within one of these distinct categories, which are either healthy or unhealthy. The categorization of coping strategies as healthy or unhealthy is empirically supported, offering clinical utility in diverse areas such as stigma reduction, suicide prevention, and the treatment of both physical and psychiatric illnesses (Stallman 2020).

Emphasizing the importance of recognizing the excessive bodily harm caused by prolonged sadness and depression, Al-Balkhi encourages logical thinking to prioritize bodily health over mourning losses (al-Balkhī 2013). Interestingly, there are similarities between the ideas of Al-Balkhi and the concept of Cognitive Behavioral Therapy (CBT) pioneered by Aaron T. Beck. Both approaches emphasize understanding and treating depression, its symptoms, and the significance of fostering positive and rational thoughts in addressing psychological disorders. However, Al-Balkhi introduces a distinctive religious perspective, emphasizing the importance of faith in navigating worldly problems and the belief that true happiness lies in the afterlife. While CBT has evolved significantly in modern psychology, incorporating disciplinary advancements and practical applications, Al-Balkhi's insights may offer an alternative psychotherapeutic approach to address mental health issues within Muslim communities. Integrating religious elements into psychotherapy could provide a culturally sensitive and spiritually resonant avenue for mental health treatment (Hawadi and al-Asyhar 2023).

Advising individuals to understand and accept that life is not a perpetual state of joy and happiness, Al-Balkhi urges individuals to enjoy life's pleasures with gratitude (al-Balkhī 2013). Research indicates that gratitude interventions aimed at fostering appreciation for positive qualities, situations, and individuals in one's life may contribute to improved psychological well-being. Consequently, mental health practitioners have advocated for gratitude interventions as a self-help strategy (Cregg and Cheavens 2021). Gratitude interventions, characterized by their ease of delivery, hold promise for integration into clinical care. While these interventions consistently demonstrate benefits for psychological well-being, the

impact on physical health outcomes is more varied (Boggiss et al. 2020).

Accepting that life in this world inherently involves both joy and sorrow, gain and loss, Al-Balkhi encourages individuals to recognize that total freedom from fear and sadness is reserved for the Hereafter. Encouraging individuals to find solace in shared human hardships, Al-Balkhi reminds individuals that incidents causing sadness and grief are part of life's nature, providing thoughtful tranquility to control distress (al-Balkhī 2013). Accumulating research suggests that acquiring skills in acceptance is associated with temporal and causal improvements in mental health and well-being (Linardon 2020). The concept of acceptance is integrated into various therapeutic approaches, particularly within the 'third-wave' or contextual behavioral therapies like acceptance and commitment therapy (ACT). These therapies share a common emphasis on assisting individuals in cultivating a mindful or accepting attitude towards their symptoms and distressing experiences, steering away from efforts to diminish, alter, or eliminate them. Acceptance is not viewed as a passive response to suffering or incomplete recovery; instead, it represents an active stance or willingness to endure and experience uncomfortable thoughts, feelings, and bodily sensations while pursuing personally meaningful behavior (Jansen et al. 2020). Individuals undergoing interventions rooted in ACT demonstrate improved emotional states and heightened psychological flexibility compared to control groups receiving no treatment (Coto-Lesmes, Fernández-Rodríguez, and González-Fernández 2020). Nevertheless, interventions focused on teaching these principles typically depend on in-person interactions with a therapist, potentially limiting their widespread dissemination (Linardon 2020).

3.3 ABU ZAYD AL-BALKHI'S PERSPECTIVE ON ANXIETY AND PHOBIA

Anxiety disorders manifest with symptoms such as worry, social and performance fears, unexpected or triggered panic attacks, anticipatory anxiety, and avoidance behaviors (Szuhany and Simon 2022). Generally, anxiety arises in response to distal or uncertain threats, eliciting changes in one's subjective state, autonomic responses, and behavior. While anxiety responses typically serve an adaptive function, their excessive, uncontrolled, and generalized manifestation can become maladaptive, resulting in distress and avoidance of potentially threatening situations (Kenwood, Kalin, and Barbas 2022). Physical symptoms like palpitations, shortness of breath, and dizziness often accompany anxiety disorders (Szuhany and Simon 2022).

Anxiety disorders emerge as the predominant global mental health challenge and present substantial impairment and disability (Chellappa and Aeschbach 2022; Zimmermann et al. 2020). Anxiety disorders such as generalized anxiety disorder have a lifetime prevalence of 6.2%, social anxiety disorder at 13%, and panic disorder at 5.2%, either with or without agoraphobia, are frequently encountered in primary care settings (Szuhany and Simon 2022). Other than that, specific phobias also represent highly prevalent anxiety disorders that affect a significant portion of the global population, exerting detrimental impacts on individuals' daily functioning (Thng et al. 2020; Freitas et al. 2021; Boehnlein et al. 2020). Specific phobias vividly exemplify emotional dysregulation, characterized by an intense, irrational, and disproportionate fear of specific stimuli, situations, objects, creatures, places, or situations (Freitas et al. 2021; Frumento et al. 2021). Watson and Rayner's seminal work in 1920 demonstrated the acquisition of human fear through Pavlovian conditioning. Since then,

neuroscientific and behavioral studies have deepened our understanding of fear acquisition (Boehnlein et al. 2020). Rooted in conditioning theories, both classical and operant, specific phobias emerge through repetitive stimulus pairings, often ignited by a singular emotionally charged event. Mowrer's 2-factor model posits the initial acquisition of phobias through classical conditioning, perpetuated by subsequent operant conditioning, where avoidance behaviors provide relief. Seligman's Theory of Preparedness aligns with this paradigm, recognizing the differing conditionability of stimuli and elucidating the prevalence of specific phobias linked to evolutionarily significant threats (Frumento et al. 2021).

Al-Balkhī underscores the role of fear and senses, emphasizing the impact of ignorance and unfamiliarity in evoking fear. He contrasts the behavior of animals, which may retain fears throughout their lives, with the maturation process that allows children to overcome infantile dread. He concludes that acquiring knowledge and information about fearsome things is crucial to tranquilizing fear, advocating for the repetition of exposure to noxious stimuli to familiarize the senses and reduce fear (al-Balkhī 2013).

Laboratory experiments utilizing fear conditioning and extinction protocols play a crucial role in establishing the foundation for the design, testing, and optimization of innovative treatments for anxiety-related disorders (Cooper and Dunsmoor 2021). Three promising manipulations have emerged for achieving more enduring fear reduction: novelty-facilitated extinction training, the presentation of conditional-unconditional stimulus pairings or unpaired unconditional stimuli during extinction, and extinction with additional stimuli resembling the original conditional stimuli. These approaches offer potential avenues to enhance the long-term efficacy of fear-reduction strategies (Boehnlein et al. 2020).

Treatment for phobic disorders is not standardized, and it needs to be tailored to each individual for positive, long-term results. One common treatment method is in vivo exposure, where the patient is gradually and repeatedly exposed to the feared stimulus until distress decreases. The goal is to change the patient's response to the fear-inducing object or situation (Freitas et al. 2021). Al-Balkhi provides valuable insights into understanding, managing, and ultimately tranquilizing fear (al-Balkhī 2013). His pioneering work extended to exposure therapy, akin to the modern systematic desensitization, which he termed *Reyadat al-Nafs*. This method involved gradual exposure to feared stimuli to reduce fear sensitivity and diminish the associated response (Malik 2023). Habituation and familiarity are explored as crucial factors in tranquilizing fear, with repeated exposure reducing fear in various contexts, such as war horrors, medical procedures, or natural phenomena. Overcoming ignorance through education is identified as the root of most human fears and terrors, highlighting the role of knowledge in healing fear by familiarizing individuals with the true nature of what they fear (al-Balkhī 2013). Specific phobia lends itself to efficient treatment through various therapeutic modalities, such as exposure therapy and cognitive therapy. Exposure therapy, renowned for its efficacy, involves deliberately subjecting the individual to the anxiety-inducing source or its contextual elements without posing any actual threat (Albakri et al. 2022). This approach entails exposing patients to the phobic stimulus to extinguish the acquired phobic response. However, challenges arise as patients must endure the presence of the phobic stimulus until the phobic response subsides, posing difficulties for more apprehensive individuals. This paradox contributes to a minority seeking treatment, resulting in significant rates of unresponsiveness and dropouts. Deficiencies in basic mechanisms, such as inhibitory learning, further impede

exposure therapy effectiveness, necessitating strategies to counterbalance pathological functioning (Frumento et al. 2021).

3.4 ABU ZAYD AL-BALKHI'S PERSPECTIVE ON OBSESSIVE-COMPULSIVE DISORDER (OCD)

Obsessive-compulsive disorder (OCD) is a common and often debilitating condition (Fontenelle, Nicolini, and Brakoulias 2022). OCD represents a significant source of psychiatric morbidity globally, with a lifetime prevalence estimated at 1–3% (Philip and Cherian 2021). However, correct diagnosis and timely implementation of appropriate treatment are frequently delayed, leading to unfavorable outcomes. While individuals with OCD typically report a prolonged history of subclinical obsessive-compulsive symptoms (OCS), longitudinal studies indicate that most individuals with subclinical OCS in the community do not progress to full-blown OCD (Fontenelle, Nicolini, and Brakoulias 2022).

The hallmark features of OCD include recurring intrusive thoughts and impulses (obsessions) and repetitive intentional behaviors (compulsions) aimed at alleviating associated anxiety. Despite recognizing the irrational nature of their thoughts and behaviors, individuals with OCD often struggle to resist them, significantly impacting their quality of life (Philip and Cherian 2021). People with OCD commonly experience substantial distress, and various obstacles may hinder access to effective treatment. Despite receiving tailored OCD treatment, some individuals still grapple with persistent symptoms (Freedman and Richter 2021). Growing evidence suggests that OCD may be a progressive disorder, with the severity and duration of illness associated with biological changes and increased clinical complexity. This includes a greater number of physical and psychiatric comorbidities,

increased family accommodation, and poorer treatment response (Fontenelle, Nicolini, and Brakoulias 2022).

The concept of OCD can be traced back to the 9th century by the work *Masalih al-Abdan Wa al-Anfus* by Abu Zayd al-Balkhi, which challenges the widely held belief that the earliest case of OCD was reported by Robert Burton in 1621. His work during the Islamic Golden Era (the period between the 8th and 14th centuries) is presented as a significant source that predates traditional accounts. The discovery of al-Balkhi's manuscript suggests that he should be credited with differentiating OCD from other forms of mental illnesses almost a millennium earlier than traditionally claimed (Awaad and Ali 2016). This manuscript has been identified as the earliest clinical description of OCD and aligns closely with the diagnostic criteria in the DSM-5 (Awaad et al. 2023).

Al-Balkhi provides insights into the nature, causes, and harmful effects of obsessive inner speech. He emphasized the importance of seeking psychological healing actively and advocated for external and internal strategies to reduce the negative impact of this challenging symptom. Emphasizing the negative impact of solitude on obsessive inner speech, he persuaded individuals to actively engage in social activities to minimize the influence of inner whispering (al-Balkhī 2013). For obsessive disorders, al-Balkhi recommended staying busy as a means to resist intrusive thoughts, showcasing both external and internal approaches to treatment (Ansari and Iqbal 2023). Examples of external strategies such as avoiding loneliness and engaging in social activities to reduce negative thoughts (al-Balkhī 2013). This may include changing the lifestyle of people with OCD.

Lifestyle medicine is gaining significance in psychiatry due to its

effectiveness as a transdiagnostic treatment, its potential for prevention, and its enhanced tolerability in comparison to first-line strategies (Brierley et al. 2021). Lifestyle may also include exercise. Exercise has emerged as a potential and accessible strategy for managing OCD. Engaging in physical activity not only promotes physical health but also holds promise for alleviating OCD symptoms in the long term (Freedman and Richter 2021). Lifestyle interventions also is a part of preventative treatments that are cost-effective, well-tolerated, and, hold significant promise (Fontenelle, Nicolini, and Brakoulias 2022).

Additionally, CBT for OCD demonstrates effectiveness when delivered in routine clinical care, with outcomes similar to those found in controlled efficacy studies (Öst et al. 2022). Al-Balkhi's emphasis on persuading individuals afflicted with obsessional disorder to recognize and reassess maladaptive beliefs aligns intriguingly with a fundamental objective of CBT. The genesis of what we now recognize as CBT finds its roots in the intellectual milieu of the Islamic Golden Era. Notably, al-Balkhi, alongside his contemporaries, embarked on early explorations into cognitive restructuring and behavior modification, laying the groundwork for therapeutic interventions that would later evolve into modern CBT practices (Awaad and Ali 2015).

4.0 CONCLUSION

Muslim cultures boast a rich history of producing some of the earliest works on psychology, medicine, and healing (York and Awan 2023). Islamic civilization has made significant contributions to mental health care through hospitals that adhere to Islamic principles of holistic healing for the mind, body, and soul. These hospitals utilized various therapies, including talk therapy, sound therapy, aromatherapy, and medications, to treat mental conditions

(Malik 2023). Additionally, Muslims continue to play a significant role in contributing to these fields in contemporary times. This historical perspective underscores the importance of recognizing diverse cultural and historical contributions to the understanding of psychology and mental health, challenging Eurocentric perspectives, and promoting a more inclusive narrative (York and Awan 2023).

The persistent lack of awareness and misconceptions surrounding the global Muslim community underscores the importance of cultural sensitivity and understanding, particularly in the context of mental health (Mitha 2020). Despite Islam being the world's second-largest religion, the diversity of cultural nuances within various Muslim communities can lead to misunderstandings and hinder the provision of appropriate mental health treatment (Mitha 2020). In effectively serving the Muslim community, the establishment of trust is crucial. This involves not only engaging in psychological work but also understanding their beliefs, needs, and concerns. The effort to serve the Muslim population extends beyond contemporary psychology, involving the revival of practices from Islamic societies. This includes reminding communities of the longstanding commitment to promoting a healthier body, mind, and soul by generations of healers, scholars, and leaders (Malik 2023).

In *Masalih al-Abdan Wa al-Anfus*, Abū Zayd al-Balkhī's work begins by emphasizing the vital need to prioritize soul sustenance, highlighting the interplay between mental and spiritual well-being. The exploration unfolds, addressing preventive measures for maintaining soul health, urging resilience, and wise choices (al-Balkhī 2013). His approach to healing neurosis is distinctive, focusing not only on the physical aspects but also incorporating treatment for the soul (nafs), aligning with

the concept of Tawhid (Unity of God) (J.A. Arroisi and Latifah 2023).

Indeed, Islam's holistic approach that addresses both spiritual and material aspects of life aligns with al-Balkhī's perspective on the interconnectedness of physical and mental well-being. This comprehensive view underscores the importance of maintaining balance in all dimensions of human existence. The emphasis on spiritual health, particularly the well-being of the heart and soul, contributes to an integrated understanding of mental health within the Islamic framework (Afifah 2022). Al-Balkhī's approach aims to prepare younger generations to embody good character and fulfill the role of khalifah (stewardship) by excelling in knowledge, character, and good deeds. These individuals become advocates for positive values within the community, actively promoting the principles of enjoining good and forbidding wrongdoing (Shamsuddin and Abd Rahman 2021).

In conclusion, Al-Balkhī's pioneering insights, particularly his early cognitive restructuring and behavior modification explorations, hold profound relevance in contemporary psychiatric and psychological practice. The alignment between his emphasis on persuading individuals with obsessional disorder to reassess maladaptive beliefs and the fundamental objective of CBT underscores the enduring value of his work. As evidenced by the effectiveness of CBT for OCD in routine clinical care, Al-Balkhī's contributions resonate strongly with modern therapeutic approaches. By laying the groundwork for cognitive restructuring and behavior modification during the Islamic Golden Era, Al-Balkhī has significantly influenced the evolution of CBT practices. His work enriches our understanding of historical perspectives. It provides valuable insights that can shape the future trajectory of psychiatry and

psychology, fostering culturally informed and effective interventions for mental health care.

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